Mandatory Generic: The Prescription Drug benefit is a “Mandatory Generic” program. Each Prescription will be filled as a Generic when available. If the Physician or the Covered Person requests a Brand Name Medication when there is an FDA “AB” rated Generic available, the Covered Person will be charged the applicable Deductible/Co-insurance/Co-payments plus the difference in the price of the Brand Name Medication and the available Generic. This charge is referred to as a DAW (Dispense as Written). The fee is applicable regardless of prescriber request or member request.

Medication Sourcing Classification Changes: Sourcing classification is dictated solely by the pharmaceutical manufacturer industry. These changes occur when multiple manufactures stop producing a drug leaving only one manufacturer (single source) to produce and sell the drug or new manufacturers enter the market to produce and sell a drug where others are already (multi-source). These changes occur intermittently throughout the year and without notice. The changes often result in a tier change which directly impacts the amount you pay in co-payment or co-insurance. As a result there may be instances where the tier on the formulary may not match the amount you are responsible for. The formulary is constantly updated to account for these types of changes.

CURRENT AS OF 10/1/2026

lowercase italics = Generic drugs
UPPERCASE BOLD = Brand name drugs

Drug Tier
EX = Excluded
Tier 1 = Zero Cost Preventative
Tier 10 = Benefit Exclusion
Tier 2 = Generic
Tier 3 = Preferred Brand
Tier 4 = Non-Preferred Brand/Generic
Tier 5 = Specialty
Tier 9 = Formulary Exclusion

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
Opioid Brochure = Opioid Brochure
PA = Prior Authorization
QL = Quantity Limit
Specialty = Specialty
ST = Step Therapy

Drug Name	Drug Tier	Notes
Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiants		
Adhd Agent - Selective Alpha Adrenergic Agonists**		
clonidine hcl er oral tablet extended release 12 hour 0.1 mg	Tier 2	
guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg	Tier 2	
INTUNIV ORAL TABLET EXTENDED RELEASE 24 HOUR 1 MG, 2 MG, 3 MG, 4 MG	Tier 9	Formulary Exclusion
ONYDA XR ORAL SUSPENSION EXTENDED RELEASE 0.1 MG/ML	Tier 4	ST; QL
Adhd Agent - Selective Norepinephrine Reuptake Inhibitor**		
atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg	Tier 2	
atomoxetine hcl oral solution 4 mg/ml	Tier 9	ST; Formulary Exclusion; QL
ATONCY ORAL SOLUTION 4 MG/ML	Tier 9	ST; Formulary Exclusion; QL
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG, 200 MG	Tier 4	ST; QL

Drug Name	Drug Tier	Notes
Amphetamine Mixtures**		
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 30 MG, 5 MG, 7.5 MG	Tier 9	Formulary Exclusion; QL
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG	Tier 9	Formulary Exclusion; QL
amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg	Tier 2	QL
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	Tier 2	QL
amphet-dextroamphet 3-bead er oral capsule extended release 24 hour 12.5 mg, 25 mg, 37.5 mg, 50 mg	Tier 2	QL
MYDAYIS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 12.5 MG, 25 MG, 37.5 MG, 50 MG	Tier 9	Formulary Exclusion; QL
Amphetamines**		
ADZENYS XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 12.5 MG ORAL	Tier 10	ST; Formulary Exclusion; QL
ADZENYS XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 12.5 MG ORAL	Tier 9	ST; Formulary Exclusion; QL
ADZENYS XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 15.7 MG ORAL	Tier 10	ST; Formulary Exclusion; QL
ADZENYS XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 15.7 MG ORAL	Tier 9	ST; Formulary Exclusion; QL
ADZENYS XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 18.8 MG ORAL	Tier 10	ST; Formulary Exclusion; QL
ADZENYS XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 18.8 MG ORAL	Tier 9	ST; Formulary Exclusion; QL
ADZENYS XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 3.1 MG ORAL	Tier 10	ST; Formulary Exclusion; QL
ADZENYS XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 3.1 MG ORAL	Tier 9	ST; Formulary Exclusion; QL
ADZENYS XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 6.3 MG ORAL	Tier 10	ST; Formulary Exclusion; QL
ADZENYS XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 6.3 MG ORAL	Tier 9	ST; Formulary Exclusion; QL
ADZENYS XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 9.4 MG ORAL	Tier 10	ST; Formulary Exclusion; QL
ADZENYS XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 9.4 MG ORAL	Tier 9	ST; Formulary Exclusion; QL

Drug Name	Drug Tier	Notes
amphetamine er oral tablet extended release dispersible 12.5 mg, 15.7 mg, 18.8 mg, 3.1 mg, 6.3 mg, 9.4 mg	Tier 9	ST; Formulary Exclusion; QL
amphetamine sulfate oral tablet 10 mg, 5 mg	Tier 2	QL
ARYNTA ORAL SOLUTION 10 MG/ML	Tier 4	PA; QL
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG	Tier 9	Formulary Exclusion; QL
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg	Tier 2	QL
dextroamphetamine sulfate oral solution 5 mg/5ml	Tier 2	QL
dextroamphetamine sulfate tablet 10 mg oral	Tier 2	QL
dextroamphetamine sulfate tablet 15 mg oral	Tier 2	ST; QL
dextroamphetamine sulfate tablet 2.5 mg oral	Tier 2	ST; QL
dextroamphetamine sulfate tablet 20 mg oral	Tier 2	ST; QL
dextroamphetamine sulfate tablet 30 mg oral	Tier 2	ST; QL
dextroamphetamine sulfate tablet 5 mg oral	Tier 2	QL
dextroamphetamine sulfate tablet 7.5 mg oral	Tier 2	ST; QL
DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE 2.5 MG/ML	Tier 9	ST; Formulary Exclusion; QL
DYANAVEL XR ORAL TABLET EXTENDED RELEASE 10 MG, 15 MG, 20 MG, 5 MG	Tier 9	ST; Formulary Exclusion; QL
EVEKEO ORAL TABLET 10 MG, 5 MG	Tier 9	Formulary Exclusion; QL
lisdexamfetamine dimesylate oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg	Tier 2	QL
lisdexamfetamine dimesylate oral tablet chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	Tier 2	QL
methamphetamine hcl oral tablet 5 mg	Tier 2	QL
PROCENTRA ORAL SOLUTION 5 MG/5ML	Tier 2	QL
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	Tier 9	Formulary Exclusion; QL
VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	Tier 9	Formulary Exclusion; QL
XELSTRYM TRANSDERMAL PATCH 13.5 MG/9HR, 18 MG/9HR, 4.5 MG/9HR, 9 MG/9HR	Tier 9	ST; Formulary Exclusion; QL
ZENZEDI TABLET 10 MG ORAL	Tier 4	QL
ZENZEDI TABLET 15 MG ORAL	Tier 4	ST; QL
ZENZEDI TABLET 2.5 MG ORAL	Tier 4	ST; QL
ZENZEDI TABLET 20 MG ORAL	Tier 4	ST; QL
ZENZEDI TABLET 30 MG ORAL	Tier 4	ST; QL

Drug Name	Drug Tier	Notes
ZENZEDI TABLET 5 MG ORAL	Tier 4	QL
ZENZEDI TABLET 7.5 MG ORAL	Tier 4	ST; QL
Analeptics**		
caffeine citrate intravenous solution 60 mg/3ml	Tier 9	Medical Only Exclusion
caffeine citrate oral solution 60 mg/3ml	Tier 2	
caffeine-sodium benzoate injection solution 125-125 mg/ml	Tier 9	Non FDA Exclusion; Medical Only Exclusion
DOPRAM INTRAVENOUS SOLUTION 20 MG/ML	Tier 9	Medical Only Exclusion
Anorexiant Combinations**		
phentermine-topiramate er oral capsule extended release 24 hour 11.25-69 mg, 15-92 mg, 3.75-23 mg, 7.5-46 mg	Tier 10	PA; QL
PLENITY ORAL CAPSULE	Tier 9	Non FDA Exclusion
PLENITY WELCOME KIT ORAL CAPSULE	Tier 9	Non FDA Exclusion
QSYMIA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 11.25-69 MG, 15-92 MG, 3.75-23 MG, 7.5-46 MG	Tier 10	PA; Formulary Exclusion; QL
Anorexiants Non-Amphetamine**		
benzphetamine hcl tablet 50 mg oral	Tier 9	Formulary Exclusion; QL
benzphetamine hcl tablet 50 mg oral	Tier 10	Formulary Exclusion; QL
diethylpropion hcl er tablet extended release 24 hour 75 mg oral	Tier 10	Formulary Exclusion; QL
diethylpropion hcl er tablet extended release 24 hour 75 mg oral	Tier 9	Formulary Exclusion; QL
diethylpropion hcl oral tablet 25 mg	Tier 10	Formulary Exclusion; QL
LOMAIRA ORAL TABLET 8 MG	Tier 10	QL
phendimetrazine tartrate er oral capsule extended release 24 hour 105 mg	Tier 10	Formulary Exclusion; QL
phendimetrazine tartrate oral tablet 35 mg	Tier 10	Formulary Exclusion; QL
phentermine hcl oral capsule 15 mg, 30 mg, 37.5 mg	Tier 10	QL
phentermine hcl tablet 37.5 mg oral	Tier 10	QL
phentermine hcl tablet 8 mg oral	Tier 9	QL
Anti-Obesity - Gip & Glp-1 Receptor Agonists**		
ZEPBOUND KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/0.6ML, 12.5 MG/0.6ML, 15 MG/0.6ML, 2.5 MG/0.6ML, 5 MG/0.6ML, 7.5 MG/0.6ML	Tier 10	

Drug Name	Drug Tier	Notes
ZEPBOUND SOLUTION 10 MG/0.5ML SUBCUTANEOUS	Tier 10	
ZEPBOUND SOLUTION 12.5 MG/0.5ML SUBCUTANEOUS	Tier 10	PA
ZEPBOUND SOLUTION 15 MG/0.5ML SUBCUTANEOUS	Tier 10	PA
ZEPBOUND SOLUTION 2.5 MG/0.5ML SUBCUTANEOUS	Tier 10	
ZEPBOUND SOLUTION 5 MG/0.5ML SUBCUTANEOUS	Tier 10	
ZEPBOUND SOLUTION 7.5 MG/0.5ML SUBCUTANEOUS	Tier 10	
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML	Tier 10	PA; QL
Anti-Obesity - Glp-1 Receptor Agonists**		
FOUNDAYO ORAL TABLET 0.8 MG, 14.5 MG, 17.2 MG, 2.5 MG, 5.5 MG, 9 MG	Tier 10	PA; QL
liraglutide -weight management subcutaneous solution pen-injector 18 mg/3ml	Tier 10	PA; QL
SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML	Tier 10	PA; Formulary Exclusion; QL
WEGOVY HD SUBCUTANEOUS SOLUTION AUTO-INJECTOR 7.2 MG/0.75ML	Tier 10	PA; QL
WEGOVY ORAL TABLET 1.5 MG, 25 MG, 4 MG, 9 MG	Tier 10	PA; QL
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML, 1.7 MG/0.75ML, 2.4 MG/0.75ML	Tier 10	PA; QL
Anti-Obesity Agent Combinations*		
CONTRAVE ORAL TABLET EXTENDED RELEASE 12 HOUR 8-90 MG	Tier 10	PA; Formulary Exclusion; QL
Dopamine And Norepinephrine Reuptake Inhibitors (Dnris)**		
SUNOSI ORAL TABLET 150 MG, 75 MG	Tier 3	PA; QL
Histamine H3-Receptor Antagonist/Inverse Agonists**		
WAKIX ORAL TABLET 17.8 MG, 4.45 MG	Tier 5	PA; Specialty; QL

Drug Name	Drug Tier	Notes
Lipase Inhibitors**		
orlistat oral capsule 120 mg	Tier 10	PA; QL
XENICAL ORAL CAPSULE 120 MG	Tier 10	PA; QL
Stimulant Combinations**		
AZSTARYS ORAL CAPSULE 26.1-5.2 MG, 39.2-7.8 MG, 52.3-10.4 MG	Tier 3	ST; QL
Stimulants - Misc.**		
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	Tier 10	ST; Formulary Exclusion; QL
armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg	Tier 2	QL
CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG, 54 MG	Tier 9	Formulary Exclusion; QL
COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 17.3 MG, 25.9 MG, 8.6 MG	Tier 10	ST; Formulary Exclusion; QL
DAYTRANA TRANSDERMAL PATCH 10 MG/9HR, 15 MG/9HR, 20 MG/9HR, 30 MG/9HR	Tier 9	ST; Formulary Exclusion; QL
dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg	Tier 2	QL
dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg	Tier 2	QL
FOCALIN ORAL TABLET 10 MG, 2.5 MG, 5 MG	Tier 9	Formulary Exclusion; QL
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG	Tier 9	Formulary Exclusion; QL
JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 20 MG, 40 MG, 60 MG, 80 MG	Tier 3	ST; QL
METADATE CD ORAL CAPSULE EXTENDED RELEASE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	Tier 9	Formulary Exclusion; QL
METHYLIN ORAL SOLUTION 10 MG/5ML, 5 MG/5ML	Tier 9	Formulary Exclusion
methylphenidate er oral tablet extended release dispersible 17.3 mg, 25.9 mg, 8.6 mg	Tier 10	ST; Formulary Exclusion; QL
methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	Tier 2	QL

Drug Name	Drug Tier	Notes
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg, 60 mg	Tier 2	QL
methylphenidate hcl er (osm) tablet extended release 18 mg oral	Tier 2	QL
methylphenidate hcl er (osm) tablet extended release 27 mg oral	Tier 2	QL
methylphenidate hcl er (osm) tablet extended release 36 mg oral	Tier 2	QL
methylphenidate hcl er (osm) tablet extended release 45 mg oral	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
methylphenidate hcl er (osm) tablet extended release 54 mg oral	Tier 2	QL
methylphenidate hcl er (osm) tablet extended release 63 mg oral	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion; QL
methylphenidate hcl er (osm) tablet extended release 72 mg oral	Tier 9	Non Essential Drug Exclusion
methylphenidate hcl er (osm) tablet extended release 72 mg oral	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
methylphenidate hcl er (xr) oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	Tier 10	ST; Formulary Exclusion; QL
methylphenidate hcl er oral tablet extended release 10 mg, 20 mg	Tier 2	QL
methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 36 mg, 54 mg	Tier 2	QL
methylphenidate hcl er(diffus) oral tablet extended release 27 mg, 36 mg, 54 mg	Tier 9	Formulary Exclusion; QL
methylphenidate hcl oral solution 10 mg/5ml, 5 mg/5ml	Tier 2	
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	Tier 2	QL
methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg	Tier 2	QL
methylphenidate transdermal patch 10 mg/9hr, 15 mg/9hr, 20 mg/9hr, 30 mg/9hr	Tier 2	ST; QL
modafinil oral tablet 100 mg, 200 mg	Tier 2	QL
NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG, 50 MG	Tier 9	Formulary Exclusion; QL
PROVIGIL ORAL TABLET 100 MG, 200 MG	Tier 9	Formulary Exclusion; QL
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 20 MG, 30 MG, 40 MG	Tier 4	ST; QL

Drug Name	Drug Tier	Notes
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER 25 MG/5ML	Tier 4	ST; QL
RELEXXII TABLET EXTENDED RELEASE 18 MG ORAL	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion; QL
RELEXXII TABLET EXTENDED RELEASE 27 MG ORAL	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion; QL
RELEXXII TABLET EXTENDED RELEASE 36 MG ORAL	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion; QL
RELEXXII TABLET EXTENDED RELEASE 45 MG ORAL	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
RELEXXII TABLET EXTENDED RELEASE 54 MG ORAL	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion; QL
RELEXXII TABLET EXTENDED RELEASE 63 MG ORAL	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
RELEXXII TABLET EXTENDED RELEASE 72 MG ORAL	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 30 MG, 40 MG	Tier 9	Formulary Exclusion; QL
RITALIN ORAL TABLET 10 MG, 20 MG, 5 MG	Tier 9	Formulary Exclusion; QL
Allergenic Extracts/Biologicals Misc		
Allergenic Extracts**		
acacia pollen injection solution 1:40	Tier 9	Medical Only Exclusion
acacia subcutaneous solution 1:20	Tier 10	Medical Only Exclusion
alder subcutaneous solution 1:20	Tier 10	Medical Only Exclusion
alternaria alternata injection solution 1:20 , 24000 pnu/ml	Tier 9	Medical Only Exclusion
american beech pollen subcutaneous solution 1:20	Tier 9	Medical Only Exclusion
american beech subcutaneous solution 1:20	Tier 10	Medical Only Exclusion
american cockroach subcutaneous solution 1:20	Tier 10	Medical Only Exclusion
american elm injection solution 1:20	Tier 9	Medical Only Exclusion
american elm subcutaneous solution 1:20	Tier 10	Medical Only Exclusion
american sycamore injection solution 1:20	Tier 9	Medical Only Exclusion
arizona cypress subcutaneous solution 1:20	Tier 10	Medical Only Exclusion
aspen pollen injection solution 1:20	Tier 9	Medical Only Exclusion
aspergillus fumigatus solution 1:10 injection	Tier 10	Medical Only Exclusion
aspergillus fumigatus solution 1:20 injection	Tier 10	Medical Only Exclusion
aspergillus fumigatus solution 1:20 injection	Tier 9	Medical Only Exclusion
aureobasidium pullulans solution 1:20 injection	Tier 10	Medical Only Exclusion

Drug Name	Drug Tier	Notes
aureobasidium pullulans solution 36000 pnu/ml injection	Tier 9	Medical Only Exclusion
bahia subcutaneous solution 1:20	Tier 10	Medical Only Exclusion
bald cypress subcutaneous solution 1:20	Tier 10	Medical Only Exclusion
bayberry (wax myrtle) solution 1:20 subcutaneous	Tier 9	Medical Only Exclusion
bayberry (wax myrtle) solution 1:20 subcutaneous	Tier 10	Medical Only Exclusion
bermuda grass solution 10000 bau/ml injection	Tier 10	Medical Only Exclusion
bermuda grass solution 10000 bau/ml injection	Tier 9	Medical Only Exclusion
bermuda grass subcutaneous solution 10000 bau/ml	Tier 10	Medical Only Exclusion
bipolaris sorokiniana injection solution 1:20	Tier 9	Medical Only Exclusion
black walnut pollen (1:10) injection solution 75000 pnu/ml	Tier 9	Medical Only Exclusion
black walnut pollen (1:20) injection solution 75000 pnu/ml	Tier 9	Medical Only Exclusion
black walnut pollen injection solution 1:20 , 20000 pnu/ml, 40000 pnu/ml	Tier 9	Medical Only Exclusion
black willow injection solution 1:20	Tier 9	Medical Only Exclusion
black/sweet birch pollen injection solution 1:20	Tier 9	Medical Only Exclusion
botrytis cinerea injection solution 1:20 , 43000 pnu/ml	Tier 10	Medical Only Exclusion
box elder pollen injection solution 1:20	Tier 9	Medical Only Exclusion
brome subcutaneous solution 1:20	Tier 10	Medical Only Exclusion
california pepper tree subcutaneous solution 1:20	Tier 10	Medical Only Exclusion
candida albicans extract solution 1:1000 injection	Tier 10	Medical Only Exclusion
candida albicans extract solution 1:1000 injection	Tier 9	Medical Only Exclusion
candida albicans extract solution 100 mg/ml injection	Tier 10	Medical Only Exclusion
carelessweed injection solution 1:40	Tier 9	Medical Only Exclusion
cat hair extract solution 10000 bau/ml injection	Tier 10	Medical Only Exclusion
cat hair extract solution 10000 bau/ml injection	Tier 9	Medical Only Exclusion
cat hair extract solution 5000 bau/ml injection	Tier 10	Medical Only Exclusion
cat hair extract solution 5000 bau/ml injection	Tier 9	Medical Only Exclusion
cat hair extract subcutaneous solution 10000 bau/ml	Tier 10	Medical Only Exclusion
cattle epithelium subcutaneous solution 1:20	Tier 10	Medical Only Exclusion
cedar elm subcutaneous solution 1:20	Tier 10	Medical Only Exclusion

Drug Name	Drug Tier	Notes
cladosporium cladosporioides injection solution 1:20 , 64000 pnu/ml	Tier 10	Medical Only Exclusion
cladosporium cladosporioides intradermal solution 1:20	Tier 10	Medical Only Exclusion
cladosporium sphaerospermum injection solution 1:20	Tier 9	Medical Only Exclusion
cocklebur subcutaneous solution 1:20	Tier 10	Medical Only Exclusion
corn pollen subcutaneous solution 1:20	Tier 10	Medical Only Exclusion
corn smut injection solution 1:20	Tier 9	Medical Only Exclusion
dandelion subcutaneous solution 1:20	Tier 10	Medical Only Exclusion
dog epithelium solution 1:10 subcutaneous	Tier 9	Medical Only Exclusion
dog epithelium solution 1:10 subcutaneous	Tier 10	Medical Only Exclusion
dog epithelium solution 1:20 subcutaneous	Tier 9	Medical Only Exclusion
dog epithelium solution 1:20 subcutaneous	Tier 10	Medical Only Exclusion
dog fennel subcutaneous solution 1:20	Tier 10	Medical Only Exclusion
eastern cottonwood injection solution 1:20	Tier 9	Medical Only Exclusion
eastern cottonwood subcutaneous solution 1:20	Tier 10	Medical Only Exclusion
english plantain injection solution 1:20	Tier 9	Medical Only Exclusion
epicoccum nigrum solution 1:10 injection	Tier 10	Medical Only Exclusion
epicoccum nigrum solution 1:20 injection	Tier 9	Medical Only Exclusion
fire ant subcutaneous solution 1:10 , 1:20	Tier 10	Medical Only Exclusion
german cockroach subcutaneous solution 1:20	Tier 10	Medical Only Exclusion
goldenrod subcutaneous solution 1:20	Tier 10	Medical Only Exclusion
grass pollen mixture of 6 injection solution 100000 bau/ml	Tier 10	Medical Only Exclusion
grass pollen(k-o-r-t-swt vern) solution 100000 bau/ml injection	Tier 10	Medical Only Exclusion
grass pollen(k-o-r-t-swt vern) solution 100000 bau/ml injection	Tier 9	Medical Only Exclusion
GRASTEK SUBLINGUAL TABLET SUBLINGUAL 2800 BAU	Tier 10	PA
green ash pollen injection solution 1:20	Tier 9	Medical Only Exclusion
guinea pig epithelium extract injection solution 1:20	Tier 9	Medical Only Exclusion
hackberry subcutaneous solution 1:20	Tier 10	Medical Only Exclusion
HONEY BEE VENOM PROTEIN INJECTION SOLUTION RECONSTITUTED 1300 MCG, 550 MCG	Tier 10	Medical Only Exclusion
horse epithelium solution 1:10 subcutaneous	Tier 10	Medical Only Exclusion
horse epithelium solution 1:20 subcutaneous	Tier 9	Medical Only Exclusion
horse epithelium solution 1:20 subcutaneous	Tier 10	Medical Only Exclusion

Drug Name	Drug Tier	Notes
johnson grass subcutaneous solution 1:20	Tier 10	Medical Only Exclusion
june grass pollen standardized subcutaneous solution 100000 bau/ml	Tier 10	Medical Only Exclusion
kochia subcutaneous solution 1:20	Tier 10	Medical Only Exclusion
lenscale subcutaneous solution 1:20	Tier 10	Medical Only Exclusion
meadow fescue grass pollen subcutaneous solution 100000 bau/ml	Tier 10	Medical Only Exclusion
melaleuca subcutaneous solution 1:20	Tier 10	Medical Only Exclusion
mesquite subcutaneous solution 1:20	Tier 10	Medical Only Exclusion
mite (d. farinae) injection solution 10000 au/ml, 30000 au/ml, 5000 au/ml	Tier 10	Medical Only Exclusion
mite (d. farinae) subcutaneous solution 10000 au/ml	Tier 10	Medical Only Exclusion
mite (d. pteronyssinus) injection solution 10000 au/ml, 30000 au/ml, 5000 au/ml	Tier 10	Medical Only Exclusion
mite (d. pteronyssinus) subcutaneous solution 10000 au/ml	Tier 10	Medical Only Exclusion
mixed ragweed subcutaneous solution 1:20	Tier 10	Medical Only Exclusion
mixed vespid venom protein injection solution reconstituted 1300-1300-1300 mcg, 550-550-550 mcg	Tier 10	Medical Only Exclusion
mountain cedar pollen injection solution 1:20	Tier 9	Medical Only Exclusion
mountain cedar subcutaneous solution 1:20	Tier 10	Medical Only Exclusion
mouse epithelium solution 1:20 subcutaneous	Tier 9	Medical Only Exclusion
mouse epithelium solution 1:20 subcutaneous	Tier 10	Medical Only Exclusion
mucor intradermal solution 1:20	Tier 10	Medical Only Exclusion
mucor solution 1:20 injection	Tier 10	Medical Only Exclusion
mucor solution 57000 pnu/ml injection	Tier 9	Medical Only Exclusion
mugwort subcutaneous solution 1:20	Tier 10	Medical Only Exclusion
nettle injection solution 1:40	Tier 9	Medical Only Exclusion
olive tree subcutaneous solution 1:20	Tier 10	Medical Only Exclusion
orchard grass pollen subcutaneous solution 100000 bau/ml	Tier 10	Medical Only Exclusion
oregon ash pollen injection solution 1:20	Tier 9	Medical Only Exclusion
PALFORZIA (1 MG DAILY DOSE) ORAL 1 X 1 MG	Tier 5	PA; Specialty
PALFORZIA (12 MG DAILY DOSE) 2 X 1 MG & 10 MG ORAL	Tier 10	PA; Specialty
PALFORZIA (12 MG DAILY DOSE) 2 X 1 MG & 10 MG ORAL	Tier 9	PA; Specialty

Drug Name	Drug Tier	Notes
PALFORZIA (120 MG DAILY DOSE) 20 MG & 100 MG ORAL	Tier 10	PA; Specialty
PALFORZIA (120 MG DAILY DOSE) 20 MG & 100 MG ORAL	Tier 9	PA; Specialty
PALFORZIA (160 MG DAILY DOSE) 3 X 20 MG & 100 MG ORAL	Tier 10	PA; Specialty
PALFORZIA (160 MG DAILY DOSE) 3 X 20 MG & 100 MG ORAL	Tier 9	PA; Specialty
PALFORZIA (20 MG DAILY DOSE) 20 MG ORAL	Tier 10	PA; Specialty
PALFORZIA (20 MG DAILY DOSE) 20 MG ORAL	Tier 9	PA; Specialty
PALFORZIA (200 MG DAILY DOSE) 2 X 100 MG ORAL	Tier 10	PA; Specialty
PALFORZIA (200 MG DAILY DOSE) 2 X 100 MG ORAL	Tier 9	PA; Specialty
PALFORZIA (240 MG DAILY DOSE) 2 X 20 MG & 2 X 100 MG ORAL	Tier 10	PA; Specialty
PALFORZIA (240 MG DAILY DOSE) 2 X 20 MG & 2 X 100 MG ORAL	Tier 9	PA; Specialty
PALFORZIA (3 MG DAILY DOSE) 3 X 1 MG ORAL	Tier 10	PA; Specialty
PALFORZIA (3 MG DAILY DOSE) 3 X 1 MG ORAL	Tier 9	PA; Specialty
PALFORZIA (300 MG MAINTENANCE) PACKET 300 MG ORAL	Tier 10	PA; Specialty; QL
PALFORZIA (300 MG MAINTENANCE) PACKET 300 MG ORAL	Tier 9	PA; Specialty; QL
PALFORZIA (300 MG TITRATION) PACKET 300 MG ORAL	Tier 10	PA; Specialty
PALFORZIA (300 MG TITRATION) PACKET 300 MG ORAL	Tier 9	PA; Specialty
PALFORZIA (40 MG DAILY DOSE) 2 X 20 MG ORAL	Tier 10	PA; Specialty
PALFORZIA (40 MG DAILY DOSE) 2 X 20 MG ORAL	Tier 9	PA; Specialty
PALFORZIA (6 MG DAILY DOSE) 6 X 1 MG ORAL	Tier 10	PA; Specialty
PALFORZIA (6 MG DAILY DOSE) 6 X 1 MG ORAL	Tier 9	PA; Specialty
PALFORZIA (80 MG DAILY DOSE) 4 X 20 MG ORAL	Tier 10	PA; Specialty
PALFORZIA (80 MG DAILY DOSE) 4 X 20 MG ORAL	Tier 9	PA; Specialty

Drug Name	Drug Tier	Notes
PALFORZIA INITIAL DOSE 1-3YRS ORAL 0.5 & 1 & 1.5 & 3 MG	Tier 5	PA; Specialty
PALFORZIA INITIAL DOSE 4-17YRS ORAL 0.5 & 1 & 1.5 & 3 & 6 MG	Tier 9	PA; Specialty
PALFORZIA INITIAL ESCALATION ORAL 0.5 & 1 & 1.5 & 3 & 6 MG	Tier 10	PA; Specialty
pecan pollen injection solution 1:20	Tier 9	Medical Only Exclusion
penicillium notatum solution 1:10 injection	Tier 10	Medical Only Exclusion
penicillium notatum solution 1:20 injection	Tier 10	Medical Only Exclusion
penicillium notatum solution 1:20 injection	Tier 9	Medical Only Exclusion
perennial rye grass pollen solution 10000 bau/ml injection	Tier 9	Medical Only Exclusion
perennial rye grass pollen solution 100000 bau/ml injection	Tier 10	Medical Only Exclusion
perennial rye grass pollen solution 100000 bau/ml injection	Tier 9	Medical Only Exclusion
privet subcutaneous solution 1:20	Tier 10	Medical Only Exclusion
quack grass injection solution 128000 pnu/ml	Tier 9	Medical Only Exclusion
queen palm subcutaneous solution 1:20	Tier 10	Medical Only Exclusion
rabbit epithelium subcutaneous solution 1:10 , 1:20	Tier 10	Medical Only Exclusion
RAGWITEK SUBLINGUAL TABLET SUBLINGUAL 12 AMB A 1-U	Tier 10	PA
red alder pollen injection solution 1:20	Tier 9	Medical Only Exclusion
red cedar injection solution 1:20	Tier 9	Medical Only Exclusion
red maple injection solution 1:20	Tier 9	Medical Only Exclusion
red maple subcutaneous solution 1:20	Tier 10	Medical Only Exclusion
red mulberry subcutaneous solution 1:20	Tier 10	Medical Only Exclusion
red oak injection solution 1:20	Tier 9	Medical Only Exclusion
red top grass pollen subcutaneous solution 100000 bau/ml	Tier 10	Medical Only Exclusion
river birch pollen injection solution 1:20	Tier 9	Medical Only Exclusion
rough marsh elder subcutaneous solution 1:20	Tier 10	Medical Only Exclusion
rough pigweed injection solution 1:20	Tier 9	Medical Only Exclusion
russian thistle subcutaneous solution 1:20	Tier 10	Medical Only Exclusion
saccharomyces cerevisiae injection solution 1:20	Tier 10	Medical Only Exclusion
sagebrush injection solution 1:20	Tier 9	Medical Only Exclusion
sarocladium strictum injection solution 78000 pnu/ml, 94000 pnu/ml	Tier 9	Medical Only Exclusion
shagbark hickory subcutaneous solution 1:20	Tier 10	Medical Only Exclusion
sheep sorrel subcutaneous solution 1:20	Tier 10	Medical Only Exclusion

Drug Name	Drug Tier	Notes
short ragweed pollen ext subcutaneous solution 1:20	Tier 10	Medical Only Exclusion
spiny pigweed subcutaneous solution 1:20	Tier 10	Medical Only Exclusion
spring birch pollen subcutaneous solution 1:20	Tier 9	Medical Only Exclusion
sweet gum subcutaneous solution 1:20	Tier 10	Medical Only Exclusion
sweet vernal grass pollen subcutaneous solution 100000 bau/ml	Tier 10	Medical Only Exclusion
tall ragweed subcutaneous solution 1:20	Tier 10	Medical Only Exclusion
timothy grass pollen allergen solution 10000 bau/ml injection	Tier 10	Medical Only Exclusion
timothy grass pollen allergen solution 10000 bau/ml injection	Tier 9	Medical Only Exclusion
timothy grass pollen allergen solution 100000 bau/ml injection	Tier 10	Medical Only Exclusion
timothy grass pollen allergen solution 100000 bau/ml injection	Tier 9	Medical Only Exclusion
timothy grass pollen allergen subcutaneous solution 100000 bau/ml	Tier 10	Medical Only Exclusion
tree mix 9 injection solution 1:20	Tier 9	Medical Only Exclusion
trichophyton mentagrophytes subcutaneous solution 1:20	Tier 10	Medical Only Exclusion
VENOMIL HONEY BEE VENOM INJECTION KIT 120 MCG	Tier 10	Medical Only Exclusion
VENOMIL MIXED VESPID VENOM INJECTION SOLUTION RECONSTITUTED 550-550-550 MCG	Tier 10	Medical Only Exclusion
VENOMIL WASP VENOM INJECTION KIT 12 MCG, 120 MCG	Tier 10	Medical Only Exclusion
VENOMIL WHITE FACED HORNET INJECTION KIT 12 MCG, 120 MCG	Tier 10	Medical Only Exclusion
VENOMIL YELLOW HORNET VENOM INJECTION KIT 12 MCG, 120 MCG	Tier 10	Medical Only Exclusion
VENOMIL YELLOW JACKET VENOM INJECTION KIT 12 MCG, 120 MCG	Tier 10	Medical Only Exclusion
wasp venom injection solution reconstituted 550 mcg	Tier 10	Medical Only Exclusion
wasp venom protein injection solution reconstituted 1300 mcg	Tier 10	Medical Only Exclusion
western juniper injection solution 1:40	Tier 9	Medical Only Exclusion
western juniper subcutaneous solution 1:20	Tier 10	Medical Only Exclusion
western ragweed injection solution 1:20	Tier 9	Medical Only Exclusion
white alder injection solution 1:20	Tier 9	Medical Only Exclusion

Drug Name	Drug Tier	Notes
white ash pollen injection solution 1:20 , 40000 pnu/ml	Tier 9	Medical Only Exclusion
white birch injection solution 1:20	Tier 9	Medical Only Exclusion
white birch subcutaneous solution 1:20	Tier 10	Medical Only Exclusion
white mulberry subcutaneous solution 1:20	Tier 10	Medical Only Exclusion
white oak subcutaneous solution 1:20	Tier 10	Medical Only Exclusion
white pine subcutaneous solution 1:20	Tier 10	Medical Only Exclusion
WHITE-FACED HORNET VENOM INJECTION SOLUTION RECONSTITUTED 1300 MCG, 550 MCG	Tier 10	Medical Only Exclusion
yellow dock subcutaneous solution 1:20	Tier 10	Medical Only Exclusion
yellow hornet venom protein injection solution reconstituted 550 mcg	Tier 10	Medical Only Exclusion
yellow jacket venom protein injection solution reconstituted 1300 mcg, 550 mcg	Tier 10	Medical Only Exclusion
Mixed Allergenic Extracts**		
cockroach mixed allergen ext injection solution 1:20	Tier 9	Medical Only Exclusion
dust mite mixed allergen ext injection solution 10000 au/ml	Tier 10	Medical Only Exclusion
dust mite mixed allergen ext subcutaneous solution 10000 au/ml	Tier 10	Medical Only Exclusion
mixed feathers subcutaneous solution 1:20	Tier 10	Medical Only Exclusion
ODACTRA SUBLINGUAL TABLET SUBLINGUAL 12 SQ-HDM	Tier 10	PA
ORALAIR SUBLINGUAL TABLET SUBLINGUAL 300 IR	Tier 10	PA
sheep sorrel-yellow dock injection solution 1:20	Tier 9	Medical Only Exclusion
short ragweed-giant ragweed injection solution 1:20	Tier 9	Medical Only Exclusion
sorrel/dock mix injection solution 1:20	Tier 10	Medical Only Exclusion
weed mixed allergen injection solution 1:20	Tier 9	Medical Only Exclusion
Alternative Medicines		
Alternative Medicine - Al's**		
alpha-lipoic acid injection solution 25 mg/ml	Tier 9	Non FDA Exclusion; Medical Only Exclusion
NEOKE RA LIPOIC ORAL POWDER 800 MG/GM	Tier 9	Non FDA Exclusion
Alternative Medicine - Pi's**		
PYCNOGENOL ORAL CAPSULE 50 MG	Tier 9	Non FDA Exclusion

Drug Name	Drug Tier	Notes
Alternative Medicine - Pr's**		
EC-RX DHEA EXTERNAL CREAM 10 %, 4 %	Tier 9	Non FDA Exclusion
Alternative Medicine - Ub**		
coenzyme q-10 injection solution 20 mg/ml	Tier 9	Non FDA Exclusion; Medical Only Exclusion
Amebicides		
Amebicides**		
SOLOSEC ORAL PACKET 2 GM	Tier 9	ST; Formulary Exclusion; QL
Aminoglycosides		
Aminoglycosides**		
amikacin sulfate injection solution 1 gm/4ml, 500 mg/2ml	Tier 9	Medical Only Exclusion
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML	Tier 5	PA; Specialty
BETHKIS INHALATION NEBULIZATION SOLUTION 300 MG/4ML	Tier 9	PA; Specialty; Formulary Exclusion; QL
gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%, 2-0.9 mg/ml-%	Tier 9	Medical Only Exclusion
gentamicin sulfate injection solution 10 mg/ml, 40 mg/ml	Tier 9	Medical Only Exclusion
HUMATIN ORAL CAPSULE 250 MG	Tier 3	
KITABIS PAK (W/ NEBULIZER) INHALATION NEBULIZATION SOLUTION 300 MG/5ML	Tier 9	PA; Specialty; Formulary Exclusion; QL
neomycin sulfate oral tablet 500 mg	Tier 2	
streptomycin sulfate intramuscular solution reconstituted 1 gm	Tier 9	Medical Only Exclusion
TOBI INHALATION NEBULIZATION SOLUTION 300 MG/5ML	Tier 9	PA; Specialty; Formulary Exclusion; QL
TOBI PODHALER INHALATION CAPSULE 28 MG	Tier 5	PA; Specialty; QL
tobramycin inhalation nebulization solution 300 mg/4ml, 300 mg/5ml	Tier 5	PA; Specialty; QL
tobramycin sulfate injection solution 1.2 gm/30ml, 10 mg/ml, 80 mg/2ml	Tier 9	Medical Only Exclusion
tobramycin sulfate injection solution reconstituted 1.2 gm	Tier 9	Medical Only Exclusion
ZEMDRI INTRAVENOUS SOLUTION 500 MG/10ML	Tier 9	Medical Only Exclusion

Drug Name	Drug Tier	Notes
Analgesics - Anti-Inflammatory		
Antirheumatic - Janus Kinase (Jak) Inhibitors**		
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG	Tier 5	PA; Specialty; QL
RINVOQ LQ ORAL SOLUTION 1 MG/ML	Tier 5	PA; Specialty
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG, 45 MG	Tier 5	PA; Specialty
tofacitinib citrate er oral tablet extended release 24 hour 11 mg, 22 mg	Tier 5	PA; Specialty; QL
tofacitinib citrate oral solution 1 mg/ml	Tier 5	PA; Specialty; QL
tofacitinib citrate oral tablet 10 mg, 5 mg	Tier 5	PA; Specialty; QL
XELJANZ ORAL SOLUTION 1 MG/ML	Tier 9	PA; Specialty; Formulary Exclusion; QL
XELJANZ ORAL TABLET 10 MG, 5 MG	Tier 9	PA; Specialty; Formulary Exclusion; QL
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG	Tier 9	PA; Specialty; Formulary Exclusion; QL
Antirheumatic Antimetabolites**		
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML	Tier 3	QL
Anti-Tnf-Alpha - Monoclonal Antibodies**		
ABRILADA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	Tier 9	PA; Specialty
ABRILADA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	Tier 9	PA; Specialty
ABRILADA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML	Tier 9	PA; Specialty
adalimumab-aacf (2 pen) subcutaneous auto-injector kit 40 mg/0.8ml	Tier 9	PA; Specialty
adalimumab-aacf (2 syringe) subcutaneous prefilled syringe kit 40 mg/0.8ml	Tier 9	PA; Specialty
adalimumab-aacf(cd/uc/hs strt) subcutaneous auto-injector kit 40 mg/0.8ml	Tier 9	PA; Specialty
adalimumab-aacf(ps/uv starter) subcutaneous auto-injector kit 40 mg/0.8ml	Tier 9	PA; Specialty
adalimumab-aaty (1 pen) subcutaneous auto-injector kit 40 mg/0.4ml, 80 mg/0.8ml	Tier 5	PA; Specialty

Drug Name	Drug Tier	Notes
adalimumab-aaty (2 pen) subcutaneous auto-injector kit 40 mg/0.4ml	Tier 5	PA; Specialty
adalimumab-aaty (2 syringe) subcutaneous prefilled syringe kit 20 mg/0.2ml, 40 mg/0.4ml	Tier 5	PA; Specialty
adalimumab-aaty cd/uc/hs start subcutaneous auto-injector kit 80 mg/0.8ml	Tier 5	PA; Specialty
adalimumab-adaz solution prefilled syringe 10 mg/0.1ml subcutaneous	Tier 5	PA; Specialty
adalimumab-adaz solution prefilled syringe 20 mg/0.2ml subcutaneous	Tier 9	PA; Specialty; Formulary Exclusion
adalimumab-adaz solution prefilled syringe 40 mg/0.4ml subcutaneous	Tier 9	PA; Specialty
adalimumab-adaz subcutaneous solution auto-injector 40 mg/0.4ml, 80 mg/0.8ml	Tier 9	PA; Specialty
adalimumab-adbm (2 pen) subcutaneous auto-injector kit 40 mg/0.4ml, 40 mg/0.8ml	Tier 9	PA; Specialty
adalimumab-adbm (2 syringe) subcutaneous prefilled syringe kit 10 mg/0.2ml, 20 mg/0.4ml, 40 mg/0.4ml, 40 mg/0.8ml	Tier 9	PA; Specialty
adalimumab-bwwd subcutaneous solution auto-injector 40 mg/0.4ml	Tier 9	PA; Specialty
adalimumab-bwwd subcutaneous solution prefilled syringe 40 mg/0.4ml	Tier 9	PA; Specialty
adalimumab-fkjp (2 pen) subcutaneous auto-injector kit 40 mg/0.8ml	Tier 9	PA; Specialty
adalimumab-fkjp (2 syringe) subcutaneous prefilled syringe kit 20 mg/0.4ml, 40 mg/0.8ml	Tier 9	PA; Specialty
adalimumab-ryvk (1 pen) auto-injector kit 80 mg/0.8ml subcutaneous	Tier 5	PA; Specialty
adalimumab-ryvk (1 pen) auto-injector kit 80 mg/0.8ml subcutaneous	Tier 9	PA; Specialty
adalimumab-ryvk (2 pen) auto-injector kit 40 mg/0.4ml subcutaneous	Tier 5	PA; Specialty
adalimumab-ryvk (2 pen) auto-injector kit 40 mg/0.4ml subcutaneous	Tier 9	PA; Specialty
adalimumab-ryvk (2 syringe) subcutaneous prefilled syringe kit 40 mg/0.4ml	Tier 9	PA; Specialty
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML	Tier 9	PA; Specialty
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML	Tier 9	PA; Specialty

Drug Name	Drug Tier	Notes
AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.2ML	Tier 9	PA; Specialty
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML	Tier 9	PA; Specialty
CYLTEZO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	Tier 9	PA; Specialty
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.4ML, 40 MG/0.8ML	Tier 9	PA; Specialty
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML	Tier 9	PA; Specialty
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML	Tier 9	PA; Specialty
HULIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	Tier 9	PA; Specialty
HULIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML	Tier 9	PA; Specialty
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML	Tier 9	PA; Specialty; Formulary Exclusion
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	Tier 9	PA; Specialty; Formulary Exclusion
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	Tier 9	PA; Specialty; Formulary Exclusion
HYRIMOZ SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS	Tier 9	PA; Specialty
HYRIMOZ SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS	Tier 9	PA; Specialty; Formulary Exclusion
HYRIMOZ SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS	Tier 9	PA; Specialty
HYRIMOZ SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS	Tier 9	PA; Specialty; Formulary Exclusion
HYRIMOZ SOLUTION PREFILLED SYRINGE 10 MG/0.1ML SUBCUTANEOUS	Tier 9	PA; Specialty
HYRIMOZ SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS	Tier 9	PA; Specialty

Drug Name	Drug Tier	Notes
HYRIMOZ SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS	Tier 9	PA; Specialty; Formulary Exclusion
HYRIMOZ SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS	Tier 9	PA; Specialty
HYRIMOZ SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS	Tier 9	PA; Specialty; Formulary Exclusion
HYRIMOZ-CROHNS/UC STARTER SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS	Tier 9	PA; Specialty
HYRIMOZ-CROHNS/UC STARTER SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS	Tier 9	PA; Specialty; Formulary Exclusion
HYRIMOZ-PED<40KG CROHN STARTER SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/0.8ML & 40MG/0.4ML	Tier 9	PA; Specialty
HYRIMOZ-PED>/=40KG CROHN START SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/0.8ML	Tier 9	PA; Specialty
HYRIMOZ-PLAQ PSOR/UVEIT START SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML & 40MG/0.4ML	Tier 9	PA; Specialty
HYRIMOZ-PLAQUE PSORIASIS START SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML & 40MG/0.4ML	Tier 9	PA; Specialty; Formulary Exclusion
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML	Tier 9	PA; Specialty
SIMLANDI (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	Tier 9	PA; Specialty
SIMLANDI (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.2ML SUBCUTANEOUS	Tier 9	PA; Specialty; Formulary Exclusion
SIMLANDI (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS	Tier 9	PA; Specialty
SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML	Tier 5	PA; Specialty
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML	Tier 5	PA; Specialty
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML	Tier 5	PA; Specialty

Drug Name	Drug Tier	Notes
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML	Tier 9	PA; Specialty
YUFLYMA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	Tier 9	PA; Specialty
YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML, 40 MG/0.4ML	Tier 9	PA; Specialty
YUFLYMA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	Tier 9	PA; Specialty
YUSIMRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML	Tier 9	PA; Specialty
Cyclooxygenase 2 (Cox-2) Inhibitors**		
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 400 MG, 50 MG	Tier 9	Formulary Exclusion
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	Tier 2	
VYSCOXA ORAL SUSPENSION 10 MG/ML	Tier 4	QL
Gold Compounds**		
auranofin oral capsule 3 mg	Tier 4	
RIDAURA ORAL CAPSULE 3 MG	Tier 4	
Interleukin-1 Blockers**		
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG	Tier 5	PA; Specialty
Interleukin-1 Receptor Antagonist (Il-1Ra)**		
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	Tier 5	PA; Specialty
Interleukin-1Beta Blockers**		
ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML	Tier 5	PA; Specialty
Interleukin-6 Receptor Inhibitors**		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML	Tier 9	PA; Specialty; Formulary Exclusion
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML	Tier 5	PA; Specialty
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML	Tier 9	PA; Specialty; Formulary Exclusion

Drug Name	Drug Tier	Notes
AVTOZMA INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML	Tier 9	Medical Only Exclusion
AVTOZMA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML	Tier 5	PA; Specialty
AVTOZMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML	Tier 5	PA; Specialty
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML	Tier 5	PA; Specialty; QL
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	Tier 5	PA; Specialty; QL
TOFIDENCE INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML	Tier 9	Medical Only Exclusion
TYENNE INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML	Tier 5	PA; Specialty
TYENNE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML	Tier 5	PA; Specialty
TYENNE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML	Tier 5	PA; Specialty
Nonsteroidal Anti-Inflammatory Agent Combinations**		
ARTHROTEC ORAL TABLET DELAYED RELEASE 50-0.2 MG, 75-0.2 MG	Tier 9	Formulary Exclusion
COMBOGESIC INTRAVENOUS SOLUTION 1000-300 MG/100ML	Tier 9	Medical Only Exclusion
COMBOGESIC ORAL TABLET 325-97.5 MG	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg	Tier 2	
ibuprofen-famotidine oral tablet 800-26.6 mg	Tier 9	Non Essential Drug Exclusion
INFLAMMACIN COMBINATION THERAPY PACK 75 & 0.025 MG-%	Tier 10	Non FDA Exclusion
INFLATHERM COMBINATION THERAPY PACK 75 & 3-3 MG & %	Tier 9	Non FDA Exclusion
KETOROCAINE-L INJECTION KIT 30 & 1 MG/ML-%	Tier 9	Non FDA Exclusion; Medical Only Exclusion
KETOROCAINE-LM INJECTION KIT 30 & 0.25 & 1 MG/ML-%-%	Tier 9	Non FDA Exclusion; Medical Only Exclusion
ketorolac-bupiv-ketamine injection solution prefilled syringe 60-150-60 mg/50ml	Tier 9	Non FDA Exclusion; Medical Only Exclusion
ketorolac-ropiv-ketamine injection solution prefilled syringe 15-100-30 mg/50ml	Tier 9	Non FDA Exclusion; Medical Only Exclusion

Drug Name	Drug Tier	Notes
NAPROTIN COMBINATION KIT 500 & 0.025 MG & %	Tier 10	Non FDA Exclusion
naproxen-esomeprazole mg oral tablet delayed release 375-20 mg, 500-20 mg	Tier 9	Non Essential Drug Exclusion
PREVIDOLRX ANALGESIC COMBINATION THERAPY PACK 75-20-0.025 MG-MG-%	Tier 9	Non FDA Exclusion
previdolrx plus analgesic combination therapy pack 75 & 0.025 mg-%	Tier 9	Non FDA Exclusion
TORONOVA II SUIK COMBINATION KIT 30 MG/ML	Tier 9	Non FDA Exclusion
TORONOVA SUIK COMBINATION KIT 30 MG/ML	Tier 9	Non FDA Exclusion
ZYNRELEF INJECTION SOLUTION 200-6 MG/7ML, 400-12 MG/14ML	Tier 9	Medical Only Exclusion
Nonsteroidal Anti-Inflammatory Agents (Nsaids)**		
CALDOLOR INTRAVENOUS SOLUTION 800 MG/200ML, 800 MG/8ML	Tier 9	Medical Only Exclusion
COXANTO ORAL CAPSULE 300 MG	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
diclofenac potassium oral capsule 25 mg	Tier 9	Non Essential Drug Exclusion
diclofenac potassium oral tablet 25 mg, 50 mg	Tier 2	
diclofenac sodium er oral tablet extended release 24 hour 100 mg	Tier 2	
diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg	Tier 2	
etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg	Tier 2	
etodolac oral capsule 200 mg, 300 mg	Tier 2	
etodolac oral tablet 400 mg, 500 mg	Tier 2	
fenoprofen calcium capsule 200 mg oral	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
fenoprofen calcium capsule 300 mg oral	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
fenoprofen calcium capsule 400 mg oral	Tier 9	Non Essential Drug Exclusion
FENOPRON ORAL CAPSULE 300 MG	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
flurbiprofen oral tablet 100 mg, 50 mg	Tier 4	
IBU ORAL TABLET 400 MG, 600 MG, 800 MG	Tier 2	
IBUPAK ORAL KIT 600 MG	Tier 10	Non FDA Exclusion

Drug Name	Drug Tier	Notes
ibuprofen lysine intravenous solution 10 mg/ml	Tier 9	Medical Only Exclusion
ibuprofen oral suspension 100 mg/5ml, 200 mg/10ml	Tier 2	
ibuprofen tablet 300 mg oral	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
ibuprofen tablet 400 mg oral	Tier 2	
ibuprofen tablet 600 mg oral	Tier 2	
ibuprofen tablet 800 mg oral	Tier 2	
INDOCIN ORAL SUSPENSION 25 MG/5ML	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
INDOCIN RECTAL SUPPOSITORY 50 MG	Tier 9	Non Essential Drug Exclusion
indomethacin er oral capsule extended release 75 mg	Tier 2	
indomethacin oral capsule 25 mg, 50 mg	Tier 2	
indomethacin oral suspension 25 mg/5ml	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
indomethacin sodium intravenous solution reconstituted 1 mg	Tier 9	Medical Only Exclusion
indomethacin suppository 100 mg rectal	Tier 9	Non FDA Exclusion
indomethacin suppository 50 mg rectal	Tier 9	Non Essential Drug Exclusion
ketoprofen capsule 25 mg oral	Tier 2	
ketoprofen capsule 50 mg oral	Tier 4	
ketoprofen capsule 75 mg oral	Tier 9	Non Essential Drug Exclusion
ketoprofen er oral capsule extended release 24 hour 200 mg	Tier 2	
ketorolac tromethamine +rfid injection solution 30 mg/ml	Tier 2	
ketorolac tromethamine oral tablet 10 mg	Tier 2	QL
ketorolac tromethamine solution 15 mg/ml injection	Tier 2	
ketorolac tromethamine solution 30 mg/ml injection	Tier 2	
ketorolac tromethamine solution 30 mg/ml injection	Tier 9	Non FDA Exclusion
ketorolac tromethamine solution 30 mg/ml intramuscular	Tier 9	Non FDA Exclusion
ketorolac tromethamine solution 60 mg/2ml intramuscular	Tier 2	
LODINE ORAL TABLET 400 MG	Tier 9	Formulary Exclusion
LOFENA ORAL TABLET 25 MG	Tier 2	
LURBIRO ORAL TABLET 100 MG	Tier 4	

Drug Name	Drug Tier	Notes
meclofenamate sodium oral capsule 100 mg, 50 mg	Tier 4	
mefenamic acid oral capsule 250 mg	Tier 2	
meloxicam oral capsule 10 mg, 5 mg	Tier 9	Non Essential Drug Exclusion
meloxicam oral suspension 7.5 mg/5ml	Tier 9	Non Essential Drug Exclusion
meloxicam oral tablet 15 mg, 7.5 mg	Tier 2	
nabumetone oral tablet 500 mg, 750 mg	Tier 2	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
naproxen dr oral tablet delayed release 500 mg	Tier 2	
naproxen oral suspension 125 mg/5ml	Tier 9	Non Essential Drug Exclusion
naproxen oral tablet 250 mg, 375 mg, 500 mg	Tier 2	
naproxen oral tablet delayed release 375 mg, 500 mg	Tier 2	
naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg, 750 mg	Tier 9	Non Essential Drug Exclusion
naproxen sodium oral tablet 275 mg, 550 mg	Tier 2	
NEOPROFEN INTRAVENOUS SOLUTION 10 MG/ML	Tier 9	Medical Only Exclusion
orudis oral capsule 75 mg	Tier 9	Non Essential Drug Exclusion
oxaprozin oral capsule 300 mg	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
oxaprozin oral tablet 600 mg	Tier 2	
piroxicam oral capsule 10 mg, 20 mg	Tier 2	
RELAFEN DS ORAL TABLET 1000 MG	Tier 9	Non Essential Drug Exclusion
SPRIX NASAL SOLUTION 15.75 MG/SPRAY	Tier 9	Non Essential Drug Exclusion
sulindac oral tablet 150 mg, 200 mg	Tier 2	
TOLECTIN 600 ORAL TABLET 600 MG	Tier 4	
TOLECTIN DS ORAL CAPSULE 400 MG	Tier 4	
tolmetin sodium oral capsule 400 mg	Tier 4	
tolmetin sodium oral tablet 200 mg, 600 mg	Tier 4	
TRESNI RECTAL SUPPOSITORY 100 MG	Tier 9	Non FDA Exclusion
XIFYRM INTRAVENOUS SOLUTION 30 MG/ML	Tier 9	Medical Only Exclusion
ZIPSOR ORAL CAPSULE 25 MG	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
ZYBIC ORAL SUSPENSION 7.5 MG/5ML	Tier 9	Non Essential Drug Exclusion

Drug Name	Drug Tier	Notes
Nsaid-Dietary Management Combinations**		
PRASTERA ORAL KIT 200 & 400 MG	Tier 9	Non FDA Exclusion
Nsaid-Pyrimidine Synthesis Inhibitors Combinations**		
LEFLUNICLO COMBINATION KIT 20 & 1 MG & %	Tier 9	Non FDA Exclusion
Phosphodiesterase 4 (Pde4) Inhibitors**		
OTEZLA ORAL TABLET 20 MG, 30 MG	Tier 5	PA; Specialty; QL
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG, 4 X 10 & 51 X20 MG	Tier 5	PA; Specialty; QL
OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 75 MG	Tier 5	PA; Specialty; QL
OTEZLA/OTEZLA XR INITIATION PK ORAL TABLET THERAPY PACK 10&20&30&(ER)75 MG	Tier 5	PA; Specialty; QL
Pyrimidine Synthesis Inhibitors**		
ARAVA ORAL TABLET 10 MG, 20 MG	Tier 9	Formulary Exclusion
leflunomide oral tablet 10 mg, 20 mg	Tier 2	
Selective Costimulation Modulators**		
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML	Tier 5	PA; Specialty
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG	Tier 5	PA; Specialty
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML	Tier 5	PA; Specialty
Soluble Tumor Necrosis Factor Receptor Agents**		
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	Tier 5	PA; Specialty
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	Tier 5	PA; Specialty
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML	Tier 5	PA; Specialty
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	Tier 5	PA; Specialty

Drug Name	Drug Tier	Notes
Analgesics - Nonnarcotic		
Analgesics - Selective Nav1.8 Sodium Channel Inhibitors**		
JOURNAVX ORAL TABLET 50 MG	Tier 4	PA; QL
Analgesics Other**		
acetaminophen intravenous solution 10 mg/ml	Tier 9	Medical Only Exclusion
acetaminophen intravenous solution prefilled syringe 100 mg/10ml	Tier 9	Non FDA Exclusion; Medical Only Exclusion
clonidine hcl (analgesia) epidural solution 100 mcg/ml, 500 mcg/ml	Tier 9	Medical Only Exclusion
DURACLON EPIDURAL SOLUTION 100 MCG/ML	Tier 9	Medical Only Exclusion
LOTREXONE ORAL CAPSULE 1.5 MG, 4.5 MG	Tier 9	Non FDA Exclusion
NALTREX ORAL CAPSULE 1.5 MG, 4.5 MG	Tier 9	Non FDA Exclusion
Analgesics-Sedatives**		
ALLZITAL ORAL TABLET 25-325 MG	Tier 9	Non Essential Drug Exclusion
BAC (BUTALBITAL-ACETAMIN-CAFF) ORAL TABLET 50-325-40 MG	Tier 2	
butalbital-acetaminophen oral capsule 50-300 mg	Tier 9	Non Essential Drug Exclusion
butalbital-acetaminophen tablet 50-300 mg oral	Tier 9	Non Essential Drug Exclusion
butalbital-acetaminophen tablet 50-325 mg oral	Tier 9	Non Essential Drug Exclusion
butalbital-acetaminophen tablet 50-325 mg oral	Tier 2	
butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg	Tier 2	
butalbital-apap-caffeine oral solution 50-325-40 mg/15ml	Tier 9	Non Essential Drug Exclusion
butalbital-apap-caffeine oral tablet 50-325-40 mg	Tier 2	
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	Tier 2	
FIORICET ORAL CAPSULE 50-300-40 MG	Tier 9	Formulary Exclusion
TENCON ORAL TABLET 50-325 MG	Tier 2	
Salicylates**		
aspirin 81 oral tablet chewable 81 mg	Tier 1	
aspirin 81 oral tablet delayed release 81 mg	Tier 1	
aspirin adult low dose oral tablet delayed release 81 mg	Tier 1	
aspirin adult low strength oral tablet delayed release 81 mg	Tier 1	
aspirin childrens oral tablet chewable 81 mg	Tier 1	

Drug Name	Drug Tier	Notes
aspirin ec adult low dose oral tablet delayed release 81 mg	Tier 1	
aspirin ec low dose oral tablet delayed release 81 mg	Tier 1	
aspirin ec low strength oral tablet delayed release 81 mg	Tier 1	
aspirin low dose oral tablet chewable 81 mg	Tier 1	
aspirin low dose oral tablet delayed release 81 mg	Tier 1	
aspirin oral tablet chewable 81 mg	Tier 1	
aspirin oral tablet delayed release 81 mg	Tier 1	
aspirin regimen oral tablet delayed release 81 mg	Tier 1	
BAYER ASPIRIN EC LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG	Tier 1	
BAYER LOW DOSE ORAL TABLET CHEWABLE 81 MG	Tier 1	
BAYER LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG	Tier 1	
childrens aspirin oral tablet chewable 81 mg	Tier 1	
cvs aspirin adult low dose oral tablet chewable 81 mg	Tier 1	
cvs aspirin adult low strength oral tablet delayed release 81 mg	Tier 1	
cvs aspirin ec oral tablet delayed release 81 mg	Tier 1	
cvs aspirin low dose oral tablet delayed release 81 mg	Tier 1	
cvs aspirin low strength oral tablet delayed release 81 mg	Tier 1	
diflunisal oral tablet 500 mg	Tier 2	
DOLOBID ORAL TABLET 250 MG, 375 MG	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
ECOTRIN LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG	Tier 1	
eq aspirin adult low dose oral tablet delayed release 81 mg	Tier 1	
eq aspirin low dose oral tablet chewable 81 mg	Tier 1	
eql aspirin low dose oral tablet chewable 81 mg	Tier 1	
eql aspirin low dose oral tablet delayed release 81 mg	Tier 1	
ft aspirin low dose oral tablet delayed release 81 mg	Tier 1	

Drug Name	Drug Tier	Notes
gnp adult aspirin low strength oral tablet chewable 81 mg	Tier 1	
gnp aspirin low dose oral tablet delayed release 81 mg	Tier 1	
goodsense aspirin low dose oral tablet delayed release 81 mg	Tier 1	
goodsense aspirin oral tablet chewable 81 mg	Tier 1	
h-e-b aspirin oral tablet delayed release 81 mg	Tier 1	
kls aspirin low dose oral tablet delayed release 81 mg	Tier 1	
kp aspirin oral tablet delayed release 81 mg	Tier 1	
mm aspirin oral tablet delayed release 81 mg	Tier 1	
qc aspirin low dose oral tablet delayed release 81 mg	Tier 1	
salsalate oral tablet 500 mg, 750 mg	Tier 9	Formulary Exclusion
sb childrens aspirin oral tablet chewable 81 mg	Tier 1	
sb low dose asa ec oral tablet delayed release 81 mg	Tier 1	
ST JOSEPH ASPIRIN ORAL TABLET DELAYED RELEASE 81 MG	Tier 1	
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE 81 MG	Tier 1	
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG	Tier 1	
Selective N-Type Neuronal Calcium Channel Blockers**		
PRIALT INTRATHECAL SOLUTION 100 MCG/ML, 500 MCG/20ML, 500 MCG/5ML	Tier 9	Medical Only Exclusion
Analgesics - Opioid		
Codeine Combinations**		
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg	Tier 2	
acetaminophen-codeine solution 120-12 mg/5ml oral	Tier 2	
acetaminophen-codeine solution 300-30 mg/12.5ml oral	Tier 2	
acetaminophen-codeine solution 300-30 mg/12.5ml oral	Tier 4	
ASCOMP-CODEINE ORAL CAPSULE 50-325-40-30 MG	Tier 2	
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg	Tier 2	

Drug Name	Drug Tier	Notes
butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg	Tier 2	
Dihydrocodeine Combinations**		
apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg	Tier 9	Non Essential Drug Exclusion
TREZIX ORAL CAPSULE 320.5-30-16 MG	Tier 9	Non Essential Drug Exclusion
Fentanyl Combinations**		
fentanyl cit-bupivacaine hcl epidural solution 2-0.125 mcg/ml-%	Tier 9	Non FDA Exclusion; Medical Only Exclusion
fentanyl citrate-ropivacaine epidural solution prefilled syringe 0.1-0.15 mg/50ml-%	Tier 9	Non FDA Exclusion; Medical Only Exclusion
fentanyl cit-ropivacaine-nacl epidural solution prefilled syringe 0.1-0.1-0.9 mg/50ml-%	Tier 9	Non FDA Exclusion; Medical Only Exclusion
fentanyl cit-ropivacaine-nacl solution 0.2-0.1-0.9 mg/100ml-% epidural	Tier 9	Non FDA Exclusion; Medical Only Exclusion
fentanyl cit-ropivacaine-nacl solution 0.2-0.125-0.9 mg/100ml-% epidural	Tier 9	Non FDA Exclusion; Medical Only Exclusion
fentanyl cit-ropivacaine-nacl solution 0.2-0.2-0.9 mg/100ml-% epidural	Tier 9	Medical Only Exclusion
fentanyl cit-ropivacaine-nacl solution 0.2-0.2-0.9 mg/100ml-% epidural	Tier 9	Non FDA Exclusion; Medical Only Exclusion
fentanyl cit-ropivacaine-nacl solution 0.3-0.2-0.9 mg/150ml-% epidural	Tier 9	Non FDA Exclusion; Medical Only Exclusion
fentanyl cit-ropivacaine-nacl solution 0.4-0.1-0.9 mg/200ml-% epidural	Tier 9	Non FDA Exclusion; Medical Only Exclusion
fentanyl cit-ropivacaine-nacl solution 0.4-0.2-0.9 mg/200ml-% epidural	Tier 9	Non FDA Exclusion; Medical Only Exclusion
fentanyl cit-ropivacaine-nacl solution 0.5-0.1-0.9 mg/250ml-% epidural	Tier 9	Medical Only Exclusion
fentanyl cit-ropivacaine-nacl solution 0.5-0.2-0.9 mg/250ml-% epidural	Tier 9	Non FDA Exclusion; Medical Only Exclusion
fentanyl-bupivacaine-nacl epidural solution prefilled syringe 0.1-0.125-0.9 mg/50ml-%	Tier 9	Non FDA Exclusion; Medical Only Exclusion
fentanyl-bupivacaine-nacl injection solution 2-0.125-0.9 mcg/ml-%-%	Tier 9	Non FDA Exclusion; Medical Only Exclusion
fentanyl-bupivacaine-nacl solution 0.2-0.0625-0.9 mg/100ml-% epidural	Tier 9	Non FDA Exclusion; Medical Only Exclusion
fentanyl-bupivacaine-nacl solution 0.2-0.1-0.9 mg/100ml-% epidural	Tier 9	Non FDA Exclusion; Medical Only Exclusion
fentanyl-bupivacaine-nacl solution 0.2-0.125-0.9 mg/100ml-% epidural	Tier 9	Medical Only Exclusion
fentanyl-bupivacaine-nacl solution 0.2-0.125-0.9 mg/100ml-% epidural	Tier 9	Non FDA Exclusion; Medical Only Exclusion

Drug Name	Drug Tier	Notes
fentanyl-bupivacaine-nacl solution 0.5-0.0625-0.9 mg/250ml-% epidural	Tier 9	Non FDA Exclusion; Medical Only Exclusion
fentanyl-bupivacaine-nacl solution 0.5-0.1-0.9 mg/250ml-% epidural	Tier 9	Non FDA Exclusion; Medical Only Exclusion
fentanyl-bupivacaine-nacl solution 0.5-0.125-0.9 mg/250ml-% epidural	Tier 9	Non FDA Exclusion; Medical Only Exclusion
fentanyl-bupivacaine-nacl solution 0.8-0.1667-0.9 mg/200ml-% epidural	Tier 9	Non FDA Exclusion; Medical Only Exclusion
fentanyl-bupivacaine-nacl solution 1-0.125-0.9 mg/250ml-% epidural	Tier 9	Non FDA Exclusion; Medical Only Exclusion
fentanyl-ropivacaine-nacl epidural solution 0.2-0.1-0.9 mg/100ml-%	Tier 9	Non FDA Exclusion; Medical Only Exclusion
sufentanil cit-ketamine hcl nasal solution 60-60 mcg-mg/ml, 90-90 mcg-mg/ml	Tier 9	Medical Only Exclusion
Hydrocodone Combinations**		
hydrocodone-acetaminophen solution 10-300 mg/15ml oral	Tier 4	QL
hydrocodone-acetaminophen solution 2.5-108 mg/5ml oral	Tier 2	
hydrocodone-acetaminophen solution 5-217 mg/10ml oral	Tier 2	
hydrocodone-acetaminophen solution 7.5-325 mg/15ml oral	Tier 2	
hydrocodone-acetaminophen tablet 10-300 mg oral	Tier 2	
hydrocodone-acetaminophen tablet 10-325 mg oral	Tier 2	
hydrocodone-acetaminophen tablet 2.5-325 mg oral	Tier 4	
hydrocodone-acetaminophen tablet 5-300 mg oral	Tier 2	
hydrocodone-acetaminophen tablet 5-325 mg oral	Tier 2	
hydrocodone-acetaminophen tablet 7.5-300 mg oral	Tier 2	
hydrocodone-acetaminophen tablet 7.5-325 mg oral	Tier 2	
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	Tier 2	
Opioid Agonists**		
codeine sulfate tablet 15 mg oral	Tier 2	Opioid Brochure
codeine sulfate tablet 30 mg oral	Tier 2	Opioid Brochure
codeine sulfate tablet 30 mg oral	Tier 9	Formulary Exclusion; Opioid Brochure

Drug Name	Drug Tier	Notes
codeine sulfate tablet 60 mg oral	Tier 2	Opioid Brochure
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	Tier 9	Non Essential Drug Exclusion
DEMEROL INJECTION SOLUTION 25 MG/ML, 50 MG/ML	Tier 9	Medical Only Exclusion
DILAUDID INJECTION SOLUTION 0.2 MG/ML, 1 MG/ML, 2 MG/ML	Tier 9	Medical Only Exclusion
DILAUDID ORAL LIQUID 1 MG/ML	Tier 9	Formulary Exclusion; Opioid Brochure
DILAUDID ORAL TABLET 2 MG, 4 MG, 8 MG	Tier 9	Formulary Exclusion; Opioid Brochure
DISKETS ORAL TABLET SOLUBLE 40 MG	Tier 2	Formulary Exclusion; Opioid Brochure
DSUVIA SUBLINGUAL TABLET SUBLINGUAL 30 MCG	Tier 9	Medical Only Exclusion
duramorph injection solution 0.5 mg/ml, 1 mg/ml	Tier 9	Medical Only Exclusion
fentanyl citrate (pf) injection solution 100 mcg/2ml, 1000 mcg/20ml, 250 mcg/5ml, 2500 mcg/50ml, 50 mcg/ml, 500 mcg/10ml	Tier 9	Medical Only Exclusion
fentanyl citrate (pf) injection solution prefilled syringe 25 mcg/0.5ml, 50 mcg/ml	Tier 9	Medical Only Exclusion
fentanyl citrate intravenous solution prefilled syringe 10 mcg/ml, 100 mcg/10ml, 100 mcg/2ml, 1000 mcg/20ml, 1250 mcg/25ml, 1500 mcg/30ml, 20 mcg/2ml, 250 mcg/5ml, 2500 mcg/50ml, 2750 mcg/55ml, 50 mcg/5ml, 50 mcg/ml, 500 mcg/50ml	Tier 9	Non FDA Exclusion; Medical Only Exclusion
fentanyl citrate solution 1000 mcg/100ml intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion
fentanyl citrate solution 1000 mcg/50ml intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion
fentanyl citrate solution 1500 mcg/30ml intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion
fentanyl citrate solution 1600 mcg/100ml intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion
fentanyl citrate solution 2000 mcg/100ml intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion
fentanyl citrate solution 2500 mcg/50ml intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion
fentanyl citrate solution 5000 mcg/100ml intravenous	Tier 9	Medical Only Exclusion
fentanyl citrate solution 5000 mcg/100ml intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion

Drug Name	Drug Tier	Notes
fentanyl citrate solution prefilled syringe 100 mcg/2ml injection	Tier 9	Medical Only Exclusion
fentanyl citrate solution prefilled syringe 100 mcg/2ml injection	Tier 9	Non FDA Exclusion; Medical Only Exclusion
fentanyl citrate solution prefilled syringe 250 mcg/5ml injection	Tier 9	Non FDA Exclusion; Medical Only Exclusion
fentanyl citrate-nacl injection solution 1-0.9 mg/100ml-%, 2.5-0.9 mg/250ml-%	Tier 9	Non FDA Exclusion; Medical Only Exclusion
fentanyl citrate-nacl intravenous solution prefilled syringe 10-0.9 mcg/2ml-%, 10-0.9 mcg/ml-%, 100-0.9 mcg/10ml-%, 1000-0.9 mcg/50ml-%, 2500-0.9 mcg/50ml-%, 5-0.9 mcg/ml-%, 500-0.9 mcg/50ml-%, 550-0.9 mcg/55ml-%	Tier 9	Non FDA Exclusion; Medical Only Exclusion
fentanyl citrate-nacl solution 1.25-0.9 mg/250ml-% intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion
fentanyl citrate-nacl solution 1-0.9 mg/100ml-% intravenous	Tier 9	Medical Only Exclusion
fentanyl citrate-nacl solution 1-0.9 mg/100ml-% intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion
fentanyl citrate-nacl solution 1-0.9 mg/50ml-% intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion
fentanyl citrate-nacl solution 2.5-0.9 mg/100ml-% intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion
fentanyl citrate-nacl solution 2.5-0.9 mg/250ml-% intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion
fentanyl citrate-nacl solution 2.5-0.9 mg/50ml-% intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion
fentanyl citrate-nacl solution 2-0.9 mg/100ml-% intravenous	Tier 9	Medical Only Exclusion
fentanyl citrate-nacl solution 2-0.9 mg/100ml-% intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion
fentanyl citrate-nacl solution 5-0.9 mg/100ml-% intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion
fentanyl citrate-nacl solution 5-0.9 mg/250ml-% intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr	Tier 2	Opioid Brochure
hydrocodone bitartrate er oral capsule extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg	Tier 2	Opioid Brochure
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg	Tier 2	Opioid Brochure

Drug Name	Drug Tier	Notes
hydromorphone hcl er oral tablet extended release 24 hour 12 mg, 16 mg, 32 mg, 8 mg	Tier 2	Opioid Brochure
hydromorphone hcl intravenous solution 0.2 mg/ml, 1 mg/ml	Tier 9	Non FDA Exclusion; Medical Only Exclusion
hydromorphone hcl intravenous solution prefilled syringe 30 mg/30ml, 50 mg/50ml	Tier 9	Medical Only Exclusion
hydromorphone hcl oral liquid 1 mg/ml	Tier 2	Opioid Brochure
hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg	Tier 2	Opioid Brochure
hydromorphone hcl pf injection solution 1 mg/ml, 10 mg/ml, 2 mg/ml, 4 mg/ml, 50 mg/5ml, 500 mg/50ml	Tier 9	Medical Only Exclusion
hydromorphone hcl rectal suppository 3 mg	Tier 9	Non FDA Exclusion
hydromorphone hcl solution 0.2 mg/ml injection	Tier 9	Medical Only Exclusion
hydromorphone hcl solution 0.2 mg/ml injection	Tier 9	Non FDA Exclusion; Medical Only Exclusion
hydromorphone hcl solution 0.25 mg/0.5ml injection	Tier 9	Medical Only Exclusion
hydromorphone hcl solution 0.5 mg/ml injection	Tier 9	Non FDA Exclusion; Medical Only Exclusion
hydromorphone hcl solution 1 mg/ml injection	Tier 9	Non FDA Exclusion; Medical Only Exclusion
hydromorphone hcl solution 1 mg/ml injection	Tier 9	Medical Only Exclusion
hydromorphone hcl solution 2 mg/ml injection	Tier 9	Medical Only Exclusion
hydromorphone hcl solution 4 mg/ml injection	Tier 9	Medical Only Exclusion
hydromorphone hcl-nacl injection solution 10-0.9 mg/50ml-%, 20-0.9 mg/100ml-%, 50-0.9 mg/50ml-%	Tier 9	Non FDA Exclusion; Medical Only Exclusion
hydromorphone hcl-nacl injection solution prefilled syringe 10-0.9 mg/50ml-%, 25-0.9 mg/25ml-%, 30-0.9 mg/30ml-%, 6-0.9 mg/30ml-%	Tier 9	Non FDA Exclusion; Medical Only Exclusion
hydromorphone hcl-nacl intravenous solution prefilled syringe 0.5-0.9 mg/0.5ml-%, 1-0.9 mg/5ml-%, 1-0.9 mg/ml-%, 10-0.9 mg/50ml-%, 15-0.9 mg/30ml-%, 2-0.9 mg/ml-%, 25-0.9 mg/50ml-%, 30-0.9 mg/30ml-%, 5-0.9 mg/25ml-%, 50-0.9 mg/50ml-%, 55-0.9 mg/55ml-%, 6-0.9 mg/30ml-%	Tier 9	Non FDA Exclusion; Medical Only Exclusion
hydromorphone hcl-nacl solution 10-0.9 mg/50ml-% intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion
hydromorphone hcl-nacl solution 100-0.9 mg/100ml-% intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion
hydromorphone hcl-nacl solution 100-0.9 mg/50ml-% intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion

Drug Name	Drug Tier	Notes
hydromorphone hcl-nacl solution 20-0.9 mg/100ml-% intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion
hydromorphone hcl-nacl solution 25-0.9 mg/50ml-% intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion
hydromorphone hcl-nacl solution 30-0.9 mg/30ml-% intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion
hydromorphone hcl-nacl solution 50-0.79 mg/100ml-% intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion
hydromorphone hcl-nacl solution 50-0.79 mg/50ml-% intravenous	Tier 9	Medical Only Exclusion
hydromorphone hcl-nacl solution 50-0.9 mg/50ml-% intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion
hydromorphone hcl-nacl solution 6-0.9 mg/30ml-% intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 100 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	Tier 9	Formulary Exclusion; Opioid Brochure
INFUMORPH 200 INJECTION SOLUTION 200 MG/20ML (10 MG/ML)	Tier 9	Medical Only Exclusion
INFUMORPH 500 INJECTION SOLUTION 500 MG/20ML (25 MG/ML)	Tier 9	Medical Only Exclusion
levorphanol tartrate tablet 2 mg oral	Tier 10	Opioid Brochure
levorphanol tartrate tablet 3 mg oral	Tier 9	Non Essential Drug Exclusion; Opioid Brochure
meperidine hcl injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml	Tier 9	Medical Only Exclusion
meperidine hcl oral solution 50 mg/5ml	Tier 9	Formulary Exclusion; Opioid Brochure
meperidine hcl tablet 50 mg oral	Tier 9	Formulary Exclusion
meperidine hcl tablet 50 mg oral	Tier 9	Formulary Exclusion; Opioid Brochure
methadone hcl injection solution 10 mg/ml	Tier 9	Medical Only Exclusion
METHADONE HCL INTENSOL ORAL CONCENTRATE 10 MG/ML	Tier 2	Opioid Brochure
methadone hcl intravenous solution prefilled syringe 10 mg/ml	Tier 9	Non FDA Exclusion; Medical Only Exclusion
methadone hcl oral concentrate 10 mg/ml	Tier 2	Opioid Brochure
methadone hcl oral tablet 10 mg, 5 mg	Tier 2	Opioid Brochure
methadone hcl oral tablet soluble 40 mg	Tier 2	Opioid Brochure
methadone hcl solution 10 mg/5ml oral	Tier 2	Opioid Brochure
methadone hcl solution 10 mg/5ml oral	Tier 9	Formulary Exclusion; Opioid Brochure
methadone hcl solution 5 mg/5ml oral	Tier 2	Opioid Brochure

Drug Name	Drug Tier	Notes
methadone hcl solution 5 mg/5ml oral	Tier 9	Formulary Exclusion; Opioid Brochure
methadone hcl-sodium chloride intravenous solution prefilled syringe 1-0.9 mg/ml-%, 10-0.8 mg/ml-%, 5-0.9 mg/5ml-%	Tier 9	Non FDA Exclusion; Medical Only Exclusion
METHADOSE ORAL CONCENTRATE 10 MG/ML	Tier 9	Formulary Exclusion; Opioid Brochure
METHADOSE ORAL TABLET SOLUBLE 40 MG	Tier 2	Opioid Brochure
METHADOSE SUGAR-FREE ORAL CONCENTRATE 10 MG/ML	Tier 9	Formulary Exclusion; Opioid Brochure
MITIGO INJECTION SOLUTION 200 MG/20ML (10 MG/ML), 500 MG/20ML (25 MG/ML)	Tier 9	Medical Only Exclusion
morphine sulfate (concentrate) oral solution 100 mg/5ml	Tier 2	Opioid Brochure
morphine sulfate (pf) injection solution 0.5 mg/ml, 1 mg/ml, 10 mg/ml, 2 mg/ml, 4 mg/ml	Tier 9	Medical Only Exclusion
morphine sulfate (pf) solution 1 mg/ml intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion
morphine sulfate (pf) solution 10 mg/ml intravenous	Tier 9	Medical Only Exclusion
morphine sulfate (pf) solution 2 mg/ml intravenous	Tier 9	Medical Only Exclusion
morphine sulfate (pf) solution 4 mg/ml intravenous	Tier 9	Medical Only Exclusion
morphine sulfate er beads oral capsule extended release 24 hour 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg	Tier 2	Opioid Brochure
morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg	Tier 2	Opioid Brochure
morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	Tier 2	Opioid Brochure
morphine sulfate rectal suppository 10 mg, 20 mg, 30 mg, 5 mg	Tier 9	Non FDA Exclusion
morphine sulfate solution 0.5 mg/ml intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion
morphine sulfate solution 1 mg/ml injection	Tier 9	Non FDA Exclusion; Medical Only Exclusion
morphine sulfate solution 1 mg/ml intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion
morphine sulfate solution 10 mg/5ml oral	Tier 2	Opioid Brochure

Drug Name	Drug Tier	Notes
morphine sulfate solution 10 mg/ml intravenous	Tier 9	Medical Only Exclusion; Opioid Brochure
morphine sulfate solution 2 mg/ml injection	Tier 9	Medical Only Exclusion
morphine sulfate solution 2 mg/ml intravenous	Tier 9	Medical Only Exclusion
morphine sulfate solution 20 mg/5ml oral	Tier 4	Opioid Brochure
morphine sulfate solution 20 mg/5ml oral	Tier 2	Opioid Brochure
morphine sulfate solution 4 mg/ml injection	Tier 9	Medical Only Exclusion
morphine sulfate solution 4 mg/ml intravenous	Tier 9	Medical Only Exclusion
morphine sulfate solution 50 mg/ml intravenous	Tier 9	Medical Only Exclusion
morphine sulfate solution 8 mg/ml intravenous	Tier 9	Medical Only Exclusion
morphine sulfate tablet 15 mg oral	Tier 2	Opioid Brochure
morphine sulfate tablet 30 mg oral	Tier 2	Opioid Brochure
morphine sulfate tablet 30 mg oral	Tier 3	Formulary Exclusion; Opioid Brochure
morphine sulfate-nacl injection solution prefilled syringe 2-0.9 mg/2ml-%	Tier 9	Non FDA Exclusion; Medical Only Exclusion
morphine sulfate-nacl intravenous solution 1-0.9 mg/ml-%, 100-0.9 mg/100ml-%, 250-0.9 mg/50ml-%, 50-0.9 mg/50ml-%, 500-0.9 mg/100ml-%	Tier 9	Non FDA Exclusion; Medical Only Exclusion
morphine sulfate-nacl intravenous solution prefilled syringe 1-0.9 mg/ml-%, 150-0.9 mg/30ml-%, 2-0.9 mg/ml-%, 30-0.9 mg/30ml-%, 4-0.9 mg/ml-%, 50-0.9 mg/50ml-%, 55-0.9 mg/55ml-%	Tier 9	Non FDA Exclusion; Medical Only Exclusion
MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG, 60 MG	Tier 9	Formulary Exclusion; Opioid Brochure
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	Tier 3	Opioid Brochure
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG	Tier 4	Formulary Exclusion; Opioid Brochure
OLINVYK INTRAVENOUS SOLUTION 1 MG/ML, 2 MG/2ML	Tier 9	Medical Only Exclusion
oxycodone hcl capsule 5 mg oral	Tier 2	Formulary Exclusion; Opioid Brochure
oxycodone hcl capsule 5 mg oral	Tier 9	Formulary Exclusion; Opioid Brochure
oxycodone hcl oral concentrate 100 mg/5ml	Tier 2	Opioid Brochure
oxycodone hcl oral solution 5 mg/5ml	Tier 2	Opioid Brochure
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	Tier 2	Opioid Brochure

Drug Name	Drug Tier	Notes
oxycodone hcl oral tablet abuse-deterrent 10 mg, 15 mg, 30 mg, 5 mg	Tier 9	Formulary Exclusion
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	Tier 9	Formulary Exclusion; Opioid Brochure
oxymorphone hcl er tablet extended release 12 hour 10 mg oral	Tier 4	Opioid Brochure
oxymorphone hcl er tablet extended release 12 hour 15 mg oral	Tier 4	Opioid Brochure
oxymorphone hcl er tablet extended release 12 hour 20 mg oral	Tier 4	Opioid Brochure
oxymorphone hcl er tablet extended release 12 hour 30 mg oral	Tier 2	Opioid Brochure
oxymorphone hcl er tablet extended release 12 hour 40 mg oral	Tier 2	Opioid Brochure
oxymorphone hcl er tablet extended release 12 hour 5 mg oral	Tier 4	Opioid Brochure
oxymorphone hcl er tablet extended release 12 hour 7.5 mg oral	Tier 4	Opioid Brochure
oxymorphone hcl oral tablet 10 mg, 5 mg	Tier 2	Opioid Brochure
remifentanil hcl intravenous solution reconstituted 1 mg, 2 mg, 5 mg	Tier 9	Medical Only Exclusion
ROXICODONE ORAL TABLET 15 MG, 30 MG	Tier 9	Formulary Exclusion; Opioid Brochure
ROXYBOND ORAL TABLET ABUSE-DETERRENT 10 MG, 15 MG, 30 MG, 5 MG	Tier 9	Formulary Exclusion
sufentanil citrate intravenous solution 50 mcg/ml	Tier 9	Medical Only Exclusion
SYNAPRYN FUSEPAQ ORAL SUSPENSION RECONSTITUTED 10 MG/ML	Tier 9	Non FDA Exclusion
tapentadol hcl er oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	Tier 9	
tapentadol hcl oral solution 20 mg/ml	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
tapentadol hcl tablet 100 mg oral	Tier 2	
tapentadol hcl tablet 100 mg oral	Tier 2	QL
tapentadol hcl tablet 50 mg oral	Tier 2	
tapentadol hcl tablet 50 mg oral	Tier 2	QL
tapentadol hcl tablet 75 mg oral	Tier 2	
tapentadol hcl tablet 75 mg oral	Tier 2	QL
tramadol hcl (er biphasic) oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg	Tier 9	Non Essential Drug Exclusion
tramadol hcl (er biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg	Tier 2	Opioid Brochure

Drug Name	Drug Tier	Notes
tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg	Tier 2	Opioid Brochure
tramadol hcl oral solution 5 mg/ml	Tier 10	PA
tramadol hcl tablet 100 mg oral	Tier 9	Non Essential Drug Exclusion; Opioid Brochure
tramadol hcl tablet 25 mg oral	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
tramadol hcl tablet 50 mg oral	Tier 2	Opioid Brochure
tramadol hcl tablet 75 mg oral	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
ULTIVA INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG	Tier 9	Medical Only Exclusion
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG	Tier 3	Opioid Brochure
XYVONA TABLET 2 MG ORAL	Tier 10	Opioid Brochure
XYVONA TABLET 3 MG ORAL	Tier 9	Non Essential Drug Exclusion; Opioid Brochure
Opioid Combinations**		
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	Tier 2	Opioid Brochure
nalocet oral tablet 2.5-300 mg	Tier 9	Non Essential Drug Exclusion
oxycodone-acetaminophen solution 10-300 mg/5ml oral	Tier 9	Non Essential Drug Exclusion
oxycodone-acetaminophen solution 5-325 mg/5ml oral	Tier 4	Opioid Brochure
oxycodone-acetaminophen tablet 10-300 mg oral	Tier 9	Non Essential Drug Exclusion
oxycodone-acetaminophen tablet 10-325 mg oral	Tier 2	Opioid Brochure
oxycodone-acetaminophen tablet 2.5-300 mg oral	Tier 9	Non Essential Drug Exclusion
oxycodone-acetaminophen tablet 2.5-325 mg oral	Tier 2	Opioid Brochure
oxycodone-acetaminophen tablet 5-300 mg oral	Tier 9	Non Essential Drug Exclusion
oxycodone-acetaminophen tablet 5-325 mg oral	Tier 2	Opioid Brochure
oxycodone-acetaminophen tablet 7.5-300 mg oral	Tier 9	Non Essential Drug Exclusion
oxycodone-acetaminophen tablet 7.5-325 mg oral	Tier 2	Opioid Brochure
PERCOCET ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG	Tier 9	Formulary Exclusion; Opioid Brochure
PROLATE ORAL SOLUTION 10-300 MG/5ML	Tier 9	Non Essential Drug Exclusion
PROLATE ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG	Tier 9	Non Essential Drug Exclusion

Drug Name	Drug Tier	Notes
Opioid Partial Agonists**		
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG	Tier 3	Opioid Brochure
BRIXADI (WEEKLY) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 16 MG/0.32ML, 24 MG/0.48ML, 32 MG/0.64ML, 8 MG/0.16ML	Tier 5	PA; Specialty
BRIXADI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 128 MG/0.36ML, 64 MG/0.18ML, 96 MG/0.27ML	Tier 5	PA; Specialty
buprenorphine hcl injection solution 0.3 mg/ml	Tier 9	Medical Only Exclusion
buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg	Tier 2	Opioid Brochure
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg	Tier 2	Opioid Brochure
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg	Tier 2	QL
buprenorphine patch weekly 10 mcg/hr transdermal	Tier 9	Formulary Exclusion
buprenorphine patch weekly 10 mcg/hr transdermal	Tier 9	Formulary Exclusion; Opioid Brochure
buprenorphine patch weekly 15 mcg/hr transdermal	Tier 9	Formulary Exclusion
buprenorphine patch weekly 15 mcg/hr transdermal	Tier 9	Formulary Exclusion; Opioid Brochure
buprenorphine patch weekly 20 mcg/hr transdermal	Tier 9	Formulary Exclusion
buprenorphine patch weekly 20 mcg/hr transdermal	Tier 9	Formulary Exclusion; Opioid Brochure
buprenorphine patch weekly 5 mcg/hr transdermal	Tier 9	Formulary Exclusion
buprenorphine patch weekly 5 mcg/hr transdermal	Tier 9	Formulary Exclusion; Opioid Brochure
buprenorphine patch weekly 7.5 mcg/hr transdermal	Tier 9	Formulary Exclusion
buprenorphine patch weekly 7.5 mcg/hr transdermal	Tier 9	Formulary Exclusion; Opioid Brochure
butorphanol tartrate injection solution 1 mg/ml, 2 mg/ml	Tier 9	Medical Only Exclusion
butorphanol tartrate nasal solution 10 mg/ml	Tier 2	Opioid Brochure
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HR, 15 MCG/HR, 20 MCG/HR, 5 MCG/HR, 7.5 MCG/HR	Tier 9	Formulary Exclusion; Opioid Brochure

Drug Name	Drug Tier	Notes
nalbuphine hcl injection solution 10 mg/ml, 20 mg/ml	Tier 9	Medical Only Exclusion
pentazocine-naloxone hcl oral tablet 50-0.5 mg	Tier 9	Formulary Exclusion
SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.5ML, 300 MG/1.5ML	Tier 5	PA; Specialty; QL
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG	Tier 9	Formulary Exclusion; Opioid Brochure
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG	Tier 4	Opioid Brochure; QL
Tramadol Combinations**		
tramadol-acetaminophen oral tablet 37.5-325 mg	Tier 2	
Androgens-Anabolic		
Androgens**		
ANDRELA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1.25 MG/0.05ML, 10 MG/0.4ML, 12.5 MG/0.05ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 2.5 MG/0.1ML, 20 MG/0.4ML, 5 MG/0.2ML, 7.5 MG/0.3ML	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
ANDRENYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.4ML, 150 MG/0.6ML, 200 MG/0.8ML, 25 MG/0.1ML, 50 MG/0.2ML, 75 MG/0.3ML	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)	Tier 4	PA; QL
AVEED INTRAMUSCULAR SOLUTION 750 MG/3ML	Tier 4	PA; QL
AZMIRO INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 200 MG/ML	Tier 4	QL
danazol oral capsule 100 mg, 200 mg, 50 mg	Tier 2	
DEPO-TESTOSTERONE SOLUTION 100 MG/ML INTRAMUSCULAR	Tier 4	PA; QL
DEPO-TESTOSTERONE SOLUTION 200 MG/ML INTRAMUSCULAR	Tier 2	PA; QL
ec-rx testosterone transdermal cream 0.2 %, 0.4 %, 10 %, 20 %	Tier 9	Non FDA Exclusion
JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG	Tier 4	PA; QL
KYZATREX ORAL CAPSULE 150 MG, 200 MG	Tier 4	PA; QL
methitest oral tablet 10 mg	Tier 4	

Drug Name	Drug Tier	Notes
methyltestosterone oral capsule 10 mg	Tier 2	
NATESTO NASAL GEL 5.5 MG/ACT	Tier 4	PA; QL
TESTIM TRANSDERMAL GEL 50 MG/5GM (1%)	Tier 4	PA; QL
TESTONE CIK INTRAMUSCULAR KIT 200 MG/ML	Tier 9	Non FDA Exclusion
TESTOPEL IMPLANT PELLET 75 MG	Tier 9	Medical Only Exclusion
testosterone cypionate injection solution 200 mg/ml	Tier 9	Non FDA Exclusion; QL
testosterone cypionate solution 100 mg/ml intramuscular	Tier 2	PA; QL
testosterone cypionate solution 200 mg/ml intramuscular	Tier 2	PA; QL
testosterone cypionate solution 200 mg/ml intramuscular	Tier 3	PA; QL
testosterone enanthate intramuscular solution 200 mg/ml	Tier 2	PA; QL
testosterone gel 1.62 % transdermal	Tier 2	PA; QL
testosterone gel 12.5 mg/act (1%) transdermal	Tier 2	PA; QL
testosterone gel 20.25 mg/1.25gm (1.62%) transdermal	Tier 2	PA; QL
testosterone gel 20.25 mg/act (1.62%) transdermal	Tier 2	PA; QL
testosterone gel 25 mg/2.5gm (1%) transdermal	Tier 2	PA; QL
testosterone gel 40.5 mg/2.5gm (1.62%) transdermal	Tier 2	PA; QL
testosterone gel 40.5 mg/2.5gm (1.62%) transdermal	Tier 4	PA; QL
testosterone gel 50 mg/5gm (1%) transdermal	Tier 2	PA; QL
testosterone implant pellet 100 mg, 200 mg, 25 mg, 37.5 mg, 50 mg, 87.5 mg	Tier 9	Non FDA Exclusion; Medical Only Exclusion
testosterone transdermal solution 30 mg/act	Tier 2	PA; QL
TLANDO ORAL CAPSULE 112.5 MG	Tier 4	PA; QL
VOGELXO PUMP TRANSDERMAL GEL 12.5 MG/ACT (1%)	Tier 4	PA; QL
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%)	Tier 4	PA; QL
XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/0.5ML, 50 MG/0.5ML, 75 MG/0.5ML	Tier 3	PA; QL

Drug Name	Drug Tier	Notes
Anorectal And Related Products		
Intrarectal Steroids**		
budesonide rectal foam 2 mg, 2 mg/act	Tier 2	ST
CORTENEMA RECTAL ENEMA 100 MG/60ML	Tier 9	Formulary Exclusion
CORTIFOAM EXTERNAL FOAM 10 %	Tier 3	
hydrocortisone rectal enema 100 mg/60ml	Tier 2	
UCERIS RECTAL FOAM 2 MG/ACT	Tier 9	ST; Formulary Exclusion
Nitrate Vasodilating Agents**		
nitroglycerin rectal ointment 0.4 %	Tier 2	
RECTIV RECTAL OINTMENT 0.4 %	Tier 9	Formulary Exclusion
Rectal Anesthetic/Steroids**		
ANA-LEX RECTAL KIT 2-2 %	Tier 9	Non FDA Exclusion
ANALPRAM HC EXTERNAL CREAM 1-1 %, 2.5-1 %	Tier 9	Formulary Exclusion
ANALPRAM HC EXTERNAL LOTION 2.5-1 %	Tier 4	
hydrocortisone ace-pramoxine external cream 1-1 %	Tier 2	
hydrocortisone ace-pramoxine rectal suppository 25-18 mg	Tier 9	Non FDA Exclusion
hydrocort-pramoxine (perianal) external cream 2.5-1 %	Tier 9	Formulary Exclusion
lidocaine-hydrocort (perianal) cream 3-0.5 % external	Tier 10	Formulary Exclusion
lidocaine-hydrocort (perianal) cream 3-0.5 % external	Tier 9	Formulary Exclusion
lidocaine-hydrocort (perianal) cream 3-0.5 % external	Tier 9	Non FDA Exclusion
lidocaine-hydrocortisone ace kit 1-3 % rectal	Tier 10	Formulary Exclusion
lidocaine-hydrocortisone ace kit 3-0.5 % rectal	Tier 10	Non FDA Exclusion
lidocaine-hydrocortisone ace kit 3-0.5 % rectal	Tier 9	Non FDA Exclusion
lidocaine-hydrocortisone ace kit 3-0.5 % rectal	Tier 9	Formulary Exclusion
lidocaine-hydrocortisone ace kit 3-2.5 % rectal	Tier 9	Non FDA Exclusion
lidocaine-hydrocortisone ace kit 3-2.5 % rectal	Tier 9	Formulary Exclusion
lidocaine-hydrocortisone ace rectal gel 2.8-0.55 %	Tier 10	Formulary Exclusion
LIDOCORT EXTERNAL CREAM 3-0.5 %	Tier 10	Non FDA Exclusion
PROCORT EXTERNAL CREAM 1.85-1.15 %	Tier 9	Formulary Exclusion

Drug Name	Drug Tier	Notes
PROCTOFOAM HC EXTERNAL FOAM 1-1 %	Tier 4	
Rectal Products - Misc.**		
BARRIGEL RECTAL GEL 20 MG/ML	Tier 9	Non FDA Exclusion
Rectal Steroids**		
anucort-hc rectal suppository 25 mg	Tier 2	
ANUSOL-HC EXTERNAL CREAM 2.5 %	Tier 9	Formulary Exclusion
ANUSOL-HC RECTAL SUPPOSITORY 25 MG	Tier 2	
HEMMOREX-HC SUPPOSITORY 25 MG RECTAL	Tier 9	Non FDA Exclusion
HEMMOREX-HC SUPPOSITORY 25 MG RECTAL	Tier 2	
HEMMOREX-HC SUPPOSITORY 30 MG RECTAL	Tier 2	
hydrocortisone (perianal) external cream 1 %, 2.5 %	Tier 2	
hydrocortisone acetate suppository 25 mg rectal	Tier 9	Non FDA Exclusion
hydrocortisone acetate suppository 25 mg rectal	Tier 2	
hydrocortisone acetate suppository 30 mg rectal	Tier 2	
hydrocortisone acetate suppository 30 mg rectal	Tier 9	Non FDA Exclusion
hydrocortisone acetate suppository 30 mg rectal	Tier 9	Formulary Exclusion
PROCTOCORT EXTERNAL CREAM 1 %	Tier 9	Formulary Exclusion
PROCTOCORT RECTAL SUPPOSITORY 30 MG	Tier 9	Formulary Exclusion
PROCTO-MED HC EXTERNAL CREAM 2.5 %	Tier 2	
PROCTOSOL HC EXTERNAL CREAM 2.5 %	Tier 2	
PROCTOZONE-HC EXTERNAL CREAM 2.5 %	Tier 2	
Anthelmintics		
Anthelmintics**		
albendazole oral tablet 200 mg	Tier 2	
benznidazole oral tablet 100 mg, 12.5 mg	Tier 3	
BILTRICIDE ORAL TABLET 600 MG	Tier 9	Formulary Exclusion
EMVERM ORAL TABLET CHEWABLE 100 MG	Tier 3	PA
ivermectin tablet 3 mg oral	Tier 2	
ivermectin tablet 6 mg oral	Tier 9	Formulary Exclusion

Drug Name	Drug Tier	Notes
praziquantel oral tablet 600 mg	Tier 2	
STROMECTOL ORAL TABLET 3 MG	Tier 4	
Antianginal Agents		
Antianginals-Other**		
ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg	Tier 2	
Nitrates**		
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg	Tier 2	
isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg	Tier 2	
isosorbide mononitrate oral tablet 10 mg, 20 mg	Tier 2	
NITRO-BID TRANSDERMAL OINTMENT 2 %	Tier 2	
NITRO-DUR PATCH 24 HOUR 0.1 MG/HR TRANSDERMAL	Tier 9	Formulary Exclusion
NITRO-DUR PATCH 24 HOUR 0.2 MG/HR TRANSDERMAL	Tier 9	Formulary Exclusion
NITRO-DUR PATCH 24 HOUR 0.3 MG/HR TRANSDERMAL	Tier 4	
NITRO-DUR PATCH 24 HOUR 0.4 MG/HR TRANSDERMAL	Tier 9	Formulary Exclusion
NITRO-DUR PATCH 24 HOUR 0.6 MG/HR TRANSDERMAL	Tier 9	Formulary Exclusion
NITRO-DUR PATCH 24 HOUR 0.8 MG/HR TRANSDERMAL	Tier 4	
nitroglycerin in d5w intravenous solution 100-5 mcg/ml-%, 200-5 mcg/ml-%, 400-5 mcg/ml-%	Tier 9	Medical Only Exclusion
nitroglycerin intravenous solution 5 mg/ml	Tier 9	Medical Only Exclusion
nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg	Tier 2	
nitroglycerin transdermal ointment 2 %	Tier 2	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	Tier 2	
nitroglycerin translingual solution 0.4 mg/spray	Tier 2	
NITROLINGUAL TRANSLINGUAL SOLUTION 0.4 MG/SPRAY	Tier 2	
NITROSTAT SUBLINGUAL TABLET SUBLINGUAL 0.3 MG, 0.4 MG, 0.6 MG	Tier 9	Formulary Exclusion
NITRO-TIME ORAL CAPSULE EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG	Tier 2	

Drug Name	Drug Tier	Notes
Antianxiety Agents		
Antianxiety Agents - Misc.**		
BUCAPSOL ORAL CAPSULE 10 MG, 15 MG, 5 MG, 7.5 MG	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
buspirone hcl tablet 10 mg oral	Tier 2	
buspirone hcl tablet 12.5 mg oral	Tier 9	Non Essential Drug Exclusion
buspirone hcl tablet 15 mg oral	Tier 2	
buspirone hcl tablet 2.5 mg oral	Tier 9	Non Essential Drug Exclusion
buspirone hcl tablet 30 mg oral	Tier 2	
buspirone hcl tablet 5 mg oral	Tier 2	
buspirone hcl tablet 7.5 mg oral	Tier 2	
droperidol injection solution 2.5 mg/ml	Tier 9	Medical Only Exclusion
droperidol intravenous solution prefilled syringe 0.625 mg/ml	Tier 9	Non FDA Exclusion; Medical Only Exclusion
hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml	Tier 9	Medical Only Exclusion
hydroxyzine hcl oral syrup 10 mg/5ml, 50 mg/25ml	Tier 2	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	Tier 2	
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	Tier 2	
meprobamate oral tablet 200 mg, 400 mg	Tier 2	Formulary Exclusion
Benzodiazepines**		
alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg	Tier 2	
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML	Tier 4	
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	Tier 2	
alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg	Tier 2	
alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg	Tier 2	
ATIVAN INJECTION SOLUTION 2 MG/ML, 4 MG/ML	Tier 9	Medical Only Exclusion
ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG	Tier 9	Formulary Exclusion
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg	Tier 2	
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	Tier 2	

Drug Name	Drug Tier	Notes
diazepam injection solution 10 mg/2ml, 5 mg/ml	Tier 9	Medical Only Exclusion
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML	Tier 2	
diazepam oral concentrate 5 mg/ml	Tier 2	
diazepam oral solution 5 mg/5ml	Tier 2	
diazepam oral tablet 10 mg, 2 mg, 5 mg	Tier 2	
lorazepam injection solution 2 mg/ml, 4 mg/ml	Tier 9	Medical Only Exclusion
lorazepam injection solution prefilled syringe 2 mg/ml	Tier 9	Medical Only Exclusion
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML	Tier 2	
lorazepam oral concentrate 2 mg/ml	Tier 2	
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	Tier 2	
LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 1 MG, 1.5 MG, 2 MG, 3 MG	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
oxazepam oral capsule 10 mg, 15 mg, 30 mg	Tier 2	
VALIUM ORAL TABLET 10 MG, 2 MG, 5 MG	Tier 9	Formulary Exclusion
XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG	Tier 9	Formulary Exclusion
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2 MG	Tier 9	Formulary Exclusion
Antiarrhythmics		
Antiarrhythmics - Misc.**		
adenosine intravenous solution 12 mg/4ml, 6 mg/2ml	Tier 9	Medical Only Exclusion
Antiarrhythmics Type I-A**		
disopyramide phosphate oral capsule 100 mg, 150 mg	Tier 2	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG	Tier 4	
NORPACE ORAL CAPSULE 100 MG, 150 MG	Tier 4	
procainamide hcl injection solution 100 mg/ml, 500 mg/ml	Tier 9	Medical Only Exclusion
quinidine gluconate er oral tablet extended release 324 mg	Tier 2	
quinidine sulfate oral tablet 200 mg, 300 mg	Tier 2	

Drug Name	Drug Tier	Notes
Antiarrhythmics Type I-B**		
lidocaine hcl (cardiac) intravenous solution prefilled syringe 100 mg/10ml, 100 mg/5ml, 200 mg/10ml, 60 mg/3ml	Tier 9	Non FDA Exclusion; Medical Only Exclusion
lidocaine hcl (cardiac) pf intravenous solution 100 mg/5ml	Tier 9	Medical Only Exclusion
lidocaine hcl (cardiac) pf intravenous solution prefilled syringe 100 mg/5ml, 50 mg/5ml	Tier 9	Medical Only Exclusion
lidocaine in d5w solution 2-5 mg/ml-% intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion
lidocaine in d5w solution 4-5 mg/ml-% intravenous	Tier 9	Medical Only Exclusion
lidocaine in d5w solution 8-5 mg/ml-% intravenous	Tier 9	Medical Only Exclusion
mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg	Tier 2	
Antiarrhythmics Type I-C**		
flecainide acetate oral tablet 100 mg, 150 mg, 50 mg	Tier 2	
propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg	Tier 2	
propafenone hcl oral tablet 150 mg, 225 mg, 300 mg	Tier 2	
Antiarrhythmics Type Iii**		
amiodarone hcl in dextrose intravenous solution 450-5 mg/250ml-%, 900-5 mg/500ml-%	Tier 9	Non FDA Exclusion; Medical Only Exclusion
amiodarone hcl intravenous solution 150 mg/3ml, 450 mg/9ml, 900 mg/18ml	Tier 9	Medical Only Exclusion
amiodarone hcl tablet 100 mg oral	Tier 2	
amiodarone hcl tablet 200 mg oral	Tier 2	
amiodarone hcl tablet 400 mg oral	Tier 9	Formulary Exclusion
CORVERT INTRAVENOUS SOLUTION 1 MG/10ML	Tier 9	Medical Only Exclusion
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	Tier 2	
ibutilide fumarate intravenous solution 1 mg/10ml	Tier 9	Medical Only Exclusion
MULTAQ ORAL TABLET 400 MG	Tier 3	
NEXTERONE INTRAVENOUS SOLUTION 150-4.21 MG/100ML-%, 360-4.14 MG/200ML-%	Tier 9	Medical Only Exclusion
PACERONE ORAL TABLET 100 MG, 200 MG	Tier 2	

Drug Name	Drug Tier	Notes
TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG	Tier 9	Formulary Exclusion
Antiasthmatic And Bronchodilator Agents		
5-Lipoxygenase Inhibitors**		
zileuton er oral tablet extended release 12 hour 600 mg	Tier 2	Non Essential Drug Exclusion
Adrenergic Combinations**		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	Tier 9	Formulary Exclusion; QL
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	Tier 3	QL
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT	Tier 3	QL
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	Tier 3	QL
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT	Tier 9	Formulary Exclusion; QL
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH	Tier 3	QL
BREYNA INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT	Tier 2	QL
BREZTRI AEROSPHERE INHALATION AEROSOL 160-18-4.8 MCG/ACT, 160-9-4.8 MCG/ACT	Tier 3	QL
budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act	Tier 2	QL
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	Tier 3	QL
DUAKLIR PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400-12 MCG/ACT	Tier 9	Formulary Exclusion; QL
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT, 50-5 MCG/ACT	Tier 3	QL
fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act	Tier 9	Formulary Exclusion; QL

Drug Name	Drug Tier	Notes
fluticasone-salmeterol aerosol powder breath activated 100-50 mcg/act inhalation	Tier 2	QL
fluticasone-salmeterol aerosol powder breath activated 113-14 mcg/act inhalation	Tier 2	ST; QL
fluticasone-salmeterol aerosol powder breath activated 232-14 mcg/act inhalation	Tier 2	ST; QL
fluticasone-salmeterol aerosol powder breath activated 250-50 mcg/act inhalation	Tier 2	QL
fluticasone-salmeterol aerosol powder breath activated 500-50 mcg/act inhalation	Tier 2	QL
fluticasone-salmeterol aerosol powder breath activated 55-14 mcg/act inhalation	Tier 2	ST; QL
fluticasone-salmeterol inhalation aerosol 115-21 mcg/act, 230-21 mcg/act, 45-21 mcg/act	Tier 9	Formulary Exclusion; QL
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	Tier 2	
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	Tier 3	QL
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT	Tier 9	Formulary Exclusion; QL
TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT INHALATION	Tier 4	QL
TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT INHALATION	Tier 3	QL
TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/ACT INHALATION	Tier 3	QL
umeclidinium-vilanterol inhalation aerosol powder breath activated 62.5-25 mcg/act	Tier 9	QL
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	Tier 2	QL
Anti-Ige Monoclonal Antibodies**		
OMLYCLO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML	Tier 5	PA; Specialty
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML	Tier 5	PA; Specialty

Drug Name	Drug Tier	Notes
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML	Tier 5	PA; Specialty
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	Tier 5	PA; Specialty
Anti-Inflammatory Agents**		
cromolyn sodium inhalation nebulization solution 20 mg/2ml	Tier 2	
Beta Adrenergics**		
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act	Tier 2	QL
albuterol sulfate nebulization solution (2.5 mg/3ml) 0.083% inhalation	Tier 2	
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	Tier 2	
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	Tier 4	
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	Tier 9	Non FDA Exclusion
albuterol sulfate nebulization solution 0.63 mg/3ml inhalation	Tier 2	
albuterol sulfate nebulization solution 1.25 mg/3ml inhalation	Tier 2	
albuterol sulfate nebulization solution 2.5 mg/0.5ml inhalation	Tier 2	
albuterol sulfate oral syrup 2 mg/5ml, 8 mg/20ml	Tier 2	
albuterol sulfate oral tablet 2 mg, 4 mg	Tier 2	
arformoterol tartrate inhalation nebulization solution 15 mcg/2ml	Tier 2	
formoterol fumarate inhalation nebulization solution 20 mcg/2ml	Tier 9	Formulary Exclusion
isoproterenol hcl injection solution 0.2 mg/ml	Tier 9	Medical Only Exclusion
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	Tier 2	
levalbuterol tartrate inhalation aerosol 45 mcg/act	Tier 9	Formulary Exclusion; QL
PERFOROMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML	Tier 9	Formulary Exclusion
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion

Drug Name	Drug Tier	Notes
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	Tier 3	QL
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	Tier 3	QL
terbutaline sulfate injection solution 1 mg/ml	Tier 9	Medical Only Exclusion
terbutaline sulfate oral tablet 2.5 mg, 5 mg	Tier 2	
VENTOLIN HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	Tier 4	ST; QL
VENTOLIN HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	Tier 9	ST; Formulary Exclusion; QL
XOPENEX HFA INHALATION AEROSOL 45 MCG/ACT	Tier 9	Formulary Exclusion; QL
Bronchodilators - Anticholinergics**		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	Tier 3	QL
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	Tier 3	QL
ipratropium bromide hfa inhalation aerosol solution 17 mcg/act	Tier 2	QL
ipratropium bromide inhalation solution 0.02 %	Tier 2	
SPIRIVA HANDIHALER CAPSULE 18 MCG INHALATION	Tier 4	QL
SPIRIVA HANDIHALER CAPSULE 18 MCG INHALATION	Tier 9	Formulary Exclusion; QL
SPIRIVA RESPIMAT AEROSOL SOLUTION 1.25 MCG/ACT INHALATION	Tier 3	QL
SPIRIVA RESPIMAT AEROSOL SOLUTION 2.5 MCG/ACT INHALATION	Tier 4	QL
SPIRIVA RESPIMAT AEROSOL SOLUTION 2.5 MCG/ACT INHALATION	Tier 3	QL
tiotropium bromide inhalation capsule 18 mcg	Tier 2	QL
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT	Tier 9	ST; Formulary Exclusion; QL
umeclidinium ellipta inhalation aerosol powder breath activated 62.5 mcg/inh	Tier 9	QL
YUPELRI INHALATION NEBULIZATION SOLUTION 175 MCG/3ML	Tier 4	QL

Drug Name	Drug Tier	Notes
Interleukin-5 Antagonists (Igg1 Kappa)**		
exdensur subcutaneous solution prefilled syringe 100 mg/ml	Tier 9	Medical Only Exclusion
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML	Tier 5	PA; Specialty
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 30 MG/ML	Tier 5	PA; Specialty
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	Tier 5	PA; Specialty
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 40 MG/0.4ML	Tier 5	PA; Specialty
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG	Tier 5	PA; Specialty
Interleukin-5 Antagonists (Igg4 Kappa)**		
CINQAIR INTRAVENOUS SOLUTION 100 MG/10ML	Tier 9	Medical Only Exclusion
Leukotriene Receptor Antagonists**		
montelukast sodium oral packet 4 mg	Tier 2	
montelukast sodium oral tablet 10 mg	Tier 2	
montelukast sodium oral tablet chewable 4 mg, 5 mg	Tier 2	
SINGULAIR ORAL PACKET 4 MG	Tier 9	Formulary Exclusion
SINGULAIR ORAL TABLET 10 MG	Tier 9	Formulary Exclusion
SINGULAIR ORAL TABLET CHEWABLE 4 MG, 5 MG	Tier 9	Formulary Exclusion
zafirlukast oral tablet 10 mg, 20 mg	Tier 2	
Phosphodiesterase 3 & 4 (Pde3 & Pde4) Inhibitors**		
OHTUVAYRE INHALATION SUSPENSION 3 MG/2.5ML	Tier 5	PA; Specialty
Selective Phosphodiesterase 4 (Pde4) Inhibitors**		
DALIRESP ORAL TABLET 250 MCG, 500 MCG	Tier 9	Formulary Exclusion
roflumilast oral tablet 250 mcg, 500 mcg	Tier 2	

Drug Name	Drug Tier	Notes
Steroid Inhalants**		
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT, 80 MCG/ACT	Tier 9	ST; Formulary Exclusion; QL
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	Tier 3	QL
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	Tier 3	QL
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	Tier 4	QL
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT	Tier 3	QL
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	Tier 3	QL
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	Tier 3	QL
beclomethasone diprop hfa inhalation aerosol solution 40 mcg/act, 80 mcg/act	Tier 2	QL
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml	Tier 2	QL
fluticasone furoate ellipta inhalation aerosol powder breath activated 100 mcg/act, 200 mcg/act, 50 mcg/act	Tier 9	Formulary Exclusion; QL
fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act, 250 mcg/act, 50 mcg/act	Tier 3	QL
fluticasone propionate hfa aerosol 110 mcg/act inhalation	Tier 3	QL
fluticasone propionate hfa aerosol 220 mcg/act inhalation	Tier 3	QL
fluticasone propionate hfa aerosol 44 mcg/act inhalation	Tier 2	QL
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT	Tier 9	ST; Formulary Exclusion; QL
PULMICORT INHALATION SUSPENSION 0.25 MG/2ML, 0.5 MG/2ML, 1 MG/2ML	Tier 9	Formulary Exclusion; QL

Drug Name	Drug Tier	Notes
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT	Tier 3	QL
Thymic Stromal Lymphopoietin (Tslp) Antagonists**		
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 210 MG/1.91ML	Tier 5	PA; Specialty; QL
TEZSPIRE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.91ML	Tier 5	PA; Specialty; QL
Xanthines**		
aminophylline intravenous solution 25 mg/ml	Tier 9	Medical Only Exclusion
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15ML	Tier 2	
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG	Tier 4	
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	Tier 2	
theophylline er tablet extended release 12 hour 100 mg oral	Tier 3	
theophylline er tablet extended release 12 hour 200 mg oral	Tier 3	
theophylline er tablet extended release 12 hour 300 mg oral	Tier 2	
theophylline er tablet extended release 12 hour 450 mg oral	Tier 2	
theophylline oral elixir 80 mg/15ml	Tier 2	
theophylline oral solution 80 mg/15ml	Tier 2	
Anticoagulants		
Anticoagulants - Misc.**		
sodium citrate in vitro solution prefilled syringe 4 %	Tier 9	Non FDA Exclusion
sodium citrate lock flush intravenous solution 4 %	Tier 9	Non FDA Exclusion; Medical Only Exclusion
sodium citrate lock flush intravenous solution prefilled syringe 120 mg/3ml	Tier 9	Non FDA Exclusion; Medical Only Exclusion
Coumarin Anticoagulants**		
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	Tier 2	
warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	Tier 2	

Drug Name	Drug Tier	Notes
Direct Factor Xa Inhibitors**		
ELIQUIS (1.5 MG PACK) ORAL TABLET SOLUBLE 3 X 0.5 MG	Tier 3	
ELIQUIS (2 MG PACK) ORAL TABLET SOLUBLE 4 X 0.5 MG	Tier 3	
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG	Tier 3	QL
ELIQUIS ORAL CAPSULE SPRINKLE 0.15 MG	Tier 3	QL
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	Tier 3	QL
ELIQUIS ORAL TABLET SOLUBLE 0.5 MG	Tier 3	QL
rivaroxaban oral suspension reconstituted 1 mg/ml	Tier 2	QL
rivaroxaban oral tablet 2.5 mg	Tier 2	
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG	Tier 9	ST; Formulary Exclusion; QL
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML	Tier 3	QL
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG	Tier 3	
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	Tier 3	
Heparins And Heparinoid-Like Agents**		
BD HEPARIN POSIFLUSH INTRAVENOUS SOLUTION 10 UNIT/ML, 100 UNIT/ML	Tier 9	Formulary Exclusion
heparin (porcine) in nacl intravenous solution prefilled syringe 20-0.9 unt/20ml-%, 50-0.9 unt/50ml-%	Tier 9	Non FDA Exclusion; Medical Only Exclusion
heparin (porcine) in nacl solution 1000-0.9 ut/500ml-% intravenous	Tier 2	
heparin (porcine) in nacl solution 12500-0.45 ut/250ml-% intravenous	Tier 9	Medical Only Exclusion
heparin (porcine) in nacl solution 2000-0.9 unit/l-% intravenous	Tier 9	Medical Only Exclusion
heparin (porcine) in nacl solution 2500-0.9 ut/500ml-% intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion
heparin (porcine) in nacl solution 25000-0.45 ut/250ml-% intravenous	Tier 9	Medical Only Exclusion
heparin (porcine) in nacl solution 25000-0.45 ut/500ml-% intravenous	Tier 9	Medical Only Exclusion
heparin (porcine) in nacl solution 30000-0.9 unit/l-% intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion

Drug Name	Drug Tier	Notes
heparin (porcine) in nacl solution 4000-0.9 unit/l-% intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion
heparin (porcine) in nacl solution 500-0.9 ut/500ml-% intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion
heparin (porcine) in nacl solution 5000-0.9 unit/l-% intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion
heparin (porcine) in nacl solution 5000-0.9 ut/500ml-% intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion
heparin na (pork) lock flsh pf intravenous solution 1 unit/ml, 10 unit/ml, 100 unit/ml	Tier 9	Formulary Exclusion
heparin sod (porcine) in d5w intravenous solution 100 unit/ml, 25000-5 ut/500ml-%, 40-5 unit/ml-%	Tier 9	Medical Only Exclusion
heparin sod (pork) lock flush solution 10 unit/ml intravenous	Tier 2	
heparin sod (pork) lock flush solution 10 unit/ml intravenous	Tier 9	Formulary Exclusion
heparin sod (pork) lock flush solution 100 unit/ml intravenous	Tier 2	
heparin sod (pork) lock flush solution 100 unit/ml intravenous	Tier 9	Formulary Exclusion
heparin sodium (porcine) +rfid injection solution 1000 unit/ml	Tier 2	
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml	Tier 2	
heparin sodium (porcine) injection solution prefilled syringe 5000 unit/0.5ml	Tier 9	Formulary Exclusion
heparin sodium (porcine) pf solution 1000 unit/ml injection	Tier 2	
heparin sodium (porcine) pf solution 5000 unit/0.5ml injection	Tier 2	
heparin sodium (porcine) pf solution 5000 unit/ml injection	Tier 4	
In Vitro/Lock Anticoagulant Combinations**		
DEFENCATH SOLUTION 1000-13.5 UNIT-MG/ML	Tier 9	Medical Only Exclusion
sodium citrate-gentamicin sulf intravenous solution 4-320 %-mcg/ml	Tier 9	Non FDA Exclusion; Medical Only Exclusion
sodium citrate-gentamicin sulf intravenous solution prefilled syringe 4-320 %-mcg/ml	Tier 9	Non FDA Exclusion; Medical Only Exclusion

Drug Name	Drug Tier	Notes
In Vitro/Lock Anticoagulants**		
acd formula a extracorporeal solution 0.73-2.45-2.2 gm/100ml	Tier 9	Medical Only Exclusion
ACD-A NOCLOT-50 EXTRACORPOREAL SOLUTION 0.73-2.45-2.2 GM/100ML	Tier 9	Medical Only Exclusion
anticoagulant sodium citrate extracorporeal solution 4 %, 4 gm/100ml	Tier 9	Medical Only Exclusion
TRICITRASOL EXTRACORPOREAL CONCENTRATE 46.7 %	Tier 9	Medical Only Exclusion
Low Molecular Weight Heparins**		
enoxaparin sodium injection solution 300 mg/3ml	Tier 2	
enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml	Tier 2	
ENOXILUV KIT INJECTION PREFILLED SYRINGE KIT 40 MG/0.4ML	Tier 9	Non FDA Exclusion
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML, 95000 UNIT/3.8ML	Tier 4	
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML	Tier 4	
LOVENOX INJECTION SOLUTION 300 MG/3ML	Tier 9	Formulary Exclusion
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE 100 MG/ML, 120 MG/0.8ML, 150 MG/ML, 30 MG/0.3ML, 40 MG/0.4ML, 60 MG/0.6ML, 80 MG/0.8ML	Tier 9	Formulary Exclusion
Synthetic Heparinoid-Like Agents**		
ARIXTRA SUBCUTANEOUS SOLUTION 10 MG/0.8ML, 2.5 MG/0.5ML, 5 MG/0.4ML, 7.5 MG/0.6ML	Tier 9	Formulary Exclusion
fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml	Tier 2	
Thrombin Inhibitors - Hirudin Type**		
bivalirudin trifluoroacetate intravenous solution 250 mg/50ml	Tier 9	Medical Only Exclusion
bivalirudin trifluoroacetate intravenous solution reconstituted 250 mg	Tier 9	Medical Only Exclusion

Drug Name	Drug Tier	Notes
Thrombin Inhibitors - Selective Direct & Reversible**		
argatroban in sodium chloride intravenous solution 50-0.9 mg/50ml-%	Tier 9	Medical Only Exclusion
argatroban intravenous solution 250 mg/2.5ml, 50 mg/50ml	Tier 9	Medical Only Exclusion
dabigatran etexilate mesylate oral capsule 110 mg, 150 mg, 75 mg	Tier 2	
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	Tier 9	Formulary Exclusion
PRADAXA ORAL PACKET 110 MG, 150 MG, 20 MG, 30 MG, 40 MG, 50 MG	Tier 9	PA; Formulary Exclusion
Anticonvulsants		
Ampa Glutamate Receptor Antagonists**		
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	Tier 9	Formulary Exclusion; QL
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	Tier 9	Formulary Exclusion; QL
perampanel oral suspension 0.5 mg/ml	Tier 2	QL
perampanel oral tablet 10 mg, 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	Tier 2	QL
Anticonvulsants - Benzodiazepines**		
clobazam oral suspension 2.5 mg/ml	Tier 2	QL
clobazam oral tablet 10 mg, 20 mg	Tier 2	QL
clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	Tier 2	
clonazepam tablet 0.25 mg oral	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
clonazepam tablet 0.5 mg oral	Tier 2	
clonazepam tablet 1 mg oral	Tier 2	
clonazepam tablet 2 mg oral	Tier 2	
diazepam rectal gel 10 mg, 2.5 mg, 20 mg	Tier 2	
KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG	Tier 9	Formulary Exclusion
midazolam intramuscular solution auto-injector 10 mg/0.7ml	Tier 4	QL
NAYZILAM NASAL SOLUTION 5 MG/0.1ML	Tier 3	PA; QL
ONFI ORAL SUSPENSION 2.5 MG/ML	Tier 9	Formulary Exclusion; QL
ONFI ORAL TABLET 10 MG, 20 MG	Tier 9	Formulary Exclusion; QL

Drug Name	Drug Tier	Notes
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	Tier 9	Non Essential Drug Exclusion
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML	Tier 3	PA; QL
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML	Tier 3	PA; QL
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML	Tier 3	PA; QL
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML	Tier 3	PA; QL
Anticonvulsants - Misc.**		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG	Tier 9	Formulary Exclusion; QL
BANZEL ORAL SUSPENSION 40 MG/ML	Tier 9	ST; Formulary Exclusion; QL
BANZEL ORAL TABLET 200 MG, 400 MG	Tier 9	ST; Formulary Exclusion; QL
brivaracetam intravenous solution 50 mg/5ml	Tier 9	Medical Only Exclusion
brivaracetam oral solution 10 mg/ml	Tier 2	QL
brivaracetam oral tablet 10 mg, 100 mg, 25 mg, 50 mg, 75 mg	Tier 2	QL
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5ML	Tier 9	Medical Only Exclusion
BRIVIACT ORAL SOLUTION 10 MG/ML	Tier 9	Formulary Exclusion; QL
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	Tier 9	Formulary Exclusion; QL
carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg	Tier 2	
carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg	Tier 2	
carbamazepine oral suspension 100 mg/5ml, 200 mg/10ml	Tier 2	
carbamazepine oral tablet 200 mg	Tier 2	
carbamazepine tablet chewable 100 mg oral	Tier 2	
carbamazepine tablet chewable 200 mg oral	Tier 4	
CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG	Tier 4	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	Tier 5	PA; Specialty
DIACOMIT ORAL PACKET 250 MG, 500 MG	Tier 5	PA; Specialty
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 1500 MG	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion

Drug Name	Drug Tier	Notes
EPIDIOLEX ORAL SOLUTION 100 MG/ML	Tier 5	ST; Specialty
EPRONTIA ORAL SOLUTION 25 MG/ML	Tier 9	PA; Formulary Exclusion
eslicarbazepine acetate oral tablet 200 mg, 400 mg, 600 mg, 800 mg	Tier 2	QL
FANATREX FUSEPAQ ORAL SUSPENSION 25 MG/ML	Tier 9	Non FDA Exclusion
FINTEPLA ORAL SOLUTION 2.2 MG/ML	Tier 5	PA; Specialty
gabapentin capsule 100 mg oral	Tier 2	
gabapentin capsule 200 mg oral	Tier 9	Non Essential Drug Exclusion
gabapentin capsule 300 mg oral	Tier 2	
gabapentin capsule 400 mg oral	Tier 2	
gabapentin oral solution 250 mg/5ml, 300 mg/6ml	Tier 2	PA; QL
gabapentin tablet 25 mg oral	Tier 9	Non FDA Exclusion
gabapentin tablet 50 mg oral	Tier 9	Non FDA Exclusion
gabapentin tablet 600 mg oral	Tier 2	
gabapentin tablet 800 mg oral	Tier 2	
GABARONE TABLET 100 MG ORAL	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
GABARONE TABLET 400 MG ORAL	Tier 9	Formulary Exclusion; QL
KEPPRA INTRAVENOUS SOLUTION 500 MG/5ML	Tier 9	Medical Only Exclusion
KEPPRA ORAL SOLUTION 100 MG/ML	Tier 9	Formulary Exclusion
KEPPRA ORAL TABLET 1000 MG, 250 MG, 500 MG, 750 MG	Tier 9	Formulary Exclusion
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG, 750 MG	Tier 9	Formulary Exclusion
lacosamide intravenous solution 200 mg/20ml	Tier 9	Medical Only Exclusion
lacosamide oral solution 10 mg/ml, 100 mg/10ml, 50 mg/5ml	Tier 2	
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	Tier 2	
LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 42 X 50 MG & 14X100 MG	Tier 9	Formulary Exclusion
LAMICTAL ODT ORAL TABLET DISPERSIBLE 100 MG, 200 MG, 25 MG, 50 MG	Tier 9	Formulary Exclusion
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG	Tier 9	Formulary Exclusion
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG	Tier 9	Formulary Exclusion

Drug Name	Drug Tier	Notes
LAMICTAL STARTER ORAL KIT 35 X 25 MG, 42 X 25 MG & 7 X 100 MG, 84 X 25 MG & 14X100 MG	Tier 9	Formulary Exclusion
LAMICTAL XR ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 50 & 100 & 200 MG	Tier 4	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG	Tier 9	Formulary Exclusion
lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	Tier 2	
lamotrigine kit 21 x 25 mg & 7 x 50 mg oral	Tier 9	Formulary Exclusion
lamotrigine kit 25 & 50 & 100 mg oral	Tier 2	
lamotrigine kit 42 x 50 mg & 14x100 mg oral	Tier 9	Formulary Exclusion
lamotrigine odt oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg	Tier 2	
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	Tier 2	
lamotrigine oral tablet chewable 25 mg, 5 mg	Tier 2	
lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg	Tier 2	
lamotrigine starter kit-blue oral kit 35 x 25 mg	Tier 2	
lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg	Tier 2	
lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg	Tier 2	
levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg	Tier 2	
levetiracetam in nacl intravenous solution 1000 mg/100ml, 1500 mg/100ml, 500 mg/100ml	Tier 9	Medical Only Exclusion
levetiracetam intravenous solution 500 mg/5ml	Tier 9	Medical Only Exclusion
levetiracetam oral solution 100 mg/ml, 500 mg/5ml	Tier 2	
levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg	Tier 2	
levetiracetam oral tablet disintegrating soluble 250 mg, 500 mg	Tier 9	Non Essential Drug Exclusion
LYRICA CAPSULE 100 MG ORAL	Tier 9	Formulary Exclusion
LYRICA CAPSULE 100 MG ORAL	Tier 10	Formulary Exclusion
LYRICA CAPSULE 150 MG ORAL	Tier 9	Formulary Exclusion
LYRICA CAPSULE 200 MG ORAL	Tier 9	Formulary Exclusion
LYRICA CAPSULE 200 MG ORAL	Tier 10	Formulary Exclusion

Drug Name	Drug Tier	Notes
LYRICA CAPSULE 225 MG ORAL	Tier 9	Formulary Exclusion
LYRICA CAPSULE 225 MG ORAL	Tier 10	Formulary Exclusion
LYRICA CAPSULE 25 MG ORAL	Tier 9	Formulary Exclusion
LYRICA CAPSULE 300 MG ORAL	Tier 9	Formulary Exclusion
LYRICA CAPSULE 300 MG ORAL	Tier 10	Formulary Exclusion
LYRICA CAPSULE 50 MG ORAL	Tier 9	Formulary Exclusion
LYRICA CAPSULE 75 MG ORAL	Tier 9	Formulary Exclusion
LYRICA CAPSULE 75 MG ORAL	Tier 10	Formulary Exclusion
LYRICA ORAL SOLUTION 20 MG/ML	Tier 9	PA; Formulary Exclusion; QL
MOTPOLY XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG, 200 MG	Tier 9	PA; Formulary Exclusion
MYSOLINE ORAL TABLET 250 MG, 50 MG	Tier 4	
NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG	Tier 9	Formulary Exclusion
NEURONTIN ORAL SOLUTION 250 MG/5ML	Tier 9	PA; Formulary Exclusion; QL
NEURONTIN ORAL TABLET 600 MG, 800 MG	Tier 9	Formulary Exclusion
oxcarbazepine er oral tablet extended release 24 hour 150 mg, 300 mg, 600 mg	Tier 2	ST; QL
oxcarbazepine oral suspension 300 mg/5ml	Tier 2	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	Tier 2	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG, 600 MG	Tier 9	ST; Formulary Exclusion; QL
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	Tier 2	
pregabalin oral solution 20 mg/ml	Tier 2	PA; QL
primidone tablet 125 mg oral	Tier 4	
primidone tablet 250 mg oral	Tier 2	
primidone tablet 50 mg oral	Tier 2	
RELGAABI CAPSULE 200 MG ORAL	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
RELGAABI CAPSULE 300 MG ORAL	Tier 2	
RELGAABI CAPSULE 400 MG ORAL	Tier 2	
ROWEEPRA ORAL TABLET 500 MG	Tier 2	
rufinamide oral suspension 40 mg/ml	Tier 2	ST; QL
rufinamide oral tablet 200 mg, 400 mg	Tier 2	ST; QL

Drug Name	Drug Tier	Notes
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG, 500 MG	Tier 9	Non Essential Drug Exclusion
SUBVENITE ORAL SUSPENSION 10 MG/ML	Tier 5	PA; Specialty
SUBVENITE ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG	Tier 2	
SUBVENITE STARTER KIT-BLUE ORAL KIT 35 X 25 MG	Tier 2	
SUBVENITE STARTER KIT-GREEN ORAL KIT 84 X 25 MG & 14X100 MG	Tier 2	
SUBVENITE STARTER KIT-ORANGE ORAL KIT 42 X 25 MG & 7 X 100 MG	Tier 2	
TEGRETOL ORAL SUSPENSION 100 MG/5ML	Tier 4	
TEGRETOL ORAL TABLET 200 MG	Tier 4	
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 400 MG	Tier 4	
TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	Tier 9	Formulary Exclusion
TOPAMAX SPRINKLE ORAL CAPSULE SPRINKLE 15 MG, 25 MG	Tier 9	Formulary Exclusion
topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg	Tier 2	ST; QL
topiramate er oral capsule extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	Tier 2	QL
topiramate oral capsule sprinkle 15 mg, 25 mg, 50 mg	Tier 2	
topiramate oral solution 25 mg/ml	Tier 2	PA
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	Tier 2	
TRILEPTAL ORAL SUSPENSION 300 MG/5ML	Tier 9	Formulary Exclusion
TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG	Tier 9	Formulary Exclusion
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG	Tier 9	Formulary Exclusion; QL
VIMPAT INTRAVENOUS SOLUTION 200 MG/20ML	Tier 9	Medical Only Exclusion
VIMPAT ORAL SOLUTION 10 MG/ML	Tier 9	Formulary Exclusion
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	Tier 9	Formulary Exclusion

Drug Name	Drug Tier	Notes
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG	Tier 9	Formulary Exclusion
ZONISADE ORAL SUSPENSION 100 MG/5ML	Tier 4	PA
zonisamide oral capsule 100 mg, 25 mg, 50 mg	Tier 2	
ZTALMY ORAL SUSPENSION 50 MG/ML	Tier 5	PA; Specialty
Carbamates**		
felbamate oral suspension 600 mg/5ml	Tier 2	
felbamate oral tablet 400 mg, 600 mg	Tier 2	
FELBATOL ORAL TABLET 400 MG, 600 MG	Tier 9	Formulary Exclusion
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	Tier 3	QL
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG	Tier 3	QL
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG, 50 MG	Tier 3	QL
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG	Tier 3	QL
Gaba Modulators**		
SABRIL ORAL PACKET 500 MG	Tier 9	PA; Specialty; Formulary Exclusion
SABRIL ORAL TABLET 500 MG	Tier 9	PA; Specialty; Formulary Exclusion
tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg	Tier 2	ST; QL
vigabatrin oral packet 500 mg	Tier 5	PA; Specialty
vigabatrin oral tablet 500 mg	Tier 5	PA; Specialty
VIGADRONE ORAL PACKET 500 MG	Tier 5	PA; Specialty
VIGADRONE ORAL TABLET 500 MG	Tier 5	PA; Specialty
VIGAFYDE ORAL SOLUTION 100 MG/ML	Tier 5	PA; Specialty
Hydantoins**		
CEREBYX INJECTION SOLUTION 100 MG PE/2ML, 500 MG PE/10ML	Tier 9	Medical Only Exclusion
DILANTIN CAPSULE 100 MG ORAL	Tier 4	
DILANTIN CAPSULE 30 MG ORAL	Tier 3	
DILANTIN INFATABS ORAL TABLET CHEWABLE 50 MG	Tier 4	
DILANTIN-125 ORAL SUSPENSION 125 MG/5ML	Tier 4	

Drug Name	Drug Tier	Notes
fosphenytoin sodium injection solution 100 mg pe/2ml, 500 mg pe/10ml	Tier 9	Medical Only Exclusion
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	Tier 2	
PHENYTOIN INFATABS ORAL TABLET CHEWABLE 50 MG	Tier 2	
phenytoin oral suspension 125 mg/5ml	Tier 2	
phenytoin oral tablet chewable 50 mg	Tier 2	
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	Tier 2	
phenytoin sodium solution 50 mg/ml injection	Tier 9	Non FDA Exclusion; Medical Only Exclusion
phenytoin sodium solution 50 mg/ml injection	Tier 9	Medical Only Exclusion
Succinimides**		
CELONTIN ORAL CAPSULE 300 MG	Tier 4	
ethosuximide oral capsule 250 mg	Tier 2	
ethosuximide oral solution 250 mg/5ml	Tier 2	
methsuximide oral capsule 300 mg	Tier 2	
ZARONTIN ORAL CAPSULE 250 MG	Tier 4	
ZARONTIN ORAL SOLUTION 250 MG/5ML	Tier 4	
Valproic Acid**		
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG	Tier 9	Formulary Exclusion
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG	Tier 9	Formulary Exclusion
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE 125 MG	Tier 9	Formulary Exclusion
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	Tier 2	
divalproex sodium oral capsule delayed release sprinkle 125 mg	Tier 2	
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	Tier 2	
valproate sodium intravenous solution 100 mg/ml, 500 mg/5ml	Tier 9	Medical Only Exclusion
valproic acid oral capsule 250 mg	Tier 2	
valproic acid oral solution 250 mg/5ml, 500 mg/10ml	Tier 2	

Drug Name	Drug Tier	Notes
Antidepressants		
Alpha-2 Receptor Antagonists (Tetracyclics)**		
mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg	Tier 2	Insufficient Evidence
mirtazapine tablet 15 mg oral	Tier 2	
mirtazapine tablet 15 mg oral	Tier 2	Insufficient Evidence
mirtazapine tablet 30 mg oral	Tier 2	
mirtazapine tablet 30 mg oral	Tier 2	Insufficient Evidence
mirtazapine tablet 45 mg oral	Tier 2	
mirtazapine tablet 45 mg oral	Tier 2	Insufficient Evidence
mirtazapine tablet 7.5 mg oral	Tier 2	
mirtazapine tablet 7.5 mg oral	Tier 2	Insufficient Evidence
REMERON ORAL TABLET 15 MG, 30 MG	Tier 9	ST; Formulary Exclusion
REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG, 45 MG	Tier 9	ST; Formulary Exclusion
Antidepressant - Miscellaneous Combinations**		
AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG	Tier 4	
AUVELITY TITRATION PACK ORAL TABLET EXTENDED RELEASE THERAPY PACK 30-105 MG & 45-105 MG	Tier 4	QL
Antidepressants - Misc.**		
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 174 MG, 348 MG, 522 MG	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
bupropion hcl er (sr) tablet extended release 12 hour 100 mg oral	Tier 2	
bupropion hcl er (sr) tablet extended release 12 hour 100 mg oral	Tier 2	Insufficient Evidence
bupropion hcl er (sr) tablet extended release 12 hour 150 mg oral	Tier 2	
bupropion hcl er (sr) tablet extended release 12 hour 150 mg oral	Tier 2	Insufficient Evidence
bupropion hcl er (sr) tablet extended release 12 hour 200 mg oral	Tier 2	
bupropion hcl er (sr) tablet extended release 12 hour 200 mg oral	Tier 2	Insufficient Evidence
bupropion hcl er (xl) tablet extended release 24 hour 150 mg oral	Tier 2	

Drug Name	Drug Tier	Notes
bupropion hcl er (xl) tablet extended release 24 hour 150 mg oral	Tier 2	Insufficient Evidence
bupropion hcl er (xl) tablet extended release 24 hour 300 mg oral	Tier 2	
bupropion hcl er (xl) tablet extended release 24 hour 300 mg oral	Tier 2	Insufficient Evidence
bupropion hcl er (xl) tablet extended release 24 hour 450 mg oral	Tier 4	ST; QL
bupropion hcl tablet 100 mg oral	Tier 2	
bupropion hcl tablet 100 mg oral	Tier 2	ST
bupropion hcl tablet 100 mg oral	Tier 2	Insufficient Evidence
bupropion hcl tablet 75 mg oral	Tier 2	
bupropion hcl tablet 75 mg oral	Tier 2	ST
bupropion hcl tablet 75 mg oral	Tier 2	Insufficient Evidence
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG	Tier 9	ST; Formulary Exclusion
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG	Tier 9	ST; Formulary Exclusion
Gaba Receptor Modulator - Neuroactive Steroid**		
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG	Tier 5	PA; Specialty; QL
Monoamine Oxidase Inhibitors (Maois)**		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	Tier 4	QL
MARPLAN ORAL TABLET 10 MG	Tier 4	
NARDIL ORAL TABLET 15 MG	Tier 4	
PARNATE ORAL TABLET 10 MG	Tier 9	Formulary Exclusion
phenelzine sulfate oral tablet 15 mg	Tier 2	
tranylcypromine sulfate oral tablet 10 mg	Tier 2	
N-Methyl-D-Aspartic Acid (Nmda) Receptor Antagonists**		
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE	Tier 5	PA; Specialty
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE	Tier 5	PA; Specialty

Drug Name	Drug Tier	Notes
Selective Serotonin Reuptake Inhibitors (Ssris)**		
CELEXA ORAL TABLET 10 MG, 20 MG, 40 MG	Tier 9	ST; Formulary Exclusion
citalopram hydrobromide oral capsule 30 mg	Tier 9	ST; Formulary Exclusion
citalopram hydrobromide solution 10 mg/5ml oral	Tier 2	Insufficient Evidence
citalopram hydrobromide solution 20 mg/10ml oral	Tier 2	
citalopram hydrobromide tablet 10 mg oral	Tier 2	Insufficient Evidence
citalopram hydrobromide tablet 20 mg oral	Tier 2	
citalopram hydrobromide tablet 20 mg oral	Tier 2	Insufficient Evidence
citalopram hydrobromide tablet 40 mg oral	Tier 2	Insufficient Evidence
escitalopram oxalate oral capsule 15 mg	Tier 9	ST
escitalopram oxalate solution 5 mg/5ml oral	Tier 2	
escitalopram oxalate solution 5 mg/5ml oral	Tier 2	Insufficient Evidence
escitalopram oxalate tablet 10 mg oral	Tier 2	Insufficient Evidence
escitalopram oxalate tablet 20 mg oral	Tier 2	
escitalopram oxalate tablet 20 mg oral	Tier 2	Insufficient Evidence
escitalopram oxalate tablet 5 mg oral	Tier 2	Insufficient Evidence
fluoxetine hcl capsule 10 mg oral	Tier 2	
fluoxetine hcl capsule 10 mg oral	Tier 2	Insufficient Evidence
fluoxetine hcl capsule 20 mg oral	Tier 2	
fluoxetine hcl capsule 20 mg oral	Tier 2	Insufficient Evidence
fluoxetine hcl capsule 40 mg oral	Tier 2	
fluoxetine hcl capsule 40 mg oral	Tier 2	Insufficient Evidence
fluoxetine hcl oral capsule delayed release 90 mg	Tier 2	Insufficient Evidence
fluoxetine hcl solution 20 mg/5ml oral	Tier 2	
fluoxetine hcl solution 20 mg/5ml oral	Tier 2	Insufficient Evidence
fluoxetine hcl tablet 10 mg oral	Tier 2	
fluoxetine hcl tablet 10 mg oral	Tier 2	Insufficient Evidence
fluoxetine hcl tablet 20 mg oral	Tier 2	
fluoxetine hcl tablet 20 mg oral	Tier 2	Insufficient Evidence
fluoxetine hcl tablet 60 mg oral	Tier 10	
fluoxetine hcl tablet 60 mg oral	Tier 10	Insufficient Evidence
fluoxetine hcl tablet 60 mg oral	Tier 9	Insufficient Evidence
fluoxetine hcl tablet 60 mg oral	Tier 10	Formulary Exclusion
fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg	Tier 2	

Drug Name	Drug Tier	Notes
fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg	Tier 2	
LEXAPRO ORAL TABLET 10 MG, 20 MG, 5 MG	Tier 9	ST; Formulary Exclusion
paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg	Tier 2	Insufficient Evidence
paroxetine hcl oral suspension 10 mg/5ml	Tier 3	Insufficient Evidence
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	Tier 2	Insufficient Evidence
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5 MG, 25 MG, 37.5 MG	Tier 9	Formulary Exclusion
PAXIL ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG	Tier 9	Formulary Exclusion
sertraline hcl capsule 150 mg oral	Tier 10	ST; Formulary Exclusion; QL
sertraline hcl capsule 150 mg oral	Tier 9	Formulary Exclusion; QL
sertraline hcl capsule 200 mg oral	Tier 10	ST; Formulary Exclusion; QL
sertraline hcl capsule 200 mg oral	Tier 9	Formulary Exclusion; QL
sertraline hcl oral concentrate 20 mg/ml	Tier 2	Insufficient Evidence
sertraline hcl tablet 100 mg oral	Tier 2	
sertraline hcl tablet 100 mg oral	Tier 2	Insufficient Evidence
sertraline hcl tablet 25 mg oral	Tier 2	
sertraline hcl tablet 25 mg oral	Tier 2	Insufficient Evidence
sertraline hcl tablet 50 mg oral	Tier 2	
sertraline hcl tablet 50 mg oral	Tier 2	Insufficient Evidence
ZOLOFT ORAL CONCENTRATE 20 MG/ML	Tier 9	ST; Formulary Exclusion
ZOLOFT TABLET 100 MG ORAL	Tier 9	ST; Formulary Exclusion
ZOLOFT TABLET 25 MG ORAL	Tier 9	ST; Formulary Exclusion; Insufficient Evidence
ZOLOFT TABLET 50 MG ORAL	Tier 9	ST; Formulary Exclusion
Serotonin Modulators**		
EXXUA ORAL TABLET EXTENDED RELEASE 24 HOUR 18.2 MG, 36.3 MG, 54.5 MG, 72.6 MG	Tier 9	PA; Formulary Exclusion; QL
EXXUA TITRATION PACK ORAL TABLET EXTENDED RELEASE 24 HOUR 18.2 MG	Tier 9	PA; Formulary Exclusion; QL
nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	Tier 9	Formulary Exclusion
RALDESY ORAL SOLUTION 10 MG/ML	Tier 4	PA
trazodone hcl tablet 100 mg oral	Tier 2	

Drug Name	Drug Tier	Notes
trazodone hcl tablet 150 mg oral	Tier 2	
trazodone hcl tablet 25 mg oral	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
trazodone hcl tablet 300 mg oral	Tier 2	
trazodone hcl tablet 50 mg oral	Tier 2	
trazodone hcl tablet 75 mg oral	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	Tier 3	QL
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	Tier 9	Formulary Exclusion
vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg	Tier 2	
Serotonin-Norepinephrine Reuptake Inhibitors (Snris)**		
desvenlafaxine er oral tablet extended release 24 hour 100 mg, 50 mg	Tier 9	ST; Formulary Exclusion; QL
desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg	Tier 2	
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	Tier 10	ST; QL
duloxetine hcl capsule delayed release particles 120 mg oral	Tier 9	ST; Non Essential Drug Exclusion
duloxetine hcl capsule delayed release particles 20 mg oral	Tier 2	ST
duloxetine hcl capsule delayed release particles 20 mg oral	Tier 2	
duloxetine hcl capsule delayed release particles 30 mg oral	Tier 2	ST
duloxetine hcl capsule delayed release particles 30 mg oral	Tier 2	
duloxetine hcl capsule delayed release particles 40 mg oral	Tier 2	ST; QL
duloxetine hcl capsule delayed release particles 60 mg oral	Tier 2	ST
duloxetine hcl capsule delayed release particles 60 mg oral	Tier 2	
duloxetine hcl capsule delayed release particles 80 mg oral	Tier 9	ST; Non Essential Drug Exclusion
duloxetine hcl capsule delayed release particles 90 mg oral	Tier 9	ST; Non Essential Drug Exclusion

Drug Name	Drug Tier	Notes
EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG, 37.5 MG, 75 MG	Tier 9	ST; Formulary Exclusion
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG	Tier 3	QL
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG	Tier 3	QL
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 MG	Tier 9	ST; Formulary Exclusion
venlafaxine besylate er oral tablet extended release 24 hour 112.5 mg	Tier 4	ST; QL
venlafaxine hcl er capsule extended release 24 hour 150 mg oral	Tier 2	
venlafaxine hcl er capsule extended release 24 hour 150 mg oral	Tier 2	Insufficient Evidence
venlafaxine hcl er capsule extended release 24 hour 37.5 mg oral	Tier 2	
venlafaxine hcl er capsule extended release 24 hour 37.5 mg oral	Tier 2	Insufficient Evidence
venlafaxine hcl er capsule extended release 24 hour 75 mg oral	Tier 2	
venlafaxine hcl er capsule extended release 24 hour 75 mg oral	Tier 2	Insufficient Evidence
venlafaxine hcl er tablet extended release 24 hour 150 mg oral	Tier 2	
venlafaxine hcl er tablet extended release 24 hour 150 mg oral	Tier 2	Insufficient Evidence
venlafaxine hcl er tablet extended release 24 hour 225 mg oral	Tier 2	
venlafaxine hcl er tablet extended release 24 hour 225 mg oral	Tier 2	Insufficient Evidence
venlafaxine hcl er tablet extended release 24 hour 37.5 mg oral	Tier 2	Insufficient Evidence
venlafaxine hcl er tablet extended release 24 hour 75 mg oral	Tier 2	
venlafaxine hcl er tablet extended release 24 hour 75 mg oral	Tier 2	Insufficient Evidence
venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	Tier 2	Insufficient Evidence
Tricyclic Agents**		
amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	Tier 2	

Drug Name	Drug Tier	Notes
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	Tier 2	
ANAFRANIL ORAL CAPSULE 25 MG, 50 MG, 75 MG	Tier 9	Formulary Exclusion
clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg	Tier 2	
desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	Tier 2	
doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	Tier 2	
doxepin hcl oral concentrate 10 mg/ml	Tier 2	
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	Tier 2	
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg	Tier 2	
NORPRAMIN ORAL TABLET 10 MG, 25 MG	Tier 9	Formulary Exclusion
nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg	Tier 2	
nortriptyline hcl oral solution 10 mg/5ml	Tier 2	
PAMELOR ORAL CAPSULE 10 MG, 25 MG, 50 MG, 75 MG	Tier 9	Formulary Exclusion
protriptyline hcl oral tablet 10 mg, 5 mg	Tier 2	
trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg	Tier 2	
Antidiabetics		
Alpha-Glucosidase Inhibitors**		
acarbose oral tablet 100 mg, 25 mg, 50 mg	Tier 2	QL
miglitol oral tablet 100 mg, 25 mg, 50 mg	Tier 2	QL
Antidiabetic - Allogeneic Cellular Therapy**		
LANTIDRA INTRAVENOUS SUSPENSION	Tier 9	Medical Only Exclusion
Antidiabetic-Anti-Cd3 Antibodies**		
TZIELD INTRAVENOUS SOLUTION 2 MG/2ML	Tier 9	Medical Only Exclusion
Biguanides**		
metformin hcl er (mod) tablet extended release 24 hour 1000 mg oral	Tier 10	QL
metformin hcl er (mod) tablet extended release 24 hour 500 mg oral	Tier 9	Non Essential Drug Exclusion
metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg, 500 mg	Tier 9	Non Essential Drug Exclusion

Drug Name	Drug Tier	Notes
metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg	Tier 2	
metformin hcl oral solution 500 mg/5ml	Tier 2	PA; QL
metformin hcl tablet 1000 mg oral	Tier 2	
metformin hcl tablet 500 mg oral	Tier 2	
metformin hcl tablet 625 mg oral	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
metformin hcl tablet 750 mg oral	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
metformin hcl tablet 850 mg oral	Tier 2	
RIOMET ORAL SOLUTION 500 MG/5ML	Tier 9	PA; Formulary Exclusion; QL
Diabetic Other**		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE	Tier 3	QL
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE	Tier 3	QL
diazoxide oral suspension 50 mg/ml	Tier 2	
glucagon emergency solution reconstituted 1 mg injection	Tier 2	ST; QL
glucagon emergency solution reconstituted 1 mg/ml injection	Tier 9	ST; Formulary Exclusion; QL
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML	Tier 3	QL
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML	Tier 3	QL
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML	Tier 3	QL
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	Tier 3	QL
PROGLYCEM ORAL SUSPENSION 50 MG/ML	Tier 9	Formulary Exclusion
Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors**		
alogliptin benzoate oral tablet 12.5 mg, 25 mg, 6.25 mg	Tier 9	Formulary Exclusion; QL
BRYNOVIN ORAL SOLUTION 25 MG/ML	Tier 9	QL
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	Tier 9	Formulary Exclusion; QL
ONGLYZA ORAL TABLET 5 MG	Tier 9	Formulary Exclusion; QL
saxagliptin hcl oral tablet 2.5 mg, 5 mg	Tier 9	Formulary Exclusion; QL

Drug Name	Drug Tier	Notes
sitagliptin oral tablet 100 mg, 25 mg, 50 mg	Tier 9	Formulary Exclusion
sitagliptin phosphate oral tablet 100 mg, 25 mg, 50 mg	Tier 2	QL
TRADJENTA ORAL TABLET 5 MG	Tier 9	Formulary Exclusion; QL
ZITUVIO ORAL TABLET 100 MG, 25 MG, 50 MG	Tier 9	Formulary Exclusion
Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations**		
alogliptin-metformin hcl oral tablet 12.5-1000 mg, 12.5-500 mg	Tier 9	Formulary Exclusion; QL
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	Tier 9	Formulary Exclusion; QL
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG	Tier 9	Formulary Exclusion; QL
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG	Tier 9	Formulary Exclusion; QL
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG	Tier 9	Formulary Exclusion; QL
linagliptin-metformin hcl oral tablet 2.5-1000 mg, 2.5-500 mg, 2.5-850 mg	Tier 2	QL
saxagliptin-metformin er oral tablet extended release 24 hour 2.5-1000 mg, 5-1000 mg, 5-500 mg	Tier 9	Formulary Exclusion; QL
sitaglip phos-metformin hcl er oral tablet extended release 24 hour 100-1000 mg, 50-1000 mg, 50-500 mg	Tier 2	QL
sitaglipt base-metform hcl er oral tablet extended release 24 hour 100-1000 mg, 50-1000 mg, 50-500 mg	Tier 9	QL
sitagliptin base-metformin hcl oral tablet 50-1000 mg, 50-500 mg	Tier 9	QL
sitagliptin phos-metformin hcl oral tablet 50-1000 mg, 50-500 mg	Tier 2	QL
ZITUVIMET ORAL TABLET 50-1000 MG, 50-500 MG	Tier 9	QL
ZITUVIMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG	Tier 9	QL
Dopamine Receptor Agonists - Ergot Derivatives**		
CYCLOSET ORAL TABLET 0.8 MG	Tier 4	ST; QL

Drug Name	Drug Tier	Notes
Dpp-4 Inhibitor-Thiazolidinedione Combinations**		
alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg	Tier 9	Formulary Exclusion; QL
Human Insulin**		
ADMELOG INJECTION SOLUTION 100 UNIT/ML	Tier 9	Formulary Exclusion; QL
ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 9	Formulary Exclusion; QL
AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT, 60X4 &60X8 & 60X12 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT	Tier 4	PA
APIDRA INJECTION SOLUTION 100 UNIT/ML	Tier 9	Formulary Exclusion
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 9	Formulary Exclusion
AWIQLI FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 700 UNIT/ML	Tier 9	New to Market Exclusion
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 9	ST; Formulary Exclusion; QL
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 3	QL
FIASP INJECTION SOLUTION 100 UNIT/ML	Tier 3	QL
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	Tier 3	QL
FIASP PUMPCART SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	Tier 3	QL
HUMALOG INJECTION SOLUTION 100 UNIT/ML	Tier 9	Formulary Exclusion; QL
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 9	Formulary Exclusion; QL
HUMALOG KWIKPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	Tier 9	Formulary Exclusion; QL
HUMALOG KWIKPEN SOLUTION PEN-INJECTOR 200 UNIT/ML SUBCUTANEOUS	Tier 3	QL
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML	Tier 3	QL
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML	Tier 9	Formulary Exclusion; QL

Drug Name	Drug Tier	Notes
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML	Tier 3	QL
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	Tier 3	QL
HUMALOG TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 9	QL
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	Tier 3	QL
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	Tier 3	QL
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	Tier 3	QL
HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Tier 3	QL
HUMULIN R INJECTION SOLUTION 100 UNIT/ML	Tier 3	QL
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML	Tier 3	
insulin glargine max solostar subcutaneous solution pen-injector 300 unit/ml	Tier 9	ST; Formulary Exclusion
insulin glargine solostar subcutaneous solution pen-injector 300 unit/ml	Tier 9	ST; Formulary Exclusion
insulin glargine-yfgn solution pen-injector 100 unit/ml subcutaneous	Tier 3	QL
insulin glargine-yfgn solution pen-injector 100 unit/ml subcutaneous	Tier 4	Preferred NDCs: 49502039380, 83257001411, 49502039471, 49502039475, 83257001531, 83257001532; QL
insulin glargine-yfgn subcutaneous solution 100 unit/ml	Tier 3	QL
insulin lispro (1 unit dial) subcutaneous solution pen-injector 100 unit/ml	Tier 3	QL
insulin lispro injection solution 100 unit/ml	Tier 3	QL
insulin lispro junior kwikpen subcutaneous solution pen-injector 100 unit/ml	Tier 3	QL
insulin lispro prot & lispro subcutaneous suspension pen-injector (75-25) 100 unit/ml	Tier 3	QL
KIRSTY INJECTION SOLUTION 100 UNIT/ML	Tier 9	ST; Formulary Exclusion; QL
KIRSTY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 9	ST; Formulary Exclusion; QL

Drug Name	Drug Tier	Notes
LANGLARA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 9	ST; Formulary Exclusion; QL
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 9	ST; Formulary Exclusion; QL
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 9	ST; Formulary Exclusion; QL
LYUMJEV INJECTION SOLUTION 100 UNIT/ML	Tier 3	QL
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	Tier 3	QL
LYUMJEV TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 9	QL
MERILOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 9	ST; Formulary Exclusion
MERILOG SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 9	ST; Formulary Exclusion
MYXREDLIN INTRAVENOUS SOLUTION 100-0.9 UT/100ML-%	Tier 9	Medical Only Exclusion
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	Tier 3	QL
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	Tier 3	QL
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	Tier 3	QL
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	Tier 3	QL
NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	Tier 3	QL
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	Tier 3	QL
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Tier 3	QL
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Tier 3	QL
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 3	QL
NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 3	QL

Drug Name	Drug Tier	Notes
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	Tier 3	QL
NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML	Tier 3	QL
NOVOLOG 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	Tier 3	QL
NOVOLOG FLEXPEN RELION SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 3	QL
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 3	QL
NOVOLOG INJECTION SOLUTION 100 UNIT/ML	Tier 3	QL
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	Tier 3	QL
NOVOLOG MIX 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	Tier 3	QL
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	Tier 3	QL
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	Tier 3	QL
NOVOLOG RELION INJECTION SOLUTION 100 UNIT/ML	Tier 3	QL
REZVOGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 4	ST
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 9	ST; Formulary Exclusion; QL
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 9	ST; Formulary Exclusion; QL
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	Tier 3	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	Tier 3	
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	Tier 3	QL
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 3	QL

Drug Name	Drug Tier	Notes
Incretin Mimetic Agents (Gip & Glp-1 Receptor Agonists)**		
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML	Tier 3	PA; QL
Incretin Mimetic Agents (Glp-1 Receptor Agonists)**		
exenatide subcutaneous solution pen-injector 10 mcg/0.04ml, 5 mcg/0.02ml	Tier 3	PA; QL
liraglutide solution pen-injector 18 mg/3ml subcutaneous	Tier 2	PA; QL
liraglutide solution pen-injector 18 mg/3ml subcutaneous	Tier 2	PA; Formulary Exclusion; QL
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	Tier 3	PA; QL
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	Tier 3	PA; QL
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML	Tier 3	PA; QL
OZEMPIC ORAL TABLET 1.5 MG, 4 MG, 9 MG	Tier 3	PA; QL
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	Tier 3	PA; QL
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML	Tier 3	PA; QL
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML	Tier 9	PA; Formulary Exclusion; QL
Insulin-Incretin Mimetic Combinations**		
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	Tier 3	ST; QL
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML	Tier 3	ST; QL
Meglitinide Analogues**		
nateglinide oral tablet 120 mg, 60 mg	Tier 2	QL
repaglinide oral tablet 0.5 mg, 1 mg, 2 mg	Tier 2	QL
Progesterone Receptor Antagonists**		
KORLYM ORAL TABLET 300 MG	Tier 9	PA; Specialty; Formulary Exclusion; QL

Drug Name	Drug Tier	Notes
mifepristone oral tablet 300 mg	Tier 5	PA; Specialty; QL
Sglt2 Inhibitor - Dpp-4 Inhibitor - Biguanide Comb**		
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 12.5-2.5-1000 MG, 25-5-1000 MG, 5-2.5-1000 MG	Tier 3	QL
Sglt2 Inhibitor - Dpp-4 Inhibitor Combinations**		
dapagliflozin-saxagliptin oral tablet 10-5 mg	Tier 9	Formulary Exclusion; QL
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	Tier 3	QL
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG	Tier 9	Formulary Exclusion; QL
Sodium-Glucose Co-Transporter 2 (Sglt2) Inhibitors**		
bexagliflozin oral tablet 20 mg	Tier 9	Formulary Exclusion; QL
BRENZAVVY ORAL TABLET 20 MG	Tier 9	Formulary Exclusion; QL
dapagliflozin oral tablet 10 mg, 5 mg	Tier 2	QL
FARXIGA ORAL TABLET 10 MG, 5 MG	Tier 9	Formulary Exclusion; QL
INVOKANA ORAL TABLET 100 MG, 300 MG	Tier 9	Formulary Exclusion; QL
JARDIANCE ORAL TABLET 10 MG, 25 MG	Tier 3	QL
STEGLATRO ORAL TABLET 15 MG, 5 MG	Tier 9	Formulary Exclusion; QL
Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb**		
dapaglifloz base-metformin er oral tablet extended release 24 hour 10-1000 mg, 10-500 mg, 5-1000 mg, 5-500 mg	Tier 2	QL
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG	Tier 9	Formulary Exclusion; QL
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG	Tier 9	Formulary Exclusion; QL
SEGLUROMET ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 7.5-1000 MG, 7.5-500 MG	Tier 9	Formulary Exclusion; QL
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG	Tier 3	QL
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG	Tier 3	QL
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG ORAL	Tier 9	Formulary Exclusion; QL

Drug Name	Drug Tier	Notes
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10-500 MG ORAL	Tier 9	Formulary Exclusion; QL
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG ORAL	Tier 3	QL
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG ORAL	Tier 9	Formulary Exclusion; QL
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 5-500 MG ORAL	Tier 9	Formulary Exclusion; QL
Sulfonylurea-Biguanide Combinations**		
glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	Tier 2	QL
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg	Tier 2	QL
Sulfonylureas**		
glimepiride tablet 1 mg oral	Tier 2	
glimepiride tablet 2 mg oral	Tier 2	
glimepiride tablet 3 mg oral	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
glimepiride tablet 4 mg oral	Tier 2	
glipizide er tablet extended release 24 hour 10 mg oral	Tier 2	
glipizide er tablet extended release 24 hour 2.5 mg oral	Tier 2	QL
glipizide er tablet extended release 24 hour 5 mg oral	Tier 2	
glipizide tablet 10 mg oral	Tier 2	
glipizide tablet 15 mg oral	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
glipizide tablet 2.5 mg oral	Tier 9	Formulary Exclusion; QL
glipizide tablet 5 mg oral	Tier 2	
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 5 MG	Tier 9	Formulary Exclusion
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg	Tier 2	
Sulfonylurea-Thiazolidinedione Combinations**		
DUETACT ORAL TABLET 30-2 MG, 30-4 MG	Tier 9	Formulary Exclusion; QL
pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg	Tier 2	QL

Drug Name	Drug Tier	Notes
Thiazolidinedione-Biguanide Combinations**		
ACTOPLUS MET ORAL TABLET 15-850 MG	Tier 9	Formulary Exclusion; QL
pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg	Tier 2	QL
Thiazolidinediones**		
ACTOS ORAL TABLET 15 MG, 30 MG, 45 MG	Tier 9	Formulary Exclusion
pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg	Tier 2	
Antidiarrheal/Probiotic Agents		
Antidiarrheal - Chloride Channel Antagonists**		
MYTESI ORAL TABLET DELAYED RELEASE 125 MG	Tier 5	ST; Specialty; QL
Antidiarrheal/Probiotic Agents - Misc.**		
ACIDOBALANCE ORAL TABLET	Tier 9	Non FDA Exclusion
ACIDOCORE MAX ORAL TABLET	Tier 9	Non FDA Exclusion
ACIDOCORE ORAL TABLET	Tier 9	Non FDA Exclusion
BACILLEX ORAL CAPSULE 250 MG	Tier 10	Non FDA Exclusion
bilac oral capsule	Tier 9	Non FDA Exclusion
BIOACTIVE ORAL CAPSULE	Tier 9	Non FDA Exclusion
BIOCORE DAILY ORAL CAPSULE	Tier 9	Non FDA Exclusion
BIOCORE IMMUNE+ ORAL CAPSULE	Tier 9	Non FDA Exclusion
BIOCORE RESTORE ORAL CAPSULE	Tier 9	Non FDA Exclusion
biokids oral tablet chewable	Tier 9	Non FDA Exclusion
BIOMEVIA ORAL CAPSULE	Tier 9	Non FDA Exclusion
biomexa oral capsule	Tier 9	Non FDA Exclusion
biomyra oral capsule	Tier 9	Non FDA Exclusion
BIONARA ULTRA ORAL CAPSULE DELAYED RELEASE	Tier 9	Non FDA Exclusion
biostora oral capsule	Tier 9	Non FDA Exclusion
BIOSYNC ORAL CAPSULE	Tier 9	Non FDA Exclusion
biovanta oral capsule	Tier 9	Non FDA Exclusion
DERMACINRX PROBEX ORAL CAPSULE	Tier 9	Non FDA Exclusion
DERMACINRX PROBISOL ORAL CAPSULE	Tier 10	Non FDA Exclusion
DERMACINRX PROBITRAN ORAL CAPSULE	Tier 10	Non FDA Exclusion

Drug Name	Drug Tier	Notes
floractis oral capsule 250 mg	Tier 9	Non FDA Exclusion
floramyra oral capsule	Tier 9	Non FDA Exclusion
FLORASYNC ORAL CAPSULE	Tier 9	Non FDA Exclusion
floravax oral capsule	Tier 9	Non FDA Exclusion
florentra oral capsule	Tier 9	Non FDA Exclusion
FLORRAGUT ORAL CAPSULE	Tier 9	Non FDA Exclusion
gutstor oral capsule	Tier 9	Non FDA Exclusion
gutvantage oral capsule	Tier 9	Non FDA Exclusion
gutvia oral capsule	Tier 9	Non FDA Exclusion
LACTEROL ORAL CAPSULE	Tier 10	Non FDA Exclusion
lactivite oral capsule	Tier 9	Non FDA Exclusion
lactovive oral capsule	Tier 9	Non FDA Exclusion
microbalance oral capsule	Tier 9	Non FDA Exclusion
microbiota oral capsule	Tier 9	Non FDA Exclusion
MICROVARA ORAL CAPSULE DELAYED RELEASE	Tier 9	Non FDA Exclusion
microvera oral tablet	Tier 9	Non FDA Exclusion
microvia oral capsule	Tier 9	Non FDA Exclusion
microwell oral capsule	Tier 9	Non FDA Exclusion
moventra oral capsule	Tier 9	Non FDA Exclusion
MOVYRA ORAL CAPSULE	Tier 9	Non FDA Exclusion
nexiva oral capsule	Tier 9	Non FDA Exclusion
NOVIRA ORAL CAPSULE	Tier 9	Non FDA Exclusion
novora oral capsule	Tier 9	Non FDA Exclusion
PAXOTIN ORAL CAPSULE	Tier 10	Non FDA Exclusion
PROBENTRA ORAL CAPSULE DELAYED RELEASE	Tier 9	Non FDA Exclusion
PROBINATE ORAL CAPSULE	Tier 10	Non FDA Exclusion
probionyx oral capsule	Tier 9	Non FDA Exclusion
probiovex oral capsule	Tier 9	Non FDA Exclusion
promella in prebiotic oral capsule	Tier 9	Non FDA Exclusion
relibiotic oral capsule	Tier 9	Non FDA Exclusion
surebiotic probiotic support oral capsule	Tier 9	Non FDA Exclusion
SYMBIARA ORAL CAPSULE	Tier 9	Non FDA Exclusion
SYMBIONEX ORAL CAPSULE	Tier 9	Non FDA Exclusion
symflora oral capsule	Tier 9	Non FDA Exclusion
synbiara oral capsule	Tier 9	Non FDA Exclusion
synovexa oral capsule	Tier 9	Non FDA Exclusion
TRUEBIOME ORAL CAPSULE	Tier 9	Non FDA Exclusion

Drug Name	Drug Tier	Notes
TRUECORE ORAL CAPSULE	Tier 9	Non FDA Exclusion
valyra oral capsule	Tier 9	Non FDA Exclusion
velentra oral capsule	Tier 9	Non FDA Exclusion
veltrix oral capsule 10 b cell	Tier 9	Non FDA Exclusion
VIREX ORAL TABLET	Tier 9	Non FDA Exclusion
VISBIOME GI CARE EX ST ORAL PACKET	Tier 9	Non FDA Exclusion
wellpro 31 oral capsule	Tier 9	Non FDA Exclusion
zelac oral capsule	Tier 9	Non FDA Exclusion
ZENVYRA ORAL CAPSULE	Tier 9	Non FDA Exclusion
Antidiarrheal/Probiotic Combinations**		
akkerstor oral capsule	Tier 9	Non FDA Exclusion
biotrelle oral capsule	Tier 9	Non FDA Exclusion
GLYCTERA ORAL CAPSULE	Tier 9	Non FDA Exclusion
probichew oral tablet chewable	Tier 9	Non FDA Exclusion
RESTORA RX ORAL CAPSULE 60-1.25 MG	Tier 9	Non FDA Exclusion
TRUEBALANCE ORAL CAPSULE	Tier 9	Non FDA Exclusion
TRUEFLORA ORAL CAPSULE	Tier 9	Non FDA Exclusion
Antiperistaltic Agents**		
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml	Tier 4	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	Tier 2	
LOMOTIL ORAL TABLET 2.5-0.025 MG	Tier 9	Formulary Exclusion
loperamide hcl oral capsule 2 mg	Tier 2	
MOTOFEN ORAL TABLET 1-0.025 MG	Tier 9	Non Essential Drug Exclusion
opium tincture 10 mg/ml (1%) oral	Tier 3	
opium tincture 10 mg/ml (1%) oral	Tier 2	
Antidotes And Specific Antagonists		
Antidote Combinations**		
NITHIODOTE INTRAVENOUS KIT 300MG/10ML&12.5 GM/50ML	Tier 9	Medical Only Exclusion
PREVDUO INTRAVENOUS SOLUTION PREFILLED SYRINGE 3-0.6 MG/3ML	Tier 9	Medical Only Exclusion
Antidotes - Chelating Agents**		
CHEMET ORAL CAPSULE 100 MG	Tier 3	
deferasirox granules oral packet 180 mg, 360 mg, 90 mg	Tier 5	PA; Specialty
deferasirox oral packet 180 mg, 360 mg, 90 mg	Tier 5	PA; Specialty

Drug Name	Drug Tier	Notes
deferasirox oral tablet 180 mg, 360 mg, 90 mg	Tier 5	PA; Specialty
deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg	Tier 5	PA; Specialty
deferiprone oral tablet 1000 mg, 500 mg	Tier 5	PA; Specialty
EXJADE ORAL TABLET SOLUBLE 125 MG, 250 MG, 500 MG	Tier 9	PA; Specialty; Formulary Exclusion
FERRIPROX ORAL SOLUTION 100 MG/ML	Tier 5	PA; Specialty
FERRIPROX ORAL TABLET 1000 MG	Tier 9	PA; Specialty; Formulary Exclusion
FERRIPROX TWICE-A-DAY ORAL TABLET 1000 MG	Tier 5	PA; Specialty
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG	Tier 9	PA; Specialty; Formulary Exclusion
JADENU SPRINKLE ORAL PACKET 180 MG, 360 MG, 90 MG	Tier 9	PA; Specialty; Formulary Exclusion
pentetate calcium trisodium combination solution 200 mg/ml	Tier 9	Medical Only Exclusion
pentetate zinc trisodium combination solution 200 mg/ml	Tier 9	Medical Only Exclusion
Antidotes And Specific Antagonists**		
ACETADOTE INTRAVENOUS SOLUTION 200 MG/ML	Tier 9	Medical Only Exclusion
acetylcysteine intravenous solution 200 mg/ml	Tier 9	Medical Only Exclusion
ANTICHOLIUM INTRAVENOUS SOLUTION 2 MG/5ML	Tier 9	Medical Only Exclusion
BRIDION INTRAVENOUS SOLUTION 200 MG/2ML, 500 MG/5ML	Tier 9	Medical Only Exclusion
CYANOKIT INTRAVENOUS SOLUTION RECONSTITUTED 5 GM	Tier 9	Medical Only Exclusion
deferoxamine mesylate injection solution reconstituted 2 gm, 500 mg	Tier 9	Medical Only Exclusion
DESFERAL INJECTION SOLUTION RECONSTITUTED 500 MG	Tier 9	Medical Only Exclusion
DIGIFAB INTRAVENOUS SOLUTION RECONSTITUTED 40 MG	Tier 9	Medical Only Exclusion
edetate calcium disodium injection solution 1 gm/5ml	Tier 9	Medical Only Exclusion
fomepizole intravenous solution 1.5 gm/1.5ml	Tier 9	Medical Only Exclusion
methylene blue (antidote) solution 1 % intravenous	Tier 9	Medical Only Exclusion
methylene blue (antidote) solution 1 % intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion

Drug Name	Drug Tier	Notes
methylene blue intravenous solution 50 mg/10ml	Tier 9	Medical Only Exclusion
methylene blue intravenous solution prefilled syringe 20 mg/2ml	Tier 9	Non FDA Exclusion; Medical Only Exclusion
PRAXBIND INTRAVENOUS SOLUTION 2.5 GM/50ML	Tier 9	Medical Only Exclusion
PROTOPAM CHLORIDE INTRAVENOUS SOLUTION RECONSTITUTED 1 GM	Tier 9	Medical Only Exclusion
PROVAYBLUE INTRAVENOUS SOLUTION 50 MG/10ML	Tier 9	Medical Only Exclusion
RADIOGARDASE ORAL CAPSULE 0.5 GM	Tier 9	Medical Only Exclusion
sodium nitrite intravenous solution 30 mg/ml	Tier 9	Medical Only Exclusion
sodium thiosulfate intravenous solution 250 mg/ml	Tier 9	Medical Only Exclusion
sugammadex sodium +rfid intravenous solution prefilled syringe 200 mg/2ml	Tier 9	Non FDA Exclusion; Medical Only Exclusion
sugammadex sodium intravenous solution 200 mg/2ml, 500 mg/5ml	Tier 9	Medical Only Exclusion
sugammadex sodium solution prefilled syringe 100 mg/ml intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion
sugammadex sodium solution prefilled syringe 150 mg/3ml intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion
sugammadex sodium solution prefilled syringe 200 mg/2ml intravenous	Tier 9	Medical Only Exclusion
sugammadex sodium solution prefilled syringe 200 mg/2ml intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion
sugammadex sodium solution prefilled syringe 50 mg/5ml intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion
VISTOGARD ORAL PACKET 10 GM	Tier 9	Medical Only Exclusion
Benzodiazepine Antagonists**		
flumazenil intravenous solution 0.5 mg/5ml, 1 mg/10ml	Tier 9	Medical Only Exclusion
Cholinesterase Inhibitors**		
pyridostigmine bromide er oral tablet extended release 24 hour 105 mg	Tier 4	
Opioid Antagonists**		
KLOXXADO NASAL LIQUID 8 MG/0.1ML	Tier 3	
nalmefene hcl injection solution 1 mg/ml	Tier 9	Formulary Exclusion
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml	Tier 2	
naloxone hcl injection solution prefilled syringe 0.4 mg/ml, 2 mg/2ml	Tier 2	

Drug Name	Drug Tier	Notes
naloxone hcl solution cartridge 0.4 mg/ml injection	Tier 2	
naloxone hcl solution cartridge 0.4 mg/ml injection	Tier 4	
naltrexone hcl oral tablet 50 mg	Tier 2	Opioid Brochure
OPVEE NASAL SOLUTION 2.7 MG/0.1ML	Tier 4	
REXTOVY NASAL LIQUID 4 MG/0.25ML	Tier 4	QL
REZENOPY NASAL LIQUID 10 MG/0.11ML	Tier 4	QL
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	Tier 2	Specialty; Opioid Brochure; QL
ZURNAI INJECTION SOLUTION AUTO-INJECTOR 1.5 MG/0.5ML	Tier 4	QL
Antiemetics		
5-Ht3 Receptor Antagonists**		
ANZEMET ORAL TABLET 50 MG	Tier 4	ST; QL
granisetron hcl intravenous solution 1 mg/ml, 4 mg/4ml	Tier 9	Medical Only Exclusion
granisetron hcl oral tablet 1 mg	Tier 2	QL
GRANISOL ORAL SOLUTION 2 MG/10ML	Tier 9	Non Essential Drug Exclusion
ondansetron hcl +rfid injection solution 4 mg/2ml	Tier 9	Medical Only Exclusion
ondansetron hcl +rfid injection solution prefilled syringe 4 mg/2ml	Tier 9	Medical Only Exclusion
ondansetron hcl injection solution 4 mg/2ml, 40 mg/20ml	Tier 9	Medical Only Exclusion
ondansetron hcl injection solution prefilled syringe 4 mg/2ml	Tier 9	Medical Only Exclusion
ondansetron hcl oral solution 4 mg/5ml	Tier 2	QL
ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg	Tier 2	
ondansetron tablet dispersible 16 mg oral	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
ondansetron tablet dispersible 4 mg oral	Tier 2	
ondansetron tablet dispersible 8 mg oral	Tier 2	
palonosetron hcl intravenous solution 0.25 mg/5ml	Tier 9	Medical Only Exclusion
palonosetron hcl intravenous solution prefilled syringe 0.25 mg/5ml	Tier 9	Medical Only Exclusion
POSFREA INTRAVENOUS SOLUTION 0.25 MG/5ML	Tier 9	Medical Only Exclusion
SANCUSO TRANSDERMAL PATCH 3.1 MG/24HR	Tier 4	ST; QL

Drug Name	Drug Tier	Notes
SUSTOL SUBCUTANEOUS PREFILLED SYRINGE 10 MG/0.4ML	Tier 9	Medical Only Exclusion; Formulary Exclusion
Antiemetic Combinations**		
AKYNZEO (READY-TO-USE) INTRAVENOUS SOLUTION 235-0.25 MG/20ML	Tier 9	Medical Only Exclusion
AKYNZEO (TO-BE-DILUTED) INTRAVENOUS SOLUTION 235-0.25 MG/20ML	Tier 9	Medical Only Exclusion
AKYNZEO INTRAVENOUS SOLUTION RECONSTITUTED 235-0.25 MG	Tier 9	Medical Only Exclusion
AKYNZEO ORAL CAPSULE 300-0.5 MG	Tier 9	Formulary Exclusion; QL
BONJESTA ORAL TABLET EXTENDED RELEASE 20-20 MG	Tier 9	Non Essential Drug Exclusion
DICLEGIS ORAL TABLET DELAYED RELEASE 10-10 MG	Tier 9	Formulary Exclusion
doxylamine-pyridoxine oral tablet delayed release 10-10 mg	Tier 2	
Antiemetics - Anticholinergic**		
dimenhydrinate injection solution 50 mg/ml	Tier 9	Medical Only Exclusion
meclizine hcl oral tablet chewable 25 mg	Tier 4	
meclizine hcl tablet 12.5 mg oral (rx)	Tier 2	
meclizine hcl tablet 25 mg oral (rx)	Tier 2	
meclizine hcl tablet 50 mg oral	Tier 9	Non Essential Drug Exclusion
scopolamine transdermal patch 72 hour 1 mg/3days	Tier 2	
TIGAN INTRAMUSCULAR SOLUTION 100 MG/ML	Tier 9	Medical Only Exclusion
TRANSDERM SCOP TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS	Tier 9	Formulary Exclusion
trimethobenzamide hcl intramuscular solution 100 mg/ml	Tier 9	Medical Only Exclusion
trimethobenzamide hcl oral capsule 300 mg	Tier 2	
Antiemetics - Antidopaminergic**		
BARHEMSYS INTRAVENOUS SOLUTION 10 MG/4ML, 5 MG/2ML	Tier 9	Medical Only Exclusion
Antiemetics - Miscellaneous**		
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	Tier 2	QL
dronabinol oral solution 5 mg/ml	Tier 9	ST; Non Essential Drug Exclusion; QL
MARINOL ORAL CAPSULE 2.5 MG	Tier 9	Formulary Exclusion; QL

Drug Name	Drug Tier	Notes
SYNDROS ORAL SOLUTION 5 MG/ML	Tier 4	ST; QL
Substance P/Neurokinin 1 (Nk1) Receptor Antagonists**		
APONVIE INTRAVENOUS EMULSION 32 MG/4.4ML	Tier 9	Medical Only Exclusion
aprepitant oral capsule 125 mg, 40 mg, 80 mg	Tier 2	QL
aprepitant oral capsule therapy pack 80 & 125 mg	Tier 2	QL
CINVANTI INTRAVENOUS EMULSION 130 MG/18ML	Tier 9	Medical Only Exclusion; Formulary Exclusion
EMEND BIPACK ORAL CAPSULE 80 MG	Tier 9	Formulary Exclusion; QL
EMEND INTRAVENOUS SOLUTION RECONSTITUTED 150 MG	Tier 9	Medical Only Exclusion
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG/5ML	Tier 3	PA; QL
EMEND TRIPACK ORAL CAPSULE THERAPY PACK 80 & 125 MG	Tier 9	Formulary Exclusion; QL
focinvez intravenous solution 150 mg/50ml	Tier 9	Medical Only Exclusion
fosaprepitant dimeglumine intravenous solution reconstituted 150 mg	Tier 9	Medical Only Exclusion
NAVITRUX INTRAVENOUS SOLUTION RECONSTITUTED 150 MG	Tier 9	Medical Only Exclusion
NEREUS ORAL CAPSULE 85 MG	Tier 9	PA; Non Essential Drug Exclusion
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK 2 X 90 MG	Tier 3	QL
Antifungals		
Antifungal - Glucan Synthesis Inhibitors (Echinocandins)**		
caspofungin acetate intravenous solution reconstituted 50 mg, 70 mg	Tier 9	Medical Only Exclusion
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 50 MG	Tier 9	Medical Only Exclusion
micafungin sodium intravenous solution reconstituted 100 mg, 50 mg	Tier 9	Medical Only Exclusion
micafungin sodium-nacl intravenous solution 100-0.9 mg/100ml-%, 150-0.9 mg/150ml-%, 50-0.9 mg/50ml-%	Tier 9	Medical Only Exclusion
REZZAYO INTRAVENOUS SOLUTION RECONSTITUTED 200 MG	Tier 9	Medical Only Exclusion
Antifungals**		
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED 50 MG	Tier 9	Medical Only Exclusion

Drug Name	Drug Tier	Notes
amphotericin b intravenous solution reconstituted 50 mg	Tier 9	Medical Only Exclusion
amphotericin b liposome intravenous suspension reconstituted 50 mg	Tier 9	Medical Only Exclusion
ANCOBON ORAL CAPSULE 250 MG, 500 MG	Tier 9	Formulary Exclusion
flucytosine oral capsule 250 mg, 500 mg	Tier 2	
griseofulvin microsize oral suspension 125 mg/5ml	Tier 2	
griseofulvin microsize oral tablet 500 mg	Tier 2	
griseofulvin ultramicrosize tablet 125 mg oral	Tier 2	
griseofulvin ultramicrosize tablet 165 mg oral	Tier 9	Non Essential Drug Exclusion
griseofulvin ultramicrosize tablet 250 mg oral	Tier 2	
nystatin oral tablet 500000 unit	Tier 2	
terbinafine hcl oral tablet 250 mg	Tier 2	
Imidazoles**		
ketoconazole oral tablet 200 mg	Tier 2	
Tetrazoles**		
VIVJOA ORAL CAPSULE THERAPY PACK 150 MG	Tier 4	PA; QL
Triazoles**		
CRESEMBA INTRAVENOUS SOLUTION RECONSTITUTED 372 MG	Tier 9	Medical Only Exclusion
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	Tier 4	PA
DIFLUCAN ORAL SUSPENSION RECONSTITUTED 40 MG/ML	Tier 9	Formulary Exclusion
fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%	Tier 9	Medical Only Exclusion
fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml	Tier 2	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	Tier 2	
itraconazole oral capsule 100 mg	Tier 2	
itraconazole oral solution 10 mg/ml	Tier 2	
NOXAFIL INTRAVENOUS SOLUTION 300 MG/16.7ML	Tier 9	Medical Only Exclusion
NOXAFIL ORAL PACKET 300 MG	Tier 3	PA
posaconazole intravenous solution 300 mg/16.7ml	Tier 9	Medical Only Exclusion
posaconazole oral suspension 40 mg/ml	Tier 2	PA

Drug Name	Drug Tier	Notes
posaconazole oral tablet delayed release 100 mg	Tier 2	PA
SPORANOX ORAL CAPSULE 100 MG	Tier 9	Formulary Exclusion
tolsura oral capsule 65 mg	Tier 9	Non Essential Drug Exclusion
VFEND IV INTRAVENOUS SOLUTION RECONSTITUTED 200 MG	Tier 9	Medical Only Exclusion
VFEND ORAL SUSPENSION RECONSTITUTED 40 MG/ML	Tier 9	Formulary Exclusion
voriconazole intravenous solution 200 mg/20ml	Tier 9	Medical Only Exclusion
voriconazole intravenous solution reconstituted 200 mg	Tier 9	Medical Only Exclusion
voriconazole oral suspension reconstituted 40 mg/ml	Tier 2	
voriconazole oral tablet 200 mg, 50 mg	Tier 2	
Antihistamines		
Antihistamines - Alkylamines**		
brompheniramine maleate intramuscular solution 10 mg/ml	Tier 9	Non FDA Exclusion; Medical Only Exclusion
corphena oral solution 2 mg/5ml	Tier 9	Non Essential Drug Exclusion
RYCLORA ORAL SOLUTION 2 MG/5ML	Tier 9	Non Essential Drug Exclusion
Antihistamines - Ethanolamines**		
carbinoxamine maleate er oral suspension extended release 4 mg/5ml	Tier 4	ST
carbinoxamine maleate oral solution 4 mg/5ml	Tier 4	
carbinoxamine maleate tablet 4 mg oral	Tier 2	
carbinoxamine maleate tablet 6 mg oral	Tier 9	Non Essential Drug Exclusion
carbzah oral solution 4 mg/5ml	Tier 4	
clemastine fumarate oral syrup 0.67 mg/5ml	Tier 9	Non Essential Drug Exclusion
clemastine fumarate oral tablet 2.68 mg	Tier 4	
CLEMSZA ORAL TABLET 2.68 MG	Tier 3	
DICOPANOL FUSEPAQ ORAL SUSPENSION RECONSTITUTED 5 MG/ML	Tier 9	Non FDA Exclusion
diphenhydramine hcl elixir 12.5 mg/5ml oral (rx)	Tier 4	
diphenhydramine hcl elixir 12.5 mg/5ml oral (rx)	Tier 2	
diphenhydramine hcl injection solution 50 mg/ml	Tier 9	Medical Only Exclusion
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE 4 MG/5ML	Tier 4	ST
RYVENT ORAL TABLET 6 MG	Tier 9	Non Essential Drug Exclusion
Antihistamines - Non-Sedating**		
cetirizine hcl oral solution 1 mg/ml, 5 mg/5ml	Tier 2	
CLARINEX ORAL TABLET 5 MG	Tier 9	Formulary Exclusion

Drug Name	Drug Tier	Notes
desloratadine oral solution 0.5 mg/ml	Tier 9	Non Essential Drug Exclusion
desloratadine oral tablet 5 mg	Tier 2	
desloratadine tablet dispersible 2.5 mg oral	Tier 4	
desloratadine tablet dispersible 2.5 mg oral	Tier 2	
desloratadine tablet dispersible 5 mg oral	Tier 4	
desloratadine tablet dispersible 5 mg oral	Tier 2	
levocetirizine dihydrochloride oral solution 2.5 mg/5ml	Tier 2	ST
levocetirizine dihydrochloride oral tablet 5 mg	Tier 2	
QUZYTTIR INTRAVENOUS SOLUTION 10 MG/ML	Tier 9	Medical Only Exclusion; Formulary Exclusion
Antihistamines - Phenothiazines**		
PHENERGAN INJECTION SOLUTION 25 MG/ML, 50 MG/ML	Tier 9	Medical Only Exclusion
promethazine hcl injection solution 25 mg/ml, 50 mg/ml	Tier 9	Medical Only Exclusion
promethazine hcl oral solution 12.5 mg/10ml, 6.25 mg/5ml	Tier 2	
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg	Tier 2	
promethazine hcl rectal suppository 12.5 mg, 25 mg	Tier 2	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG	Tier 2	
Antihistamines - Piperidines**		
cyproheptadine hcl oral syrup 2 mg/5ml	Tier 2	
cyproheptadine hcl oral tablet 4 mg	Tier 2	
Antihyperlipidemics		
Acl Inhib-Intestinal Cholesterol Absorption Inhib Comb**		
NEXLIZET ORAL TABLET 180-10 MG	Tier 3	ST
Adenosine Triphosphate-Citrate Lyase (Acl) Inhibitors**		
NEXLETOL ORAL TABLET 180 MG	Tier 3	ST
Angiopoietin-Like Protein 3 (Angptl3) Inhibitors**		
EVKEEZA INTRAVENOUS SOLUTION 1200 MG/8ML, 345 MG/2.3ML	Tier 9	Medical Only Exclusion
Antihyperlipidemics - Misc.**		
icosapent ethyl oral capsule 0.5 gm, 1 gm	Tier 2	

Drug Name	Drug Tier	Notes
LOVAZA ORAL CAPSULE 1 GM	Tier 9	Formulary Exclusion
omega-3-acid ethyl esters oral capsule 1 gm	Tier 9	Formulary Exclusion
VASCEPA ORAL CAPSULE 0.5 GM, 1 GM	Tier 9	Formulary Exclusion
Antihyperlipidemics Misc. Combinations**		
sure result o3d3 system oral kit 1 & 1000 gm & unit	Tier 9	Non FDA Exclusion
Bile Acid Sequestrants**		
cholestyramine light oral packet 4 gm	Tier 9	Formulary Exclusion
cholestyramine light oral powder 4 gm/dose	Tier 2	
cholestyramine oral packet 4 gm	Tier 2	
cholestyramine oral powder 4 gm/dose	Tier 2	
colesevelam hcl oral packet 3.75 gm	Tier 9	Formulary Exclusion
colesevelam hcl oral tablet 625 mg	Tier 2	
COLESTID ORAL GRANULES 5 GM	Tier 9	Formulary Exclusion
COLESTID ORAL TABLET 1 GM	Tier 9	Formulary Exclusion
colestipol hcl oral granules 5 gm	Tier 2	
colestipol hcl oral packet 5 gm	Tier 2	
colestipol hcl oral tablet 1 gm	Tier 2	
PREVALITE ORAL PACKET 4 GM	Tier 9	Formulary Exclusion
PREVALITE ORAL POWDER 4 GM/DOSE	Tier 2	
QUESTRAN LIGHT ORAL POWDER 4 GM/DOSE	Tier 9	Formulary Exclusion
QUESTRAN ORAL PACKET 4 GM	Tier 9	Formulary Exclusion
QUESTRAN ORAL POWDER 4 GM/DOSE	Tier 9	Formulary Exclusion
WELCHOL ORAL PACKET 3.75 GM	Tier 9	Formulary Exclusion
WELCHOL ORAL TABLET 625 MG	Tier 9	Formulary Exclusion
Fibric Acid Derivatives**		
fenofibrate capsule 134 mg oral	Tier 2	
fenofibrate capsule 150 mg oral	Tier 2	
fenofibrate capsule 200 mg oral	Tier 2	
fenofibrate capsule 50 mg oral	Tier 4	
fenofibrate capsule 67 mg oral	Tier 2	
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	Tier 2	
fenofibrate tablet 120 mg oral	Tier 9	Non Essential Drug Exclusion
fenofibrate tablet 145 mg oral	Tier 2	
fenofibrate tablet 160 mg oral	Tier 2	
fenofibrate tablet 40 mg oral	Tier 9	Non Essential Drug Exclusion

Drug Name	Drug Tier	Notes
fenofibrate tablet 48 mg oral	Tier 2	
fenofibrate tablet 54 mg oral	Tier 2	
fenofibric acid oral capsule delayed release 135 mg, 45 mg	Tier 2	
fenofibric acid oral tablet 105 mg, 35 mg	Tier 4	
gemfibrozil oral tablet 600 mg	Tier 2	
LIPOFEN ORAL CAPSULE 150 MG, 50 MG	Tier 3	
LOPID ORAL TABLET 600 MG	Tier 9	Formulary Exclusion
TRICOR ORAL TABLET 145 MG	Tier 9	Formulary Exclusion
Hmg Coa Reductase Inhibitors**		
ATORVALIQ ORAL SUSPENSION 20 MG/5ML	Tier 4	PA
atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	Tier 2	
CRESTOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG	Tier 9	ST; Formulary Exclusion
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG	Tier 10	PA; Formulary Exclusion
flolipid oral suspension 20 mg/5ml, 40 mg/5ml	Tier 4	PA
fluvastatin sodium capsule 20 mg oral	Tier 2	QL
fluvastatin sodium capsule 20 mg oral	Tier 2	ST; QL
fluvastatin sodium capsule 40 mg oral	Tier 2	ST; QL
fluvastatin sodium er oral tablet extended release 24 hour 80 mg	Tier 2	ST; QL
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 80 MG	Tier 9	ST; Formulary Exclusion; QL
LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG	Tier 9	Formulary Exclusion
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	Tier 9	ST; Formulary Exclusion
lovastatin oral tablet 10 mg, 20 mg, 40 mg	Tier 2	
pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg	Tier 2	
pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	Tier 2	
rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg	Tier 2	
simvastatin tablet 10 mg oral	Tier 2	
simvastatin tablet 20 mg oral	Tier 2	
simvastatin tablet 40 mg oral	Tier 2	
simvastatin tablet 5 mg oral	Tier 2	
simvastatin tablet 80 mg oral	Tier 2	PA

Drug Name	Drug Tier	Notes
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG	Tier 9	ST; Formulary Exclusion
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
Intest Cholest Absorp Inhib-Hmg Coa Reductase Inhib Comb**		
ezetimibe-simvastatin tablet 10-10 mg oral	Tier 2	
ezetimibe-simvastatin tablet 10-20 mg oral	Tier 2	
ezetimibe-simvastatin tablet 10-40 mg oral	Tier 2	
ezetimibe-simvastatin tablet 10-80 mg oral	Tier 2	PA
VYTORIN TABLET 10-10 MG ORAL	Tier 9	ST; Formulary Exclusion
VYTORIN TABLET 10-20 MG ORAL	Tier 9	ST; Formulary Exclusion
VYTORIN TABLET 10-40 MG ORAL	Tier 9	ST; Formulary Exclusion
VYTORIN TABLET 10-80 MG ORAL	Tier 9	PA; ST; Formulary Exclusion
Intestinal Cholesterol Absorption Inhibitors**		
ezetimibe oral tablet 10 mg	Tier 2	
ZETIA ORAL TABLET 10 MG	Tier 9	Formulary Exclusion
Microsomal Triglyceride Transfer Protein Inhibitors**		
JUXTAPID ORAL CAPSULE 10 MG, 2 MG, 20 MG, 30 MG, 5 MG	Tier 5	PA; Specialty
Nicotinic Acid Derivatives**		
niacin (antihyperlipidemic) oral tablet 500 mg	Tier 4	
niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg	Tier 2	
NIACOR ORAL TABLET 500 MG	Tier 4	
Pcsk9 Inhibitors**		
LEROCHOL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/1.2ML	Tier 9	ST; Formulary Exclusion
LIPFENDRA ORAL TABLET 20 MG	Tier 9	New to Market Exclusion
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/ML	Tier 9	ST; Formulary Exclusion; QL
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML	Tier 3	ST; QL
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	Tier 3	ST; QL

Drug Name	Drug Tier	Notes
Small Interfering Rna (Sirna) Pcsk9 Inhibitors**		
LEQVIO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	Tier 9	Medical Only Exclusion; Formulary Exclusion
Antihypertensives		
Ace Inhibitor & Calcium Channel Blocker Combinations**		
amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	Tier 2	
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	Tier 9	Formulary Exclusion
PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG	Tier 9	Non Essential Drug Exclusion
trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	Tier 9	Formulary Exclusion
Ace Inhibitors & Thiazide/Thiazide-Like**		
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	Tier 2	
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	Tier 4	
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	Tier 2	
fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg	Tier 2	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	Tier 2	
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	Tier 9	Formulary Exclusion
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	Tier 2	
VASERETIC ORAL TABLET 10-25 MG	Tier 9	Formulary Exclusion
ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	Tier 9	Formulary Exclusion
Ace Inhibitors**		
benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	Tier 2	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	Tier 2	
enalapril maleate oral solution 1 mg/ml	Tier 2	PA

Drug Name	Drug Tier	Notes
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	Tier 2	
enalaprilat intravenous solution 1.25 mg/ml	Tier 9	Medical Only Exclusion
EPANED ORAL SOLUTION 1 MG/ML	Tier 9	PA; Formulary Exclusion
fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg	Tier 2	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	Tier 2	
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	Tier 9	Formulary Exclusion
moexipril hcl oral tablet 15 mg, 7.5 mg	Tier 2	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	Tier 2	
QBRELIS ORAL SOLUTION 1 MG/ML	Tier 4	PA
quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	Tier 2	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	Tier 2	
trandolapril oral tablet 1 mg, 2 mg, 4 mg	Tier 2	
VASOTEC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	Tier 9	Formulary Exclusion
ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG	Tier 9	Formulary Exclusion
Agents For Pheochromocytoma**		
metyrosine oral capsule 250 mg	Tier 5	PA; Specialty
phenoxybenzamine hcl oral capsule 10 mg	Tier 5	PA; Specialty
phentolamine mesylate injection solution reconstituted 5 mg	Tier 9	Medical Only Exclusion
Aldosterone Synthase Inhibitors**		
BAXFENDY ORAL TABLET 1 MG, 2 MG	Tier 9	PA; Formulary Exclusion; QL
Angiotensin Ii Receptor Antag & Ca Channel Blocker Comb**		
amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	Tier 2	
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	Tier 2	
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG	Tier 9	Formulary Exclusion
EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG	Tier 9	Formulary Exclusion
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	Tier 2	

Drug Name	Drug Tier	Notes
Angiotensin Ii Receptor Antag & Thiazide/Thiazide-Like**		
ATACAND HCT ORAL TABLET 16-12.5 MG, 32-12.5 MG, 32-25 MG	Tier 9	ST; Formulary Exclusion
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG	Tier 9	Formulary Exclusion
BENICAR HCT ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG	Tier 9	Formulary Exclusion
candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	Tier 2	ST
DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG	Tier 9	Formulary Exclusion
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	Tier 9	ST; Formulary Exclusion
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG	Tier 9	Formulary Exclusion
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	Tier 2	
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	Tier 2	
MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG, 80-25 MG	Tier 9	ST; Formulary Exclusion
olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	Tier 2	
telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	Tier 9	ST; Formulary Exclusion
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	Tier 2	
Angiotensin Ii Receptor Antagonists**		
ARBLI ORAL SUSPENSION 10 MG/ML	Tier 4	PA
ATACAND ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG	Tier 9	Formulary Exclusion
AVAPRO ORAL TABLET 150 MG, 300 MG	Tier 9	Formulary Exclusion
azilsartan medoxomil oral tablet 40 mg, 80 mg	Tier 2	ST
BENICAR ORAL TABLET 20 MG, 40 MG, 5 MG	Tier 9	Formulary Exclusion
candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg	Tier 2	
COZAAR ORAL TABLET 100 MG, 25 MG, 50 MG	Tier 9	Formulary Exclusion

Drug Name	Drug Tier	Notes
DIOVAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG	Tier 9	Formulary Exclusion
EDARBI ORAL TABLET 40 MG, 80 MG	Tier 9	ST; Formulary Exclusion
irbesartan oral tablet 150 mg, 300 mg, 75 mg	Tier 2	
losartan potassium oral tablet 100 mg, 25 mg, 50 mg	Tier 2	
MICARDIS ORAL TABLET 40 MG, 80 MG	Tier 9	Formulary Exclusion
olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg	Tier 2	
telmisartan oral tablet 20 mg, 40 mg, 80 mg	Tier 2	
valsartan oral solution 4 mg/ml	Tier 9	Non Essential Drug Exclusion
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	Tier 2	
Angiotensin Ii Receptor Ant-Ca Channel Blocker-Thiazides**		
amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	Tier 2	
EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG, 5-160-25 MG	Tier 9	Formulary Exclusion
olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	Tier 2	
TRIBENZOR ORAL TABLET 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG, 40-5-12.5 MG, 40-5-25 MG	Tier 9	Formulary Exclusion
WIDAPLIK TABLET 1.25-10-0.625 MG ORAL	Tier 9	Non Essential Drug Exclusion
WIDAPLIK TABLET 2.5-20-1.25 MG ORAL	Tier 9	Non Essential Drug Exclusion
WIDAPLIK TABLET 5-40-2.5 MG ORAL	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
Antiadrenergics - Centrally Acting**		
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY 0.1 MG/24HR	Tier 9	Formulary Exclusion
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY 0.2 MG/24HR	Tier 9	Formulary Exclusion
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY 0.3 MG/24HR	Tier 9	Formulary Exclusion
clonidine er oral tablet extended release 24 hour 0.17 mg	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
clonidine hcl tablet 0.05 mg oral	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion

Drug Name	Drug Tier	Notes
clonidine hcl tablet 0.1 mg oral	Tier 2	
clonidine hcl tablet 0.2 mg oral	Tier 2	
clonidine hcl tablet 0.3 mg oral	Tier 2	
clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr	Tier 2	
guanfacine hcl oral tablet 1 mg, 2 mg	Tier 2	
JAVADIN ORAL SOLUTION 0.02 MG/ML	Tier 4	PA; QL
methyldopa tablet 250 mg oral	Tier 2	
methyldopa tablet 500 mg oral	Tier 4	
NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.17 MG	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
Antiadrenergics - Peripherally Acting**		
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG	Tier 9	Formulary Exclusion
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg	Tier 2	
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg	Tier 2	
terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg	Tier 2	
TEZRULY ORAL SOLUTION 1 MG/ML	Tier 4	PA
Antihypertensives - Misc.**		
VECAMYL ORAL TABLET 2.5 MG	Tier 5	PA; Specialty
Beta Blocker & Diuretic Combinations**		
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	Tier 2	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	Tier 2	
metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg	Tier 2	
TENORETIC 100 ORAL TABLET 100-25 MG	Tier 9	Formulary Exclusion
TENORETIC 50 ORAL TABLET 50-25 MG	Tier 9	Formulary Exclusion
Direct Renin Inhibitors**		
aliskiren fumarate oral tablet 150 mg, 300 mg	Tier 2	
TEKTURNA ORAL TABLET 150 MG, 300 MG	Tier 9	Formulary Exclusion
Endothelin Receptor Antagonists**		
TRYVIO ORAL TABLET 12.5 MG	Tier 5	PA; Specialty; QL

Drug Name	Drug Tier	Notes
Selective Aldosterone Receptor Antagonists (Saras)**		
eplerenone oral tablet 25 mg, 50 mg	Tier 2	
Vasodilators**		
hydralazine hcl injection solution 20 mg/ml	Tier 9	Medical Only Exclusion
hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	Tier 2	
minoxidil oral tablet 10 mg, 2.5 mg	Tier 2	
NIPRIDE RTU INTRAVENOUS SOLUTION 20-0.9 MG/100ML-%, 50-0.9 MG/100ML-%	Tier 9	Medical Only Exclusion
nitroprusside sodium intravenous solution 25 mg/ml	Tier 9	Medical Only Exclusion
nitroprusside sodium-nacl intravenous solution 20-0.9 mg/100ml-%, 50-0.9 mg/100ml-%	Tier 9	Medical Only Exclusion
sodium nitroprusside intravenous solution 25 mg/ml, 50 mg/2ml	Tier 9	Medical Only Exclusion
Anti-Infective Agents - Misc.		
Anti-Infective Agents - Misc.**		
CONTEPO INTRAVENOUS SOLUTION RECONSTITUTED 6 GM	Tier 9	Medical Only Exclusion
IMPAVIDO CAPSULE 50 MG ORAL	Tier 3	PA; QL
IMPAVIDO CAPSULE 50 MG ORAL	Tier 5	PA; Specialty; QL
LIKMEZ ORAL SUSPENSION 500 MG/5ML	Tier 4	PA
metronidazole intravenous solution 500 mg/100ml	Tier 9	Medical Only Exclusion
metronidazole oral capsule 375 mg	Tier 2	
metronidazole tablet 125 mg oral	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
metronidazole tablet 250 mg oral	Tier 2	
metronidazole tablet 500 mg oral	Tier 2	
NEBUPENT INHALATION SOLUTION RECONSTITUTED 300 MG	Tier 9	Formulary Exclusion
NUZOLVENCE ORAL PACKET 3 GM	Tier 9	PA; Formulary Exclusion; QL
PENTAM INJECTION SOLUTION RECONSTITUTED 300 MG	Tier 9	Medical Only Exclusion
pentamidine isethionate inhalation solution reconstituted 300 mg	Tier 9	Medical Only Exclusion
pentamidine isethionate injection solution reconstituted 300 mg	Tier 9	Medical Only Exclusion
tinidazole oral tablet 250 mg, 500 mg	Tier 2	
trimethoprim oral tablet 100 mg	Tier 2	

Drug Name	Drug Tier	Notes
XIFAXAN TABLET 200 MG ORAL	Tier 4	PA
XIFAXAN TABLET 550 MG ORAL	Tier 3	QL
Anti-Infective Misc. - Combinations**		
BACTRIM DS ORAL TABLET 800-160 MG	Tier 9	Formulary Exclusion
BACTRIM ORAL TABLET 400-80 MG	Tier 9	Formulary Exclusion
sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5ml	Tier 9	Medical Only Exclusion
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml, 800-160 mg/20ml	Tier 2	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	Tier 2	
SULFATRIM PEDIATRIC ORAL SUSPENSION 200-40 MG/5ML	Tier 2	
Antiprotozoal Agents**		
atovaquone oral suspension 750 mg/5ml	Tier 2	
LAMPIT ORAL TABLET 120 MG, 30 MG	Tier 4	
MEPRON ORAL SUSPENSION 750 MG/5ML	Tier 9	Formulary Exclusion
nitazoxanide oral tablet 500 mg	Tier 2	
Beta-Lactamase Inhibitor - Combinations*		
XACDURO INTRAVENOUS SOLUTION RECONSTITUTED 1-1 GM	Tier 9	Medical Only Exclusion
Carbapenem Combinations**		
imipenem-cilastatin intravenous solution reconstituted 250 mg, 500 mg	Tier 9	Medical Only Exclusion
PRIMAXIN IV INTRAVENOUS SOLUTION RECONSTITUTED 500-500 MG	Tier 9	Medical Only Exclusion
RECARBRIO INTRAVENOUS SOLUTION RECONSTITUTED 1.25 GM	Tier 9	Medical Only Exclusion
VABOMERE INTRAVENOUS SOLUTION RECONSTITUTED 2 (1-1) GM	Tier 9	Medical Only Exclusion
Carbapenems**		
ertapenem sodium solution reconstituted 1 gm injection	Tier 2	Medical Only Exclusion
ertapenem sodium solution reconstituted 1 gm injection	Tier 9	Medical Only Exclusion
meropenem intravenous solution reconstituted 1 gm, 2 gm, 500 mg	Tier 9	Medical Only Exclusion

Drug Name	Drug Tier	Notes
meropenem-sodium chloride intravenous solution reconstituted 1 gm/50ml, 500 mg/50ml	Tier 9	Medical Only Exclusion
Chloramphenicals**		
chloramphenicol sod succinate intravenous solution reconstituted 1 gm	Tier 9	Medical Only Exclusion
Cyclic Lipopeptides**		
daptomycin intravenous solution reconstituted 350 mg, 500 mg	Tier 9	Medical Only Exclusion
daptomycin-sodium chloride intravenous solution 1000-0.9 mg/100ml-%, 350-0.9 mg/50ml-%, 500-0.9 mg/50ml-%, 700-0.9 mg/100ml-%	Tier 9	Medical Only Exclusion
Glycopeptides**		
dalbavancin hcl intravenous solution reconstituted 500 mg	Tier 9	Medical Only Exclusion
DALVANCE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	Tier 9	Medical Only Exclusion
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML, 50 MG/ML	Tier 4	QL
KIMYRSA INTRAVENOUS SOLUTION RECONSTITUTED 1200 MG	Tier 9	Medical Only Exclusion
ORBACTIV INTRAVENOUS SOLUTION RECONSTITUTED 400 MG	Tier 9	Medical Only Exclusion
TYZAVAN INTRAVENOUS SOLUTION 1000 MG/200ML, 1250 MG/250ML, 1500 MG/300ML, 1750 MG/350ML, 2000 MG/400ML, 500 MG/100ML, 750 MG/150ML	Tier 9	Medical Only Exclusion
VANCOCIN ORAL CAPSULE 125 MG, 250 MG	Tier 9	Formulary Exclusion; QL
vancomycin hcl in dextrose solution 1.25-5 gm/250ml-% intravenous	Tier 9	Medical Only Exclusion; Formulary Exclusion
vancomycin hcl in dextrose solution 1.25-5 gm/250ml-% intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion
vancomycin hcl in dextrose solution 1.5-5 gm/250ml-% intravenous	Tier 9	Medical Only Exclusion; Formulary Exclusion
vancomycin hcl in dextrose solution 1.5-5 gm/250ml-% intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion
vancomycin hcl in dextrose solution 1.5-5 gm/300ml-% intravenous	Tier 9	Medical Only Exclusion; Formulary Exclusion
vancomycin hcl in dextrose solution 1-5 gm/200ml-% intravenous	Tier 9	Medical Only Exclusion
vancomycin hcl in dextrose solution 500-5 mg/100ml-% intravenous	Tier 9	Medical Only Exclusion

Drug Name	Drug Tier	Notes
vancomycin hcl in dextrose solution 750-5 mg/150ml-% intravenous	Tier 9	Medical Only Exclusion
vancomycin hcl in nacl solution 1.25-0.9 gm/250ml-% intravenous	Tier 9	Medical Only Exclusion; Formulary Exclusion
vancomycin hcl in nacl solution 1.25-0.9 gm/250ml-% intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion
vancomycin hcl in nacl solution 1.5-0.9 gm/250ml-% intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion
vancomycin hcl in nacl solution 1.5-0.9 gm/500ml-% intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion
vancomycin hcl in nacl solution 1.75-0.9 gm/250ml-% intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion
vancomycin hcl in nacl solution 1.75-0.9 gm/500ml-% intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion
vancomycin hcl in nacl solution 1-0.9 gm/200ml-% intravenous	Tier 9	Medical Only Exclusion
vancomycin hcl in nacl solution 1-0.9 gm/250ml-% intravenous	Tier 9	Medical Only Exclusion; Formulary Exclusion
vancomycin hcl in nacl solution 1-0.9 gm/250ml-% intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion
vancomycin hcl in nacl solution 2-0.9 gm/500ml-% intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion
vancomycin hcl in nacl solution 500-0.9 mg/100ml-% intravenous	Tier 9	Medical Only Exclusion
vancomycin hcl in nacl solution 750-0.9 mg/150ml-% intravenous	Tier 9	Medical Only Exclusion; Formulary Exclusion
vancomycin hcl in nacl solution 750-0.9 mg/150ml-% intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion
vancomycin hcl in nacl solution 750-0.9 mg/150ml-% intravenous	Tier 9	Medical Only Exclusion
vancomycin hcl in nacl solution 750-0.9 mg/250ml-% intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion
vancomycin hcl intravenous solution 1000 mg/200ml, 1250 mg/250ml, 1500 mg/300ml, 1750 mg/350ml, 2000 mg/400ml, 500 mg/100ml, 750 mg/150ml	Tier 9	Medical Only Exclusion
vancomycin hcl oral capsule 125 mg, 250 mg	Tier 2	QL
vancomycin hcl oral solution reconstituted 25 mg/ml, 250 mg/5ml, 50 mg/ml	Tier 2	QL
vancomycin hcl solution reconstituted 1 gm intravenous	Tier 9	Medical Only Exclusion
vancomycin hcl solution reconstituted 1.25 gm intravenous	Tier 9	Medical Only Exclusion

Drug Name	Drug Tier	Notes
vancomycin hcl solution reconstituted 1.5 gm intravenous	Tier 9	Medical Only Exclusion
vancomycin hcl solution reconstituted 1.75 gm intravenous	Tier 9	Medical Only Exclusion
vancomycin hcl solution reconstituted 10 gm intravenous	Tier 9	Medical Only Exclusion
vancomycin hcl solution reconstituted 100 gm intravenous	Tier 9	Medical Only Exclusion
vancomycin hcl solution reconstituted 2 gm intravenous	Tier 9	Medical Only Exclusion
vancomycin hcl solution reconstituted 5 gm intravenous	Tier 9	Medical Only Exclusion
vancomycin hcl solution reconstituted 500 mg intravenous	Tier 9	Medical Only Exclusion
vancomycin hcl solution reconstituted 750 mg intravenous	Tier 9	Medical Only Exclusion
vancomycin hcl solution reconstituted 750 mg intravenous	Tier 9	Medical Only Exclusion; Formulary Exclusion
VANCOMYCIN+SYRSPEND SF ORAL SUSPENSION 50 MG/ML	Tier 9	Non FDA Exclusion
VIBATIV INTRAVENOUS SOLUTION RECONSTITUTED 750 MG	Tier 9	Medical Only Exclusion
Leprostatics**		
dapsone oral tablet 100 mg, 25 mg	Tier 2	
Lincosamides**		
CLEOCIN ORAL CAPSULE 150 MG, 300 MG, 75 MG	Tier 9	Formulary Exclusion
CLEOCIN ORAL SOLUTION RECONSTITUTED 75 MG/5ML	Tier 9	Formulary Exclusion
CLEOCIN PHOSPHATE INJECTION SOLUTION 300 MG/2ML, 600 MG/4ML, 900 MG/6ML	Tier 9	Medical Only Exclusion
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	Tier 2	
clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml	Tier 2	
clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 600 mg/50ml, 900 mg/50ml	Tier 9	Medical Only Exclusion
clindamycin phosphate in nacl intravenous solution 300-0.9 mg/50ml-%, 600-0.9 mg/50ml-%, 900-0.9 mg/50ml-%	Tier 9	Medical Only Exclusion

Drug Name	Drug Tier	Notes
clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml	Tier 9	Medical Only Exclusion
LINCOCIN INJECTION SOLUTION 300 MG/ML	Tier 9	Medical Only Exclusion
lincomycin hcl injection solution 300 mg/ml	Tier 9	Medical Only Exclusion
Monobactam Combinations**		
EMBLAVEO INTRAVENOUS SOLUTION RECONSTITUTED 1.5-0.5 GM	Tier 9	Medical Only Exclusion
Monobactams**		
AZACTAM INJECTION SOLUTION RECONSTITUTED 1 GM, 2 GM	Tier 9	Medical Only Exclusion
aztreonam injection solution reconstituted 1 gm, 2 gm	Tier 9	Medical Only Exclusion
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG	Tier 5	PA; Specialty; QL
Oxazolidinones**		
linezolid in sodium chloride intravenous solution 600-0.9 mg/300ml-%	Tier 9	Medical Only Exclusion
linezolid intravenous solution 600 mg/300ml	Tier 9	Medical Only Exclusion
linezolid oral suspension reconstituted 100 mg/5ml	Tier 2	
linezolid oral tablet 600 mg	Tier 2	
SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED 200 MG	Tier 9	Medical Only Exclusion
SIVEXTRO ORAL TABLET 200 MG	Tier 4	PA; QL
ZYVOX INTRAVENOUS SOLUTION 600 MG/300ML	Tier 9	Medical Only Exclusion
ZYVOX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML	Tier 9	Formulary Exclusion
Penem Combinations*		
ORLYNVAH ORAL TABLET 500-500 MG	Tier 4	PA; QL
Polymyxins**		
colistimethate sodium (cba) injection solution reconstituted 150 mg	Tier 9	Medical Only Exclusion
COLY-MYCIN M INJECTION SOLUTION RECONSTITUTED 150 MG	Tier 9	Medical Only Exclusion
polymyxin b sulfate injection solution reconstituted 500000 unit	Tier 9	Medical Only Exclusion
Urinary Anti-Infectives**		
BLUJEPA ORAL TABLET 750 MG	Tier 4	PA; QL
fosfomycin tromethamine oral packet 3 gm	Tier 2	

Drug Name	Drug Tier	Notes
HIPREX ORAL TABLET 1 GM	Tier 9	Formulary Exclusion
MACROBID ORAL CAPSULE 100 MG	Tier 9	Formulary Exclusion
MACRODANTIN ORAL CAPSULE 100 MG, 25 MG, 50 MG	Tier 9	Formulary Exclusion
methenamine hippurate oral tablet 1 gm	Tier 2	
methenamine mandelate oral solution 500 mg/5ml	Tier 9	Non FDA Exclusion
methenamine mandelate oral tablet 0.5 gm, 1 gm	Tier 9	Formulary Exclusion
nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg	Tier 2	
nitrofurantoin monohyd macro oral capsule 100 mg	Tier 2	
nitrofurantoin suspension 25 mg/5ml oral	Tier 2	
nitrofurantoin suspension 50 mg/5ml oral	Tier 4	
Urinary Antiseptic-Antispasmodic &/Or Analgesics**		
mb caps oral capsule 120 mg	Tier 9	Non FDA Exclusion
me/naphos/mb/hyo1 oral tablet 81.6 mg	Tier 9	Non FDA Exclusion
URELLE ORAL TABLET 81 MG	Tier 2	
URETRON D/S ORAL TABLET 81.6 MG	Tier 2	
URIBEL ORAL TABLET 81.6 MG	Tier 9	Non FDA Exclusion
URIMAR-T ORAL CAPSULE 120 MG	Tier 9	Non FDA Exclusion
UROGESIC-BLUE ORAL TABLET 81.6 MG	Tier 4	
uro-mp oral capsule 118 mg	Tier 2	
VILAMIT MB ORAL CAPSULE 118 MG	Tier 9	Non FDA Exclusion
VILEVEV MB ORAL TABLET 81 MG	Tier 9	Non FDA Exclusion
Antimalarials		
Antimalarial Combinations**		
atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg	Tier 2	
COARTEM ORAL TABLET 20-120 MG	Tier 4	
MALARONE ORAL TABLET 250-100 MG, 62.5-25 MG	Tier 9	Formulary Exclusion
pyrimethamine-leucovorin oral capsule 12.5-2.5 mg, 25-10 mg, 25-5 mg, 50-10 mg, 50-20 mg, 50-25 mg, 75-25 mg	Tier 9	Non FDA Exclusion
Antimalarials**		
ARAKODA ORAL TABLET 100 MG	Tier 4	
artesunate intravenous solution reconstituted 110 mg	Tier 9	Medical Only Exclusion
chloroquine phosphate tablet 250 mg oral	Tier 3	

Drug Name	Drug Tier	Notes
chloroquine phosphate tablet 500 mg oral	Tier 2	
DARAPRIM ORAL TABLET 25 MG	Tier 9	PA; Specialty; Formulary Exclusion
hydroxychloroquine sulfate oral tablet 100 mg, 200 mg, 300 mg, 400 mg	Tier 2	
KRINTAFEL ORAL TABLET 150 MG	Tier 4	QL
mefloquine hcl oral tablet 250 mg	Tier 2	
PLAQUENIL ORAL TABLET 200 MG	Tier 9	Formulary Exclusion
primaquine phosphate tablet 26.3 (15 base) mg oral	Tier 2	
primaquine phosphate tablet 26.3 (15 base) mg oral	Tier 9	Formulary Exclusion
pyrimethamine oral tablet 25 mg	Tier 5	PA; Specialty
quinine sulfate oral capsule 324 mg	Tier 2	
SOVUNA ORAL TABLET 200 MG, 300 MG	Tier 9	Formulary Exclusion
Antimyasthenic/Cholinergic Agents		
Antimyasthenic/Cholinergic Agents**		
BLOXIVERZ INTRAVENOUS SOLUTION 10 MG/10ML	Tier 9	Medical Only Exclusion
BLOXIVERZ INTRAVENOUS SOLUTION PREFILLED SYRINGE 5 MG/5ML	Tier 9	Medical Only Exclusion
FIRDAPSE ORAL TABLET 10 MG	Tier 5	PA; Specialty
MESTINON ORAL SOLUTION 60 MG/5ML	Tier 9	Formulary Exclusion
MESTINON ORAL TABLET 60 MG	Tier 9	Formulary Exclusion
MESTINON ORAL TABLET EXTENDED RELEASE 180 MG	Tier 9	Formulary Exclusion
neostigmine methylsulfate rfid intravenous solution 10 mg/10ml	Tier 9	Medical Only Exclusion
neostigmine methylsulfate rfid intravenous solution prefilled syringe 3 mg/3ml	Tier 9	Medical Only Exclusion
neostigmine methylsulfate solution 10 mg/10ml intravenous	Tier 9	Medical Only Exclusion
neostigmine methylsulfate solution 3 mg/3ml intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion
neostigmine methylsulfate solution 5 mg/10ml intravenous	Tier 9	Medical Only Exclusion
neostigmine methylsulfate solution 5 mg/5ml intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion
neostigmine methylsulfate solution prefilled syringe 2 mg/2ml intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion
neostigmine methylsulfate solution prefilled syringe 3 mg/3ml intravenous	Tier 9	Medical Only Exclusion

Drug Name	Drug Tier	Notes
neostigmine methylsulfate solution prefilled syringe 3 mg/3ml intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion
neostigmine methylsulfate solution prefilled syringe 4 mg/4ml intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion
neostigmine methylsulfate solution prefilled syringe 5 mg/5ml intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion
pyridostigmine bromide er oral tablet extended release 180 mg	Tier 2	
pyridostigmine bromide oral solution 60 mg/5ml	Tier 2	
pyridostigmine bromide tablet 30 mg oral	Tier 4	
pyridostigmine bromide tablet 60 mg oral	Tier 2	
REGONOL INTRAVENOUS SOLUTION 10 MG/2ML	Tier 9	Medical Only Exclusion
Antimycobacterial Agents		
Antimycobacterial Agents**		
cycloserine capsule 250 mg oral	Tier 3	
cycloserine capsule 250 mg oral	Tier 2	
ethambutol hcl oral tablet 100 mg, 400 mg	Tier 2	
isoniazid injection solution 100 mg/ml	Tier 9	Medical Only Exclusion
isoniazid oral syrup 50 mg/5ml	Tier 2	
isoniazid oral tablet 100 mg, 300 mg	Tier 2	
pretomanid oral tablet 200 mg	Tier 4	QL
PRIFTIN ORAL TABLET 150 MG	Tier 9	Formulary Exclusion
pyrazinamide oral tablet 500 mg	Tier 2	
rifabutin oral capsule 150 mg	Tier 2	
RIFADIN INTRAVENOUS SOLUTION RECONSTITUTED 600 MG	Tier 9	Medical Only Exclusion
rifampin intravenous solution reconstituted 600 mg	Tier 9	Medical Only Exclusion
rifampin oral capsule 150 mg, 300 mg	Tier 2	
RIFAMPIN+SYRSPEND SF ORAL SUSPENSION 25 MG/ML	Tier 9	Non FDA Exclusion
rifapentine oral tablet 150 mg	Tier 2	
SIRTURO ORAL TABLET 100 MG, 20 MG	Tier 5	PA; Specialty
Antineoplastics And Adjunctive Therapies		
Alkylating Agents**		
BELRAPZO INTRAVENOUS SOLUTION 100 MG/4ML	Tier 9	Medical Only Exclusion

Drug Name	Drug Tier	Notes
bendamustine hcl intravenous solution 100 mg/4ml	Tier 9	Medical Only Exclusion
bendamustine hcl intravenous solution reconstituted 100 mg, 25 mg	Tier 9	Medical Only Exclusion
BENDEKA INTRAVENOUS SOLUTION 100 MG/4ML	Tier 9	Medical Only Exclusion
busulfan intravenous solution 6 mg/ml	Tier 9	Medical Only Exclusion
BUSULFEX INTRAVENOUS SOLUTION 6 MG/ML	Tier 9	Medical Only Exclusion
carboplatin intravenous solution 150 mg/15ml, 450 mg/45ml, 50 mg/5ml, 600 mg/60ml	Tier 9	Medical Only Exclusion
cisplatin intravenous solution 100 mg/100ml, 200 mg/200ml, 50 mg/50ml	Tier 9	Medical Only Exclusion
cisplatin intravenous solution reconstituted 50 mg	Tier 9	Medical Only Exclusion
GRAFAPEX INTRAVENOUS SOLUTION RECONSTITUTED 1 GM, 5 GM	Tier 9	Medical Only Exclusion
KYXATA INTRAVENOUS SOLUTION 500 MG/50ML, 80 MG/8ML	Tier 9	Medical Only Exclusion
MYLERAN ORAL TABLET 2 MG	Tier 5	Specialty
oxaliplatin intravenous solution 100 mg/20ml, 200 mg/40ml, 50 mg/10ml	Tier 9	Medical Only Exclusion
oxaliplatin intravenous solution reconstituted 100 mg, 50 mg	Tier 9	Medical Only Exclusion
TEPADINA INJECTION SOLUTION RECONSTITUTED 100 MG, 15 MG	Tier 9	Medical Only Exclusion
TEPADINA INTRAVENOUS SOLUTION RECONSTITUTED 200 MG/200ML, 400 MG/400ML	Tier 9	Medical Only Exclusion
tepylute intravenous solution 100 mg/10ml, 15 mg/1.5ml	Tier 9	Medical Only Exclusion
thiotepa injection solution reconstituted 100 mg, 15 mg	Tier 9	Medical Only Exclusion
TREANDA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 25 MG	Tier 9	Medical Only Exclusion
vivimusta intravenous solution 100 mg/4ml	Tier 9	Medical Only Exclusion
ZEPZELCA INTRAVENOUS SOLUTION RECONSTITUTED 4 MG	Tier 9	Medical Only Exclusion
Androgen Biosynthesis Inhibitors**		
abiraterone acetate oral tablet 250 mg, 500 mg	Tier 5	PA; Specialty
ABIRTEGA ORAL TABLET 250 MG	Tier 5	PA; Specialty
YONSA ORAL TABLET 125 MG	Tier 5	PA; Specialty

Drug Name	Drug Tier	Notes
ZYTIGA ORAL TABLET 250 MG, 500 MG	Tier 9	PA; Specialty; Formulary Exclusion
Antiadrenals**		
LYSODREN ORAL TABLET 500 MG	Tier 5	Specialty
Antiandrogens**		
bicalutamide oral tablet 50 mg	Tier 2	
CASODEX ORAL TABLET 50 MG	Tier 9	Formulary Exclusion
ERLEADA ORAL TABLET 240 MG, 60 MG	Tier 5	PA; Specialty
EULEXIN ORAL CAPSULE 125 MG	Tier 4	
nilutamide oral tablet 150 mg	Tier 5	Specialty
NUBEQA ORAL TABLET 300 MG	Tier 5	PA; Specialty
XTANDI ORAL CAPSULE 40 MG	Tier 5	PA; Specialty
XTANDI ORAL TABLET 40 MG, 80 MG	Tier 5	PA; Specialty
Antiestrogens**		
FARESTON ORAL TABLET 60 MG	Tier 9	Specialty; Formulary Exclusion
SOLTAMOX ORAL SOLUTION 10 MG/5ML	Tier 3	
tamoxifen citrate oral tablet 10 mg, 20 mg	Tier 2	
toremifene citrate oral tablet 60 mg	Tier 5	Specialty
Antimetabolites**		
ALIMTA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 500 MG	Tier 9	Medical Only Exclusion
ARRANON INTRAVENOUS SOLUTION 5 MG/ML	Tier 9	Medical Only Exclusion
AVGEMSI INTRAVENOUS SOLUTION 1 GM/26.3ML, 2 GM/52.6ML	Tier 9	Medical Only Exclusion
AXTLE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 500 MG	Tier 9	Medical Only Exclusion
azacitidine injection suspension reconstituted 100 mg	Tier 9	Medical Only Exclusion
capecitabine oral tablet 150 mg, 500 mg	Tier 5	PA; Specialty
cladribine intravenous solution 10 mg/10ml	Tier 9	Medical Only Exclusion
clofarabine intravenous solution 1 mg/ml	Tier 9	Medical Only Exclusion
cytarabine (pf) injection solution 100 mg/ml, 20 mg/ml	Tier 9	Medical Only Exclusion
cytarabine injection solution 20 mg/ml	Tier 9	Medical Only Exclusion
decitabine intravenous solution reconstituted 50 mg	Tier 9	Medical Only Exclusion
FAVLYXA INTRAVENOUS SOLUTION 2.5 GM/100ML, 250 MG/10ML	Tier 9	Medical Only Exclusion
floxuridine injection solution reconstituted 0.5 gm	Tier 9	Medical Only Exclusion

Drug Name	Drug Tier	Notes
fludarabine phosphate intravenous solution 50 mg/2ml	Tier 9	Medical Only Exclusion
fludarabine phosphate intravenous solution reconstituted 50 mg	Tier 9	Medical Only Exclusion
fluorouracil intravenous solution 1 gm/20ml, 2.5 gm/50ml, 5 gm/100ml, 500 mg/10ml	Tier 9	Medical Only Exclusion
FOLOTYN INTRAVENOUS SOLUTION 20 MG/ML, 40 MG/2ML	Tier 9	Medical Only Exclusion
gemcitabine hcl intravenous solution 1 gm/10ml, 1 gm/26.3ml, 1.5 gm/15ml, 2 gm/20ml, 2 gm/52.6ml, 200 mg/2ml, 200 mg/5.26ml	Tier 9	Medical Only Exclusion
gemcitabine hcl intravenous solution reconstituted 1 gm, 2 gm, 200 mg	Tier 9	Medical Only Exclusion
gemcitabine hcl-nacl intravesical solution prefilled syringe 1-0.9 gm/50ml-%	Tier 9	Medical Only Exclusion
INLEXZO INTRAVESICAL IMPLANT 225 MG	Tier 9	Medical Only Exclusion
JYLAMVO ORAL SOLUTION 2 MG/ML	Tier 4	PA
mercaptopurine oral suspension 2000 mg/100ml	Tier 5	ST; Specialty
mercaptopurine oral tablet 50 mg	Tier 2	
methotrexate intramuscular solution prefilled syringe 125 mg/5ml	Tier 9	Non FDA Exclusion
methotrexate intravenous solution 1000 mg/40ml	Tier 9	Non FDA Exclusion; Medical Only Exclusion
methotrexate sodium (pf) solution 1 gm/40ml injection	Tier 9	Medical Only Exclusion
methotrexate sodium (pf) solution 1000 mg/40ml injection	Tier 9	Medical Only Exclusion
methotrexate sodium (pf) solution 250 mg/10ml injection	Tier 2	
methotrexate sodium (pf) solution 50 mg/2ml injection	Tier 2	
methotrexate sodium injection solution reconstituted 1 gm	Tier 9	Medical Only Exclusion
methotrexate sodium oral tablet 2.5 mg	Tier 2	
methotrexate sodium solution 250 mg/10ml injection	Tier 2	
methotrexate sodium solution 50 mg/2ml injection	Tier 2	
methotrexate sodium solution 50 mg/2ml injection	Tier 4	
nelarabine intravenous solution 5 mg/ml	Tier 9	Medical Only Exclusion
ONUREG ORAL TABLET 200 MG, 300 MG	Tier 5	PA; Specialty
pemetrexed dipotassium intravenous solution reconstituted 100 mg, 500 mg	Tier 9	Medical Only Exclusion

Drug Name	Drug Tier	Notes
pemetrexed disodium intravenous solution 1 gm/40ml, 100 mg/4ml, 500 mg/20ml	Tier 9	Medical Only Exclusion
pemetrexed disodium intravenous solution reconstituted 100 mg, 1000 mg, 500 mg, 750 mg	Tier 9	Medical Only Exclusion
pemetrexed intravenous solution 1 gm/40ml, 100 mg/4ml, 500 mg/20ml	Tier 9	Medical Only Exclusion
PEMFEXY INTRAVENOUS SOLUTION 500 MG/20ML	Tier 9	Medical Only Exclusion
PEMRYDI RTU INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	Tier 9	Medical Only Exclusion
pralatrexate intravenous solution 20 mg/ml, 40 mg/2ml	Tier 9	Medical Only Exclusion
PURIXAN ORAL SUSPENSION 2000 MG/100ML	Tier 9	ST; Specialty; Formulary Exclusion
TABLOID ORAL TABLET 40 MG	Tier 5	Specialty
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	Tier 4	
VIDAZA INJECTION SUSPENSION RECONSTITUTED 100 MG	Tier 9	Medical Only Exclusion
XATMEP ORAL SOLUTION 2.5 MG/ML	Tier 4	PA
Antineoplastic - Akt Inhibitors**		
TRUQAP ORAL TABLET 200 MG	Tier 5	PA; Specialty
TRUQAP ORAL TABLET THERAPY PACK 160 MG, 200 MG	Tier 5	PA; Specialty
Antineoplastic - Alk Inhibitors**		
ALECENSA ORAL CAPSULE 150 MG	Tier 5	PA; Specialty
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	Tier 5	PA; Specialty
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG	Tier 5	PA; Specialty
LORBRENA ORAL TABLET 100 MG, 25 MG	Tier 5	PA; Specialty
XALKORI ORAL CAPSULE 200 MG, 250 MG	Tier 5	PA; Specialty; Formulary Exclusion
XALKORI ORAL CAPSULE SPRINKLE 150 MG, 20 MG, 50 MG	Tier 9	PA; Specialty; Formulary Exclusion
ZYKADIA ORAL TABLET 150 MG	Tier 5	PA; Specialty
Antineoplastic - Allogeneic Cellular Immunotherapy**		
OMISIRGE INTRAVENOUS SUSPENSION	Tier 9	Medical Only Exclusion

Drug Name	Drug Tier	Notes
Antineoplastic - Anti-Bcma Antibody-Drug Complex**		
BLENREP INTRAVENOUS SOLUTION RECONSTITUTED 70 MG	Tier 9	Medical Only Exclusion
Antineoplastic - Antibody Combinations**		
OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20ML	Tier 9	Medical Only Exclusion
Antineoplastic - Anti-Ccr4 Antibodies**		
POTELIGEO INTRAVENOUS SOLUTION 20 MG/5ML	Tier 9	Medical Only Exclusion
Antineoplastic - Anti-Cd123 Antibody-Drug Complex**		
DECNUPAZ INTRAVENOUS SOLUTION RECONSTITUTED 2 MG	Tier 9	Medical Only Exclusion
Antineoplastic - Anti-Cd19 Antibodies**		
MONJUVI INTRAVENOUS SOLUTION RECONSTITUTED 200 MG	Tier 9	Medical Only Exclusion
Antineoplastic - Anti-Cd19 Antibody-Drug Complex**		
ZYNLONTA INTRAVENOUS SOLUTION RECONSTITUTED 10 MG	Tier 9	Medical Only Exclusion
Antineoplastic - Anti-Cd20 Antibodies**		
GAZYVA INTRAVENOUS SOLUTION 1000 MG/40ML	Tier 9	Medical Only Exclusion
RIABNI INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	Tier 9	Medical Only Exclusion
RITUXAN INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	Tier 9	Medical Only Exclusion
RUXIENCE INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	Tier 9	Medical Only Exclusion
TRUXIMA INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	Tier 9	Medical Only Exclusion
Antineoplastic - Anti-Cd22 Antibody-Drug Complex**		
BESPONSA INTRAVENOUS SOLUTION RECONSTITUTED 0.9 MG	Tier 9	Medical Only Exclusion

Drug Name	Drug Tier	Notes
Antineoplastic - Anti-Cd30 Antibody-Drug Complex**		
ADCETRIS INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	Tier 9	Medical Only Exclusion
Antineoplastic - Anti-Cd33 Antibody-Drug Complex**		
MYLOTARG INTRAVENOUS SOLUTION RECONSTITUTED 4.5 MG	Tier 9	Medical Only Exclusion
Antineoplastic - Anti-Cd38 Antibodies**		
DARZALEX INTRAVENOUS SOLUTION 100 MG/5ML, 400 MG/20ML	Tier 9	Medical Only Exclusion
SARCLISA ESCENA SUBCUTANEOUS SOLUTION 1400 MG/10ML	Tier 9	Medical Only Exclusion; Specialty
SARCLISA INTRAVENOUS SOLUTION 100 MG/5ML, 500 MG/25ML	Tier 9	Medical Only Exclusion
Antineoplastic - Anti-Cd79b Antibody-Drug Complex**		
POLIVY INTRAVENOUS SOLUTION RECONSTITUTED 140 MG, 30 MG	Tier 9	Medical Only Exclusion
Antineoplastic - Anti-Cldn18.2 Antibodies**		
VYLOY INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 300 MG	Tier 9	Medical Only Exclusion
Antineoplastic - Anti-C-Met Antibody-Drug Complex**		
EMRELIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 20 MG	Tier 9	Medical Only Exclusion
Antineoplastic - Anti-Ctla-4 Antibodies**		
IMJUDO INTRAVENOUS SOLUTION 25 MG/1.25ML, 300 MG/15ML	Tier 9	Medical Only Exclusion
YERVOY INTRAVENOUS SOLUTION 200 MG/40ML, 50 MG/10ML	Tier 9	Medical Only Exclusion
Antineoplastic - Anti-Gd2 Antibodies**		
DANYELZA INTRAVENOUS SOLUTION 40 MG/10ML	Tier 9	Medical Only Exclusion
UNITUXIN INTRAVENOUS SOLUTION 17.5 MG/5ML	Tier 9	Medical Only Exclusion

Drug Name	Drug Tier	Notes
Antineoplastic - Anti-Her2 Agents**		
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 150 MG	Tier 9	Medical Only Exclusion
HERCESSI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	Tier 9	Medical Only Exclusion
HERNEXEOS ORAL TABLET 60 MG	Tier 5	PA; Specialty; QL
HERZUMA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	Tier 9	Medical Only Exclusion
KANJINTI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	Tier 9	Medical Only Exclusion
MARGENZA INTRAVENOUS SOLUTION 250 MG/10ML	Tier 9	Medical Only Exclusion
OGIVRI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	Tier 9	Medical Only Exclusion
ONTRUZANT INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	Tier 9	Medical Only Exclusion
PERJETA INTRAVENOUS SOLUTION 420 MG/14ML	Tier 9	Medical Only Exclusion
TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	Tier 9	Medical Only Exclusion
TUKYSA ORAL TABLET 150 MG, 50 MG	Tier 5	PA; Specialty
ZIIHERA INTRAVENOUS SOLUTION RECONSTITUTED 300 MG	Tier 9	Medical Only Exclusion
Antineoplastic - Anti-Nectin-4 Antibody-Drug Complex**		
PADCEV INTRAVENOUS SOLUTION RECONSTITUTED 20 MG, 30 MG	Tier 9	Medical Only Exclusion
Antineoplastic - Anti-Pd-1 Antibodies**		
JEMPERLI INTRAVENOUS SOLUTION 500 MG/10ML	Tier 9	Medical Only Exclusion
KEYTRUDA INTRAVENOUS SOLUTION 100 MG/4ML	Tier 9	Medical Only Exclusion
LIBTAYO INTRAVENOUS SOLUTION 350 MG/7ML	Tier 9	Medical Only Exclusion
LOQTORZI INTRAVENOUS SOLUTION 240 MG/6ML	Tier 9	Medical Only Exclusion
OPDIVO INTRAVENOUS SOLUTION 100 MG/10ML, 120 MG/12ML, 240 MG/24ML, 40 MG/4ML	Tier 9	Medical Only Exclusion
TEVIMBRA INTRAVENOUS SOLUTION 100 MG/10ML, 150 MG/15ML	Tier 9	Medical Only Exclusion

Drug Name	Drug Tier	Notes
ZYNYZ INTRAVENOUS SOLUTION 500 MG/20ML	Tier 9	Medical Only Exclusion
Antineoplastic - Anti-Pd-L1 Antibodies		
BAVENCIO INTRAVENOUS SOLUTION 200 MG/10ML	Tier 9	Medical Only Exclusion
IMFINZI INTRAVENOUS SOLUTION 120 MG/2.4ML, 500 MG/10ML	Tier 9	Medical Only Exclusion
TECENTRIQ INTRAVENOUS SOLUTION 1200 MG/20ML, 840 MG/14ML	Tier 9	Medical Only Exclusion
UNLOXCYT INTRAVENOUS SOLUTION 300 MG/5ML	Tier 9	Medical Only Exclusion
Antineoplastic - Anti-Slamf7 Antibodies		
EMPLICITI INTRAVENOUS SOLUTION RECONSTITUTED 300 MG, 400 MG	Tier 9	Medical Only Exclusion
Antineoplastic - Anti-Tf Antibody-Drug Complex		
TIVDAK INTRAVENOUS SOLUTION RECONSTITUTED 40 MG	Tier 9	Medical Only Exclusion
Antineoplastic - Autologous Cellular Immunotherapy		
ABECMA INTRAVENOUS SUSPENSION 510000000 CELLS	Tier 9	Medical Only Exclusion
AMTAGVI INTRAVENOUS SUSPENSION 72000000000 CELLS	Tier 9	Medical Only Exclusion
AUCATZYL INTRAVENOUS SUSPENSION 410000000 CELLS	Tier 9	Medical Only Exclusion
BREYANZI INTRAVENOUS SUSPENSION 70000000 CELLS/ML	Tier 9	Medical Only Exclusion
CARVYKTI INTRAVENOUS SUSPENSION 100000000 CELLS	Tier 9	Medical Only Exclusion
KYMRIAH INTRAVENOUS SUSPENSION 250000000 CELLS, 600000000 CELLS	Tier 9	Medical Only Exclusion
PROVENGE INTRAVENOUS SUSPENSION 50000000 CELLS	Tier 9	Medical Only Exclusion
TECARTUS INTRAVENOUS SUSPENSION 100000000 CELLS, 200000000 CELLS	Tier 9	Medical Only Exclusion
TECELRA INTRAVENOUS SUSPENSION 10000000000 CELLS	Tier 9	Medical Only Exclusion
YESCARTA INTRAVENOUS SUSPENSION 200000000 CELLS	Tier 9	Medical Only Exclusion

Drug Name	Drug Tier	Notes
Antineoplastic - Bcl-2 Inhibitors**		
BEQALZI ORAL TABLET 1 MG, 20 MG, 5 MG, 80 MG	Tier 9	New to Market Exclusion; Specialty
BEQALZI STARTER PACK ORAL TABLET THERAPY PACK 1 & 5 & 20 & 80 MG	Tier 9	New to Market Exclusion; Specialty
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	Tier 5	PA; Specialty
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	Tier 5	PA; Specialty
Antineoplastic - Bcr-Abl Kinase Inhibitors**		
BOSULIF ORAL CAPSULE 100 MG, 50 MG	Tier 5	PA; Specialty
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	Tier 5	PA; Specialty; Formulary Exclusion
bosutinib oral tablet 100 mg, 400 mg, 500 mg	Tier 5	PA; Specialty
CAVHANZA ORAL TABLET DISPERSIBLE 60 MG, 80 MG	Tier 9	New to Market Exclusion; Specialty
DANZITEN ORAL TABLET 71 MG, 95 MG	Tier 5	PA; Specialty
dasatinib oral tablet 100 mg, 140 mg, 20 mg, 50 mg, 70 mg, 80 mg	Tier 5	PA; Specialty
GLEEVEC ORAL TABLET 100 MG, 400 MG	Tier 9	PA; Specialty; Formulary Exclusion
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	Tier 5	PA; Specialty
imatinib mesylate oral tablet 100 mg, 400 mg	Tier 5	PA; Specialty
imkeldi oral solution 80 mg/ml	Tier 5	PA; Specialty
nilotinib d-tartrate oral capsule 150 mg, 200 mg, 50 mg	Tier 9	PA; Specialty; Formulary Exclusion
nilotinib hcl oral capsule 150 mg, 200 mg, 50 mg	Tier 5	PA; Specialty
PHYRAGO ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	Tier 9	PA; Specialty; Formulary Exclusion
SCEMBLIX ORAL TABLET 100 MG, 20 MG, 40 MG	Tier 5	PA; Specialty
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	Tier 9	PA; Specialty; Formulary Exclusion
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	Tier 9	PA; Specialty; Formulary Exclusion
Antineoplastic - Bispecific T-Cell Engagers**		
BLINCYTO INTRAVENOUS SOLUTION RECONSTITUTED 35 MCG	Tier 9	Medical Only Exclusion

Drug Name	Drug Tier	Notes
COLUMVI INTRAVENOUS SOLUTION 10 MG/10ML, 2.5 MG/2.5ML	Tier 9	Medical Only Exclusion
ELREXFIO SUBCUTANEOUS SOLUTION 44 MG/1.1ML, 76 MG/1.9ML	Tier 9	Medical Only Exclusion
EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8ML, 48 MG/0.8ML	Tier 9	Medical Only Exclusion
IMDELLTRA INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 10 MG	Tier 9	Medical Only Exclusion
KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5ML	Tier 9	Medical Only Exclusion
LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML, 30 MG/30ML	Tier 9	Medical Only Exclusion
LUNSUMIO VELO SUBCUTANEOUS SOLUTION 45 MG/ML, 5 MG/0.5ML	Tier 9	Medical Only Exclusion
LYNOZYFIC INTRAVENOUS SOLUTION 200 MG/10ML, 5 MG/2.5ML	Tier 9	Medical Only Exclusion
TALVEY SUBCUTANEOUS SOLUTION 3 MG/1.5ML, 40 MG/ML	Tier 9	Medical Only Exclusion
TECVAYLI SUBCUTANEOUS SOLUTION 153 MG/1.7ML, 30 MG/3ML	Tier 9	Medical Only Exclusion
Antineoplastic - Braf Kinase Inhibitors**		
BRAFTOVI ORAL CAPSULE 75 MG	Tier 5	PA; Specialty
OJEMDA ORAL SUSPENSION RECONSTITUTED 25 MG/ML	Tier 5	PA; Specialty
OJEMDA ORAL TABLET 100 MG	Tier 5	PA; Specialty
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	Tier 5	PA; Specialty
TAFINLAR ORAL TABLET SOLUBLE 10 MG	Tier 5	PA; Specialty
ZELBORAF ORAL TABLET 240 MG	Tier 5	PA; Specialty
Antineoplastic - Btk Inhibitors**		
BRUKINSA ORAL CAPSULE 80 MG	Tier 5	PA; Specialty
BRUKINSA ORAL TABLET 160 MG	Tier 5	PA; Specialty
CALQUENCE ORAL TABLET 100 MG	Tier 5	PA; Specialty
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	Tier 5	PA; Specialty
IMBRUVICA ORAL SUSPENSION 70 MG/ML	Tier 5	PA; Specialty
IMBRUVICA TABLET 140 MG ORAL	Tier 10	PA; Specialty
IMBRUVICA TABLET 280 MG ORAL	Tier 10	PA; Specialty
IMBRUVICA TABLET 420 MG ORAL	Tier 5	PA; Specialty

Drug Name	Drug Tier	Notes
JAYPIRCA ORAL TABLET 100 MG, 50 MG	Tier 5	PA; Specialty
Antineoplastic - Csf1r Kinase Inhibitors**		
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG	Tier 5	PA; Specialty; QL
Antineoplastic - Egfr Inhibitors**		
ERBITUX INTRAVENOUS SOLUTION 100 MG/50ML, 200 MG/100ML	Tier 9	Medical Only Exclusion
erlotinib hcl oral tablet 100 mg, 150 mg, 25 mg	Tier 5	PA; Specialty
gefitinib oral tablet 250 mg	Tier 5	PA; Specialty
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	Tier 5	PA; Specialty
IRESSA ORAL TABLET 250 MG	Tier 9	PA; Specialty; Formulary Exclusion
LAZCLUZE ORAL TABLET 240 MG, 80 MG	Tier 5	PA; Specialty
PORTRAZZA INTRAVENOUS SOLUTION 800 MG/50ML	Tier 9	Medical Only Exclusion
TAGRISSO ORAL TABLET 40 MG, 80 MG	Tier 5	PA; Specialty
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5ML, 400 MG/20ML	Tier 9	Medical Only Exclusion
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	Tier 5	PA; Specialty
Antineoplastic - Fgfr Kinase Inhibitors**		
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	Tier 5	PA; Specialty
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	Tier 5	PA; Specialty
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	Tier 5	PA; Specialty
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	Tier 5	PA; Specialty
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	Tier 5	PA; Specialty
Antineoplastic - Gamma Secretase Inhibitors**		
OGSIVEO ORAL TABLET 100 MG, 150 MG	Tier 5	PA; Specialty
Antineoplastic - Hedgehog Pathway Inhibitors**		
DAURISMO ORAL TABLET 100 MG, 25 MG	Tier 5	PA; Specialty

Drug Name	Drug Tier	Notes
ERIVEDGE ORAL CAPSULE 150 MG	Tier 5	PA; Specialty
ODOMZO ORAL CAPSULE 200 MG	Tier 5	PA; Specialty
Antineoplastic - Hif-2-Alpha Inhibitors**		
WELIREG ORAL TABLET 40 MG	Tier 5	PA; Specialty
Antineoplastic - Histone Deacetylase Inhibitors**		
BELEODAQ INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	Tier 9	Medical Only Exclusion
ISTODAX INTRAVENOUS SOLUTION RECONSTITUTED 10 MG	Tier 9	Medical Only Exclusion
romidepsin intravenous solution 27.5 mg/5.5ml	Tier 9	Medical Only Exclusion
romidepsin intravenous solution reconstituted 10 mg	Tier 9	Medical Only Exclusion
ZOLINZA ORAL CAPSULE 100 MG	Tier 5	PA; Specialty; QL
Antineoplastic - Hormonal And Related Agent Combinations**		
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	Tier 5	PA; Specialty
leuprolide acetate-bupivacaine intramuscular solution 25-5 mg/ml	Tier 9	Non FDA Exclusion
Antineoplastic - Immunomodulators**		
pomalidomide capsule 1 mg oral	Tier 2	PA; Specialty
pomalidomide capsule 1 mg oral	Tier 5	PA; Specialty
pomalidomide capsule 2 mg oral	Tier 2	PA; Specialty
pomalidomide capsule 2 mg oral	Tier 5	PA; Specialty
pomalidomide capsule 3 mg oral	Tier 2	PA; Specialty
pomalidomide capsule 3 mg oral	Tier 5	PA; Specialty
pomalidomide capsule 4 mg oral	Tier 2	PA; Specialty
pomalidomide capsule 4 mg oral	Tier 5	PA; Specialty
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	Tier 5	PA; Specialty; Formulary Exclusion
ZENBEXUS ORAL CAPSULE 0.75 MG, 1 MG	Tier 9	New to Market Exclusion; Specialty
Antineoplastic - Kras Inhibitors**		
KRAZATI ORAL TABLET 200 MG	Tier 5	PA; Specialty
LUMAKRAS ORAL TABLET 120 MG, 240 MG, 320 MG	Tier 5	PA; Specialty

Drug Name	Drug Tier	Notes
Antineoplastic - Mek Inhibitors**		
COTELLIC ORAL TABLET 20 MG	Tier 5	PA; Specialty
GOMEKLI ORAL CAPSULE 1 MG, 2 MG	Tier 5	PA; Specialty
GOMEKLI ORAL TABLET SOLUBLE 1 MG	Tier 5	PA; Specialty
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	Tier 5	PA; Specialty
KOSELUGO ORAL CAPSULE SPRINKLE 5 MG, 7.5 MG	Tier 5	PA; Specialty
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML	Tier 5	PA; Specialty
MEKINIST ORAL TABLET 0.5 MG, 2 MG	Tier 5	PA; Specialty
MEKTOVI ORAL TABLET 15 MG	Tier 5	PA; Specialty
Antineoplastic - Menin Inhibitors**		
KOMZIFTI ORAL CAPSULE 200 MG	Tier 5	PA; Specialty; QL
REVUFORJ ORAL TABLET 110 MG, 160 MG, 25 MG	Tier 5	PA; Specialty
Antineoplastic - Met Inhibitors**		
TABRECTA ORAL TABLET 150 MG, 200 MG	Tier 5	PA; Specialty
TEPMETKO ORAL TABLET 225 MG	Tier 5	PA; Specialty
Antineoplastic - Mtor Kinase Inhibitors**		
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 3 MG, 5 MG	Tier 9	PA; Specialty; Formulary Exclusion
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	Tier 9	PA; Specialty; Formulary Exclusion
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	Tier 5	PA; Specialty
everolimus oral tablet soluble 2 mg, 3 mg, 5 mg	Tier 5	PA; Specialty
FYARRO INTRAVENOUS SUSPENSION RECONSTITUTED 100 MG	Tier 9	Medical Only Exclusion
temsirolimus intravenous solution 25 mg/ml	Tier 9	Medical Only Exclusion
TORISEL INTRAVENOUS SOLUTION 25 MG/ML	Tier 9	Medical Only Exclusion
TORPENZ ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	Tier 5	PA; Specialty
YULITHIRA ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	Tier 5	PA; Specialty

Drug Name	Drug Tier	Notes
Antineoplastic - Multikinase Inhibitors**		
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	Tier 5	PA; Specialty
CAPRELSA ORAL TABLET 100 MG, 300 MG	Tier 5	PA; Specialty
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	Tier 5	PA; Specialty
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	Tier 5	PA; Specialty
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	Tier 5	PA; Specialty
ENSACOVE ORAL CAPSULE 100 MG, 25 MG	Tier 5	PA; Specialty
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	Tier 5	PA; Specialty
HYRNUO ORAL TABLET 10 MG	Tier 5	PA; Specialty; QL
lapatinib ditosylate oral tablet 250 mg	Tier 5	PA; Specialty
NERLYNX ORAL TABLET 40 MG	Tier 5	PA; Specialty
NEXAVAR ORAL TABLET 200 MG	Tier 9	PA; Specialty; Formulary Exclusion
pazopanib hcl oral tablet 200 mg, 400 mg	Tier 5	PA; Specialty
QINLOCK ORAL TABLET 50 MG	Tier 5	PA; Specialty
REVTORPYK INTRAVENOUS SOLUTION RECONSTITUTED 180 MG	Tier 9	Medical Only Exclusion
RYDAPT ORAL CAPSULE 25 MG	Tier 5	PA; Specialty
sorafenib tosylate oral tablet 200 mg	Tier 5	PA; Specialty
STIVARGA ORAL TABLET 40 MG	Tier 5	PA; Specialty
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg	Tier 5	PA; Specialty
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	Tier 9	PA; Specialty; Formulary Exclusion
TURALIO ORAL CAPSULE 125 MG	Tier 5	PA; Specialty; QL
TYKERB ORAL TABLET 250 MG	Tier 9	PA; Specialty; Formulary Exclusion
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	Tier 5	PA; Specialty
VOTRIENT ORAL TABLET 200 MG	Tier 9	PA; Specialty; Formulary Exclusion
XOSPATA ORAL TABLET 40 MG	Tier 5	PA; Specialty

Drug Name	Drug Tier	Notes
Antineoplastic - Multiple Receptor Antibodies**		
BIZENGRI (750 MG DOSE) INTRAVENOUS SOLUTION THERAPY PACK 375 MG/18.75ML	Tier 9	Medical Only Exclusion
RYBREVANT INTRAVENOUS SOLUTION 350 MG/7ML	Tier 9	Medical Only Exclusion
Antineoplastic - Pdgfr-Alpha Inhibitors**		
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	Tier 5	PA; Specialty
Antineoplastic - Protease Activators**		
MODEYSO ORAL CAPSULE 125 MG	Tier 5	PA; Specialty; QL
Antineoplastic - Proteasome Inhibitors**		
bortezomib injection solution reconstituted 1 mg, 2.5 mg, 3.5 mg	Tier 9	Medical Only Exclusion
BORUZU INJECTION SOLUTION 3.5 MG/1.4ML	Tier 9	Medical Only Exclusion
KYPROLIS INTRAVENOUS SOLUTION RECONSTITUTED 10 MG, 30 MG, 60 MG	Tier 9	Medical Only Exclusion
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	Tier 5	PA; Specialty
VELCADE INJECTION SOLUTION RECONSTITUTED 3.5 MG	Tier 9	Medical Only Exclusion
Antineoplastic - Ras Gtpase Inhibitors**		
RASONQUE ORAL TABLET 100 MG, 150 MG	Tier 5	PA; Specialty
Antineoplastic - Ret Inhibitors**		
GAVRETO ORAL CAPSULE 100 MG	Tier 5	PA; Specialty
RETEVMO ORAL TABLET 120 MG, 160 MG, 40 MG, 80 MG	Tier 5	PA; Specialty
Antineoplastic - Tropomyosin Receptor Kinase Inhibitors**		
AUGTYRO ORAL CAPSULE 160 MG, 40 MG	Tier 5	PA; Specialty
IBTROZI ORAL CAPSULE 200 MG	Tier 5	PA; Specialty
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	Tier 5	PA; Specialty

Drug Name	Drug Tier	Notes
ROZLYTREK ORAL PACKET 50 MG	Tier 5	PA; Specialty
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	Tier 5	PA; Specialty
VITRAKVI ORAL SOLUTION 20 MG/ML	Tier 5	PA; Specialty
Antineoplastic - Tyrosine Kinase Inhibitors**		
JIDEYTRO ORAL TABLET 100 MG, 25 MG	Tier 9	New to Market Exclusion; Specialty
Antineoplastic - Xpo1 Inhibitors**		
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	Tier 5	PA; Specialty
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG	Tier 5	PA; Specialty
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	Tier 5	PA; Specialty
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	Tier 5	PA; Specialty
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	Tier 5	PA; Specialty
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	Tier 5	PA; Specialty
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	Tier 5	PA; Specialty
Antineoplastic Antibiotics**		
ADRIAMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	Tier 9	Medical Only Exclusion
bleomycin sulfate injection solution reconstituted 15 unit, 30 unit	Tier 9	Medical Only Exclusion
dactinomycin intravenous solution reconstituted 0.5 mg	Tier 9	Medical Only Exclusion
daunorubicin hcl intravenous solution 20 mg/4ml, 50 mg/10ml	Tier 9	Medical Only Exclusion
DOXIL INTRAVENOUS SUSPENSION 2 MG/ML	Tier 9	Medical Only Exclusion
doxorubicin hcl intravenous solution 2 mg/ml	Tier 9	Medical Only Exclusion
doxorubicin hcl intravenous solution reconstituted 10 mg, 50 mg	Tier 9	Medical Only Exclusion
doxorubicin hcl liposomal intravenous suspension 2 mg/ml	Tier 9	Medical Only Exclusion
ELLENCE INTRAVENOUS SOLUTION 200 MG/100ML, 50 MG/25ML	Tier 9	Medical Only Exclusion

Drug Name	Drug Tier	Notes
IDAMYCIN PFS INTRAVENOUS SOLUTION 10 MG/10ML, 20 MG/20ML, 5 MG/5ML	Tier 9	Medical Only Exclusion
idarubicin hcl intravenous solution 10 mg/10ml, 20 mg/20ml, 5 mg/5ml	Tier 9	Medical Only Exclusion
JELMYTO KIT 2 X 40 MG	Tier 9	Medical Only Exclusion
mitomycin intravenous solution reconstituted 20 mg, 40 mg, 5 mg	Tier 9	Medical Only Exclusion
mitomycin intravesical solution prefilled syringe 20 mg/40ml	Tier 9	Non FDA Exclusion
mitoxantrone hcl intravenous concentrate 20 mg/10ml, 25 mg/12.5ml, 30 mg/15ml	Tier 9	Medical Only Exclusion
MUTAMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 40 MG, 5 MG	Tier 9	Medical Only Exclusion
valrubicin intravesical solution 40 mg/ml	Tier 9	Medical Only Exclusion
VALSTAR INTRAVESICAL SOLUTION 40 MG/ML	Tier 9	Medical Only Exclusion
ZUSDURI INTRAVESICAL KIT 2 X 40 MG	Tier 9	Medical Only Exclusion
Antineoplastic -Antibody For Radiopharmaceutical Therapy**		
ZEVALIN Y-90 INTRAVENOUS KIT 3.2 MG/2ML	Tier 9	Medical Only Exclusion
Antineoplastic Antibody-Drug Complexes**		
ELAHERE INTRAVENOUS SOLUTION 100 MG/20ML	Tier 9	Medical Only Exclusion
ENHERTU INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	Tier 9	Medical Only Exclusion
KADCYLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 160 MG	Tier 9	Medical Only Exclusion
Antineoplastic Combinations**		
AVMAPKI FAKZYNJA CO-PACK ORAL THERAPY PACK 0.8 & 200 MG	Tier 5	PA; Specialty
DARZALEX FASPRO SUBCUTANEOUS SOLUTION 1800-30000 MG-UT/15ML	Tier 9	Medical Only Exclusion
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600-10000 MG-UNT/5ML	Tier 9	Medical Only Exclusion
INQOVI ORAL TABLET 35-100 MG	Tier 5	PA; Specialty
KEYTRUDA QLEX SUBCUTANEOUS SOLUTION 395-4800 MG -UNT/2.4ML, 790-9600 MG -UNT/4.8ML	Tier 9	Medical Only Exclusion

Drug Name	Drug Tier	Notes
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	Tier 5	PA; Specialty
OPDIVO QVANTIG SUBCUTANEOUS SOLUTION 300-5000 MG -UT/2.5ML, 600-10000 MG-UT/5ML	Tier 9	Medical Only Exclusion
PHESGO SUBCUTANEOUS SOLUTION 60-60-2000 MG-MG-U/ML, 80-40-2000 MG-MG-U/ML	Tier 9	Medical Only Exclusion
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400-23400 MG -UT/11.7ML, 1600-26800 MG -UT/13.4ML	Tier 9	Medical Only Exclusion
RYBREVANT FASPRO SUBCUTANEOUS SOLUTION 1600-20000 MG-UT/10ML, 2240-28000 MG-UT/14ML, 2400-30000 MG-UT/15ML, 3520-44000 MG-UT/22ML	Tier 9	Medical Only Exclusion
TECENTRIQ HYBREZA SUBCUTANEOUS SOLUTION 1875-30000 MG-UT/15ML	Tier 9	Medical Only Exclusion
VYXEOS INTRAVENOUS SUSPENSION RECONSTITUTED 44-100 MG	Tier 9	Medical Only Exclusion
Antineoplastic Enzymes**		
ASPARLAS INTRAVENOUS SOLUTION 3750 UNIT/5ML	Tier 9	Medical Only Exclusion
ONCASPAR INJECTION SOLUTION 750 UNIT/ML	Tier 9	Medical Only Exclusion
RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5ML	Tier 9	Medical Only Exclusion
Antineoplastic Radiopharmaceuticals**		
BEXLUTRY INTRAVENOUS SOLUTION 370 MBQ/ML	Tier 9	Medical Only Exclusion
LUTATHERA INTRAVENOUS SOLUTION 370 MBQ/ML	Tier 9	Medical Only Exclusion
PLUVICTO INTRAVENOUS SOLUTION 1000 MBQ/ML	Tier 9	Medical Only Exclusion
strontium chloride sr-89 intravenous solution 1 mci/ml	Tier 9	Medical Only Exclusion
XOFIGO INTRAVENOUS SOLUTION 30 MCCI/ML	Tier 9	Medical Only Exclusion
Antineoplastics - Interleukins & Agonists**		
ANKTIVA INTRAVESICAL SOLUTION 400 MCG/0.4ML	Tier 9	Medical Only Exclusion

Drug Name	Drug Tier	Notes
ELZONRIS INTRAVENOUS SOLUTION 1000 MCG/ML	Tier 9	Medical Only Exclusion
PROLEUKIN INTRAVENOUS SOLUTION RECONSTITUTED 22000000 UNIT	Tier 9	Medical Only Exclusion
Antineoplastics - Photoactivated Agents**		
PHOTOFRIN INTRAVENOUS SOLUTION RECONSTITUTED 75 MG	Tier 9	Medical Only Exclusion
UVADEX EXTRACORPOREAL SOLUTION 20 MCG/ML	Tier 9	Medical Only Exclusion
Antineoplastics Misc.**		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML	Tier 5	PA; Specialty
arsenic trioxide intravenous solution 10 mg/10ml, 12 mg/6ml	Tier 9	Medical Only Exclusion
BESREMI PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 MCG/0.5ML	Tier 5	PA; Specialty
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML	Tier 5	PA; Specialty
dacarbazine intravenous solution reconstituted 100 mg, 200 mg	Tier 9	Medical Only Exclusion
HYDREA ORAL CAPSULE 500 MG	Tier 9	Formulary Exclusion
hydroxyurea oral capsule 500 mg	Tier 2	
LYMPHIR INTRAVENOUS SOLUTION RECONSTITUTED 300 MCG	Tier 9	Medical Only Exclusion
MATULANE ORAL CAPSULE 50 MG	Tier 5	Specialty
NIPENT INTRAVENOUS SOLUTION RECONSTITUTED 10 MG	Tier 9	Medical Only Exclusion
TICE BCG INTRAVESICAL SUSPENSION RECONSTITUTED 50 MG	Tier 9	Medical Only Exclusion
TRISENOX INTRAVENOUS SOLUTION 12 MG/6ML	Tier 9	Medical Only Exclusion
Aromatase Inhibitors**		
anastrozole oral tablet 1 mg	Tier 2	
ARIMIDEX ORAL TABLET 1 MG	Tier 9	Formulary Exclusion
AROMASIN ORAL TABLET 25 MG	Tier 9	Formulary Exclusion
exemestane oral tablet 25 mg	Tier 2	
FEMARA ORAL TABLET 2.5 MG	Tier 9	Formulary Exclusion
letrozole oral tablet 2.5 mg	Tier 1	

Drug Name	Drug Tier	Notes
Carboxypeptidase Enzyme Agents**		
VORAXAZE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT	Tier 9	Medical Only Exclusion
Cardiac Protective Agents**		
dexrazoxane hcl intravenous solution reconstituted 250 mg, 500 mg	Tier 9	Medical Only Exclusion
Chemotherapy Adjuncts - Hyperuricemia Agents**		
ELITEK INTRAVENOUS SOLUTION RECONSTITUTED 1.5 MG, 7.5 MG	Tier 9	Medical Only Exclusion
Chemotherapy Adjuncts - Keratinocyte Growth Factors**		
KEPIVANCE INTRAVENOUS SOLUTION RECONSTITUTED 5.16 MG	Tier 9	Medical Only Exclusion
Cyclin-Dependent Kinases (Cdk) Inhibitors**		
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	Tier 5	PA; Specialty
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	Tier 5	PA; Specialty
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK	Tier 5	PA; Specialty
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	Tier 5	PA; Specialty
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	Tier 5	PA; Specialty
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	Tier 5	PA; Specialty
Estrogen Receptor Antagonist**		
CLIGAVYX INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 MG/5ML	Tier 9	Medical Only Exclusion
FASLODEX INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 MG/5ML	Tier 9	Medical Only Exclusion
fulvestrant solution prefilled syringe 250 mg/5ml intramuscular	Tier 9	Medical Only Exclusion
fulvestrant solution prefilled syringe 250 mg/5ml intramuscular	Tier 9	Medical Only Exclusion; Specialty
INLURIYO ORAL TABLET 200 MG	Tier 5	PA; Specialty; QL

Drug Name	Drug Tier	Notes
Folic Acid Antagonists Rescue Agents**		
KHAPZORY INTRAVENOUS SOLUTION RECONSTITUTED 175 MG	Tier 9	Medical Only Exclusion
LEDERLE LEUCOVORIN ORAL TABLET 5 MG	Tier 3	
leucovorin calcium injection solution 100 mg/10ml, 500 mg/50ml	Tier 9	Medical Only Exclusion
leucovorin calcium injection solution reconstituted 100 mg, 200 mg, 350 mg, 50 mg, 500 mg	Tier 9	Medical Only Exclusion
leucovorin calcium tablet 10 mg oral	Tier 9	Formulary Exclusion
leucovorin calcium tablet 15 mg oral	Tier 2	
leucovorin calcium tablet 25 mg oral	Tier 2	
leucovorin calcium tablet 5 mg oral	Tier 2	
levoleucovorin calcium intravenous solution reconstituted 50 mg	Tier 9	Medical Only Exclusion
levoleucovorin calcium pf intravenous solution 175 mg/17.5ml, 250 mg/25ml	Tier 9	Medical Only Exclusion
VYKOURA INJECTION SOLUTION 350 MG/35ML, 50 MG/5ML, 500 MG/50ML	Tier 9	Medical Only Exclusion
Glucocorticoid Receptor (Gr) Antagonists**		
LIFYORLI (125 MG DOSE) ORAL CAPSULE THERAPY PACK 1 X 25 MG & 1 X 100 MG	Tier 5	PA; Specialty
LIFYORLI (150 MG DOSE) ORAL CAPSULE THERAPY PACK 2 X 25 MG & 1 X 100 MG	Tier 5	PA; Specialty
Gonadotropin Releasing Hormone (Gnrh) Antagonists**		
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL	Tier 5	PA; Specialty
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	Tier 5	PA; Specialty
ORGOVYX ORAL TABLET 120 MG	Tier 5	PA; Specialty; QL
Hepcidin Mimetics**		
MIMRYLO SUBCUTANEOUS SOLUTION RECONSTITUTED 19 MG, 28 MG, 41 MG, 54 MG, 9.5 MG	Tier 9	New to Market Exclusion; Specialty

Drug Name	Drug Tier	Notes
Imidazotetrazines**		
TEMODAR INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	Tier 9	Medical Only Exclusion
temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg	Tier 5	PA; Specialty
Isocitrate Dehydrogenase 1 & 2 (Idh1 & Idh2) Inhibitors**		
VORANIGO ORAL TABLET 10 MG, 40 MG	Tier 5	PA; Specialty
Isocitrate Dehydrogenase-1 (Idh1) Inhibitors**		
REZLIDHIA ORAL CAPSULE 150 MG	Tier 5	PA; Specialty
TIBSOVO ORAL TABLET 250 MG	Tier 5	PA; Specialty
Isocitrate Dehydrogenase-2 (Idh2) Inhibitors**		
IDHIFA ORAL TABLET 100 MG, 50 MG	Tier 5	PA; Specialty
Janus Associated Kinase (Jak) Inhibitors**		
INREBIC ORAL CAPSULE 100 MG	Tier 5	PA; Specialty; QL
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	Tier 5	PA; Specialty; QL
JAKAFI XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG, 33 MG, 44 MG, 55 MG	Tier 5	PA; Specialty; QL
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	Tier 5	PA; Specialty
VONJO ORAL CAPSULE 100 MG	Tier 5	PA; Specialty; QL
Lhrh Analogs**		
CAMCEVI PREFILLED SYRINGE 42 MG SUBCUTANEOUS	Tier 9	Medical Only Exclusion
CAMCEVI PREFILLED SYRINGE 42 MG SUBCUTANEOUS	Tier 9	Medical Only Exclusion; QL
ELIGARD KIT 22.5 MG SUBCUTANEOUS	Tier 5	PA; Specialty; QL
ELIGARD KIT 30 MG SUBCUTANEOUS	Tier 9	Medical Only Exclusion; QL
ELIGARD KIT 30 MG SUBCUTANEOUS	Tier 9	Medical Only Exclusion
ELIGARD KIT 45 MG SUBCUTANEOUS	Tier 5	PA; Specialty; QL
ELIGARD KIT 7.5 MG SUBCUTANEOUS	Tier 5	PA; Specialty; QL
leuprolide acetate injection kit 1 mg/0.2ml	Tier 5	PA; Specialty; QL
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG	Tier 5	PA; Specialty; QL

Drug Name	Drug Tier	Notes
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG	Tier 5	PA; Specialty; QL
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG	Tier 5	PA; Specialty; QL
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG	Tier 5	PA; Specialty; QL
LUTRATE DEPOT INTRAMUSCULAR INJECTABLE 22.5 MG	Tier 5	PA; Specialty; QL
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG	Tier 9	Medical Only Exclusion
VABRINTY KIT 22.5 MG SUBCUTANEOUS	Tier 9	PA; Specialty; Formulary Exclusion; QL
VABRINTY KIT 30 MG SUBCUTANEOUS	Tier 9	Medical Only Exclusion
VABRINTY KIT 45 MG SUBCUTANEOUS	Tier 9	PA; Specialty; Formulary Exclusion; QL
VABRINTY KIT 7.5 MG SUBCUTANEOUS	Tier 9	PA; Specialty; Formulary Exclusion; QL
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG	Tier 5	PA; Specialty
Mitotic Inhibitors**		
ABRAXANE INTRAVENOUS SUSPENSION RECONSTITUTED 100 MG	Tier 9	Medical Only Exclusion
AVOPEF INTRAVENOUS SOLUTION 100 MG/5ML, 500 MG/25ML	Tier 9	Medical Only Exclusion
BEIZRAY INTRAVENOUS CONCENTRATE 20 MG/ML	Tier 9	Medical Only Exclusion
BEIZRAY INTRAVENOUS SOLUTION 2 X 80 MG/4ML & 25%(50 ML), 80 MG/4ML & 25%(50 ML)	Tier 9	Medical Only Exclusion
docetaxel intravenous concentrate 160 mg/8ml, 20 mg/ml, 80 mg/4ml	Tier 9	Medical Only Exclusion
docetaxel intravenous solution 160 mg/16ml, 20 mg/2ml, 80 mg/8ml	Tier 9	Medical Only Exclusion
DOCIVYX INTRAVENOUS SOLUTION 160 MG/16ML, 20 MG/2ML, 80 MG/8ML	Tier 9	Medical Only Exclusion
eribulin mesylate intravenous solution 1 mg/2ml	Tier 9	Medical Only Exclusion
ETOPOPHOS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	Tier 9	Medical Only Exclusion
etoposide intravenous solution 1 gm/50ml, 100 mg/5ml, 500 mg/25ml	Tier 9	Medical Only Exclusion
etoposide oral capsule 50 mg	Tier 3	

Drug Name	Drug Tier	Notes
HALAVEN INTRAVENOUS SOLUTION 1 MG/2ML	Tier 9	Medical Only Exclusion
IXEMPRA KIT INTRAVENOUS SOLUTION RECONSTITUTED 15 MG, 45 MG	Tier 9	Medical Only Exclusion
JEVTANA INTRAVENOUS SOLUTION 60 MG/1.5ML	Tier 9	Medical Only Exclusion
paclitaxel intravenous concentrate 100 mg/16.7ml, 150 mg/25ml, 30 mg/5ml, 300 mg/50ml	Tier 9	Medical Only Exclusion
paclitaxel protein-bound part intravenous suspension reconstituted 100 mg	Tier 9	Medical Only Exclusion
vinblastine sulfate intravenous solution 1 mg/ml	Tier 9	Medical Only Exclusion
vincristine sulfate intravenous solution 1 mg/ml, 2 mg/2ml	Tier 9	Medical Only Exclusion
vinorelbine tartrate intravenous solution 10 mg/ml, 50 mg/5ml	Tier 9	Medical Only Exclusion
Myeloprotective Agents**		
COSELA INTRAVENOUS SOLUTION RECONSTITUTED 300 MG	Tier 9	Medical Only Exclusion
Nitrogen Mustards And Related Analogues**		
cyclophosphamide capsule 25 mg oral	Tier 2	
cyclophosphamide capsule 25 mg oral	Tier 9	Formulary Exclusion
cyclophosphamide capsule 50 mg oral	Tier 2	
cyclophosphamide capsule 50 mg oral	Tier 9	Formulary Exclusion
cyclophosphamide intravenous solution 1 gm/2ml, 1 gm/5ml, 1000 mg/10ml, 2 gm/10ml, 2 gm/4ml, 2000 mg/20ml, 500 mg/2.5ml, 500 mg/5ml, 500 mg/ml	Tier 9	Medical Only Exclusion
cyclophosphamide oral tablet 50 mg	Tier 3	
cyclophosphamide solution reconstituted 1 gm injection	Tier 9	Medical Only Exclusion
cyclophosphamide solution reconstituted 2 gm injection	Tier 9	Medical Only Exclusion; Specialty
cyclophosphamide solution reconstituted 500 mg injection	Tier 9	Medical Only Exclusion
EVOMELA INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	Tier 9	Medical Only Exclusion
FRINDOVYX INTRAVENOUS SOLUTION 1 GM/2ML, 2 GM/4ML, 500 MG/ML	Tier 9	Medical Only Exclusion
HEPZATO W/50MM CATHETER INTRA-ARTERIAL SOLUTION RECONSTITUTED 50 MG	Tier 9	Medical Only Exclusion

Drug Name	Drug Tier	Notes
HEPZATO W/62MM CATHETER INTRA-ARTERIAL SOLUTION RECONSTITUTED 50 MG	Tier 9	Medical Only Exclusion
IFEX INTRAVENOUS SOLUTION RECONSTITUTED 1 GM, 3 GM	Tier 9	Medical Only Exclusion
ifosfamide intravenous solution 1 gm/20ml, 3 gm/60ml	Tier 9	Medical Only Exclusion
ifosfamide intravenous solution reconstituted 1 gm, 3 gm	Tier 9	Medical Only Exclusion
ivra intravenous solution 90 mg/ml	Tier 9	Medical Only Exclusion
LEUKERAN ORAL TABLET 2 MG	Tier 5	Specialty
melphalan hcl intravenous solution reconstituted 50 mg	Tier 9	Medical Only Exclusion
Nitrosoureas**		
carmustine intravenous solution reconstituted 100 mg	Tier 9	Medical Only Exclusion
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	Tier 9	PA; Specialty; Formulary Exclusion
GLIADEL WAFER IMPLANT WAFER 7.7 MG	Tier 9	Medical Only Exclusion
lomustine oral capsule 10 mg, 100 mg, 40 mg	Tier 5	PA; Specialty
Oligonucleotide Telomerase Inhibitors**		
RYTELO INTRAVENOUS SOLUTION RECONSTITUTED 188 MG, 47 MG	Tier 9	Medical Only Exclusion
Oncolytic Viral Agents - Hsv1**		
IMLYGIC INTRALESIONAL SUSPENSION 1000000 UNIT/ML, 100000000 UNIT/ML	Tier 9	Medical Only Exclusion
TUDRIQEV INTRALESIONAL SUSPENSION 1000000 UNIT/ML, 10000000 UNIT/ML	Tier 9	Medical Only Exclusion
Ornithine Decarboxylase (Odc) Inhibitors**		
IWILFIN ORAL TABLET 192 MG	Tier 5	PA; Specialty
Otoprotective Agents**		
PEDMARK INTRAVENOUS SOLUTION 12.5 %	Tier 9	Medical Only Exclusion
Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors**		
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	Tier 5	PA; Specialty
ITOVEBI ORAL TABLET 3 MG, 9 MG	Tier 5	PA; Specialty

Drug Name	Drug Tier	Notes
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK	Tier 5	PA; Specialty
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG	Tier 5	PA; Specialty
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG	Tier 5	PA; Specialty
ZYDELIG ORAL TABLET 100 MG, 150 MG	Tier 5	PA; Specialty
Poly (Adp-Ribose) Polymerase (Parp) Inhibitors**		
LYNPARZA ORAL TABLET 100 MG, 150 MG	Tier 5	PA; Specialty
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	Tier 5	PA; Specialty
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	Tier 5	PA; Specialty
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	Tier 5	PA; Specialty
Progestins-Antineoplastic**		
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml	Tier 2	
megestrol acetate oral tablet 20 mg, 40 mg	Tier 2	
Retinoids**		
tretinoin oral capsule 10 mg	Tier 5	Specialty
Selective Estrogen Receptor Degraders**		
ETCAMAH ORAL TABLET 75 MG	Tier 9	New to Market Exclusion; Specialty
ORSERDU ORAL TABLET 345 MG, 86 MG	Tier 5	PA; Specialty
VEPPANU ORAL TABLET 100 MG, 200 MG	Tier 5	PA; Specialty; QL
Selective Retinoid X Receptor Agonists**		
bexarotene oral capsule 75 mg	Tier 5	PA; Specialty
TARGRETIN ORAL CAPSULE 75 MG	Tier 9	PA; Specialty; Formulary Exclusion
Tetrahydroisoquinolines**		
EVDI INTRAVENOUS SOLUTION 1 MG/20ML	Tier 9	New to Market Exclusion; Specialty
YONDELIS INTRAVENOUS SOLUTION RECONSTITUTED 1 MG	Tier 9	Medical Only Exclusion

Drug Name	Drug Tier	Notes
Topoisomerase I Inhibitors - Antibody-Drug Complex**		
DATROWAY INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	Tier 9	Medical Only Exclusion
TRODELVY INTRAVENOUS SOLUTION RECONSTITUTED 180 MG	Tier 9	Medical Only Exclusion
Topoisomerase I Inhibitors**		
CAMPTOSAR INTRAVENOUS SOLUTION 100 MG/5ML, 300 MG/15ML, 40 MG/2ML	Tier 9	Medical Only Exclusion
HYCAMTIN INTRAVENOUS SOLUTION RECONSTITUTED 4 MG	Tier 9	Medical Only Exclusion
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG	Tier 5	Specialty
irinotecan hcl intravenous solution 100 mg/5ml, 300 mg/15ml, 40 mg/2ml, 500 mg/25ml	Tier 9	Medical Only Exclusion
ONIVYDE INTRAVENOUS SUSPENSION 43 MG/10ML	Tier 9	Medical Only Exclusion
topotecan hcl intravenous solution 4 mg/4ml	Tier 9	Medical Only Exclusion
topotecan hcl intravenous solution reconstituted 4 mg	Tier 9	Medical Only Exclusion
Urinary Tract Protective Agents**		
ETHYOL INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	Tier 9	Medical Only Exclusion
mesna intravenous solution 100 mg/ml	Tier 9	Medical Only Exclusion
mesna oral tablet 400 mg	Tier 2	
MESNEX INTRAVENOUS SOLUTION 100 MG/ML	Tier 9	Medical Only Exclusion
MESNEX ORAL TABLET 400 MG	Tier 9	Formulary Exclusion
Vascular Endothelial Growth Factor (Vegf) Inhibitors**		
ALYMSYS INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	Tier 9	Medical Only Exclusion
AVASTIN INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	Tier 9	Medical Only Exclusion
CYRAMZA INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	Tier 9	Medical Only Exclusion
FRUZAQLA ORAL CAPSULE 1 MG, 5 MG	Tier 5	PA; Specialty
INLYTA ORAL TABLET 1 MG, 5 MG	Tier 5	PA; Specialty
JOBEVNE INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	Tier 9	Medical Only Exclusion
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier 5	PA; Specialty

Drug Name	Drug Tier	Notes
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG	Tier 5	PA; Specialty
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG	Tier 5	PA; Specialty
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG	Tier 5	PA; Specialty
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG	Tier 5	PA; Specialty
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG	Tier 5	PA; Specialty
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier 5	PA; Specialty
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG	Tier 5	PA; Specialty
MVASI INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	Tier 9	Medical Only Exclusion
VEGZELMA INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	Tier 9	Medical Only Exclusion
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4ML, 200 MG/8ML	Tier 9	Medical Only Exclusion
ZIRABEV INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	Tier 9	Medical Only Exclusion
Antiparkinson And Related Therapy Agents		
Adenosine Receptor Antagonist**		
NOURIANZ ORAL TABLET 20 MG, 40 MG	Tier 5	PA; Specialty; QL
Antiparkinson Anticholinergics**		
benztropine mesylate injection solution 1 mg/ml	Tier 9	Medical Only Exclusion
benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg	Tier 2	
trihexyphenidyl hcl oral solution 0.4 mg/ml	Tier 2	
trihexyphenidyl hcl oral tablet 2 mg, 5 mg	Tier 2	
Antiparkinson Dopaminergics**		
amantadine hcl oral capsule 100 mg	Tier 2	
amantadine hcl oral solution 100 mg/10ml, 50 mg/5ml	Tier 2	
amantadine hcl oral tablet 100 mg	Tier 2	
bromocriptine mesylate oral capsule 5 mg	Tier 2	
bromocriptine mesylate oral tablet 2.5 mg	Tier 2	

Drug Name	Drug Tier	Notes
GOCOVRI CAPSULE EXTENDED RELEASE 24 HOUR 137 MG ORAL	Tier 9	PA; Non Essential Drug Exclusion; Specialty
GOCOVRI CAPSULE EXTENDED RELEASE 24 HOUR 68.5 MG ORAL	Tier 9	Non Essential Drug Exclusion; Specialty
INBRIJA CAPSULE 42 MG INHALATION	Tier 3	PA; Specialty; QL
INBRIJA CAPSULE 42 MG INHALATION	Tier 5	PA; Specialty; QL
PARLODEL ORAL CAPSULE 5 MG	Tier 9	Formulary Exclusion
PARLODEL ORAL TABLET 2.5 MG	Tier 9	Formulary Exclusion
Antiparkinson Monoamine Oxidase Inhibitors**		
AZILECT ORAL TABLET 0.5 MG, 1 MG	Tier 9	Formulary Exclusion
rasagiline mesylate oral tablet 0.5 mg, 1 mg	Tier 2	
selegiline hcl oral capsule 5 mg	Tier 2	
selegiline hcl oral tablet 5 mg	Tier 2	
XADAGO ORAL TABLET 100 MG, 50 MG	Tier 9	Non Essential Drug Exclusion
ZELAPAR ORAL TABLET DISPERSIBLE 1.25 MG	Tier 4	ST; QL
Central/Peripheral Comt Inhibitors**		
TASMAR ORAL TABLET 100 MG	Tier 9	ST; Formulary Exclusion; QL
tolcapone oral tablet 100 mg	Tier 2	ST; QL
Decarboxylase Inhibitors**		
carbidopa oral tablet 25 mg	Tier 2	
LODOSYN ORAL TABLET 25 MG	Tier 9	Formulary Exclusion
Levodopa Combinations**		
carbidopa-levodopa er oral capsule extended release 23.75-95 mg, 36.25-145 mg, 48.75-195 mg, 61.25-245 mg	Tier 4	ST; QL
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	Tier 2	
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	Tier 2	
carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg	Tier 2	
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	Tier 2	
CREXONT ORAL CAPSULE EXTENDED RELEASE 35-140 MG, 52.5-210 MG, 70-280 MG, 87.5-350 MG	Tier 9	ST; Formulary Exclusion; QL
DHIVY ORAL TABLET 25-100 MG	Tier 9	Formulary Exclusion

Drug Name	Drug Tier	Notes
DUOPA ENTERAL SUSPENSION 4.63-20 MG/ML	Tier 5	PA; Specialty
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	Tier 4	ST; QL
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	Tier 9	Formulary Exclusion
VYALEV SUBCUTANEOUS SOLUTION 12-240 MG/ML	Tier 5	PA; Specialty
Nonergoline Dopamine Receptor Agonists**		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML	Tier 5	PA; Specialty
apomorphine hcl subcutaneous solution cartridge 30 mg/3ml	Tier 5	PA; Specialty
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR	Tier 3	ST
ONAPGO SUBCUTANEOUS SOLUTION CARTRIDGE 98 MG/20ML	Tier 5	PA; Specialty
pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg	Tier 2	ST; QL
pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	Tier 2	
ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	Tier 2	ST; QL
ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	Tier 2	
Peripheral Comt Inhibitors**		
entacapone oral tablet 200 mg	Tier 2	
ONGENTYS ORAL CAPSULE 25 MG, 50 MG	Tier 4	PA; QL
Antipsychotics/Antimanic Agents		
Antimanic Agents**		
lithium carbonate er oral tablet extended release 300 mg, 450 mg	Tier 2	
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	Tier 2	
lithium carbonate oral tablet 300 mg	Tier 2	
lithium oral solution 8 meq/5ml	Tier 2	

Drug Name	Drug Tier	Notes
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG	Tier 4	
Antipsychotics - Misc.**		
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	Tier 3	QL
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG	Tier 4	
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED 20 MG	Tier 4	
GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG	Tier 9	ST; Formulary Exclusion
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG	Tier 9	Formulary Exclusion
lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg	Tier 2	
NUPLAZID ORAL CAPSULE 34 MG	Tier 5	PA; Specialty
NUPLAZID ORAL TABLET 10 MG	Tier 5	PA; Specialty
VRAYLAR ORAL CAPSULE 0.5 MG, 0.75 MG, 1.5 MG, 3 MG, 4.5 MG, 6 MG	Tier 3	QL
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	Tier 2	
ziprasidone mesylate intramuscular solution reconstituted 20 mg	Tier 2	
Benzisoxazoles**		
BYSANTI ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
BYSANTI TITRATION PACK A ORAL TABLET THERAPY PACK 1 & 2 & 4 & 6 MG	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
BYSANTI TITRATION PACK B ORAL TABLET THERAPY PACK 1 & 2 & 6 & 8 MG	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
BYSANTI TITRATION PACK C ORAL TABLET THERAPY PACK 1 & 2 & 6 MG	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 351 MG/2.25ML, 39 MG/0.25ML, 78 MG/0.5ML	Tier 3	QL
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	Tier 4	ST; QL
FANAPT TITRATION PACK A ORAL TABLET 1 & 2 & 4 & 6 MG	Tier 4	ST; QL

Drug Name	Drug Tier	Notes
FANAPT TITRATION PACK B ORAL TABLET 1 & 2 & 6 & 8 MG	Tier 4	ST; QL
FANAPT TITRATION PACK C ORAL TABLET 1 & 2 & 6 MG	Tier 4	ST; QL
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML, 1560 MG/5ML	Tier 3	
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 3 MG, 6 MG, 9 MG	Tier 9	ST; Formulary Exclusion
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 39 MG/0.25ML, 78 MG/0.5ML	Tier 3	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML	Tier 3	
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg, 9 mg	Tier 2	
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG	Tier 4	QL
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG, 37.5 MG, 50 MG	Tier 9	Formulary Exclusion
RISPERDAL ORAL SOLUTION 1 MG/ML	Tier 9	ST; Formulary Exclusion
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	Tier 9	ST; Formulary Exclusion
risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg, 37.5 mg, 50 mg	Tier 2	
risperidone oral solution 1 mg/ml	Tier 2	
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	Tier 2	
risperidone tablet dispersible 0.25 mg oral	Tier 2	ST
risperidone tablet dispersible 0.5 mg oral	Tier 2	
risperidone tablet dispersible 1 mg oral	Tier 2	
risperidone tablet dispersible 2 mg oral	Tier 2	
risperidone tablet dispersible 3 mg oral	Tier 2	
risperidone tablet dispersible 4 mg oral	Tier 2	
RYKINDO INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 25 MG, 37.5 MG, 50 MG	Tier 3	

Drug Name	Drug Tier	Notes
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML, 125 MG/0.35ML, 150 MG/0.42ML, 200 MG/0.56ML, 250 MG/0.7ML, 50 MG/0.14ML, 75 MG/0.21ML	Tier 3	
Butyrophenones**		
haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml	Tier 2	
haloperidol lactate injection solution 5 mg/ml	Tier 2	
haloperidol lactate oral concentrate 2 mg/ml	Tier 2	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	Tier 2	
Dibenzodiazepines**		
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	Tier 2	
clozapine tablet dispersible 100 mg oral	Tier 2	
clozapine tablet dispersible 12.5 mg oral	Tier 2	ST
clozapine tablet dispersible 150 mg oral	Tier 2	
clozapine tablet dispersible 200 mg oral	Tier 2	
clozapine tablet dispersible 25 mg oral	Tier 2	
CLOZARIL ORAL TABLET 100 MG, 25 MG	Tier 9	ST; Formulary Exclusion
VERSACLOZ ORAL SUSPENSION 50 MG/ML	Tier 4	ST
Dibenzo-Oxepino Pyrroles**		
asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg	Tier 2	
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG	Tier 9	ST; Formulary Exclusion
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR	Tier 4	ST; QL
Dibenzothiazepines**		
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	Tier 2	
quetiapine fumarate tablet 100 mg oral	Tier 2	
quetiapine fumarate tablet 150 mg oral	Tier 9	ST; Formulary Exclusion
quetiapine fumarate tablet 200 mg oral	Tier 2	
quetiapine fumarate tablet 25 mg oral	Tier 2	
quetiapine fumarate tablet 300 mg oral	Tier 2	
quetiapine fumarate tablet 400 mg oral	Tier 2	

Drug Name	Drug Tier	Notes
quetiapine fumarate tablet 50 mg oral	Tier 2	
SEROQUEL TABLET 100 MG ORAL	Tier 9	Formulary Exclusion
SEROQUEL TABLET 100 MG ORAL	Tier 9	ST; Formulary Exclusion
SEROQUEL TABLET 200 MG ORAL	Tier 9	Formulary Exclusion
SEROQUEL TABLET 200 MG ORAL	Tier 9	ST; Formulary Exclusion
SEROQUEL TABLET 25 MG ORAL	Tier 9	ST; Formulary Exclusion
SEROQUEL TABLET 300 MG ORAL	Tier 9	ST; Formulary Exclusion
SEROQUEL TABLET 400 MG ORAL	Tier 9	ST; Formulary Exclusion
SEROQUEL TABLET 50 MG ORAL	Tier 9	ST; Formulary Exclusion
SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 150 MG ORAL	Tier 9	ST; Formulary Exclusion
SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 200 MG ORAL	Tier 9	Formulary Exclusion
SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 200 MG ORAL	Tier 9	ST; Formulary Exclusion
SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 300 MG ORAL	Tier 9	Formulary Exclusion
SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 300 MG ORAL	Tier 9	ST; Formulary Exclusion
SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 400 MG ORAL	Tier 9	Formulary Exclusion
SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 400 MG ORAL	Tier 9	ST; Formulary Exclusion
SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 50 MG ORAL	Tier 9	Formulary Exclusion
SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 50 MG ORAL	Tier 9	ST; Formulary Exclusion
Dibenzoxazepines**		
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	Tier 2	
Dihydroindolones**		
molindone hcl oral tablet 10 mg, 25 mg, 5 mg	Tier 4	
Muscarinic Agent - Combinations**		
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	Tier 4	ST
COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK 50-20 & 100-20 MG	Tier 4	ST
Phenothiazines**		
chlorpromazine hcl injection solution 25 mg/ml, 50 mg/2ml	Tier 2	

Drug Name	Drug Tier	Notes
chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml	Tier 2	
chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	Tier 2	
COMPRO RECTAL SUPPOSITORY 25 MG	Tier 2	
fluphenazine decanoate injection solution 25 mg/ml	Tier 2	
fluphenazine hcl injection solution 2.5 mg/ml	Tier 3	
fluphenazine hcl oral concentrate 5 mg/ml	Tier 4	
fluphenazine hcl oral elixir 2.5 mg/5ml	Tier 4	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	Tier 2	
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	Tier 2	
prochlorperazine edisylate injection solution 10 mg/2ml	Tier 2	
prochlorperazine maleate oral tablet 10 mg, 5 mg	Tier 2	
prochlorperazine rectal suppository 25 mg	Tier 2	
thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	Tier 9	Formulary Exclusion
trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg	Tier 2	
Quinolinone Derivatives**		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML, 960 MG/3.2ML	Tier 3	
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	Tier 3	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	Tier 3	
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	Tier 9	Non Essential Drug Exclusion; Specialty; Formulary Exclusion
ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	Tier 9	Non Essential Drug Exclusion; Specialty; Formulary Exclusion
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	Tier 9	ST; Formulary Exclusion
aripiprazole oral solution 1 mg/ml	Tier 2	
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	Tier 2	
aripiprazole oral tablet dispersible 10 mg, 15 mg	Tier 2	

Drug Name	Drug Tier	Notes
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML	Tier 3	
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML, 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML	Tier 3	
OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG	Tier 4	ST
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	Tier 3	
Thienbenzodiazepines**		
olanzapine intramuscular solution reconstituted 10 mg	Tier 2	
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	Tier 2	
olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg	Tier 2	
ZYPREXA INTRAMUSCULAR SOLUTION RECONSTITUTED 10 MG	Tier 4	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG, 405 MG	Tier 4	
ZYPREXA TABLET 10 MG ORAL	Tier 9	ST; Formulary Exclusion
ZYPREXA TABLET 15 MG ORAL	Tier 9	Formulary Exclusion
ZYPREXA TABLET 2.5 MG ORAL	Tier 9	ST; Formulary Exclusion
ZYPREXA TABLET 20 MG ORAL	Tier 9	ST; Formulary Exclusion
ZYPREXA TABLET 5 MG ORAL	Tier 9	ST; Formulary Exclusion
ZYPREXA TABLET 7.5 MG ORAL	Tier 9	Formulary Exclusion
ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG	Tier 4	
Thioxanthenes**		
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	Tier 2	
Antiseptics & Disinfectants		
Antiseptics & Disinfectants**		
formaldehyde external solution 37 %	Tier 9	Formulary Exclusion
glutaraldehyde external solution 25 %	Tier 9	Formulary Exclusion
hydrogen peroxide solution 30 %	Tier 9	Formulary Exclusion
Chlorine Antiseptics**		
benzalkonium chloride external solution	Tier 9	Formulary Exclusion
chlorhexidine gluconate solution 20 %	Tier 9	Formulary Exclusion
Iodine Antiseptics**		
iodine tincture external tincture 2 %	Tier 9	Formulary Exclusion

Drug Name	Drug Tier	Notes
IODOFLEX EXTERNAL PAD 0.9 %	Tier 9	Formulary Exclusion
iodosorb external gel 0.9 %	Tier 9	Non FDA Exclusion
lugols strong iodine solution 5-10 % external	Tier 9	Formulary Exclusion
lugols strong iodine solution 5-10 % external	Tier 9	Non FDA Exclusion
Antivirals		
Antiretroviral Combinations**		
abacavir sulfate-lamivudine oral tablet 600-300 mg	Tier 2	QL
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	Tier 3	QL
BIXLENVO ORAL TABLET 75-50 MG	Tier 9	New to Market Exclusion
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML, 600 & 900 MG/3ML	Tier 5	Specialty
CIMDUO ORAL TABLET 300-300 MG	Tier 3	QL
COMPLERA ORAL TABLET 200-25-300 MG	Tier 9	Formulary Exclusion; QL
DELSTRIGO ORAL TABLET 100-300-300 MG	Tier 3	QL
DESCOVY TABLET 120-15 MG ORAL	Tier 1	QL
DESCOVY TABLET 200-25 MG ORAL	Tier 3	QL
DOVATO ORAL TABLET 50-300 MG	Tier 3	QL
efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg	Tier 2	QL
efavirenz-lamivudine-tenofovir tablet 400-300-300 mg oral	Tier 3	QL
efavirenz-lamivudine-tenofovir tablet 600-300-300 mg oral	Tier 2	QL
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg	Tier 2	QL
emtricitab-rilpivir-tenofov df oral tablet 200-25-300 mg	Tier 2	QL
EVOTAZ ORAL TABLET 300-150 MG	Tier 3	QL
GENVOYA ORAL TABLET 150-150-200-10 MG	Tier 3	QL
IDVYNSO ORAL TABLET 100-0.25 MG	Tier 3	QL
JULUCA ORAL TABLET 50-25 MG	Tier 3	QL
KALETRA ORAL SOLUTION 400-100 MG/5ML	Tier 9	Formulary Exclusion; QL
KALETRA ORAL TABLET 100-25 MG, 200-50 MG	Tier 9	Formulary Exclusion; QL

Drug Name	Drug Tier	Notes
lamivudine-zidovudine oral tablet 150-300 mg	Tier 2	QL
lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg	Tier 2	QL
ODEFSEY ORAL TABLET 200-25-25 MG	Tier 3	QL
PREZCOBIX ORAL TABLET 675-150 MG, 800-150 MG	Tier 3	QL
STRIBILD ORAL TABLET 150-150-200-300 MG	Tier 4	QL
SYMFI ORAL TABLET 600-300-300 MG	Tier 9	Formulary Exclusion; QL
SYMTUZA ORAL TABLET 800-150-200-10 MG	Tier 3	QL
TRIUMEQ ORAL TABLET 600-50-300 MG	Tier 3	QL
triumeq pd oral tablet soluble 60-5-30 mg	Tier 3	QL
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	Tier 9	Formulary Exclusion; QL
Antiretrovirals - Capsid Inhibitors**		
SUNLENCA ORAL TABLET 300 MG	Tier 4	PA
SUNLENCA ORAL TABLET THERAPY PACK 5 X 300 MG	Tier 4	PA
SUNLENCA SUBCUTANEOUS SOLUTION 463.5 MG/1.5ML	Tier 4	PA
YEZTUGO ORAL TABLET 300 MG	Tier 5	Specialty
YEZTUGO SUBCUTANEOUS SOLUTION 463.5 MG/1.5ML	Tier 5	Specialty
Antiretrovirals - Ccr5 Antagonists (Entry Inhibitor)**		
maraviroc oral tablet 150 mg, 300 mg	Tier 2	QL
SELZENTRY ORAL SOLUTION 20 MG/ML	Tier 4	
SELZENTRY ORAL TABLET 150 MG, 300 MG	Tier 9	Formulary Exclusion; QL
Antiretrovirals - Cd4-Directed Post-Attachment Inhibitor**		
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33ML	Tier 9	Medical Only Exclusion
Antiretrovirals - Gp120-Directed Attachment Inhibitor**		
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG	Tier 4	PA; QL

Drug Name	Drug Tier	Notes
Antiretrovirals - Integrase Inhibitors**		
APRETUDE INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 MG/3ML	Tier 5	Specialty; QL
ISENTRESS HD ORAL TABLET 600 MG	Tier 3	QL
ISENTRESS ORAL PACKET 100 MG	Tier 3	QL
ISENTRESS ORAL TABLET 400 MG	Tier 3	QL
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG	Tier 3	QL
TIVICAY ORAL TABLET 50 MG	Tier 3	QL
TIVICAY PD ORAL TABLET SOLUBLE 5 MG	Tier 3	QL
Antiretrovirals - Protease Inhibitors**		
APTIVUS ORAL CAPSULE 250 MG	Tier 4	QL
atazanavir sulfate oral capsule 150 mg, 200 mg, 300 mg	Tier 2	QL
darunavir oral tablet 600 mg, 800 mg	Tier 2	QL
fosamprenavir calcium oral tablet 700 mg	Tier 2	QL
NORVIR ORAL PACKET 100 MG	Tier 4	
NORVIR ORAL TABLET 100 MG	Tier 9	Formulary Exclusion; QL
PREZISTA ORAL SUSPENSION 100 MG/ML	Tier 3	QL
PREZISTA TABLET 150 MG ORAL	Tier 3	QL
PREZISTA TABLET 600 MG ORAL	Tier 9	Formulary Exclusion; QL
PREZISTA TABLET 75 MG ORAL	Tier 3	QL
PREZISTA TABLET 800 MG ORAL	Tier 9	Formulary Exclusion; QL
REYATAZ ORAL CAPSULE 200 MG, 300 MG	Tier 9	Formulary Exclusion; QL
REYATAZ ORAL PACKET 50 MG	Tier 4	QL
ritonavir oral tablet 100 mg	Tier 2	QL
VIRACEPT ORAL TABLET 250 MG, 625 MG	Tier 4	QL
Antiretrovirals - Rti-Non-Nucleoside Analogues**		
EDURANT ORAL TABLET 25 MG	Tier 9	Formulary Exclusion; QL
EDURANT PED ORAL TABLET SOLUBLE 2.5 MG	Tier 3	QL
efavirenz oral tablet 600 mg	Tier 2	QL

Drug Name	Drug Tier	Notes
etravirine oral tablet 100 mg, 200 mg	Tier 2	QL
INTELENCE TABLET 100 MG ORAL	Tier 9	Formulary Exclusion; QL
INTELENCE TABLET 200 MG ORAL	Tier 9	Formulary Exclusion; QL
INTELENCE TABLET 25 MG ORAL	Tier 3	QL
nevirapine er oral tablet extended release 24 hour 400 mg	Tier 2	QL
nevirapine oral suspension 50 mg/5ml	Tier 2	QL
nevirapine oral tablet 200 mg	Tier 2	QL
PIFELTRO ORAL TABLET 100 MG	Tier 4	QL
rilpivirine hcl oral tablet 25 mg	Tier 2	QL
Antiretrovirals - Rti-Nucleoside Analogues-Purines**		
abacavir sulfate oral solution 20 mg/ml	Tier 2	QL
abacavir sulfate oral tablet 300 mg	Tier 2	QL
ZIAGEN ORAL SOLUTION 20 MG/ML	Tier 9	Formulary Exclusion; QL
Antiretrovirals - Rti-Nucleoside Analogues-Pyrimidines**		
emtricitabine oral capsule 200 mg	Tier 2	QL
EMTRIVA ORAL CAPSULE 200 MG	Tier 9	Formulary Exclusion; QL
EMTRIVA ORAL SOLUTION 10 MG/ML	Tier 4	
EPIVIR ORAL SOLUTION 10 MG/ML	Tier 9	Formulary Exclusion; QL
EPIVIR ORAL TABLET 150 MG, 300 MG	Tier 9	Formulary Exclusion; QL
lamivudine oral solution 10 mg/ml, 300 mg/30ml	Tier 2	QL
lamivudine oral tablet 150 mg, 300 mg	Tier 2	QL
Antiretrovirals - Rti-Nucleoside Analogues-Thymidines**		
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	Tier 9	Medical Only Exclusion
RETROVIR ORAL CAPSULE 100 MG	Tier 9	Formulary Exclusion; QL
RETROVIR ORAL SYRUP 50 MG/5ML	Tier 9	Formulary Exclusion; QL
zidovudine oral capsule 100 mg	Tier 2	QL
zidovudine oral syrup 50 mg/5ml	Tier 2	QL
zidovudine oral tablet 300 mg	Tier 2	QL
Antiretrovirals - Rti-Nucleotide Analogues**		
tenofovir disoproxil fumarate oral tablet 300 mg	Tier 2	QL
VIREAD ORAL POWDER 40 MG/GM	Tier 3	QL
VIREAD TABLET 150 MG ORAL	Tier 3	QL
VIREAD TABLET 200 MG ORAL	Tier 3	QL

Drug Name	Drug Tier	Notes
VIREAD TABLET 250 MG ORAL	Tier 3	QL
VIREAD TABLET 300 MG ORAL	Tier 9	Formulary Exclusion; QL
Antiviral Combinations**		
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG	Tier 3	QL
PAXLOVID (300/100 & 150/100) ORAL TABLET THERAPY PACK 6 X 150 MG & 5 X 100MG	Tier 3	QL
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG	Tier 3	QL
Cmv Agents**		
cidofovir intravenous solution 75 mg/ml	Tier 9	Medical Only Exclusion
foscarnet sodium intravenous solution 6000 mg/250ml	Tier 9	Medical Only Exclusion
FOSCAVIR INTRAVENOUS SOLUTION 6000 MG/250ML	Tier 9	Medical Only Exclusion
ganciclovir sodium intravenous solution 500 mg/10ml	Tier 9	Medical Only Exclusion
ganciclovir sodium intravenous solution reconstituted 500 mg	Tier 9	Medical Only Exclusion
LIVTENCITY ORAL TABLET 200 MG	Tier 5	PA; Specialty
PREVYMIS INTRAVENOUS SOLUTION 240 MG/12ML, 480 MG/24ML	Tier 9	Medical Only Exclusion
PREVYMIS ORAL PACKET 120 MG, 20 MG	Tier 9	PA; QL
PREVYMIS ORAL TABLET 240 MG, 480 MG	Tier 4	PA; QL
VALCYTE ORAL SOLUTION RECONSTITUTED 50 MG/ML	Tier 9	Formulary Exclusion
valganciclovir hcl oral solution reconstituted 50 mg/ml	Tier 2	
valganciclovir hcl oral tablet 450 mg	Tier 2	
Hepatitis B Agents**		
adefovir dipivoxil oral tablet 10 mg	Tier 5	Specialty; QL
BARACLUDE ORAL SOLUTION 0.05 MG/ML	Tier 5	Specialty; QL
BARACLUDE ORAL TABLET 0.5 MG, 1 MG	Tier 9	Specialty; Formulary Exclusion; QL
entecavir oral tablet 0.5 mg, 1 mg	Tier 5	Specialty; QL
lamivudine oral tablet 100 mg	Tier 2	QL
VEMLIDY ORAL TABLET 25 MG	Tier 5	Specialty; QL

Drug Name	Drug Tier	Notes
Hepatitis C Agent - Combinations**		
EPCLUSA ORAL PACKET 150-37.5 MG, 200-50 MG	Tier 5	PA; Specialty; QL
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG	Tier 5	PA; Specialty; QL
HARVONI ORAL PACKET 33.75-150 MG, 45-200 MG	Tier 3	PA; Specialty; QL
HARVONI ORAL TABLET 45-200 MG, 90-400 MG	Tier 3	PA; Specialty; QL
ledipasvir-sofosbuvir oral tablet 90-400 mg	Tier 9	PA; Specialty; Formulary Exclusion; QL
MAVYRET ORAL PACKET 50-20 MG	Tier 5	PA; Specialty; QL
MAVYRET ORAL TABLET 100-40 MG	Tier 5	PA; Specialty; QL
sofosbuvir-velpatasvir oral tablet 400-100 mg	Tier 9	PA; Specialty; Formulary Exclusion; QL
VOSEVI ORAL TABLET 400-100-100 MG	Tier 5	PA; Specialty; QL
ZEPATIER ORAL TABLET 50-100 MG	Tier 9	PA; Specialty; Formulary Exclusion; QL
Hepatitis C Agents**		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	Tier 5	PA; Specialty
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML	Tier 5	PA; Specialty
ribavirin oral capsule 200 mg	Tier 5	
ribavirin oral tablet 200 mg	Tier 5	
SOVALDI ORAL PACKET 150 MG, 200 MG	Tier 9	PA; Specialty; Formulary Exclusion; QL
SOVALDI ORAL TABLET 200 MG, 400 MG	Tier 9	PA; Specialty; Formulary Exclusion; QL
Hepatitis D Agents**		
HEPCLUDEX SUBCUTANEOUS SOLUTION RECONSTITUTED 8.5 MG	Tier 9	PA; Specialty; Formulary Exclusion; QL
Herpes Agents - Purine Analogues**		
acyclovir oral capsule 200 mg	Tier 2	
acyclovir oral suspension 200 mg/5ml, 800 mg/20ml	Tier 2	
acyclovir oral tablet 400 mg, 800 mg	Tier 2	
acyclovir sodium intravenous solution 50 mg/ml	Tier 9	Medical Only Exclusion
acyclovir sodium-nacl intravenous solution 200-0.9 mg/100ml-%	Tier 9	Non FDA Exclusion; Medical Only Exclusion
valacyclovir hcl oral tablet 1 gm, 500 mg	Tier 2	

Drug Name	Drug Tier	Notes
VALTREX ORAL TABLET 1 GM, 500 MG	Tier 9	Formulary Exclusion
Herpes Agents - Thymidine Analogues**		
famciclovir oral tablet 125 mg, 250 mg, 500 mg	Tier 2	
Hpv Agents - Immunotherapy Agents**		
PAPZIMEOS SUBCUTANEOUS SUSPENSION 500000000000 PU/ML	Tier 9	Medical Only Exclusion
Influenza Agents**		
rimantadine hcl oral tablet 100 mg	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
Misc. Antivirals**		
LAGEVRIO ORAL CAPSULE 200 MG	Tier 3	QL
TEMBEXA ORAL SUSPENSION 10 MG/ML	Tier 4	
TEMBEXA ORAL TABLET 100 MG	Tier 4	
TPOXX INTRAVENOUS SOLUTION 200 MG/20ML	Tier 9	Medical Only Exclusion
TPOXX ORAL CAPSULE 200 MG	Tier 9	PA
VEKLURY INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	Tier 9	Medical Only Exclusion
XOCOVA ORAL TABLET 125 MG	Tier 9	New to Market Exclusion
Neuraminidase Inhibitors**		
oseltamivir phosphate capsule 30 mg oral	Tier 2	QL
oseltamivir phosphate capsule 45 mg oral	Tier 2	
oseltamivir phosphate capsule 75 mg oral	Tier 2	
oseltamivir phosphate oral suspension reconstituted 6 mg/ml	Tier 2	
RAPIVAB INTRAVENOUS SOLUTION 200 MG/20ML	Tier 9	Medical Only Exclusion
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	Tier 4	QL
TAMIFLU ORAL CAPSULE 45 MG, 75 MG	Tier 9	Formulary Exclusion
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML	Tier 9	Formulary Exclusion
Pa Endonuclease Inhibitors**		
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	Tier 4	QL
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	Tier 4	QL

Drug Name	Drug Tier	Notes
Rsv Agents - Nucleoside Analogues**		
ribavirin inhalation solution reconstituted 6 gm	Tier 9	Medical Only Exclusion
Beta Blockers		
Alpha-Beta Blockers**		
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	Tier 2	
carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg	Tier 2	QL
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 40 MG, 80 MG	Tier 9	Formulary Exclusion; QL
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG	Tier 9	Formulary Exclusion
labetalol hcl +rfid intravenous solution prefilled syringe 20 mg/4ml	Tier 9	Non FDA Exclusion; Medical Only Exclusion
labetalol hcl intravenous solution prefilled syringe 20 mg/4ml	Tier 9	Non FDA Exclusion; Medical Only Exclusion
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg, 400 mg	Tier 2	
labetalol hcl solution 5 mg/ml intravenous	Tier 9	Medical Only Exclusion
labetalol hcl solution 5 mg/ml intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion
Beta Blockers Cardio-Selective**		
acebutolol hcl oral capsule 200 mg, 400 mg	Tier 2	
atenolol oral tablet 100 mg, 25 mg, 50 mg	Tier 2	
ATENOLOL+SYRSPEND SF ORAL SUSPENSION 1 MG/ML	Tier 9	Non FDA Exclusion
betaxolol hcl oral tablet 10 mg, 20 mg	Tier 2	
bisoprolol fumarate tablet 10 mg oral	Tier 2	
bisoprolol fumarate tablet 2.5 mg oral	Tier 3	
bisoprolol fumarate tablet 5 mg oral	Tier 2	
BREVIBLOC IN NACL INTRAVENOUS SOLUTION 2000 MG/100ML, 2500 MG/250ML	Tier 9	Medical Only Exclusion
BREVIBLOC INTRAVENOUS SOLUTION 100 MG/10ML	Tier 9	Medical Only Exclusion
BREVIBLOC PREMIXED DS INTRAVENOUS SOLUTION 2000 MG/100ML	Tier 9	Medical Only Exclusion
BREVIBLOC PREMIXED INTRAVENOUS SOLUTION 2500 MG/250ML	Tier 9	Medical Only Exclusion

Drug Name	Drug Tier	Notes
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	Tier 9	Formulary Exclusion
esmolol hcl intravenous solution 100 mg/10ml, 2000 mg/100ml, 2500 mg/250ml	Tier 9	Medical Only Exclusion
esmolol hcl intravenous solution prefilled syringe 100 mg/10ml	Tier 9	Non FDA Exclusion; Medical Only Exclusion
esmolol hcl-sodium chloride intravenous solution 2000 mg/100ml, 2500 mg/250ml	Tier 9	Medical Only Exclusion
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG	Tier 4	
LOPRESSOR ORAL SOLUTION 10 MG/ML	Tier 4	PA
LOPRESSOR TABLET 100 MG ORAL	Tier 9	Formulary Exclusion
LOPRESSOR TABLET 12.5 MG ORAL	Tier 4	QL
LOPRESSOR TABLET 50 MG ORAL	Tier 9	Formulary Exclusion
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	Tier 2	
metoprolol tartrate intravenous solution 5 mg/5ml	Tier 9	Medical Only Exclusion
metoprolol tartrate tablet 100 mg oral	Tier 2	
metoprolol tartrate tablet 12.5 mg oral	Tier 4	QL
metoprolol tartrate tablet 25 mg oral	Tier 2	
metoprolol tartrate tablet 37.5 mg oral	Tier 2	
metoprolol tartrate tablet 50 mg oral	Tier 2	
metoprolol tartrate tablet 75 mg oral	Tier 2	
nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	Tier 2	
RAPIBLYK INTRAVENOUS SOLUTION RECONSTITUTED 280 MG	Tier 9	Medical Only Exclusion
TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG	Tier 9	Formulary Exclusion
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG	Tier 9	Formulary Exclusion
Beta Blockers Non-Selective**		
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG	Tier 9	Formulary Exclusion
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	Tier 9	Formulary Exclusion
HEMANGEOL SOLUTION 4.28 MG/ML ORAL	Tier 5	Specialty
HEMANGEOL SOLUTION 4.28 MG/ML ORAL	Tier 3	

Drug Name	Drug Tier	Notes
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 160 MG, 60 MG, 80 MG	Tier 9	Formulary Exclusion
INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG	Tier 9	Non Essential Drug Exclusion
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG	Tier 9	Non Essential Drug Exclusion
nadolol oral tablet 20 mg, 40 mg, 80 mg	Tier 2	
pindolol oral tablet 10 mg, 5 mg	Tier 2	
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	Tier 2	
propranolol hcl intravenous solution 1 mg/ml	Tier 9	Medical Only Exclusion
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	Tier 2	
propranolol hcl solution 20 mg/5ml oral	Tier 2	
propranolol hcl solution 40 mg/5ml oral	Tier 3	
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	Tier 2	
sotalol hcl intravenous solution 150 mg/10ml	Tier 9	Medical Only Exclusion
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	Tier 2	
SOTYLIZE ORAL SOLUTION 5 MG/ML	Tier 4	ST; QL
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	Tier 2	
Calcium Channel Blockers		
Calcium Channel Blockers**		
AMLODIPINE BES+SYRSPEND SF ORAL SUSPENSION 1 MG/ML	Tier 9	Non FDA Exclusion
amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg	Tier 2	
CARDAMYST NASAL SOLUTION 2 X 70 MG/DOSE	Tier 4	QL
CARDENE IV INTRAVENOUS SOLUTION 2.5 MG/ML, 20-0.86 MG/200ML-%, 40-0.83 MG/200ML-%	Tier 9	Medical Only Exclusion
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	Tier 9	Formulary Exclusion
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	Tier 9	Formulary Exclusion
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	Tier 9	Formulary Exclusion

Drug Name	Drug Tier	Notes
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG	Tier 2	
CLEVIPREX INTRAVENOUS EMULSION 25 MG/50ML, 50 MG/100ML	Tier 9	Medical Only Exclusion
CONJUPRI ORAL TABLET 2.5 MG, 5 MG	Tier 10	PA
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	Tier 2	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	Tier 2	
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg	Tier 2	
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	Tier 2	
diltiazem hcl er tablet extended release 24 hour 120 mg oral	Tier 2	
diltiazem hcl er tablet extended release 24 hour 180 mg oral	Tier 9	Formulary Exclusion
diltiazem hcl er tablet extended release 24 hour 240 mg oral	Tier 9	Formulary Exclusion
diltiazem hcl er tablet extended release 24 hour 300 mg oral	Tier 9	Formulary Exclusion
diltiazem hcl er tablet extended release 24 hour 360 mg oral	Tier 9	Formulary Exclusion
diltiazem hcl er tablet extended release 24 hour 420 mg oral	Tier 9	Formulary Exclusion
diltiazem hcl intravenous solution 125 mg/25ml, 25 mg/5ml, 50 mg/10ml	Tier 9	Medical Only Exclusion
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	Tier 2	
diltiazem hcl-dextrose intravenous solution 125-5 mg/125ml-%, 5-125 %-mg/125ml	Tier 9	Non FDA Exclusion; Medical Only Exclusion
diltiazem hcl-sodium chloride solution 100-0.72 mg/100ml-% intravenous	Tier 9	Medical Only Exclusion
diltiazem hcl-sodium chloride solution 125-0.7 mg/125ml-% intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion
diltiazem hcl-sodium chloride solution 125-0.9 mg/125ml-% intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	Tier 2	
felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	Tier 2	

Drug Name	Drug Tier	Notes
isradipine oral capsule 2.5 mg, 5 mg	Tier 9	Formulary Exclusion
KATERZIA ORAL SUSPENSION 1 MG/ML	Tier 9	Non Essential Drug Exclusion
levamlodipine maleate oral tablet 2.5 mg, 5 mg	Tier 10	PA
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	Tier 9	Formulary Exclusion
nicardipine hcl capsule 20 mg oral	Tier 2	
nicardipine hcl capsule 20 mg oral	Tier 9	Formulary Exclusion
nicardipine hcl capsule 30 mg oral	Tier 2	
nicardipine hcl capsule 30 mg oral	Tier 9	Formulary Exclusion
nicardipine hcl in nacl intravenous solution 20-0.86 mg/200ml-%, 20-0.9 mg/200ml-%, 40-0.83 mg/200ml-%, 40-0.9 mg/200ml-%	Tier 9	Medical Only Exclusion
nicardipine hcl in nacl intravenous solution prefilled syringe 1-0.9 mg/10ml-%	Tier 9	Non FDA Exclusion; Medical Only Exclusion
nicardipine hcl intravenous solution 2.5 mg/ml	Tier 9	Medical Only Exclusion
nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	Tier 2	
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	Tier 2	
nifedipine oral capsule 10 mg, 20 mg	Tier 2	
nimodipine oral capsule 30 mg	Tier 2	
nimodipine oral solution 60 mg/20ml	Tier 4	
nisoldipine er oral tablet extended release 24 hour 17 mg, 34 mg, 8.5 mg	Tier 2	
NORLIQVA ORAL SOLUTION 1 MG/ML	Tier 4	PA
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG	Tier 9	Formulary Exclusion
NYMALIZE ORAL SOLUTION 6 MG/ML	Tier 4	
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 60 MG	Tier 9	Formulary Exclusion
SDAMLO ORAL SOLUTION RECONSTITUTED 10 MG, 2.5 MG, 5 MG	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG	Tier 9	Formulary Exclusion
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	Tier 2	
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	Tier 9	Formulary Exclusion

Drug Name	Drug Tier	Notes
verapamil hcl er capsule extended release 24 hour 100 mg oral	Tier 9	Formulary Exclusion
verapamil hcl er capsule extended release 24 hour 120 mg oral	Tier 2	
verapamil hcl er capsule extended release 24 hour 180 mg oral	Tier 2	
verapamil hcl er capsule extended release 24 hour 200 mg oral	Tier 9	Formulary Exclusion
verapamil hcl er capsule extended release 24 hour 240 mg oral	Tier 2	
verapamil hcl er capsule extended release 24 hour 300 mg oral	Tier 9	Formulary Exclusion
verapamil hcl er capsule extended release 24 hour 360 mg oral	Tier 9	Formulary Exclusion
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	Tier 2	
verapamil hcl intravenous solution 2.5 mg/ml	Tier 9	Medical Only Exclusion
verapamil hcl oral tablet 120 mg, 40 mg, 80 mg	Tier 2	
Cardiotonics		
Cardiac Glycosides**		
digoxin injection solution 0.25 mg/ml	Tier 9	Medical Only Exclusion
digoxin oral solution 0.05 mg/ml	Tier 2	
digoxin tablet 125 mcg oral	Tier 2	
digoxin tablet 250 mcg oral	Tier 2	
digoxin tablet 62.5 mcg oral	Tier 2	PA
LANOXIN INJECTION SOLUTION 0.25 MG/ML	Tier 9	Medical Only Exclusion
LANOXIN PEDIATRIC INJECTION SOLUTION 0.1 MG/ML	Tier 9	Medical Only Exclusion
LANOXIN TABLET 125 MCG ORAL	Tier 4	
LANOXIN TABLET 250 MCG ORAL	Tier 2	
LANOXIN TABLET 62.5 MCG ORAL	Tier 4	PA
Inotropes**		
dobutamine hcl intravenous solution 12.5 mg/ml	Tier 9	Medical Only Exclusion
dobutamine-dextrose intravenous solution 1-5 mg/ml-%, 2-5 mg/ml-%, 4-5 mg/ml-%	Tier 9	Medical Only Exclusion
dopamine hcl intravenous solution 40 mg/ml	Tier 9	Medical Only Exclusion
dopamine-dextrose intravenous solution 0.8-5 mg/ml-%, 1.6-5 mg/ml-%, 3.2-5 mg/ml-%	Tier 9	Medical Only Exclusion
milrinone lactate in dextrose intravenous solution 20-5 mg/100ml-%, 40-5 mg/200ml-%	Tier 9	Medical Only Exclusion

Drug Name	Drug Tier	Notes
milrinone lactate intravenous solution 10 mg/10ml, 20 mg/20ml, 50 mg/50ml	Tier 9	Medical Only Exclusion
Cardiovascular Agents - Misc.		
Calcium Channel Blocker & Hmg Coa Reductase Inhibit Comb**		
amlodipine-atorvastatin tablet 10-10 mg oral	Tier 2	QL
amlodipine-atorvastatin tablet 10-20 mg oral	Tier 2	QL
amlodipine-atorvastatin tablet 10-40 mg oral	Tier 2	QL
amlodipine-atorvastatin tablet 10-80 mg oral	Tier 2	QL
amlodipine-atorvastatin tablet 2.5-10 mg oral	Tier 2	
amlodipine-atorvastatin tablet 2.5-20 mg oral	Tier 2	
amlodipine-atorvastatin tablet 2.5-40 mg oral	Tier 2	
amlodipine-atorvastatin tablet 5-10 mg oral	Tier 2	QL
amlodipine-atorvastatin tablet 5-20 mg oral	Tier 2	QL
amlodipine-atorvastatin tablet 5-40 mg oral	Tier 2	QL
amlodipine-atorvastatin tablet 5-80 mg oral	Tier 2	QL
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG	Tier 9	Formulary Exclusion; QL
Cardiac Myosin Inhibitors**		
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	Tier 5	PA; Specialty; QL
MYQORZO ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	Tier 9	PA; Specialty; Formulary Exclusion; QL
Cardioplegic Solutions**		
cardioplegia del nido formula perfusion solution	Tier 9	Non FDA Exclusion; Medical Only Exclusion
cardioplegia ind plas/hik/lido perfusion solution	Tier 9	Non FDA Exclusion; Medical Only Exclusion
cardioplegia ind plasma-tromet perfusion solution	Tier 9	Non FDA Exclusion; Medical Only Exclusion
cardioplegia induction high k perfusion solution	Tier 9	Non FDA Exclusion; Medical Only Exclusion
cardioplegia low k high nahco3 perfusion solution	Tier 9	Non FDA Exclusion; Medical Only Exclusion
cardioplegia main low trometha perfusion solution	Tier 9	Non FDA Exclusion; Medical Only Exclusion
cardioplegia main plasma-trome perfusion solution	Tier 9	Non FDA Exclusion; Medical Only Exclusion
cardioplegia maintenance perfusion solution	Tier 9	Non FDA Exclusion; Medical Only Exclusion

Drug Name	Drug Tier	Notes
cardioplegia reperfusate 4:1 perfusion solution	Tier 9	Non FDA Exclusion; Medical Only Exclusion
cardioplegic perfusion solution	Tier 9	Medical Only Exclusion
cardioplegic soln w/ lidocaine perfusion solution	Tier 9	Non FDA Exclusion; Medical Only Exclusion
del nido cardioplegia perfusion solution	Tier 9	Non FDA Exclusion; Medical Only Exclusion
microplegia msa-msg perfusion solution	Tier 9	Non FDA Exclusion; Medical Only Exclusion
PLEGISOL PERFUSION SOLUTION	Tier 9	Medical Only Exclusion
Cardiovascular Anti-Inflammatory/Immune Modulators**		
LODOCO ORAL TABLET 0.5 MG	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
Cardiovascular Sglt2 Inhibitors*		
INPEFA ORAL TABLET 200 MG, 400 MG	Tier 9	Formulary Exclusion; QL
Impotence Agent Combinations**		
bi-mix intracavernosal solution reconstituted 150-5 mg	Tier 9	Non FDA Exclusion
quad-mix intracavernosal solution reconstituted 150-10-0.1-1 mg	Tier 9	Non FDA Exclusion
super bi-mix intracavernosal solution reconstituted 150-10 mg	Tier 9	Non FDA Exclusion
super quad-mix intracavernosal solution reconstituted 150-20-0.2-2 mg	Tier 9	Non FDA Exclusion
super tri-mix intracavernosal solution reconstituted 150-10-100 mg-mg-mcg	Tier 9	Non FDA Exclusion
tri-mix intracavernosal solution reconstituted 150-5-50 mg-mg-mcg	Tier 9	Non FDA Exclusion
Impotence Agents - Other**		
phenylephrine hcl intracavernosal solution 2 mg/2ml	Tier 9	Non FDA Exclusion
Neprilysin Inhib (Arni)-Angiotensin Ii Recept Antag Comb**		
ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG	Tier 4	QL
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	Tier 9	Formulary Exclusion; QL
sacubitril-valsartan oral tablet 24-26 mg, 49-51 mg, 97-103 mg	Tier 2	QL

Drug Name	Drug Tier	Notes
Nitrate & Vasodilator Combinations**		
BIDIL ORAL TABLET 20-37.5 MG	Tier 9	Formulary Exclusion
isosorb dinitrate-hydralazine oral tablet 20-37.5 mg	Tier 2	
Pde Inhibitor-Endothelin Recptor Antagonist Combinations**		
OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG	Tier 5	PA; Specialty; QL
Peripheral Vasodilators**		
papaverine hcl injection solution 30 mg/ml	Tier 9	Non FDA Exclusion; Medical Only Exclusion
Prostaglandin - Impotence Agents**		
CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG	Tier 4	QL
CAVERJECT INTRACAVERNOSAL SOLUTION RECONSTITUTED 20 MCG, 40 MCG	Tier 4	QL
EDEX (2 CARTRIDGE) INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG	Tier 4	QL
EDEX (6 CARTRIDGE) INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG	Tier 4	QL
Prostaglandin Vasodilators**		
alprostadil injection solution 500 mcg/ml	Tier 9	Medical Only Exclusion
AURLUMYN INTRAVENOUS SOLUTION 100 MCG/ML	Tier 9	Medical Only Exclusion
epoprostenol sodium intravenous solution reconstituted 0.5 mg, 1.5 mg	Tier 9	Medical Only Exclusion
FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED 1.5 MG	Tier 9	Medical Only Exclusion
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG	Tier 5	PA; Specialty
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG	Tier 5	PA; Specialty
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 &1 MG	Tier 5	PA; Specialty

Drug Name	Drug Tier	Notes
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	Tier 5	PA; Specialty
PROSTIN VR INJECTION SOLUTION 500 MCG/ML	Tier 9	Medical Only Exclusion
REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML, 8 MG/20ML	Tier 5	PA; Specialty
treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml	Tier 5	PA; Specialty
TYVASO DPI INSTITUTIONAL KIT INHALATION POWDER 80 MCG	Tier 5	PA; Specialty; QL
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 112 X 32MCG & 112 X64MCG, 112 X 48MCG & 112 X64MCG, 112 X 48MCG & 112 X80MCG, 16 MCG, 32 MCG, 48 MCG, 64 MCG, 80 MCG	Tier 5	PA; Specialty; QL
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG	Tier 5	PA; Specialty; QL
TYVASO INHALATION SOLUTION 0.6 MG/ML	Tier 5	PA; Specialty; QL
TYVASO REFILL KIT INHALATION SOLUTION 0.6 MG/ML	Tier 5	PA; Specialty; QL
TYVASO STARTER KIT INHALATION SOLUTION 0.6 MG/ML	Tier 5	PA; Specialty; QL
VELETRI INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG	Tier 9	Medical Only Exclusion
YUTREPIA INHALATION CAPSULE 106 MCG, 26.5 MCG, 53 MCG, 79.5 MCG	Tier 5	PA; Specialty
Pulm Hyperten-Soluble Guanylate Cyclase Stimulator (Sgc)**		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	Tier 5	PA; Specialty; QL
Pulmonary Hypertension - Activin Signaling Inhibitor**		
WINREVAIR SUBCUTANEOUS KIT 2 X 45 MG, 2 X 60 MG, 45 MG, 60 MG	Tier 5	PA; Specialty; QL
Pulmonary Hypertension - Endothelin Receptor Antagonists**		
ambrisentan oral tablet 10 mg, 5 mg	Tier 5	PA; Specialty; QL
bosentan oral tablet 125 mg, 62.5 mg	Tier 5	PA; Specialty; QL
bosentan oral tablet soluble 32 mg	Tier 5	PA; Specialty; QL

Drug Name	Drug Tier	Notes
LETAIRIS ORAL TABLET 10 MG, 5 MG	Tier 9	PA; Specialty; Formulary Exclusion; QL
macitentan oral tablet 10 mg	Tier 5	PA; Specialty; QL
OPSUMIT ORAL TABLET 10 MG	Tier 9	PA; Specialty; Formulary Exclusion; QL
TRACLEER ORAL TABLET 125 MG, 62.5 MG	Tier 9	PA; Specialty; Formulary Exclusion; QL
TRACLEER ORAL TABLET SOLUBLE 32 MG	Tier 9	PA; Specialty; Formulary Exclusion; QL
Pulmonary Hypertension - Phosphodiesterase Inhibitors**		
ADCIRCA ORAL TABLET 20 MG	Tier 9	PA; Specialty; Formulary Exclusion; QL
ALYQ ORAL TABLET 20 MG	Tier 5	PA; Specialty; QL
REVATIO INTRAVENOUS SOLUTION 10 MG/12.5ML	Tier 9	Medical Only Exclusion
REVATIO ORAL TABLET 20 MG	Tier 9	PA; Formulary Exclusion; QL
sildenafil citrate intravenous solution 10 mg/12.5ml	Tier 9	Medical Only Exclusion
sildenafil citrate oral suspension reconstituted 10 mg/ml	Tier 2	PA; QL
sildenafil citrate oral tablet 20 mg	Tier 2	PA; QL
tadalafil (pah) oral tablet 20 mg	Tier 5	PA; Specialty; QL
TADLIQ ORAL SUSPENSION 20 MG/5ML	Tier 9	Non Essential Drug Exclusion; Specialty; Formulary Exclusion
Pulmonary Hypertension - Prostacyclin Receptor Agonist**		
UPTRAVI INTRAVENOUS SOLUTION RECONSTITUTED 1800 MCG	Tier 9	Medical Only Exclusion
UPTRAVI ORAL TABLET 100 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 150 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	Tier 5	PA; Specialty; QL
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG	Tier 5	PA; Specialty; QL
Selective Cgmp Phosphodiesterase Type 5 Inhibitors**		
avanafil oral tablet 100 mg, 200 mg, 50 mg	Tier 2	ST; QL
CIALIS TABLET 10 MG ORAL	Tier 9	Formulary Exclusion; QL
CIALIS TABLET 20 MG ORAL	Tier 9	Formulary Exclusion; QL
CIALIS TABLET 5 MG ORAL	Tier 9	PA; Formulary Exclusion; QL

Drug Name	Drug Tier	Notes
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	Tier 2	QL
STENDRA ORAL TABLET 100 MG, 200 MG, 50 MG	Tier 9	ST; Formulary Exclusion; QL
tadalafil tablet 10 mg oral	Tier 2	QL
tadalafil tablet 2.5 mg oral	Tier 2	PA; QL
tadalafil tablet 20 mg oral	Tier 2	QL
tadalafil tablet 5 mg oral	Tier 2	PA; QL
vardenafil hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	Tier 2	ST; QL
vardenafil hcl oral tablet dispersible 10 mg	Tier 2	ST; QL
VIAGRA ORAL TABLET 100 MG, 25 MG, 50 MG	Tier 9	Formulary Exclusion; QL
VYBRIQUE ORAL FILM 100 MG, 25 MG, 50 MG, 75 MG	Tier 9	Non Essential Drug Exclusion
Septal Agents - Ablation*		
ABLYSINOL INTRA-ARTERIAL SOLUTION	Tier 9	Medical Only Exclusion
dehydrated alcohol intra-arterial solution	Tier 9	Medical Only Exclusion
Sinus Node Inhibitors*		
CORLANOR ORAL SOLUTION 5 MG/5ML	Tier 3	ST; QL
CORLANOR ORAL TABLET 5 MG, 7.5 MG	Tier 9	ST; Formulary Exclusion; QL
ivabradine hcl oral tablet 5 mg, 7.5 mg	Tier 2	ST; QL
Transthyretin Stabilizers**		
ATTRUBY ORAL TABLET THERAPY PACK 356 MG	Tier 5	PA; Specialty; QL
VYNDAMAX ORAL CAPSULE 61 MG	Tier 5	PA; Specialty; QL
Vasoactive Soluble Guanylate Cyclase Stimulator (Sgc)**		
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	Tier 4	PA
Cephalosporins		
Cephalosporin Combinations**		
AVYCAZ INTRAVENOUS SOLUTION RECONSTITUTED 2.5 (2-0.5) GM	Tier 9	Medical Only Exclusion
ZERBAXA INTRAVENOUS SOLUTION RECONSTITUTED 1.5 (1-0.5) GM	Tier 9	Medical Only Exclusion
Cephalosporins - 1St Generation**		
cefadroxil oral capsule 500 mg	Tier 2	

Drug Name	Drug Tier	Notes
cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml	Tier 2	
cefadroxil oral tablet 1 gm	Tier 2	
cefazolin in sodium chloride solution 2-0.9 gm/100ml-% intravenous	Tier 9	Medical Only Exclusion; Formulary Exclusion
cefazolin in sodium chloride solution 2-0.9 gm/100ml-% intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion
cefazolin in sodium chloride solution 3-0.9 gm/100ml-% intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion
cefazolin sodium intravenous solution prefilled syringe 1 gm/10ml, 2 gm/10ml, 2 gm/20ml	Tier 9	Non FDA Exclusion; Medical Only Exclusion
cefazolin sodium intravenous solution reconstituted 2 gm, 3 gm	Tier 9	Medical Only Exclusion
cefazolin sodium solution reconstituted 1 gm injection	Tier 9	Non FDA Exclusion; Medical Only Exclusion
cefazolin sodium solution reconstituted 1 gm injection	Tier 9	Medical Only Exclusion
cefazolin sodium solution reconstituted 10 gm injection	Tier 9	Medical Only Exclusion
cefazolin sodium solution reconstituted 100 gm injection	Tier 9	Medical Only Exclusion
cefazolin sodium solution reconstituted 2 gm injection	Tier 9	Medical Only Exclusion
cefazolin sodium solution reconstituted 3 gm injection	Tier 9	Medical Only Exclusion
cefazolin sodium solution reconstituted 300 gm injection	Tier 9	Medical Only Exclusion
cefazolin sodium solution reconstituted 500 mg injection	Tier 9	Medical Only Exclusion
cefazolin sodium-dextrose intravenous solution reconstituted 1-4 gm-%(50ml), 2-3 gm-%(50ml), 3-2 gm-%(50ml)	Tier 9	Medical Only Exclusion
cefazolin sodium-dextrose solution 1-4 gm/50ml-% intravenous	Tier 9	Medical Only Exclusion
cefazolin sodium-dextrose solution 2-4 gm/100ml-% intravenous	Tier 9	Medical Only Exclusion
cefazolin sodium-dextrose solution 2-5 gm/100ml-% intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion
cefazolin sodium-dextrose solution 3-4 gm/150ml-% intravenous	Tier 9	Medical Only Exclusion
cephalexin oral capsule 250 mg, 500 mg, 750 mg	Tier 2	
cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	Tier 2	

Drug Name	Drug Tier	Notes
cephalexin oral tablet 250 mg, 500 mg	Tier 2	
Cephalosporins - 2Nd Generation**		
cefaclor er oral tablet extended release 12 hour 500 mg	Tier 4	
cefaclor oral capsule 250 mg, 500 mg	Tier 2	
cefaclor oral suspension reconstituted 250 mg/5ml	Tier 4	
CEFOTAN INJECTION SOLUTION RECONSTITUTED 1 GM, 2 GM	Tier 9	Medical Only Exclusion
cefotetan disodium injection solution reconstituted 1 gm, 2 gm	Tier 9	Medical Only Exclusion
cefoxitin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm	Tier 9	Medical Only Exclusion
cefoxitin sodium-dextrose intravenous solution reconstituted 1-4 gm-%(50ml), 2-2.2 gm-%(50ml)	Tier 9	Medical Only Exclusion
cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	Tier 2	
cefprozil oral tablet 250 mg, 500 mg	Tier 2	
cefuroxime axetil oral tablet 250 mg, 500 mg	Tier 2	
cefuroxime sodium injection solution reconstituted 750 mg	Tier 9	Medical Only Exclusion
cefuroxime sodium intravenous solution reconstituted 1.5 gm	Tier 9	Medical Only Exclusion
Cephalosporins - 3Rd Generation**		
cefdinir oral capsule 300 mg	Tier 2	
cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	Tier 2	
cefixime oral capsule 400 mg	Tier 2	
cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	Tier 2	
cefixime oral tablet 400 mg	Tier 9	Non Essential Drug Exclusion
cefotaxime sodium injection solution reconstituted 1 gm, 2 gm	Tier 9	Non FDA Exclusion; Medical Only Exclusion
cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml	Tier 3	
cefpodoxime proxetil oral tablet 100 mg, 200 mg	Tier 2	
ceftazidime injection solution reconstituted 1 gm, 6 gm	Tier 9	Medical Only Exclusion
ceftazidime intravenous solution reconstituted 2 gm	Tier 9	Medical Only Exclusion
ceftriaxone sodium in dextrose intravenous solution 20 mg/ml, 40 mg/ml	Tier 9	Medical Only Exclusion

Drug Name	Drug Tier	Notes
ceftriaxone sodium injection solution reconstituted 1 gm, 100 gm, 2 gm, 250 mg, 500 mg	Tier 9	Medical Only Exclusion
ceftriaxone sodium intravenous solution reconstituted 10 gm, 2 gm	Tier 9	Medical Only Exclusion
ceftriaxone sodium-dextrose intravenous solution reconstituted 1-3.74 gm-%(50ml), 2-2.22 gm-%(50ml)	Tier 9	Medical Only Exclusion
TAZICEF INJECTION SOLUTION RECONSTITUTED 1 GM	Tier 9	Medical Only Exclusion
TAZICEF INTRAVENOUS SOLUTION 1 GM/50ML	Tier 9	Medical Only Exclusion; Formulary Exclusion
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 2 GM, 6 GM	Tier 9	Medical Only Exclusion
Cephalosporins - 4Th Generation**		
cefepime hcl injection solution reconstituted 1 gm	Tier 9	Medical Only Exclusion
cefepime hcl intravenous solution 1 gm/50ml, 2 gm/100ml	Tier 9	Medical Only Exclusion
cefepime hcl intravenous solution reconstituted 100 gm, 2 gm	Tier 9	Medical Only Exclusion
cefepime-dextrose intravenous solution reconstituted 1-5 gm-%(50ml), 2-5 gm-%(50ml)	Tier 9	Medical Only Exclusion
Cephalosporins - 5Th Generation**		
ceftaroline fosamil intravenous solution reconstituted 400 mg, 600 mg	Tier 9	Medical Only Exclusion
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG	Tier 9	Medical Only Exclusion
ZEVTERA INTRAVENOUS SOLUTION RECONSTITUTED 667 MG	Tier 9	Medical Only Exclusion
Cephalosporins - Siderophores**		
FETROJA INTRAVENOUS SOLUTION RECONSTITUTED 1 GM	Tier 9	Medical Only Exclusion
Contraceptives		
Biphasic Contraceptives - Oral**		
AZURETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	Tier 2	
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	Tier 2	
KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	Tier 2	
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG	Tier 3	

Drug Name	Drug Tier	Notes
PIMTREA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	Tier 2	
SIMLIYA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	Tier 2	
viorele oral tablet 0.15-0.02/0.01 mg (21/5)	Tier 2	
VOLNEA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	Tier 2	
Combination Contraceptives - Oral**		
AFIRMELLE ORAL TABLET 0.1-20 MG-MCG	Tier 2	
ALTAVERA ORAL TABLET 0.15-30 MG-MCG	Tier 2	
alyacen 1/35 oral tablet 1-35 mg-mcg	Tier 2	
APRI ORAL TABLET 0.15-30 MG-MCG	Tier 2	
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	Tier 2	
AUROVELA 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 2	
AUROVELA 1/20 ORAL TABLET 1-20 MG-MCG	Tier 2	
AUROVELA 24 FE ORAL TABLET 1-20 MG-MCG(24)	Tier 2	
AUROVELA FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 2	
AUROVELA FE 1/20 ORAL TABLET 1-20 MG-MCG	Tier 2	
AVERI ORAL TABLET 0.15-0.03 MG	Tier 4	
AVIANE ORAL TABLET 0.1-20 MG-MCG	Tier 2	
AYUNA ORAL TABLET 0.15-30 MG-MCG	Tier 2	
BALCOLTRA ORAL TABLET 0.1-20 MG-MCG(21)	Tier 9	Formulary Exclusion
BALZIVA ORAL TABLET 0.4-35 MG-MCG	Tier 2	
BEYAZ ORAL TABLET 3-0.02-0.451 MG	Tier 9	Formulary Exclusion
BLISOVI 24 FE ORAL TABLET 1-20 MG-MCG(24)	Tier 2	
BLISOVI FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 2	
BLISOVI FE 1/20 ORAL TABLET 1-20 MG-MCG	Tier 2	
briellyn oral tablet 0.4-35 mg-mcg	Tier 2	
CHARLOTTE 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	Tier 2	

Drug Name	Drug Tier	Notes
CHATEAL EQ ORAL TABLET 0.15-30 MG-MCG	Tier 2	
CRYSELLE ORAL TABLET 0.3-30 MG-MCG	Tier 2	
CYRED EQ ORAL TABLET 0.15-30 MG-MCG	Tier 2	
DASETTA 1/35 (28) ORAL TABLET 1-35 MG-MCG	Tier 2	
DELYLA ORAL TABLET 0.1-20 MG-MCG	Tier 2	
drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg	Tier 2	
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	Tier 2	
ELINEST ORAL TABLET 0.3-30 MG-MCG	Tier 2	
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	Tier 2	
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	Tier 2	
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	Tier 2	
FALMINA ORAL TABLET 0.1-20 MG-MCG	Tier 2	
FEIRZA 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 2	
FEIRZA 1/20 ORAL TABLET 1-20 MG-MCG	Tier 2	
FEMLYV ORAL TABLET DISPERSIBLE 1-0.02 MG	Tier 4	
FINZALA ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	Tier 2	
GALBRIELA ORAL TABLET CHEWABLE 0.8-25 MG-MCG	Tier 2	
GEMMILY ORAL CAPSULE 1-20 MG-MCG(24)	Tier 2	
HAILEY 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 2	
HAILEY 24 FE ORAL TABLET 1-20 MG-MCG(24)	Tier 2	
HAILEY FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 2	
HAILEY FE 1/20 ORAL TABLET 1-20 MG-MCG	Tier 2	
ISIBLOOM ORAL TABLET 0.15-30 MG-MCG	Tier 2	
JASMIEL ORAL TABLET 3-0.02 MG	Tier 2	

Drug Name	Drug Tier	Notes
JOYEAUX ORAL TABLET 0.1-20 MG-MCG(21)	Tier 2	
JULEBER ORAL TABLET 0.15-30 MG-MCG	Tier 2	
JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 2	
JUNEL 1/20 ORAL TABLET 1-20 MG-MCG	Tier 2	
JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 2	
JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG	Tier 2	
JUNEL FE 24 ORAL TABLET 1-20 MG-MCG(24)	Tier 2	
KAITLIB FE ORAL TABLET CHEWABLE 0.8-25 MG-MCG	Tier 2	
KALLIGA ORAL TABLET 0.15-30 MG-MCG	Tier 2	
KELNOR 1/35 ORAL TABLET 1-35 MG-MCG	Tier 2	
KURVELO ORAL TABLET 0.15-30 MG-MCG	Tier 2	
LARIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 2	
LARIN 1/20 ORAL TABLET 1-20 MG-MCG	Tier 2	
LARIN 24 FE ORAL TABLET 1-20 MG-MCG(24)	Tier 2	
LARIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 2	
LARIN FE 1/20 ORAL TABLET 1-20 MG-MCG	Tier 2	
LESSINA ORAL TABLET 0.1-20 MG-MCG	Tier 2	
levonorgest-eth estradiol-iron oral tablet 0.1-20 mg-mcg(21)	Tier 2	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	Tier 2	
LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	Tier 2	
LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	Tier 2	
LOESTRIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 2	
LOESTRIN FE 1/20 ORAL TABLET 1-20 MG-MCG	Tier 2	
LORYNA ORAL TABLET 3-0.02 MG	Tier 2	

Drug Name	Drug Tier	Notes
LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG	Tier 2	
LO-ZUMANDIMINE ORAL TABLET 3-0.02 MG	Tier 2	
LUIZZA 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 2	
LUIZZA 1/20 ORAL TABLET 1-20 MG-MCG	Tier 2	
LUTERA ORAL TABLET 0.1-20 MG-MCG	Tier 2	
marlissa oral tablet 0.15-30 mg-mcg	Tier 2	
MIBELAS 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	Tier 2	
MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 2	
MICROGESTIN 1/20 ORAL TABLET 1-20 MG-MCG	Tier 2	
MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 2	
MICROGESTIN FE 1/20 ORAL TABLET 1-20 MG-MCG	Tier 2	
MILI ORAL TABLET 0.25-35 MG-MCG	Tier 2	
MINZOYA ORAL TABLET 0.1-20 MG-MCG(21)	Tier 2	
MONO-LINYAH ORAL TABLET 0.25-35 MG-MCG	Tier 2	
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	Tier 2	
NEXTSTELLIS ORAL TABLET 3-14.2 MG	Tier 4	
NIKKI ORAL TABLET 3-0.02 MG	Tier 2	
norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)	Tier 2	
norethin ace-eth estrad-fe oral tablet 1.5-30 mg-mcg	Tier 2	
norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)	Tier 2	
norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	Tier 2	
norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg	Tier 2	
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	Tier 2	
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	Tier 2	

Drug Name	Drug Tier	Notes
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG	Tier 2	
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	Tier 2	
NYLIA 1/35 ORAL TABLET 1-35 MG-MCG	Tier 2	
PHILITH ORAL TABLET 0.4-35 MG-MCG	Tier 2	
PORTIA-28 ORAL TABLET 0.15-30 MG-MCG	Tier 2	
RECLIPSEN ORAL TABLET 0.15-30 MG-MCG	Tier 2	
SAFYRAL ORAL TABLET 3-0.03-0.451 MG	Tier 9	Formulary Exclusion
SPRINTEC 28 ORAL TABLET 0.25-35 MG-MCG	Tier 2	
SYEDA ORAL TABLET 3-0.03 MG	Tier 2	
TARINA 24 FE ORAL TABLET 1-20 MG-MCG(24)	Tier 2	
TARINA FE 1/20 EQ ORAL TABLET 1-20 MG-MCG	Tier 2	
TAYSOFY ORAL CAPSULE 1-20 MG-MCG(24)	Tier 2	
TAYTULLA ORAL CAPSULE 1-20 MG-MCG(24)	Tier 9	Formulary Exclusion
TURQOZ ORAL TABLET 0.3-30 MG-MCG	Tier 2	
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG	Tier 2	
TYDEMY ORAL TABLET 3-0.03-0.451 MG	Tier 2	
VALTYA 1/35 ORAL TABLET 1-35 MG-MCG	Tier 2	
VALTYA 1/50 ORAL TABLET 1-50 MG-MCG	Tier 2	
VESTURA ORAL TABLET 3-0.02 MG	Tier 2	
VIENVA ORAL TABLET 0.1-20 MG-MCG	Tier 2	
VYFEMLA ORAL TABLET 0.4-35 MG-MCG	Tier 2	
VYLIBRA ORAL TABLET 0.25-35 MG-MCG	Tier 2	
WERA ORAL TABLET 0.5-35 MG-MCG	Tier 2	
WYMZYA FE ORAL TABLET CHEWABLE 0.4-35 MG-MCG	Tier 2	
XELRIA FE ORAL TABLET CHEWABLE 0.4-35 MG-MCG	Tier 2	
YASMIN 28 ORAL TABLET 3-0.03 MG	Tier 9	Formulary Exclusion
YAZ ORAL TABLET 3-0.02 MG	Tier 9	Formulary Exclusion

Drug Name	Drug Tier	Notes
ZOVIA 1/35 (28) ORAL TABLET 1-35 MG-MCG	Tier 2	
ZUMANDIMINE ORAL TABLET 3-0.03 MG	Tier 2	
Combination Contraceptives - Transdermal**		
GWYN LO TRANSDERMAL PATCH WEEKLY 220-20 MCG/24HR	Tier 3	
norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr	Tier 1	
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR	Tier 4	
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	Tier 1	
ZAFEMY TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	Tier 1	
Combination Contraceptives - Vaginal**		
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR	Tier 4	QL
ELURYNG VAGINAL RING 0.12-0.015 MG/24HR	Tier 1	
ENILLORING VAGINAL RING 0.12-0.015 MG/24HR	Tier 1	
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr	Tier 1	
NUVARING VAGINAL RING 0.12-0.015 MG/24HR	Tier 9	Formulary Exclusion
Continuous Contraceptives - Oral**		
AMETHYST ORAL TABLET 90-20 MCG	Tier 2	
DOLISHALE ORAL TABLET 90-20 MCG	Tier 2	
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg	Tier 2	
Copper Contraceptives - Iud**		
MIUDELLA INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE	Tier 10	
MIUDELLA INTRAUTERINE INTRAUTERINE DEVICE	Tier 10	
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE	Tier 10	
Emergency Contraceptives**		
AFTERA ORAL TABLET 1.5 MG	Tier 1	

Drug Name	Drug Tier	Notes
AFTERPILL ORAL TABLET 1.5 MG	Tier 1	
ECONTRA ONE-STEP ORAL TABLET 1.5 MG	Tier 1	
ELLA ORAL TABLET 30 MG	Tier 3	
HER STYLE ORAL TABLET 1.5 MG	Tier 1	
levonorgestrel oral tablet 1.5 mg	Tier 1	
MY CHOICE ORAL TABLET 1.5 MG	Tier 1	
MY WAY ORAL TABLET 1.5 MG	Tier 1	
NEW DAY ORAL TABLET 1.5 MG	Tier 1	
OPCICON ONE-STEP ORAL TABLET 1.5 MG	Tier 1	
OPTION 2 ORAL TABLET 1.5 MG	Tier 1	
TAKE ACTION ORAL TABLET 1.5 MG	Tier 1	
Extended-Cycle Contraceptives - Oral**		
ASHLYNA ORAL TABLET 0.15-0.03 &0.01 MG	Tier 2	
CAMRESE LO ORAL TABLET 0.1-0.02 & 0.01 MG	Tier 2	
CAMRESE ORAL TABLET 0.15-0.03 &0.01 MG	Tier 2	
DAYSEE ORAL TABLET 0.15-0.03 &0.01 MG	Tier 2	
ICLEVIA ORAL TABLET 0.15-0.03 MG	Tier 2	
INTROVALE ORAL TABLET 0.15-0.03 MG	Tier 2	
JAIMIESS ORAL TABLET 0.15-0.03 &0.01 MG	Tier 2	
JOLESSA ORAL TABLET 0.15-0.03 MG	Tier 2	
levonorgest-eth est & eth est oral tablet 42-21-21-7 days	Tier 2	
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 mg	Tier 2	
LOJAIMIESS ORAL TABLET 0.1-0.02 & 0.01 MG	Tier 2	
RIVELSA ORAL TABLET 42-21-21-7 DAYS	Tier 2	
ROSYRAH ORAL TABLET 42-21-21-7 DAYS	Tier 2	
SETLAKIN ORAL TABLET 0.15-0.03 MG	Tier 2	
SIMPESSE ORAL TABLET 0.15-0.03 &0.01 MG	Tier 2	

Drug Name	Drug Tier	Notes
Four Phase Contraceptives - Oral**		
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG	Tier 4	
Progestin Contraceptives - Implants**		
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG	Tier 10	
Progestin Contraceptives - Injectable**		
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	Tier 9	Formulary Exclusion
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 150 MG/ML	Tier 9	Formulary Exclusion
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML	Tier 4	
medroxyprogesterone acetate intramuscular suspension 150 mg/ml	Tier 2	
medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml	Tier 2	
Progestin Contraceptives - Iud**		
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG	Tier 10	
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY	Tier 10	
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/DAY	Tier 10	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG	Tier 10	
Progestin Contraceptives - Oral**		
CAMILA ORAL TABLET 0.35 MG	Tier 2	
DEBLITANE ORAL TABLET 0.35 MG	Tier 2	
EMZAHH ORAL TABLET 0.35 MG	Tier 2	
ERRIN ORAL TABLET 0.35 MG	Tier 2	
HEATHER ORAL TABLET 0.35 MG	Tier 2	
INCASSIA ORAL TABLET 0.35 MG	Tier 2	
JENCYCLA ORAL TABLET 0.35 MG	Tier 2	
LYLEQ ORAL TABLET 0.35 MG	Tier 2	
LYZA ORAL TABLET 0.35 MG	Tier 2	
MELEYA ORAL TABLET 0.35 MG	Tier 2	
NORA-BE ORAL TABLET 0.35 MG	Tier 2	

Drug Name	Drug Tier	Notes
norethindrone oral tablet 0.35 mg	Tier 2	
NORLYROC ORAL TABLET 0.35 MG	Tier 2	
ORQUIDEA ORAL TABLET 0.35 MG	Tier 2	
SHAROBEL ORAL TABLET 0.35 MG	Tier 2	
SLYND ORAL TABLET 4 MG	Tier 4	QL
Triphasic Contraceptives - Oral**		
alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	Tier 2	
ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG	Tier 2	
DASETTA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	Tier 2	
LEVONEST ORAL TABLET 50-30/75-40/ 125-30 MCG	Tier 2	
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	Tier 2	
norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg	Tier 2	
NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	Tier 2	
NYLIA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	Tier 2	
TILIA FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	Tier 2	
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	Tier 2	
TRI-LEGEST FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	Tier 2	
TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	Tier 2	
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	Tier 2	
TRI-LO-MARZIA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	Tier 2	
TRI-LO-MILI ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	Tier 2	
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	Tier 2	
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	Tier 2	
TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	Tier 2	

Drug Name	Drug Tier	Notes
TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	Tier 2	
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	Tier 2	
VELIVET ORAL TABLET 0.1/0.125/0.15 - 0.025 MG	Tier 2	
XARAH FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	Tier 2	
Corticosteroids		
Glucocorticosteroids**		
AGAMREE ORAL SUSPENSION 40 MG/ML	Tier 5	PA; Specialty
ALKINDI SPRINKLE ORAL CAPSULE SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG	Tier 5	PA; Specialty
betamethasone sodium phosphate injection solution 12 mg/2ml, 6 mg/ml	Tier 9	Non FDA Exclusion; Medical Only Exclusion
budesonide er oral tablet extended release 24 hour 9 mg	Tier 2	ST
budesonide oral capsule delayed release particles 3 mg	Tier 2	
CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG	Tier 9	Formulary Exclusion
cortisone acetate oral tablet 25 mg	Tier 4	
deflazacort oral suspension 22.75 mg/ml	Tier 5	PA; Specialty
deflazacort oral tablet 18 mg, 30 mg, 36 mg, 6 mg	Tier 5	PA; Specialty
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML, 40 MG/ML, 80 MG/ML	Tier 9	Medical Only Exclusion
dexameth sod phos (pf) +rfid injection solution prefilled syringe 10 mg/ml	Tier 9	Medical Only Exclusion; Formulary Exclusion
dexamethasone (la) injection suspension 16 mg/ml, 8 mg/ml	Tier 9	Non FDA Exclusion; Medical Only Exclusion
dexamethasone acetate injection suspension 8 mg/ml	Tier 9	Non FDA Exclusion; Medical Only Exclusion
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML	Tier 4	
dexamethasone oral elixir 0.5 mg/5ml	Tier 2	
dexamethasone oral solution 0.5 mg/5ml	Tier 4	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	Tier 2	
dexamethasone oral tablet therapy pack 1.5 mg (21), 1.5 mg (35), 1.5 mg (51)	Tier 9	Non Essential Drug Exclusion
dexamethasone sod phos (pf) injection solution prefilled syringe 10 mg/ml	Tier 9	Medical Only Exclusion; Formulary Exclusion

Drug Name	Drug Tier	Notes
dexamethasone sod phos +rfid injection solution prefilled syringe 4 mg/ml	Tier 9	Medical Only Exclusion
dexamethasone sod phos-nacl intravenous solution 6-0.9 mg/25ml-%	Tier 9	Non FDA Exclusion; Medical Only Exclusion
dexamethasone sod phosphate pf injection solution 10 mg/ml	Tier 9	Medical Only Exclusion
dexamethasone sodium phosphate solution 10 mg/ml injection	Tier 9	Non FDA Exclusion; Medical Only Exclusion
dexamethasone sodium phosphate solution 10 mg/ml injection	Tier 9	Medical Only Exclusion
dexamethasone sodium phosphate solution 100 mg/10ml injection	Tier 9	Medical Only Exclusion
dexamethasone sodium phosphate solution 120 mg/30ml injection	Tier 9	Medical Only Exclusion
dexamethasone sodium phosphate solution 20 mg/5ml injection	Tier 9	Medical Only Exclusion
dexamethasone sodium phosphate solution 4 mg/ml injection	Tier 9	Non FDA Exclusion; Medical Only Exclusion
dexamethasone sodium phosphate solution 4 mg/ml injection	Tier 9	Medical Only Exclusion
DEXLYT ORAL TABLET 0.25 MG	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
DEXONTO 0.4% IONTOPHORESIS SOLUTION 20 MG/5ML	Tier 9	Non FDA Exclusion
DOUBLEDEX INJECTION KIT 10 MG/ML	Tier 9	Non FDA Exclusion; Medical Only Exclusion
EMFLAZA ORAL SUSPENSION 22.75 MG/ML	Tier 9	PA; Specialty; Formulary Exclusion
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG	Tier 9	PA; Specialty; Formulary Exclusion
EOHILIA ORAL SUSPENSION 2 MG/10ML	Tier 9	PA; Specialty; Formulary Exclusion
HEMADY ORAL TABLET 20 MG	Tier 9	Non Essential Drug Exclusion
HEXATRIONE INTRA-ARTICULAR SUSPENSION 20 MG/ML	Tier 9	Non FDA Exclusion; Medical Only Exclusion
HIDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	Tier 9	Non Essential Drug Exclusion
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	Tier 2	
hydrocortisone sod suc (pf) injection solution reconstituted 100 mg	Tier 9	Medical Only Exclusion
IONTOSONE 0.4% IONTOPHORESIS SOLUTION 20 MG/5ML	Tier 9	Non FDA Exclusion
jaythari oral suspension 22.75 mg/ml	Tier 5	PA; Specialty

Drug Name	Drug Tier	Notes
jaythari oral tablet 18 mg, 30 mg, 36 mg, 6 mg	Tier 5	PA; Specialty
KENALOG-10 INJECTION SUSPENSION 10 MG/ML	Tier 9	Formulary Exclusion
KENALOG-40 INJECTION SUSPENSION 40 MG/ML	Tier 9	Formulary Exclusion
KENALOG-80 INJECTION SUSPENSION 80 MG/ML	Tier 4	
KHINDIVI ORAL SOLUTION 1 MG/ML	Tier 9	Non Essential Drug Exclusion; Specialty; Formulary Exclusion
KYMBEE ORAL SUSPENSION 22.75 MG/ML	Tier 5	PA; Specialty
KYMBEE ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG	Tier 5	PA; Specialty
MAS CARE-PAK INJECTION KIT 10 MG/ML	Tier 9	Non FDA Exclusion; Medical Only Exclusion
MEDROL ORAL TABLET THERAPY PACK 4 MG	Tier 9	Formulary Exclusion
MEDROL TABLET 16 MG ORAL	Tier 9	Formulary Exclusion
MEDROL TABLET 2 MG ORAL	Tier 4	
MEDROL TABLET 4 MG ORAL	Tier 9	Formulary Exclusion
MEDROL TABLET 8 MG ORAL	Tier 9	Formulary Exclusion
methylprednisolone acetate suspension 40 mg/ml injection	Tier 9	Medical Only Exclusion
methylprednisolone acetate suspension 40 mg/ml injection	Tier 9	Non FDA Exclusion; Medical Only Exclusion
methylprednisolone acetate suspension 50 mg/ml injection	Tier 9	Non FDA Exclusion; Medical Only Exclusion
methylprednisolone acetate suspension 80 mg/ml injection	Tier 9	Medical Only Exclusion
methylprednisolone acetate suspension 80 mg/ml injection	Tier 9	Non FDA Exclusion; Medical Only Exclusion
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	Tier 2	
methylprednisolone oral tablet therapy pack 4 mg	Tier 2	
methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg, 500 mg	Tier 9	Medical Only Exclusion
ORAPRED ODT ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 30 MG	Tier 4	
prednisolone oral solution 15 mg/5ml	Tier 2	
prednisolone oral tablet 5 mg	Tier 9	Non Essential Drug Exclusion
prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg	Tier 4	

Drug Name	Drug Tier	Notes
prednisolone sodium phosphate solution 10 mg/5ml oral	Tier 9	Non Essential Drug Exclusion
prednisolone sodium phosphate solution 15 mg/5ml oral	Tier 2	
prednisolone sodium phosphate solution 20 mg/5ml oral	Tier 2	
prednisolone sodium phosphate solution 25 mg/5ml oral	Tier 2	
prednisolone sodium phosphate solution 5 mg/5ml oral	Tier 2	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	Tier 9	Formulary Exclusion
prednisone oral solution 5 mg/5ml	Tier 2	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	Tier 2	
prednisone oral tablet delayed release 1 mg, 2 mg, 5 mg	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)	Tier 2	
PYQUVI ORAL SUSPENSION 22.75 MG/ML	Tier 5	PA; Specialty
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG, 1000 MG, 250 MG, 500 MG	Tier 9	Medical Only Exclusion
SOLU-MEDROL (PF) INJECTION SOLUTION RECONSTITUTED 1000 MG, 125 MG, 40 MG, 500 MG	Tier 9	Medical Only Exclusion
SOLU-MEDROL INJECTION SOLUTION RECONSTITUTED 1000 MG, 2 GM, 500 MG	Tier 9	Medical Only Exclusion
TAPERDEX 12-DAY ORAL TABLET THERAPY PACK 1.5 MG (49)	Tier 4	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG, 1.5 MG (21)	Tier 9	Non Essential Drug Exclusion
TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27)	Tier 9	Non Essential Drug Exclusion
TARPEYO ORAL CAPSULE DELAYED RELEASE 4 MG	Tier 9	PA; Specialty; Formulary Exclusion; QL
topidex injection kit 10 mg/ml	Tier 9	Non FDA Exclusion; Medical Only Exclusion
triamcinolone acetonide suspension 10 mg/ml injection	Tier 2	
triamcinolone acetonide suspension 40 mg/ml injection	Tier 2	
triamcinolone acetonide suspension 40 mg/ml injection	Tier 9	Non FDA Exclusion

Drug Name	Drug Tier	Notes
triamcinolone acetonide suspension 50 mg/ml injection	Tier 9	Non FDA Exclusion
triamcinolone acetonide suspension 80 mg/ml injection	Tier 9	Non FDA Exclusion
triamcinolone diacetate injection suspension 40 mg/ml, 80 mg/ml	Tier 9	Non FDA Exclusion; Medical Only Exclusion
UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR 9 MG	Tier 9	ST; Formulary Exclusion
ZILRETTA INTRA-ARTICULAR SUSPENSION RECONSTITUTED ER 32 MG	Tier 9	Medical Only Exclusion
Mineralocorticoids**		
fludrocortisone acetate oral tablet 0.1 mg	Tier 2	
Steroid Combinations**		
BETALIDO INJECTION KIT 6 & 1 MG/ML-%	Tier 9	Non FDA Exclusion; Medical Only Exclusion
BETALOAN SUIK COMBINATION KIT 30 MG/5ML	Tier 9	Non FDA Exclusion
betamethasone combo injection suspension 6 (3-3) mg/ml, 7 (4-3) mg/ml	Tier 9	Non FDA Exclusion; Medical Only Exclusion
betamethasone sod phos & acet suspension 6 (3-3) mg/ml injection	Tier 9	Non FDA Exclusion; Medical Only Exclusion
betamethasone sod phos & acet suspension 6 (3-3) mg/ml injection	Tier 9	Medical Only Exclusion
betamethasone sod phos & acet suspension 7 (4-3) mg/ml injection	Tier 9	Non FDA Exclusion; Medical Only Exclusion
BLT-25 INJECTION KIT 40 & 0.25 & 1 MG/ML-%-%	Tier 9	Non FDA Exclusion; Medical Only Exclusion
bupivilog injection kit 40 & 0.5 mg/ml-%	Tier 9	Non FDA Exclusion; Medical Only Exclusion
CELESTONE SOLUSPAN INJECTION SUSPENSION 6 (3-3) MG/ML	Tier 9	Medical Only Exclusion
dexameth sod phos-bupiv-epin injection solution prefilled syringe 0.01-0.375 %-1:200000	Tier 9	Non FDA Exclusion; Medical Only Exclusion
dexamethasone ace & sod phos injection suspension 8-4 mg/ml	Tier 9	Non FDA Exclusion; Medical Only Exclusion
DEXLIDO INJECTION KIT 10 & 1 MG/ML-%	Tier 9	Non FDA Exclusion; Medical Only Exclusion
DEXLIDO-M INJECTION KIT 10 & 0.25 & 1 MG/ML-%-%	Tier 9	Non FDA Exclusion; Medical Only Exclusion
DMT SUIK COMBINATION KIT 10 MG/ML	Tier 9	Non FDA Exclusion
DYURAL 80-LM INJECTION KIT 80 & 0.25 & 1 MG/ML-%-%	Tier 9	Non FDA Exclusion; Medical Only Exclusion

Drug Name	Drug Tier	Notes
DYURAL-40 INJECTION KIT 40 & 0.25 & 1 MG/ML-%-%	Tier 9	Non FDA Exclusion; Medical Only Exclusion
DYURAL-80 INJECTION KIT 80 & 0.25 & 1 MG/ML-%-%	Tier 9	Non FDA Exclusion; Medical Only Exclusion
DYURAL-L INJECTION KIT 40 & 1 MG/ML-%	Tier 9	Non FDA Exclusion; Medical Only Exclusion
DYURAL-LM INJECTION KIT 40 & 0.25 & 1 MG/ML-%-%	Tier 9	Non FDA Exclusion; Medical Only Exclusion
lidocidex i injection solution 5-10 mg/1.5ml	Tier 9	Non FDA Exclusion; Medical Only Exclusion
lidolog injection kit 40 & 2 mg/ml-%	Tier 9	Non FDA Exclusion; Medical Only Exclusion
MARBETA-25 INJECTION KIT 6 & 0.25 MG/ML-%	Tier 9	Non FDA Exclusion; Medical Only Exclusion
MARBETA-L INJECTION KIT 6 & 0.25 & 1 MG/ML-%-%	Tier 9	Non FDA Exclusion; Medical Only Exclusion
MARDEX-25 INJECTION KIT 10 & 0.25 MG/ML-%	Tier 9	Non FDA Exclusion; Medical Only Exclusion
MEDROLOAN II SUIK COMBINATION KIT 40 MG/ML	Tier 9	Non FDA Exclusion
MEDROLOAN SUIK COMBINATION KIT 40 MG/ML	Tier 9	Non FDA Exclusion
methylprednisolone ace-lido injection suspension 40-10 mg/ml, 80-10 mg/ml	Tier 9	Non FDA Exclusion; Medical Only Exclusion
methylprednisolone-bupivacaine injection suspension 40-5 mg/ml, 80-5 mg/ml	Tier 9	Non FDA Exclusion; Medical Only Exclusion
mlk f1 injection kit 40 & 0.5 & 2 mg/ml-%-%	Tier 9	Non FDA Exclusion; Medical Only Exclusion
mlk f2 injection kit 40 & 0.5 & 2 mg/ml-%-%	Tier 9	Non FDA Exclusion; Medical Only Exclusion
mlk f3 injection kit 40 & 0.5 & 2 mg/ml-%-%	Tier 9	Non FDA Exclusion; Medical Only Exclusion
MLK F4 INJECTION KIT 40 & 0.5 & 2 MG/ML-%-%	Tier 9	Non FDA Exclusion; Medical Only Exclusion
multi-specialty injection kit 40 & 1 mg/ml-%	Tier 9	Non FDA Exclusion; Medical Only Exclusion
physicians ez use j/t/t kit ii injection kit 40 & 1 mg/ml-%	Tier 9	Non FDA Exclusion; Medical Only Exclusion
physicians ez use joint/tunnel combination kit 40-1 mg/ml-%	Tier 9	Non FDA Exclusion
physicians ez use m-pred injection kit 40-0.5 mg/ml-%	Tier 9	Non FDA Exclusion; Medical Only Exclusion
ROPIDEX INJECTION KIT 10-0.5 MG/ML-%	Tier 9	Non FDA Exclusion; Medical Only Exclusion

Drug Name	Drug Tier	Notes
triamcinolone-bupivacaine injection suspension 40-5 mg/ml	Tier 9	Non FDA Exclusion; Medical Only Exclusion
TRILOAN II SUIK COMBINATION KIT 40 MG/ML	Tier 9	Non FDA Exclusion
TRILOAN SUIK COMBINATION KIT 40 MG/ML	Tier 9	Non FDA Exclusion
Cough/Cold/Allergy		
Antitussive - Nonnarcotic**		
benzonatate capsule 100 mg oral	Tier 2	
benzonatate capsule 150 mg oral	Tier 3	
benzonatate capsule 200 mg oral	Tier 2	
Antitussive - Opioid**		
HYCODAN ORAL SOLUTION 5-1.5 MG/5ML	Tier 9	Formulary Exclusion; QL
HYCODAN ORAL TABLET 5-1.5 MG	Tier 9	Formulary Exclusion; QL
hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml	Tier 2	QL
hydrocodone bit-homatrop mbr oral tablet 5-1.5 mg	Tier 2	QL
hydromet oral solution 5-1.5 mg/5ml	Tier 2	QL
Decongestant & Antihistamine**		
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 2.5-120 MG	Tier 4	
promethazine-phenylephrine oral syrup 6.25-5 mg/5ml	Tier 2	
Iodine Expectorants**		
potassium iodide (expectorant) oral solution 1 gm/ml	Tier 9	Non FDA Exclusion
SSKI ORAL SOLUTION 1 GM/ML	Tier 4	
Misc. Respiratory Inhalants**		
HYPERSAL NEBULIZATION SOLUTION 3.5 % INHALATION	Tier 4	
HYPERSAL NEBULIZATION SOLUTION 7 % INHALATION	Tier 9	Formulary Exclusion
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %	Tier 2	
PULMOSAL INHALATION NEBULIZATION SOLUTION 7 %	Tier 2	
sodium chloride nebulization solution 0.9 % inhalation (rx)	Tier 2	

Drug Name	Drug Tier	Notes
sodium chloride nebulization solution 10 % inhalation	Tier 2	
sodium chloride nebulization solution 10 % inhalation	Tier 9	Non FDA Exclusion
sodium chloride nebulization solution 3 % inhalation	Tier 2	
sodium chloride nebulization solution 7 % inhalation	Tier 2	
Mucolytics**		
acetylcysteine inhalation solution 10 %, 20 %	Tier 2	
Non-Narc Antitussive-Antihistamine**		
promethazine-dm oral syrup 6.25-15 mg/5ml	Tier 2	
Non-Narc Antitussive-Decongestant-Antihistamine**		
NEOTUSS PLUS ORAL LIQUID 7.5-4-30 MG/5ML	Tier 9	Formulary Exclusion
pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml	Tier 2	
Opioid Antitussive-Antihistamine**		
hydrocod poli-chlorphe poli er oral suspension extended release 10-8 mg/5ml	Tier 2	Opioid Brochure; QL
promethazine-codeine oral solution 6.25-10 mg/5ml	Tier 2	Opioid Brochure; QL
promethazine-codeine oral syrup 6.25-10 mg/5ml	Tier 2	Opioid Brochure; QL
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR 54.3-8 MG	Tier 4	Opioid Brochure; QL
Dermatologicals		
Acne Antibiotics**		
ACZONE EXTERNAL GEL 7.5 %	Tier 9	Formulary Exclusion
AMZEEQ EXTERNAL FOAM 4 %	Tier 4	ST
CLEOCIN-T EXTERNAL LOTION 1 %	Tier 9	ST; Formulary Exclusion
CLINDACIN ETZ EXTERNAL SWAB 1 %	Tier 2	
CLINDACIN EXTERNAL FOAM 1 %	Tier 2	
CLINDACIN-P EXTERNAL SWAB 1 %	Tier 2	
CLINDAGEL EXTERNAL GEL 1 %	Tier 9	ST; Formulary Exclusion
clindamycin phos (once-daily) external gel 1 %	Tier 2	
clindamycin phos (twice-daily) external gel 1 %	Tier 2	
clindamycin phosphate external foam 1 %	Tier 2	
clindamycin phosphate external lotion 1 %	Tier 2	

Drug Name	Drug Tier	Notes
clindamycin phosphate external solution 1 %	Tier 2	
clindamycin phosphate external swab 1 %	Tier 2	
dapsone external gel 5 %, 7.5 %	Tier 2	
ery external pad 2 %	Tier 2	ST
erythromycin external gel 2 %	Tier 2	ST
erythromycin external solution 2 %	Tier 2	
KLARON EXTERNAL LOTION 10 %	Tier 9	ST; Formulary Exclusion
sulfacetamide sodium (acne) external lotion 10 %	Tier 2	
Acne Combinations**		
abenor external cream 4-10 %	Tier 9	Non FDA Exclusion
abenor hp external lotion 4-15 %	Tier 9	Non FDA Exclusion
ACANYA EXTERNAL GEL 1.2-2.5 %	Tier 9	ST; Formulary Exclusion
acioxiay external cream 15-4 %	Tier 9	Non FDA Exclusion
adainzoxia external gel 0.3-2.5-4 %	Tier 9	Non FDA Exclusion
adalina external gel 4-5 %	Tier 9	Non FDA Exclusion
adapalene-benzoyl peroxide external pad 0.1-2.5 %	Tier 9	ST; Non FDA Exclusion
adapalene-benzoyl peroxide gel 0.1-2.5 % external	Tier 2	
adapalene-benzoyl peroxide gel 0.3-2.5 % external	Tier 9	Formulary Exclusion
adeinzde external gel 0.1-2.5-1 %	Tier 9	Non FDA Exclusion
adermica external gel 2.5-1-2-0.025 %	Tier 9	Non FDA Exclusion
adermica hp external gel 2.5-1-2-0.05 %	Tier 9	Non FDA Exclusion
admirazol dual external cream 6-2-5 %	Tier 9	Non FDA Exclusion
admirazol external cream 6-2-5 %	Tier 9	Non FDA Exclusion
admirazol hp dual external cream 8.5-2-5 %	Tier 9	Non FDA Exclusion
admirazol hp external cream 8.5-2-5 %	Tier 9	Non FDA Exclusion
alixi external cream 6-4 %	Tier 9	Non FDA Exclusion
alixi hp external cream 8.5-4 %	Tier 9	Non FDA Exclusion
alomira external gel 5-1-2-0.05 %	Tier 9	Non FDA Exclusion
alomira hp external gel 5-1-2-0.1 %	Tier 9	Non FDA Exclusion
alomira lp external gel 5-1-2-0.025 %	Tier 9	Non FDA Exclusion
aluris external cream 4-0.05 %	Tier 9	Non FDA Exclusion
aluris external gel 4-0.05 %	Tier 9	Non FDA Exclusion
aluris hp external cream 4-0.1 %	Tier 9	Non FDA Exclusion
aluris hp plus external cream 4-0.1 %	Tier 9	Non FDA Exclusion
aluris lp external cream 4-0.025 %	Tier 9	Non FDA Exclusion
aluris lp plus external cream 4-0.025 %	Tier 9	Non FDA Exclusion

Drug Name	Drug Tier	Notes
aluris plus external cream 4-0.05 %	Tier 9	Non FDA Exclusion
aluxof dual external gel 5-1-2-2-0.025 %	Tier 9	Non FDA Exclusion
aluxof external therapy pack 10-4 & 2-4-0.05 %	Tier 9	Non FDA Exclusion
aluxof hp external therapy pack 10-4 & 2-4-0.1 %	Tier 9	Non FDA Exclusion
alvox external cream 4-0.05 %	Tier 9	Non FDA Exclusion
alvox hp external cream 4-0.1 %	Tier 9	Non FDA Exclusion
apexol cleanser external suspension 2-8 %	Tier 9	Non FDA Exclusion
apexol hp cleanser external suspension 5-10 %	Tier 9	Non FDA Exclusion
aphoria external gel 0.3-2.5-4 %	Tier 9	Non FDA Exclusion
aporix external gel 1-4 %	Tier 9	Non FDA Exclusion
aporix external lotion 1-4 %	Tier 9	Non FDA Exclusion
artilis external gel 1-2.5-4 %	Tier 9	Non FDA Exclusion
artilis hp external gel 1-5-4 %	Tier 9	Non FDA Exclusion
augustil external gel 1-4-2-0.025 %	Tier 9	Non FDA Exclusion
AVAR CLEANSER EXTERNAL LIQUID 10-5 %	Tier 9	Non FDA Exclusion
AVAR LS CLEANSER EXTERNAL LIQUID 10-2 %	Tier 9	Non FDA Exclusion
AVAR-E EMOLLIENT EXTERNAL CREAM 10-5 %	Tier 9	Non FDA Exclusion
avidora external cream 1-4-0.025 %	Tier 9	Non FDA Exclusion
avidora external solution 1-4-0.025 %	Tier 9	Non FDA Exclusion
avidora hp external cream 1-4-0.05 %	Tier 9	Non FDA Exclusion
awanis external cream 8.5-2-0.025 %	Tier 9	Non FDA Exclusion
azalta external gel 2-5-0.025 %	Tier 9	Non FDA Exclusion
azalta hp external gel 2-5-0.05 %	Tier 9	Non FDA Exclusion
BENZAMYCIN EXTERNAL GEL 5-3 %	Tier 9	ST; Formulary Exclusion
benzoyl peroxide-erythromycin external gel 5-3 %	Tier 2	
bp 10-1 external emulsion 10-1 %	Tier 9	Non FDA Exclusion
CABTREO EXTERNAL GEL 0.15-3.1-1.2 %	Tier 4	PA
CLINDACIN ETZ EXTERNAL KIT 1 %	Tier 9	Non FDA Exclusion
clindamycin phos-benzoyl perox gel 1.2-2.5 % external	Tier 2	
clindamycin phos-benzoyl perox gel 1.2-3.75 % external	Tier 9	Formulary Exclusion
clindamycin phos-benzoyl perox gel 1.2-5 % external	Tier 2	
clindamycin phos-benzoyl perox gel 1-5 % external	Tier 2	
clindamycin-tretinoin external gel 1.2-0.025 %	Tier 10	

Drug Name	Drug Tier	Notes
CLINOIN EXTERNAL CREAM 1.25-0.025-1 %	Tier 9	Non FDA Exclusion
deoxia external gel 1-4 %	Tier 9	Non FDA Exclusion
deoxia external lotion 1-4 %	Tier 9	Non FDA Exclusion
deoxiademtar external gel 1-4-2-0.025 %	Tier 9	Non FDA Exclusion
deoxiatar external solution 1-4-0.025 %	Tier 9	Non FDA Exclusion
deoxiavar external cream 1-4-0.05 %	Tier 9	Non FDA Exclusion
diadimaxia external cream 6-2-5 %	Tier 9	Non FDA Exclusion
diadimaxia external gel 6-2-5 %	Tier 9	Non FDA Exclusion
diaoxia external gel 6-4 %	Tier 9	Non FDA Exclusion
diasaxiatar external cream 8.5-2-0.025 %	Tier 9	Non FDA Exclusion
diasaxiatar external gel 8.5-2-0.025 %	Tier 9	Non FDA Exclusion
diasdimaxia external cream 8.5-2-5 %	Tier 9	Non FDA Exclusion
diasdimaxia external gel 8.5-2-5 %	Tier 9	Non FDA Exclusion
diasoxia external cream 6-4 %, 8.5-4 %	Tier 9	Non FDA Exclusion
diasoxia external gel 8.5-4 %	Tier 9	Non FDA Exclusion
dimoxia external gel 4-5 %	Tier 9	Non FDA Exclusion
draxacey external suspension 2-8 %	Tier 9	Non FDA Exclusion
drixece external suspension 5-10 %	Tier 9	Non FDA Exclusion
dynoma external cream 0.05-4 %	Tier 9	Non FDA Exclusion
eceoxia external cream 4-10 %	Tier 9	Non FDA Exclusion
EPIDUO EXTERNAL GEL 0.1-2.5 %	Tier 9	ST; Formulary Exclusion
EPIDUO FORTE EXTERNAL GEL 0.3-2.5 %	Tier 9	ST; Formulary Exclusion
ethoxia external cream 4-0.05 %	Tier 9	Non FDA Exclusion
fluoxia external cream 0.05-4 %	Tier 9	Non FDA Exclusion
idyyxiatar external gel 5-0.025 %	Tier 9	Non FDA Exclusion
inzdeaxiatar external gel 2.5-1-2-0.025 %	Tier 9	Non FDA Exclusion
inzdeaxiavar external gel 2.5-1-2-0.05 %	Tier 9	Non FDA Exclusion
inzdeoxia external gel 2.5-1-4 %	Tier 9	Non FDA Exclusion
ithoxia external cream 4-0.1 %	Tier 9	Non FDA Exclusion
lounzdomdioxatar external therapy pack 10-4 & 2-4-0.05 %	Tier 9	Non FDA Exclusion
melzara external cream 10-2-6 %	Tier 9	Non FDA Exclusion
NEUAC EXTERNAL GEL 1.2-5 %	Tier 2	
ONEXTON EXTERNAL GEL 1.2-3.75 %	Tier 9	ST; Formulary Exclusion
onzdeaxiademtar external gel 5-1-2-2-0.025 %	Tier 9	Non FDA Exclusion
onzdeaxiademvar external gel 5-1-2-2-0.05 %	Tier 9	Non FDA Exclusion
onzdeaxiatar external gel 5-1-2-0.025 %	Tier 9	Non FDA Exclusion
onzdeaxiavar external gel 5-1-2-0.05 %	Tier 9	Non FDA Exclusion

Drug Name	Drug Tier	Notes
onzdeaxiazar external gel 5-1-2-0.1 %	Tier 9	Non FDA Exclusion
onzdeoxia external gel 1-5-4 %	Tier 9	Non FDA Exclusion
oxiaice external lotion 4-15 %	Tier 9	Non FDA Exclusion
oxiatar external cream 4-0.025 %	Tier 9	Non FDA Exclusion
oxiavar external cream 4-0.05 %	Tier 9	Non FDA Exclusion
oxiavarry external cream 4-0.05 %	Tier 9	Non FDA Exclusion
oxiavary external cream 4-0.1 %	Tier 9	Non FDA Exclusion
oxiazar external cream 4-0.1 %	Tier 9	Non FDA Exclusion
PLEXION CLEANSER EXTERNAL LIQUID 9.8-4.8 %	Tier 9	Non FDA Exclusion
PLEXION CLEANSING CLOTH EXTERNAL PAD 9.8-4.8 %	Tier 9	Non FDA Exclusion
PLEXION EXTERNAL CREAM 9.8-4.8 %	Tier 9	Non FDA Exclusion; Non Essential Drug Exclusion
PLEXION EXTERNAL LOTION 9.8-4.8 %	Tier 9	Non FDA Exclusion
rumilo external cream 15-4 %	Tier 9	Non FDA Exclusion
saroxia external cream 4-0.05 %	Tier 9	Non FDA Exclusion
sirvana external gel 5-0.025 %	Tier 9	Non FDA Exclusion
sorixia external cream 4-0.05 %	Tier 9	Non FDA Exclusion
sss 10-5 external cream 10-5 %	Tier 9	Non FDA Exclusion
sulfacetamide sodium-sulfur cream 10-2 % external	Tier 9	Non FDA Exclusion
sulfacetamide sodium-sulfur cream 10-5 % external	Tier 9	Non FDA Exclusion
sulfacetamide sodium-sulfur cream 9.8-4.8 % external	Tier 9	Non Essential Drug Exclusion
sulfacetamide sodium-sulfur cream 9.8-4.8 % external	Tier 9	Non FDA Exclusion; Non Essential Drug Exclusion
sulfacetamide sodium-sulfur external emulsion 10-1 %	Tier 9	Non FDA Exclusion
sulfacetamide sodium-sulfur external lotion 10-5 %, 9.8-4.8 %	Tier 9	Non FDA Exclusion
sulfacetamide sodium-sulfur liquid 10-2 % external	Tier 2	
sulfacetamide sodium-sulfur liquid 10-2 % external	Tier 9	Non FDA Exclusion
sulfacetamide sodium-sulfur liquid 10-5 % external	Tier 2	
sulfacetamide sodium-sulfur liquid 10-5 % external	Tier 9	Non FDA Exclusion
sulfacetamide sodium-sulfur liquid 9.8-4.8 % external	Tier 9	Non FDA Exclusion

Drug Name	Drug Tier	Notes
sulfacetamide sodium-sulfur liquid 9-4 % external	Tier 2	
sulfacetamide sodium-sulfur liquid 9-4 % external	Tier 3	
sulfacetamide sodium-sulfur liquid 9-4 % external	Tier 9	Non FDA Exclusion
sulfacetamide sodium-sulfur liquid 9-4.5 % external	Tier 9	Non Essential Drug Exclusion
sulfacetamide sodium-sulfur suspension 10-5 % external	Tier 9	Non FDA Exclusion
sulfacetamide sodium-sulfur suspension 8-4 % external	Tier 3	
sulfacetamide sodium-sulfur suspension 8-4 % external	Tier 2	
sulfacetamide sodium-sulfur suspension 9-4.25 % external	Tier 9	Non FDA Exclusion
sulfacetamide sod-sulfur wash liquid 9-4 % external	Tier 9	Non FDA Exclusion
sulfacetamide sod-sulfur wash liquid 9-4.5 % external	Tier 9	Non Essential Drug Exclusion
sulfacetamide-sulfur in urea external emulsion 10-5 %	Tier 9	Non FDA Exclusion
SULFACLEANSE 8/4 EXTERNAL SUSPENSION 8-4 %	Tier 2	
SUMAXIN CP EXTERNAL KIT 10-4 %	Tier 9	Non FDA Exclusion
SUMAXIN EXTERNAL PAD 10-4 %	Tier 9	Non FDA Exclusion
tardeoxia external cream 1-4-0.025 %	Tier 9	Non FDA Exclusion
tardimaxia external gel 2-5-0.025 %	Tier 9	Non FDA Exclusion
taroxia external cream 4-0.025 %	Tier 9	Non FDA Exclusion
TWYNEO EXTERNAL CREAM 0.1-3 %	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
unzdomdioxiazar external therapy pack 10-4 & 2-4-0.1 %	Tier 9	Non FDA Exclusion
VANOXIDE-HC EXTERNAL LOTION 5-0.5 %	Tier 9	Non FDA Exclusion
vardimaxia external gel 2-5-0.05 %	Tier 9	Non FDA Exclusion
varoxia external cream 4-0.05 %	Tier 9	Non FDA Exclusion
varoxia external gel 4-0.05 %	Tier 9	Non FDA Exclusion
ZACARE EXTERNAL KIT 4 & 0.2 %, 8 & 0.2 %	Tier 9	Non FDA Exclusion
ZIANA EXTERNAL GEL 1.2-0.025 %	Tier 10	ST; Formulary Exclusion
Acne Products**		
ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG	Tier 9	Non Essential Drug Exclusion

Drug Name	Drug Tier	Notes
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
ACCUTANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Tier 2	
adapalene external cream 0.1 %	Tier 2	
adapalene external gel 0.1 %, 0.3 %	Tier 2	
adapalene external pad 0.1 %	Tier 9	Non Essential Drug Exclusion
adapalene external solution 0.1 %	Tier 9	Non Essential Drug Exclusion
AKLIEF EXTERNAL CREAM 0.005 %	Tier 9	ST; Formulary Exclusion
ALTRENO EXTERNAL LOTION 0.05 %	Tier 4	ST
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Tier 2	
ARAZLO EXTERNAL LOTION 0.045 %	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
ATRALIN EXTERNAL GEL 0.05 %	Tier 9	ST; Formulary Exclusion
AZELEX EXTERNAL CREAM 20 %	Tier 4	PA
BENZAC AC WASH EXTERNAL LIQUID 5 %	Tier 9	ST; Formulary Exclusion
BENZEPRO CREAMY WASH EXTERNAL LIQUID 7 %	Tier 9	Non FDA Exclusion; Non Essential Drug Exclusion
BENZEPRO EXTERNAL 5.8 %	Tier 9	Non FDA Exclusion
BENZEPRO EXTERNAL FOAM 5.2 %, 5.3 %, 9.7 %	Tier 9	Non FDA Exclusion
BENZEPRO EXTERNAL LIQUID 6.8 %	Tier 9	Non FDA Exclusion
BENZEPRO FOAMING CLOTHS EXTERNAL 6 %	Tier 9	Non FDA Exclusion
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Tier 2	
DIFFERIN EXTERNAL CREAM 0.1 %	Tier 9	ST; Formulary Exclusion
EPSOLAY EXTERNAL CREAM 5 %	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
isotretinoin capsule 10 mg oral	Tier 2	
isotretinoin capsule 20 mg oral	Tier 2	
isotretinoin capsule 25 mg oral	Tier 9	Formulary Exclusion
isotretinoin capsule 25 mg oral	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
isotretinoin capsule 30 mg oral	Tier 2	
isotretinoin capsule 35 mg oral	Tier 9	Formulary Exclusion
isotretinoin capsule 35 mg oral	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
isotretinoin capsule 40 mg oral	Tier 2	

Drug Name	Drug Tier	Notes
PR BENZOYL PEROXIDE EXTERNAL LIQUID 6.9 %	Tier 9	Non FDA Exclusion
PR BENZOYL PEROXIDE WASH LIQUID 7 % EXTERNAL	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
PR BENZOYL PEROXIDE WASH LIQUID 7 % EXTERNAL	Tier 9	Non FDA Exclusion; Non Essential Drug Exclusion
RETIN-A EXTERNAL CREAM 0.025 %, 0.05 %, 0.1 %	Tier 9	ST; Formulary Exclusion
RETIN-A EXTERNAL GEL 0.01 %, 0.025 %	Tier 9	ST; Formulary Exclusion
RETIN-A MICRO PUMP GEL 0.06 % EXTERNAL	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
RETIN-A MICRO PUMP GEL 0.08 % EXTERNAL	Tier 9	ST; Formulary Exclusion
tazarotene external foam 0.1 %	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
tretinoin external cream 0.025 %, 0.05 %, 0.1 %	Tier 2	
tretinoin gel 0.01 % external	Tier 2	
tretinoin gel 0.025 % external	Tier 2	
tretinoin gel 0.025 % external	Tier 9	Formulary Exclusion
tretinoin gel 0.05 % external	Tier 2	
tretinoin microsphere gel 0.04 % external	Tier 2	ST
tretinoin microsphere gel 0.06 % external	Tier 9	Non Essential Drug Exclusion
tretinoin microsphere gel 0.08 % external	Tier 2	
tretinoin microsphere gel 0.1 % external	Tier 2	ST
tretinoin microsphere pump gel 0.04 % external	Tier 2	ST
tretinoin microsphere pump gel 0.08 % external	Tier 2	
tretinoin microsphere pump gel 0.1 % external	Tier 2	ST
WINLEVI EXTERNAL CREAM 1 %	Tier 4	PA; QL
zaclir cleansing external lotion 8 %	Tier 9	Non FDA Exclusion
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Tier 2	
Agents For External Genital And Perianal Warts**		
VEREGEN EXTERNAL OINTMENT 15 %	Tier 9	Non Essential Drug Exclusion
Agents For Facial Wrinkles - Hormones**		
sivora external cream 0.3 %	Tier 9	Non FDA Exclusion
Agents For Facial Wrinkles - Retinoids**		
RENOVA EXTERNAL CREAM 0.02 %	Tier 10	Formulary Exclusion

Drug Name	Drug Tier	Notes
RENOVA PUMP EXTERNAL CREAM 0.02 %	Tier 10	Formulary Exclusion
Alopecia Agents - Janus Kinus (Jak) Inhibitors**		
LEQSELVI ORAL TABLET 8 MG	Tier 9	PA; Specialty; Formulary Exclusion
LITFULO ORAL CAPSULE 50 MG	Tier 5	PA; Specialty; QL
Analgesic Combinations - Topical**		
A.A.G.C. KIT IN TERODERM EXTERNAL CREAM 8-4-10-4 %	Tier 9	Non FDA Exclusion
Analgesics - Topical**		
enovarx-baclofen external cream 1 %	Tier 9	Non FDA Exclusion
enovarx-tramadol external cream 5 %	Tier 9	Non FDA Exclusion
MISICARUB EXTERNAL CREAM 2 %, 5 %	Tier 9	Non FDA Exclusion
MUSCUSOLICE EXTERNAL CREAM 2 %, 5 %	Tier 9	Non FDA Exclusion
NEURAPTINE EXTERNAL CREAM 10 %	Tier 9	Non FDA Exclusion
NEURORUB EXTERNAL CREAM 10 %	Tier 9	Non FDA Exclusion
PRAKETAMIDE EXTERNAL CREAM 5 %	Tier 9	Non FDA Exclusion
Antibiotic Mixtures Topical**		
batizia external ointment 2-2 %	Tier 9	Non FDA Exclusion
baxonil external ointment 1-2 %	Tier 9	Non FDA Exclusion
idaran external ointment 1-2 %	Tier 9	Non FDA Exclusion
nanran external ointment 2-2 %	Tier 9	Non FDA Exclusion
Antibiotic Steroid Combinations - Topical**		
NEO-SYNALAR EXTERNAL CREAM 0.5-0.025 %	Tier 9	Non Essential Drug Exclusion
Antibiotics - Topical**		
gentamicin sulfate external cream 0.1 %	Tier 2	
gentamicin sulfate external ointment 0.1 %	Tier 2	
mupirocin calcium external cream 2 %	Tier 2	
mupirocin external ointment 2 %	Tier 2	
XEPI EXTERNAL CREAM 1 %	Tier 4	ST
Antifungals - Topical Combinations**		
CLOBEZIN EXTERNAL THERAPY PACK 1-0.05 & 20.6 %	Tier 9	Non FDA Exclusion

Drug Name	Drug Tier	Notes
clotrimazole-betamethasone external cream 1-0.05 %	Tier 2	
clotrimazole-betamethasone external lotion 1-0.05 %	Tier 2	
dazinia external cream 1-2.5-2 %	Tier 9	Non FDA Exclusion
delibon external cream 2-2.5 %	Tier 9	Non FDA Exclusion
denvita external cream 2-4 %	Tier 9	Non FDA Exclusion
DERMACINRX THERAZOLE PAK EXTERNAL THERAPY PACK 1-0.05 & 20 %	Tier 10	Non FDA Exclusion
difmetioxrime external solution 4-2-1-4 %	Tier 9	Non FDA Exclusion
EXODERM EXTERNAL LOTION 25-1 %	Tier 9	Non FDA Exclusion
fenovia external solution 4-2-1-4 %	Tier 9	Non FDA Exclusion
fervina external lotion 3-5-20 %	Tier 9	Non FDA Exclusion
fidila external shampoo 2-2 %	Tier 9	Non FDA Exclusion
filoma external solution 8-1-1 %	Tier 9	Non FDA Exclusion
frivo external cream 1-4 %	Tier 9	Non FDA Exclusion
hexiounyl external lotion 3-5-20 %	Tier 9	Non FDA Exclusion
hixdefrima external solution 8-1-1 %	Tier 9	Non FDA Exclusion
hydrocortisone-iodoquinol external cream 1-1 %	Tier 9	Non FDA Exclusion
imioxia external cream 1-4 %	Tier 9	Non FDA Exclusion
iodoquinol-hc-aloe polysacch external gel 1-2-1 %	Tier 9	Non FDA Exclusion
iodoquinol-hydrocortisone-aloe external cream 1-1.9 %	Tier 9	Non FDA Exclusion
miconazole-zinc oxide-petrolat external ointment 0.25-15-81.35 %	Tier 9	Non Essential Drug Exclusion
MYCOZYL HC EXTERNAL GEL 1-0.667 %	Tier 10	Non FDA Exclusion
MYCOZYL HC EXTERNAL LIQUID 1-0.667 %	Tier 10	Non FDA Exclusion
nystatin-triamcinolone external cream 100000-0.1 unit/gm-%	Tier 2	
nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%	Tier 2	
ONYCHO-MED EXTERNAL KIT 2-250 %-MG	Tier 9	Non FDA Exclusion
phedrax external shampoo 2-2 %	Tier 9	Non FDA Exclusion
pheodoyo external cream 1-2.5-2 %	Tier 9	Non FDA Exclusion
pheoxia external cream 2-4 %	Tier 9	Non FDA Exclusion
pheyo external cream 2.5-2 %	Tier 9	Non FDA Exclusion

Drug Name	Drug Tier	Notes
PODIATROLE EXTERNAL THERAPY PACK 2 & 20 %	Tier 9	Non FDA Exclusion
VUSION EXTERNAL OINTMENT 0.25-15-81.35 %	Tier 9	Non Essential Drug Exclusion
VYTONE EXTERNAL CREAM 1-1.9 %	Tier 9	Non FDA Exclusion
Antifungals - Topical**		
CICLODAN EXTERNAL SOLUTION 8 %	Tier 2	
ciclopirox external gel 0.77 %	Tier 2	
ciclopirox external shampoo 1 %	Tier 2	
ciclopirox external solution 8 %	Tier 2	
ciclopirox olamine external cream 0.77 %	Tier 2	
ciclopirox olamine external suspension 0.77 %	Tier 9	Formulary Exclusion
ciclopirox treatment external kit 8 %	Tier 9	Non FDA Exclusion
KLAYESTA EXTERNAL POWDER 100000 UNIT/GM	Tier 2	
MYCOZYL AL EXTERNAL SOLUTION 1 %	Tier 10	Non FDA Exclusion
naftifine hcl cream 1 % external	Tier 2	
naftifine hcl cream 2 % external	Tier 9	Formulary Exclusion
naftifine hcl external gel 2 %	Tier 2	
NAFTIN EXTERNAL GEL 2 %	Tier 9	Formulary Exclusion
NYAMYC EXTERNAL POWDER 100000 UNIT/GM	Tier 2	
nystatin external cream 100000 unit/gm	Tier 2	
nystatin external ointment 100000 unit/gm	Tier 2	
nystatin external powder 100000 unit/gm	Tier 2	
NYSTOP EXTERNAL POWDER 100000 UNIT/GM	Tier 2	
Anti-Inflammatory Agents - Topical**		
diclofenac epolamine patch 1.3 % external	Tier 2	
diclofenac epolamine patch 1.3 % external	Tier 4	
diclofenac sodium solution 1.5 % external	Tier 2	QL
diclofenac sodium solution 2 % external	Tier 10	ST; QL
diclofenac sodium solution 2 % external	Tier 10	ST; Formulary Exclusion; QL
enovarx-diclofenac sodium external cream 2.5 %	Tier 9	Non FDA Exclusion
enovarx-ibuprofen external cream 10 %	Tier 9	Non FDA Exclusion
enovarx-naproxen external cream 10 %	Tier 9	Non FDA Exclusion
FLECTOR EXTERNAL PATCH 1.3 %	Tier 4	

Drug Name	Drug Tier	Notes
FROTEK EXTERNAL CREAM 10 %	Tier 9	Non FDA Exclusion
KETORUB EXTERNAL CREAM 10 %	Tier 9	Non FDA Exclusion
LICART EXTERNAL PATCH 24 HOUR 1.3 %	Tier 10	ST; QL
LIXOFEN EXTERNAL KIT 1.5 %	Tier 10	Non FDA Exclusion
napro external cream 15 %	Tier 9	Non FDA Exclusion
VENNGEL ONE EXTERNAL KIT 1 %	Tier 10	Non FDA Exclusion
VENNGEL TWO EXTERNAL KIT 1 %	Tier 10	Non FDA Exclusion
XICLO EXTERNAL PATCH 1.25 %	Tier 9	Non FDA Exclusion
Anti-Inflammatory Combinations - Topical**		
capsinac external therapy pack 0.025-1.5 %	Tier 9	Non FDA Exclusion
DERMACINRX DICLOLIDOL EXTERNAL THERAPY PACK 1 & 5 %	Tier 10	Non FDA Exclusion
DICLOGEN EXTERNAL THERAPY PACK 1.5 & 4-10 %	Tier 10	Non FDA Exclusion
diclona external gel 1-4.5 %	Tier 9	Non FDA Exclusion
diclopr external kit 1 & 10-30 %	Tier 9	Non FDA Exclusion
DICLOSAICIN EXTERNAL THERAPY PACK 1.5-0.025 %	Tier 9	Non FDA Exclusion
diclostream external therapy pack 1.5-10 %	Tier 9	Non FDA Exclusion
diclovix m external therapy pack 1.5-8 %	Tier 9	Non FDA Exclusion
dimentho external therapy pack 1.5 & 10 %	Tier 9	Non FDA Exclusion
dual complex formula 1 kit external cream	Tier 9	Non FDA Exclusion
fbl kit external cream 15-4-5 %	Tier 9	Non FDA Exclusion
FENOVAR EXTERNAL KIT 1.5-10-15 %	Tier 9	Non FDA Exclusion
ICLOFENAC CP EXTERNAL THERAPY PACK 0.025-1.5 %	Tier 9	Non FDA Exclusion
K.B.G.L IN TERODERM EXTERNAL CREAM 15-4-10-2 %	Tier 9	Non FDA Exclusion
LEXTOL EXTERNAL THERAPY PACK 1.5 & 0.025 %	Tier 10	Non FDA Exclusion
ORTHAPHEN EXTERNAL KIT 1.5-10-15 %	Tier 9	Non FDA Exclusion
orthrexo external kit 1.5-10-15 %	Tier 9	Non FDA Exclusion
PROFINAC EXTERNAL THERAPY PACK 1.5 %	Tier 9	Non FDA Exclusion
sure result dss premium pack external therapy pack 1.5 & 0.025 %	Tier 9	Non FDA Exclusion
TORVEX EXTERNAL KIT 1.5-10-15 %	Tier 9	Non FDA Exclusion
triple complex formula 3 kit external cream 20-2-10 %	Tier 9	Non FDA Exclusion

Drug Name	Drug Tier	Notes
VAROPHEN EXTERNAL KIT 1.5-10-15 %	Tier 9	Non FDA Exclusion
vp fc kit external cream	Tier 9	Non FDA Exclusion
vp gkl kit external cream 20-2-10 %	Tier 9	Non FDA Exclusion
XICLOFEN EXTERNAL OINTMENT 1-5 %	Tier 9	Non FDA Exclusion
ZICLOPRO EXTERNAL THERAPY PACK 1.5 & 0.025 %	Tier 9	Non FDA Exclusion
Antineoplastic Alkylating Agents - Topical**		
VALCHLOR EXTERNAL GEL 0.016 %	Tier 5	PA; Specialty; QL
Antineoplastic Antimetabolites - Topical**		
fluorouracil cream 0.5 % external	Tier 9	Non Essential Drug Exclusion
fluorouracil cream 5 % external	Tier 2	
fluorouracil external solution 2 %, 5 %	Tier 2	
TOLAK EXTERNAL CREAM 4 %	Tier 9	Formulary Exclusion
Antineoplastic Or Premalignant Lesion Agent - Comb**		
kazuri external gel 5-1-0.05 %	Tier 9	Non FDA Exclusion
KEFUNOVA EXTERNAL CREAM 5-0.005 %	Tier 9	Non FDA Exclusion
keraxa external gel 3-4 %	Tier 9	Non FDA Exclusion
kerida external gel 5-30-0.1 %	Tier 9	Non FDA Exclusion
kynara external gel 5-1-2 %	Tier 9	Non FDA Exclusion
quidroxzar external gel 5-30-0.1 %	Tier 9	Non FDA Exclusion
quihoxaxia external gel 5-1-2 %	Tier 9	Non FDA Exclusion
quihoxvar external gel 5-1-0.05 %	Tier 9	Non FDA Exclusion
roaoxia external gel 3-4 %	Tier 9	Non FDA Exclusion
Antineoplastic Or Premalignant Lesions - Topical Nsaid's**		
diclofenac sodium external gel 3 %	Tier 2	
Antineoplastic Retinoids - Topical**		
PANRETIN EXTERNAL GEL 0.1 %	Tier 5	Specialty; QL
Antipruritics - Topical**		
doxepin hcl external cream 5 %	Tier 9	Non Essential Drug Exclusion
PRUDOXIN EXTERNAL CREAM 5 %	Tier 9	Non Essential Drug Exclusion
ZONALON EXTERNAL CREAM 5 %	Tier 9	Non Essential Drug Exclusion
Antipsoriatic Combinations**		
cipotrex external kit 0.005 %	Tier 9	Non FDA Exclusion
diooxia external cream 0.005-4 %	Tier 9	Non FDA Exclusion

Drug Name	Drug Tier	Notes
NUDERMRXPAK 120 EXTERNAL THERAPY PACK 0.005-5 %	Tier 9	Non FDA Exclusion
NUDERMRXPAK 60 EXTERNAL THERAPY PACK 0.005-5 %	Tier 9	Non FDA Exclusion
purazil external cream 0.005-4 %	Tier 9	Non FDA Exclusion
TRIONEX EXTERNAL KIT 0.005 %	Tier 9	Non FDA Exclusion
Antipsoriatics - Systemic**		
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	Tier 2	QL
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 160 MG/ML, 320 MG/2ML	Tier 5	PA; Specialty
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML, 320 MG/2ML	Tier 5	PA; Specialty
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	Tier 9	PA; Specialty; Formulary Exclusion
COSENTYX INTRAVENOUS SOLUTION 125 MG/5ML	Tier 9	PA; Specialty; Formulary Exclusion
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	Tier 9	PA; Specialty; Formulary Exclusion
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	Tier 9	PA; Specialty; Formulary Exclusion
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML	Tier 9	PA; Specialty; Formulary Exclusion
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	Tier 9	PA; Specialty; Formulary Exclusion
ICOTYDE ORAL TABLET 200 MG	Tier 5	PA; Specialty
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	Tier 5	PA; Specialty
IMULDOSA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	Tier 9	PA; Specialty
methoxsalen rapid oral capsule 10 mg	Tier 2	PA
OTULFI SUBCUTANEOUS SOLUTION 45 MG/0.5ML	Tier 9	PA; Specialty
OTULFI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	Tier 9	PA; Specialty
PYZCHIVA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	Tier 9	PA; Specialty

Drug Name	Drug Tier	Notes
PYZCHIVA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 45 MG/0.5ML, 90 MG/ML	Tier 9	PA; Specialty
PYZCHIVA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	Tier 9	PA; Specialty
SELARSDI SUBCUTANEOUS SOLUTION 45 MG/0.5ML	Tier 9	Specialty
SELARSDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	Tier 9	PA; Specialty
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.5ML	Tier 9	PA; Specialty; Formulary Exclusion
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	Tier 5	PA; Specialty
SKYRIZI SOLUTION PREFILLED SYRINGE 150 MG/ML SUBCUTANEOUS	Tier 5	PA; Specialty
SKYRIZI SOLUTION PREFILLED SYRINGE 55 MG/0.37ML SUBCUTANEOUS	Tier 3	PA
SOTYKTU ORAL TABLET 6 MG	Tier 5	PA; Specialty; QL
SPEVIGO INTRAVENOUS SOLUTION 450 MG/7.5ML	Tier 9	Medical Only Exclusion
SPEVIGO SOLUTION PREFILLED SYRINGE 150 MG/ML SUBCUTANEOUS	Tier 4	PA; Specialty
SPEVIGO SOLUTION PREFILLED SYRINGE 150 MG/ML SUBCUTANEOUS	Tier 5	PA; Specialty
SPEVIGO SOLUTION PREFILLED SYRINGE 300 MG/2ML SUBCUTANEOUS	Tier 5	PA; Specialty
STARJEMZA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	Tier 9	Specialty
STARJEMZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	Tier 9	Specialty
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	Tier 9	PA; Specialty; Formulary Exclusion
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	Tier 9	PA; Specialty; Formulary Exclusion
STEQEYMA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	Tier 5	PA; Specialty
STEQEYMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	Tier 5	PA; Specialty
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML	Tier 5	PA; Specialty

Drug Name	Drug Tier	Notes
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.25ML, 40 MG/0.5ML, 80 MG/ML	Tier 5	PA; Specialty
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML	Tier 5	PA; Specialty
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	Tier 5	PA; Specialty
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	Tier 5	PA; Specialty
ustekinumab subcutaneous solution 45 mg/0.5ml	Tier 9	PA; Specialty
ustekinumab subcutaneous solution prefilled syringe 45 mg/0.5ml, 90 mg/ml	Tier 9	PA; Specialty
ustekinumab-aauz subcutaneous solution prefilled syringe 45 mg/0.5ml, 90 mg/ml	Tier 9	PA; Specialty
ustekinumab-aekn solution prefilled syringe 45 mg/0.5ml subcutaneous	Tier 5	PA; Specialty
ustekinumab-aekn solution prefilled syringe 45 mg/0.5ml subcutaneous	Tier 9	PA; Specialty; Ustekinumab-aekn preferred NDCs 51759-413-32 and 51759-414-32
ustekinumab-aekn solution prefilled syringe 90 mg/ml subcutaneous	Tier 5	PA; Specialty
ustekinumab-aekn solution prefilled syringe 90 mg/ml subcutaneous	Tier 9	PA; Specialty; Ustekinumab-aekn preferred NDCs 51759-413-32 and 51759-414-32
ustekinumab-ttwe subcutaneous solution 45 mg/0.5ml	Tier 9	PA; Specialty
ustekinumab-ttwe subcutaneous solution prefilled syringe 45 mg/0.5ml, 90 mg/ml	Tier 9	PA; Specialty
WEZLANA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	Tier 9	Specialty
WEZLANA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	Tier 9	Specialty
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5ML	Tier 5	PA; Specialty
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	Tier 5	PA; Specialty
Antipsoriatics**		
calcipotriene external cream 0.005 %	Tier 2	
calcipotriene external foam 0.005 %	Tier 9	Non Essential Drug Exclusion
calcipotriene external ointment 0.005 %	Tier 2	
calcipotriene external solution 0.005 %	Tier 2	

Drug Name	Drug Tier	Notes
CALCITRENE EXTERNAL OINTMENT 0.005 %	Tier 2	
calcitriol ointment 3 mcg/gm external	Tier 4	
calcitriol ointment 3 mcg/gm external	Tier 2	
PELLIX EXTERNAL SOLUTION 0.005 %	Tier 2	
SORILUX EXTERNAL FOAM 0.005 %	Tier 9	Non Essential Drug Exclusion
tazarotene external cream 0.05 %, 0.1 %	Tier 2	
tazarotene external gel 0.05 %, 0.1 %	Tier 2	
TAZORAC CREAM 0.05 % EXTERNAL	Tier 9	Formulary Exclusion
TAZORAC CREAM 0.1 % EXTERNAL	Tier 9	ST; Formulary Exclusion
TAZORAC EXTERNAL GEL 0.05 %, 0.1 %	Tier 9	Formulary Exclusion
TRILITAS EXTERNAL GEL 0.1 %	Tier 2	
VTAMA EXTERNAL CREAM 1 %	Tier 3	PA; QL
ZITHRANOL EXTERNAL SHAMPOO 1 %	Tier 9	Non FDA Exclusion
Antiseborrheic Combinations**		
dafilor external shampoo 0.77-2 %	Tier 9	Non FDA Exclusion
dionaris external shampoo 0.77-0.05-3 %	Tier 9	Non FDA Exclusion
divendo external shampoo 0.77-0.05 %	Tier 9	Non FDA Exclusion
diyra external shampoo 0.77-0.05-0.2 %	Tier 9	Non FDA Exclusion
dorevi external shampoo 0.77-0.05-3-0.2 %	Tier 9	Non FDA Exclusion
haxchlo external shampoo 0.77-0.05 %	Tier 9	Non FDA Exclusion
haxchlodrex external shampoo 0.77-0.05-3 %	Tier 9	Non FDA Exclusion
haxdrax external shampoo 0.77-2 %	Tier 9	Non FDA Exclusion
micuraderm external emulsion	Tier 9	Non FDA Exclusion
NUTRASEB EXTERNAL CREAM	Tier 9	Non FDA Exclusion
PROMISEB EXTERNAL CREAM	Tier 9	Non FDA Exclusion
Antiseborrheic Products**		
OVACE PLUS WASH EXTERNAL GEL 10 %	Tier 9	Non FDA Exclusion
OVACE PLUS WASH EXTERNAL LIQUID 10 %	Tier 9	Non FDA Exclusion
OVACE WASH EXTERNAL LIQUID 10 %	Tier 9	Non FDA Exclusion
PLEXION NS EXTERNAL SHAMPOO 9.8 %	Tier 9	Non FDA Exclusion
selenium sulfide external lotion 2.5 %	Tier 2	
selenium sulfide external shampoo 2.25 %, 2.3 %	Tier 9	Non FDA Exclusion
sodium sulfacetamide external shampoo 10 %, 9.8 %	Tier 9	Non FDA Exclusion
sodium sulfacetamide wash liquid 10 % external	Tier 2	
sodium sulfacetamide wash liquid 10 % external	Tier 3	

Drug Name	Drug Tier	Notes
sodium sulfacetamide wash liquid 10 % external	Tier 9	Non FDA Exclusion
sulfacetamide sodium (cleans) external gel 10 %	Tier 9	Non FDA Exclusion
sulfacetamide sodium external liquid 10 %	Tier 9	Non FDA Exclusion
Antiviral Topical Combinations**		
XERESE EXTERNAL CREAM 5-1 %	Tier 9	Non Essential Drug Exclusion
Antivirals - Topical**		
acyclovir external cream 5 %	Tier 9	Non Essential Drug Exclusion
acyclovir external ointment 5 %	Tier 2	
DENAVIR EXTERNAL CREAM 1 %	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
penciclovir external cream 1 %	Tier 9	Non Essential Drug Exclusion
ZELSUVMI EXTERNAL GEL 10.3 %	Tier 4	PA
ZOVIRAX EXTERNAL CREAM 5 %	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
ZOVIRAX EXTERNAL OINTMENT 5 %	Tier 9	Formulary Exclusion
Astringents**		
XERAC AC SOLUTION 6.25 % EXTERNAL	Tier 9	Formulary Exclusion
XERAC AC SOLUTION 6.25 % EXTERNAL	Tier 9	Non FDA Exclusion
Atopic Dermatitis - Janus Kinase (Jak) Inhibitors**		
ANZUPGO EXTERNAL CREAM 20 MG/GM	Tier 9	PA; Formulary Exclusion; QL
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG	Tier 9	PA; Specialty; Formulary Exclusion; QL
OPZELURA EXTERNAL CREAM 1.5 %	Tier 3	PA; QL
Atopic Dermatitis - Monoclonal Antibodies**		
ADBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	Tier 5	PA; Specialty
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	Tier 5	PA; Specialty
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML, 300 MG/2ML	Tier 5	PA; Specialty
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	Tier 5	PA; Specialty
EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR 250 MG/2ML	Tier 5	PA; Specialty
EBGLYSS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 250 MG/2ML	Tier 5	PA; Specialty

Drug Name	Drug Tier	Notes
Burn Products**		
SILVADENE EXTERNAL CREAM 1 %	Tier 9	Formulary Exclusion
silver sulfadiazine external cream 1 %	Tier 2	
SSD EXTERNAL CREAM 1 %	Tier 2	
SULFAMYLON EXTERNAL CREAM 85 MG/GM	Tier 4	
Cauterizing Agent Combinations**		
ARZOL SILVER NIT APPLICATORS EXTERNAL 75-25 %	Tier 9	Non FDA Exclusion
Cauterizing Agents**		
silver nitrate external solution 0.5 %	Tier 9	Non FDA Exclusion
Corticosteroids - Topical**		
ADVANCED ALLERGY COLLECTION EXTERNAL KIT 2.5 %	Tier 9	Non FDA Exclusion
ALA SCALP EXTERNAL LOTION 2 %	Tier 2	ST
ala-cort external cream 1 %	Tier 2	Insufficient Evidence
alclometasone dipropionate external cream 0.05 %	Tier 2	
alclometasone dipropionate external ointment 0.05 %	Tier 2	
amcinonide external cream 0.1 %	Tier 4	ST
amcinonide external ointment 0.1 %	Tier 2	ST
betamethasone dipropionate aug external cream 0.05 %	Tier 2	
betamethasone dipropionate aug external gel 0.05 %	Tier 2	
betamethasone dipropionate aug external lotion 0.05 %	Tier 2	
betamethasone dipropionate aug external ointment 0.05 %	Tier 2	
betamethasone dipropionate external cream 0.05 %	Tier 2	
betamethasone dipropionate external lotion 0.05 %	Tier 2	
betamethasone dipropionate external ointment 0.05 %	Tier 2	
betamethasone valerate external cream 0.1 %	Tier 2	
betamethasone valerate external foam 0.12 %	Tier 9	Non Essential Drug Exclusion
betamethasone valerate external lotion 0.1 %	Tier 2	
betamethasone valerate external ointment 0.1 %	Tier 2	
BRYHALI EXTERNAL LOTION 0.01 %	Tier 9	Non Essential Drug Exclusion

Drug Name	Drug Tier	Notes
clobetasol prop emollient base external cream 0.05 %	Tier 2	
clobetasol propionate cream 0.025 % external	Tier 9	Non Essential Drug Exclusion
clobetasol propionate cream 0.05 % external	Tier 2	
clobetasol propionate cream 0.05 % external	Tier 2	Insufficient Evidence
clobetasol propionate e external cream 0.05 %	Tier 2	
clobetasol propionate emulsion external foam 0.05 %	Tier 2	
clobetasol propionate external foam 0.05 %	Tier 2	
clobetasol propionate external gel 0.05 %	Tier 2	
clobetasol propionate external liquid 0.05 %	Tier 2	
clobetasol propionate external lotion 0.05 %	Tier 2	
clobetasol propionate external shampoo 0.05 %	Tier 2	
clobetasol propionate external solution 0.05 %	Tier 2	
clobetasol propionate ointment 0.05 % external	Tier 2	
clobetasol propionate ointment 0.05 % external	Tier 2	Insufficient Evidence
CLOBEX EXTERNAL LOTION 0.05 %	Tier 9	Formulary Exclusion
CLOBEX EXTERNAL SHAMPOO 0.05 %	Tier 9	Formulary Exclusion
CLOBEX SPRAY EXTERNAL LIQUID 0.05 %	Tier 9	Formulary Exclusion
clocortolone pivalate external cream 0.1 %	Tier 2	ST
CLODAN EXTERNAL SHAMPOO 0.05 %	Tier 2	
CORDRAN EXTERNAL TAPE 4 MCG/SQCM	Tier 4	
DERMA-SMOOTHE/FS BODY EXTERNAL OIL 0.01 %	Tier 9	Formulary Exclusion
DERMA-SMOOTHE/FS SCALP EXTERNAL OIL 0.01 %	Tier 9	Formulary Exclusion
dermavyx external kit 0.1 %	Tier 9	Non FDA Exclusion
desonide external cream 0.05 %	Tier 2	
desonide external gel 0.05 %	Tier 2	ST
desonide external lotion 0.05 %	Tier 2	
desonide external ointment 0.05 %	Tier 2	
desoximetasone external cream 0.05 %, 0.25 %	Tier 2	
desoximetasone external gel 0.05 %	Tier 2	
desoximetasone external liquid 0.25 %	Tier 2	
desoximetasone external ointment 0.05 %, 0.25 %	Tier 2	
diflorasone diacetate external cream 0.05 %	Tier 9	Non Essential Drug Exclusion
diflorasone diacetate external ointment 0.05 %	Tier 9	Non Essential Drug Exclusion

Drug Name	Drug Tier	Notes
DIPROLENE EXTERNAL OINTMENT 0.05 %	Tier 9	Formulary Exclusion
EVESSE EXTERNAL LOTION 0.1 %	Tier 2	ST
fluocinolone acetonide body external oil 0.01 %	Tier 2	
fluocinolone acetonide external cream 0.01 %, 0.025 %	Tier 2	
fluocinolone acetonide external ointment 0.025 %	Tier 2	
fluocinolone acetonide external solution 0.01 %	Tier 2	
fluocinolone acetonide scalp external oil 0.01 %	Tier 2	
fluocinonide emulsified base external cream 0.05 %	Tier 2	
fluocinonide external cream 0.05 %, 0.1 %	Tier 2	
fluocinonide external gel 0.05 %	Tier 2	
fluocinonide external ointment 0.05 %	Tier 2	
fluocinonide external solution 0.05 %	Tier 2	
flurandrenolide external lotion 0.05 %	Tier 2	
fluticasone propionate external cream 0.05 %	Tier 2	
fluticasone propionate external lotion 0.05 %	Tier 2	
fluticasone propionate external ointment 0.005 %	Tier 2	
halcinonide external cream 0.1 %	Tier 2	ST
halcinonide external solution 0.1 %	Tier 2	ST
halobetasol propionate external cream 0.05 %	Tier 2	
halobetasol propionate external foam 0.05 %	Tier 9	Non Essential Drug Exclusion
halobetasol propionate external lotion 0.05 %	Tier 9	Non Essential Drug Exclusion
halobetasol propionate external ointment 0.05 %	Tier 9	Non Essential Drug Exclusion
HALOG EXTERNAL CREAM 0.1 %	Tier 9	ST; Formulary Exclusion
HALOG EXTERNAL SOLUTION 0.1 %	Tier 4	ST
hydralyn external gel 2 %	Tier 9	Non FDA Exclusion
HYDRAVEX EXTERNAL GEL 2 %	Tier 9	Non FDA Exclusion
hydrocortisone acetate external cream 2.5 %	Tier 4	
hydrocortisone butyrate external cream 0.1 %	Tier 2	
hydrocortisone butyrate external lotion 0.1 %	Tier 2	ST
hydrocortisone butyrate external ointment 0.1 %	Tier 2	ST
hydrocortisone butyrate external solution 0.1 %	Tier 2	
hydrocortisone external cream 1 %, 2.5 %	Tier 2	Insufficient Evidence
hydrocortisone external gel 2 %	Tier 9	Non FDA Exclusion
hydrocortisone external ointment 1 %, 2.5 %	Tier 2	Insufficient Evidence
hydrocortisone external solution 2.5 %	Tier 4	ST
hydrocortisone lotion 2 % external	Tier 2	ST

Drug Name	Drug Tier	Notes
hydrocortisone lotion 2.5 % external	Tier 2	
hydrocortisone valerate external cream 0.2 %	Tier 2	
hydrocortisone valerate external ointment 0.2 %	Tier 2	
HYDROXATE EXTERNAL GEL 2 %	Tier 10	Non FDA Exclusion
HYDROXYM EXTERNAL CREAM 2 %	Tier 10	Non FDA Exclusion
HYDROXYM EXTERNAL GEL 2 %	Tier 10	Non FDA Exclusion
IMPOYZ EXTERNAL CREAM 0.025 %	Tier 9	Non Essential Drug Exclusion
LEXETTE EXTERNAL FOAM 0.05 %	Tier 9	Non Essential Drug Exclusion
MICORT HC EXTERNAL CREAM 2.5 %	Tier 9	Non Essential Drug Exclusion
mometasone furoate external cream 0.1 %	Tier 2	Insufficient Evidence
mometasone furoate external solution 0.1 %	Tier 2	
mometasone furoate ointment 0.1 % external	Tier 2	
mometasone furoate ointment 0.1 % external	Tier 2	Insufficient Evidence
NUCORT EXTERNAL LOTION 2 %	Tier 9	Non FDA Exclusion
SERNIVO EXTERNAL EMULSION 0.05 %	Tier 4	ST
SYNALAR EXTERNAL CREAM 0.025 %	Tier 9	Formulary Exclusion
SYNALAR EXTERNAL OINTMENT 0.025 %	Tier 9	Formulary Exclusion
TEXACORT EXTERNAL SOLUTION 2.5 %	Tier 4	ST
TOPICORT EXTERNAL OINTMENT 0.05 %, 0.25 %	Tier 9	Formulary Exclusion
TOPICORT SPRAY EXTERNAL LIQUID 0.25 %	Tier 9	Formulary Exclusion
TOVET EXTERNAL FOAM 0.05 %	Tier 2	
TRIADERMEX EXTERNAL KIT 0.1 %	Tier 9	Non FDA Exclusion
triamcinolone acetonide external aerosol solution 0.147 mg/gm	Tier 2	
triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %	Tier 2	
triamcinolone acetonide external lotion 0.025 %, 0.1 %	Tier 2	
triamcinolone acetonide ointment 0.025 % external	Tier 2	
triamcinolone acetonide ointment 0.05 % external	Tier 9	Non Essential Drug Exclusion
triamcinolone acetonide ointment 0.1 % external	Tier 2	
triamcinolone acetonide ointment 0.1 % external	Tier 2	Insufficient Evidence
triamcinolone acetonide ointment 0.5 % external	Tier 2	Insufficient Evidence
triamcinolone in absorbase external ointment 0.05 %	Tier 9	Non Essential Drug Exclusion

Drug Name	Drug Tier	Notes
TRIAMVEX (CREAM) EXTERNAL KIT 0.1 %	Tier 9	Non FDA Exclusion
TRIDERM EXTERNAL CREAM 0.5 %	Tier 2	
TRILONA EXTERNAL KIT 0.1 %	Tier 9	Non FDA Exclusion
ULTRAVATE EXTERNAL LOTION 0.05 %	Tier 9	Non Essential Drug Exclusion
VANOS EXTERNAL CREAM 0.1 %	Tier 10	Formulary Exclusion
Depigmenting Agents**		
BLANCHE EXTERNAL CREAM 4 %	Tier 10	Non FDA Exclusion
hydroquinone external cream 4 %	Tier 10	Non FDA Exclusion
kaxm external emulsion 4 %	Tier 9	Non FDA Exclusion
keido external emulsion 6 %	Tier 9	Non FDA Exclusion
kexm external emulsion 6 %	Tier 9	Non FDA Exclusion
kutea external emulsion 8 %	Tier 9	Non FDA Exclusion
kuxm external emulsion 8 %	Tier 9	Non FDA Exclusion
medorfa external emulsion 6 %	Tier 9	Non FDA Exclusion
medorfa hp external emulsion 8 %	Tier 9	Non FDA Exclusion
medorfa hp plus external emulsion 8 %	Tier 9	Non FDA Exclusion
medorfa lp external emulsion 4 %	Tier 9	Non FDA Exclusion
medorfa plus external emulsion 6 %	Tier 9	Non FDA Exclusion
Depigmenting Combinations**		
kataraxap external emulsion 4-0.025-0.025 %	Tier 9	Non FDA Exclusion
KATARVIA EXTERNAL EMULSION 4-0.025 %	Tier 9	Non FDA Exclusion
katarya external emulsion 4-0.5-0.025 %	Tier 9	Non FDA Exclusion
kataryaxn external emulsion 4-0.5-0.025 %	Tier 9	Non FDA Exclusion
ketarya external emulsion 6-0.5-0.025 %	Tier 9	Non FDA Exclusion
kevaraxap external emulsion 6-0.05-0.025 %	Tier 9	Non FDA Exclusion
kevartia external emulsion 6-0.05 %	Tier 9	Non FDA Exclusion
kevarya external emulsion 6-0.5-0.05 %	Tier 9	Non FDA Exclusion
keya external emulsion 6-0.5 %	Tier 9	Non FDA Exclusion
kotaraxap external emulsion 5-0.025-0.025 %	Tier 9	Non FDA Exclusion
kutar external emulsion 8-0.025 %	Tier 9	Non FDA Exclusion
kutarvia external emulsion 8-0.025 %	Tier 9	Non FDA Exclusion
kutaryaxm external emulsion 8-0.5-0.025 %	Tier 9	Non FDA Exclusion
kutaryaxmpa external emulsion 8-0.5-0.025 %	Tier 9	Non FDA Exclusion
kuvarya external emulsion 8-0.5-0.05 %	Tier 9	Non FDA Exclusion
kuvarye external emulsion 8-1-0.05 %	Tier 9	Non FDA Exclusion
mavilo external emulsion 5-0.025-0.025 %	Tier 9	Non FDA Exclusion

Drug Name	Drug Tier	Notes
mavilo hp external emulsion 6-0.05-0.025 %	Tier 9	Non FDA Exclusion
mavilo lp external emulsion 4-0.025-0.025 %	Tier 9	Non FDA Exclusion
mecorix external emulsion 8-0.5-0.025 %	Tier 9	Non FDA Exclusion
mecorix hp external emulsion 8-0.5-0.05 %	Tier 9	Non FDA Exclusion
mecorix plus external emulsion 8-0.5-0.025 %	Tier 9	Non FDA Exclusion
mekam external emulsion 6-0.5-0.025 %	Tier 9	Non FDA Exclusion
mekam hp external emulsion 6-0.5-0.05 %	Tier 9	Non FDA Exclusion
melidu external emulsion 4-0.5-0.025 %	Tier 9	Non FDA Exclusion
melondis external emulsion 4-0.5-0.025 %	Tier 9	Non FDA Exclusion
melondis plus external emulsion 4-0.5-0.025 %	Tier 9	Non FDA Exclusion
mimora external emulsion 6-0.5 %	Tier 9	Non FDA Exclusion
mokura external emulsion 8-0.025 %	Tier 9	Non FDA Exclusion
mokura lp external emulsion 4-0.025 %	Tier 9	Non FDA Exclusion
mokura mod external emulsion 6-0.05 %	Tier 9	Non FDA Exclusion
mokura plus external emulsion 8-0.025 %	Tier 9	Non FDA Exclusion
molexi external emulsion 4-2.5-0.025 %	Tier 9	Non FDA Exclusion
mythius external emulsion 8-1-0.05 %	Tier 9	Non FDA Exclusion
myvori external cream 10-4 %	Tier 9	Non FDA Exclusion
prooxia external cream 10-4 %	Tier 9	Non FDA Exclusion
TRI-LUMA EXTERNAL CREAM 0.01-4-0.05 %	Tier 10	Formulary Exclusion
yaxatarxyn external emulsion 4-0.5-0.025 %	Tier 9	Non FDA Exclusion
yokatar external emulsion 4-2.5-0.025 %	Tier 9	Non FDA Exclusion
Dermatomyositis Agents - Tyk2/Jak1 Dual Inhibitors**		
LISRAYA ORAL TABLET 30 MG	Tier 9	New to Market Exclusion; Specialty
Emollient Combinations**		
lactic acid e external cream 10-3500 %-unt/30gm	Tier 9	Formulary Exclusion
Emollient/Keratolytic Agents**		
CEM-UREA EXTERNAL SOLUTION 45 %	Tier 9	Formulary Exclusion
DERMACINRX URACIN EXTERNAL CREAM 20 %	Tier 9	Non FDA Exclusion
DERMACINRX UREA EXTERNAL CREAM 41 %	Tier 10	Non FDA Exclusion
DERMACURE EXTERNAL CREAM 41 %	Tier 9	Non FDA Exclusion
EVARA EXTERNAL CREAM 40.5 %	Tier 9	Non FDA Exclusion
HYDRO 40 EXTERNAL FOAM 40 %	Tier 9	Formulary Exclusion
URAMAXIN EXTERNAL GEL 45 %	Tier 9	Formulary Exclusion

Drug Name	Drug Tier	Notes
urea cream 20 % external (rx)	Tier 9	Non FDA Exclusion
urea cream 39 % external	Tier 9	Non FDA Exclusion
urea cream 39 % external	Tier 9	Formulary Exclusion
urea cream 39.5 % external	Tier 10	Non FDA Exclusion
urea cream 40 % external	Tier 9	Non FDA Exclusion
urea cream 40 % external	Tier 9	Formulary Exclusion
urea cream 41 % external	Tier 9	Non FDA Exclusion
urea lotion 40 % external	Tier 2	
urea lotion 40 % external	Tier 9	Non FDA Exclusion
urea lotion 40 % external	Tier 9	Formulary Exclusion
xurea external cream 39 %	Tier 9	Non FDA Exclusion
Emollient/Keratolytic Combinations**		
PRONAL EXTERNAL GEL 40-10 %	Tier 9	Non FDA Exclusion
xirun external gel 40-10 %	Tier 9	Non FDA Exclusion
Emollients**		
ammonium lactate external cream 12 %	Tier 2	
ammonium lactate external lotion 12 %	Tier 2	
vitamin c brightening serum external liquid	Tier 10	Non FDA Exclusion
Enzymes - Topical**		
NEXOBRID EXTERNAL GEL 8.8 %	Tier 9	Medical Only Exclusion
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	Tier 4	PA
Eyelid Cleansers & Lubricants**		
ACUICYN EXTERNAL SOLUTION	Tier 9	Non FDA Exclusion
AVENOVA EXTERNAL SOLUTION 0.01 %	Tier 9	Non FDA Exclusion
Glabellar Lines (Frown Lines) Agents**		
BOTOX COSMETIC INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 50 UNIT	Tier 10	Medical Only Exclusion
JEUVEAU INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT	Tier 9	Medical Only Exclusion
Hair Growth Agent - Combinations**		
finapid external solution 0.1-5 %	Tier 9	Non FDA Exclusion
finapod external solution 0.1-7 %	Tier 9	Non FDA Exclusion
finapodtar external solution 0.1-7-0.025 %	Tier 9	Non FDA Exclusion
flyprogpidtar external solution 0.1-0.1-5-0.025 %	Tier 9	Non FDA Exclusion
harisis external solution 0.1-0.1-5-0.025 %	Tier 9	Non FDA Exclusion

Drug Name	Drug Tier	Notes
harviva external solution 0.1-5 %	Tier 9	Non FDA Exclusion
harviva hp external solution 0.1-7 %	Tier 9	Non FDA Exclusion
hemtara external solution 0.05-5 %	Tier 9	Non FDA Exclusion
hemtara hp external solution 0.05-7 %	Tier 9	Non FDA Exclusion
hentis external solution 5-0.1-0.025 %	Tier 9	Non FDA Exclusion
hentis hp external solution 7-0.1-0.025 %	Tier 9	Non FDA Exclusion
hesmilla external solution 0.05-5-2-0.5 %	Tier 9	Non FDA Exclusion
hevona external solution 0.01-5-0.025 %	Tier 9	Non FDA Exclusion
holixia external solution 0.1-7 %	Tier 9	Non FDA Exclusion
holizar external solution 7-0.025 %	Tier 9	Non FDA Exclusion
honista external solution 0.1-7-0.025 %	Tier 9	Non FDA Exclusion
hovitra external solution 7-4 %	Tier 9	Non FDA Exclusion
oxopid external solution 0.05-5 %	Tier 9	Non FDA Exclusion
oxopidaxiaqup external solution 0.05-5-2-0.5 %	Tier 9	Non FDA Exclusion
oxopod external solution 0.05-7 %	Tier 9	Non FDA Exclusion
pidprogtar external solution 5-0.1-0.025 %	Tier 9	Non FDA Exclusion
podoxia external solution 7-4 %	Tier 9	Non FDA Exclusion
podprog external solution 0.1-7 %	Tier 9	Non FDA Exclusion
podprogtar external solution 7-0.1-0.025 %	Tier 9	Non FDA Exclusion
podtar external solution 7-0.025 %	Tier 9	Non FDA Exclusion
tetpidtar external solution 0.01-5-0.025 %	Tier 9	Non FDA Exclusion
Imidazole-Related Antifungals - Topical**		
clotrimazole external cream 1 %	Tier 2	
clotrimazole external solution 1 %	Tier 2	
econazole nitrate external cream 1 %	Tier 2	
econazole nitrate external foam 1 %	Tier 9	Non Essential Drug Exclusion
ECOZA EXTERNAL FOAM 1 %	Tier 9	Non Essential Drug Exclusion
ERTACZO EXTERNAL CREAM 2 %	Tier 9	Non Essential Drug Exclusion
EXELDERM EXTERNAL CREAM 1 %	Tier 4	
EXELDERM EXTERNAL SOLUTION 1 %	Tier 4	
JUBLIA EXTERNAL SOLUTION 10 %	Tier 9	Non Essential Drug Exclusion
ketoconazole external cream 2 %	Tier 2	QL
ketoconazole external foam 2 %	Tier 9	Non Essential Drug Exclusion
ketoconazole external shampoo 2 %	Tier 2	
KETODAN EXTERNAL FOAM 2 %	Tier 9	Non Essential Drug Exclusion
luliconazole external cream 1 %	Tier 4	
LUZU EXTERNAL CREAM 1 %	Tier 4	

Drug Name	Drug Tier	Notes
oxiconazole nitrate external cream 1 %	Tier 2	
OXISTAT EXTERNAL LOTION 1 %	Tier 4	
sulconazole nitrate external cream 1 %	Tier 4	
sulconazole nitrate external solution 1 %	Tier 4	
Immunomodulators Imidazoquinolinamines - Topical**		
imiquimod cream 3.75 % external	Tier 9	Non Essential Drug Exclusion
imiquimod cream 5 % external	Tier 2	
imiquimod pump external cream 3.75 %	Tier 9	Non Essential Drug Exclusion
ZYCLARA PUMP EXTERNAL CREAM 3.75 %	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
Immunosuppressive Agents - Topical Combinations**		
elyzia external cream 4-0.1 %	Tier 9	Non FDA Exclusion
elyzia external ointment 4-0.1 %	Tier 9	Non FDA Exclusion
oxianujo external cream 4-0.1 %	Tier 9	Non FDA Exclusion
oxianujo external ointment 4-0.1 %	Tier 9	Non FDA Exclusion
Interleukin-31 Receptor Antagonists - Systemic**		
NEMLUVIO SUBCUTANEOUS AUTO-INJECTOR 30 MG	Tier 5	PA; Specialty; Formulary Exclusion
Keratolytic/Antimitotic/Vesicant Agents**		
CONDYLOX EXTERNAL GEL 0.5 %	Tier 9	Formulary Exclusion
DERMACINRX SALICYLIC ACID EXTERNAL GEL 6 %	Tier 9	Non FDA Exclusion
KERALYT EXTERNAL GEL 6 %	Tier 9	Non FDA Exclusion
KERALYT EXTERNAL SHAMPOO 6 %	Tier 9	Non FDA Exclusion
PODOCON-25 EXTERNAL SOLUTION 25 %	Tier 9	Non FDA Exclusion
podofilox external gel 0.5 %	Tier 2	
podofilox external solution 0.5 %	Tier 2	
SALICATE EXTERNAL LIQUID 10 %	Tier 10	Non FDA Exclusion
salicylic acid er external solution 28.5 %	Tier 9	Non FDA Exclusion
salicylic acid external gel 6 %	Tier 9	Non FDA Exclusion
salicylic acid external shampoo 6 %	Tier 9	Non FDA Exclusion
salicylic acid external solution 26 %	Tier 9	Non FDA Exclusion
salicylic acid wart remover external liquid 27.5 %	Tier 9	Non FDA Exclusion
salicylic acid-cleanser external kit 6 % cream	Tier 9	Non FDA Exclusion

Drug Name	Drug Tier	Notes
SALVAX EXTERNAL FOAM 6 %	Tier 9	Non FDA Exclusion
SALYCIM EXTERNAL CREAM 6 %	Tier 10	Non FDA Exclusion
ULTRASAL-ER EXTERNAL SOLUTION 28.5 %	Tier 9	Non FDA Exclusion
VIRASAL EXTERNAL LIQUID 27.5 %	Tier 9	Non FDA Exclusion
XALIX EXTERNAL SOLUTION 28 %	Tier 9	Non FDA Exclusion
YCANTH EXTERNAL SOLUTION 0.7 %	Tier 9	Medical Only Exclusion
Keratolytic/Antimitotic/Vesicant Combinations**		
GORDOFILM EXTERNAL SOLUTION 16.7-16.7 %	Tier 9	Non FDA Exclusion
pyrogallic acid external ointment 25-2 %	Tier 9	Non FDA Exclusion
SALVAX DUO PLUS EXTERNAL KIT 6 & 35 %	Tier 9	Non FDA Exclusion
UREA-SALICYLIC ACID EXTERNAL CREAM 39.5-2 %	Tier 10	Non FDA Exclusion
weleris external gel 2-17 %	Tier 9	Non FDA Exclusion
wenixra external ointment 5-30 %	Tier 9	Non FDA Exclusion
Liniments**		
methyl salicylate external liquid	Tier 9	Formulary Exclusion
SALICOR EXTERNAL PATCH 10 %	Tier 9	Non FDA Exclusion
turpentine external spirit	Tier 9	Formulary Exclusion
Local Anesthetics - Topical**		
ASTERO EXTERNAL GEL 4 %	Tier 9	Non FDA Exclusion
BRUSELIX EXTERNAL CREAM 3.88 %	Tier 10	Non FDA Exclusion
BRUSELIX EXTERNAL GEL 3.88 %	Tier 10	Non FDA Exclusion
COLLAVERA EXTERNAL GEL 2 %	Tier 9	Non FDA Exclusion
DERMACINRX LIDOCAINE EXTERNAL GEL 5 %	Tier 10	Non FDA Exclusion
DERMACINRX LIDOGEL EXTERNAL GEL 2.8 %	Tier 10	Non FDA Exclusion
dyclopro external solution 0.5 %	Tier 4	
eha external lotion 4 %	Tier 9	Non FDA Exclusion
enovarx-lidocaine hcl external cream 10 %, 5 %	Tier 9	Non FDA Exclusion
GLYDO EXTERNAL PREFILLED SYRINGE 2 %	Tier 9	Medical Only Exclusion; QL
LDO PLUS EXTERNAL GEL 4 %	Tier 9	Non FDA Exclusion
LIDEXA EXTERNAL CREAM 3.88 %	Tier 9	Non FDA Exclusion
lidexagel external gel 5 %	Tier 9	Non FDA Exclusion
lidocaine external ointment 5 %	Tier 2	QL

Drug Name	Drug Tier	Notes
lidocaine external patch 5 %	Tier 2	QL
lidocaine hcl cream 3 % external (rx)	Tier 9	Non FDA Exclusion
lidocaine hcl cream 4.12 % external	Tier 10	Non FDA Exclusion
lidocaine hcl external solution 4 %	Tier 2	
lidocaine hcl urethral/mucosal external prefilled syringe 2 %	Tier 9	Medical Only Exclusion; QL
lidocaine hcl urethral/mucosal gel 2 % external	Tier 9	Medical Only Exclusion
lidocaine hcl urethral/mucosal gel 2 % external	Tier 9	Medical Only Exclusion; QL
LIDOCAN PATCH 5 % EXTERNAL	Tier 10	QL
LIDOCAN PATCH 5 % EXTERNAL	Tier 10	Non FDA Exclusion; QL
LIDOCAN PATCH 5 % EXTERNAL	Tier 2	QL
lidocanna external patch 4 %	Tier 9	Non FDA Exclusion
LIDODERM EXTERNAL PATCH 5 %	Tier 9	Formulary Exclusion; QL
LIDOMAX EXTERNAL GEL 2 %	Tier 9	Non FDA Exclusion
lidopin external cream 3 %, 3.25 %	Tier 9	Non FDA Exclusion
LIDOREX EXTERNAL GEL 2.8 %	Tier 10	Non FDA Exclusion
LIDORUB EXTERNAL CREAM 7.5 %	Tier 9	Non FDA Exclusion
lidorx external gel 3 %	Tier 9	Non FDA Exclusion
LIDO-SORB EXTERNAL LOTION 3 %	Tier 9	Non FDA Exclusion
lidospra external solution 4.12 %	Tier 9	Non FDA Exclusion
LIDOTRAL EXTERNAL CREAM 3.88 %	Tier 10	Non FDA Exclusion
LIDOTRAL EXTERNAL GEL 3.88 %, 5 %	Tier 10	Non FDA Exclusion
LIDOTRAL EXTERNAL LIQUID 2 %	Tier 10	Non FDA Exclusion
LIDOTRAL EXTERNAL SOLUTION 5 %	Tier 10	Non FDA Exclusion
LIDOTRAL ROLL-ON EXTERNAL GEL 5 %	Tier 10	Non FDA Exclusion
LIDOTRAN EXTERNAL CREAM 3.88 %	Tier 10	Non FDA Exclusion
LIDOVARA EXTERNAL GEL 2.8 %	Tier 9	Non FDA Exclusion
LIDTOPIC EXTERNAL CREAM 7.5 %	Tier 9	Non FDA Exclusion
LIDTOPIC MAX EXTERNAL CREAM 10 %	Tier 9	Non FDA Exclusion
LYDEXA EXTERNAL CREAM 4.12 %	Tier 10	Non FDA Exclusion
NEUROZYL EXTERNAL CREAM 4.12 %	Tier 10	Non FDA Exclusion
numyra external gel 2.8 %	Tier 9	Non FDA Exclusion
PROXIVOL EXTERNAL GEL 2 %	Tier 9	Non FDA Exclusion
QUTENZA (2 PATCH) EXTERNAL KIT 8 %	Tier 9	Medical Only Exclusion
QUTENZA (4 PATCH) EXTERNAL KIT 8 %	Tier 9	Medical Only Exclusion
QUTENZA EXTERNAL KIT 8 %	Tier 9	Medical Only Exclusion
TOPICAINE EXTERNAL GEL 2 %	Tier 3	
TRIDACAINE II EXTERNAL PATCH 5 %	Tier 2	QL

Drug Name	Drug Tier	Notes
TRIDACAINE III EXTERNAL PATCH 5 %	Tier 2	QL
zionodil 100 external lotion 3 %	Tier 9	Non FDA Exclusion
zionodil external lotion 3 %	Tier 9	Non FDA Exclusion
ZTLIDO EXTERNAL PATCH 1.8 %	Tier 9	Non Essential Drug Exclusion
Macrolide Immunosuppressants - Topical**		
hovyn external solution 0.1 %	Tier 9	Non FDA Exclusion
HYFTOR EXTERNAL GEL 0.2 %	Tier 5	PA; Specialty
nujo external solution 0.1 %	Tier 9	Non FDA Exclusion
nuju external cream 0.1 %	Tier 9	Non FDA Exclusion
pimecrolimus external cream 1 %	Tier 2	ST; Insufficient Evidence
tacrolimus external ointment 0.03 %, 0.1 %	Tier 2	ST; Insufficient Evidence
veven external cream 0.1 %	Tier 9	Non FDA Exclusion
Melanocortin Receptor Agonists (Uv Protective)**		
SCENESSE SUBCUTANEOUS IMPLANT 16 MG	Tier 9	Medical Only Exclusion
Microtubule Inhibitors - Topical**		
KLISYRI (250 MG) EXTERNAL OINTMENT 1 %	Tier 4	QL
KLISYRI (350 MG) EXTERNAL OINTMENT 1 %	Tier 4	QL
Misc. Dermatological Products**		
ALEVICYN ANTIPRURITIC EXTERNAL GEL	Tier 9	Non FDA Exclusion
ALEVICYN ANTIPRURITIC SG EXTERNAL GEL	Tier 9	Non FDA Exclusion
CERACADE EXTERNAL EMULSION	Tier 9	Non FDA Exclusion
CERAMAX EXTERNAL CREAM	Tier 9	Non FDA Exclusion
CERAMAX EXTERNAL LOTION	Tier 9	Non FDA Exclusion
DERMASO PLUS EXTERNAL CREAM	Tier 9	Non FDA Exclusion
DEXERYL EXTERNAL CREAM	Tier 9	Non FDA Exclusion
EMULSION SB EXTERNAL EMULSION	Tier 9	Non FDA Exclusion
EPICERAM EXTERNAL EMULSION	Tier 9	Non FDA Exclusion
GENADUR COMBINATION KIT	Tier 9	Non FDA Exclusion
GENADUR EXTERNAL LIQUID	Tier 9	Non FDA Exclusion
HALUCORT EXTERNAL GEL	Tier 9	Non FDA Exclusion
HPR PLUS EXTERNAL CREAM	Tier 9	Non FDA Exclusion
HPR PLUS EXTERNAL FOAM	Tier 9	Non FDA Exclusion

Drug Name	Drug Tier	Notes
HPR PLUS HYDROGEL EXTERNAL KIT	Tier 9	Non FDA Exclusion
iliderm external emulsion	Tier 9	Non FDA Exclusion
KAMDOY EXTERNAL EMULSION	Tier 9	Non FDA Exclusion
KIVIK EXTERNAL EMULSION	Tier 9	Non FDA Exclusion
LEVICYN EXTERNAL GEL	Tier 9	Non FDA Exclusion
LOYON EXTERNAL SOLUTION	Tier 9	Non FDA Exclusion
MIMYX EXTERNAL CREAM	Tier 9	Non FDA Exclusion
NEOSALUS EXTERNAL CREAM	Tier 9	Non FDA Exclusion
NEOSALUS EXTERNAL FOAM	Tier 9	Non FDA Exclusion
NEOSALUS EXTERNAL LOTION	Tier 9	Non FDA Exclusion
NEW DAY SKIN SPRAY EXTERNAL EMULSION	Tier 9	Non FDA Exclusion
PENLEN EXTERNAL EMULSION	Tier 9	Non FDA Exclusion
PHLAG SPRAY EXTERNAL EMULSION	Tier 9	Non FDA Exclusion
PR CREAM EXTERNAL KIT	Tier 9	Non FDA Exclusion
PRESERA EXTERNAL FOAM	Tier 9	Non FDA Exclusion
PRUCLAIR EXTERNAL CREAM	Tier 9	Non FDA Exclusion
PRUMYX EXTERNAL CREAM	Tier 9	Non FDA Exclusion
SEBUDERM EXTERNAL GEL	Tier 9	Non FDA Exclusion
SIOXC EXTERNAL CREAM	Tier 9	Non FDA Exclusion
STRATA CTX EXTERNAL GEL	Tier 9	Non FDA Exclusion
STRATA MARK EXTERNAL GEL	Tier 9	Non FDA Exclusion
STRATA XRT EXTERNAL GEL	Tier 9	Non FDA Exclusion
SYNERDERM EXTERNAL EMULSION	Tier 9	Non FDA Exclusion
Misc. Topical Combinations**		
DERMACINRX CLORHEXACIN EXTERNAL KIT 4 & 2 & 5 % (OINT)	Tier 10	Non FDA Exclusion
dermacinrx surgical combopak external kit	Tier 10	Non FDA Exclusion
NUSURGEPAK SURGICAL PREP/CARE EXTERNAL KIT 4 & 2 & 5 % (OINT)	Tier 9	Non FDA Exclusion
Misc. Topical**		
arnica flower tincture	Tier 9	Formulary Exclusion
boric acid external granules	Tier 9	Formulary Exclusion
DRYSOL EXTERNAL SOLUTION 20 %	Tier 4	
PROSILK EXTERNAL GEL	Tier 9	Non FDA Exclusion
QBREXZA EXTERNAL PAD 2.4 %	Tier 4	PA
SOFDRA EXTERNAL GEL 12.45 %	Tier 4	PA

Drug Name	Drug Tier	Notes
Oxaborole-Related Antifungals - Topical**		
tavaborole solution 5 % external	Tier 10	PA; Formulary Exclusion
tavaborole solution 5 % external	Tier 9	PA; Formulary Exclusion
Phosphodiesterase 4 (Pde4) Inhibitors - Topical**		
ADQUEY EXTERNAL OINTMENT 1 %	Tier 9	New to Market Exclusion
EUCRISA EXTERNAL OINTMENT 2 %	Tier 3	PA; QL
ZORYVE EXTERNAL CREAM 0.05 %, 0.15 %, 0.3 %	Tier 3	PA; QL
ZORYVE EXTERNAL FOAM 0.3 %	Tier 3	PA; QL
Photodynamic Therapy Agents - Topical**		
AMELUZ EXTERNAL GEL 10 %	Tier 9	Formulary Exclusion
LEVULAN KERASTICK EXTERNAL SOLUTION RECONSTITUTED 20 %	Tier 9	Formulary Exclusion
Prostaglandins - Topical**		
bimatoprost external solution 0.03 %	Tier 10	Formulary Exclusion
LATISSE EXTERNAL SOLUTION 0.03 %	Tier 10	Formulary Exclusion
Rosacea Agents**		
azelaic acid external gel 15 %	Tier 2	
brimonidine tartrate external gel 0.33 %	Tier 2	
dazomon external gel 0.25 %	Tier 9	Non FDA Exclusion
doxycycline oral capsule delayed release 40 mg	Tier 10	PA
EMROSI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 40 MG	Tier 4	PA; QL
FINACEA EXTERNAL FOAM 15 %	Tier 3	ST
ivermectin external cream 1 %	Tier 2	ST
METROCREAM EXTERNAL CREAM 0.75 %	Tier 9	ST; Formulary Exclusion
METROGEL EXTERNAL GEL 1 %	Tier 9	ST; Formulary Exclusion
metronidazole external cream 0.75 %	Tier 2	
metronidazole external gel 0.75 %, 1 %	Tier 2	
metronidazole external lotion 0.75 %	Tier 9	Formulary Exclusion
MIRVASO EXTERNAL GEL 0.33 %	Tier 9	Formulary Exclusion
NORITATE EXTERNAL CREAM 1 %	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
ORACEA ORAL CAPSULE DELAYED RELEASE 40 MG	Tier 10	PA; Formulary Exclusion

Drug Name	Drug Tier	Notes
oxymetazoline hcl cream 1 % external	Tier 9	Non Essential Drug Exclusion
oxymetazoline hcl cream 1 % external	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
remyda external gel 0.25 %	Tier 9	Non FDA Exclusion
RHOFADE EXTERNAL CREAM 1 %	Tier 9	Non Essential Drug Exclusion
SOOLANTRA EXTERNAL CREAM 1 %	Tier 9	ST; Formulary Exclusion
ZILXI EXTERNAL FOAM 1.5 %	Tier 9	Non Essential Drug Exclusion
Rosacea Combinations**		
aveida external gel 1-1 %	Tier 9	Non FDA Exclusion
aveidaoxia external gel 1-1-4 %	Tier 9	Non FDA Exclusion
dazaveidaoxia external gel 0.25-1-1-4 %	Tier 9	Non FDA Exclusion
rensoti external cream 1-4-1 %	Tier 9	Non FDA Exclusion
restimo external gel 1-1 %	Tier 9	Non FDA Exclusion
rocelix external cream 4-1 %	Tier 9	Non FDA Exclusion
rositara external gel 1-1-4 %	Tier 9	Non FDA Exclusion
rovis external gel 0.25-1-1-4 %	Tier 9	Non FDA Exclusion
Scabicides & Pediculicides**		
CROTAN EXTERNAL LOTION 10 %	Tier 9	Non Essential Drug Exclusion
EURAX EXTERNAL CREAM 10 %	Tier 9	Non Essential Drug Exclusion
malathion external lotion 0.5 %	Tier 2	
NATROBA EXTERNAL SUSPENSION 0.9 %	Tier 4	
OVIDE EXTERNAL LOTION 0.5 %	Tier 9	Formulary Exclusion
permethrin cream 5 % external	Tier 2	
permethrin cream 5 % external	Tier 9	Formulary Exclusion
PRURADIK EXTERNAL LOTION 10 %	Tier 9	Non Essential Drug Exclusion
spinosad external suspension 0.9 %	Tier 4	
sulfurated lime external solution	Tier 9	Non FDA Exclusion
Scar Treatment Products**		
CELACYN EXTERNAL GEL	Tier 9	Non FDA Exclusion
COPASIL EXTERNAL GEL	Tier 9	Non FDA Exclusion
JUVAZIN EXTERNAL GEL	Tier 9	Non FDA Exclusion
RECEDO EXTERNAL GEL	Tier 9	Non FDA Exclusion
scarsilk external gel	Tier 9	Non FDA Exclusion
STRATA TRIZ EXTERNAL GEL	Tier 9	Non FDA Exclusion
Seborrheic Keratosis Products*		
ESKATA EXTERNAL SOLUTION 40 %	Tier 9	Medical Only Exclusion
Skin Cleansers**		
EPICYN EXTERNAL SOLUTION	Tier 9	Non FDA Exclusion

Drug Name	Drug Tier	Notes
HYCLODEX EXTERNAL SOLUTION 0.012 %	Tier 9	Non FDA Exclusion
HYPOCYN ANTIPRURITIC EXTERNAL GEL 0.012 %	Tier 9	Non FDA Exclusion
HYPOCYN EXTERNAL SOLUTION 0.012 %	Tier 9	Non FDA Exclusion
Skin Protectants**		
benzoin compound external tincture	Tier 9	Formulary Exclusion
benzoin external tincture	Tier 9	Formulary Exclusion
SCARTRATE EXTERNAL CREAM 5-2.25 %	Tier 10	Non FDA Exclusion
Steroid-Local Anesthetic Combinations**		
CORTANE-B EXTERNAL LOTION 10-10-1 MG/ML	Tier 9	Formulary Exclusion
EPIFOAM EXTERNAL FOAM 1-1 %	Tier 4	ST
hydrocortisone ace-pramoxine external cream 2.5-1 %	Tier 9	Formulary Exclusion
LIDOTRAL + HYDROCORTISONE CREAM 3.88-1 % EXTERNAL	Tier 10	Non FDA Exclusion
LIDOTRAL + HYDROCORTISONE CREAM 5-1 % EXTERNAL	Tier 9	Non FDA Exclusion; Non Essential Drug Exclusion
PRAMOSONE EXTERNAL CREAM 1-1 %	Tier 9	ST; Formulary Exclusion
PRAMOSONE EXTERNAL LOTION 1-1 %, 1-2.5 %	Tier 3	
PRAMOSONE OINTMENT 1-1 % EXTERNAL	Tier 9	ST; Formulary Exclusion
PRAMOSONE OINTMENT 1-2.5 % EXTERNAL	Tier 9	Formulary Exclusion
RADIAURA EXTERNAL CREAM 3-0.5 %	Tier 10	Non FDA Exclusion
Tar Products**		
coal tar external solution 20 %	Tier 9	Non FDA Exclusion
Tissue Replacements**		
AFFINITY SHEET 1.5 CM X 1.5 CM EXTERNAL	Tier 9	Non FDA Exclusion
AFFINITY SHEET 2.5 CM X 2.5 CM EXTERNAL	Tier 9	Non FDA Exclusion; Medical Only Exclusion
AMNIOCORE AMNIOTIC MEMBRANE EXTERNAL SHEET 2 CM X 12 CM , 2 CM X 3 CM , 3 CM X 3 CM , 4 CM X 3 CM , 4 CM X 4 CM , 4 CM X 6 CM , 4 CM X 8 CM , 6 CM X 16 CM , 6 CM X 6 CM , 6 CM X 9 CM , 9 CM X 20 CM	Tier 9	Non FDA Exclusion

Drug Name	Drug Tier	Notes
AMNIOFIX INJECTION SUSPENSION RECONSTITUTED 100 MG, 160 MG, 20 MG, 40 MG	Tier 9	Non FDA Exclusion; Medical Only Exclusion
AMNIOTEXT EXTERNAL SHEET 1 CM X 1 CM , 10 CM X 10 CM , 2 CM X 2 CM , 2 CM X 3 CM , 3 CM X 3 CM , 4 CM X 3 CM , 4 CM X 4 CM , 4 CM X 6 CM , 4 CM X 8 CM , 8 CM X 8 CM	Tier 9	Non FDA Exclusion
amphenol-40 injection suspension reconstituted 40 mg	Tier 9	Medical Only Exclusion
APLIGRAF EXTERNAL DISK	Tier 9	Medical Only Exclusion
CORETEXT INJECTION SUSPENSION 1 ML, 2 ML	Tier 9	Non FDA Exclusion; Medical Only Exclusion
CYGNUS DUAL EXTERNAL SHEET 2 CM X 3 CM , 4 CM X 4 CM , 4 CM X 6 CM	Tier 9	Non FDA Exclusion
EPICORD EXTERNAL SHEET 2 CM X 3 CM , 3 CM X 5 CM	Tier 9	Non FDA Exclusion
EPIFIX EXTERNAL DISK 14 MM , 16 MM , 18 MM , 24 MM	Tier 9	Non FDA Exclusion
EPIFIX MICRONIZED INJECTION SUSPENSION RECONSTITUTED 100 MG, 160 MG, 40 MG	Tier 9	Non FDA Exclusion; Medical Only Exclusion
EPIFIX SHEET 2 CM X 2 CM EXTERNAL	Tier 9	Non FDA Exclusion
EPIFIX SHEET 2 CM X 3 CM EXTERNAL	Tier 9	Non FDA Exclusion
EPIFIX SHEET 2 CM X 4 CM EXTERNAL	Tier 9	Non FDA Exclusion
EPIFIX SHEET 3 CM X 3 CM EXTERNAL	Tier 9	Non FDA Exclusion
EPIFIX SHEET 3 CM X 5 CM EXTERNAL	Tier 9	Non FDA Exclusion
EPIFIX SHEET 3.5 CM X 3.5 CM EXTERNAL	Tier 9	Non FDA Exclusion; Medical Only Exclusion
EPIFIX SHEET 4 CM X 3 CM EXTERNAL	Tier 9	Non FDA Exclusion
EPIFIX SHEET 4 CM X 4 CM EXTERNAL	Tier 9	Non FDA Exclusion
EPIFIX SHEET 4 CM X 4.5 CM EXTERNAL	Tier 9	Non FDA Exclusion
EPIFIX SHEET 4 CM X 6 CM EXTERNAL	Tier 9	Non FDA Exclusion
EPIFIX SHEET 5 CM X 5.5 CM EXTERNAL	Tier 9	Non FDA Exclusion
EPIFIX SHEET 5 CM X 6 CM EXTERNAL	Tier 9	Non FDA Exclusion
EPIFIX SHEET 7 CM X 7 CM EXTERNAL	Tier 9	Non FDA Exclusion
GRAFIX CORE 1.5CM X 2CM EXTERNAL	Tier 9	Non FDA Exclusion
GRAFIX CORE 16MM EXTERNAL	Tier 9	Non FDA Exclusion
GRAFIX CORE 2CM X 3CM EXTERNAL	Tier 9	Non FDA Exclusion
GRAFIX CORE 3CM X 4CM EXTERNAL	Tier 9	Non FDA Exclusion
GRAFIX CORE 5CM X 5CM EXTERNAL	Tier 9	Non FDA Exclusion
GRAFIX PRIME 1.5CM X 2CM EXTERNAL	Tier 9	Non FDA Exclusion

Drug Name	Drug Tier	Notes
GRAFIX PRIME 16MM EXTERNAL	Tier 9	Non FDA Exclusion
GRAFIX PRIME 2CM X 3CM EXTERNAL	Tier 9	Non FDA Exclusion
GRAFIX PRIME 3CM X 4CM EXTERNAL	Tier 9	Non FDA Exclusion
GRAFIX PRIME 5CM X 5CM EXTERNAL	Tier 9	Non FDA Exclusion
GRAFIX XC 7.5CM X 15CM EXTERNAL	Tier 9	Non FDA Exclusion
KARDIAMEMBRANE EXTERNAL SHEET 4 CM X 8 CM , 6 CM X 8 CM , 8 CM X 8 CM	Tier 9	Non FDA Exclusion
NEOX 100 EXTERNAL SHEET 2 CM X 2 CM , 3 CM X 3 CM , 4 CM X 4 CM , 7 CM X 7 CM	Tier 9	Non FDA Exclusion
NEOX CORD 1K SHEET 1 CM X 2 CM EXTERNAL	Tier 9	Non FDA Exclusion
NEOX CORD 1K SHEET 1.5 CM X 1.5 CM EXTERNAL	Tier 9	Non FDA Exclusion
NEOX CORD 1K SHEET 2 CM X 2 CM EXTERNAL	Tier 9	Non FDA Exclusion
NEOX CORD 1K SHEET 2 CM X 3 CM EXTERNAL	Tier 9	Non FDA Exclusion
NEOX CORD 1K SHEET 2.5 CM X 2.5 CM EXTERNAL	Tier 9	Non FDA Exclusion; Medical Only Exclusion
NEOX CORD 1K SHEET 3 CM X 3 CM EXTERNAL	Tier 9	Non FDA Exclusion
NEOX CORD 1K SHEET 4 CM X 3 CM EXTERNAL	Tier 9	Non FDA Exclusion
NEOX CORD 1K SHEET 6 CM X 3 CM EXTERNAL	Tier 9	Non FDA Exclusion
NEOX CORD 1K SHEET 8 CM X 3 CM EXTERNAL	Tier 9	Non FDA Exclusion
NOVACHOR EXTERNAL SHEET 1.5 CM X2.75 CM , 2.5 CM X 2.5 CM	Tier 9	Non FDA Exclusion
NUCEL INJECTION LIQUID 0.5 ML, 1 ML, 2 ML, 2.5 ML	Tier 9	Non FDA Exclusion; Medical Only Exclusion
NUSHIELD SHEET 2 CM X 3 CM EXTERNAL	Tier 9	Non FDA Exclusion
NUSHIELD SHEET 2.5 CM X 2.5 CM EXTERNAL	Tier 9	Non FDA Exclusion; Medical Only Exclusion
NUSHIELD SHEET 3.5 CM X 3.5 CM EXTERNAL	Tier 9	Non FDA Exclusion; Medical Only Exclusion
NUSHIELD SHEET 4.5 CM X 4.5 CM EXTERNAL	Tier 9	Medical Only Exclusion
NUSHIELD SHEET 6.5 CM X 6.5 CM EXTERNAL	Tier 9	Medical Only Exclusion

Drug Name	Drug Tier	Notes
OSTEOCONDUCTIVE MATRIX PLUS INJECTION 10 ML, 2 ML, 5 ML	Tier 9	Non FDA Exclusion; Medical Only Exclusion
PALINGEN FLOW INJECTION LIQUID 0.25 ML, 0.5 ML, 1 ML, 2 ML, 4 ML	Tier 9	Non FDA Exclusion; Medical Only Exclusion
PALINGEN HYDROMEMBRANE EXTERNAL SHEET 1 CM X 1 CM , 1 CM X 2 CM , 2 CM X 2 CM , 2 CM X 3 CM , 2 CM X 4 CM , 2 CM X 6 CM , 2 CM X 9 CM , 4 CM X 4 CM , 4 CM X 6 CM , 4 CM X 8 CM , 8 CM X 8 CM	Tier 9	Non FDA Exclusion
PALINGEN INOVOFLO INJECTION LIQUID 0.25 ML, 0.5 ML, 1 ML, 2 ML	Tier 9	Non FDA Exclusion; Medical Only Exclusion
PALINGEN MEMBRANE EXTERNAL SHEET 1 CM X 1 CM , 1 CM X 2 CM , 2 CM X 2 CM , 2 CM X 3 CM , 2 CM X 4 CM , 2 CM X 6 CM , 2 CM X 9 CM , 4 CM X 4 CM , 4 CM X 6 CM , 4 CM X 8 CM , 8 CM X 8 CM	Tier 9	Non FDA Exclusion
PALINGEN XPLUS HYDROMEMBRANE EXTERNAL SHEET 1 CM X 1 CM , 1 CM X 2 CM , 2 CM X 2 CM , 2 CM X 3 CM , 2 CM X 4 CM , 2 CM X 6 CM , 2 CM X 9 CM , 4 CM X 4 CM , 4 CM X 6 CM , 4 CM X 8 CM , 8 CM X 8 CM	Tier 9	Non FDA Exclusion
PALINGEN XPLUS MEMBRANE EXTERNAL SHEET 1 CM X 1 CM , 1 CM X 2 CM , 2 CM X 2 CM , 2 CM X 3 CM , 2 CM X 4 CM , 2 CM X 6 CM , 2 CM X 9 CM , 4 CM X 4 CM , 4 CM X 6 CM , 4 CM X 8 CM , 8 CM X 8 CM	Tier 9	Non FDA Exclusion
PROTEXT INJECTION SUSPENSION 0.25 ML, 0.5 ML, 1 ML, 2 ML	Tier 9	Non FDA Exclusion; Medical Only Exclusion
simpligraft external sheet 2 cm x 3 cm , 4 cm x 4 cm , 4 cm x 8 cm	Tier 9	Non FDA Exclusion
STRAVIX EXTERNAL SHEET 2 CM X 4 CM , 6 CM X 3 CM	Tier 9	Non FDA Exclusion
TRUSKIN EXTERNAL SHEET 2 CM X 4 CM , 4 CM X 8 CM	Tier 9	Non FDA Exclusion
VIA MATRIX EXTERNAL SHEET 2 CM X 3 CM , 4 CM X 4 CM , 4 CM X 6 CM	Tier 9	Non FDA Exclusion
Topical Anesthetic Combinations**		
ACCUCAINE COMBINATION KIT 1 %	Tier 9	Medical Only Exclusion
agoneaze external kit 2.5-2.5 %	Tier 9	Non FDA Exclusion
anodyne lpt external kit 2.5-2.5 %	Tier 9	Non FDA Exclusion
CADIRAMD EXTERNAL KIT 2.5-2.5 %	Tier 9	Non FDA Exclusion

Drug Name	Drug Tier	Notes
CETACAINE EXTERNAL AEROSOL 2-2-14 %	Tier 9	Non FDA Exclusion
CETACAINE EXTERNAL GEL 2-2-14 %	Tier 9	Non FDA Exclusion
CETACAINE EXTERNAL LIQUID 2-2-14 %	Tier 9	Non FDA Exclusion
DERMACINRX PHN EXTERNAL THERAPY PACK 5 & 5 %	Tier 10	Non FDA Exclusion
DERMACINRX ZRM EXTERNAL THERAPY PACK 5 %	Tier 10	Non FDA Exclusion
ELEMAR PATCH EXTERNAL KIT 5-6 %	Tier 9	Non FDA Exclusion
enznonuty external ointment 20-10-10 %	Tier 9	Non FDA Exclusion
l.e.t. (racepinephrine) external gel 4-0.05-0.5 %	Tier 9	Non FDA Exclusion
l.e.t. (racepinephrine) external solution 4-0.05-0.5 %	Tier 9	Non FDA Exclusion
l.e.t. external gel 4-0.05-0.5 %, 4-0.18-0.5 %	Tier 9	Non FDA Exclusion
LIDO BDK EXTERNAL KIT 2.5-2.5 %	Tier 9	Non FDA Exclusion
lidocaine-prilocaine external cream 2.5-2.5 %	Tier 2	QL
lidocaine-prilocaine external kit 2.5-2.5 %	Tier 9	Non FDA Exclusion
LIDOPURE PATCH EXTERNAL KIT 5 %	Tier 10	Non FDA Exclusion
lido-racepinephrine-tetracaine external solution 4-0.05-0.5 %	Tier 9	Non FDA Exclusion
lidostream external kit 5 & 10 %	Tier 9	Non FDA Exclusion
LIDOTHOL ES EXTERNAL PATCH 4-5 %	Tier 9	Non FDA Exclusion
LIDOTHOL EXTERNAL GEL 4.5-5 %	Tier 9	Non FDA Exclusion
LIDOTHOL EXTERNAL PATCH 4-1 %	Tier 9	Non FDA Exclusion
LIDOTRAL-MENTHOL EXTERNAL LIQUID 5-3 %	Tier 10	Non FDA Exclusion
lidovix l external kit 5 %	Tier 9	Non FDA Exclusion
LIVIXIL PAK EXTERNAL KIT 2.5-2.5 %	Tier 9	Non FDA Exclusion
LM PLUS RELIEF EXTERNAL PATCH 3.5-7 %	Tier 9	Non FDA Exclusion
LMR PLUS EXTERNAL KIT 5 & 0.5-0.5 %	Tier 9	Non FDA Exclusion
nendrux external gel 5-40 %	Tier 9	Non FDA Exclusion
nobela external ointment 20-10-10 %	Tier 9	Non FDA Exclusion
nolira external cream 23-7 %	Tier 9	Non FDA Exclusion
nynutey external cream 23-7 %	Tier 9	Non FDA Exclusion
ORVEX EXTERNAL KIT 5-6 %	Tier 9	Non FDA Exclusion
paingo kft external kit 2.5-2.5-10-30 %	Tier 9	Non FDA Exclusion
PLIAGLIS EXTERNAL CREAM 7-7 %	Tier 9	Non FDA Exclusion; Non Essential Drug Exclusion; QL
prilovix external kit 2.5-2.5 %	Tier 9	Non FDA Exclusion

Drug Name	Drug Tier	Notes
prilovix plus external kit 2.5-2.5 %	Tier 9	Non FDA Exclusion
RELADOR PAK EXTERNAL KIT 2.5-2.5 %	Tier 9	Non FDA Exclusion
RELADOR PAK PLUS EXTERNAL KIT 2.5-2.5 %	Tier 9	Non FDA Exclusion
relivyx plus external kit 5-6 %	Tier 9	Non FDA Exclusion
SOOTHEE EXTERNAL PATCH 0.5-0.0375-5-2 %	Tier 9	Non FDA Exclusion
STERILE TOPICAL L.E.T. GEL EXTERNAL GEL 4-0.18-0.5 %	Tier 9	Non FDA Exclusion
SX1 MEDICATED POST-OPERATIVE EXTERNAL KIT 2 %	Tier 9	Non FDA Exclusion
SYNTHERMA PLUS EXTERNAL KIT 5-6 %	Tier 9	Non FDA Exclusion
topical l.e.t. external gel 4-0.09-0.5 %	Tier 9	Non FDA Exclusion
TRUBREXA EXTERNAL PATCH 4.75-0.025 %	Tier 9	Non FDA Exclusion
VENIPUNCTURE PX1 PHLEBOTOMY EXTERNAL KIT 2 %	Tier 9	Non FDA Exclusion
wayzen external gel 5-40 %	Tier 9	Non FDA Exclusion
wpr plus wound healing system external therapy pack 4 & 10-30 %	Tier 9	Non FDA Exclusion
XYLIDERM EXTERNAL KIT 5 %	Tier 10	Non FDA Exclusion
zeruvia external patch 4-1 %	Tier 9	Non FDA Exclusion
Topical Anesthetic Gases**		
CRYODOSE TA EXTERNAL AEROSOL	Tier 9	Non FDA Exclusion
ethyl chloride external aerosol	Tier 9	Non FDA Exclusion
GEBAUERS PAIN EASE EXTERNAL AEROSOL	Tier 9	Non FDA Exclusion
GEBAUERS SPRAY AND STRETCH EXTERNAL AEROSOL	Tier 9	Non FDA Exclusion
HURRI-FREEZE MEDIUM STREAM EXTERNAL AEROSOL	Tier 9	Non FDA Exclusion
HURRI-FREEZE MIST SPRAY EXTERNAL AEROSOL	Tier 9	Non FDA Exclusion
INSTANUMB MEDIUM STREAM EXTERNAL AEROSOL	Tier 9	Non FDA Exclusion
INSTANUMB MIST EXTERNAL AEROSOL	Tier 9	Non FDA Exclusion
Topical Selective Retinoid X Receptor Agonists**		
bexarotene external gel 1 %	Tier 5	PA; Specialty; QL
TARGRETIN EXTERNAL GEL 1 %	Tier 9	PA; Specialty; Formulary Exclusion; QL

Drug Name	Drug Tier	Notes
Topical Steroid Combinations**		
acioxia external gel 0.5-0.1 %	Tier 9	Non FDA Exclusion
calcipotriene-betameth diprop external ointment 0.005-0.064 %	Tier 2	ST
calcipotriene-betameth diprop external suspension 0.005-0.064 %	Tier 2	ST
chlohux external shampoo 0.05-2 %	Tier 9	Non FDA Exclusion
chlooxia external cream 0.05-4 %	Tier 9	Non FDA Exclusion
chlooxia external ointment 0.05-4 %	Tier 9	Non FDA Exclusion
chlooxia external solution 0.05-4 %	Tier 9	Non FDA Exclusion
diochloy external solution 0.005-0.05 %	Tier 9	Non FDA Exclusion
divinix external cream 0.05-4 %	Tier 9	Non FDA Exclusion
divinix external ointment 0.05-4 %	Tier 9	Non FDA Exclusion
divinix external solution 0.05-4 %	Tier 9	Non FDA Exclusion
domela external cream 0.01-4 %	Tier 9	Non FDA Exclusion
DUOBRII EXTERNAL LOTION 0.01-0.045 %	Tier 9	ST; Formulary Exclusion; QL
ENSTILAR EXTERNAL FOAM 0.005-0.064 %	Tier 3	
FLUOPAR EXTERNAL KIT 0.1 & 5 %	Tier 10	Non FDA Exclusion
ilexor external shampoo 0.05-2 %	Tier 9	Non FDA Exclusion
NUTRIARX CREAMPAK EXTERNAL KIT 0.1 & 5 %	Tier 9	Non FDA Exclusion
plenura external solution 0.005-0.05 %	Tier 9	Non FDA Exclusion
sanadermrx skin repair external kit 0.1 & 5 %	Tier 9	Non FDA Exclusion
SCALACORT DK EXTERNAL KIT 2 & 2-2 %	Tier 9	Non FDA Exclusion
SCARZEN SKIN REPAIR EXTERNAL KIT 0.1 & 5 % (LOTION)	Tier 9	Non FDA Exclusion
TACLONEX EXTERNAL SUSPENSION 0.005-0.064 %	Tier 4	ST
teliora external gel 0.1-0.5 %	Tier 9	Non FDA Exclusion
tetoxia external cream 0.01-4 %	Tier 9	Non FDA Exclusion
TRIASIL EXTERNAL THERAPY PACK 0.1 %	Tier 10	Non FDA Exclusion
TRIVIX EXTERNAL KIT 0.1 & 5 %	Tier 9	Non FDA Exclusion
WYNZORA EXTERNAL CREAM 0.005-0.064 %	Tier 9	ST; Formulary Exclusion

Drug Name	Drug Tier	Notes
Type Ii 5-Alpha Reductase Inhibitors**		
finasteride tablet 1 mg oral	Tier 9	Formulary Exclusion
finasteride tablet 1 mg oral	Tier 10	Formulary Exclusion
PROPECIA ORAL TABLET 1 MG	Tier 10	Formulary Exclusion
Wound Care Combinations**		
b & c external ointment	Tier 9	Non FDA Exclusion; Non Essential Drug Exclusion
balsam peru-castor oil external ointment	Tier 9	Non FDA Exclusion; Non Essential Drug Exclusion
bpco external ointment	Tier 9	Non FDA Exclusion; Non Essential Drug Exclusion
REGENECARE EXTERNAL GEL 2 %	Tier 9	Non FDA Exclusion
SCARCARE GEL-PAD KIT/LARGE EXTERNAL KIT	Tier 9	Non FDA Exclusion
VENELEX EXTERNAL OINTMENT	Tier 9	Non FDA Exclusion; Non Essential Drug Exclusion
XEROFORM NON-OCCLUSIVE GAUZE EXTERNAL	Tier 9	Non FDA Exclusion
XEROFORM OCCLUSIVE GAUZE PATCH EXTERNAL PAD 3 %	Tier 9	Non FDA Exclusion
XEROFORM OCCLUSIVE GAUZE STRIP EXTERNAL PAD	Tier 9	Non FDA Exclusion
XEROFORM OIL EMULSION 2"X2" EXTERNAL PAD	Tier 9	Non FDA Exclusion
XEROFORM OIL EMULSION STRIP EXTERNAL	Tier 9	Non FDA Exclusion
XEROFORM OIL ROLL 4"X9' EXTERNAL 3 %	Tier 9	Non FDA Exclusion
XEROFORM PETROLAT GAUZE 1"X8" EXTERNAL	Tier 9	Non FDA Exclusion
XEROFORM PETROLAT GAUZE 5"X9" EXTERNAL	Tier 9	Non FDA Exclusion
XEROFORM PETROLAT PATCH 2"X2" EXTERNAL PAD	Tier 9	Non FDA Exclusion
XEROFORM PETROLAT PATCH 4"X4" EXTERNAL PAD	Tier 9	Non FDA Exclusion
xeroform petrolatum dres 4"x4" external pad 3 %	Tier 9	Non FDA Exclusion
xeroform petrolatum dres 5"x9" external pad 3 %	Tier 9	Non FDA Exclusion
XEROFORM PETROLATUM ROLL 4"X9' EXTERNAL	Tier 9	Non FDA Exclusion

Drug Name	Drug Tier	Notes
Wound Cleansers/Decubitus Ulcer Therapy**		
ALEVICYN DERMAL SPRAY EXTERNAL SOLUTION	Tier 9	Non FDA Exclusion
DELUO EXTERNAL SOLUTION	Tier 9	Non FDA Exclusion
LEVICYN DERMAL SPRAY EXTERNAL SOLUTION	Tier 9	Non FDA Exclusion
MICROCYN EXTERNAL GEL	Tier 9	Non FDA Exclusion
MICROCYN EXTERNAL LIQUID 0.023 %	Tier 9	Non FDA Exclusion
MICROCYN SKIN AND WOUND EXTERNAL GEL	Tier 9	Non FDA Exclusion
VASHE WOUND EXTERNAL SOLUTION	Tier 9	Non FDA Exclusion
Wound Dressings**		
abravo external emulsion	Tier 9	Non FDA Exclusion
aceso ag external pad 4"x4"	Tier 9	Non FDA Exclusion
ACTICOAT 7 EXTERNAL PAD 2"X2" , 4"X5"	Tier 9	Non FDA Exclusion
ACTICOAT 7 EXTERNAL SHEET 6"X6"	Tier 9	Non FDA Exclusion
ACTICOAT ANTIMICROBIAL EXTERNAL PAD 2"X2" , 4"X4"	Tier 9	Non FDA Exclusion
ACTICOAT EXTERNAL SHEET 16"X16" , 4"X4" , 4"X48" , 4"X8" , 5"X5" , 8"X16"	Tier 9	Non FDA Exclusion
ACTICOAT FLEX 3 4"X4" EXTERNAL PAD	Tier 9	Non FDA Exclusion
ACTICOAT FLEX 3 EXTERNAL SHEET 16"X16" , 2"X2" , 4"X48" , 4"X8" , 8"X16"	Tier 9	Non FDA Exclusion
ACTICOAT FLEX 7 EXTERNAL SHEET 1"X24" , 16"X16" , 2"X2" , 4"X5" , 6"X6" , 8"X16"	Tier 9	Non FDA Exclusion
ACTICOAT SURGICAL EXTERNAL PAD 4"X10" , 4"X13-3/4" , 4"X4-3/4" , 4"X8"	Tier 9	Non FDA Exclusion
ALLEVYN AG ADHESIVE EXTERNAL PAD 12.5X12.5CM , 17.5X17.5CM , 7.5X7.5CM	Tier 9	Non FDA Exclusion
ALLEVYN AG GENTLE BORDER EXTERNAL PAD 12.5X12.5CM , 17.5X17.5CM , 7.5X7.5CM	Tier 9	Non FDA Exclusion
ALLEVYN AG GENTLE EXTERNAL PAD 2"X2" , 4"X4" , 6"X6" , 8"X8"	Tier 9	Non FDA Exclusion
ALLEVYN AG NON-ADHESIVE EXTERNAL PAD 2"X2" , 4"X4" , 6"X6" , 8"X8"	Tier 9	Non FDA Exclusion

Drug Name	Drug Tier	Notes
ALLEVYN AG SACRUM 6-3/4" EXTERNAL	Tier 9	Non FDA Exclusion
ALLEVYN AG SACRUM 9"X9" EXTERNAL	Tier 9	Non FDA Exclusion
ALLEVYN GENTLE EXTERNAL PAD	Tier 9	Non FDA Exclusion
AQUACEL AG BURN EXTERNAL PAD 4"X5"	Tier 9	Non FDA Exclusion
AQUACEL AG FOAM EXTERNAL PAD 12.5X12.5CM , 17.5X17.5CM	Tier 9	Non FDA Exclusion
ARIDA EXTERNAL GEL	Tier 9	Non FDA Exclusion
atopavo external emulsion	Tier 9	Non FDA Exclusion
AZADROX EXTERNAL GEL	Tier 9	Non FDA Exclusion
BASADROX EXTERNAL GEL	Tier 9	Non FDA Exclusion
bilayer matrix wound dressing external sheet 5 cm x 5 cm	Tier 9	Non FDA Exclusion
BIOSTEP AG EXTERNAL SHEET 2"X2" , 4"X4"	Tier 9	Non FDA Exclusion
BIOSTEP EXTERNAL SHEET 4"X4" , 5 CM X 5 CM	Tier 9	Non FDA Exclusion
COLLANEX EXTERNAL POWDER	Tier 9	Non FDA Exclusion
CURAFOAM AG FOAM DRESSING EXTERNAL PAD 4"X4"	Tier 9	Non FDA Exclusion
CURITY HYPERTONIC NACL STRIP EXTERNAL	Tier 9	Non FDA Exclusion
CURITY NACL DRESSING 6"X6-3/4" EXTERNAL PAD	Tier 9	Non FDA Exclusion
DERPIXA EXTERNAL GEL	Tier 9	Non FDA Exclusion
DURAFIBER AG EXTERNAL PAD 2"X2" , 3/4"X18" , 4"X4" , 4"X4-3/4" , 6"X6" , 8"X11-3/4"	Tier 9	Non FDA Exclusion
DURAFIBER EXTERNAL PAD 4"X4-3/4"	Tier 9	Non FDA Exclusion
DYNAFOAM AG FOAM DRESSING EXTERNAL PAD 4"X4"	Tier 9	Non FDA Exclusion
DYNAGINATE AG CA ALG ROPE 30CM EXTERNAL 1/4" X 12"	Tier 9	Non FDA Exclusion
DYNAGINATE AG SILVER CAL 2"X2" EXTERNAL PAD	Tier 9	Non FDA Exclusion
DYNAGINATE AG SILVER CAL 4"X5" EXTERNAL PAD	Tier 9	Non FDA Exclusion
DYNAGINATE AG SILVER CAL 4"X8" EXTERNAL PAD	Tier 9	Non FDA Exclusion
ENDOFORM DERMAL TEMPLATE EXTERNAL SHEET 10X12.7CM , 5X5CM	Tier 9	Non FDA Exclusion

Drug Name	Drug Tier	Notes
ENDOFORM DERMAL/FENESTRATED EXTERNAL SHEET 10X12.7CM , 5X5CM	Tier 9	Non FDA Exclusion
FILSUVEZ EXTERNAL GEL 10 %	Tier 5	PA; Specialty
haproderm external gel	Tier 9	Non FDA Exclusion
HYDROFERA BLUE 4"X4" EXTERNAL PAD	Tier 9	Non FDA Exclusion
HYDROFERA BLUE 6"X6" EXTERNAL PAD	Tier 9	Non FDA Exclusion
HYDROFERA BLUE FOAM DRESSING EXTERNAL PAD	Tier 9	Non FDA Exclusion
HYDROFERA BLUE FOAM/TUNNELING EXTERNAL PAD	Tier 9	Non FDA Exclusion
HYDROFERA BLUE MRF DRESSING EXTERNAL PAD	Tier 9	Non FDA Exclusion
HYDROFERA BLUE READY FOAM EXTERNAL PAD	Tier 9	Non FDA Exclusion
hygel external gel 2.5 %	Tier 9	Non FDA Exclusion
INNOVAMATRIX AC EXTERNAL DISK 15 MM	Tier 9	Non FDA Exclusion
INNOVAMATRIX AC EXTERNAL SHEET 2 CM X 2 CM , 4 CM X 4 CM , 4 CM X 6 CM , 5 CM X 5 CM	Tier 9	Non FDA Exclusion
KENDALL ALGINATE 12" ROPE EXTERNAL	Tier 9	Non FDA Exclusion
KENDALL ALGINATE DRESS 2"X2" EXTERNAL PAD	Tier 9	Non FDA Exclusion
KENDALL ALGINATE DRESS 4"X8" EXTERNAL PAD	Tier 9	Non FDA Exclusion
KENDALL AMORPHOUS WOUND EXTERNAL GEL	Tier 9	Non FDA Exclusion
KENDALL HYDROGEL GAUZE 2"X2" EXTERNAL PAD	Tier 9	Non FDA Exclusion
KENDALL HYDROGEL GAUZE 4"X4" EXTERNAL PAD	Tier 9	Non FDA Exclusion
KENDALL HYDROGEL GAUZE 4"X8" EXTERNAL PAD	Tier 9	Non FDA Exclusion
KENDALL HYDROGEL WOUND DRESS EXTERNAL	Tier 9	Non FDA Exclusion
KENDALL ZINC CA ALGINATE 4"X4" EXTERNAL PAD	Tier 9	Non FDA Exclusion
KERAGEL EXTERNAL GEL	Tier 9	Non FDA Exclusion
KERAGELT EXTERNAL GEL	Tier 9	Non FDA Exclusion

Drug Name	Drug Tier	Notes
KERAMATRIX REPLICINE 10CMX10CM EXTERNAL SHEET	Tier 9	Non FDA Exclusion
KERAMATRIX REPLICINE 2CMX3CM EXTERNAL SHEET	Tier 9	Non FDA Exclusion
KERAMATRIX REPLICINE 5CMX5CM EXTERNAL SHEET	Tier 9	Non FDA Exclusion
KERASTAT EXTERNAL CREAM	Tier 9	Non FDA Exclusion
KERASTAT EXTERNAL GEL 5 %	Tier 9	Non FDA Exclusion
L-MESITRAN SOFT WOUND EXTERNAL GEL	Tier 9	Non FDA Exclusion
LUXAMEND EXTERNAL CREAM	Tier 9	Non FDA Exclusion
MEDIHONEY CA ALGINATE 2"X2" EXTERNAL PAD	Tier 9	Non FDA Exclusion
MEDIHONEY CA ALGINATE 4"X5" EXTERNAL PAD	Tier 9	Non FDA Exclusion
MEDIHONEY WOUND &BURN DRESSING EXTERNAL PASTE	Tier 9	Non FDA Exclusion
MEDIHONEY WOUND/BURN DRESSING EXTERNAL GEL	Tier 9	Non FDA Exclusion
MEDIHONEY WOUND/BURN DRESSING EXTERNAL PAD	Tier 9	Non FDA Exclusion
MEDIHONEY WOUND/BURN DRESSING EXTERNAL PASTE	Tier 9	Non FDA Exclusion
MEPILEX AG EXTERNAL PAD 4"X4"	Tier 9	Non FDA Exclusion
MICROMATRIX WOUND POWDER EXTERNAL POWDER	Tier 9	Non FDA Exclusion
MIRO3D FIBERS EXTERNAL 100 MG, 250 MG, 500 MG, 700 MG	Tier 9	Non FDA Exclusion
MIRO3D WOUND MATRIX EXTERNAL 10 X 2 X 2 CM, 10 X 5 X 2 CM, 2 X 2 X 2 CM, 3 X 3 X 2 CM, 4 X 4 X 2 CM, 5 X 2 X 2 CM, 5 X 5 X 2 CM, 6 X 5 X 2 CM, 7 X 5 X 2 CM, 8 X 5 X 2 CM	Tier 9	Non FDA Exclusion
MIRODERM BIO MATRIX FENESTRAT EXTERNAL SHEET 2X2CM , 2X3CM , 3X3CM , 3X7CM , 4X4CM , 5X5CM , 7X10CM , 8X15CM , 8X8CM	Tier 9	Non FDA Exclusion
MIRODERM BIO MATRIX FENESTRAT+ EXTERNAL SHEET 3X3CM , 5X5CM , 8X15CM , 8X8CM	Tier 9	Non FDA Exclusion

Drug Name	Drug Tier	Notes
MIRODRY WOUND MATRIX EXTERNAL SHEET 10 CM X 2 CM , 2 CM X 2 CM , 3 CM X 3 CM , 4 CM X 4 CM , 5 CM X 10 CM , 5 CM X 2 CM , 5 CM X 5 CM , 5 CM X 6 CM , 5 CM X 7 CM , 5 CM X 8 CM	Tier 9	Non FDA Exclusion
MIROTRACT WOUND MATRIX DEVICE 3 MM X 5 CM , 3 MM X 9 CM , 5 MM X 5 CM , 5 MM X 9 CM	Tier 9	Non FDA Exclusion
NORMLGEL AG EXTERNAL GEL	Tier 9	Non FDA Exclusion
OASIS ULTRA MATRIX FENESTRATED EXTERNAL SHEET 3X3.5CM , 3X7CM	Tier 9	Non FDA Exclusion
OASIS ULTRA TRI-LAYER MATRIX EXTERNAL SHEET 5X7CM , 7X10CM , 7X20CM	Tier 9	Non FDA Exclusion
OASIS WOUND MATRIX FENESTRATED EXTERNAL SHEET 3X3.5CM , 3X7CM	Tier 9	Non FDA Exclusion
OCM WOUND CARE MATRIX EXTERNAL DEVICE 1.6 GM	Tier 9	Non FDA Exclusion
PETROLEUM GAUZE NON-WOVEN 3X9" EXTERNAL	Tier 9	Non FDA Exclusion
PURAPLY 1.6CM EXTERNAL DISK	Tier 9	Non FDA Exclusion
PURAPLY ANTIMICRO 3.76X3.76CM EXTERNAL SHEET	Tier 9	Non FDA Exclusion
PURAPLY ANTIMICROBIAL 2X2CM EXTERNAL SHEET	Tier 9	Non FDA Exclusion
PURAPLY ANTIMICROBIAL 2X4CM EXTERNAL SHEET	Tier 9	Non FDA Exclusion
PURAPLY ANTIMICROBIAL 3.02CM EXTERNAL SHEET	Tier 9	Non FDA Exclusion
PURAPLY ANTIMICROBIAL 3X4CM EXTERNAL SHEET	Tier 9	Non FDA Exclusion
PURAPLY ANTIMICROBIAL 4X4CM EXTERNAL SHEET	Tier 9	Non FDA Exclusion
PURAPLY ANTIMICROBIAL 5X5CM EXTERNAL SHEET	Tier 9	Non FDA Exclusion
PURAPLY ANTIMICROBIAL 6X9CM EXTERNAL SHEET	Tier 9	Non FDA Exclusion
PURAPLY ANTIMICROBIAL 8X16CM EXTERNAL SHEET	Tier 9	Non FDA Exclusion
PURAPLY EXTERNAL SHEET 2X4CM , 5X5CM , 6X9CM	Tier 9	Non FDA Exclusion
PURAPLY XT ANTIMICROBIAL 5X5CM EXTERNAL SHEET 0.1 %	Tier 9	Non FDA Exclusion

Drug Name	Drug Tier	Notes
PURAPLY XT ANTIMICROBIAL 6X9CM EXTERNAL SHEET 0.1 %	Tier 9	Non FDA Exclusion
PURAPLY XT ANTIMICROBIAL EXTERNAL SHEET	Tier 9	Non FDA Exclusion
RADIAPLEXRX EXTERNAL GEL	Tier 9	Non FDA Exclusion
RESTORE SILVER DRESSING EXTERNAL PAD 2"X2" , 4"X4" , 4"X4.75" , 4"X5" , 6"X8"	Tier 9	Non FDA Exclusion
safrycyn external cream 0.2 %	Tier 9	Non FDA Exclusion
SILIGENTLE AG FOAM DRESSING EXTERNAL PAD 2"X2"	Tier 9	Non FDA Exclusion
SILIGENTLE AG SILVER FOAM DRES EXTERNAL PAD 2"X2" , 4"X4" , 4"X5" , 6"X6"	Tier 9	Non FDA Exclusion
SILVERSEAL HYDROGEL DRESSING EXTERNAL PAD 2"X3" , 4"X5"	Tier 9	Non FDA Exclusion
SILVRSTAT WOUND DRESSING EXTERNAL GEL	Tier 9	Non FDA Exclusion
SIOXD EXTERNAL	Tier 9	Non FDA Exclusion
SIOXD OR EXTERNAL	Tier 9	Non FDA Exclusion
SOLOX EXTERNAL GEL	Tier 9	Non FDA Exclusion
SONAFINE EXTERNAL EMULSION	Tier 9	Non FDA Exclusion
STRATA GRT EXTERNAL GEL	Tier 9	Non FDA Exclusion
XCELLISTEM WOUND POWDER EXTERNAL POWDER	Tier 9	Non FDA Exclusion
zanabin hydrogel external gel	Tier 9	Non FDA Exclusion
zenifiber ag external pad 2"x2" , 4"x5" , 6"x6" , 8"x8"	Tier 9	Non FDA Exclusion
zenifoam ag external pad 2"x2" , 4"x5"	Tier 9	Non FDA Exclusion
Wound Treatment - Autologous Cellular Gene Therapy**		
ZEVASKYN BATCH UP TO 12 SHEETS EXTERNAL SHEET	Tier 9	Medical Only Exclusion
Wound Treatment - Gene Therapy**		
VYJUVEK EXTERNAL GEL 5000000000 PFU/2.5ML	Tier 9	Medical Only Exclusion
Diagnostic Products		
Diagnostic Biologicals**		
alfalfa injection solution 1:20	Tier 9	Medical Only Exclusion
almond (diagnostic) injection solution 1:10 , 1:20	Tier 9	Medical Only Exclusion

Drug Name	Drug Tier	Notes
alternaria alternat (diagnost) injection solution 1:20	Tier 9	Medical Only Exclusion
american elm (diagnostic) injection solution 1:20	Tier 9	Medical Only Exclusion
american lobster (diagnostic) injection solution 1:20	Tier 9	Medical Only Exclusion
APLISOL INTRADERMAL SOLUTION 5 UNIT/0.1ML	Tier 9	Medical Only Exclusion
apple (diagnostic) injection solution 1:10 , 1:40	Tier 9	Medical Only Exclusion
aspergillus fumigat (diagnost) injection solution 1:20	Tier 9	Medical Only Exclusion
aspergillus fumigatus intradermal solution 1:20	Tier 9	Medical Only Exclusion
atlantic cod (diagnostic) injection solution 1:20	Tier 9	Medical Only Exclusion
atlantic salmon (diagnostic) injection solution 1:20	Tier 9	Medical Only Exclusion
atlantic/eastern oyster(diagn) injection solution 1:20	Tier 9	Medical Only Exclusion
aureobasidium pullulans intradermal solution 1:20	Tier 9	Medical Only Exclusion
avocado (diagnostic) injection solution 1:10	Tier 9	Medical Only Exclusion
banana (diagnostic) injection solution 1:10 , 1:40	Tier 9	Medical Only Exclusion
beef (diagnostic) injection solution 1:10 , 1:20	Tier 9	Medical Only Exclusion
bipolaris sorokin (diagnostic) injection solution 1:20	Tier 9	Medical Only Exclusion
black walnut (diagnostic) injection solution 1:20	Tier 9	Medical Only Exclusion
black willow (diagnostic) injection solution 1:20	Tier 9	Medical Only Exclusion
blue crab (diagnostic) injection solution 1:20	Tier 9	Medical Only Exclusion
botrytis cinerea (diagnostic) intradermal solution 1:20	Tier 9	Medical Only Exclusion
brazil nut (diagnostic) injection solution 1:20	Tier 9	Medical Only Exclusion
brown shrimp (diagnostic) injection solution 1:20	Tier 9	Medical Only Exclusion
candida albicans skn tst antgn injection solution 1:10	Tier 9	Medical Only Exclusion
candida albicans skn tst antgn intradermal solution	Tier 9	Medical Only Exclusion
CANDIN INTRADERMAL SOLUTION	Tier 9	Medical Only Exclusion
cantaloupe (diagnostic) injection solution 1:10	Tier 9	Medical Only Exclusion
casein (diagnostic) injection solution 1:100	Tier 9	Medical Only Exclusion
cashew nut (diagnostic) injection solution 1:20	Tier 9	Medical Only Exclusion
celery (diagnostic) injection solution 1:40	Tier 9	Medical Only Exclusion
chicken meat (diagnostic) injection solution 1:10 , 1:20	Tier 9	Medical Only Exclusion

Drug Name	Drug Tier	Notes
cladosporium sphaer (diagnost) injection solution 1:20	Tier 9	Medical Only Exclusion
cocoa bean (diagnostic) injection solution 1:10	Tier 9	Medical Only Exclusion
coconut (diagnostic) injection solution 1:20	Tier 9	Medical Only Exclusion
corn (zea mays) (diagnostic) injection solution 1:40	Tier 9	Medical Only Exclusion
cow milk (diagnostic) injection solution 1:20	Tier 9	Medical Only Exclusion
crab (diagnostic) injection solution 1:10	Tier 9	Medical Only Exclusion
dog epithelium (diagnostic) injection solution 1:20	Tier 9	Medical Only Exclusion
eastern cottonwood(diagnostic) injection solution 1:20	Tier 9	Medical Only Exclusion
egg white (diagnostic) injection solution 1:100	Tier 9	Medical Only Exclusion
english plantain (diagnostic) injection solution 1:20	Tier 9	Medical Only Exclusion
english walnut (diagnostic) injection solution 1:20	Tier 9	Medical Only Exclusion
hazelnut (filbert)(diagnostic) injection solution 1:20	Tier 9	Medical Only Exclusion
horse epithelium (diagnostic) injection solution 1:20	Tier 9	Medical Only Exclusion
lambs quarters (diagnostic) injection solution 1:20	Tier 9	Medical Only Exclusion
mosquito (diagnostic) intradermal solution 1:100	Tier 9	Medical Only Exclusion
mountain cedar (diagnostic) injection solution 1:20	Tier 9	Medical Only Exclusion
mouse epithelium (diagnostic) injection solution 1:20	Tier 9	Medical Only Exclusion
nettle (diagnostic) injection solution 1:40	Tier 9	Medical Only Exclusion
northern quahog clam(diagnost) injection solution 1:20	Tier 9	Medical Only Exclusion
oat (diagnostic) injection solution 1:20	Tier 9	Medical Only Exclusion
oat grain (diagnostic) injection solution 1:10	Tier 9	Medical Only Exclusion
orange (diagnostic) injection solution 1:10 , 1:20	Tier 9	Medical Only Exclusion
peanut (diagnostic) injection solution 1:10 , 1:20	Tier 9	Medical Only Exclusion
pecan nut (diagnostic) injection solution 1:10 , 1:20	Tier 9	Medical Only Exclusion
penicillium notatum (diagnost) injection solution 1:20	Tier 9	Medical Only Exclusion
penicillium notatum (diagnost) intradermal solution 1:20	Tier 9	Medical Only Exclusion
pineapple (diagnostic) injection solution 1:20	Tier 9	Medical Only Exclusion

Drug Name	Drug Tier	Notes
pistachio nut (diagnostic) injection solution 1:10	Tier 9	Medical Only Exclusion
pork (diagnostic) injection solution 1:10 , 1:20	Tier 9	Medical Only Exclusion
red maple (diagnostic) injection solution 1:20	Tier 9	Medical Only Exclusion
red oak (diagnostic) injection solution 1:20	Tier 9	Medical Only Exclusion
rice (diagnostic) injection solution 1:10 , 1:20	Tier 9	Medical Only Exclusion
saccharomyces cerevisiae intradermal solution 1:20	Tier 9	Medical Only Exclusion
sagebrush (diagnostic) injection solution 1:20	Tier 9	Medical Only Exclusion
sea scallops (diagnostic) injection solution 1:20	Tier 9	Medical Only Exclusion
sesame seed (diagnostic) injection solution 1:10 , 1:20	Tier 9	Medical Only Exclusion
shrimp (diagnostic) injection solution 1:10	Tier 9	Medical Only Exclusion
soybean (diagnostic) injection solution 1:10 , 1:40	Tier 9	Medical Only Exclusion
SPHERUSOL INTRADERMAL SOLUTION 127 MCG/0.1ML	Tier 9	Medical Only Exclusion
strawberry (diagnostic) injection solution 1:10 , 1:40	Tier 9	Medical Only Exclusion
sweet cherry (diagnostic) injection solution 1:20	Tier 9	Medical Only Exclusion
sweet corn (diagnostic) injection solution 1:10	Tier 9	Medical Only Exclusion
tomato (diagnostic) injection solution 1:10 , 1:40	Tier 9	Medical Only Exclusion
trichophyton mentag (diagnost) subcutaneous solution 1:20	Tier 9	Medical Only Exclusion
TUBERSOL INTRADERMAL SOLUTION 5 UNIT/0.1ML	Tier 9	Medical Only Exclusion
western juniper (diagnostic) injection solution 1:40	Tier 9	Medical Only Exclusion
white alder (diagnostic) injection solution 1:20	Tier 9	Medical Only Exclusion
white ash (diagnostic) injection solution 1:20	Tier 9	Medical Only Exclusion
white birch (diagnostic) injection solution 1:20	Tier 9	Medical Only Exclusion
white potato (diagnostic) injection solution 1:20	Tier 9	Medical Only Exclusion
whole egg (diagnostic) injection solution 1:100	Tier 9	Medical Only Exclusion
whole grain barley(diagnostic) injection solution 1:20	Tier 9	Medical Only Exclusion
whole wheat (diagnostic) injection solution 1:20	Tier 9	Medical Only Exclusion
Diagnostic Drugs**		
adenosine (diagnostic) intravenous solution 3 mg/ml	Tier 9	Medical Only Exclusion
ARIDOL INHALATION KIT 0 & 5 & 10 & 20 & 40 MG	Tier 9	Formulary Exclusion

Drug Name	Drug Tier	Notes
BLUDIGO INTRAVENOUS SOLUTION 40 MG/5ML, 8 MG/ML	Tier 9	Medical Only Exclusion
CHIRHOSTIM INTRAVENOUS SOLUTION RECONSTITUTED 16 MCG	Tier 9	Medical Only Exclusion
CORTROSYN INJECTION SOLUTION RECONSTITUTED 0.25 MG	Tier 9	Medical Only Exclusion
cosyntropin injection solution reconstituted 0.25 mg	Tier 9	Medical Only Exclusion
CYSVIEW INTRAVESICAL SOLUTION RECONSTITUTED 100 MG	Tier 9	Medical Only Exclusion
CYTALUX INTRAVENOUS SOLUTION 3.2 MG/1.6ML	Tier 9	Medical Only Exclusion
dipyridamole intravenous solution 5 mg/ml	Tier 9	Medical Only Exclusion
d-xylose powder	Tier 9	Formulary Exclusion
GLEOLAN ORAL SOLUTION RECONSTITUTED 1.5 GM	Tier 9	Medical Only Exclusion
glucagon hcl (diagnostic) injection solution reconstituted 1 mg	Tier 9	Medical Only Exclusion
GVOKE VIALDX INTRAVENOUS SOLUTION 1 MG/0.2ML	Tier 9	Medical Only Exclusion
HISTATROL INJECTION SOLUTION 2.75 MG/ML	Tier 9	Medical Only Exclusion
HISTATROL INTRADERMAL SOLUTION 0.275 MG/ML	Tier 9	Medical Only Exclusion
IC GREEN INJECTION SOLUTION RECONSTITUTED 25 MG	Tier 9	Medical Only Exclusion
IC-GREEN INJECTION SOLUTION RECONSTITUTED 10 MG	Tier 9	Medical Only Exclusion
indocyanine green injection solution reconstituted 25 mg	Tier 9	Medical Only Exclusion
isosulfan blue subcutaneous solution 1 %	Tier 9	Medical Only Exclusion
isosulfan blue subcutaneous solution prefilled syringe 10 mg/ml, 30 mg/3ml	Tier 9	Medical Only Exclusion
KINEVAC INJECTION SOLUTION RECONSTITUTED 5 MCG	Tier 9	Medical Only Exclusion
LEXISCAN INTRAVENOUS SOLUTION 0.4 MG/5ML	Tier 9	Medical Only Exclusion
LUMISIGHT INTRAVENOUS SOLUTION RECONSTITUTED 39 MG	Tier 9	Medical Only Exclusion
methacholine chloride inhalation kit	Tier 9	Non FDA Exclusion
METOPIRONE ORAL CAPSULE 250 MG	Tier 9	Specialty; Formulary Exclusion
positive skin test control injection solution 6 mg/ml	Tier 9	Medical Only Exclusion

Drug Name	Drug Tier	Notes
PRE-PEN INTRADERMAL SOLUTION 0.25 ML	Tier 9	Medical Only Exclusion
PROVOCHOLINE INHALATION KIT	Tier 4	
PROVOCHOLINE INHALATION SOLUTION RECONSTITUTED 100 MG	Tier 9	Formulary Exclusion
regadenoson intravenous solution 0.4 mg/5ml	Tier 9	Medical Only Exclusion
R-GENE 10 INTRAVENOUS SOLUTION 10 %	Tier 9	Medical Only Exclusion
SECREFLO INTRAVENOUS SOLUTION RECONSTITUTED 16 MCG	Tier 9	Medical Only Exclusion
sincalide injection solution reconstituted 5 mcg	Tier 9	Medical Only Exclusion
SPY AGENT GREEN INJECTION SOLUTION RECONSTITUTED 25 MG	Tier 9	Medical Only Exclusion
SPY- MIS KIT INJECTION SOLUTION RECONSTITUTED 25 MG	Tier 9	Medical Only Exclusion
SPY-PHI KIT INJECTION SOLUTION RECONSTITUTED 25 MG	Tier 9	Medical Only Exclusion
THYROGEN INTRAMUSCULAR SOLUTION RECONSTITUTED 0.9 MG	Tier 9	Medical Only Exclusion
VUEBLU INJECTION SOLUTION 50 MG/10ML	Tier 9	Medical Only Exclusion
ZYOGREEN INJECTION SOLUTION 25 MG/10ML	Tier 9	Medical Only Exclusion
Diagnostic Infection Test Combinations**		
COBAS LIAT SARS-COV-2-AB ASSAY IN VITRO KIT	Tier 9	Non FDA Exclusion
COBAS LIAT SARS-COV-2-AB CNTRL IN VITRO KIT	Tier 9	Non FDA Exclusion
FLOWFLEX+ RSV+FLU A/B+COVID IN VITRO KIT	Tier 9	Non FDA Exclusion
LUCIRA COVID-19 & FLU TEST IN VITRO KIT	Tier 9	Non FDA Exclusion
SOFIA2 FLU+SARS ANTIGEN FIA IN VITRO KIT	Tier 9	Non FDA Exclusion
STATUS COVID-19/FLU A&B IN VITRO KIT	Tier 9	Non FDA Exclusion
TYFAST FLU A/B COVID-19 MULTIP IN VITRO KIT	Tier 9	Non FDA Exclusion
Diagnostic Products, Misc.**		
BREEZA FOR ORAL IODINATED CONT ORAL SOLUTION	Tier 9	Non FDA Exclusion

Drug Name	Drug Tier	Notes
BREEZA NEUTRAL ABD/PELVIC IMAG ORAL SOLUTION	Tier 9	Non FDA Exclusion
Diagnostic Radiopharmaceuticals - Brain**		
AMYVID INTRAVENOUS SOLUTION 500-1900 MBQ/ML	Tier 9	Medical Only Exclusion
DATSCAN INTRAVENOUS SOLUTION 185 MBQ/2.5ML	Tier 9	Medical Only Exclusion
NEURACEQ INTRAVENOUS SOLUTION 1.4-135 MCI/ML	Tier 9	Medical Only Exclusion
PIXCLARA INTRAVENOUS SOLUTION 185-11100 MBQ/ML	Tier 9	Medical Only Exclusion
TAUVID INTRAVENOUS SOLUTION 300-3700 MBQ/ML	Tier 9	Medical Only Exclusion
VIZAMYL INTRAVENOUS SOLUTION 4.05 MCI/ML	Tier 9	Medical Only Exclusion
Diagnostic Radiopharmaceuticals - Cardiac**		
ammonia n 13 intravenous solution 3.75-260 mci/ml, 3.75-37.5 mci/ml	Tier 9	Medical Only Exclusion
CARDIOGEN-82 INTRAVENOUS SOLUTION RECONSTITUTED	Tier 9	Medical Only Exclusion
CARDIOLITE INTRAVENOUS KIT	Tier 9	Medical Only Exclusion
FLYRCADO INTRAVENOUS SOLUTION 5-55 MCI/ML	Tier 9	Medical Only Exclusion
MYOVIEW 30ML INTRAVENOUS KIT	Tier 9	Medical Only Exclusion
MYOVIEW INTRAVENOUS KIT	Tier 9	Medical Only Exclusion
technetium tc 99m sestamibi intravenous kit	Tier 9	Medical Only Exclusion
Diagnostic Radiopharmaceuticals - Endocrine**		
ADREVIEW INTRAVENOUS SOLUTION 10 MCI/5ML	Tier 9	Medical Only Exclusion
DETECTNET INTRAVENOUS SOLUTION 1 MCI/ML	Tier 9	Medical Only Exclusion
DOTATOC GA 68 INTRAVENOUS SOLUTION 0.5-4 MCI/ML	Tier 9	Medical Only Exclusion
indium in 111 dtpa intrathecal solution	Tier 9	Medical Only Exclusion
indium in-111 pentetreotide intravenous kit	Tier 9	Medical Only Exclusion
NETSPOT INTRAVENOUS KIT	Tier 9	Medical Only Exclusion

Drug Name	Drug Tier	Notes
Diagnostic Radiopharmaceuticals - Gases**		
xenon xe 133 inhalation gas 10 mci, 20 mci	Tier 9	Medical Only Exclusion
Diagnostic Radiopharmaceuticals - Hepatobiliary**		
CHOLETEC INTRAVENOUS KIT	Tier 9	Medical Only Exclusion
technetium tc 99m mebrofenin intravenous kit	Tier 9	Medical Only Exclusion
Diagnostic Radiopharmaceuticals - Lymphatic System*		
LYMPHOSEEK INJECTION KIT	Tier 9	Medical Only Exclusion
Diagnostic Radiopharmaceuticals - Miscellaneous**		
CERIANNA INTRAVENOUS SOLUTION 4-100 MCI/ML	Tier 9	Medical Only Exclusion
fludeoxyglucose f 18 intravenous solution 20-200 mci/ml, 20-300 mci/ml, 20-500 mci/ml	Tier 9	Medical Only Exclusion
LEU TECHNELITE COMBINATION KIT	Tier 9	Medical Only Exclusion
NEUROLITE INTRAVENOUS KIT	Tier 9	Medical Only Exclusion
TECHNELITE COMBINATION KIT	Tier 9	Medical Only Exclusion
technet tc 99m sulfur colloid combination kit	Tier 9	Medical Only Exclusion
technetium tc 99m pyrophos intravenous kit	Tier 9	Medical Only Exclusion
volumex intravenous solution prefilled syringe 25 mcci/ml	Tier 9	Medical Only Exclusion
Diagnostic Radiopharmaceuticals - Prostatic**		
AXUMIN INTRAVENOUS SOLUTION 9-221 MCI/ML	Tier 9	Medical Only Exclusion
gallium ga 68 gozetotide intravenous solution 0.5-5 mci/ml	Tier 9	Medical Only Exclusion
GOZELLIX CONFIGURATION A INTRAVENOUS KIT 25 MCG	Tier 9	Medical Only Exclusion
GOZELLIX CONFIGURATION B INTRAVENOUS KIT 25 MCG	Tier 9	Medical Only Exclusion
ILLUCCIX CONFIGURATION A INTRAVENOUS KIT 25 MCG	Tier 9	Medical Only Exclusion
ILLUCCIX CONFIGURATION B INTRAVENOUS KIT 25 MCG	Tier 9	Medical Only Exclusion
LOCAMETZ INTRAVENOUS KIT 25 MCG	Tier 9	Medical Only Exclusion
POSLUMA INTRAVENOUS SOLUTION 296-5846 MBQ/ML	Tier 9	Medical Only Exclusion

Drug Name	Drug Tier	Notes
PYLARIFY INTRAVENOUS SOLUTION 1-80 MCI/ML	Tier 9	Medical Only Exclusion
PYLARIFY INTRAVENOUS SOLUTION PREFILLED SYRINGE 9 MCI	Tier 9	Medical Only Exclusion
PYLARIFY TRUVU INTRAVENOUS SOLUTION 37-4440 MBQ/ML	Tier 9	Medical Only Exclusion
Diagnostic Radiopharmaceuticals - Skeletal**		
sodium fluoride f 18 intravenous solution 10-200 mci/ml	Tier 9	Medical Only Exclusion
technetium tc 99m medronate intravenous kit	Tier 9	Medical Only Exclusion
Diagnostic Radiopharmaceuticals-Immune Cell Radiolabeling*		
CERETEC INTRAVENOUS KIT	Tier 9	Medical Only Exclusion
indium in 111 oxyquinoline intravenous solution 1 mci/ml	Tier 9	Medical Only Exclusion
Diagnostic Supplies**		
cervical specimen collection swab	Tier 9	Non FDA Exclusion
ultrasound gel external gel	Tier 9	Non FDA Exclusion
Diagnostic Tests**		
12-PANEL POC TOXICOLOGY SYSTEM IN VITRO KIT	Tier 9	Medical Only Exclusion
A1CNOW + PROFESSIONAL SYSTEM IN VITRO KIT	Tier 2	
ACCU-CHEK AVIVA PLUS IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
ACCU-CHEK GUIDE TEST IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
ACCU-CHEK SMARTVIEW IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
ACCUTREND GLUCOSE IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
ADVANCE INTUITION TEST IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
ADVANCE MICRO-DRAW TEST IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
ADVOCATE REDI-CODE IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
ADVOCATE REDI-CODE+ TEST IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
ADVOCATE TEST IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
AGAMATRIX AMP TEST IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
AGAMATRIX JAZZ TEST IN VITRO STRIP	Tier 9	Formulary Exclusion; QL

Drug Name	Drug Tier	Notes
AGAMATRIX PRESTO TEST IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
ASSURE 3 TEST IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
ASSURE 4 TEST IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
ASSURE II CHECK IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
ASSURE II IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
ASSURE PLATINUM IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
ASSURE PRISM MULTI TEST IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
ASSURE PRO TEST IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
ASSURE TITANIUM STRIP IN VITRO	Tier 9	Formulary Exclusion; QL
ASSURE TITANIUM STRIP IN VITRO	Tier 9	ST; Formulary Exclusion; QL
BIOTEL CARE TEST STRIPS IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
blood glucose test in vitro strip	Tier 9	Formulary Exclusion; QL
blood glucose test strips 333 in vitro strip	Tier 9	Formulary Exclusion; QL
BLULINK GLUCOSE TEST IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
CARESENS N GLUCOSE TEST IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
CARESENS S GLUCOSE TEST IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
CARETOUCH TEST IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
cholesterol and lipid test in vitro diagnostic test	Tier 9	Non FDA Exclusion
CLEVER CHEK AUTO-CODE TEST IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
CLEVER CHEK AUTO-CODE VOICE IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
CLEVER CHEK TEST IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
CLEVER CHOICE AUTO-CODE TEST IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
CLEVER CHOICE MICRO TEST IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
CLEVER CHOICE NO CODING IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
CLEVER CHOICE TALK SYSTEM IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
CONTOUR NEXT IN VITRO STRIP	Tier 3	QL
CONTOUR NEXT TEST IN VITRO STRIP	Tier 3	QL
CONTOUR PLUS TEST IN VITRO STRIP	Tier 3	QL
CONTOUR TEST IN VITRO STRIP	Tier 3	QL

Drug Name	Drug Tier	Notes
COOL BLOOD GLUCOSE TEST STRIPS IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
CVS ADVANCED GLUCOSE TEST IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
cvs glucose meter test strips in vitro strip	Tier 9	Formulary Exclusion; QL
cvs true metrix glucose test in vitro strip	Tier 9	Formulary Exclusion; QL
D-CARE BLOOD GLUCOSE IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
DIATHRIVE BLOOD GLUCOSE TEST IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
DIATHRIVE GLUCOSE TEST IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
DIATHRIVE+ GLUCOSE TEST IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
DUO-CARE TEST IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
DX1 ORAGENOMIC DNA SCREEN KIT	Tier 9	Medical Only Exclusion
DX2 ORAGENOMIC DNA SCREEN KIT	Tier 9	Medical Only Exclusion
EASY MAX BLOOD GLUCOSE TEST IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
easy plus ii glucose test in vitro strip	Tier 9	Formulary Exclusion; QL
EASY STEP TEST IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
easy talk blood glucose test in vitro strip	Tier 9	Formulary Exclusion; QL
easy talk plus ii test strips in vitro strip	Tier 9	Formulary Exclusion; QL
EASY TOUCH HEALTHPRO GLUCOSE IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
EASY TOUCH TEST IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
easy trak blood glucose test in vitro strip	Tier 9	Formulary Exclusion; QL
easy trak ii glucose test in vitro strip	Tier 9	Formulary Exclusion; QL
EASYGLUCO IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
EASYMAX 15 TEST IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
EASYMAX TEST IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
EASYPRO BLOOD GLUCOSE TEST IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
EASYPRO PLUS IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
element compact test in vitro strip	Tier 9	Formulary Exclusion; QL
ELEMENT TEST IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
EMBRACE BLOOD GLUCOSE TEST IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
EMBRACE EVO BLOOD GLUCOSE TEST IN VITRO STRIP	Tier 9	Formulary Exclusion; QL

Drug Name	Drug Tier	Notes
EMBRACE PRO GLUCOSE TEST IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
EMBRACE TALK GLUCOSE TEST IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
EMBRACE WAVE BLOOD GLUCOSE IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
eq blood glucose test in vitro strip	Tier 9	Formulary Exclusion; QL
EVOLUTION AUTOCODE IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
FIFTY50 GLUCOSE TEST 2.0 IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
fondcircle blood glucose test in vitro strip	Tier 9	Formulary Exclusion; QL
FORA 6 CONNECT IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
FORA 6 CONNECT/GTEL TEST IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
FORA D40/G31 BLOOD GLUCOSE IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
FORA G20 BLOOD GLUCOSE TEST IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
FORA GD20 TEST IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
FORA GD50 BLOOD GLUCOSE TEST IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
FORA GTEL BLOOD GLUCOSE TEST IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
FORA TN'G ADVANCE PRO IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
FORA TN'G/TN'G VOICE IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
FORA V10 BLOOD GLUCOSE TEST IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
FORA V30A BLOOD GLUCOSE TEST IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
FORACARE GD40 TEST IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
FORACARE PREMIUM V10 TEST IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
FORACARE TEST N GO TEST IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
FREESTYLE INSULINX TEST IN VITRO STRIP	Tier 3	QL
FREESTYLE LITE TEST IN VITRO STRIP	Tier 3	QL
FREESTYLE PRECISION NEO TEST IN VITRO STRIP	Tier 3	QL
FREESTYLE TEST IN VITRO STRIP	Tier 3	QL

Drug Name	Drug Tier	Notes
ge100 blood glucose test in vitro strip	Tier 9	Formulary Exclusion; QL
GENULTIMATE TEST IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
ght test in vitro strip	Tier 9	Formulary Exclusion; QL
GLUCO PERFECT 3 TEST IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
GLUCOCARD 01 SENSOR PLUS IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
GLUCOCARD EXPRESSION TEST IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
GLUCOCARD SHINE TEST IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
GLUCOCARD VITAL TEST IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
GLUCOCARD X-SENSOR IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
GLUCOCOM TEST IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
GLUCONAVII BLOOD GLUCOSE TEST IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
glucose meter test in vitro strip	Tier 9	Formulary Exclusion; QL
gnp easy touch glucose test in vitro strip	Tier 9	Formulary Exclusion; QL
GNP TRUE METRIX GLUCOSE STRIPS IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
GNP TRUETRACK SMART SYSTEM IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
GNP TRUETRACK TEST STRIPS IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
GOJJI BLOOD GLUCOSE TEST IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
GOJJI BLOOD TEST STRIP/LANCETS IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
home pap kit in vitro kit 2.5 %	Tier 9	Medical Only Exclusion
HW EMBRACE PRO GLUCOSE TEST IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
HW EMBRACE TALK GLUCOSE TEST IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
IGLUCOSE TEST STRIPS IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
IHEALTH BLOOD GLUCOSE TEST STR IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
IN TOUCH BLOOD GLUCOSE TEST IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
INFINITY BLOOD GLUCOSE TEST IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
INFINITY VOICE IN VITRO STRIP	Tier 9	Formulary Exclusion; QL

Drug Name	Drug Tier	Notes
KROGER HEALTHPRO GLUCOSE TEST IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
medicated dna collection kit	Tier 9	Medical Only Exclusion
MEIJER TRUETEST TEST IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
MEIJER TRUETRACK TEST IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
MICRODOT TEST IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
MM BLULINK GLUCOSE TEST IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
MM EASY TOUCH GLUCOSE IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
MOBI CONNECT TEST STRIPS IN VITRO STRIP	Tier 9	QL
MYGLUCOHEALTH TEST IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
NEUTEK 2TEK TEST IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
NOVA MAX GLUCOSE TEST IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
ON CALL EXPRESS BLOOD GLUCOSE IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
one drop test in vitro strip	Tier 9	Formulary Exclusion; QL
ONETOUCH ULTRA BLUE TEST IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
ONETOUCH ULTRA IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
ONETOUCH ULTRA TEST IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
ONETOUCH VERIO IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
OPTIUMEZ TEST IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
ph strips in vitro diagnostic test	Tier 4	
PHARMACIST CHOICE AUTOCODE IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
pharmacist choice no coding in vitro strip	Tier 9	Formulary Exclusion; QL
PIP BLOOD GLUCOSE TEST STRIP IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
POCKETCHEM EZ TEST IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
POGO AUTOMATIC TEST CARTRIDGES IN VITRO DIAGNOSTIC TEST	Tier 9	Formulary Exclusion; QL
PRECISION XTRA BLOOD GLUCOSE IN VITRO STRIP	Tier 3	QL
PRO DNA COLLECTION KIT 2 %	Tier 9	Medical Only Exclusion
pro voice v8/v9 glucose in vitro strip	Tier 9	Formulary Exclusion; QL

Drug Name	Drug Tier	Notes
PRODIGY NO CODING BLOOD GLUC IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
PTS PANELS EGLU TEST IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
PTS PANELS LIPID PANEL IN VITRO STRIP	Tier 9	Non FDA Exclusion
PTS PANELS LIPID PANEL+EGLU IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
QUICK TOUCH BLOOD GLUCOSE TEST IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
QUICKTEK TEST IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
REFUAH PLUS BLOOD GLUCOSE TEST IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
RELION BLOOD GLUCOSE TEST IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
RELION CONFIRM/MICRO TEST IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
RELION GLUCOSE TEST STRIPS IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
RELION PREMIER TEST IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
RELION PRIME TEST IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
RELION TRUE METRIX TEST STRIPS IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
RELION ULTIMA TEST IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
RIGHTEST GS100 BLOOD GLUCOSE IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
RIGHTEST GS300 BLOOD GLUCOSE IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
RIGHTEST GS550 BLOOD GLUCOSE IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
RIGHTEST GT333 BLOOD GLUCOSE IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
RIGHTEST GT333 GLUCOSE TEST IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
SMARTEST BLOOD GLUCOSE TEST IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
SOLUS V2 TEST IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
TOXICOLOGY MED COLLECTION SYS IN VITRO KIT	Tier 9	Medical Only Exclusion
true focus blood glucose strip in vitro strip	Tier 9	Formulary Exclusion; QL
TRUE METRIX BLOOD GLUCOSE TEST IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
TRUE METRIX PRO BLOOD GLUCOSE IN VITRO STRIP	Tier 4	QL

Drug Name	Drug Tier	Notes
TRUENESS BLOOD GLUCOSE STRIPS IN VITRO STRIP	Tier 4	QL
TRUETEST TEST IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
TRUETRACK TEST IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
udsx medicated system combination kit 20 mg	Tier 9	Non FDA Exclusion
udsxmp medicated system combination kit 20 mg	Tier 9	Non FDA Exclusion
UNISTRIP1 GENERIC IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
verasens blood glucose test in vitro strip	Tier 9	Formulary Exclusion; QL
VIVAGUARD INO TEST STRIPS IN VITRO STRIP	Tier 9	Formulary Exclusion; QL
Digital Diagnostic Aids**		
CANVAS DX DIAGNOSIS AID AUTISM	Tier 9	Non FDA Exclusion
Infection Tests**		
ACCULA SARS-COV-2 IN VITRO KIT	Tier 9	Non FDA Exclusion
BINAXNOW COVID-19 AG CARD IN VITRO KIT	Tier 9	Non FDA Exclusion
COBAS LIAT SARS-COV-2 ASSAY IN VITRO KIT	Tier 9	Non FDA Exclusion
COBAS LIAT SARS-COV-2 CONTROL IN VITRO KIT	Tier 9	Non FDA Exclusion
CONSULT INFLUENZA A&B TESTS IN VITRO KIT	Tier 9	Non FDA Exclusion
covid-19 otc antigen 1-pack in vitro kit	Tier 10	Non FDA Exclusion
covid-19 otc antigen 2-pack in vitro kit	Tier 10	Non FDA Exclusion
CUE COVID-19 TEST IN VITRO CARTRIDGE	Tier 9	Non FDA Exclusion
CUE HEALTH MONITORING SYSTEM IN VITRO	Tier 9	Non FDA Exclusion
DETERMINE HIV 1/2 AG/AB COMBO IN VITRO KIT	Tier 9	Non FDA Exclusion
DETERMINE HIV 1/2 AG/AB CTRL IN VITRO LIQUID	Tier 9	Non FDA Exclusion
DXTERITY COVID-19 HOME TEST IN VITRO KIT	Tier 9	Non FDA Exclusion
EVERLYWELL COVID-19 HOME TEST IN VITRO KIT	Tier 9	Non FDA Exclusion
ID NOW COVID-19 2.0 TEST IN VITRO KIT	Tier 9	Non FDA Exclusion
ID NOW COVID-19 CONTROL IN VITRO KIT	Tier 9	Non FDA Exclusion
ID NOW COVID-19 IN VITRO KIT	Tier 9	Non FDA Exclusion

Drug Name	Drug Tier	Notes
ID NOW INFLUENZA A & B 2 CONTR IN VITRO KIT	Tier 9	Non FDA Exclusion
ID NOW INFLUENZA A & B 2 IN VITRO KIT	Tier 9	Non FDA Exclusion
ID NOW RSV CONTROL SWAB IN VITRO KIT	Tier 9	Non FDA Exclusion
ID NOW RSV IN VITRO KIT	Tier 9	Non FDA Exclusion
ID NOW STREP A2 CONTROL SWAB IN VITRO KIT	Tier 9	Non FDA Exclusion
ID NOW STREP A2 IN VITRO KIT	Tier 9	Non FDA Exclusion
LUCIRA CHECK IT COVID-19 TEST IN VITRO KIT	Tier 9	Non FDA Exclusion
LUCIRA COVID-19 ALL-IN-ONE IN VITRO KIT	Tier 9	Non FDA Exclusion
LYRA DIRECT SARS-COV-2 ASSAY IN VITRO KIT	Tier 9	Non FDA Exclusion
LYRA SARS-COV-2 ASSAY IN VITRO KIT	Tier 9	Non FDA Exclusion
PIXEL COVID-19 PCR HOME TEST IN VITRO KIT	Tier 9	Non FDA Exclusion
QUICKVUE + STREP A TEST IN VITRO KIT	Tier 9	Non FDA Exclusion
QUICKVUE DIPSTICK STREP A TEST IN VITRO KIT	Tier 9	Non FDA Exclusion
QUICKVUE INFLUENZA A+B TEST IN VITRO KIT	Tier 9	Non FDA Exclusion
QUICKVUE IN-LINE STREP A TEST IN VITRO KIT	Tier 9	Non FDA Exclusion
QUICKVUE SARS ANTIGEN TEST IN VITRO KIT	Tier 9	Non FDA Exclusion
SIMPLICITY COVID-19 AT-HOME IN VITRO KIT	Tier 9	Non FDA Exclusion
SOFIA INFLUENZA A+B FIA IN VITRO KIT	Tier 9	Non FDA Exclusion
SOFIA SARS ANTIGEN FIA IN VITRO KIT	Tier 9	Non FDA Exclusion
SOFIA STREP A FIA IN VITRO KIT	Tier 9	Non FDA Exclusion
SOFIA STREP A+ FIA IN VITRO KIT	Tier 9	Non FDA Exclusion
SOFIA2 SARS ANTIGEN FIA IN VITRO KIT	Tier 9	Non FDA Exclusion
XPERT XPRESS SARS-COV-2 IN VITRO KIT	Tier 9	Non FDA Exclusion

Drug Name	Drug Tier	Notes
Miscellaneous Contrast Media Combinations**		
BL-C INJECTION KIT	Tier 9	Non FDA Exclusion
Miscellaneous Contrast Media**		
AMBELVIST INTRAVENOUS SOLUTION 0.2 MMOL/2ML, 0.75 MMOL/7.5ML, 1 MMOL/10ML, 1.5 MMOL/15ML, 3 MMOL/30ML, 6.5 MMOL/65ML	Tier 9	Medical Only Exclusion
AMBELVIST INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.75 MMOL/7.5ML, 1 MMOL/10ML, 1.5 MMOL/15ML	Tier 9	Medical Only Exclusion
CLARISCAN INTRAVENOUS SOLUTION 10 MMOL/20ML, 2.5 MMOL/5ML, 5 MMOL/10ML, 50 MMOL/100ML, 7.5 MMOL/15ML	Tier 9	Medical Only Exclusion
CLARISCAN INTRAVENOUS SOLUTION PREFILLED SYRINGE 10 MMOL/20ML, 5 MMOL/10ML, 7.5 MMOL/15ML	Tier 9	Medical Only Exclusion
DEFINITY INTRAVENOUS SUSPENSION 6.52 MG/ML	Tier 9	Medical Only Exclusion
DEFINITY RT INTRAVENOUS SUSPENSION 6.52 MG/ML	Tier 9	Medical Only Exclusion
DOTAREM INTRAVENOUS SOLUTION 10 MMOL/20ML, 2.5 MMOL/5ML, 5 MMOL/10ML, 50 MMOL/100ML, 7.5 MMOL/15ML	Tier 9	Medical Only Exclusion
DOTAREM INTRAVENOUS SOLUTION PREFILLED SYRINGE 10 MMOL/20ML, 5 MMOL/10ML, 7.5 MMOL/15ML	Tier 9	Medical Only Exclusion
ELUCIREM INTRAVENOUS SOLUTION 0.5 MMOL/ML	Tier 9	Medical Only Exclusion
EOVIST INTRAVENOUS SOLUTION 0.25 MMOL/ML	Tier 9	Medical Only Exclusion
EXEM INTRAUTERINE FOAM 10 ML	Tier 9	Medical Only Exclusion
GADAVIST INTRAVENOUS SOLUTION 1 MMOL/ML	Tier 9	Medical Only Exclusion
GADAVIST INTRAVENOUS SOLUTION PREFILLED SYRINGE 10 MMOL/10ML, 15 MMOL/15ML, 7.5 MMOL/7.5ML	Tier 9	Medical Only Exclusion
gadobutrol intravenous solution 1 mmol/ml	Tier 9	Medical Only Exclusion
gadoterate meglumine intravenous solution 10 mmol/20ml, 2.5 mmol/5ml, 5 mmol/10ml, 50 mmol/100ml, 7.5 mmol/15ml	Tier 9	Medical Only Exclusion
gadoteridol intravenous solution 279.3 mg/ml	Tier 9	Medical Only Exclusion

Drug Name	Drug Tier	Notes
LUMASON INJECTION SUSPENSION RECONSTITUTED 60.7-25 MG	Tier 9	Medical Only Exclusion
MULTIHANCE INTRAVENOUS SOLUTION 529 MG/ML	Tier 9	Medical Only Exclusion
OMNISCAN INTRAVENOUS SOLUTION 287 MG/ML	Tier 9	Medical Only Exclusion
OPTISON INTRAVENOUS SUSPENSION	Tier 9	Medical Only Exclusion
PIXXOSCAN INTRAVENOUS SOLUTION 1 MMOL/ML	Tier 9	Medical Only Exclusion
PROHANCE INTRAVENOUS SOLUTION 279.3 MG/ML	Tier 9	Medical Only Exclusion
VUEWAY INTRAVENOUS SOLUTION 0.5 MMOL/ML	Tier 9	Medical Only Exclusion
XENOVIEW INHALATION GAS 1 %	Tier 9	Medical Only Exclusion
Multiple Skin Tests**		
cockroach mixed (diagnostic) injection solution 1:20	Tier 9	Medical Only Exclusion
sheep sorrel-dock (diagostic) injection solution 1:20	Tier 9	Medical Only Exclusion
short-giant ragweed (diagnost) injection solution 1:20	Tier 9	Medical Only Exclusion
T.R.U.E. TEST EXTERNAL DIAGNOSTIC TEST	Tier 9	Formulary Exclusion
Radiographic Contrast Media - Barium**		
barium sulfate powder	Tier 9	Formulary Exclusion
E-Z-DISK ORAL TABLET 700 MG	Tier 9	Formulary Exclusion
E-Z-HD ORAL SUSPENSION RECONSTITUTED 98 %	Tier 9	Formulary Exclusion
LIQUID E-Z-PAQUE ORAL SUSPENSION 60 %	Tier 9	Formulary Exclusion
LIQUID POLIBAR PLUS COMBINATION SUSPENSION 105 %	Tier 9	Non FDA Exclusion
READI-CAT 2 ORAL SUSPENSION 2 %	Tier 9	Formulary Exclusion
SITZMARKS COMBO PACKAGE ORAL CAPSULE THERAPY PACK	Tier 9	Non FDA Exclusion
SITZMARKS FOR KIDS ORAL CAPSULE	Tier 9	Non FDA Exclusion
SITZMARKS ORAL CAPSULE	Tier 9	Non FDA Exclusion
TAGITOL V ORAL SUSPENSION 40 %	Tier 9	Formulary Exclusion
VANILLA SILQ COMBINATION SUSPENSION 2.1 %	Tier 9	Non FDA Exclusion

Drug Name	Drug Tier	Notes
VARIBAR HONEY ORAL SUSPENSION 40 %	Tier 9	Formulary Exclusion
VARIBAR NECTAR ORAL SUSPENSION 40 %	Tier 9	Formulary Exclusion
VARIBAR PUDDING ORAL PASTE 40 %	Tier 9	Formulary Exclusion
VARIBAR THIN HONEY ORAL SUSPENSION 40 %	Tier 9	Formulary Exclusion
VARIBAR THIN LIQUID ORAL SUSPENSION RECONSTITUTED 40 %	Tier 9	Formulary Exclusion
Radiographic Contrast Media - Iodinated**		
CONRAY INJECTION SOLUTION 60 %	Tier 9	Medical Only Exclusion
CYSTO-CONRAY II URETHRAL SOLUTION 17.2 %	Tier 9	Medical Only Exclusion
CYSTOGRAFIN URETHRAL SOLUTION 30 %	Tier 9	Medical Only Exclusion
CYSTOGRAFIN-DILUTE URETHRAL SOLUTION 18 %	Tier 9	Medical Only Exclusion
diatrizoate meglumine & sodium oral solution 66-10 %	Tier 9	Formulary Exclusion
GASTROGRAFIN ORAL SOLUTION 66-10 %	Tier 9	Formulary Exclusion
GLOFIL-125 INTRAVENOUS SOLUTION 0.1 %	Tier 9	Medical Only Exclusion
iodixanol intravenous solution 270 mg/ml, 320 mg/ml	Tier 9	Medical Only Exclusion
iohexol injection solution 300 mg/ml	Tier 9	Non FDA Exclusion; Medical Only Exclusion
iopamidol injection solution 41 %, 61 %	Tier 9	Medical Only Exclusion
iopamidol intravenous solution 41 %, 51 %, 61 %, 76 %	Tier 9	Medical Only Exclusion
ISOVUE-200 INTRAVENOUS SOLUTION 41 %	Tier 9	Medical Only Exclusion
ISOVUE-250 INTRAVENOUS SOLUTION 51 %	Tier 9	Medical Only Exclusion
ISOVUE-300 INTRAVENOUS SOLUTION 61 %	Tier 9	Medical Only Exclusion
ISOVUE-370 INTRAVENOUS SOLUTION 76 %	Tier 9	Medical Only Exclusion
ISOVUE-M 200 INJECTION SOLUTION 41 %	Tier 9	Medical Only Exclusion
ISOVUE-M 300 INJECTION SOLUTION 61 %	Tier 9	Medical Only Exclusion

Drug Name	Drug Tier	Notes
LIPIODOL INJECTION OIL 480 MG/ML	Tier 9	Medical Only Exclusion
MD-GASTROVIEW ORAL SOLUTION 66-10 %	Tier 9	Formulary Exclusion
OMNIPAQUE INTRAVENOUS SOLUTION 140 MG/ML, 350 MG/ML	Tier 9	Medical Only Exclusion
OMNIPAQUE ORAL SOLUTION 12 MG/ML, 9 MG/ML	Tier 9	Formulary Exclusion
OMNIPAQUE SOLUTION 180 MG/ML INJECTION	Tier 9	Medical Only Exclusion
OMNIPAQUE SOLUTION 240 MG/ML INJECTION	Tier 9	Non FDA Exclusion; Medical Only Exclusion
OMNIPAQUE SOLUTION 240 MG/ML INJECTION	Tier 9	Medical Only Exclusion
OMNIPAQUE SOLUTION 300 MG/ML INJECTION	Tier 9	Non FDA Exclusion; Medical Only Exclusion
OMNIPAQUE SOLUTION 300 MG/ML INJECTION	Tier 9	Medical Only Exclusion
OPTIRAY 320 INJECTION SOLUTION 68 %	Tier 9	Medical Only Exclusion
OPTIRAY 350 INJECTION SOLUTION 74 %	Tier 9	Medical Only Exclusion
ULTRAVIST SOLUTION 62 % INJECTION	Tier 9	Non FDA Exclusion; Medical Only Exclusion
ULTRAVIST SOLUTION 62 % INJECTION	Tier 9	Medical Only Exclusion
ULTRAVIST SOLUTION 77 % INJECTION	Tier 9	Non FDA Exclusion; Medical Only Exclusion
ULTRAVIST SOLUTION 77 % INJECTION	Tier 9	Medical Only Exclusion
VISIPAQUE INTRAVENOUS SOLUTION 270 MG/ML, 320 MG/ML	Tier 9	Medical Only Exclusion
Radiographic Contrast Media - Iron Oxide**		
FERABRIGHT INTRAVENOUS SOLUTION 300 MG/10ML, 510 MG/17ML	Tier 9	Medical Only Exclusion
Dietary Products/Dietary Management Products		
Dietary Management Product Combinations**		
ASTAMED MYO ORAL CAPSULE	Tier 9	Non FDA Exclusion
AXONA ORAL PACKET	Tier 10	Non FDA Exclusion
CEREFOLIN BRAIN WELLNESS ORAL TABLET 6-2-600 MG	Tier 9	Non FDA Exclusion

Drug Name	Drug Tier	Notes
CEREFOLIN NAC ORAL TABLET 6-90.314-2-600 MG	Tier 9	Non FDA Exclusion
CEREFOLIN ORAL TABLET 6-1-50-5 MG	Tier 9	Non FDA Exclusion
DEPLIN 15 ORAL CAPSULE 15-90.314 MG	Tier 9	Non FDA Exclusion
DEPLIN 7.5 ORAL CAPSULE 7.5-90.314 MG	Tier 10	Non FDA Exclusion
ELFOLATE PLUS ORAL TABLET 3-35-2 MG	Tier 9	Non FDA Exclusion
ENLYTE ORAL CAPSULE	Tier 10	Non FDA Exclusion
FOLBIC RF ORAL TABLET 1.13-25-2 MG	Tier 9	Non FDA Exclusion
FOLTANX ORAL TABLET 3-35-2 MG	Tier 9	Non FDA Exclusion
FOLTANX RF ORAL CAPSULE 3-90.314-2-35 MG	Tier 9	Non FDA Exclusion
FOLTX ORAL TABLET 1.13-25-2 MG	Tier 9	Non FDA Exclusion
FOSTEUM ORAL CAPSULE 27-20-200 MG-MG-UNIT	Tier 9	Non FDA Exclusion
FOSTEUM PLUS ORAL CAPSULE	Tier 10	Non FDA Exclusion
LDL CARE ORAL POWDER	Tier 9	Non FDA Exclusion
LIMBREL250 ORAL CAPSULE 250-50 MG	Tier 9	Non FDA Exclusion
LIMBREL500 ORAL CAPSULE 500-50 MG	Tier 9	Non FDA Exclusion
l-methylfolate forte oral capsule 15-90.314 mg, 7.5-90.314 mg	Tier 9	Non FDA Exclusion
l-methylfolate-algae oral capsule 15-90.314 mg	Tier 9	Non FDA Exclusion
l-methylfolate-algae-b12-b6 oral capsule 3-90.314-2-35 mg	Tier 9	Non FDA Exclusion
lormate oral capsule	Tier 10	Non FDA Exclusion
medactiv oral tablet	Tier 9	Non FDA Exclusion
METAFOLBIC ORAL TABLET 6-1-50-5 MG	Tier 9	Non FDA Exclusion
METAFOLBIC PLUS ORAL TABLET 6-2-600 MG	Tier 9	Non FDA Exclusion
METANX FC ORAL CAPSULE 3-35-2 MG	Tier 9	Non FDA Exclusion
METANX ORAL CAPSULE 3-90.314-2-35 MG	Tier 9	Non FDA Exclusion
METANXPRO NERVE HEALTH ORAL CAPSULE 3-2-35-500 MG	Tier 9	Non FDA Exclusion
methylfol-algae-b12-acetylcyst oral tablet 6-90.314-2-600 mg	Tier 9	Non FDA Exclusion
neoke bhb oral powder	Tier 9	Non FDA Exclusion
NICAPRIN ORAL TABLET	Tier 10	Non FDA Exclusion
peptyxal oral capsule	Tier 9	Non FDA Exclusion
PODIAPN ORAL CAPSULE	Tier 9	Non FDA Exclusion
pro-critic oral packet	Tier 10	Non FDA Exclusion

Drug Name	Drug Tier	Notes
PROLEEVA ORAL CAPSULE	Tier 10	Non FDA Exclusion
proleva oral tablet	Tier 10	Non FDA Exclusion
PROTEOLIN ORAL TABLET	Tier 10	Non FDA Exclusion
RHEUMATE ORAL CAPSULE	Tier 10	Non FDA Exclusion
TOBAKIENT ORAL CAPSULE	Tier 10	Non FDA Exclusion
VASCULERA ORAL TABLET	Tier 10	Non FDA Exclusion
vb6 p5p oral powder	Tier 9	Non FDA Exclusion
westab max oral tablet 2.5-25-2 mg	Tier 10	Non FDA Exclusion
xyzbac oral tablet	Tier 10	Non FDA Exclusion
zyvexol oral tablet	Tier 10	Non FDA Exclusion
Dietary Management Products**		
AVAILNEX ORAL TABLET CHEWABLE 750 MG	Tier 9	Non FDA Exclusion
DEPLIN FC ORAL CAPSULE 15 MG, 7.5 MG	Tier 9	Non FDA Exclusion
ELFOLATE ORAL TABLET 15 MG, 7.5 MG	Tier 9	Non FDA Exclusion
ENTERAGAM ORAL PACKET 5 GM	Tier 9	Non FDA Exclusion
GALAXTRA ORAL POWDER	Tier 9	Non FDA Exclusion
LIMBREL ORAL CAPSULE 250 MG, 500 MG	Tier 9	Non FDA Exclusion
l-methylfolate oral tablet 15 mg, 7.5 mg	Tier 9	Non FDA Exclusion
VASCAZEN ORAL CAPSULE 1 GM	Tier 9	Non FDA Exclusion
XAQUIL XR ORAL TABLET EXTENDED RELEASE 25.5 MG	Tier 9	Non FDA Exclusion
Nutritional Supplements - Diet Aids**		
APP SLIM RMS ORAL CAPSULE	Tier 9	Non FDA Exclusion
Nutritional Supplements**		
AMINOPMRMS ORAL CAPSULE	Tier 9	Non FDA Exclusion
ASILNASALRMS ORAL CAPSULE	Tier 9	Non FDA Exclusion
CAMINO PRO COMPLETE/GLYTACTIN ORAL BAR	Tier 9	Non FDA Exclusion
ENU NUTRITIONAL SHAKE ORAL LIQUID	Tier 10	Non FDA Exclusion
ENU PRO3 PLUS ORAL POWDER	Tier 10	Non FDA Exclusion
equacare jr oral powder	Tier 10	Non FDA Exclusion
ESSENTIAL CARE JR ORAL LIQUID	Tier 9	Non FDA Exclusion
ESSENTIAL CARE JR ORAL POWDER	Tier 10	Non FDA Exclusion
FIBERSOURCE HN ORAL LIQUID	Tier 10	Non FDA Exclusion

Drug Name	Drug Tier	Notes
GLYTACTIN BETTERMILK 15 ORAL PACKET	Tier 9	Non FDA Exclusion
GLYTACTIN BETTERMILK DE-LITE ORAL PACKET	Tier 9	Non FDA Exclusion
GLYTACTIN BUILD 10PE ORAL PACKET	Tier 9	Non FDA Exclusion
GLYTACTIN BUILD 20/20 ORAL PACKET	Tier 9	Non FDA Exclusion
GLYTACTIN BUILD 20/20 PKU ORAL PACKET	Tier 9	Non FDA Exclusion
GLYTACTIN BURST ORAL PACKET	Tier 9	Non FDA Exclusion
GLYTACTIN COMPLETE 10PE ORAL BAR	Tier 9	Non FDA Exclusion
GLYTACTIN RESTORE 10 ORAL LIQUID	Tier 10	Non FDA Exclusion
GLYTACTIN RESTORE 5 ORAL PACKET	Tier 9	Non FDA Exclusion
GLYTACTIN RESTORE LITE 10 ORAL LIQUID	Tier 10	Non FDA Exclusion
GLYTACTIN RESTORE LITE 10PE ORAL PACKET	Tier 9	Non FDA Exclusion
GLYTACTIN RTD 10 ORAL LIQUID	Tier 10	Non FDA Exclusion
GLYTACTIN RTD 15 ORAL LIQUID	Tier 10	Non FDA Exclusion
GLYTACTIN RTD LITE 15 ORAL LIQUID	Tier 10	Non FDA Exclusion
GLYTACTIN SWIRL 15 ORAL PACKET	Tier 9	Non FDA Exclusion
GLYTACTIN SWIRL 15PE ORAL PACKET	Tier 9	Non FDA Exclusion
HCU EASY ORAL TABLET	Tier 10	Non FDA Exclusion
HCU EXPRESS 15 PLUS+ ORAL PACKET	Tier 9	Non FDA Exclusion
HCU EXPRESS 20 PLUS+ ORAL PACKET	Tier 9	Non FDA Exclusion
HOMACTIN AA PLUS ORAL LIQUID	Tier 10	Non FDA Exclusion
HOMACTIN AA PLUS ORAL PACKET	Tier 9	Non FDA Exclusion
ISOVACTIN AA PLUS 15 IVA ORAL PACKET	Tier 9	Non FDA Exclusion
ISOVACTIN AA PLUS ORAL PACKET	Tier 9	Non FDA Exclusion
KATE FARMS PEPTIDE 1.5 ENTERAL LIQUID	Tier 9	Non FDA Exclusion
KATE FARMS STANDARD 1.4 ENTERAL LIQUID	Tier 9	Non FDA Exclusion
KETOVIE 3:1 ORAL LIQUID	Tier 9	Non FDA Exclusion
KETOVIE 4:1 ORAL LIQUID	Tier 10	Non FDA Exclusion
KETOVIE ORAL LIQUID	Tier 10	Non FDA Exclusion
KETOVIE PEPTIDE ORAL LIQUID	Tier 10	Non FDA Exclusion
NOURISH ORAL LIQUID	Tier 10	Non FDA Exclusion
PHENYLADE GMP MIX DHA/FIBER ORAL POWDER	Tier 10	Non FDA Exclusion

Drug Name	Drug Tier	Notes
PKU EASY MICROTABS ORAL TABLET DELAYED RELEASE	Tier 10	Non FDA Exclusion
PKU EASY MICROTABS PLUS ORAL TABLET DELAYED RELEASE	Tier 9	Non FDA Exclusion
PKU EXPRESS 15 PLUS+ ORAL PACKET	Tier 9	Non FDA Exclusion
PKU EXPRESS 20 PLUS+ ORAL PACKET	Tier 9	Non FDA Exclusion
thrivacin 30 oral liquid	Tier 10	Non FDA Exclusion
thrivacin detox oral liquid	Tier 10	Non FDA Exclusion
TYLACTIN BUILD 20PE TYR ORAL PACKET	Tier 9	Non FDA Exclusion
TYLACTIN COMPLETE 15 PE ORAL BAR	Tier 9	Non FDA Exclusion
TYLACTIN RESTORE 10 ORAL LIQUID	Tier 10	Non FDA Exclusion
TYLACTIN RESTORE 5PE ORAL PACKET	Tier 9	Non FDA Exclusion
TYLACTIN RTD 15 ORAL LIQUID	Tier 10	Non FDA Exclusion
TYR EXPRESS 15 PLUS+ ORAL PACKET	Tier 9	Non FDA Exclusion
TYR EXPRESS 20 PLUS+ ORAL PACKET	Tier 9	Non FDA Exclusion
VILACTIN AA PLUS ORAL LIQUID	Tier 10	Non FDA Exclusion
VILACTIN AA PLUS ORAL PACKET	Tier 9	Non FDA Exclusion
Sweeteners**		
sodium saccharin granules	Tier 10	Formulary Exclusion
sodium saccharin powder	Tier 10	Formulary Exclusion
Digestive Aids		
Digestive Enzymes**		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT	Tier 3	
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 37000-97300 UNIT, 4200-14200 UNIT	Tier 9	ST; Formulary Exclusion
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000-57500 UNIT, 24000-86250 UNIT, 4000-14375 UNIT, 8000-28750 UNIT	Tier 9	ST; Formulary Exclusion
SUCRAID ORAL SOLUTION 8500 UNIT/ML	Tier 5	PA; Specialty
VIOKACE ORAL TABLET 10440-39150 UNIT, 20880-78300 UNIT	Tier 9	ST; Formulary Exclusion

Drug Name	Drug Tier	Notes
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT	Tier 3	
Diuretics		
Carbonic Anhydrase Inhibitors**		
acetazolamide er oral capsule extended release 12 hour 500 mg	Tier 2	
acetazolamide oral tablet 125 mg, 250 mg	Tier 2	
acetazolamide sodium injection solution reconstituted 500 mg	Tier 9	Medical Only Exclusion
dichlorphenamide oral tablet 50 mg	Tier 5	PA; Specialty
KEVEYIS ORAL TABLET 50 MG	Tier 9	PA; Specialty; Formulary Exclusion
methazolamide oral tablet 25 mg, 50 mg	Tier 2	
ORMALVI ORAL TABLET 50 MG	Tier 5	PA; Specialty
Diuretic Combinations**		
amiloride-hydrochlorothiazide oral tablet 5-50 mg	Tier 2	
spironolactone-hctz oral tablet 25-25 mg	Tier 2	
triamterene-hctz oral capsule 37.5-25 mg	Tier 2	
triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg	Tier 2	
Loop Diuretics**		
bumetanide injection solution 0.25 mg/ml	Tier 9	Medical Only Exclusion
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	Tier 2	
BUMEX ORAL TABLET 0.5 MG	Tier 9	Formulary Exclusion
EDECRIN ORAL TABLET 25 MG	Tier 9	Formulary Exclusion
ENBUMYST NASAL SOLUTION 0.5 MG/0.1ML	Tier 9	PA; Formulary Exclusion; QL
ethacrynate sodium intravenous solution reconstituted 50 mg	Tier 9	Medical Only Exclusion
ethacrynic acid oral tablet 25 mg	Tier 2	
FUROSCIX READYFLOW SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML	Tier 9	PA; Specialty; Formulary Exclusion; QL
FUROSCIX SUBCUTANEOUS CARTRIDGE KIT 80 MG/10ML	Tier 5	PA; Specialty; QL
furosemide in sodium chloride intravenous solution 100-0.9 mg/100ml-%	Tier 9	Medical Only Exclusion; Formulary Exclusion
furosemide injection solution 10 mg/ml	Tier 9	Medical Only Exclusion

Drug Name	Drug Tier	Notes
furosemide oral tablet 20 mg, 40 mg, 80 mg	Tier 2	
furosemide solution 10 mg/ml oral	Tier 2	
furosemide solution 8 mg/ml oral	Tier 4	
LASIX ONYU SUBCUTANEOUS CARTRIDGE KIT 80 MG/2.67ML	Tier 5	PA; Specialty; QL
LASIX ORAL TABLET 20 MG, 40 MG, 80 MG	Tier 9	Formulary Exclusion
SOAANZ ORAL TABLET 40 MG	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	Tier 2	
Osmotic Diuretics**		
mannitol intravenous solution 20 %, 25 %	Tier 9	Medical Only Exclusion
OSMITROL INTRAVENOUS SOLUTION 10 %, 20 %	Tier 9	Medical Only Exclusion
Potassium Sparing Diuretics**		
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG	Tier 9	Formulary Exclusion
amiloride hcl oral tablet 5 mg	Tier 2	
CAROSPIR ORAL SUSPENSION 25 MG/5ML	Tier 9	PA; Formulary Exclusion
DYRENIUM ORAL CAPSULE 100 MG, 50 MG	Tier 9	Formulary Exclusion
spironolactone oral suspension 25 mg/5ml	Tier 2	PA
spironolactone oral tablet 100 mg, 25 mg, 50 mg	Tier 2	
triamterene oral capsule 100 mg, 50 mg	Tier 2	
Thiazides And Thiazide-Like Diuretics**		
chlorothiazide sodium intravenous solution reconstituted 500 mg	Tier 9	Medical Only Exclusion
chlorthalidone oral tablet 25 mg, 50 mg	Tier 2	
DIURIL ORAL SUSPENSION 250 MG/5ML	Tier 4	
HEMICLOR ORAL TABLET 12.5 MG	Tier 4	
hydrochlorothiazide oral capsule 12.5 mg	Tier 2	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	Tier 2	
indapamide oral tablet 1.25 mg, 2.5 mg	Tier 2	
INZIRQO ORAL SUSPENSION RECONSTITUTED 10 MG/ML	Tier 4	PA
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	Tier 2	
THALITONE ORAL TABLET 15 MG	Tier 4	

Drug Name	Drug Tier	Notes
Endocrine And Metabolic Agents - Misc.		
Abortifacient - Progesterone Receptor Antagonists**		
MIFEPREX ORAL TABLET 200 MG	Tier 10	Formulary Exclusion
mifepristone tablet 200 mg oral	Tier 10	Formulary Exclusion
mifepristone tablet 200 mg oral	Tier 9	Formulary Exclusion
Acid Sphingomyelinase Deficiency (Asmd) - Agents**		
XENPOZYME INTRAVENOUS SOLUTION RECONSTITUTED 20 MG, 4 MG	Tier 9	Medical Only Exclusion
Adenosine Deaminase Scid Treatment - Agents**		
REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5ML	Tier 5	PA; Specialty
Alkaptonuria (Aku) Treatment - Agents**		
HARLIKU ORAL TABLET 2 MG	Tier 5	PA; Specialty
Alpha-Mannosidosis Treatment - Agents**		
LAMZEDE INTRAVENOUS SOLUTION RECONSTITUTED 10 MG	Tier 9	Medical Only Exclusion
Arginase 1 Deficiency (Arg1-D) - Agents**		
LOARGYS INJECTION SOLUTION 2 MG/0.4ML	Tier 5	PA; Specialty
Aromatic Amino Acid Decarboxylate Deficiency - Agents**		
KEBILIDI INJECTION SUSPENSION 280000000000 VG/0.5ML	Tier 9	Medical Only Exclusion
Atp-Sensitive Potassium Channel Activators**		
VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 25 MG, 75 MG	Tier 5	PA; Specialty
Bisphosphonates**		
ACTONEL ORAL TABLET 150 MG, 35 MG	Tier 9	ST; Formulary Exclusion; QL
alendronate sodium oral solution 70 mg/75ml	Tier 2	QL
alendronate sodium oral tablet 10 mg, 35 mg, 70 mg	Tier 2	QL

Drug Name	Drug Tier	Notes
ATELVIA ORAL TABLET DELAYED RELEASE 35 MG	Tier 9	ST; Formulary Exclusion; QL
BINOSTO ORAL TABLET EFFERVESCENT 70 MG	Tier 9	Non Essential Drug Exclusion
FOSAMAX ORAL TABLET 70 MG	Tier 9	Formulary Exclusion; QL
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT	Tier 4	QL
ibandronate sodium intravenous solution 3 mg/3ml	Tier 9	Medical Only Exclusion
ibandronate sodium oral tablet 150 mg	Tier 2	QL
pamidronate disodium intravenous solution 30 mg/10ml, 6 mg/ml, 90 mg/10ml	Tier 9	Medical Only Exclusion
RECLAST INTRAVENOUS SOLUTION 5 MG/100ML	Tier 9	Medical Only Exclusion
risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg	Tier 2	ST; QL
risedronate sodium oral tablet delayed release 35 mg	Tier 9	ST; Formulary Exclusion; QL
zoledronic acid intravenous concentrate 4 mg/5ml	Tier 9	Medical Only Exclusion
zoledronic acid intravenous solution 4 mg/100ml, 5 mg/100ml	Tier 9	Medical Only Exclusion
Calcimimetic Agents**		
cinacalcet hcl tablet 30 mg oral	Tier 5	Specialty
cinacalcet hcl tablet 60 mg oral	Tier 5	Specialty
cinacalcet hcl tablet 90 mg oral	Tier 5	Specialty; QL
PARSABIV INTRAVENOUS SOLUTION 10 MG/2ML, 2.5 MG/0.5ML, 5 MG/ML	Tier 9	Medical Only Exclusion
SENSIPAR TABLET 30 MG ORAL	Tier 9	Specialty; Formulary Exclusion
SENSIPAR TABLET 60 MG ORAL	Tier 9	Specialty; Formulary Exclusion
SENSIPAR TABLET 90 MG ORAL	Tier 9	Specialty; Formulary Exclusion; QL
Calcitonins**		
calcitonin (salmon) injection solution 200 unit/ml	Tier 2	QL
calcitonin (salmon) nasal solution 200 unit/act	Tier 2	QL
MIACALCIN INJECTION SOLUTION 200 UNIT/ML	Tier 9	Formulary Exclusion; QL
Carnitine Replenisher - Agents**		
CARNITOR INTRAVENOUS SOLUTION 200 MG/ML	Tier 9	Medical Only Exclusion
CARNITOR ORAL SOLUTION 1 GM/10ML	Tier 9	Formulary Exclusion
CARNITOR ORAL TABLET 330 MG	Tier 9	Formulary Exclusion

Drug Name	Drug Tier	Notes
CARNITOR SF ORAL SOLUTION 1 GM/10ML	Tier 9	Formulary Exclusion
levocarnitine injection solution 500 mg/ml	Tier 9	Non FDA Exclusion; Medical Only Exclusion
levocarnitine intravenous solution 200 mg/ml	Tier 9	Medical Only Exclusion
levocarnitine oral solution 1 gm/10ml	Tier 2	
levocarnitine oral tablet 330 mg	Tier 2	
levocarnitine sf oral solution 1 gm/10ml	Tier 2	
Ckd Agent-Sodium/Hydrogen Exchanger 3 (Nhe3) Inhibitor**		
XPHOZAH ORAL TABLET 20 MG, 30 MG	Tier 9	ST; Formulary Exclusion
Corticotropin**		
ACTHAR GEL SUBCUTANEOUS PEN-INJECTOR 40 UNIT/0.5ML, 80 UNIT/ML	Tier 5	PA; Specialty
ACTHAR INJECTION GEL 80 UNIT/ML	Tier 5	PA; Specialty
CORTROPHIN GEL SUBCUTANEOUS PREFILLED SYRINGE 40 UNIT/0.5ML, 80 UNIT/ML	Tier 5	PA; Specialty
CORTROPHIN INJECTION GEL 80 UNIT/ML	Tier 5	PA; Specialty
Corticotropin-Releasing Factor (Crf) Receptor Type 1 Antag		
CRENESSITY ORAL CAPSULE 100 MG, 25 MG, 50 MG	Tier 5	PA; Specialty; QL
CRENESSITY ORAL SOLUTION 50 MG/ML	Tier 5	PA; Specialty; QL
Cortisol Synthesis Inhibitors**		
ISTURISA ORAL TABLET 1 MG, 5 MG	Tier 5	PA; Specialty; QL
RECORLEV ORAL TABLET 150 MG	Tier 9	PA; Specialty; Formulary Exclusion; QL
Dopamine Receptor Agonists**		
cabergoline oral tablet 0.5 mg	Tier 2	
Fabry Disease - Agents**		
ELFABRIO INTRAVENOUS SOLUTION 20 MG/10ML, 5 MG/2.5ML	Tier 4	PA
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED 35 MG, 5 MG	Tier 5	PA; Specialty; QL
GALAFOLD ORAL CAPSULE 123 MG	Tier 5	PA; Specialty; QL

Drug Name	Drug Tier	Notes
Familial Chylomicronemia Syndrome (Fcs) - Agents**		
REDEMPLO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	Tier 5	PA; Specialty; QL
TRYNGOLZA SOLUTION AUTO-INJECTOR 50 MG/0.8ML SUBCUTANEOUS	Tier 5	PA; Specialty; QL
TRYNGOLZA SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS	Tier 5	PA; Specialty; Formulary Exclusion; QL
G6pase Deficiency (Gsd1a) Treatment - Agents**		
GENGLYCOS >87KG INTRAVENOUS SUSPENSION THERAPY PACK 15 X 2 ML	Tier 9	Medical Only Exclusion
GENGLYCOS 15 TO <21KG INTRAVENOUS SUSPENSION THERAPY PACK 3 X 2 ML	Tier 9	Medical Only Exclusion
GENGLYCOS 21 TO <27KG INTRAVENOUS SUSPENSION THERAPY PACK 4 X 2 ML	Tier 9	Medical Only Exclusion
GENGLYCOS 27 TO <33KG INTRAVENOUS SUSPENSION THERAPY PACK 5 X 2 ML	Tier 9	Medical Only Exclusion
GENGLYCOS 33 TO <39KG INTRAVENOUS SUSPENSION THERAPY PACK 6 X 2 ML	Tier 9	Medical Only Exclusion
GENGLYCOS 39 TO <45KG INTRAVENOUS SUSPENSION THERAPY PACK 7 X 2 ML	Tier 9	Medical Only Exclusion
GENGLYCOS 45 TO <51KG INTRAVENOUS SUSPENSION THERAPY PACK 8 X 2 ML	Tier 9	Medical Only Exclusion
GENGLYCOS 51 TO <57KG INTRAVENOUS SUSPENSION THERAPY PACK 9 X 2 ML	Tier 9	Medical Only Exclusion
GENGLYCOS 57 TO <63KG INTRAVENOUS SUSPENSION THERAPY PACK 10 X 2 ML	Tier 9	Medical Only Exclusion
GENGLYCOS 63 TO <69KG INTRAVENOUS SUSPENSION THERAPY PACK 11 X 2 ML	Tier 9	Medical Only Exclusion
GENGLYCOS 69 TO <75KG INTRAVENOUS SUSPENSION THERAPY PACK 12 X 2 ML	Tier 9	Medical Only Exclusion
GENGLYCOS 75 TO <81KG INTRAVENOUS SUSPENSION THERAPY PACK 13 X 2 ML	Tier 9	Medical Only Exclusion

Drug Name	Drug Tier	Notes
GENGLYCOS 81 TO <87KG INTRAVENOUS SUSPENSION THERAPY PACK 14 X 2 ML	Tier 9	Medical Only Exclusion
Gaa Deficiency Treatment - Agents**		
LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	Tier 9	Medical Only Exclusion
NEXVIAZYME INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	Tier 9	PA; Specialty; Formulary Exclusion
OPFOLDA ORAL CAPSULE 65 MG	Tier 5	PA; Specialty; Formulary Exclusion
POMBILITI INTRAVENOUS SOLUTION RECONSTITUTED 105 MG	Tier 9	PA; Specialty; Formulary Exclusion
Gnrh/Lhrh Antagonists**		
cetrorelix acetate subcutaneous kit 0.25 mg	Tier 10	PA; Specialty
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	Tier 9	PA; Specialty; Formulary Exclusion
FYREMADEL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 250 MCG/0.5ML	Tier 10	PA; Specialty
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	Tier 10	PA; Specialty
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	Tier 9	PA; Specialty; Formulary Exclusion
ORILISSA ORAL TABLET 150 MG, 200 MG	Tier 3	PA; QL
Growth Hormone Receptor Antagonists**		
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	Tier 5	PA; Specialty
Growth Hormone Releasing Hormones (Ghrh)**		
EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED 2 MG	Tier 5	PA; Specialty; QL
EGRIFTA WR SUBCUTANEOUS KIT 11.6 MG	Tier 5	PA; Specialty; QL
Growth Hormones**		
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG, 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG	Tier 5	PA; Specialty
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG, 5 MG	Tier 5	PA; Specialty

Drug Name	Drug Tier	Notes
HUMATROPE INJECTION CARTRIDGE 12 MG, 24 MG, 6 MG	Tier 9	PA; Specialty; Formulary Exclusion
NGENLA SUBCUTANEOUS SOLUTION PEN-INJECTOR 24 MG/1.2ML, 60 MG/1.2ML	Tier 9	PA; Specialty; Formulary Exclusion
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML	Tier 5	PA; Specialty
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MG/2ML	Tier 9	PA; Specialty; Formulary Exclusion
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MG/2ML	Tier 9	PA; Specialty; Formulary Exclusion
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML	Tier 5	PA; Specialty
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG	Tier 5	PA; Specialty
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	Tier 9	PA; Specialty; Formulary Exclusion
SKYTROFA SUBCUTANEOUS CARTRIDGE 0.7 MG, 1.4 MG, 1.8 MG, 11 MG, 13.3 MG, 2.1 MG, 2.5 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG	Tier 5	PA; Specialty
SOGROYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML	Tier 5	PA; Specialty
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 5 MG	Tier 9	PA; Specialty; Formulary Exclusion
Hereditary Orotic Aciduria Treatment - Agents*		
XURIDEN ORAL PACKET 2 GM	Tier 5	PA; Specialty
Hereditary Tyrosinemia Type 1 (Ht-1) Treatment - Agents**		
nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg	Tier 5	PA; Specialty
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	Tier 5	PA; Specialty
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG	Tier 9	PA; Specialty; Formulary Exclusion
ORFADIN ORAL SUSPENSION 4 MG/ML	Tier 5	PA; Specialty

Drug Name	Drug Tier	Notes
Homocystinuria Treatment - Agents**		
betaine oral powder	Tier 5	PA; Specialty
CYSTADANE ORAL POWDER	Tier 9	PA; Specialty; Formulary Exclusion
Hyperammonemia Treatment - Agents**		
CARBAGLU ORAL TABLET SOLUBLE 200 MG	Tier 9	PA; Specialty; Formulary Exclusion
carglumic acid oral tablet soluble 200 mg	Tier 5	PA; Specialty
Hyperparathyroid Treatment - Vitamin D Analogs**		
calcitriol intravenous solution 1 mcg/ml	Tier 9	Medical Only Exclusion
calcitriol oral capsule 0.25 mcg, 0.5 mcg	Tier 2	
calcitriol oral solution 1 mcg/ml	Tier 9	Formulary Exclusion
doxercalciferol intravenous solution 4 mcg/2ml	Tier 9	Medical Only Exclusion
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	Tier 9	Formulary Exclusion
paricalcitol intravenous solution 2 mcg/ml, 5 mcg/ml	Tier 9	Medical Only Exclusion
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	Tier 9	Formulary Exclusion
RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG	Tier 3	QL
ROCALTROL ORAL CAPSULE 0.25 MCG, 0.5 MCG	Tier 9	Formulary Exclusion
ROCALTROL ORAL SOLUTION 1 MCG/ML	Tier 9	Formulary Exclusion
ZEMPLAR INTRAVENOUS SOLUTION 2 MCG/ML, 5 MCG/ML	Tier 9	Medical Only Exclusion
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	Tier 9	Formulary Exclusion
Hypoparathyroid Treatment - Parathyroid Hormone Analogs**		
YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR 168 MCG/0.56ML, 294 MCG/0.98ML, 420 MCG/1.4ML	Tier 5	PA; Specialty; QL
Hypophosphatasia (Hpp) Agents**		
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML	Tier 5	PA; Specialty

Drug Name	Drug Tier	Notes
Insulin-Like Growth Factor-1 Receptor Inhibitors(Igf-1R)**		
LUMVOA INTRAVENOUS SOLUTION 500 MG/10ML	Tier 9	Medical Only Exclusion
TEPEZZA INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	Tier 9	Medical Only Exclusion
Insulin-Like Growth Factors (Somatomedins)**		
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	Tier 5	PA; Specialty
Leptin Analogues**		
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED 11.3 MG	Tier 5	PA; Specialty
Lhrh/Gnrh Agonist Analog Pituitary Suppressants**		
FENSOLVI (6 MONTH) SUBCUTANEOUS KIT 45 MG	Tier 9	PA; Specialty; Formulary Exclusion; QL
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG	Tier 5	PA; Specialty; QL
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 30 MG	Tier 5	PA; Specialty; QL
LUPRON DEPOT-PED (6-MONTH) INTRAMUSCULAR KIT 45 MG	Tier 5	PA; Specialty; QL
SUPPRELIN LA SUBCUTANEOUS KIT 50 MG	Tier 5	PA; Specialty; QL
SYNAREL NASAL SOLUTION 2 MG/ML	Tier 5	PA; Specialty
TRIPTODUR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 22.5 MG	Tier 9	PA; Specialty; Formulary Exclusion; QL
Lysosomal Acid Lipase (Lal) Deficiency - Agents**		
KANUMA INTRAVENOUS SOLUTION 20 MG/10ML	Tier 9	Medical Only Exclusion
Melanocortin 4 (Mc4) Receptor Agonists**		
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML	Tier 10	PA; Specialty
Metabolic Modifier Combinations*		
KYGEVVI ORAL PACKET 2-2 GM	Tier 5	PA; Specialty

Drug Name	Drug Tier	Notes
Mitochondrial Cardiolipin Binders**		
FORZINITY SUBCUTANEOUS SOLUTION 280 MG/3.5ML	Tier 5	PA; Specialty; QL
Molybdenum Cofactor Deficiency (Mocd) - Agents**		
NULIBRY INTRAVENOUS SOLUTION RECONSTITUTED 9.5 MG	Tier 9	Medical Only Exclusion
Mucopolysaccharidosis I (Mps I) - Agents**		
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5ML	Tier 9	Medical Only Exclusion
Mucopolysaccharidosis Ii (Mps Ii) - Agents**		
AVLAYAH INTRAVENOUS SOLUTION RECONSTITUTED 150 MG	Tier 9	Medical Only Exclusion
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3ML	Tier 9	Medical Only Exclusion
Mucopolysaccharidosis Iv (Mps Iv) - Agents**		
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5ML	Tier 9	Medical Only Exclusion
Mucopolysaccharidosis Vi (Mps Vi) - Agents**		
NAGLAZYME INTRAVENOUS SOLUTION 1 MG/ML	Tier 9	Medical Only Exclusion
Mucopolysaccharidosis Vii (Mps Vii) - Agents**		
MEPSEVII INTRAVENOUS SOLUTION 10 MG/5ML	Tier 9	Medical Only Exclusion
Natriuretic Peptides**		
VOXZOGO SUBCUTANEOUS SOLUTION RECONSTITUTED 0.4 MG, 0.56 MG, 1.2 MG	Tier 5	PA; Specialty
YUVIWEL SUBCUTANEOUS SOLUTION RECONSTITUTED 1.3 MG, 2.8 MG, 5.5 MG	Tier 5	PA; Specialty; QL
Neurokinin 1 & 3 (Nk1/Nk3) Receptor Antagonists**		
LYNKUET ORAL CAPSULE 60 MG	Tier 9	PA; Formulary Exclusion; QL
Neurokinin 3 (Nk3) Receptor Antagonists**		
VEOZAH ORAL TABLET 45 MG	Tier 4	

Drug Name	Drug Tier	Notes
Non-Steroidal Mineralocorticoid Receptor Antagonists**		
KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG	Tier 3	QL
Ovulation Stimulants-Gonadotropins**		
chorionic gonadotropin solution reconstituted 10000 unit intramuscular	Tier 10	PA
chorionic gonadotropin solution reconstituted 10000 unit intramuscular	Tier 9	PA; Formulary Exclusion
FOLLISTIM AQ SUBCUTANEOUS SOLUTION 300 UNT/0.36ML, 600 UNT/0.72ML, 900 UNT/1.08ML	Tier 10	PA; Specialty
GONAL-F INJECTION SOLUTION RECONSTITUTED 450 UNIT	Tier 10	PA; Specialty
GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNT/0.48ML, 450 UNT/0.72ML, 900 UNT/1.44ML	Tier 10	PA; Specialty
MENOPUR SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT	Tier 10	PA; Specialty
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT	Tier 10	PA
OVIDREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 250 MCG/0.5ML	Tier 10	PA
PREGNYL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT	Tier 10	PA
Ovulation Stimulants-Synthetic**		
CLOMID ORAL TABLET 50 MG	Tier 10	PA
clomiphene citrate oral tablet 50 mg	Tier 10	PA
MILOPHENE ORAL TABLET 50 MG	Tier 10	PA
Parathyroid Hormone And Derivatives**		
BONSITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 560 MCG/2.24ML	Tier 9	PA; Specialty; Formulary Exclusion; QL
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 560 MCG/2.24ML	Tier 9	PA; Specialty; Formulary Exclusion; QL
teriparatide solution pen-injector 560 mcg/2.24ml subcutaneous	Tier 5	PA; Specialty; QL
teriparatide solution pen-injector 560 mcg/2.24ml subcutaneous	Tier 9	PA; Specialty; Formulary Exclusion; QL

Drug Name	Drug Tier	Notes
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML	Tier 5	PA; Specialty; QL
Phenylketonuria Treatment - Agents**		
JAVYGTOR ORAL PACKET 100 MG, 500 MG	Tier 5	Specialty
JAVYGTOR ORAL TABLET 100 MG	Tier 5	Specialty
KUVAN ORAL PACKET 100 MG, 500 MG	Tier 5	Specialty
KUVAN ORAL TABLET 100 MG	Tier 5	Specialty
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML, 20 MG/ML	Tier 5	PA; Specialty; QL
sapropterin dihydrochloride oral packet 100 mg, 500 mg	Tier 5	Specialty
sapropterin dihydrochloride oral tablet 100 mg	Tier 5	Specialty
SEPHIENCE ORAL PACKET 1000 MG, 250 MG	Tier 5	PA; Specialty
ZELVYSIA ORAL PACKET 100 MG, 500 MG	Tier 5	Specialty
Rank Ligand (Rankl) Inhibitors**		
AUKELSO SUBCUTANEOUS SOLUTION 120 MG/1.7ML	Tier 9	Specialty
BILDYOS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	Tier 9	Specialty
BILPREVDA SUBCUTANEOUS SOLUTION 120 MG/1.7ML	Tier 9	Specialty
BOMYNTRA SUBCUTANEOUS SOLUTION 120 MG/1.7ML	Tier 9	PA; Specialty
BOMYNTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/1.7ML	Tier 9	PA; Specialty
BOSAYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	Tier 9	Specialty
CONEXXENCE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	Tier 9	PA; Specialty
ENOBY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	Tier 9	Specialty
JUBBONTI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	Tier 9	Specialty
JUBEREQ SUBCUTANEOUS SOLUTION 120 MG/1.7ML	Tier 9	Specialty
OSENVELT SUBCUTANEOUS SOLUTION 120 MG/1.7ML	Tier 5	PA; Specialty

Drug Name	Drug Tier	Notes
OSPOMYV SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	Tier 9	Specialty
OSVYRTI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	Tier 9	Specialty
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	Tier 9	PA; Specialty; Formulary Exclusion; QL
STOBOCLO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	Tier 5	PA; Specialty
WYOST SUBCUTANEOUS SOLUTION 120 MG/1.7ML	Tier 9	Specialty
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML	Tier 9	PA; Specialty; Formulary Exclusion; QL
XTRENBO SUBCUTANEOUS SOLUTION 120 MG/1.7ML	Tier 9	Specialty
Sclerostin Inhibitors**		
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 105 MG/1.17ML	Tier 9	PA; Specialty; Formulary Exclusion; QL
Selective Estrogen Receptor Modulators (Serms)**		
EVISTA ORAL TABLET 60 MG	Tier 9	Formulary Exclusion
OSPHENA ORAL TABLET 60 MG	Tier 4	
raloxifene hcl oral tablet 60 mg	Tier 2	
Selective Vasopressin V2-Receptor Antagonists**		
JYNARQUE ORAL TABLET 15 MG, 30 MG	Tier 9	PA; Specialty; Formulary Exclusion; QL
JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 30 & 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG	Tier 9	PA; Specialty; Formulary Exclusion; QL
SAMSCA ORAL TABLET 15 MG, 30 MG	Tier 9	Specialty; Formulary Exclusion; QL
tolvaptan (hyponatremia) oral tablet 15 mg, 30 mg	Tier 5	Specialty; QL
tolvaptan oral tablet 15 mg, 30 mg	Tier 5	PA; Specialty; QL
tolvaptan oral tablet therapy pack 15 mg, 30 & 15 mg, 45 & 15 mg, 60 & 30 mg, 90 & 30 mg	Tier 5	PA; Specialty; QL
Somatostatic Agents**		
BYNFEZIA PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 2500 MCG/ML	Tier 9	PA; Specialty; Formulary Exclusion
lanreotide acetate solution 120 mg/0.5ml subcutaneous	Tier 5	PA; Specialty

Drug Name	Drug Tier	Notes
lanreotide acetate solution 120 mg/0.5ml subcutaneous	Tier 9	PA; Specialty; Formulary Exclusion
MYCAPSSA ORAL CAPSULE DELAYED RELEASE 20 MG	Tier 5	PA; Specialty
octreotide acetate intramuscular kit 10 mg, 20 mg, 30 mg	Tier 5	PA; Specialty
octreotide acetate solution 100 mcg/ml injection	Tier 5	Specialty
octreotide acetate solution 1000 mcg/ml injection	Tier 9	Medical Only Exclusion
octreotide acetate solution 200 mcg/ml injection	Tier 5	Specialty
octreotide acetate solution 50 mcg/ml injection	Tier 5	Specialty
octreotide acetate solution 500 mcg/ml injection	Tier 9	Medical Only Exclusion
octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml	Tier 5	Specialty
PALSONIFY ORAL TABLET 20 MG, 30 MG	Tier 5	PA; Specialty
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 20 MG, 30 MG	Tier 9	PA; Specialty; Formulary Exclusion
SANDOSTATIN SOLUTION 100 MCG/ML INJECTION	Tier 9	Specialty; Formulary Exclusion
SANDOSTATIN SOLUTION 50 MCG/ML INJECTION	Tier 9	Specialty; Formulary Exclusion
SANDOSTATIN SOLUTION 500 MCG/ML INJECTION	Tier 9	Medical Only Exclusion
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 10 MG, 20 MG, 30 MG, 40 MG, 60 MG	Tier 5	PA; Specialty
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	Tier 5	PA; Specialty
SOMATULINE DEPOT SOLUTION 120 MG/0.5ML SUBCUTANEOUS	Tier 9	PA; Specialty; Formulary Exclusion
SOMATULINE DEPOT SOLUTION 60 MG/0.2ML SUBCUTANEOUS	Tier 9	PA; Specialty; Formulary Exclusion
SOMATULINE DEPOT SOLUTION 90 MG/0.3ML SUBCUTANEOUS	Tier 5	PA; Specialty
Tripeptidyl Peptidase 1 Deficiency Treatment - Agents**		
BRINEURA KIT 2 X 150 MG/5ML	Tier 9	Medical Only Exclusion
Urea Cycle Disorder - Agents**		
BUPHENYL ORAL POWDER 3 GM/TSP	Tier 9	PA; Specialty; Formulary Exclusion
BUPHENYL ORAL TABLET 500 MG	Tier 9	PA; Specialty; Formulary Exclusion

Drug Name	Drug Tier	Notes
glycerol phenylbutyrate oral liquid 1.1 gm/ml	Tier 5	PA; Specialty
OLPRUVA (2 GM DOSE) ORAL THERAPY PACK	Tier 5	PA; Specialty
OLPRUVA (3 GM DOSE) ORAL THERAPY PACK	Tier 5	PA; Specialty
OLPRUVA (4 GM DOSE) ORAL THERAPY PACK 2 & 2 GM	Tier 5	PA; Specialty
OLPRUVA (5 GM DOSE) ORAL THERAPY PACK 2 & 3 GM	Tier 5	PA; Specialty
OLPRUVA (6 GM DOSE) ORAL THERAPY PACK 3 & 3 GM	Tier 5	PA; Specialty
OLPRUVA (6.67 GM DOSE) ORAL THERAPY PACK 3 & 3.67 GM	Tier 5	PA; Specialty
PHEBURANE ORAL PELLET 483 MG/GM	Tier 5	PA; Specialty
RAVICTI ORAL LIQUID 1.1 GM/ML	Tier 5	PA; Specialty
sod benz-sod phenylacet intravenous solution 10-10 %	Tier 9	Medical Only Exclusion
sodium phenylbutyrate oral powder 3 gm/tsp	Tier 5	PA; Specialty
sodium phenylbutyrate oral tablet 500 mg	Tier 5	PA; Specialty
Vasopressin**		
DDAVP INJECTION SOLUTION 4 MCG/ML	Tier 9	Medical Only Exclusion; Formulary Exclusion
DDAVP ORAL TABLET 0.1 MG, 0.2 MG	Tier 9	Formulary Exclusion
DDAVP PF INJECTION SOLUTION 4 MCG/ML	Tier 9	Medical Only Exclusion
DESMODA ORAL SOLUTION 0.05 MG/ML	Tier 9	Non Essential Drug Exclusion; Specialty
desmopressin ace spray refrig nasal solution 0.01 %	Tier 2	
desmopressin acetate injection solution 4 mcg/ml	Tier 9	Medical Only Exclusion
desmopressin acetate nasal solution 1.5 mg/ml	Tier 9	Non FDA Exclusion
desmopressin acetate oral tablet 0.1 mg, 0.2 mg	Tier 2	
desmopressin acetate pf injection solution 4 mcg/ml	Tier 9	Medical Only Exclusion
desmopressin acetate spray nasal solution 0.01 %	Tier 2	
TERLIVAZ INTRAVENOUS SOLUTION RECONSTITUTED 0.85 MG	Tier 9	Medical Only Exclusion
vasopressin +rfid intravenous solution 20 unit/ml	Tier 9	Non FDA Exclusion; Medical Only Exclusion
vasopressin solution 20 unit/ml intravenous	Tier 9	Medical Only Exclusion
vasopressin solution 20 unit/ml intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion

Drug Name	Drug Tier	Notes
vasopressin-dextrose intravenous solution 20-5 ut/100ml-%, 50-5 ut/50ml-%	Tier 9	Non FDA Exclusion; Medical Only Exclusion
vasopressin-dextrose intravenous solution prefilled syringe 5-5 unit/5ml-%	Tier 9	Non FDA Exclusion; Medical Only Exclusion
vasopressin-sodium chloride injection solution prefilled syringe 2-0.9 unit/2ml-%	Tier 9	Non FDA Exclusion; Medical Only Exclusion
vasopressin-sodium chloride intravenous solution 20-0.9 ut/100ml-%, 40-0.9 ut/100ml-%	Tier 9	Medical Only Exclusion
VASOSTRICT INTRAVENOUS SOLUTION 20 UNIT/ML, 20-5 UT/100ML-%, 40-5 UT/100ML-%	Tier 9	Medical Only Exclusion
X-Linked Hypophosphatemia (Xlh) Treatment - Agents**		
CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML, 20 MG/ML, 30 MG/ML	Tier 5	PA; Specialty
Estrogens		
Estrogen & Androgen**		
COVARYX HS ORAL TABLET 0.625-1.25 MG	Tier 9	Formulary Exclusion
COVARYX ORAL TABLET 1.25-2.5 MG	Tier 9	Formulary Exclusion
EEMT HS ORAL TABLET 0.625-1.25 MG	Tier 9	Formulary Exclusion
EEMT ORAL TABLET 1.25-2.5 MG	Tier 9	Formulary Exclusion
est estrogens-methyltest ds oral tablet 1.25-2.5 mg	Tier 9	Formulary Exclusion
est estrogens-methyltest hs oral tablet 0.625-1.25 mg	Tier 9	Formulary Exclusion
est estrogens-methyltest oral tablet 1.25-2.5 mg	Tier 9	Formulary Exclusion
ESTRATEST H.S. ORAL TABLET 0.625-1.25 MG	Tier 9	Formulary Exclusion
Estrogen & Progestin**		
ABIGALE LO ORAL TABLET 0.5-0.1 MG	Tier 2	
ABIGALE ORAL TABLET 1-0.5 MG	Tier 2	
ACTIVELLA ORAL TABLET 1-0.5 MG	Tier 9	Formulary Exclusion
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	Tier 4	
BIJUVA ORAL CAPSULE 0.5-100 MG, 1-100 MG	Tier 3	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY	Tier 9	ST; Formulary Exclusion
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY	Tier 3	

Drug Name	Drug Tier	Notes
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	Tier 2	
FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG, 1-5 MG-MCG	Tier 2	
JINTELI ORAL TABLET 1-5 MG-MCG	Tier 2	
MIMVEY ORAL TABLET 1-0.5 MG	Tier 2	
norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	Tier 2	
PREMPHASE ORAL TABLET 0.625-5 MG	Tier 3	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	Tier 3	
Estrogen-Progestin-Gnrh Antagonist**		
MYFEMBREE ORAL TABLET 40-1-0.5 MG	Tier 3	PA
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG	Tier 3	PA
Estrogens**		
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	Tier 4	
CLIMARA TRANSDERMAL PATCH WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	Tier 9	Formulary Exclusion
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML, 20 MG/ML	Tier 9	Formulary Exclusion
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML	Tier 4	
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM, 1.25 MG/1.25GM	Tier 9	Formulary Exclusion
DOTTI TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	Tier 2	
ec-rx estradiol transdermal cream 0.4 %, 0.6 %	Tier 9	Non FDA Exclusion
ELESTRIN TRANSDERMAL GEL 0.52 MG/0.87 GM (0.06%)	Tier 4	ST
estradiol implant pellet 6 mg	Tier 9	Non FDA Exclusion; Medical Only Exclusion
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	Tier 2	

Drug Name	Drug Tier	Notes
estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 0.75 mg/1.25 gm (0.06%), 1 mg/gm, 1.25 mg/1.25gm	Tier 2	
estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	Tier 2	
estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	Tier 2	
estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml	Tier 2	
ESTROGEL TRANSDERMAL GEL 0.75 MG/1.25 GM (0.06%)	Tier 9	Formulary Exclusion
estrogens conjugated oral tablet 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg	Tier 2	
EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY	Tier 4	ST
LYLLANA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	Tier 2	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24HR	Tier 4	
MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	Tier 9	Formulary Exclusion
PREMARIN INJECTION SOLUTION RECONSTITUTED 25 MG	Tier 9	Medical Only Exclusion
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	Tier 9	Formulary Exclusion
VIVELLE-DOT TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	Tier 9	Formulary Exclusion
Estrogen-Selective Estrogen Receptor Modulator Comb**		
DUAVEE ORAL TABLET 0.45-20 MG	Tier 3	
Fluoroquinolones		
Fluoroquinolones**		
BAXDELA INTRAVENOUS SOLUTION RECONSTITUTED 300 MG	Tier 9	Medical Only Exclusion
BAXDELA ORAL TABLET 450 MG	Tier 4	PA; QL

Drug Name	Drug Tier	Notes
CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%), 500 MG/5ML (10%)	Tier 4	
CIPRO ORAL TABLET 250 MG, 500 MG	Tier 9	Formulary Exclusion
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	Tier 2	
ciprofloxacin in d5w intravenous solution 200 mg/100ml, 400 mg/200ml	Tier 9	Medical Only Exclusion
levofloxacin in d5w intravenous solution 250 mg/50ml, 500 mg/100ml, 750 mg/150ml	Tier 9	Medical Only Exclusion
levofloxacin intravenous solution 25 mg/ml	Tier 9	Medical Only Exclusion
levofloxacin oral solution 25 mg/ml	Tier 2	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	Tier 2	
moxifloxacin hcl in nacl intravenous solution 400 mg/250ml	Tier 9	Medical Only Exclusion
moxifloxacin hcl intravenous solution 400 mg/250ml	Tier 9	Medical Only Exclusion
moxifloxacin hcl oral tablet 400 mg	Tier 2	
ofloxacin tablet 300 mg oral	Tier 2	
ofloxacin tablet 400 mg oral	Tier 3	
ofloxacin tablet 400 mg oral	Tier 2	
Gastrointestinal Agents - Misc.		
5-Ht4 Receptor Agonists**		
MOTEGRITY ORAL TABLET 1 MG, 2 MG	Tier 9	Formulary Exclusion; QL
prucalopride succinate oral tablet 1 mg, 2 mg	Tier 2	QL
Bile Acid Synthesis Disorder Agents**		
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	Tier 5	PA; Specialty
CTEXLI ORAL TABLET 250 MG	Tier 5	PA; Specialty
Cic Agents - Guanylate Cyclase-C (Gc-C) Agonists**		
TRULANCE ORAL TABLET 3 MG	Tier 3	QL
Gallstone Solubilizing Agents**		
RELTONE ORAL CAPSULE 200 MG, 400 MG	Tier 9	Non Essential Drug Exclusion
URSO FORTE ORAL TABLET 500 MG	Tier 9	Formulary Exclusion
ursodiol capsule 200 mg oral	Tier 9	Non Essential Drug Exclusion
ursodiol capsule 300 mg oral	Tier 2	
ursodiol capsule 400 mg oral	Tier 9	Non Essential Drug Exclusion

Drug Name	Drug Tier	Notes
ursodiol oral tablet 250 mg, 500 mg	Tier 2	
URSODIOL+SYRSPEND SF ORAL SUSPENSION 30 MG/ML	Tier 9	Non FDA Exclusion
URSOLIGN ORAL CAPSULE 150 MG	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
Gastrointestinal Antiallergy Agents**		
cromolyn sodium oral concentrate 100 mg/5ml	Tier 2	
GASTROCROM ORAL CONCENTRATE 100 MG/5ML	Tier 9	Formulary Exclusion
Gastrointestinal Chloride Channel Activators**		
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	Tier 9	Formulary Exclusion; QL
lubiprostone oral capsule 24 mcg, 8 mcg	Tier 2	QL
Gastrointestinal Stimulants**		
dexpanthenol injection solution 250 mg/ml	Tier 9	Non FDA Exclusion
GIMOTI NASAL SOLUTION 15 MG/ACT	Tier 5	PA; Specialty
metoclopramide hcl +rfid injection solution 5 mg/ml	Tier 9	Medical Only Exclusion
metoclopramide hcl injection solution 5 mg/ml	Tier 9	Medical Only Exclusion
metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml	Tier 2	
metoclopramide hcl oral tablet 10 mg, 5 mg	Tier 2	
REGLAN ORAL TABLET 10 MG	Tier 9	Formulary Exclusion
Glucagon-Like Peptide-2 (Glp-2) Analogs**		
GATTEX SUBCUTANEOUS KIT 5 MG	Tier 5	PA; Specialty; QL
Hepatotropics - Thyroid Hormone Receptor-Beta Agonists**		
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG	Tier 5	PA; Specialty; QL
Ibs Agent - Guanylate Cyclase-C (Gc-C) Agonists**		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	Tier 3	QL
Ibs Agent - Mu-Opioid Receptor Agonists**		
VIBERZI ORAL TABLET 100 MG, 75 MG	Tier 3	QL

Drug Name	Drug Tier	Notes
Ibs Agent - Selective 5-Ht3 Receptor Antagonists**		
alosetron hcl oral tablet 0.5 mg, 1 mg	Tier 2	
LOTRONEX ORAL TABLET 0.5 MG, 1 MG	Tier 9	Formulary Exclusion
Ibs Agent - Sodium/Hydrogen Exchanger 3 (Nhe3) Inhibitor**		
IBSRELA ORAL TABLET 50 MG	Tier 9	PA; Formulary Exclusion
Ileal Bile Acid Transporter (Ibat) Inhibitors**		
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG, 600 MCG	Tier 5	PA; Specialty
BYLVAY ORAL CAPSULE 1200 MCG, 400 MCG	Tier 5	PA; Specialty
LIVMARLI ORAL SOLUTION 19 MG/ML, 9.5 MG/ML	Tier 5	PA; Specialty
LIVMARLI ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG	Tier 5	PA; Specialty
LYNAVOY ORAL TABLET 40 MG	Tier 9	PA; Specialty; Formulary Exclusion; QL
Inflammatory Bowel Agents**		
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM	Tier 9	Formulary Exclusion
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE 500 MG	Tier 9	Formulary Exclusion
AZULFIDINE ORAL TABLET 500 MG	Tier 9	Formulary Exclusion
balsalazide disodium oral capsule 750 mg	Tier 2	
CANASA RECTAL SUPPOSITORY 1000 MG	Tier 9	Formulary Exclusion
DIPENTUM ORAL CAPSULE 250 MG	Tier 4	
LIALDA ORAL TABLET DELAYED RELEASE 1.2 GM	Tier 9	Formulary Exclusion
mesalamine er oral capsule extended release 24 hour 0.375 gm	Tier 2	
mesalamine er oral capsule extended release 250 mg, 500 mg	Tier 2	
mesalamine oral capsule delayed release 400 mg	Tier 2	
mesalamine oral tablet delayed release 1.2 gm, 800 mg	Tier 2	
mesalamine rectal enema 4 gm	Tier 2	
mesalamine rectal suppository 1000 mg	Tier 2	
mesalamine-cleanser rectal kit 4 gm	Tier 2	

Drug Name	Drug Tier	Notes
PENTASA CAPSULE EXTENDED RELEASE 250 MG ORAL	Tier 4	
PENTASA CAPSULE EXTENDED RELEASE 500 MG ORAL	Tier 9	Formulary Exclusion
ROWASA RECTAL KIT 4 GM	Tier 4	
sulfasalazine oral tablet 500 mg	Tier 2	
sulfasalazine oral tablet delayed release 500 mg	Tier 2	
Integrin Receptor Antagonists**		
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED 300 MG	Tier 9	PA; Specialty; Formulary Exclusion
ENTYVIO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 108 MG/0.68ML	Tier 5	PA; Specialty
Interleukin Antagonists**		
IMULDOSA INTRAVENOUS SOLUTION 130 MG/26ML	Tier 9	PA; Specialty
OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML & 200 MG/2ML	Tier 5	PA; Specialty
OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML & 200 MG/2ML	Tier 5	PA; Specialty
OMVOH INTRAVENOUS SOLUTION 300 MG/15ML	Tier 5	PA; Specialty
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 200 MG/2ML	Tier 5	PA; Specialty
OMVOH SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 200 MG/2ML	Tier 5	PA; Specialty
OTULFI INTRAVENOUS SOLUTION 130 MG/26ML	Tier 9	PA; Specialty
PYZCHIVA INTRAVENOUS SOLUTION 130 MG/26ML	Tier 9	PA; Specialty
SELARSDI INTRAVENOUS SOLUTION 130 MG/26ML	Tier 5	PA; Specialty
SKYRIZI INTRAVENOUS SOLUTION 600 MG/10ML	Tier 5	PA; Specialty; QL
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML, 360 MG/2.4ML	Tier 5	PA; Specialty; QL
STARJEMZA INTRAVENOUS SOLUTION 130 MG/26ML	Tier 9	Specialty

Drug Name	Drug Tier	Notes
STELARA INTRAVENOUS SOLUTION 130 MG/26ML	Tier 9	PA; Specialty; Formulary Exclusion
STEQEYMA INTRAVENOUS SOLUTION 130 MG/26ML	Tier 5	PA; Specialty
TREMFYA INTRAVENOUS SOLUTION 200 MG/20ML	Tier 5	PA; Specialty
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	Tier 5	PA; Specialty
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML	Tier 5	PA; Specialty
TREMFYA-CD/UC INDUCTION SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	Tier 5	PA; Specialty
ustekinumab intravenous solution 130 mg/26ml	Tier 9	PA; Specialty
ustekinumab-ttwe intravenous solution 130 mg/26ml	Tier 9	PA; Specialty
WEZLANA INTRAVENOUS SOLUTION 130 MG/26ML	Tier 9	Specialty
YESINTEK INTRAVENOUS SOLUTION 130 MG/26ML	Tier 5	PA; Specialty
Intestinal Acidifiers**		
enulose oral solution 10 gm/15ml	Tier 2	
generlac oral solution 10 gm/15ml	Tier 2	
lactulose encephalopathy oral solution 10 gm/15ml	Tier 2	
Live Fecal Microbiota (Human)*		
REBYOTA RECTAL SUSPENSION 150 ML	Tier 9	Medical Only Exclusion
VOWST ORAL CAPSULE	Tier 5	PA; Specialty; QL
Peripheral Opioid Receptor Antagonists**		
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	Tier 3	QL
RELISTOR ORAL TABLET 150 MG	Tier 4	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML	Tier 4	PA
RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 12 MG/0.6ML, 8 MG/0.4ML	Tier 4	PA
SYMPROIC ORAL TABLET 0.2 MG	Tier 3	QL
Peroxisome Proliferator-Activated Receptor Agonists**		
IQIRVO ORAL TABLET 80 MG	Tier 5	PA; Specialty; QL

Drug Name	Drug Tier	Notes
LIVDELZI ORAL CAPSULE 10 MG	Tier 5	PA; Specialty; QL
Phosphate Binder Agents**		
AURYXIA ORAL TABLET 1 GM 210 MG(FE)	Tier 9	ST; Formulary Exclusion; QL
calcium acetate (phos binder) oral capsule 667 mg	Tier 2	
calcium acetate (phos binder) oral tablet 667 mg	Tier 2	
calcium acetate oral tablet 667 mg	Tier 2	
ferric citrate tablet 1 gm 210 mg(fe) oral	Tier 2	ST; QL
ferric citrate tablet 1 gm 210 mg(fe) oral	Tier 4	ST; QL
FOSRENOL ORAL PACKET 1000 MG, 750 MG	Tier 4	ST; QL
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG	Tier 9	Formulary Exclusion
lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg	Tier 2	
RENVELA ORAL PACKET 0.8 GM, 2.4 GM	Tier 9	Formulary Exclusion
RENVELA ORAL TABLET 800 MG	Tier 9	Formulary Exclusion
sevelamer carbonate oral packet 0.8 gm, 2.4 gm	Tier 2	
sevelamer carbonate oral tablet 800 mg	Tier 2	
sevelamer hcl oral tablet 400 mg, 800 mg	Tier 2	
VELPHORO ORAL TABLET CHEWABLE 500 MG	Tier 3	QL
Sphingosine 1-Phosphate (S1p) Receptor Modulators (Gi)**		
VELSIPITY ORAL TABLET 2 MG	Tier 9	PA; Specialty; Formulary Exclusion; QL
Tryptophan Hydroxylase Inhibitors**		
XERMELO ORAL TABLET 250 MG	Tier 5	PA; Specialty
Tumor Necrosis Factor Alpha Blockers**		
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	Tier 5	PA; Specialty
CIMZIA (1 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML	Tier 5	PA; Specialty
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML	Tier 5	PA; Specialty
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	Tier 5	PA; Specialty
CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML	Tier 5	PA; Specialty

Drug Name	Drug Tier	Notes
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	Tier 9	PA; Specialty; Formulary Exclusion
infliximab intravenous solution reconstituted 100 mg	Tier 5	PA; Specialty
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	Tier 9	PA; Specialty; Formulary Exclusion
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	Tier 5	PA; Specialty
ZYMFENTRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 120 MG/ML	Tier 5	PA; Specialty
ZYMFENTRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 120 MG/ML	Tier 5	PA; Specialty
ZYMFENTRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 120 MG/ML	Tier 5	PA; Specialty
General Anesthetics		
Anesthetics - Misc.**		
AMIDATE INTRAVENOUS SOLUTION 2 MG/ML	Tier 9	Medical Only Exclusion
DIPRIVAN +RFID INTRAVENOUS EMULSION 200 MG/20ML	Tier 9	Medical Only Exclusion
DIPRIVAN INTRAVENOUS EMULSION 100 MG/10ML, 1000 MG/100ML, 200 MG/20ML, 500 MG/50ML	Tier 9	Medical Only Exclusion
etomidate intravenous solution 2 mg/ml	Tier 9	Medical Only Exclusion
KETALAR INJECTION SOLUTION 10 MG/ML, 100 MG/ML, 50 MG/ML	Tier 9	Medical Only Exclusion
ketamine hcl intravenous solution 100 mg/100ml	Tier 9	Non FDA Exclusion; Medical Only Exclusion
ketamine hcl intravenous solution prefilled syringe 100 mg/2ml, 30 mg/3ml, 300 mg/30ml, 50 mg/5ml, 50 mg/ml	Tier 9	Non FDA Exclusion; Medical Only Exclusion
ketamine hcl solution 0.6 mg/ml injection	Tier 9	Non FDA Exclusion; Medical Only Exclusion
ketamine hcl solution 1 mg/ml injection	Tier 9	Non FDA Exclusion; Medical Only Exclusion
ketamine hcl solution 10 mg/ml injection	Tier 9	Medical Only Exclusion
ketamine hcl solution 10 mg/ml injection	Tier 9	Non FDA Exclusion; Medical Only Exclusion
ketamine hcl solution 100 mg/ml injection	Tier 9	Medical Only Exclusion
ketamine hcl solution 50 mg/ml injection	Tier 9	Medical Only Exclusion
ketamine hcl solution prefilled syringe 100 mg/2ml injection	Tier 9	Non FDA Exclusion; Medical Only Exclusion

Drug Name	Drug Tier	Notes
ketamine hcl solution prefilled syringe 20 mg/2ml injection	Tier 9	Non FDA Exclusion; Medical Only Exclusion
ketamine hcl solution prefilled syringe 25 mg/ml injection	Tier 9	Medical Only Exclusion
ketamine hcl solution prefilled syringe 50 mg/5ml injection	Tier 9	Non FDA Exclusion; Medical Only Exclusion
ketamine hcl solution prefilled syringe 50 mg/ml injection	Tier 9	Non FDA Exclusion; Medical Only Exclusion
ketamine hcl sublingual troche 100 mg	Tier 9	Non FDA Exclusion
ketamine hcl-sodium chloride injection solution prefilled syringe 100-0.9 mg/10ml-%, 50-0.9 mg/5ml-%	Tier 9	Non FDA Exclusion; Medical Only Exclusion
ketamine hcl-sodium chloride solution 100-0.85 mg/50ml-% intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion
ketamine hcl-sodium chloride solution 1000-0.65 mg/100ml-% intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion
ketamine hcl-sodium chloride solution 1000-0.69 mg/100ml-% intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion
ketamine hcl-sodium chloride solution 1000-0.9 mg/100ml-% intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion
ketamine hcl-sodium chloride solution 1250-0.9 mg/250ml-% intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion
ketamine hcl-sodium chloride solution 200-0.85 mg/100ml-% intravenous	Tier 9	Medical Only Exclusion
ketamine hcl-sodium chloride solution 2500-0.9 mg/250ml-% intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion
ketamine hcl-sodium chloride solution 500-0.8 mg/100ml-% intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion
ketamine hcl-sodium chloride solution 500-0.9 mg/250ml-% intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion
ketamine hcl-sodium chloride solution prefilled syringe 10-0.9 mg/ml-% intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion
ketamine hcl-sodium chloride solution prefilled syringe 100-0.9 mg/10ml-% intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion
ketamine hcl-sodium chloride solution prefilled syringe 20-0.9 mg/2ml-% intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion
ketamine hcl-sodium chloride solution prefilled syringe 50-0.9 mg/5ml-% intravenous	Tier 9	Medical Only Exclusion
ketamine hcl-sodium chloride solution prefilled syringe 50-0.9 mg/5ml-% intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion
propofol +rfid emulsion 1000 mg/100ml intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion
propofol +rfid emulsion 200 mg/20ml intravenous	Tier 9	Medical Only Exclusion

Drug Name	Drug Tier	Notes
propofol +rfid emulsion 500 mg/50ml intravenous	Tier 9	Medical Only Exclusion
propofol intravenous emulsion 1000 mg/100ml, 200 mg/20ml, 500 mg/50ml	Tier 9	Medical Only Exclusion
Barbiturate Anesthetics**		
BREVITAL SODIUM INJECTION SOLUTION RECONSTITUTED 500 MG	Tier 9	Medical Only Exclusion
methohexital sodium injection solution reconstituted 500 mg	Tier 9	Medical Only Exclusion
methohexital sodium intravenous solution prefilled syringe 100 mg/10ml	Tier 9	Non FDA Exclusion; Medical Only Exclusion
Volatile Anesthetics**		
desflurane inhalation solution	Tier 9	Formulary Exclusion
FORANE INHALATION SOLUTION	Tier 9	Formulary Exclusion
isoflurane inhalation solution	Tier 9	Formulary Exclusion
sevoflurane solution inhalation	Tier 2	
sevoflurane solution inhalation	Tier 9	Formulary Exclusion
SUPRANE INHALATION SOLUTION	Tier 9	Formulary Exclusion
TERRELL INHALATION SOLUTION	Tier 9	Formulary Exclusion
ULTANE INHALATION SOLUTION	Tier 9	Formulary Exclusion
Genitourinary Agents - Miscellaneous		
5-Alpha Reductase Inhibitors**		
AVODART ORAL CAPSULE 0.5 MG	Tier 9	Formulary Exclusion
dutasteride oral capsule 0.5 mg	Tier 2	
finasteride oral tablet 5 mg	Tier 2	
PROSCAR ORAL TABLET 5 MG	Tier 9	Formulary Exclusion
Alpha 1-Adrenoceptor Antagonists**		
alfuzosin hcl er oral tablet extended release 24 hour 10 mg	Tier 2	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG	Tier 4	
RAPAFLO ORAL CAPSULE 4 MG, 8 MG	Tier 9	Formulary Exclusion
silodosin oral capsule 4 mg, 8 mg	Tier 2	
tamsulosin hcl oral capsule 0.4 mg	Tier 2	
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG	Tier 9	Formulary Exclusion
Anti-Infective Genitourinary Irrigants**		
neomycin-polymyxin b gu irrigation solution 40-200000	Tier 9	Formulary Exclusion

Drug Name	Drug Tier	Notes
Citrates**		
cytra k crystals oral packet 3300-1002 mg	Tier 9	Formulary Exclusion
cytra-2 oral solution 500-334 mg/5ml	Tier 2	
ORACIT ORAL SOLUTION 490-640 MG/5ML	Tier 9	Formulary Exclusion
pot & sod cit-cit ac oral solution 550-500-334 mg/5ml	Tier 9	Formulary Exclusion
potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)	Tier 2	
potassium citrate-citric acid solution 1100-334 mg/5ml oral	Tier 9	Formulary Exclusion
potassium citrate-citric acid solution 1100-334 mg/5ml oral	Tier 9	Non FDA Exclusion
sod citrate-citric acid solution 1.5-1 gm/15ml oral	Tier 9	Non FDA Exclusion
sod citrate-citric acid solution 1500-1002 mg/15ml oral	Tier 9	Non FDA Exclusion
sod citrate-citric acid solution 3000-2004 mg/30ml oral	Tier 9	Non FDA Exclusion
sod citrate-citric acid solution 3-2 gm/30ml oral	Tier 9	Non FDA Exclusion
sod citrate-citric acid solution 500-334 mg/5ml oral (rx)	Tier 2	
sod citrate-citric acid solution 500-334 mg/5ml oral (rx)	Tier 9	Non FDA Exclusion
sodium citrate-citric acid oral solution 1500-1002 mg/15ml, 3000-2004 mg/30ml	Tier 3	
tricitrates solution 550-500-334 mg/5ml oral	Tier 9	Non FDA Exclusion
tricitrates solution 550-500-334 mg/5ml oral	Tier 9	Formulary Exclusion
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE 10 MEQ (1080 MG)	Tier 9	Formulary Exclusion
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE 15 MEQ (1620 MG)	Tier 9	Formulary Exclusion
Cystinosis Agents**		
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	Tier 5	Specialty
PROCYSBI ORAL CAPSULE DELAYED RELEASE 25 MG, 75 MG	Tier 5	PA; Specialty
PROCYSBI ORAL PACKET 300 MG, 75 MG	Tier 5	PA; Specialty
Genitourinary Irrigants**		
acetic acid irrigation solution 0.25 %	Tier 9	Formulary Exclusion
ARGYLE STERILE SALINE IRRIGATION SOLUTION 0.9 %	Tier 9	Non FDA Exclusion

Drug Name	Drug Tier	Notes
CURITY STERILE SALINE IRRIGATION SOLUTION 0.9 %	Tier 9	Non FDA Exclusion
glycine irrigation solution 1.5 %	Tier 9	Formulary Exclusion
glycine urologic irrigation solution 1.5 %	Tier 9	Formulary Exclusion
RENACIDIN IRRIGATION SOLUTION	Tier 9	Formulary Exclusion
sodium chloride solution 0.9 % irrigation	Tier 9	Non FDA Exclusion
sodium chloride solution 0.9 % irrigation	Tier 9	Formulary Exclusion
sorbitol irrigation solution 3 %	Tier 9	Formulary Exclusion
sorbitol-mannitol irrigation solution 2.7-0.54 gm/100ml	Tier 9	Formulary Exclusion
Igan Agents - A Prolif Inducing Ligand (April) Blocker**		
VOYXACT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 400 MG/2ML	Tier 9	PA; Specialty; Formulary Exclusion; QL
Igan Agents - Dual Baff And April Blocker**		
TRUTAKNA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	Tier 9	New to Market Exclusion; Specialty
Igan Agents - Endothelin & Angiotensin Ii Receptor Antag**		
FILSPARI ORAL TABLET 200 MG, 400 MG	Tier 5	PA; Specialty
Igan Agents - Endothelin Receptor Antagonist**		
VANRAFIA ORAL TABLET 0.75 MG	Tier 5	PA; Specialty
Interstitial Cystitis Agents**		
dimethyl sulfoxide intravesical solution 50 %	Tier 9	Medical Only Exclusion
ELMIRON ORAL CAPSULE 100 MG	Tier 9	PA; Formulary Exclusion
pentosan polysulfate sodium oral capsule delayed release 150 mg, 200 mg	Tier 9	Non FDA Exclusion
RIMSO-50 INTRAVESICAL SOLUTION 50 %	Tier 9	Medical Only Exclusion; Formulary Exclusion
Phosphates**		
K-PHOS NO 2 ORAL TABLET 305-700 MG	Tier 3	
Prostatic Hypertrophy Agent Combinations**		
dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg	Tier 9	ST; Formulary Exclusion
ENTADFI ORAL CAPSULE 5-5 MG	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
JALYN ORAL CAPSULE 0.5-0.4 MG	Tier 4	ST

Drug Name	Drug Tier	Notes
Small Interfering Ribonucleic Acid Agents (Sirna)**		
OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5ML	Tier 9	Medical Only Exclusion
RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5ML	Tier 5	PA; Specialty
RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 128 MG/0.8ML, 160 MG/ML	Tier 5	PA; Specialty
Urinary Analgesics**		
phenazopyridine hcl tablet 100 mg oral	Tier 3	
phenazopyridine hcl tablet 100 mg oral	Tier 9	Non FDA Exclusion
phenazopyridine hcl tablet 100 mg oral	Tier 2	
phenazopyridine hcl tablet 200 mg oral	Tier 3	
phenazopyridine hcl tablet 200 mg oral	Tier 9	Non FDA Exclusion
phenazopyridine hcl tablet 200 mg oral	Tier 2	
PYRIDIUM ORAL TABLET 100 MG, 200 MG	Tier 4	
Urinary Stone Agents**		
LITHOSTAT ORAL TABLET 250 MG	Tier 4	
THIOLA EC ORAL TABLET DELAYED RELEASE 100 MG, 300 MG	Tier 9	PA; Specialty; Formulary Exclusion
THIOLA ORAL TABLET 100 MG	Tier 9	PA; Specialty; Formulary Exclusion
tiopronin oral tablet 100 mg	Tier 5	PA; Specialty
tiopronin oral tablet delayed release 100 mg, 300 mg	Tier 5	PA; Specialty
VENXXIVA ORAL TABLET DELAYED RELEASE 100 MG, 300 MG	Tier 5	PA; Specialty
Vesicoureteral Reflux (Vur) Agent Combinations**		
DEFLUX INJECTION PREFILLED SYRINGE 50-15 MG/ML	Tier 9	Medical Only Exclusion
Gout Agents		
Gout Agent Combinations**		
colchicine-probenecid oral tablet 0.5-500 mg	Tier 2	
Gout Agents**		
allopurinol sodium intravenous solution reconstituted 500 mg	Tier 9	Medical Only Exclusion
allopurinol tablet 100 mg oral	Tier 2	

Drug Name	Drug Tier	Notes
allopurinol tablet 200 mg oral	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
allopurinol tablet 300 mg oral	Tier 2	
ALOPRIM INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	Tier 9	Medical Only Exclusion
colchicine oral capsule 0.6 mg	Tier 2	QL
colchicine oral tablet 0.6 mg	Tier 2	
febuxostat oral tablet 40 mg, 80 mg	Tier 2	
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/50ML, 8 MG/ML	Tier 9	Medical Only Exclusion
MITIGARE ORAL CAPSULE 0.6 MG	Tier 9	Formulary Exclusion; QL
ULORIC ORAL TABLET 40 MG, 80 MG	Tier 9	Formulary Exclusion
Uricosurics**		
probenecid oral tablet 500 mg	Tier 2	
Hematological Agents - Misc.		
Agents For Congenital Thrombotic Thrombocytopenic Purpura		
adzynma intravenous kit 1500 unit, 500 unit	Tier 5	PA; Specialty
Aminolevulinate Synthase 1-Directed Sirna**		
GIVLAARI SUBCUTANEOUS SOLUTION 189 MG/ML	Tier 9	Medical Only Exclusion
Antihemophilic Products - Antithrombin-Directed Sirna**		
QFITLIA SUBCUTANEOUS SOLUTION 20 MG/0.2ML	Tier 5	PA; Specialty
QFITLIA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML	Tier 5	PA; Specialty

Drug Name	Drug Tier	Notes
Antihemophilic Products - Gene Therapy Agents**		
HEMGENIX INTRAVENOUS SUSPENSION THERAPY PACK 10 X 10 ML, 11 X 10 ML, 12 X 10 ML, 13 X 10 ML, 14 X 10 ML, 15 X 10 ML, 16 X 10 ML, 17 X 10 ML, 18 X 10 ML, 19 X 10 ML, 20 X 10 ML, 21 X 10 ML, 22 X 10 ML, 23 X 10 ML, 24 X 10 ML, 25 X 10 ML, 26 X 10 ML, 27 X 10 ML, 28 X 10 ML, 29 X 10 ML, 30 X 10 ML, 31 X 10 ML, 32 X 10 ML, 33 X 10 ML, 34 X 10 ML, 35 X 10 ML, 36 X 10 ML, 37 X 10 ML, 38 X 10 ML, 39 X 10 ML, 40 X 10 ML, 41 X 10 ML, 42 X 10 ML, 43 X 10 ML, 44 X 10 ML, 45 X 10 ML, 46 X 10 ML, 47 X 10 ML, 48 X 10 ML	Tier 9	Medical Only Exclusion
ROCTAVIAN INTRAVENOUS SUSPENSION 20000000000000 VG/ML	Tier 9	Medical Only Exclusion
Antihemophilic Products - Monoclonal Antibodies**		
ALHEMO SUBCUTANEOUS SOLUTION PEN-INJECTOR 150 MG/1.5ML, 300 MG/3ML, 60 MG/1.5ML	Tier 5	PA; Specialty
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 12 MG/0.4ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML	Tier 5	PA; Specialty
HYMPAVZI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/0.5ML	Tier 5	PA; Specialty; QL
Antihemophilic Products**		
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	Tier 5	Specialty
adynovate intravenous solution reconstituted 1000 unit, 1500 unit, 2000 unit, 250 unit, 3000 unit, 500 unit, 750 unit	Tier 5	Specialty
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 500 UNIT	Tier 5	Specialty
ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	Tier 5	Specialty
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT	Tier 5	Specialty

Drug Name	Drug Tier	Notes
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	Tier 5	Specialty
ALTUVIIIO INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	Tier 5	Specialty
BALFAXAR INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 500 UNIT	Tier 9	Medical Only Exclusion
BENEFIX INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	Tier 5	Specialty
COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT, 500 UNIT	Tier 5	Specialty
CORIFACT INTRAVENOUS KIT 1000-1600 UNIT	Tier 5	Specialty
ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT, 5000 UNIT, 6000 UNIT, 750 UNIT	Tier 5	Specialty
ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	Tier 5	Specialty
FEIBA INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2500 UNIT, 500 UNIT	Tier 5	Specialty
FESILTY INTRAVENOUS SOLUTION RECONSTITUTED 1 GM	Tier 9	Medical Only Exclusion
FIBRYGA SOLUTION RECONSTITUTED 2 GM INTRAVENOUS	Tier 9	Medical Only Exclusion
FIBRYGA SOLUTION RECONSTITUTED INTRAVENOUS	Tier 9	Medical Only Exclusion
FIBRYGA SOLUTION RECONSTITUTED INTRAVENOUS	Tier 10	Medical Only Exclusion
HEMOFIL M SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	Tier 9	Specialty
HEMOFIL M SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	Tier 10	Specialty
HEMOFIL M SOLUTION RECONSTITUTED 1700 UNIT INTRAVENOUS	Tier 5	Specialty
HEMOFIL M SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS	Tier 9	Specialty

Drug Name	Drug Tier	Notes
HEMOFIL M SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS	Tier 10	Specialty
HEMOFIL M SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	Tier 9	Specialty
HEMOFIL M SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	Tier 10	Specialty
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT	Tier 5	Specialty
IDELVION INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3500 UNIT, 500 UNIT	Tier 5	Specialty
IXINITY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 3000 UNIT, 500 UNIT	Tier 5	Specialty
JIVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	Tier 5	Specialty
KCENTRA INTRAVENOUS KIT 1000 UNIT, 500 UNIT	Tier 10	Medical Only Exclusion
KOATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT	Tier 10	Specialty
KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT	Tier 10	Specialty
KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	Tier 5	Specialty
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	Tier 5	Specialty
NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG, 8 MG	Tier 5	Specialty
NUWIQ INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	Tier 5	Specialty
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	Tier 5	Specialty
obizur intravenous solution reconstituted 500 unit	Tier 10	Specialty

Drug Name	Drug Tier	Notes
PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT	Tier 5	Specialty
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT	Tier 5	Specialty
RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED 1241-1800 UNIT, 1801-2400 UNIT, 220-400 UNIT, 401-800 UNIT, 801-1240 UNIT	Tier 5	Specialty
RIASTAP INTRAVENOUS SOLUTION RECONSTITUTED	Tier 10	Medical Only Exclusion
rixubis intravenous solution reconstituted 1000 unit, 2000 unit, 250 unit, 3000 unit, 500 unit	Tier 5	Specialty
SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG	Tier 5	Specialty
TRETTEN INTRAVENOUS SOLUTION RECONSTITUTED 2500 UNIT	Tier 5	Specialty
VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED 1300 UNIT, 650 UNIT	Tier 5	Specialty
WILATE INTRAVENOUS KIT 1000-1000 UNIT, 500-500 UNIT	Tier 5	Specialty
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	Tier 5	Specialty
XYNTHA SOLOFUSE INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	Tier 5	Specialty
Anti-Von Willebrand Factor Agents**		
CABLIVI INJECTION KIT 11 MG	Tier 5	PA; Specialty
Bradykinin B2 Receptor Antagonists**		
FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/3ML	Tier 10	PA; Specialty; Formulary Exclusion
icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml	Tier 10	PA; Specialty
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/3ML	Tier 10	PA; Specialty
Bruton's Tyrosine Kinase (Btk) Inhibitors**		
WAYRILZ ORAL TABLET 400 MG	Tier 5	PA; Specialty
C1 Esterase Inhibitors**		
BERINERT INTRAVENOUS KIT 500 UNIT	Tier 10	PA; Specialty

Drug Name	Drug Tier	Notes
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	Tier 10	PA; Specialty
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT	Tier 5	PA; Specialty
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT	Tier 10	PA; Specialty
Complement C1 Inhibitors**		
ENJAYMO INTRAVENOUS SOLUTION 1100 MG/22ML	Tier 9	Medical Only Exclusion
Complement C3 Inhibitors**		
EMPAVELI SUBCUTANEOUS SOLUTION 1080 MG/20ML	Tier 5	PA; Specialty; QL
Complement C5 Inhibitors**		
BKEMV INTRAVENOUS SOLUTION 300 MG/30ML	Tier 9	Medical Only Exclusion
EPYSQLI INTRAVENOUS SOLUTION 300 MG/30ML	Tier 9	Medical Only Exclusion
PIASKY INJECTION SOLUTION 340 MG/2ML	Tier 9	Medical Only Exclusion
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30ML	Tier 9	Medical Only Exclusion
ULTOMIRIS INTRAVENOUS SOLUTION 1100 MG/11ML, 300 MG/3ML	Tier 9	Medical Only Exclusion
VEOPOZ INJECTION SOLUTION 400 MG/2ML	Tier 9	Medical Only Exclusion
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 16.6 MG/0.416ML, 23 MG/0.574ML, 32.4 MG/0.81ML	Tier 5	PA; Specialty
Complement C5a Inhibitors**		
gohibic intravenous solution 200 mg/20ml	Tier 9	Medical Only Exclusion
Complement C5a Receptor Inhibitors**		
TAVNEOS ORAL CAPSULE 10 MG	Tier 5	PA; Specialty
Complement Factor B Inhibitors**		
FABHALTA ORAL CAPSULE 200 MG	Tier 5	PA; Specialty
Complement Factor D Inhibitors**		
VOYDEYA ORAL TABLET 100 MG	Tier 5	PA; Specialty; QL
VOYDEYA ORAL TABLET THERAPY PACK 50 & 100 MG	Tier 5	PA; Specialty; QL

Drug Name	Drug Tier	Notes
Complement Masp-2 Inhibitors**		
YARTEMLEA INTRAVENOUS SOLUTION 370 MG/2ML	Tier 9	Medical Only Exclusion
Direct-Acting P2y12 Inhibitors**		
BRILINTA TABLET 60 MG ORAL	Tier 3	QL
BRILINTA TABLET 90 MG ORAL	Tier 3	
KENGREAL INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	Tier 9	Medical Only Exclusion
ticagrelor tablet 60 mg oral	Tier 2	QL
ticagrelor tablet 90 mg oral	Tier 2	
Glycoprotein Iib/Iiia Receptor Inhibitors**		
AGGRASTAT CONCENTRATE 3.75 MG/15ML INTRAVENOUS	Tier 9	Medical Only Exclusion
AGGRASTAT CONCENTRATE 3.75 MG/15ML INTRAVENOUS	Tier 10	Medical Only Exclusion
AGGRASTAT SOLUTION 12.5-0.9 MG/250ML-% INTRAVENOUS	Tier 9	Medical Only Exclusion
AGGRASTAT SOLUTION 12.5-0.9 MG/250ML-% INTRAVENOUS	Tier 10	Medical Only Exclusion
AGGRASTAT SOLUTION 5-0.9 MG/100ML-% INTRAVENOUS	Tier 9	Medical Only Exclusion
AGGRASTAT SOLUTION 5-0.9 MG/100ML-% INTRAVENOUS	Tier 10	Medical Only Exclusion
eptifibatide solution 20 mg/10ml intravenous	Tier 9	Medical Only Exclusion
eptifibatide solution 20 mg/10ml intravenous	Tier 10	Medical Only Exclusion
eptifibatide solution 200 mg/100ml intravenous	Tier 10	Medical Only Exclusion
eptifibatide solution 75 mg/100ml intravenous	Tier 10	Medical Only Exclusion
eptifibatide solution 75 mg/100ml intravenous	Tier 9	Medical Only Exclusion
tirofiban hcl in nacl intravenous solution 12.5-0.9 mg/250ml-%, 5-0.9 mg/100ml-%	Tier 9	Medical Only Exclusion
Hematorheologic Agents**		
pentoxifylline er oral tablet extended release 400 mg	Tier 2	
Hemin**		
PANHEMATIN INTRAVENOUS SOLUTION RECONSTITUTED 350 MG	Tier 10	Medical Only Exclusion
Human Protein C**		
CEPROTIN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 500 UNIT	Tier 9	Medical Only Exclusion

Drug Name	Drug Tier	Notes
Phosphodiesterase Iii Inhibitors**		
cilostazol oral tablet 100 mg, 50 mg	Tier 2	
Plasma Expanders**		
hetastarch-nacl intravenous solution 6-0.9 %	Tier 10	Medical Only Exclusion
HEXTEND INTRAVENOUS SOLUTION 6 %	Tier 10	Medical Only Exclusion
LMD IN D5W INTRAVENOUS SOLUTION 10-5 %	Tier 9	Medical Only Exclusion
LMD IN NACL INTRAVENOUS SOLUTION 10-0.9 %	Tier 9	Medical Only Exclusion
Plasma Factor Xiia Inhibitors - Monoclonal Antibodies**		
ANDEMBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.2ML	Tier 10	PA; Specialty
Plasma Kallikrein Inhibitors - Monoclonal Antibodies**		
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML	Tier 10	PA; Specialty
Plasma Kallikrein Inhibitors**		
EKTERLY ORAL TABLET 300 MG	Tier 10	PA; Specialty; QL
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML	Tier 10	PA; Specialty
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	Tier 10	PA; Specialty; QL
ORLADEYO ORAL PACKET 108 MG, 132 MG, 72 MG, 96 MG	Tier 10	PA; Specialty; QL
Plasma Proteins**		
ALBUKED 25 INTRAVENOUS SOLUTION 25 %	Tier 10	Medical Only Exclusion
ALBUKED 5 INTRAVENOUS SOLUTION 5 %	Tier 10	Medical Only Exclusion
albumin human intravenous solution 25 %, 5 %	Tier 10	Medical Only Exclusion
ALBUMINEX INTRAVENOUS SOLUTION 25 %, 5 %	Tier 10	Medical Only Exclusion
albumin-zlb intravenous solution 25 %, 5 %	Tier 10	Medical Only Exclusion
ALBURX INTRAVENOUS SOLUTION 25 %, 5 %	Tier 10	Medical Only Exclusion
ALBUTEIN SOLUTION 25 % INTRAVENOUS	Tier 10	Medical Only Exclusion
ALBUTEIN SOLUTION 5 % INTRAVENOUS	Tier 9	Medical Only Exclusion

Drug Name	Drug Tier	Notes
ALBUTEIN SOLUTION 5 % INTRAVENOUS	Tier 10	Medical Only Exclusion
FLEXBUMIN SOLUTION 25 % INTRAVENOUS	Tier 9	Medical Only Exclusion
FLEXBUMIN SOLUTION 25 % INTRAVENOUS	Tier 10	Medical Only Exclusion
FLEXBUMIN SOLUTION 5 % INTRAVENOUS	Tier 9	Medical Only Exclusion
FLEXBUMIN SOLUTION 5 % INTRAVENOUS	Tier 10	Medical Only Exclusion
kedbumin intravenous solution 25 %	Tier 10	Medical Only Exclusion
OCTAPLAS BLOOD GROUP A INTRAVENOUS SOLUTION	Tier 10	Medical Only Exclusion
OCTAPLAS BLOOD GROUP AB INTRAVENOUS SOLUTION	Tier 10	Medical Only Exclusion
OCTAPLAS BLOOD GROUP B INTRAVENOUS SOLUTION	Tier 10	Medical Only Exclusion
OCTAPLAS BLOOD GROUP O INTRAVENOUS SOLUTION	Tier 10	Medical Only Exclusion
RYPLAZIM INTRAVENOUS SOLUTION RECONSTITUTED 68.8 MG	Tier 10	PA; Specialty
THROMBATE III INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	Tier 10	Medical Only Exclusion
Platelet Aggregation Inhibitor Combinations**		
aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg	Tier 2	
YOSPRALA ORAL TABLET DELAYED RELEASE 325-40 MG, 81-40 MG	Tier 9	Non Essential Drug Exclusion
Platelet Aggregation Inhibitors**		
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	Tier 2	
Prekallikrein-Directed Antisense Oligonucleotides (Aso)**		
DAWNZERA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	Tier 10	PA; Specialty; QL
Protamine**		
protamine sulfate solution 10 mg/ml intravenous	Tier 9	Medical Only Exclusion
protamine sulfate solution 10 mg/ml intravenous	Tier 10	Medical Only Exclusion
Protease-Activated Receptor-1 (Par-1) Antagonists**		
ZONTIVITY ORAL TABLET 2.08 MG	Tier 4	QL

Drug Name	Drug Tier	Notes
Pyruvate Kinase Activators**		
AQVESME ORAL TABLET 100 MG	Tier 5	PA; Specialty; QL
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG	Tier 5	PA; Specialty; QL
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 5 MG, 7 X 20 MG & 7 X 5 MG, 7 X 50 MG & 7 X 20 MG	Tier 5	PA; Specialty; QL
Quinazoline Agents**		
AGRYLIN ORAL CAPSULE 0.5 MG	Tier 9	Formulary Exclusion
anagrelide hcl oral capsule 0.5 mg, 1 mg	Tier 2	
Spleen Tyrosine Kinase (Syk) Inhibitors**		
TAVALISSE ORAL TABLET 100 MG, 150 MG	Tier 5	PA; Specialty; QL
Thienopyridine Derivatives**		
clopidogrel bisulfate oral tablet 300 mg, 75 mg	Tier 2	
EFFIENT ORAL TABLET 10 MG, 5 MG	Tier 9	Formulary Exclusion
PLAVIX ORAL TABLET 75 MG	Tier 9	Formulary Exclusion
prasugrel hcl oral tablet 10 mg, 5 mg	Tier 2	
Thrombolytic Agent - Misc**		
DEFITELIO INTRAVENOUS SOLUTION 200 MG/2.5ML	Tier 9	Medical Only Exclusion
Tissue Plasminogen Activators**		
ACTIVASE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 50 MG	Tier 9	Medical Only Exclusion
CATHFLO ACTIVASE INJECTION SOLUTION RECONSTITUTED 2 MG	Tier 10	Medical Only Exclusion
TNKASE KIT 25 MG INTRAVENOUS	Tier 9	Medical Only Exclusion
TNKASE KIT 50 MG INTRAVENOUS	Tier 10	Medical Only Exclusion
TNKASE KIT 50 MG INTRAVENOUS	Tier 9	Medical Only Exclusion
Hematopoietic Agents		
Agents For Gaucher Disease**		
CERDELGA ORAL CAPSULE 84 MG	Tier 5	Specialty; QL
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT	Tier 9	Medical Only Exclusion
ELELYSO INTRAVENOUS SOLUTION RECONSTITUTED 200 UNIT	Tier 9	Medical Only Exclusion
miglustat oral capsule 100 mg	Tier 5	PA; Specialty
VPRIV INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT	Tier 9	Medical Only Exclusion

Drug Name	Drug Tier	Notes
YARGESA ORAL CAPSULE 100 MG	Tier 5	PA; Specialty
ZAVESCA ORAL CAPSULE 100 MG	Tier 9	PA; Specialty; Formulary Exclusion
Agents For Sickle Cell Disease - Autologous Gene Therapy**		
CASGEVY INTRAVENOUS SUSPENSION	Tier 9	Medical Only Exclusion
LYFGENIA INTRAVENOUS SUSPENSION	Tier 9	Medical Only Exclusion
Amino Acids**		
ENDARI ORAL PACKET 5 GM	Tier 9	PA; Specialty; Formulary Exclusion; QL
l-glutamine oral packet 5 gm	Tier 5	PA; Specialty; QL
Cobalamin Combinations**		
ABANEU-SL SUBLINGUAL TABLET SUBLINGUAL 600-600 MCG	Tier 10	
lipo-b intramuscular solution	Tier 9	Non FDA Exclusion; Medical Only Exclusion
neurin-sl sublingual tablet sublingual 600-600 mcg	Tier 10	Formulary Exclusion
vit b12-methionine-inos-chol intramuscular solution	Tier 9	Non FDA Exclusion; Medical Only Exclusion
Cobalamins**		
cyanocobalamin nasal solution 500 mcg/0.1ml	Tier 9	Non Essential Drug Exclusion
cyanocobalamin solution 1000 mcg/ml injection	Tier 9	
cyanocobalamin solution 1000 mcg/ml injection	Tier 10	
cyanocobalamin solution 2000 mcg/ml injection	Tier 10	Non FDA Exclusion
hydroxocobalamin acetate intramuscular solution 1000 mcg/ml	Tier 4	
methylcobalamin injection solution 150 mg/30ml, 30 mg/30ml, 300 mg/30ml	Tier 9	Non FDA Exclusion; Medical Only Exclusion
methylcobalamin injection solution reconstituted 10000 mcg, 50000 mcg	Tier 9	Non FDA Exclusion; Medical Only Exclusion
NASCOBAL NASAL SOLUTION 500 MCG/0.1ML	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
physicians ez use b-12 injection kit 1000 mcg/ml	Tier 9	Non FDA Exclusion; Medical Only Exclusion
vitamin deficiency system-b12 injection kit 1000 mcg/ml	Tier 9	Non FDA Exclusion; Medical Only Exclusion
Cxcr4 Receptor Antagonist**		
APHEXDA SOLUTION RECONSTITUTED 62 MG SUBCUTANEOUS	Tier 9	Medical Only Exclusion

Drug Name	Drug Tier	Notes
APHEXDA SOLUTION RECONSTITUTED 62 MG SUBCUTANEOUS	Tier 9	Medical Only Exclusion; Formulary Exclusion
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2ML	Tier 9	Medical Only Exclusion
plerixafor subcutaneous solution 24 mg/1.2ml	Tier 9	Medical Only Exclusion
XOLREMDI ORAL CAPSULE 100 MG	Tier 5	PA; Specialty; QL
Cytotoxic Agents**		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	Tier 4	
SIKLOS ORAL TABLET 100 MG, 1000 MG	Tier 4	
XROMI ORAL SOLUTION 100 MG/ML	Tier 4	PA
Erythroid Maturation Agents**		
REBLOZYL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG, 75 MG	Tier 9	Medical Only Exclusion
Erythropoiesis-Stimulating Agents (Esas)**		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML	Tier 9	PA; Specialty; Formulary Exclusion
ARANESP (ALBUMIN FREE) SOLUTION 100 MCG/ML INJECTION	Tier 9	PA; Specialty; Formulary Exclusion
ARANESP (ALBUMIN FREE) SOLUTION 200 MCG/ML INJECTION	Tier 9	PA; Specialty; Formulary Exclusion; QL
ARANESP (ALBUMIN FREE) SOLUTION 200 MCG/ML INJECTION	Tier 9	PA; Specialty; Formulary Exclusion
ARANESP (ALBUMIN FREE) SOLUTION 25 MCG/ML INJECTION	Tier 9	PA; Specialty; Formulary Exclusion
ARANESP (ALBUMIN FREE) SOLUTION 40 MCG/ML INJECTION	Tier 9	PA; Specialty; Formulary Exclusion
ARANESP (ALBUMIN FREE) SOLUTION 60 MCG/ML INJECTION	Tier 9	PA; Specialty; Formulary Exclusion
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	Tier 9	PA; Specialty; Formulary Exclusion
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.3ML, 120 MCG/0.3ML, 150 MCG/0.3ML, 200 MCG/0.3ML, 30 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML	Tier 9	Medical Only Exclusion

Drug Name	Drug Tier	Notes
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	Tier 9	PA; Specialty; Formulary Exclusion
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	Tier 5	PA; Specialty
Folic Acid/Folate Combinations**		
AIRAVITE ORAL TABLET 2.5-25-1 MG	Tier 10	
b-6 folic acid oral capsule 8.333-100-1 mg	Tier 9	Formulary Exclusion
bp vit 3 oral capsule 1 mg	Tier 9	Non FDA Exclusion
CENFOL ORAL TABLET 2.3-24.5-2 MG	Tier 10	Formulary Exclusion
cholecal df oral tablet 1-3800 mg-unit	Tier 9	Non FDA Exclusion
DERMACINRX DOTREMIN ORAL TABLET 1-10000 MG-UNIT	Tier 10	Non FDA Exclusion
DERMACINRX FOLTAMIN ORAL TABLET 125-1 MCG-MG	Tier 10	Non FDA Exclusion
fola-b complex oral tablet 1-10-0.4 mg	Tier 9	Non FDA Exclusion
folbee oral tablet 2.5-25-1 mg	Tier 10	
FOLDITAM ORAL TABLET 1-10000 MG-UNIT	Tier 10	Non FDA Exclusion
FOLGARD RX ORAL TABLET 2.2-25-1 MG	Tier 10	Formulary Exclusion
folic d3 oral capsule 1-3775 mg-unit	Tier 9	Non FDA Exclusion
FOLICORE B COMPLEX ORAL TABLET 1-10-0.4 MG	Tier 9	Non FDA Exclusion
folite oral tablet	Tier 9	Non FDA Exclusion
FOLIXAPURE ORAL TABLET 1-5000 MG-UNIT	Tier 10	Non FDA Exclusion
FOLIXATE ORAL TABLET 1-125 MG-MCG	Tier 10	Non FDA Exclusion
folplex 2.2 oral tablet 2.2-25-0.5 mg	Tier 10	
FOLTIRA ORAL TABLET 1000-125 MCG	Tier 9	Non FDA Exclusion
FOLTREXYL ORAL TABLET 1-5000 MG-UNIT	Tier 10	Non FDA Exclusion
FOLVITA COMPLEX ORAL TABLET 1-10-0.4 MG	Tier 9	Non FDA Exclusion
FOLVITE-D ORAL TABLET 1-3775 MG-UNIT	Tier 10	Non FDA Exclusion
folvitra oral tablet 1000-125 mcg	Tier 9	Non FDA Exclusion
folvyris oral tablet 1-5000 mg-unit	Tier 9	Non FDA Exclusion
NUFOL ORAL TABLET 2.5-25-1 MG	Tier 10	

Drug Name	Drug Tier	Notes
ortho df oral capsule 1-3775 mg-unit	Tier 9	Non FDA Exclusion
ostachol oral tablet 1-3800 mg-unit	Tier 9	Non FDA Exclusion
OVEEZA ORAL CAPSULE 0.5 MG	Tier 9	Non FDA Exclusion
TALIVA ORAL CAPSULE 1 MG	Tier 9	Non FDA Exclusion
westab one oral tablet 2.5-25-1 mg	Tier 10	
Folic Acid/Folates**		
cvs folic acid oral tablet 800 mcg	Tier 2	
FA-8 ORAL CAPSULE 0.8 MG	Tier 2	
folate oral tablet 400 mcg	Tier 2	
folic acid injection solution 5 mg/ml	Tier 9	Medical Only Exclusion
folic acid oral capsule 0.8 mg	Tier 2	
folic acid oral solution 0.2 mg/ml	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
folic acid oral tablet 1 mg, 400 mcg, 800 mcg	Tier 2	
gnp folic acid oral tablet 400 mcg	Tier 2	
kp folic acid oral tablet 800 mcg	Tier 2	
qc folic acid oral tablet 800 mcg	Tier 2	
QUIOFIC ORAL SOLUTION 0.2 MG/ML	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
yl folic acid oral tablet 400 mcg	Tier 2	
Granulocyte Colony-Stimulating Factors (G-Csf)**		
ARMLUPEG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	Tier 9	Specialty; Formulary Exclusion
FILKRI INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	Tier 9	PA; Specialty
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	Tier 5	PA; Specialty
FYLNETRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	Tier 9	PA; Specialty; Formulary Exclusion
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML	Tier 9	PA; Specialty; Formulary Exclusion
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	Tier 9	PA; Specialty; Formulary Exclusion
NEULASTA ONPRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	Tier 9	PA; Specialty; Formulary Exclusion
NEULASTA SUBCUTANEOUS SOLUTION 4 MG/0.4ML	Tier 9	PA; Specialty; Formulary Exclusion

Drug Name	Drug Tier	Notes
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	Tier 9	PA; Specialty; Formulary Exclusion
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	Tier 9	PA; Specialty; Formulary Exclusion
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	Tier 9	PA; Specialty; Formulary Exclusion
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	Tier 5	PA; Specialty
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	Tier 5	PA; Specialty
NYPOZI INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	Tier 9	PA; Specialty; Formulary Exclusion
NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	Tier 9	PA; Specialty; Formulary Exclusion
releuko subcutaneous solution prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml	Tier 9	PA; Specialty; Formulary Exclusion
ROLVEDON SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 13.2 MG/0.6ML	Tier 9	PA; Specialty; Formulary Exclusion
RYZNEUTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	Tier 9	PA; Specialty; Formulary Exclusion
STIMUFEND SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	Tier 9	PA; Specialty; Formulary Exclusion
UDENYCA ONBODY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	Tier 5	PA; Specialty
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6 MG/0.6ML	Tier 9	PA; Specialty; Formulary Exclusion
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	Tier 9	PA; Specialty; Formulary Exclusion
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	Tier 9	PA; Specialty; Formulary Exclusion
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	Tier 5	PA; Specialty
Granulocyte/Macrophage Colony-Stimulating Factor(Gm-Csf)**		
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG	Tier 5	PA; Specialty
Hematopoietic Autologous Cellular Gene Therapy*		
KRESLADI INTRAVENOUS SUSPENSION	Tier 9	Medical Only Exclusion

Drug Name	Drug Tier	Notes
WASKYRA INTRAVENOUS SUSPENSION	Tier 9	Medical Only Exclusion
ZYNTEGLO INTRAVENOUS SUSPENSION	Tier 9	Medical Only Exclusion
Hypoxia-Inducible Factor Prolyl Hydroxylase Inhibitors**		
VAFSEO ORAL TABLET 150 MG, 300 MG	Tier 4	PA; QL
Iron Combinations**		
active fe oral tablet 75-1.25 mg	Tier 9	Non FDA Exclusion
CENTRATEX ORAL CAPSULE 106-1 MG	Tier 10	Formulary Exclusion
CHROMAGEN ORAL CAPSULE	Tier 10	Non FDA Exclusion
CORVITA 150 ORAL TABLET 150-1.25 MG	Tier 10	Formulary Exclusion
CORVITE 150 TABLET 150-1.25 MG ORAL	Tier 10	Formulary Exclusion
CORVITE 150 TABLET ORAL	Tier 9	Non FDA Exclusion
corvite fe oral tablet	Tier 9	Non FDA Exclusion
feonyx oral tablet	Tier 9	Non FDA Exclusion
ferotrinsic oral capsule	Tier 10	
FERRO-PLEX ORAL TABLET 115-1 MG	Tier 9	Non FDA Exclusion
FOLIVANE-PLUS ORAL CAPSULE	Tier 10	Formulary Exclusion
foltrin oral capsule	Tier 10	
FUSION PLUS ORAL CAPSULE	Tier 10	Formulary Exclusion
hematinic plus vit/minerals oral tablet 106-1 mg	Tier 10	
HEMATOGEN FA ORAL CAPSULE 200-250-0.01-1 MG	Tier 9	Formulary Exclusion
HEMOCYTE PLUS ORAL CAPSULE 106-1 MG	Tier 10	Formulary Exclusion
ICAR-C PLUS ORAL TABLET 100-250-0.025-1 MG	Tier 9	Formulary Exclusion
INTEGRA PLUS ORAL CAPSULE	Tier 10	Formulary Exclusion
iron folate plus oral capsule	Tier 9	Non FDA Exclusion
IROSPAN 24/6 ORAL	Tier 10	Non FDA Exclusion
K-TAN PLUS ORAL CAPSULE 162-115.2-1 MG	Tier 10	
MULTIGEN FOLIC ORAL TABLET 70-150-2-1 MG	Tier 10	Formulary Exclusion
MULTIGEN ORAL TABLET 70 MG	Tier 10	Formulary Exclusion
MULTIGEN PLUS ORAL TABLET	Tier 10	Formulary Exclusion
NEPHRON FA ORAL TABLET	Tier 10	Formulary Exclusion
NIFEREX ORAL TABLET	Tier 9	Non FDA Exclusion
poly-iron 150 forte oral capsule 150-25-1 mg-mcg-mg	Tier 10	

Drug Name	Drug Tier	Notes
polysaccharide iron forte oral capsule 150-25-1 mg-mcg-mg	Tier 10	
purevit dualfe plus oral capsule 162-115.2-1 mg	Tier 10	Formulary Exclusion
se-tan plus oral capsule 162-115.2-1 mg	Tier 10	
TANDEM PLUS ORAL CAPSULE 162-115.2-1 MG	Tier 10	Non FDA Exclusion
taron forte oral capsule	Tier 10	Formulary Exclusion
TRICON ORAL CAPSULE	Tier 10	
trigels-f forte oral capsule 460-60-0.01-1 mg	Tier 10	
Iron W/ Folic Acid**		
BENTIVITE ORAL TABLET 35-1 MG	Tier 9	Non FDA Exclusion
FOLIVANE-F ORAL CAPSULE 125-1 MG	Tier 10	Formulary Exclusion
hematinic/folic acid oral tablet 324-1 mg	Tier 2	
INTEGRA F ORAL CAPSULE 125-1 MG	Tier 10	Formulary Exclusion
tulivite oral tablet 35-1 mg	Tier 9	Non FDA Exclusion
Iron**		
ACCRUFER ORAL CAPSULE 30 MG	Tier 9	Non Essential Drug Exclusion
BPROTECTED PEDIA IRON ORAL SOLUTION 75 (15 FE) MG/ML	Tier 2	
FERAHEME INTRAVENOUS SOLUTION 510 MG/17ML	Tier 9	Medical Only Exclusion
ferric carboxymaltose intravenous solution 100 mg/2ml, 1000 mg/20ml, 750 mg/15ml	Tier 9	Medical Only Exclusion
FERRLECIT INTRAVENOUS SOLUTION 12.5 MG/ML	Tier 9	Medical Only Exclusion
ferrous sulfate oral solution 220 (44 fe) mg/5ml, 300 (60 fe) mg/5ml, 75 (15 fe) mg/ml	Tier 2	
ferumoxytol intravenous solution 510 mg/17ml	Tier 9	Medical Only Exclusion
fe-vite iron oral solution 75 (15 fe) mg/ml	Tier 2	
INFED INJECTION SOLUTION 50 MG/ML	Tier 9	Medical Only Exclusion
INJECTAFER INTRAVENOUS SOLUTION 100 MG/2ML, 1000 MG/20ML, 750 MG/15ML	Tier 9	Medical Only Exclusion
iron (ferrous sulfate) oral solution 75 (15 fe) mg/ml	Tier 2	
iron infant & toddler oral solution 75 (15 fe) mg/ml	Tier 2	
iron infant/toddler oral solution 75 (15 fe) mg/ml	Tier 2	
iron sucrose intravenous solution 20 mg/ml	Tier 9	Medical Only Exclusion
iron supplement oral solution 15 mg/ml, 220 (44 fe) mg/5ml	Tier 2	

Drug Name	Drug Tier	Notes
MONOFERRIC INTRAVENOUS SOLUTION 1000 MG/10ML	Tier 10	Medical Only Exclusion
na ferric gluc cplx in sucrose intravenous solution 12.5 mg/ml	Tier 9	Medical Only Exclusion
pc pediatric iron drops oral solution 75 (15 fe) mg/ml	Tier 2	
VENOFER INTRAVENOUS SOLUTION 20 MG/ML	Tier 9	Medical Only Exclusion
Iron-B12-Folate**		
FERIVA 21/7 (WITH DOCUSATE) ORAL TABLET 75-1 MG	Tier 9	Non FDA Exclusion
FERRALET 90 ORAL TABLET 90-1 MG	Tier 10	Formulary Exclusion
Selectin Blockers**		
ADAKVEO INTRAVENOUS SOLUTION 100 MG/10ML	Tier 10	Medical Only Exclusion
Thrombopoietin (Tpo) Receptor Agonists**		
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG	Tier 5	PA; Specialty
DOPTELET ORAL TABLET 20 MG	Tier 5	PA; Specialty
DOPTELET SPRINKLE ORAL CAPSULE SPRINKLE 10 MG	Tier 5	PA; Specialty
eltrombopag olamine oral packet 12.5 mg, 25 mg	Tier 5	PA; Specialty; QL
eltrombopag olamine oral tablet 12.5 mg, 25 mg, 50 mg, 75 mg	Tier 5	PA; Specialty; QL
MULPLETA ORAL TABLET 3 MG	Tier 5	PA; Specialty; QL
NPLATE SOLUTION RECONSTITUTED 125 MCG SUBCUTANEOUS	Tier 5	PA; Specialty
NPLATE SOLUTION RECONSTITUTED 250 MCG SUBCUTANEOUS	Tier 4	PA; Specialty
NPLATE SOLUTION RECONSTITUTED 250 MCG SUBCUTANEOUS	Tier 5	PA; Specialty
NPLATE SOLUTION RECONSTITUTED 500 MCG SUBCUTANEOUS	Tier 5	PA; Specialty
PROMACTA ORAL PACKET 12.5 MG, 25 MG	Tier 9	PA; Specialty; Formulary Exclusion; QL
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	Tier 9	PA; Specialty; Formulary Exclusion; QL
Hemostatics		
Hemostatic Combinations - Topical**		
ARTISS EXTERNAL KIT 10 ML, 2 ML, 4 ML	Tier 9	Medical Only Exclusion

Drug Name	Drug Tier	Notes
GEL-FLOW EXTERNAL KIT	Tier 9	Non FDA Exclusion
GELFOAM-JMI POWDER EXTERNAL KIT	Tier 9	Non FDA Exclusion
GELFOAM-JMI SPONGE EXTERNAL KIT	Tier 9	Non FDA Exclusion
TISSEEL EXTERNAL KIT 10 ML, 2 ML, 4 ML	Tier 9	Medical Only Exclusion
TISSEEL EXTERNAL SOLUTION	Tier 9	Medical Only Exclusion
VISTASEAL EXTERNAL PREFILLED SYRINGE KIT 10 ML, 2 ML, 4 ML	Tier 9	Medical Only Exclusion
Hemostatics - Systemic**		
aminocaproic acid intravenous solution 250 mg/ml	Tier 9	Medical Only Exclusion
aminocaproic acid oral solution 0.25 gm/ml	Tier 2	
aminocaproic acid oral tablet 1000 mg, 500 mg	Tier 2	
CYKLOKAPRON INTRAVENOUS SOLUTION 1000 MG/10ML	Tier 10	Medical Only Exclusion
tranexamic acid oral tablet 650 mg	Tier 2	
tranexamic acid solution 1000 mg/10ml intravenous	Tier 9	Medical Only Exclusion
tranexamic acid solution 1000 mg/10ml intravenous	Tier 10	Medical Only Exclusion
tranexamic acid-nacl solution 1000-0.7 mg/100ml-% intravenous	Tier 10	Medical Only Exclusion
tranexamic acid-nacl solution 1000-0.7 mg/100ml-% intravenous	Tier 9	Medical Only Exclusion
Hemostatics - Topical**		
ASTRINGYN EXTERNAL SOLUTION 259 MG/GM	Tier 9	Non FDA Exclusion
monsels ferric subsulfate external paste	Tier 9	Non FDA Exclusion
RECOTHROM EXTERNAL SOLUTION RECONSTITUTED 20000 UNIT, 5000 UNIT	Tier 9	Medical Only Exclusion
RECOTHROM SPRAY KIT EXTERNAL SOLUTION RECONSTITUTED 20000 UNIT	Tier 9	Medical Only Exclusion
SURGICEL SNOW 1"X2" EXTERNAL PAD	Tier 9	Formulary Exclusion
SURGICEL SNOW 2"X4" EXTERNAL PAD	Tier 9	Formulary Exclusion
SURGICEL SNOW 4"X4" EXTERNAL PAD	Tier 9	Formulary Exclusion
SURGIFOAM POWDER	Tier 9	Non FDA Exclusion
THROMBIN-JMI EPISTAXIS EXTERNAL KIT 5000 UNIT	Tier 9	Medical Only Exclusion
THROMBIN-JMI EXTERNAL KIT 20000 UNIT, 5000 UNIT	Tier 9	Medical Only Exclusion

Drug Name	Drug Tier	Notes
THROMBIN-JMI EXTERNAL SOLUTION 20000 UNIT/20ML, 5000 UNIT/5ML	Tier 9	Medical Only Exclusion
THROMBIN-JMI EXTERNAL SOLUTION RECONSTITUTED 20000 UNIT, 5000 UNIT	Tier 9	Medical Only Exclusion
THROMBOGEN EXTERNAL KIT 10000 UNIT	Tier 9	Non FDA Exclusion
THROMBOGEN EXTERNAL SOLUTION RECONSTITUTED 1000 UNIT, 10000 UNIT	Tier 9	Non FDA Exclusion
Hypnotics/Sedatives/Sleep Disorder Agents		
Barbiturate Hypnotics**		
pentobarbital sodium injection solution 50 mg/ml	Tier 9	Medical Only Exclusion
phenobarbital elixir 20 mg/5ml oral	Tier 2	
phenobarbital elixir 20 mg/5ml oral	Tier 3	
phenobarbital elixir 30 mg/7.5ml oral	Tier 2	
phenobarbital elixir 30 mg/7.5ml oral	Tier 3	
phenobarbital elixir 60 mg/15ml oral	Tier 2	
phenobarbital elixir 60 mg/15ml oral	Tier 3	
phenobarbital sodium solution 130 mg/ml injection	Tier 9	Non FDA Exclusion; Medical Only Exclusion
phenobarbital sodium solution 130 mg/ml injection	Tier 9	Medical Only Exclusion
phenobarbital sodium solution 65 mg/ml injection	Tier 9	Medical Only Exclusion
phenobarbital tablet 100 mg oral	Tier 3	
phenobarbital tablet 100 mg oral	Tier 2	
phenobarbital tablet 15 mg oral	Tier 2	
phenobarbital tablet 15 mg oral	Tier 3	
phenobarbital tablet 16.2 mg oral	Tier 3	
phenobarbital tablet 16.2 mg oral	Tier 2	
phenobarbital tablet 30 mg oral	Tier 2	
phenobarbital tablet 30 mg oral	Tier 3	
phenobarbital tablet 32.4 mg oral	Tier 3	
phenobarbital tablet 32.4 mg oral	Tier 2	
phenobarbital tablet 60 mg oral	Tier 3	
phenobarbital tablet 60 mg oral	Tier 2	
phenobarbital tablet 64.8 mg oral	Tier 3	
phenobarbital tablet 64.8 mg oral	Tier 2	
phenobarbital tablet 97.2 mg oral	Tier 3	
phenobarbital tablet 97.2 mg oral	Tier 2	

Drug Name	Drug Tier	Notes
SEZABY INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	Tier 9	Medical Only Exclusion
Benzodiazepine Hypnotics**		
BYFAVO INTRAVENOUS SOLUTION RECONSTITUTED 20 MG	Tier 9	Medical Only Exclusion
estazolam oral tablet 1 mg, 2 mg	Tier 2	
flurazepam hcl capsule 15 mg oral	Tier 3	QL
flurazepam hcl capsule 15 mg oral	Tier 4	QL
flurazepam hcl capsule 30 mg oral	Tier 3	QL
flurazepam hcl capsule 30 mg oral	Tier 4	QL
HALCION ORAL TABLET 0.25 MG	Tier 9	Formulary Exclusion
midazolam hcl (pf) +rfid injection solution 2 mg/2ml	Tier 9	Medical Only Exclusion
midazolam hcl (pf) injection solution 10 mg/2ml, 2 mg/2ml, 5 mg/5ml, 5 mg/ml	Tier 9	Medical Only Exclusion
midazolam hcl injection solution 10 mg/10ml, 10 mg/2ml, 2 mg/2ml, 25 mg/5ml, 5 mg/5ml, 5 mg/ml, 50 mg/10ml	Tier 9	Medical Only Exclusion
midazolam hcl intravenous solution prefilled syringe 150 mg/30ml	Tier 9	Non FDA Exclusion; Medical Only Exclusion
midazolam hcl oral syrup 2 mg/ml	Tier 9	Formulary Exclusion
midazolam hcl-sodium chloride intravenous solution 100-0.9 mg/100ml-%, 50-0.9 mg/50ml-%	Tier 9	Non FDA Exclusion; Medical Only Exclusion
midazolam hcl-sodium chloride intravenous solution prefilled syringe 2-0.9 mg/2ml-%, 30-0.9 mg/30ml-%, 5-0.9 mg/5ml-%, 50-0.9 mg/50ml-%, 55-0.9 mg/55ml-%	Tier 9	Non FDA Exclusion; Medical Only Exclusion
midazolam injection solution prefilled syringe 2 mg/2ml, 3 mg/3ml, 5 mg/5ml	Tier 9	Non FDA Exclusion; Medical Only Exclusion
midazolam intravenous solution 100 mg/100ml, 50 mg/50ml	Tier 9	Non FDA Exclusion; Medical Only Exclusion
midazolam intravenous solution prefilled syringe 2 mg/2ml, 25 mg/25ml, 30 mg/30ml, 50 mg/50ml	Tier 9	Non FDA Exclusion; Medical Only Exclusion
MIDAZOLAM+SYRSPEND SF ORAL SUSPENSION 1 MG/ML	Tier 9	Non FDA Exclusion
midazolam-sodium chloride (pf) intravenous solution 100-0.8 mg/100ml-%, 100-0.9 mg/100ml-%, 50-0.8 mg/50ml-%, 50-0.9 mg/50ml-%	Tier 9	Medical Only Exclusion
midazolam-sodium chloride intravenous solution 100-0.9 mg/100ml-%, 50-0.9 mg/50ml-%	Tier 9	Medical Only Exclusion
quazepam oral tablet 15 mg	Tier 4	
RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG, 7.5 MG	Tier 9	Formulary Exclusion; QL

Drug Name	Drug Tier	Notes
temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg	Tier 2	QL
triazolam oral tablet 0.125 mg, 0.25 mg	Tier 9	Formulary Exclusion
Hypnotics - Tricyclic Agents**		
doxepin hcl tablet 3 mg oral	Tier 9	Non Essential Drug Exclusion
doxepin hcl tablet 3 mg oral	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
doxepin hcl tablet 6 mg oral	Tier 9	Non Essential Drug Exclusion
doxepin hcl tablet 6 mg oral	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
SILENOR ORAL TABLET 3 MG, 6 MG	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
Non-Benzodiazepine - Gaba-Receptor Modulators**		
AMBIEN CR ORAL TABLET EXTENDED RELEASE 12.5 MG, 6.25 MG	Tier 9	ST; Formulary Exclusion; QL
AMBIEN ORAL TABLET 10 MG, 5 MG	Tier 9	ST; Formulary Exclusion; QL
EDLUAR SUBLINGUAL TABLET SUBLINGUAL 10 MG, 5 MG	Tier 9	Non Essential Drug Exclusion
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	Tier 2	QL
LUNESTA ORAL TABLET 1 MG, 2 MG, 3 MG	Tier 9	ST; Formulary Exclusion; QL
zaleplon oral capsule 10 mg, 5 mg	Tier 2	QL
zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg	Tier 2	QL
zolpidem tartrate oral capsule 7.5 mg	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
zolpidem tartrate oral tablet 10 mg, 5 mg	Tier 2	QL
zolpidem tartrate sublingual tablet sublingual 1.75 mg, 3.5 mg	Tier 2	ST; QL
Orexin Receptor Antagonists**		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	Tier 3	ST; QL
DAYVIGO ORAL TABLET 10 MG, 5 MG	Tier 3	ST; QL
QUVIVIQ ORAL TABLET 25 MG, 50 MG	Tier 4	ST; QL
Selective Alpha2-Adrenoreceptor Agonist Sedatives**		
dexmedetomidine hcl in nacl intravenous solution prefilled syringe 20-0.9 mcg/5ml-%, 40-0.9 mcg/10ml-%	Tier 9	Non FDA Exclusion; Medical Only Exclusion

Drug Name	Drug Tier	Notes
dexmedetomidine hcl in nacl solution 1000 mcg/250ml intravenous	Tier 9	Medical Only Exclusion
dexmedetomidine hcl in nacl solution 200 mcg/50ml intravenous	Tier 9	Medical Only Exclusion
dexmedetomidine hcl in nacl solution 200 mcg/50ml intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion
dexmedetomidine hcl in nacl solution 400 mcg/100ml intravenous	Tier 9	Medical Only Exclusion
dexmedetomidine hcl in nacl solution 400 mcg/100ml intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion
dexmedetomidine hcl in nacl solution 80 mcg/20ml intravenous	Tier 9	Medical Only Exclusion
dexmedetomidine hcl intravenous solution 1000 mcg/10ml, 200 mcg/2ml, 400 mcg/4ml	Tier 9	Medical Only Exclusion
dexmedetomidine hcl-dextrose intravenous solution 200mcg/50ml -5%, 400mcg/100ml -5%	Tier 9	Medical Only Exclusion
IGALMI SUBLINGUAL FILM 120 MCG, 180 MCG	Tier 9	Medical Only Exclusion
PRECEDEX INTRAVENOUS SOLUTION 1000 MCG/250ML, 200 MCG/2ML, 200 MCG/50ML, 400 MCG/100ML, 80 MCG/20ML	Tier 9	Medical Only Exclusion
Selective Melatonin Receptor Agonists**		
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	Tier 5	PA; Specialty; QL
HETLIOZ ORAL CAPSULE 20 MG	Tier 10	PA; Specialty; Formulary Exclusion; QL
ramelteon oral tablet 8 mg	Tier 2	
ROZEREM ORAL TABLET 8 MG	Tier 9	ST; Formulary Exclusion
tasimelteon oral capsule 20 mg	Tier 10	PA; Specialty; QL
Laxatives		
Bowel Evacuant Combinations**		
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/175ML	Tier 9	Formulary Exclusion
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM	Tier 2	
GAVILYTE-G ORAL SOLUTION RECONSTITUTED 236 GM	Tier 2	
GAVILYTE-N WITH FLAVOR PACK ORAL SOLUTION RECONSTITUTED 420 GM	Tier 2	

Drug Name	Drug Tier	Notes
GOLYTELY SOLUTION RECONSTITUTED 236 GM ORAL	Tier 3	
GOLYTELY SOLUTION RECONSTITUTED 236 GM ORAL	Tier 9	Formulary Exclusion
MOVIPREP ORAL SOLUTION RECONSTITUTED 100 GM	Tier 9	Formulary Exclusion
na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml	Tier 2	
peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm	Tier 2	
peg-3350/electrolytes oral solution reconstituted 236 gm	Tier 2	
peg-3350/electrolytes/ascorbat oral solution reconstituted 100 gm	Tier 9	Formulary Exclusion
peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm	Tier 9	Formulary Exclusion
PEG-PREP ORAL KIT 5-210 MG-GM	Tier 2	
PLENVU ORAL SOLUTION RECONSTITUTED 140 GM	Tier 9	Formulary Exclusion
SUFLAVE ORAL SOLUTION RECONSTITUTED 178.7 GM	Tier 9	Formulary Exclusion
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML	Tier 9	Formulary Exclusion
SUTAB ORAL TABLET 1479-225-188 MG	Tier 9	Formulary Exclusion
Bulk Laxatives**		
fiber oral powder 51.7 %	Tier 10	
Laxatives - Miscellaneous**		
constulose oral solution 10 gm/15ml	Tier 2	
KRISTALOSE ORAL PACKET 10 GM, 20 GM	Tier 9	Non Essential Drug Exclusion
lactulose oral packet 10 gm, 20 gm	Tier 9	Non Essential Drug Exclusion
lactulose oral solution 10 gm/15ml, 20 gm/30ml	Tier 2	
VIBRANT ORAL CAPSULE	Tier 9	Non FDA Exclusion
VIBRANT STARTER KIT ORAL KIT	Tier 9	Non FDA Exclusion
Local Anesthetics-Parenteral		
Local Anesthetic & Sympathomimetic**		
ARTICADENT DENTAL INJECTION SOLUTION CARTRIDGE 4 %-1:100000	Tier 9	Medical Only Exclusion
bupivacaine-epinephrine (pf) injection solution 0.25% -1:200000, 0.5% -1:200000	Tier 9	Medical Only Exclusion

Drug Name	Drug Tier	Notes
bupivacaine-epinephrine injection solution 0.25% -1:200000, 0.5% -1:200000	Tier 9	Medical Only Exclusion
lets kit	Tier 9	Non FDA Exclusion
lidocaine(bufferd)-epinephrine injection solution prefilled syringe 0.5 %-1:100000, 1 %-1:100000	Tier 9	Non FDA Exclusion; Medical Only Exclusion
lidocaine-epinephrine (3 ml) injection solution prefilled syringe 0.5 %-1:100000	Tier 9	Non FDA Exclusion; Medical Only Exclusion
lidocaine-epinephrine (pf) injection solution 1.5 %-1:200000, 2 %-1:200000	Tier 9	Medical Only Exclusion
lidocaine-epinephrine solution 0.5 %-1:200000 injection	Tier 9	Medical Only Exclusion
lidocaine-epinephrine solution 1 %-1:100000 injection	Tier 9	Medical Only Exclusion
lidocaine-epinephrine solution 2 %-1:100000 injection	Tier 9	Non FDA Exclusion; Medical Only Exclusion
lidocaine-epinephrine solution 2 %-1:100000 injection	Tier 9	Medical Only Exclusion
lidocaine-epinephrine solution 2 %-1:200000 injection	Tier 9	Medical Only Exclusion
MARCAINE/EPINEPHRINE INJECTION SOLUTION 0.25% -1:200000, 0.25-1:200000 %, 0.5% -1:200000	Tier 9	Medical Only Exclusion
MARCAINE/EPINEPHRINE PF INJECTION SOLUTION 0.25% -1:200000, 0.25-1:200000 %, 0.5% -1:200000	Tier 9	Medical Only Exclusion
ORABLOC INJECTION SOLUTION CARTRIDGE 4 %-1:100000, 4 %-1:200000	Tier 9	Medical Only Exclusion
reck solution prefilled syringe 123-0.25-0.04- 15 mg/50ml	Tier 9	Non FDA Exclusion; Medical Only Exclusion
ropiv-clonidine-ketorolac solution prefilled syringe 123-0.04-15 mg/50ml	Tier 9	Non FDA Exclusion; Medical Only Exclusion
SENSORCAINE/EPINEPHRINE INJECTION SOLUTION 0.25% -1:200000, 0.5% -1:200000	Tier 9	Medical Only Exclusion
SENSORCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 0.25% -1:200000, 0.5% -1:200000, 0.75-1:200000 %	Tier 9	Medical Only Exclusion
XYLOCAINE/EPINEPHRINE INJECTION SOLUTION 0.5 %-1:200000, 1 %-1:100000, 2 %-1:100000	Tier 9	Medical Only Exclusion
XYLOCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 1 %-1:200000, 1.5 %-1:200000, 2 %-1:200000	Tier 9	Medical Only Exclusion

Drug Name	Drug Tier	Notes
Local Anesthetic Combinations**		
lidocaine hcl-tetracaine hcl injection solution 0.4-0.2 %	Tier 9	Non FDA Exclusion; Medical Only Exclusion
lidocaine-sodium bicarbonate injection solution prefilled syringe 1-8.4 %	Tier 9	Non FDA Exclusion; Medical Only Exclusion
LIDOMAR INJECTION SOLUTION 50-18.75 MG/5ML	Tier 9	Non FDA Exclusion; Medical Only Exclusion
marlido injection kit 2 & 0.5 %	Tier 9	Non FDA Exclusion; Medical Only Exclusion
MARLIDO-25 INJECTION KIT 1 & 0.25 %	Tier 9	Non FDA Exclusion; Medical Only Exclusion
MARVONA SUIK COMBINATION KIT 0.5 %	Tier 9	Non FDA Exclusion
MARVONA-25 SUIK COMBINATION KIT 0.25 %	Tier 9	Non FDA Exclusion
Local Anesthetics - Amides**		
bupivacaine fisiopharma injection solution 0.5 %, 2.5 mg/ml	Tier 9	Non FDA Exclusion; Medical Only Exclusion
bupivacaine hcl (pf) injection solution 0.25 %, 0.5 %, 0.75 %	Tier 9	Medical Only Exclusion
bupivacaine hcl injection solution prefilled syringe 0.25 % (10 ml)	Tier 9	Non FDA Exclusion; Medical Only Exclusion
bupivacaine hcl solution 0.125 % injection	Tier 9	Non FDA Exclusion; Medical Only Exclusion
bupivacaine hcl solution 0.25 % injection	Tier 9	Medical Only Exclusion
bupivacaine hcl solution 0.5 % injection	Tier 9	Medical Only Exclusion
bupivacaine hcl-nacl epidural solution 0.125-0.9 %	Tier 9	Non FDA Exclusion; Medical Only Exclusion
bupivacaine hcl-nacl epidural solution prefilled syringe 0.25-0.9 %	Tier 9	Non FDA Exclusion; Medical Only Exclusion
bupivacaine in dextrose intrathecal solution 0.75-8.25 %	Tier 9	Medical Only Exclusion
bupivacaine spinal intrathecal solution 0.75-8.25 %	Tier 9	Medical Only Exclusion
EXPAREL INJECTION SUSPENSION 1.3 %	Tier 9	Medical Only Exclusion
lidocaine hcl (buffered) injection solution prefilled syringe 100 mg/10ml	Tier 9	Non FDA Exclusion; Medical Only Exclusion
lidocaine hcl (pf) injection solution 0.5 %, 1 %, 1.5 %, 2 %, 4 %	Tier 9	Medical Only Exclusion
lidocaine hcl intravenous solution prefilled syringe 100 mg/5ml	Tier 9	Non FDA Exclusion; Medical Only Exclusion
lidocaine hcl solution 0.5 % injection	Tier 9	Medical Only Exclusion

Drug Name	Drug Tier	Notes
lidocaine hcl solution 1 % injection	Tier 9	Medical Only Exclusion
lidocaine hcl solution 1 % injection	Tier 9	Non FDA Exclusion; Medical Only Exclusion
lidocaine hcl solution 2 % injection	Tier 9	Medical Only Exclusion
lidocaine hcl solution 2 % injection	Tier 9	Non FDA Exclusion; Medical Only Exclusion
lidocaine hcl solution prefilled syringe 10 mg/ml injection	Tier 9	Non FDA Exclusion; Medical Only Exclusion
lidocaine hcl solution prefilled syringe 100 mg/10ml injection	Tier 9	Non FDA Exclusion; Medical Only Exclusion
lidocaine hcl solution prefilled syringe 100 mg/5ml injection	Tier 9	Medical Only Exclusion
lidocaine hcl solution prefilled syringe 100 mg/5ml injection	Tier 9	Non FDA Exclusion; Medical Only Exclusion
lidocaine hcl solution prefilled syringe 200 mg/10ml injection	Tier 9	Non FDA Exclusion; Medical Only Exclusion
lidocaine hcl solution prefilled syringe 9 mg/ml injection	Tier 9	Non FDA Exclusion; Medical Only Exclusion
MARCAINE INJECTION SOLUTION 0.25 %, 0.5 %, 0.75 %	Tier 9	Medical Only Exclusion
MARCAINE PRESERVATIVE FREE INJECTION SOLUTION 0.25 %, 0.5 %, 0.75 %	Tier 9	Medical Only Exclusion
MARCAINE SPINAL INTRATHECAL SOLUTION 0.75-8.25 %	Tier 9	Medical Only Exclusion
MONOJECT BONE MARROW BIOPSY INJECTION KIT 1 %	Tier 9	Non FDA Exclusion; Medical Only Exclusion
NAROPIN SOLUTION 10 MG/ML INJECTION	Tier 9	Medical Only Exclusion
NAROPIN SOLUTION 2 MG/ML INJECTION	Tier 9	Medical Only Exclusion
NAROPIN SOLUTION 2 MG/ML INJECTION	Tier 9	Non FDA Exclusion; Medical Only Exclusion
NAROPIN SOLUTION 5 MG/ML INJECTION	Tier 9	Medical Only Exclusion
NAROPIN SOLUTION 7.5 MG/ML INJECTION	Tier 9	Medical Only Exclusion
POLOCAINE INJECTION SOLUTION 1 %, 2 %	Tier 9	Medical Only Exclusion
POLOCAINE-MPF INJECTION SOLUTION 1 %, 1.5 %, 2 %	Tier 9	Medical Only Exclusion
ropivacaine hcl epidural solution 0.2 %	Tier 9	Non FDA Exclusion; Medical Only Exclusion

Drug Name	Drug Tier	Notes
ropivacaine hcl injection solution 10 mg/ml, 2 mg/ml, 5 mg/ml, 7.5 mg/ml	Tier 9	Medical Only Exclusion
ropivacaine hcl-nacl epidural solution 0.15-0.9 %, 0.2-0.9 %	Tier 9	Non FDA Exclusion; Medical Only Exclusion
ropivacaine hcl-nacl injection solution 0.1-0.9 %, 0.2-0.9 %	Tier 9	Non FDA Exclusion; Medical Only Exclusion
ropivacaine hcl-nacl injection solution prefilled syringe 0.2-0.9 %, 0.5-0.9 %	Tier 9	Non FDA Exclusion; Medical Only Exclusion
SENSORCAINE INJECTION SOLUTION 0.25 %, 0.5 %	Tier 9	Medical Only Exclusion
SENSORCAINE-MPF INJECTION SOLUTION 0.25 %, 0.5 %, 0.75 %	Tier 9	Medical Only Exclusion
XYLOCAINE INJECTION SOLUTION 0.5 %, 1 %, 2 %	Tier 9	Medical Only Exclusion
XYLOCAINE MPF +RFID INJECTION SOLUTION 1 %	Tier 9	Medical Only Exclusion
XYLOCAINE-MPF +RFID INJECTION SOLUTION 2 %	Tier 9	Medical Only Exclusion
XYLOCAINE-MPF INJECTION SOLUTION 0.5 %, 1 %, 1.5 %, 2 %	Tier 9	Medical Only Exclusion
Local Anesthetics - Esters**		
chloroprocaine hcl (pf) injection solution 2 %, 3 %	Tier 9	Medical Only Exclusion
NESACAINE INJECTION SOLUTION 1 %, 2 %	Tier 9	Medical Only Exclusion
NESACAINE-MPF INJECTION SOLUTION 2 %, 3 %	Tier 9	Medical Only Exclusion
tetracaine hcl injection solution 1 %	Tier 9	Non FDA Exclusion; Medical Only Exclusion
Macrolides		
Azithromycin**		
azithromycin intravenous solution reconstituted 500 mg	Tier 9	Medical Only Exclusion
azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	Tier 2	
azithromycin oral tablet 250 mg, 500 mg, 600 mg	Tier 2	
ZITHROMAX ORAL SUSPENSION RECONSTITUTED 200 MG/5ML	Tier 9	Formulary Exclusion
ZITHROMAX ORAL TABLET 250 MG, 500 MG	Tier 9	Formulary Exclusion
ZITHROMAX TRI-PAK ORAL TABLET 500 MG	Tier 9	Formulary Exclusion

Drug Name	Drug Tier	Notes
ZITHROMAX Z-PAK ORAL TABLET 250 MG	Tier 9	Formulary Exclusion
Clarithromycin**		
clarithromycin er oral tablet extended release 24 hour 500 mg	Tier 2	
clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	Tier 2	
clarithromycin oral tablet 250 mg, 500 mg	Tier 2	
Erythromycins**		
E.E.S. 400 ORAL TABLET 400 MG	Tier 2	
E.E.S. GRANULES ORAL SUSPENSION RECONSTITUTED 200 MG/5ML	Tier 9	Formulary Exclusion
ERYPED 400 ORAL SUSPENSION RECONSTITUTED 400 MG/5ML	Tier 9	Formulary Exclusion
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	Tier 9	Medical Only Exclusion
erythromycin base oral capsule delayed release particles 250 mg	Tier 4	
erythromycin base oral tablet 250 mg, 500 mg	Tier 2	
erythromycin base oral tablet delayed release 250 mg, 333 mg, 500 mg	Tier 2	
erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml	Tier 2	
erythromycin lactobionate intravenous solution reconstituted 500 mg	Tier 9	Medical Only Exclusion
erythromycin oral tablet delayed release 250 mg, 333 mg, 500 mg	Tier 2	
Fidaxomicin**		
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML	Tier 3	QL
DIFICID ORAL TABLET 200 MG	Tier 9	QL
fidaxomicin oral tablet 200 mg	Tier 2	QL
Medical Devices And Supplies		
Adhesive Bandages**		
CURITY WOUND CLOSURE 1/2"X4"	Tier 9	Non FDA Exclusion
CURITY WOUND CLOSURE 1/4"X1.5"	Tier 9	Non FDA Exclusion
CURITY WOUND CLOSURE 1/4"X3"	Tier 9	Non FDA Exclusion
CURITY WOUND CLOSURE 1/4"X4"	Tier 9	Non FDA Exclusion
CURITY WOUND CLOSURE 1/8"X3"	Tier 9	Non FDA Exclusion

Drug Name	Drug Tier	Notes
Catheters**		
apogee ic catheter 14fr/16"	Tier 9	Formulary Exclusion
vapro plus catheter 12fr/16"	Tier 9	Formulary Exclusion
Cervical Caps**		
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM	Tier 1	
Condoms - Male**		
aimsco lubricated	Tier 3	
condoms	Tier 3	
DUREX EXTRA SENSITIVE THIN DEVICE	Tier 3	
DUREX REALFEEL DEVICE	Tier 3	
FANTASY LUBRICATED	Tier 3	
FANTASY LUBRICATED/SPERMICIDE	Tier 3	
KAMELEON LUBRICATED	Tier 3	
kimono	Tier 3	
KIMONO COLORS DEVICE	Tier 3	
KIMONO MAXX-LARGE FLARE	Tier 3	
kimono micro thin	Tier 3	
kimono micro thin plus	Tier 3	
kimono plus	Tier 3	
kimono ps	Tier 3	
kimono ps plus	Tier 3	
kimono sensation	Tier 3	
kimono sensation plus	Tier 3	
KIMONO SPECIAL DEVICE	Tier 3	
maxx	Tier 3	
maxx plus	Tier 3	
REALITY LATEX CONDOMS	Tier 3	
REALITY LATEX/ULTRA TEXTURED DEVICE	Tier 3	
REALITY LATEX/ULTRA THIN DEVICE	Tier 3	
TRUSTEX COLOR CONDOMS + LUBE	Tier 3	
TRUSTEX LUB/RIBBED/STUDDED	Tier 3	
TRUSTEX LUB/SPERMICIDE EX ST	Tier 3	
TRUSTEX LUB/SPERMICIDE XL	Tier 3	
TRUSTEX LUBRICATED	Tier 3	
TRUSTEX LUBRICATED EX LARGE	Tier 3	
TRUSTEX LUBRICATED EXTRA ST	Tier 3	

Drug Name	Drug Tier	Notes
TRUSTEX LUBRICATED/SPERMICIDE	Tier 3	
TRUSTEX NATURAL CONDOMS + LUBE	Tier 3	
TRUSTEX NON-LUBRICATED	Tier 3	
TRUSTEX RIA LUB/SPERMICIDE	Tier 3	
TRUSTEX RIA LUBRICATED	Tier 3	
TRUSTEX RIA NON-LUBRICATED	Tier 3	
TRUSTEX-NONOXYNOL-9/RIB/STUD	Tier 3	
Diaphragms**		
CAYA VAGINAL DIAPHRAGM	Tier 1	
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM	Tier 3	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 %	Tier 3	
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 %	Tier 3	
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 %	Tier 3	
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 %	Tier 3	
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 %	Tier 3	
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 %	Tier 3	
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 %	Tier 3	
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 %	Tier 3	
Elastic Bandages & Supports**		
SKINEEZ TED STOCKINGS	Tier 9	Non FDA Exclusion
Embolization Supplies**		
ONCOZENE 100 MICROMETER (2 ML) INJECTION PREFILLED SYRINGE	Tier 9	Non FDA Exclusion; Medical Only Exclusion
ONCOZENE 100 MICROMETER (3 ML) INJECTION PREFILLED SYRINGE	Tier 9	Non FDA Exclusion; Medical Only Exclusion
ONCOZENE 40 MICROMETER (2 ML) INJECTION PREFILLED SYRINGE	Tier 9	Non FDA Exclusion; Medical Only Exclusion
ONCOZENE 40 MICROMETER (3 ML) INJECTION PREFILLED SYRINGE	Tier 9	Non FDA Exclusion; Medical Only Exclusion
ONCOZENE 75 MICROMETER (2 ML) INJECTION PREFILLED SYRINGE	Tier 9	Non FDA Exclusion; Medical Only Exclusion

Drug Name	Drug Tier	Notes
ONCOZENE 75 MICROMETER (3 ML) INJECTION PREFILLED SYRINGE	Tier 9	Non FDA Exclusion; Medical Only Exclusion
Enteral Nutrition Supplies**		
ENFIT AMBER LOW DOSE SYR/0.5ML	Tier 9	Formulary Exclusion
ENFIT AMBER LOW DOSE SYR/1ML	Tier 9	Formulary Exclusion
ENFIT AMBER LOW DOSE SYR/3ML	Tier 9	Formulary Exclusion
ENFIT AMBER SYRINGE/10ML	Tier 9	Formulary Exclusion
ENFIT AMBER SYRINGE/20ML	Tier 9	Formulary Exclusion
ENFIT AMBER SYRINGE/35ML	Tier 9	Formulary Exclusion
ENFIT AMBER SYRINGE/60ML	Tier 9	Formulary Exclusion
ENFIT AMBER TIP SYRINGE/5ML	Tier 9	Formulary Exclusion
ENFIT CAP	Tier 9	Formulary Exclusion
ENFIT IRRIGATION SYR/THUMB CNT	Tier 9	Formulary Exclusion
ENFIT LOW DOSE TIP SYRINGE	Tier 9	Formulary Exclusion
ENFIT LOW DOSE TIP SYRINGE/1ML	Tier 9	Formulary Exclusion
ENFIT LOW DOSE TIP SYRINGE/3ML	Tier 9	Formulary Exclusion
ENFIT MED BOTTLE ADAPTER/SZ 1	Tier 9	Formulary Exclusion
ENFIT MED BOTTLE ADAPTER/SZ 2	Tier 9	Formulary Exclusion
ENFIT MED BOTTLE ADAPTER/SZ 3	Tier 9	Formulary Exclusion
ENFIT MED BOTTLE ADAPTER/SZ 4	Tier 9	Formulary Exclusion
ENFIT MED BOTTLE ADAPTER/SZ 5	Tier 9	Formulary Exclusion
ENFIT MEDICINE STRAW/2"/5CM	Tier 9	Formulary Exclusion
ENFIT MEDICINE STRAW/4"/10CM	Tier 9	Formulary Exclusion
ENFIT MEDICINE STRAW/6"/15CM	Tier 9	Formulary Exclusion
ENFIT POP ON CAP	Tier 9	Formulary Exclusion
ENFIT SCREW ON CAP	Tier 9	Formulary Exclusion
ENFIT SYRINGE/10ML	Tier 9	Formulary Exclusion
ENFIT SYRINGE/20ML	Tier 9	Formulary Exclusion
ENFIT SYRINGE/35ML	Tier 9	Formulary Exclusion
ENFIT SYRINGE/60ML	Tier 9	Formulary Exclusion
ENFIT THUMB CONTROL IRRIG/60ML	Tier 9	Formulary Exclusion
ENFIT TIP SYRINGE/10ML	Tier 9	Formulary Exclusion
ENFIT TIP SYRINGE/20ML	Tier 9	Formulary Exclusion
ENFIT TIP SYRINGE/35ML	Tier 9	Formulary Exclusion
ENFIT TIP SYRINGE/5ML	Tier 9	Formulary Exclusion
ENFIT TIP SYRINGE/60ML	Tier 9	Formulary Exclusion
ENFIT TRANSITION CONNECTOR	Tier 9	Formulary Exclusion
enteral delivery gravity bag	Tier 9	Formulary Exclusion

Drug Name	Drug Tier	Notes
neomed enfit syringe 12ml	Tier 9	Formulary Exclusion
neomed enfit syringe 3ml	Tier 9	Formulary Exclusion
neomed enfit syringe 6ml	Tier 9	Formulary Exclusion
piston irrigation syringe	Tier 9	Formulary Exclusion
Feeding Tubes**		
KANGAROO FEEDING SET/ENFIT	Tier 9	Formulary Exclusion
Foot Care Products**		
BIOFREQUENCY INSOLES	Tier 9	Non FDA Exclusion
Gauze Pads & Dressings**		
AMD FOAM DRESSING PAD 3-1/2"X3" , 4"X4" , 6"X6"	Tier 9	Non FDA Exclusion
AMD FOAM DRESSING TOPSHEET PAD 4"X4"	Tier 9	Non FDA Exclusion
CURITY AMD ANTIMICROBIAL SPNGE PAD 4"X4"	Tier 9	Non FDA Exclusion
CURITY AMD ANTIMICROBIAL STRIP	Tier 9	Non FDA Exclusion
CURITY IODOFORM PACKING STRIP	Tier 9	Non FDA Exclusion
EXCILON AMD DRAIN SPONGES PAD 4"X4"	Tier 9	Non FDA Exclusion
KERLIX AMD ANTIMICROBIAL	Tier 9	Non FDA Exclusion
KERLIX AMD SUPER SPONGES PAD 6"X6-3/4"	Tier 9	Non FDA Exclusion
TELFA AMD ISLAND DRESSING PAD 4"X5" , 4"X8"	Tier 9	Non FDA Exclusion
TELFA AMD NON-ADHERENT PAD 3"X8"	Tier 9	Non FDA Exclusion
Glucose Monitor & Blood Pressure Monitor Combinations**		
ADVOCATE DUO DEVICE	Tier 9	Formulary Exclusion
cardiometabolic solution kit	Tier 9	Non FDA Exclusion
care activation solution kit	Tier 9	Non FDA Exclusion
CLEVER CHEK AUTO-CODE DEVICE	Tier 9	Formulary Exclusion
DUO-CARE DEVICE	Tier 9	Formulary Exclusion
FORA D40 GLUCOSE/PRESSURE DEVICE	Tier 9	Formulary Exclusion
FORA D40G GLUCOSE/PRESSURE DEVICE	Tier 9	Formulary Exclusion
Glucose Monitor & Cholesterol Monitor Combinations**		
ACCUTREND PLUS DEVICE	Tier 4	

Drug Name	Drug Tier	Notes
Glucose Monitor & Ketone Monitor Combinations**		
FORA TEST N' GO ADVANCE DEVICE	Tier 9	Formulary Exclusion
FORA TN'G ADVANCE PRO DEVICE	Tier 10	Formulary Exclusion
GOJJI MULTI-FUNCTIONAL SYSTEM DEVICE	Tier 10	Formulary Exclusion
GOJJI MULTI-FUNCTIONAL SYSTEM KIT W/DEVICE	Tier 10	Formulary Exclusion
PRECISION XTRA-GLUCOSE/KETONE DEVICE	Tier 9	Formulary Exclusion
Glucose Monitoring Test Supplies**		
ACCU-CHEK AVIVA PLUS KIT W/DEVICE	Tier 9	
ACCU-CHEK FASTCLIX LANCET KIT	Tier 3	
ACCU-CHEK FASTCLIX LANCETS	Tier 3	
ACCU-CHEK GUIDE KIT W/DEVICE	Tier 9	
ACCU-CHEK GUIDE ME KIT W/DEVICE	Tier 9	
ACCU-CHEK SAFE-T PRO LANCETS	Tier 3	
ACCU-CHEK SOFTCLIX LANCET DEV KIT	Tier 3	
ACCU-CHEK SOFTCLIX LANCETS	Tier 3	
acti-lance 28g	Tier 3	
acti-lance lite lancets 28g	Tier 3	
acti-lance special lancets 17g	Tier 3	
acti-lance universal 23g	Tier 3	
adjustable lancing device	Tier 3	
ADVANCE INTUITION METER DEVICE	Tier 9	
ADVANCE INTUITION MONITOR KIT	Tier 9	
ADVANCE MICRO-DRAW METER DEVICE	Tier 9	
advanced mobile lancet	Tier 3	
ADVOCATE BLOOD GLUCOSE MONITOR DEVICE	Tier 9	
ADVOCATE BLOOD GLUCOSE SYSTEM KIT W/DEVICE	Tier 9	
ADVOCATE LANCETS	Tier 3	
ADVOCATE LANCETS 30G	Tier 3	
ADVOCATE REDI-CODE DEVICE	Tier 9	
ADVOCATE REDI-CODE KIT W/DEVICE	Tier 9	
ADVOCATE REDI-CODE+ DEVICE	Tier 9	
ADVOCATE SAFETY LANCETS	Tier 3	

Drug Name	Drug Tier	Notes
ADVOCATE SAFETY LANCETS 21G	Tier 3	
ADVOCATE SAFETY LANCETS 23G	Tier 3	
ADVOCATE SAFETY LANCETS 26G	Tier 3	
ADVOCATE SAFETY LANCETS 28G	Tier 3	
AGAMATRIX JAZZ WIRELESS 2 KIT W/DEVICE	Tier 9	
AGAMATRIX PRESTO KIT W/DEVICE	Tier 9	
AGAMATRIX ULTRA-THIN LANCETS	Tier 3	
aimsco twist lancets 32g	Tier 3	
AIMSCO TWIST LANCETS 33G	Tier 3	
AQUALANCE LANCETS 30G	Tier 3	
ASSURE 4 METER DEVICE	Tier 9	
assure comfort lancets 28g	Tier 3	
ASSURE CONTROL SOLUTION 2/3 IN VITRO LIQUID	Tier 9	Formulary Exclusion
ASSURE LANCE LANCETS	Tier 3	
ASSURE LANCE LANCETS 21G	Tier 3	
ASSURE LANCE PLUS SAFETY 25G	Tier 3	
ASSURE LANCE PLUS SAFETY 30G	Tier 3	
ASSURE LANCE SAFETY LANCET 28G	Tier 3	
ASSURE PLATINUM METER DEVICE	Tier 9	
ASSURE PRISM MULTI METER DEVICE	Tier 9	
ASSURE PRO BLOOD GLUCOSE METER DEVICE	Tier 9	
ASSURE TITANIUM BLOOD GLUCOSE DEVICE	Tier 9	Formulary Exclusion
aurora lancet super thin 30g	Tier 3	
aurora lancet thin 23g	Tier 3	
AUTOLET II CLINISAFE KIT	Tier 3	
AUTOLET LANCING DEVICE	Tier 3	
AUTOLET LITE CLINISAFE KIT	Tier 3	
AUTOLET LITE LANCING DEVICE	Tier 3	
AUTOLET LITE STARTER PACK KIT	Tier 3	
AUTOLET MINI	Tier 3	
AUTOLET PLATFORMS	Tier 3	
AUTOLET PLUS	Tier 3	
BD LATITUDE DIABETES KIT	Tier 9	
BD LOGIC BLOOD GLUCOSE MONITOR KIT W/DEVICE	Tier 9	

Drug Name	Drug Tier	Notes
BD MICROTAINER LANCETS	Tier 3	
BIGFOOT UNITY PROGRAM KIT	Tier 9	
BIOTEL CARE BLOOD GLUCOSE KIT W/DEVICE	Tier 9	
BIOTEL CARE BLOOD GLUCOSE SYST KIT W/DEVICE	Tier 9	
blood glucose monitor system kit w/device	Tier 9	
BLUESTAR DEVICE (OTC)	Tier 9	Formulary Exclusion
BLUESTAR DEVICE (RX)	Tier 9	Non FDA Exclusion
BLULINK GLUCOSE MONITORING SYS DEVICE	Tier 9	
CARDIOCOM LANCING DEVICE	Tier 3	
careone advanced lancing dev	Tier 3	
CAREONE LANCET SUPER THIN 30G	Tier 3	
careone lancet thin 23g	Tier 3	
CARESENS LANCETS 30G	Tier 3	
CARESENS N FELIZ BT DEVICE	Tier 9	Formulary Exclusion
CARESENS N GLUCOSE SYSTEM DEVICE	Tier 9	
CARESENS N PLUS BT KIT W/DEVICE	Tier 9	
CARESENS S CONTROL SOLN A/B IN VITRO LIQUID	Tier 9	Formulary Exclusion
CARESENS S FIT BLOOD GLUC MON DEVICE	Tier 9	Formulary Exclusion
CARESENS S FIT BT BLOOD GLUC DEVICE	Tier 9	Formulary Exclusion
CARETOUCH LANCING/EJECTOR	Tier 3	
CARETOUCH MONITOR SYSTEM KIT W/DEVICE	Tier 9	
CARETOUCH SAFETY LANCETS	Tier 3	
CARETOUCH SAFETY LANCETS 26G	Tier 3	
CARETOUCH TWIST LANCETS 28G	Tier 3	
CARETOUCH TWIST LANCETS 30G	Tier 3	
CARETOUCH TWIST LANCETS 33G	Tier 3	
CARETOUCH TWIST MC LANCETS 30G	Tier 3	
CHEMSTRIP BG LOG BOOK	Tier 9	
CHOSEN LANCETS 30G	Tier 3	
CHOSEN SAFETY LANCETS 28G	Tier 3	
CLEANLET LANCETS 28G	Tier 3	
CLEVER CHEK AUTO-CODE SYSTEM DEVICE	Tier 9	

Drug Name	Drug Tier	Notes
CLEVER CHEK AUTO-CODE VOICE DEVICE	Tier 9	
CLEVER CHEK LANCETS	Tier 3	
CLEVER CHEK SYSTEM KIT W/DEVICE	Tier 9	
CLEVER CHOICE AUTO-CODE SYSTEM DEVICE	Tier 9	
CLEVER CHOICE COMFORT EZ	Tier 3	
CLEVER CHOICE LANCETS 21G	Tier 3	
CLEVER CHOICE LANCETS 23G	Tier 3	
CLEVER CHOICE LANCETS 28G	Tier 3	
CLEVER CHOICE MICRO SYSTEM KIT W/DEVICE	Tier 9	
CLEVER CHOICE MINI SYSTEM DEVICE	Tier 9	
CLEVER CHOICE TALK SYSTEM DEVICE	Tier 9	
COAGUCHEK LANCETS	Tier 3	
comfort assured lancets 28g	Tier 3	
comfort assured lancets 33g	Tier 3	
COMFORT TOUCH LANCETS 31G	Tier 3	
COMFORT TOUCH PLUS LANCETS 28G	Tier 3	
COMFORT TOUCH PLUS LANCETS 30G	Tier 3	
COMFORT TOUCH TWIST LANCET 30G	Tier 3	
CONTOUR CONTROL IN VITRO LIQUID HIGH , LOW , NORMAL	Tier 9	Formulary Exclusion
CONTOUR MONITOR DEVICE	Tier 9	
CONTOUR NEXT CONTROL IN VITRO SOLUTION LOW , NORMAL	Tier 9	Formulary Exclusion
CONTOUR NEXT EZ KIT W/DEVICE	Tier 9	
CONTOUR NEXT GEN MONITOR KIT W/DEVICE	Tier 9	
CONTOUR NEXT GEN MONITOR KIT W/DEVICE	Tier 9	Formulary Exclusion
CONTOUR NEXT LINK KIT W/DEVICE	Tier 9	
CONTOUR NEXT MONITOR KIT W/DEVICE	Tier 9	
CONTOUR NEXT ONE KIT	Tier 9	
CONTOUR PLUS BLUE KIT W/DEVICE	Tier 9	
CONTOUR PLUS CONTROL SOLUTION IN VITRO LIQUID	Tier 9	Formulary Exclusion
COOL MONITOR DEVICE	Tier 9	
COOL MONITOR KIT KIT W/DEVICE	Tier 9	

Drug Name	Drug Tier	Notes
CVS BLOOD GLUCOSE METER DEVICE	Tier 9	
CVS BLOOD GLUCOSE METER KIT W/DEVICE	Tier 9	
cvs lancets original	Tier 3	
cvs lancets thin 26g	Tier 3	
cvs lancing device	Tier 3	
cvs ultra thin lancets	Tier 3	
D-CARE GLUCOMETER KIT W/DEVICE	Tier 9	
DEXCOM G6 RECEIVER DEVICE	Tier 9	ST; Formulary Exclusion; QL
DEXCOM G6 SENSOR	Tier 9	ST; Formulary Exclusion; QL
DEXCOM G6 TRANSMITTER	Tier 9	ST; Formulary Exclusion; QL
DEXCOM G7 15 DAY SENSOR	Tier 3	
DEXCOM G7 RECEIVER DEVICE	Tier 3	ST; QL
DEXCOM G7 SENSOR	Tier 3	ST; QL
diabetes care kit	Tier 9	
DIATHRIVE BLOOD GLUCOSE METER DEVICE	Tier 9	
DIATHRIVE LANCET ULTRA THIN 30	Tier 3	
DIATHRIVE LANCETS	Tier 3	
DIATHRIVE+ GLUCOSE MONITOR DEVICE	Tier 9	
DROPLET GENTEEL LANCING DEVICE	Tier 3	
DROPLET LANCETS ULTRA THIN 30G	Tier 3	
DROPLET LANCING DEVICE	Tier 3	
DROPLET MEDLANCE LANCET 30G	Tier 4	
DROPLET PERSONAL LANCETS 30G	Tier 3	
DROPSAFE ACTI-LANCE 23G	Tier 3	
DROPSAFE ACTI-LANCE LANCET 17G	Tier 4	
DROPSAFE ACTI-LANCE LANCET 23G	Tier 4	
DROPSAFE ACTI-LANCE LANCET 28G	Tier 4	
DROPSAFE ERGOLANCE LANCET 21G	Tier 4	
DROPSAFE ERGOLANCE LANCET 25G	Tier 4	
DROPSAFE ERGOLANCE LANCET 30G	Tier 4	
DROPSAFE HAEMOLANCE LANCET 1.5	Tier 4	
DROPSAFE HAEMOLANCE LANCET 18G	Tier 4	
DROPSAFE HAEMOLANCE LANCET 21G	Tier 4	
DROPSAFE HAEMOLANCE LANCET 25G	Tier 4	
DROPSAFE HAEMOLANCE LANCET 28G	Tier 4	
DROPSAFE MEDISAFE LANCET 23G	Tier 4	

Drug Name	Drug Tier	Notes
DROPSAFE MEDISAFE LANCET 29G	Tier 4	
DROPSAFE MEDLANCE LANCET 0.8MM	Tier 4	
DROPSAFE MEDLANCE LANCET 21G	Tier 4	
DROPSAFE MEDLANCE LANCET 25G	Tier 4	
DROPSAFE MEDLANCE LANCET 30G	Tier 4	
DRUG MART ON-THE-GO LANCET 30G	Tier 3	
DRUG MART UNILET LANCETS 28G	Tier 3	
DRUG MART UNILET LANCETS 30G	Tier 3	
DRUG MART UNILET LANCETS 33G	Tier 3	
easy comfort lancets	Tier 3	
easy comfort lancets	Tier 4	
easy comfort lancets twist top	Tier 3	
easy comfort lancets twist top	Tier 4	
EASY MAX T1 GLUCOSE SYSTEM KIT W/DEVICE	Tier 9	
easy plus ii glucose system device	Tier 9	
EASY STEP GLUCOSE MONITOR DEVICE	Tier 9	
easy talk blood glucose system device	Tier 9	
EASY TOUCH GLUCOSE SYSTEM KIT W/DEVICE	Tier 9	
EASY TOUCH LANCETS 21G	Tier 3	
EASY TOUCH LANCETS 23G	Tier 3	
EASY TOUCH LANCETS 26G	Tier 3	
EASY TOUCH LANCETS 28G	Tier 3	
EASY TOUCH LANCETS 28G/TWIST	Tier 3	
EASY TOUCH LANCETS 30G	Tier 3	
EASY TOUCH LANCETS 30G/TWIST	Tier 3	
EASY TOUCH LANCETS 32G	Tier 3	
EASY TOUCH LANCETS 32G/TWIST	Tier 3	
EASY TOUCH LANCETS 33G/TWIST	Tier 3	
EASY TOUCH LANCING DEVICE	Tier 3	
EASY TOUCH SAFETY LANCETS 21G	Tier 3	
EASY TOUCH SAFETY LANCETS 23G	Tier 3	
EASY TOUCH SAFETY LANCETS 26G	Tier 3	
EASY TOUCH SAFETY LANCETS 28G	Tier 3	
easy trak blood glucose system device	Tier 9	
easy trak ii blood glucose sys device	Tier 9	
EASYMAX NG BLOOD GLUCOSE DEVICE	Tier 9	

Drug Name	Drug Tier	Notes
EASYMAX NG BLOOD GLUCOSE KIT W/DEVICE	Tier 9	
EASYMAX V BLOOD GLUCOSE DEVICE	Tier 9	
EASYPRO BLOOD GLUCOSE MONITOR KIT W/DEVICE	Tier 9	
EASYPRO PLUS KIT W/DEVICE	Tier 9	
ELEMENT AUTOCODE SYSTEM KIT W/DEVICE	Tier 9	
element compact glucose system device	Tier 9	
element compact v glucose sys device	Tier 9	
ELEMENT PLUS DEVICE	Tier 9	
EMBRACE BLOOD GLUCOSE MONITOR DEVICE	Tier 9	
EMBRACE EVO GLUCOSE MONITORING KIT W/DEVICE	Tier 9	
EMBRACE LANCETS ULTRA THIN 30G	Tier 3	
EMBRACE PRESSURE ACTIVATED 21G	Tier 3	
EMBRACE PRESSURE ACTIVATED 28G	Tier 3	
EMBRACE PRO GLUCOSE METER DEVICE	Tier 9	
EMBRACE TALK BLOOD GLUCOSE DEVICE	Tier 9	
EMBRACE TALK MONITORING SYSTEM KIT W/DEVICE	Tier 9	
EMBRACE WAVE GLUCOSE CONTROL IN VITRO LIQUID HIGH	Tier 9	Formulary Exclusion
ENLITE GLUCOSE SENSOR	Tier 9	Formulary Exclusion; QL
EVERSENSE 365 SENSOR/HOLDER	Tier 4	PA; QL
EVERSENSE 365 SMART TRANSMIT	Tier 4	PA; QL
EVERSENSE SENSOR/HOLDER	Tier 4	PA; QL
EVERSENSE SMART TRANSMITTER	Tier 4	PA; QL
EVOLUTION AUTOCODE DEVICE	Tier 9	
FIFTY50 GLUCOSE METER 2.0 KIT W/DEVICE	Tier 9	
FIFTY50 SAFETY SEAL LANCETS	Tier 3	
FIFTY50 UNILET LANCETS 33G	Tier 3	
FINGERSTIX LANCETS	Tier 3	
fondcircle blood glucose monit kit w/device	Tier 9	Formulary Exclusion
fondcircle control solution in vitro liquid normal	Tier 9	Formulary Exclusion
fondcircle lancing device	Tier 3	
fondcircle single use lancets	Tier 3	

Drug Name	Drug Tier	Notes
FORA G20 BLOOD GLUCOSE SYSTEM KIT W/DEVICE	Tier 9	
FORA G30A BLOOD GLUCOSE SYSTEM DEVICE	Tier 9	
FORA GD20 BLOOD GLUCOSE SYSTEM DEVICE	Tier 9	
FORA GD50 BLOOD GLUCOSE SYSTEM DEVICE	Tier 9	
FORA GTEL BLOOD GLUCOSE SYSTEM DEVICE	Tier 9	
FORA LANCETS	Tier 3	
FORA PREMIUM V10 BLE SYSTEM DEVICE	Tier 9	
FORA TEST N' GO MONITOR DEVICE	Tier 9	
FORA TN'G VOICE KIT W/DEVICE	Tier 9	
FORA V12 BLOOD GLUCOSE SYSTEM DEVICE	Tier 9	
FORACARE GD40 MONITOR DEVICE	Tier 9	
FORACARE PREMIUM V10 DEVICE	Tier 9	
FORACARE TEST N GO MONITOR DEVICE	Tier 9	
FREESTYLE FREEDOM LITE KIT W/DEVICE	Tier 9	
FREESTYLE LANCETS	Tier 3	
FREESTYLE LIBRE 14 DAY READER DEVICE	Tier 3	ST; QL
FREESTYLE LIBRE 14 DAY SENSOR	Tier 3	ST; QL
FREESTYLE LIBRE 2 PLUS SENSOR	Tier 3	ST; QL
FREESTYLE LIBRE 2 READER DEVICE	Tier 3	ST; QL
FREESTYLE LIBRE 2 SENSOR	Tier 3	ST; QL
FREESTYLE LIBRE 3 PLUS SENSOR	Tier 3	ST; QL
FREESTYLE LIBRE 3 READER DEVICE	Tier 3	ST; QL
FREESTYLE LIBRE 3 SENSOR	Tier 3	ST; QL
FREESTYLE LITE DEVICE	Tier 9	
FREESTYLE LITE KIT W/DEVICE	Tier 9	
FREESTYLE PRECISION NEO SYSTEM KIT W/DEVICE	Tier 9	
FREESTYLE UNISTICK II LANCETS	Tier 3	
ge100 blood glucose system device	Tier 9	
ge100 blood glucose system kit w/device	Tier 9	
GENTEEL BUTTERFLY TOUCH LANCET	Tier 3	

Drug Name	Drug Tier	Notes
ght blood glucose monitor kit w/device	Tier 9	
global inject ease lancets 28g	Tier 3	
global inject ease lancets 30g	Tier 3	
GLUCO PERFECT 3 METER DEVICE	Tier 9	
GLUCOCARD 01 BLOOD GLUCOSE DEVICE	Tier 9	
GLUCOCARD 01 BLOOD GLUCOSE KIT W/DEVICE	Tier 9	
GLUCOCARD 01-MINI GLUCOSE KIT W/DEVICE	Tier 9	
GLUCOCARD EXPRESSION MONITOR KIT W/DEVICE	Tier 9	
GLUCOCARD SHINE CONNEX KIT W/DEVICE	Tier 9	
GLUCOCARD SHINE DEVICE	Tier 9	
GLUCOCARD SHINE EXPRESS KIT W/DEVICE	Tier 9	
GLUCOCARD SHINE KIT W/DEVICE	Tier 9	
GLUCOCARD SHINE XL DEVICE	Tier 9	
GLUCOCARD VITAL MONITOR KIT W/DEVICE	Tier 9	
GLUCOCARD X-METER KIT W/DEVICE	Tier 9	
GLUCOCOM AUTOLINK TELEMONITOR	Tier 9	
GLUCOCOM BLOOD GLUCOSE MONITOR DEVICE	Tier 9	
GLUCOCOM LANCETS 28G	Tier 3	
GLUCOCOM LANCETS 30G	Tier 3	
GLUCOCOM LANCETS 33G	Tier 3	
GLUCOCOM MONITOR KIT W/DEVICE	Tier 9	
GLUCONAVII BLOOD GLUCOSE SYS KIT W/DEVICE	Tier 9	
GNP EASY TOUCH GLUCOSE METER DEVICE	Tier 9	
gnp sterile lancets 28g	Tier 3	
gnp sterile lancets 30g	Tier 3	
gnp sterile lancets 33g	Tier 3	
GNP TRUE METRIX AIR METER KIT W/DEVICE	Tier 9	
GNP TRUE METRIX GLUCOSE METER KIT W/DEVICE	Tier 9	
GOJJI STERILE LANCETS	Tier 3	

Drug Name	Drug Tier	Notes
GUARDIAN 4 GLUCOSE SENSOR	Tier 4	PA; QL
GUARDIAN 4 TRANSMITTER	Tier 4	PA; QL
GUARDIAN LINK 3 TRANSMITTER	Tier 4	PA; QL
GUARDIAN REAL-TIME CHARGER	Tier 9	Formulary Exclusion
GUARDIAN REAL-TIME TEST PLUG	Tier 9	Formulary Exclusion
GUARDIAN SENSOR (3)	Tier 4	PA; QL
guardian sensor 3	Tier 4	PA; QL
HAEMOLANCE PLUS	Tier 3	
HAEMOLANCE PLUS HIGH FLOW	Tier 3	
HAEMOLANCE PLUS LOW FLOW	Tier 3	
HAEMOLANCE PLUS MAX FLOW	Tier 3	
HAEMOLANCE PLUS PEDIATRIC FLOW	Tier 3	
HEALTHPRO BLOOD GLUCOSE MONITO KIT W/DEVICE	Tier 9	
h-e-b incontrol adv lancing	Tier 3	
h-e-b incontrol lancets 28g	Tier 3	
h-e-b incontrol lancets 30g	Tier 3	
h-e-b incontrol lancets 33g	Tier 3	
HM EMBRACE TALK SYSTEM KIT W/DEVICE	Tier 9	
HW EMBRACE PRO GLUCOSE METER DEVICE	Tier 9	
HW EMBRACE TALK BLOOD GLUCOSE DEVICE	Tier 9	
HYPOLANCE AST LANCING KIT	Tier 3	
HY-VEE LANCETS	Tier 3	
hy-vee thin lancets	Tier 3	
IGLUCOSE MONITORING SYSTEM KIT W/DEVICE	Tier 9	
IHEALTH GLUCO+ KIT 10 KIT	Tier 9	
IHEALTH GLUCO+ KIT 100 KIT	Tier 9	
IN TOUCH DEVICE	Tier 9	
IN TOUCH STERILE LANCETS 30G	Tier 3	
INFINITY BLOOD GLUCOSE SYSTEM KIT W/DEVICE	Tier 9	
INFINITY VOICE KIT W/DEVICE	Tier 9	
INSUL-TOTE BACK-OPENING SUPPLIES	Tier 9	
INSUL-TOTE JR	Tier 9	
INSUL-TOTE PEN-TOTE SUPPLIES	Tier 9	
kinney lancets	Tier 3	

Drug Name	Drug Tier	Notes
kinney thin lancets	Tier 3	
KROGER AUTOLET LANCING DEVICE	Tier 3	
KROGER HEALTHPRO LANCET 26G	Tier 3	
kroger lancets	Tier 3	
kroger lancets super thin	Tier 3	
kroger lancets thin	Tier 3	
KT TAPE CGM PATCH	Tier 9	Formulary Exclusion
lancet device with ejector	Tier 3	
lancets	Tier 3	
lancets 28g thin	Tier 3	
lancets 30g	Tier 3	
lancets 33g	Tier 3	
lancets micro thin 33g	Tier 3	
LANCETS SUPER THIN	Tier 3	
lancets super thin 28g	Tier 3	
LANCETS ULTRA THIN	Tier 3	
lancets ultra thin 30g	Tier 3	
lancing device	Tier 3	
LANZO	Tier 3	
leader advanced lancing device	Tier 3	
LIBERTY MEDICAL LANCETS	Tier 3	
lite touch lancets	Tier 3	
LITETOUCH LANCETS	Tier 3	
live better lancet super thin	Tier 3	
medichoice safety lancet	Tier 3	
medichoice safety lancet extra	Tier 3	
medichoice safety lancet norm	Tier 3	
MEDLANCE PLUS EXTRA 21G	Tier 3	
MEDLANCE PLUS LITE 25G	Tier 3	
MEDLANCE PLUS SPECIAL 0.8MM	Tier 3	
MEDLANCE PLUS SUPERLITE 30G	Tier 3	
MEDLANCE PLUS UNIVERSAL 21G	Tier 3	
MEIJER LANCETS	Tier 3	
MEIJER LANCETS UNIVERSAL 21G	Tier 3	
MEIJER LANCETS UNIVERSAL 30G	Tier 3	
MEIJER LANCETS UNIVERSAL 33G	Tier 3	
MEIJER TRUE2GO BLOOD GLUCOSE KIT W/DEVICE	Tier 9	

Drug Name	Drug Tier	Notes
MEIJER TRUERESULT GLUCOSE SYS KIT W/DEVICE	Tier 9	
MEIJER TRUETRACK GLUCOSE SYS KIT W/DEVICE	Tier 9	
MICRODOT BLOOD GLUCOSE SYSTEM KIT W/DEVICE	Tier 9	
MICROLET LANCETS	Tier 3	
MICROLET NEXT LANCING DEVICE	Tier 3	
mini lancing device	Tier 3	
MINIMED INSTINCT GLUC SENSOR	Tier 9	PA; Formulary Exclusion
MM BLOOD GLUCOSE SYSTEM KIT W/DEVICE	Tier 9	
MM BLULINK GLUCOSE MONIT SYS DEVICE	Tier 9	
MM EASY TOUCH GLUCOSE METER KIT W/DEVICE	Tier 9	
MM TWIST LANCETS	Tier 3	
MOBI CONNECT GLUCOSE MONITOR DEVICE	Tier 9	
MOBI CONNECT GLUCOSE MONITOR KIT W/DEVICE	Tier 9	
MOBI CONNECT LANCING DEVICE	Tier 9	
MOBI CONNECT TWIST LANCETS	Tier 4	
mobile lancets 30g	Tier 4	
MONOLET LANCETS	Tier 3	
MONOLET OPD LANCETS	Tier 3	
MONOLETTOR SAFETY LANCETS	Tier 3	
multi-lancet device	Tier 3	
MULTI-LANCET DEVICE 2 KIT	Tier 3	
MYGLUCOHEALTH BLOOD GLUCOSE KIT W/DEVICE	Tier 9	
MYGLUCOHEALTH LANCETS 30G	Tier 3	
NOVA MAX BLOOD GLUCOSE SYSTEM DEVICE	Tier 9	
NOVA MAX BLOOD GLUCOSE SYSTEM KIT W/DEVICE	Tier 9	
NOVA SAFETY LANCETS 23G	Tier 3	
NOVA SAFETY LANCETS 28G	Tier 3	
NOVA SUREFLEX LANCETS	Tier 3	
NOVA SUREFLEX LANCING DEVICE	Tier 3	
one drop blood glucose monitor kit w/device	Tier 9	

Drug Name	Drug Tier	Notes
ONETOUCH DELICA PLUS LANCET30G	Tier 3	
ONETOUCH DELICA PLUS LANCET33G	Tier 3	
ONETOUCH DELICA PLUS LANCING	Tier 3	
ONETOUCH DELICA SAFETY LANCING	Tier 3	
ONETOUCH ULTRA 2 KIT W/DEVICE	Tier 9	
ONETOUCH ULTRA CONTROL IN VITRO LIQUID	Tier 4	
ONETOUCH ULTRASOFT 2 LANCETS	Tier 3	
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE	Tier 9	
ONETOUCH VERIO IN VITRO LIQUID	Tier 4	
ONETOUCH VERIO REFLECT KIT W/DEVICE	Tier 9	
oval tape	Tier 4	
PERFECT LANCETS 28G	Tier 3	
PERFECT LANCETS 30G	Tier 3	
PERFECT POINT SAFETY LANCETS	Tier 3	
PHARMACIST CHOICE AUTOCODE SYS KIT W/DEVICE	Tier 9	
PHARMACIST CHOICE LANCETS	Tier 3	
PHARMACIST CHOICE MINI SYSTEM DEVICE	Tier 9	
pip lancets 28g	Tier 3	
pip lancets 30g	Tier 3	
POCKETCHEM EZ SYSTEM KIT W/DEVICE	Tier 9	
POGO AUTOMATIC BLOOD GLUCOSE DEVICE	Tier 9	
pro comfort lancets 30g	Tier 3	
pro comfort lancets 31g	Tier 3	
pro comfort safety lancets 30g	Tier 3	
pro voice v9 glucose system device	Tier 9	
PRODIGY AUTOCODE BLOOD GLUCOSE DEVICE	Tier 9	
PRODIGY AUTOCODE BLOOD GLUCOSE KIT W/DEVICE	Tier 9	
PRODIGY LANCETS 28G	Tier 3	
PRODIGY LANCING DEVICE	Tier 3	
PRODIGY NO CODING BLOOD GLUC KIT W/DEVICE	Tier 9	

Drug Name	Drug Tier	Notes
PRODIGY POCKET BLOOD GLUCOSE KIT W/DEVICE	Tier 9	
PRODIGY SAFETY LANCETS 26G	Tier 3	
PRODIGY TWIST TOP LANCETS 28G	Tier 3	
PRODIGY VOICE BLOOD GLUCOSE KIT W/DEVICE	Tier 9	
pure comfort lancets 30g	Tier 3	
pure comfort safety lancet 30g	Tier 3	
px advanced lancing device	Tier 3	
px lancets microthin 33g	Tier 3	
px lancets ultra thin 28g	Tier 3	
qc advanced lancing device	Tier 3	
qc lancets super thin 30g	Tier 3	
qc lancets ultra thin	Tier 3	
qc unilet lancets 28g	Tier 3	
qc unilet lancets micro thin	Tier 3	
QUICK TOUCH BLOOD GLUCOSE KIT W/DEVICE	Tier 9	
QUICKTEK/METER KIT	Tier 9	
READYLANCE SAFETY LANCETS	Tier 3	
reality lancets	Tier 3	
reality trigger lancets	Tier 3	
REFUAH PLUS MONITORING SYSTEM KIT W/DEVICE	Tier 9	
RELION ALL-IN-ONE DEVICE	Tier 9	Formulary Exclusion
RELION CONFIRM GLUCOSE MONITOR KIT W/DEVICE	Tier 9	
RELION LANCETS	Tier 3	
RELION LANCETS MICRO-THIN 33G	Tier 3	
RELION LANCETS THIN 26G	Tier 3	
RELION LANCETS ULTRA-THIN 30G	Tier 3	
RELION MICRO KIT W/DEVICE	Tier 9	
RELION PREMIER BLU MONITOR DEVICE	Tier 9	
RELION PREMIER CLASSIC DEVICE	Tier 9	
RELION PREMIER COMPACT SYSTEM KIT W/DEVICE	Tier 9	
RELION PREMIER VOICE MONITOR DEVICE	Tier 9	
RELION PRIME MONITOR DEVICE	Tier 9	

Drug Name	Drug Tier	Notes
RELION TRUE MET AIR GLUC METER KIT W/DEVICE	Tier 9	
RELION ULTIMA GLUCOSE SYSTEM KIT W/DEVICE	Tier 9	
RELION ULTRA THIN LANCETS 30G	Tier 3	
RIGHTEST ALTERNATE SITE ADAPT	Tier 3	
RIGHTEST GD500 LANCING DEVICE	Tier 3	
RIGHTEST GL300 LANCETS	Tier 3	
RIGHTEST GM100 BLOOD GLUCOSE KIT W/DEVICE	Tier 9	
RIGHTEST GM300 BLOOD GLUCOSE KIT W/DEVICE	Tier 9	
RIGHTEST GM550 BLOOD GLUCOSE KIT W/DEVICE	Tier 9	
RIGHTEST GT333 BLOOD GLUCOSE DEVICE	Tier 9	
safety lancet 30g/pressure act	Tier 3	
SAFETY LANCETS	Tier 3	
SAFETY LANCETS 21G	Tier 3	
SAFETY LANCETS 23G	Tier 3	
safety lancets 28g	Tier 3	
saps health plus lancets	Tier 3	
saps health twist top lancets	Tier 3	
saps twist top lancets	Tier 3	
sapscare twist top lancets	Tier 3	
sb lancets thin	Tier 3	
sb lancets ultra thin	Tier 3	
SIMPLERA SENSOR	Tier 4	PA
SIMPLERA SYNC SENSOR	Tier 4	PA
SIMPLERA SYSTEM	Tier 4	PA
SINGLE-LET	Tier 3	
SMART DIABETES VANTAGE LANCING	Tier 3	
SMARTEST EJECT DEVICE	Tier 9	
SMARTEST EJECT STARTER KIT W/DEVICE	Tier 9	
SMARTEST LANCETS 28G	Tier 3	
SMARTEST PERSONA STARTER KIT W/DEVICE	Tier 9	
SMARTEST PRONTO STARTER KIT W/DEVICE	Tier 9	

Drug Name	Drug Tier	Notes
SMARTEST PROTEGE DEVICE	Tier 9	
SMARTEST PROTEGE STARTER KIT W/DEVICE	Tier 9	
SOLUS V2 BLOOD GLUCOSE SYSTEM DEVICE	Tier 9	
SOLUS V2 BLOOD GLUCOSE SYSTEM KIT W/DEVICE	Tier 9	
SOLUS V2 LANCETS 28G	Tier 3	
SOLUS V2 LANCING DEVICE	Tier 3	
SOLUS V2 TWIST LANCETS 30G	Tier 3	
STERILANCE TL	Tier 3	
super thin lancets	Tier 3	
sure comfort lancets 18g	Tier 3	
sure comfort lancets 21g	Tier 3	
sure comfort lancets 23g	Tier 3	
sure comfort lancets 28g	Tier 3	
sure comfort lancets 30g	Tier 3	
SURELITE LANCETS	Tier 3	
TECHLITE AST LANCETS	Tier 3	
TECHLITE LANCETS	Tier 3	
TECHLITE LANCETS 26G	Tier 3	
TEMPO SMART BUTTON	Tier 9	
todays health lancing device	Tier 3	
todays health thin lancets 28g	Tier 3	
todays health thin lancets 30g	Tier 3	
TRACER II 3 VOLT BATTERY	Tier 9	
TRAVEL LANCETS ADVANCED 28G	Tier 3	
true comfort safety lancets	Tier 3	
true comfort safety lancets	Tier 4	
true comfort twist top lancets	Tier 3	
TRUE FOCUS BLOOD GLUCOSE METER DEVICE	Tier 9	
TRUE METRIX AIR GLUCOSE METER DEVICE	Tier 9	
TRUE METRIX AIR GLUCOSE METER KIT W/DEVICE	Tier 9	
TRUE METRIX GO GLUCOSE METER KIT W/DEVICE	Tier 9	
TRUE METRIX METER KIT W/DEVICE	Tier 9	
TRUEDRAW LANCING DEVICE	Tier 3	

Drug Name	Drug Tier	Notes
TRUENESS BLOOD GLUCOSE MONITOR DEVICE	Tier 9	Formulary Exclusion
TRUEPLUS LANCETS 26G	Tier 3	
TRUEPLUS LANCETS 28G	Tier 3	
TRUEPLUS LANCETS 30G	Tier 3	
TRUEPLUS LANCETS 33G	Tier 3	
TRUEPLUS SAFETY LANCETS 28G	Tier 3	
TRUERESULT BLOOD GLUCOSE KIT W/DEVICE	Tier 9	
TRUETRACK BLOOD GLUCOSE DEVICE	Tier 9	
TRUETRACK BLOOD GLUCOSE KIT W/DEVICE	Tier 9	
TRUETRACK SMART SYSTEM KIT	Tier 9	
twist top lancets 30g	Tier 3	
ULTILET CLASSIC LANCETS	Tier 3	
ULTILET LANCETS	Tier 3	
ULTILET SAFETY LANCETS	Tier 3	
ULTILET SAFETY LANCETS 23G	Tier 3	
ultra thin lancets 31g	Tier 3	
ultra-care lancets 30g	Tier 3	
ultra-care safety lancets 30g	Tier 4	
ULTRA-THIN II AUTO LANCET	Tier 3	
UNILET COMFORTOUCH LANCET	Tier 3	
UNILET EXCELITE	Tier 3	
UNILET EXCELITE II	Tier 3	
UNILET G.P. LANCET	Tier 3	
UNILET G.P. SUPERLITE LANCET	Tier 3	
UNILET GP 28 ULTRA THIN	Tier 3	
UNILET LANCET	Tier 3	
UNILET MICRO-THIN 33G	Tier 3	
UNILET SUPERLITE LANCET	Tier 3	
UNILET SUPER-THIN 30G	Tier 3	
UNILET ULTRA-THIN 28G	Tier 3	
UNISTIK 1	Tier 3	
UNISTIK 2	Tier 3	
UNISTIK 2 COMFORT	Tier 3	
UNISTIK 2 EXTRA	Tier 3	
UNISTIK 2 NEONATAL	Tier 3	
UNISTIK 2 NORMAL	Tier 3	

Drug Name	Drug Tier	Notes
UNISTIK 2 SUPER	Tier 3	
UNISTIK 3	Tier 3	
UNISTIK 3 COMFORT	Tier 3	
UNISTIK 3 EXTRA	Tier 3	
UNISTIK 3 GENTLE	Tier 3	
UNISTIK 3 NEONATAL	Tier 3	
UNISTIK 3 NORMAL	Tier 3	
UNISTIK CZT COMFORT	Tier 3	
UNISTIK CZT NORMAL	Tier 3	
UNISTIK NORMAL	Tier 3	
UNISTIK PRO SAFETY LANCET	Tier 3	
UNISTIK SAFETY LANCETS 28G	Tier 3	
UNISTIK SAFETY LANCETS 30G	Tier 3	
UNISTIK TOUCH SAFETY LANC 21G	Tier 3	
UNISTIK TOUCH SAFETY LANC 23G	Tier 3	
UNISTIK TOUCH SAFETY LANC 28G	Tier 3	
UNISTIK TOUCH SAFETY LANC 30G	Tier 3	
verasens blood glucose meter device	Tier 9	
verasens blood glucose system kit w/device	Tier 9	
VERIFINE SAFE LANCET MINI 21G	Tier 3	
VERIFINE SAFE LANCET MINI 23G	Tier 3	
VERIFINE SAFE LANCET MINI 28G	Tier 3	
VERIFINE SAFE LANCET MINI 30G	Tier 3	
VERIFINE UNIVERSAL LANCETS 28G	Tier 3	
VERIFINE UNIVERSAL LANCETS 30G	Tier 3	
VERIFINE UNIVERSAL LANCETS 33G	Tier 3	
VIVAGUARD INO GLUCOSE METER DEVICE	Tier 9	
VIVAGUARD INO GLUCOSE METER KIT	Tier 9	
VIVAGUARD INO SMART GLUC METER DEVICE	Tier 9	
VIVAGUARD LANCETS	Tier 3	
VIVAGUARD LANCETS 30G	Tier 3	
VIVAGUARD SAFETY LANCETS 28G	Tier 3	
zevrx twist top lancets 30g	Tier 3	
Incontinence Supplies**		
URESTA STARTER KIT	Tier 9	Non FDA Exclusion
yoni fit bladder support kit 1 vaginal device	Tier 9	Non FDA Exclusion
yoni fit bladder support kit 2 vaginal device	Tier 9	Non FDA Exclusion

Drug Name	Drug Tier	Notes
yoni fit bladder support kit 3 vaginal device	Tier 9	Non FDA Exclusion
yoni fit bladder support kit 4 vaginal device	Tier 9	Non FDA Exclusion
yoni fit bladder support kit 5 vaginal device	Tier 9	Non FDA Exclusion
Insulin Administration Supplies**		
ACCU-CHEK LINKASSIST	Tier 9	Formulary Exclusion
BIGFOOT UNITY PEN CAP/ADMELOG	Tier 9	Formulary Exclusion
BIGFOOT UNITY PEN CAP/APIDRA	Tier 9	Formulary Exclusion
BIGFOOT UNITY PEN CAP/ASPART	Tier 9	Formulary Exclusion
BIGFOOT UNITY PEN CAP/BASAGLAR	Tier 9	Formulary Exclusion
BIGFOOT UNITY PEN CAP/FIASP	Tier 9	Formulary Exclusion
BIGFOOT UNITY PEN CAP/HUMALOG	Tier 9	Formulary Exclusion
BIGFOOT UNITY PEN CAP/LANTUS	Tier 9	Formulary Exclusion
BIGFOOT UNITY PEN CAP/LISPRO	Tier 9	Formulary Exclusion
BIGFOOT UNITY PEN CAP/LYUMJEV	Tier 9	Formulary Exclusion
BIGFOOT UNITY PEN CAP/NOVOLOG	Tier 9	Formulary Exclusion
BIGFOOT UNITY PEN CAP/TOUJEO	Tier 9	Formulary Exclusion
BIGFOOT UNITY PEN CAP/TOUJEO M	Tier 9	Formulary Exclusion
BIGFOOT UNITY PEN CAP/TRESIBA	Tier 9	Formulary Exclusion
extended infusion set 23"/6mm	Tier 4	
extended infusion set 23"/6mm	Tier 9	Formulary Exclusion
extended infusion set 23"/9mm	Tier 4	
extended infusion set 23"/9mm	Tier 9	Formulary Exclusion
extended infusion set 32"/6mm	Tier 4	
extended infusion set 32"/6mm	Tier 9	Formulary Exclusion
extended infusion set 32"/9mm	Tier 4	
extended infusion set 43"/6mm	Tier 9	Formulary Exclusion
extended infusion set 43"/9mm	Tier 9	Formulary Exclusion
EXTENDED RESERVOIR 3ML	Tier 9	Formulary Exclusion
ILET CONTACT DETACH 23" 6MM	Tier 2	
ILET INFUSION-FLEX 23" 6MM	Tier 2	
ILET INFUSION-INSET 23" 6MM	Tier 2	
ILET INFUSION-INSET 32" 6MM	Tier 2	
ilet insulin pump device	Tier 10	PA
ILET STARTER - CONTACT DETACH	Tier 2	
ILET STARTER KIT - INSET 23"	Tier 2	
ILET STARTER KIT - INSET 32"	Tier 2	
MINIMED 780G INSULIN PUMP KIT	Tier 10	PA
minimed app manager device	Tier 9	Formulary Exclusion

Drug Name	Drug Tier	Notes
MINIMED EXTENDED SUPPLY KIT	Tier 9	Formulary Exclusion
MINIMED FLEX STARTER KIT KIT	Tier 9	PA; Formulary Exclusion
MINIMED MIO ADVANCE INFUSE SET	Tier 9	Formulary Exclusion
MINIMED PUMP RESERVOIR 3ML	Tier 9	Formulary Exclusion
MINIMED QUICK SET INF SET 18"	Tier 9	Formulary Exclusion
MINIMED QUICK SET INF SET 23"	Tier 9	Formulary Exclusion
MINIMED QUICK SET INF SET 32"	Tier 9	Formulary Exclusion
MINIMED QUICK SET INF SET 43"	Tier 9	Formulary Exclusion
MINIMED RESERVOIR 3ML	Tier 9	Formulary Exclusion
MINT REFILL KIT	Tier 9	New to Market Exclusion
MINT STARTER KIT KIT	Tier 9	New to Market Exclusion
MODD1 PATIENT WELCOME KIT KIT	Tier 9	PA; Formulary Exclusion
MODD1 SUPPLY KIT KIT	Tier 9	PA; Formulary Exclusion
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT	Tier 3	
OMNIPOD 5 DEXG7G6 PODS GEN 5	Tier 3	
OMNIPOD 5 LIBRE INTRO KIT	Tier 3	
OMNIPOD 5 LIBRE PODS	Tier 3	
OMNIPOD DASH INTRO (GEN 4) KIT	Tier 3	
OMNIPOD DASH PODS (GEN 4)	Tier 3	
OMNIPOD POD PALS	Tier 3	
pivot insulin pump starter kit kit	Tier 9	PA; Formulary Exclusion; QL
pivot supply kit kit	Tier 9	PA; Formulary Exclusion; QL
SILHOUETTE 23" INFUSION SET	Tier 9	Formulary Exclusion
SILHOUETTE 43" INFUSION SET	Tier 9	Formulary Exclusion
SILHOUETTE INFUSION SET 18"	Tier 9	Formulary Exclusion
SURE T INFUSION SET 18"/6MM	Tier 4	
SURE T INFUSION SET 23"/10MM	Tier 9	Formulary Exclusion
SURE T INFUSION SET 23"/6MM	Tier 9	Formulary Exclusion
SURE T INFUSION SET 23"/8MM	Tier 9	Formulary Exclusion
SURE T INFUSION SET 32"/10MM	Tier 9	Formulary Exclusion
SURE T INFUSION SET 32"/6MM	Tier 9	Formulary Exclusion
SURE T INFUSION SET 32"/8MM	Tier 9	Formulary Exclusion
T:SLIM X2 INSULIN PUMP DEVICE	Tier 9	PA; Formulary Exclusion
T:SLIM X2 STARTER 7.10 KIT	Tier 9	PA; Formulary Exclusion
TANDEM MOBI AUTOSOFT30 10PK23"	Tier 2	
TANDEM MOBI AUTOSOFT30 14PK23"	Tier 2	
TANDEM MOBI AUTOSOFTXC 10PK23"	Tier 2	
TANDEM MOBI AUTOSOFTXC 10PK5"	Tier 2	

Drug Name	Drug Tier	Notes
TANDEM MOBI AUTOSOFTXC 14PK23"	Tier 2	
TANDEM MOBI AUTOSOFTXC 14PK5"	Tier 2	
TANDEM MOBI SYSTEM STARTER KIT	Tier 10	PA
TANDEM MOBI TRUSTEEL 10PK23"	Tier 2	
TANDEM T:SLIM ASFT 30 PK10 23"	Tier 2	
TANDEM T:SLIM ASFT 30 PK14 23"	Tier 2	
TANDEM T:SLIM ASFT XC PK10 23"	Tier 2	
TANDEM T:SLIM ASFT XC PK14 23"	Tier 2	
TANDEM T:SLIM TRUSTL PK10 23"	Tier 2	
TWIIST REFILL KIT KIT	Tier 3	QL
TWIIST REFILL KIT/INFUSION SET KIT	Tier 3	QL
TWIIST STARTER KIT KIT	Tier 3	QL
VERIFINE INJECTION KIT	Tier 9	
V-GO 20 KIT 20 UNIT/24HR	Tier 3	
V-GO 30 KIT 30 UNIT/24HR	Tier 3	
V-GO 40 KIT 40 UNIT/24HR	Tier 3	
Iv Sets/Tubing**		
IVENIX LVP DUAL INLET/Y-SITE	Tier 9	Formulary Exclusion
IVENIX LVP PRIM 1-INLET MICROB	Tier 9	Formulary Exclusion
IVENIX LVP PRIMARY 1-SET INLET	Tier 9	Formulary Exclusion
IVENIX LVP PRIMARY ADMIN SET	Tier 9	Formulary Exclusion
SOL-CARE SAFETY WINGED SET	Tier 9	Formulary Exclusion
Masks**		
SAFE-SENSE EARLOOP FACE MASK	Tier 9	Non FDA Exclusion
Misc. Devices**		
CHEMO MOUTHPIECE-SMALL	Tier 9	Non FDA Exclusion
CLEVER CHOICE PULSE OXIMETER	Tier 9	Non FDA Exclusion
dispenser md pump 0.25ml	Tier 9	Non FDA Exclusion
dispenser md pump bottle 150ml	Tier 9	Non FDA Exclusion
face shield full length	Tier 9	Non FDA Exclusion
face shield full length/clear	Tier 9	Non FDA Exclusion
MAD NASAL ATOMIZATION DEVICE	Tier 9	Non FDA Exclusion
mbb procedural delivery system kit	Tier 9	Formulary Exclusion
PATI	Tier 9	Non FDA Exclusion
PHOTHERA 100 XL	Tier 9	Non FDA Exclusion
PHOTHERA 200	Tier 9	Non FDA Exclusion
PHOTHERA 600-3D	Tier 9	Non FDA Exclusion
powder insufflator-#4 capsules	Tier 9	Non FDA Exclusion

Drug Name	Drug Tier	Notes
provate 61mm	Tier 9	Non FDA Exclusion
provate 67mm	Tier 9	Non FDA Exclusion
provate 73mm	Tier 9	Non FDA Exclusion
provate 79mm	Tier 9	Non FDA Exclusion
provate 85mm	Tier 9	Non FDA Exclusion
provate 91mm	Tier 9	Non FDA Exclusion
suppository shells small 1.3ml	Tier 9	Non FDA Exclusion
vaginal suppository applicator	Tier 9	Non FDA Exclusion
Nebulizers**		
AEROECLIPSE II W/ELBOW ADAPTER	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
AEROECLIPSE II W/UNIV TUBING	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
AEROECLIPSE XL NEBULIZER	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
COMP A-I-R NEBULIZER	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
INNOSPIRE ELEGANCE NEBULIZER	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
MC 300 W/UNIVERSAL TUBING	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
MC 300-MOUTHPIECE	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
neb 200 compressor nebulizer	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
PARI BABY NEBULIZER SET	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
PULMONEB LT	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
RESP-O2 COMPACT COMPRESS NEBUL	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
RESP-O2 PEDI COMPRESS NEB-BEAR	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
Needles & Syringes**		
1st tier unifine pentips 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 32g x 6 mm , 33g x 4 mm	Tier 9	
1st tier unifine pentips plus 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 33g x 4 mm	Tier 9	
ADVOCATE INSULIN PEN NEEDLE 32G X 4 MM	Tier 9	

Drug Name	Drug Tier	Notes
ADVOCATE INSULIN PEN NEEDLES 29G X 12.7MM , 31G X 5 MM , 31G X 8 MM , 33G X 4 MM	Tier 9	
ADVOCATE INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 9	
aq insulin syringe 29g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	Tier 9	
aqinject pen needle 31g x 5 mm , 32g x 4 mm	Tier 9	
ASSURE ID DUO PRO PEN NEEDLES 31G X 5 MM	Tier 9	
ASSURE ID PRO PEN NEEDLES 30G X 5 MM	Tier 9	
ASSURE ID SAFETY PEN NEEDLES 30G X 8 MM	Tier 9	
aum insulin safety pen needle 31g x 4 mm , 31g x 5 mm	Tier 9	
aum mini insulin pen needle 32g x 4 mm , 32g x 5 mm , 32g x 6 mm , 32g x 8 mm , 33g x 4 mm , 33g x 5 mm , 33g x 6 mm	Tier 9	
aum pen needle 32g x 4 mm , 32g x 5 mm , 32g x 6 mm , 33g x 4 mm , 33g x 5 mm , 33g x 6 mm	Tier 9	
AUM READYGARD DUO PEN NEEDLE 32G X 4 MM	Tier 9	
AUM SAFETY PEN NEEDLE 31G X 4 MM , 31G X 5 MM	Tier 9	
aurora pen needles 29g x 12mm , 31g x 6 mm , 31g x 8 mm	Tier 9	
AUTOKEEPER SAFETY PEN NEEDLE 30G X 5 MM , 30G X 8 MM	Tier 9	
autopen device	Tier 9	QL
BD ALLERGIST TRAY KIT 27G X 1/2" 1 ML	Tier 3	
BD ALLERGY SYRINGE 27G X 3/8" 1 ML, 28G X 1/2" 1 ML	Tier 3	
BD AUTOSHIELD DUO 30G X 5 MM	Tier 3	
BD BLUNT FILL NEEDLE 18G X 1"	Tier 3	
BD DISP NEEDLE 25G X 1" , 30G X 1"	Tier 3	
BD DISP NEEDLES 18G X 1-1/2" , 22G X 1-1/2" , 25G X 5/8"	Tier 3	
BD ECLIPSE LUER-LOK NEEDLE 30G X 1/2"	Tier 3	

Drug Name	Drug Tier	Notes
BD ECLIPSE NEEDLE 18G X 1-1/2" , 23G X 1" , 25G X 1-1/2" , 25G X 5/8"	Tier 3	
BD ECLIPSE SHIELDED NEEDLE 18G X 1-1/2"	Tier 3	
BD ECLIPSE SYRINGE 27G X 1/2" 1 ML, 30G X 1/2" 1 ML	Tier 3	
BD ECLIPSE SYRINGE/NEEDLE 22G X 1" 3 ML, 23G X 1-1/2" 3 ML, 25G X 5/8" 3 ML	Tier 3	
BD FILTER NEEDLE 18G X 1-1/2"	Tier 3	
BD HYPODERMIC NEEDLE 22G X 1" , 23G X 1"	Tier 3	
BD INS SYR ULTRAFINE 1/2UNIT 31G X 5/16" 0.3 ML	Tier 3	
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.3 ML	Tier 3	
BD INSULIN SYRINGE 27.5G X 5/8" 2 ML, 27G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, U-100 1 ML	Tier 3	
BD INSULIN SYRINGE HALF-UNIT 31G X 5/16" 0.3 ML	Tier 3	
BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	Tier 3	
BD INSULIN SYRINGE U/F 30G X 1/2" 1 ML	Tier 3	
BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML	Tier 3	
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.5 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 3	
BD INTEGRA SYRINGE 21G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 5/8" 3 ML	Tier 3	
BD LUER-LOK SYRINGE 10 ML , 23G X 1" 3 ML, 23G X 1-1/2" 3 ML, 25G X 5/8" 3 ML	Tier 3	
BD PEN	Tier 3	QL
BD PEN MINI	Tier 3	QL
BD PEN NEEDLE MICRO ULTRAFINE 32G X 6 MM	Tier 3	
BD PEN NEEDLE MINI ULTRAFINE 31G X 5 MM	Tier 3	
BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM	Tier 3	

Drug Name	Drug Tier	Notes
BD PEN NEEDLE NANO ULTRAFINE 32G X 4 MM	Tier 3	
BD PEN NEEDLE ORIG ULTRAFINE 29G X 12.7MM	Tier 3	
BD PEN NEEDLE SHORT ULTRAFINE 31G X 8 MM	Tier 3	
BD PLASTIPAK SYRINGE 21G X 1" 3 ML	Tier 3	
BD PRECISIONGLIDE NEEDLE 23G X 1-1/2"	Tier 3	
BD SAFETYGLIDE ALLERGY SYRINGE 27G X 1/2" 1 ML	Tier 3	
BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 30G X 5/16" 0.5 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML	Tier 3	
BD SAFETYGLIDE NEEDLE 21G X 1" , 25G X 1" , 27G X 5/8"	Tier 3	
BD SAFETYGLIDE SHIELDED NEEDLE 22G X 1-1/2"	Tier 3	
BD SAFETYGLIDE SYRINGE/NEEDLE 27G X 3/8" 1 ML	Tier 3	
BD SYRINGE LUER SLIP TIP 5 ML	Tier 3	
BD SYRINGE LUER-LOK 10 ML , 3 ML , 30 ML , 5 ML	Tier 3	
BD SYRINGE SLIP TIP 1 ML , 26G X 5/8" 1 ML, 3 ML	Tier 3	
BD SYRINGE/NEEDLE 25G X 5/8" 1 ML, 25G X 5/8" 3 ML	Tier 3	
BD TB SYRINGE 21G X 1" 1 ML, 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 27G X 3/8" 1 ML	Tier 3	
BD VEO INSULIN SYR U/F 1/2UNIT 31G X 15/64" 0.3 ML	Tier 3	
BD VEO INSULIN SYR ULTRAFINE 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML	Tier 3	
CAREFINE PEN NEEDLES 29G X 12MM , 30G X 8 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM	Tier 9	
careone insulin syringe 30g x 1/2" 0.3 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	Tier 9	

Drug Name	Drug Tier	Notes
careone unifine pentips plus 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 33g x 4 mm	Tier 9	
carepoint poly hub needle 18g x 1"	Tier 4	
carepoint poly hub needle 18g x 1"	Tier 9	
carepoint poly hub needle 18g x 1-1/2"	Tier 9	
carepoint poly hub needle 20g x 1"	Tier 9	
carepoint poly hub needle 21g x 1"	Tier 9	
carepoint poly hub needle 21g x 1-1/2"	Tier 9	
carepoint poly hub needle 22g x 1"	Tier 9	
carepoint poly hub needle 22g x 1-1/2"	Tier 9	
carepoint poly hub needle 23g x 1"	Tier 9	
carepoint poly hub needle 23g x 1-1/2"	Tier 9	
carepoint poly hub needle 25g x 1"	Tier 9	
carepoint poly hub needle 25g x 1-1/2"	Tier 9	
carepoint poly hub needle 25g x 5/8"	Tier 9	
carepoint poly hub needle 27g x 1/2"	Tier 9	
carepoint poly hub needle 30g x 1/2"	Tier 9	
CAREPOINT PRECISION POLY HUB 23G X 1"	Tier 4	
carepoint precision poly hub 25g x 5/8"	Tier 9	
carepoint safety 1st needle 23g x 1" , 23g x 1-1/2" , 25g x 1" , 25g x 1-1/2" , 25g x 5/8"	Tier 9	
CAREPOINT SAFETY1ST SYR/NEEDLE 23G X 1" 1 ML, 23G X 1" 3 ML, 25G X 1" 1 ML, 25G X 1" 3 ML, 25G X 5/8" 3 ML	Tier 9	
carepoint syringe catheter tip 60 ml	Tier 9	
CAREPOINT SYRINGE LUER LOCK 1 ML	Tier 4	
CAREPOINT SYRINGE LUER LOCK 1 ML	Tier 9	
CAREPOINT SYRINGE LUER LOCK 10 ML	Tier 4	
CAREPOINT SYRINGE LUER LOCK 10 ML	Tier 9	
carepoint syringe luer lock 20 ml	Tier 9	
CAREPOINT SYRINGE LUER LOCK 20G X 1" 3 ML	Tier 9	
CAREPOINT SYRINGE LUER LOCK 20G X 1-1/2" 3 ML	Tier 9	
CAREPOINT SYRINGE LUER LOCK 22G X 1" 3 ML	Tier 9	
CAREPOINT SYRINGE LUER LOCK 22G X 1-1/2" 3 ML	Tier 9	

Drug Name	Drug Tier	Notes
CAREPOINT SYRINGE LUER LOCK 23G X 1" 3 ML	Tier 4	
CAREPOINT SYRINGE LUER LOCK 23G X 1" 3 ML	Tier 9	
CAREPOINT SYRINGE LUER LOCK 23G X 1-1/2" 3 ML	Tier 9	
CAREPOINT SYRINGE LUER LOCK 25G X 1" 3 ML	Tier 9	
CAREPOINT SYRINGE LUER LOCK 25G X 1-1/2" 3 ML	Tier 9	
carepoint syringe luer lock 3 ml	Tier 9	
carepoint syringe luer lock 30 ml	Tier 9	
CAREPOINT SYRINGE LUER LOCK 5 ML	Tier 9	
CAREPOINT SYRINGE LUER LOCK 60 ML	Tier 4	
CAREPOINT SYRINGE LUER LOCK 60 ML	Tier 9	
carepoint syringe luer slip 1 ml , 60 ml	Tier 9	
carepoint tubercln syr/luer sl 25g x 5/8" 1 ml	Tier 9	
CARETOUCH HYPODERMIC NEEDLE 27G X 1-1/2"	Tier 9	
CARETOUCH INSULIN SYRINGE 28G X 5/16" 1 ML, 29G X 5/16" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 9	
CARETOUCH LUER LOCK 10 ML	Tier 9	
CARETOUCH LUER SLIP 3 ML	Tier 9	
CARETOUCH PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 33G X 4 MM	Tier 9	
CEQUR SIMPL EXT WEAR INSERTER	Tier 3	QL
CEQUR SIMPLICITY 1U EXTND WEAR DEVICE	Tier 3	QL
CEQUR SIMPLICITY 2U DEVICE	Tier 3	QL
CEQUR SIMPLICITY 2U EXTND WEAR DEVICE	Tier 3	QL
CEQUR SIMPLICITY INSERTER	Tier 3	QL
CLEVER CHOICE COMFORT EZ 29G X 12MM , 33G X 4 MM	Tier 9	
CLEVER CHOICE COMFORT EZ PLUS 32G X 4 MM	Tier 9	

Drug Name	Drug Tier	Notes
COMFORT EZ INSULIN SYRINGE 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 9	
COMFORT EZ MICRO PEN NEEDLES 32G X 4 MM	Tier 9	
COMFORT EZ PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM , 33G X 8 MM	Tier 9	
COMFORT EZ PRO PEN NEEDLES 30G X 8 MM , 31G X 4 MM , 31G X 5 MM	Tier 9	
COMFORT EZ SHORT PEN NEEDLES 31G X 8 MM	Tier 9	
COMFORT TOUCH INSULIN PEN NEED 31G X 4 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM	Tier 9	
DIATHRIVE PEN NEEDLE 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	Tier 9	
DROPLET INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 15/64" 0.3 ML, 30G X 15/64" 0.5 ML, 30G X 15/64" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 9	
DROPLET MICRON 34G X 3.5 MM	Tier 9	
DROPLET PEN NEEDLES 29G X 10MM , 29G X 12MM , 30G X 8 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM	Tier 9	
DROPSAFE AUTOPROTECT DUO 31G X 4 MM , 31G X 5 MM , 31G X 8 MM	Tier 9	
dropsafe safety pen needles 31g x 5 mm , 31g x 6 mm , 31g x 8 mm	Tier 9	

Drug Name	Drug Tier	Notes
DROPSAFE SAFETY SYRINGE/NEEDLE 29G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 9	
DROPSAFE SICURA 25G X 5/8"	Tier 4	
drug mart unifine pentips 29g x 12mm , 31g x 6 mm , 31g x 8 mm	Tier 9	
drug mart unifine pentips plus 32g x 4 mm	Tier 9	
easy comfort insulin syringe 29g x 5/16" 0.5 ml	Tier 9	
easy comfort insulin syringe 29g x 5/16" 1 ml	Tier 9	
easy comfort insulin syringe 30g x 1/2" 0.5 ml	Tier 9	
easy comfort insulin syringe 30g x 1/2" 1 ml	Tier 9	
easy comfort insulin syringe 30g x 5/16" 0.5 ml	Tier 9	
easy comfort insulin syringe 30g x 5/16" 1 ml	Tier 9	
easy comfort insulin syringe 31g x 1/2" 0.3 ml	Tier 9	
easy comfort insulin syringe 31g x 5/16" 0.3 ml	Tier 9	
easy comfort insulin syringe 31g x 5/16" 0.5 ml	Tier 9	
easy comfort insulin syringe 31g x 5/16" 1 ml	Tier 9	
easy comfort insulin syringe 32g x 5/16" 0.5 ml	Tier 9	
EASY COMFORT INSULIN SYRINGE 32G X 5/16" 1 ML	Tier 9	
easy comfort pen needles 29g x 4mm , 29g x 5mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 33g x 4 mm , 33g x 5 mm , 33g x 6 mm	Tier 9	
easy glide pen needles 33g x 4 mm	Tier 9	
EASY TOUCH FLIPLOCK INSULIN SY 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 1 ML, 31G X 5/16" 1 ML	Tier 9	
EASY TOUCH HYPODERMIC NEEDLE 16G X 1"	Tier 9	
EASY TOUCH INSULIN BARRELS U-100 1 ML	Tier 9	
EASY TOUCH INSULIN SAFETY SYR 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML	Tier 9	

Drug Name	Drug Tier	Notes
EASY TOUCH INSULIN SYRINGE 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 9	
EASY TOUCH PEN NEEDLES 29G X 12MM , 30G X 5 MM , 30G X 6 MM , 30G X 8 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM	Tier 9	
EASY TOUCH SAFETY PEN NEEDLES 29G X 5MM , 29G X 8MM , 30G X 8 MM	Tier 9	
EASY TOUCH SHEATHLOCK SYRINGE 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 1 ML, 31G X 5/16" 1 ML	Tier 9	
EASY TOUCH SYRINGE BARREL 1 ML , 10 ML , 3 ML , 5 ML	Tier 9	
EASYPOINT NEEDLE 23G X 1" , 25G X 1" , 25G X 5/8"	Tier 9	
EASYPOINT NEEDLE/SYRINGE 18G X 1" 3 ML, 18G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 1" 3 ML, 25G X 5/8" 3 ML	Tier 9	
EMBECTA AUTOSHIELD DUO 30G X 5 MM	Tier 3	
EMBECTA INS SYR U/F 1/2 UNIT 31G X 15/64" 0.3 ML, 31G X 5/16" 0.3 ML	Tier 3	
EMBECTA INSULIN SYR ULTRAFINE 29G X 1/2" 0.5 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 3	
EMBECTA INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	Tier 3	
EMBECTA INSULIN SYRINGE U-100 27G X 5/8" 1 ML	Tier 3	
EMBECTA INSULIN SYRINGE U-500 31G X 6MM 0.5 ML	Tier 3	
EMBECTA PEN NEEDLE NANO 2 GEN 32G X 4 MM	Tier 3	
EMBECTA PEN NEEDLE NANO 32G X 4 MM	Tier 3	

Drug Name	Drug Tier	Notes
EMBECTA PEN NEEDLE ULTRAFINE 29G X 12.7MM , 31G X 5 MM , 31G X 8 MM , 32G X 6 MM	Tier 3	
EMBRACE PEN NEEDLES 30G X 5 MM , 30G X 8 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	Tier 9	
FIFTY50 PEN NEEDLES 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM	Tier 9	
FIFTY50 SUPERIOR COMFORT SYR 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 9	
global ease inject pen needles 29g x 12mm , 31g x 5 mm , 31g x 8 mm , 32g x 4 mm	Tier 9	
global easy glide insulin syr 31g x 15/64" 0.3 ml, 31g x 15/64" 0.5 ml, 31g x 15/64" 1 ml, 31g x 5/16" 0.3 ml	Tier 9	
global easy glide pen needles 32g x 4 mm	Tier 9	
global inject ease insulin syr 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 1/2" 0.3 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	Tier 9	
global insulin syringes 30g x 1/2" 0.3 ml, 30g x 5/16" 0.3 ml	Tier 9	
GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 9	
gnp insulin syringe 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	Tier 9	
gnp insulin syringes 28gx1/2" 28g x 1/2" 1 ml	Tier 9	
gnp insulin syringes 29gx1/2" 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml	Tier 9	
gnp insulin syringes 30g x 5/16" 1 ml	Tier 9	
gnp insulin syringes 30gx5/16" 30g x 5/16" 0.3 ml	Tier 9	
gnp insulin syringes 31gx5/16" 31g x 5/16" 0.3 ml	Tier 9	
gnp pen needles 31g x 5 mm , 31g x 8 mm , 32g x 4 mm , 32g x 6 mm	Tier 9	
gnp ulticare pen needles 31g x 5 mm , 31g x 8 mm , 32g x 4 mm , 32g x 6 mm	Tier 9	
GNP ULTIGUARD SAFEPACK NEEDLE 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM	Tier 9	

Drug Name	Drug Tier	Notes
gnp ultra com insulin syringe 28g x 1/2" 1 ml	Tier 9	
healthwise insulin syr/needle 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	Tier 9	
healthwise micron pen needles 32g x 4 mm	Tier 9	
healthwise short pen needles 31g x 5 mm , 31g x 8 mm	Tier 9	
h-e-b incontrol pen needles 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm	Tier 9	
H-E-B INCONTROL UNIFINE PENTIP 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 33G X 4 MM	Tier 9	
HM ULTICARE INSULIN SYRINGE 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML	Tier 9	
HM ULTICARE MINI PEN NEEDLES 31G X 5 MM	Tier 9	
HM ULTICARE SHORT PEN NEEDLES 31G X 8 MM	Tier 9	
INCONTROL ULTICARE PEN NEEDLES 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	Tier 9	
INPEN 100-BLUE-LILLY-HUMALOG DEVICE	Tier 9	QL
INPEN 100-BLUE-NOVOLOG-FIASP DEVICE	Tier 9	QL
INPEN 100-GREY-LILLY-HUMALOG DEVICE	Tier 9	QL
INPEN 100-GREY-NOVOLOG-FIASP DEVICE	Tier 9	QL
INPEN 100-PINK-LILLY-HUMALOG DEVICE	Tier 9	QL
INPEN 100-PINK-NOVOLOG-FIASP DEVICE	Tier 9	QL
insulin syringe 28g x 1/2" 0.5 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	Tier 9	
insulin syringe-needle u-100 27g x 1/2" 0.5 ml, 27g x 1/2" 1 ml, 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	Tier 9	
insupen pen needles 29g x 12mm , 31g x 5 mm , 31g x 8 mm , 32g x 4 mm	Tier 9	

Drug Name	Drug Tier	Notes
INSUPEN32G EXTR3ME 32G X 6 MM	Tier 9	
kinray insulin syringe 29g x 1/2" 0.5 ml	Tier 9	
kroger pen needles 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 33g x 4 mm	Tier 9	
LEADER UNIFINE PENTIPS 31G X 5 MM , 32G X 4 MM	Tier 9	
LEADER UNIFINE PENTIPS PLUS 31G X 5 MM , 31G X 8 MM , 32G X 4 MM	Tier 9	
LITETOUCH INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 9	
LITETOUCH PEN NEEDLES 29G X 12.7MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	Tier 9	
MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML	Tier 9	
MAGELLAN SYRINGE-SAFETY NEEDLE 23G X 1" 1 ML	Tier 9	
MAGELLAN TUBERCULIN SYRINGE 27G X 1/2" 1 ML, 28G X 1/2" 1 ML	Tier 9	
MARATHON MEDICAL PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM	Tier 9	
MAXICOMFORT II PEN NEEDLE 31G X 6 MM	Tier 9	
MAXI-COMFORT INSULIN SYRINGE 28G X 1/2" 0.5 ML	Tier 9	
MAXI-COMFORT SAFETY PEN NEEDLE 29G X 5MM , 29G X 8MM	Tier 9	
MAXICOMFORT SYR 27G X 1/2" 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML	Tier 9	
medic insulin syringe 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml	Tier 9	
medicine shoppe pen needles 29g x 12mm , 31g x 8 mm	Tier 9	
meijer pen needles 29g x 12mm , 31g x 6 mm , 31g x 8 mm	Tier 9	
MICRODOT PEN NEEDLE 31G X 6 MM , 32G X 4 MM , 33G X 4 MM	Tier 9	

Drug Name	Drug Tier	Notes
mm insulin syringe/needle 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	Tier 9	
MM PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	Tier 9	
MONOJECT ALLERGIST TRAY KIT 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	Tier 9	
MONOJECT BLUNTIP CANNULA 20G X 1-1/2" , 21G X 1"	Tier 9	
MONOJECT BLUNTIP SYR/CANNULA 3 ML , 6 ML	Tier 9	
MONOJECT CONTROL SYRINGE 12 ML , 20 ML	Tier 9	
MONOJECT FILTER NEEDLE 18G X 1-1/2" , 20G X 1-1/2"	Tier 9	
MONOJECT HYPODERMIC NEEDLE 14G X 1" , 14G X 1-1/2" , 14G X 2" , 16G X 1" , 16G X 1-1/2" , 16G X 3/4" , 16G X 5/8" , 18G X 1" , 18G X 1-1/2" , 19G X 1" , 19G X 1-1/2" , 20G X 1" , 20G X 1-1/2" , 21G X 1" , 21G X 1-1/2" , 21G X 2" , 22G X 1" , 22G X 1-1/2" , 23G X 1" , 23G X 3/4" , 25G X 1" , 25G X 1-1/2" , 25G X 1-1/4" , 25G X 2" , 25G X 5/8" , 26G X 1-1/2" , 26G X 1/2" , 27G X 1-1/2" , 27G X 1-1/4" , 27G X 1/2" , 30G X 3/4"	Tier 9	
MONOJECT INSULIN SYRINGE 25G X 5/8" 1 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 1 ML, U-100 1 ML	Tier 9	
MONOJECT INTRODUCER NEEDLE 18G X 1-1/4"	Tier 9	
MONOJECT LIFESHIELD SYRINGE 18G X 1" 12 ML, 18G X 1" 3 ML	Tier 9	
MONOJECT MAGELLAN SAFETY NDL 18G X 1" , 18G X 1-1/2" , 19G X 1" , 19G X 1-1/2" , 20G X 1" , 20G X 1-1/2" , 21G X 1" , 21G X 1-1/2" , 21G X 5/8" , 22G X 1" , 22G X 1-1/2" , 23G X 1" , 23G X 5/8" , 25G X 1" , 25G X 5/8"	Tier 9	

Drug Name	Drug Tier	Notes
MONOJECT MAGELLAN SYRINGE 18G X 1" 12 ML, 18G X 1" 6 ML, 20G X 1-1/2" 12 ML, 20G X 1-1/2" 3 ML, 20G X 1-1/2" 6 ML, 21G X 1" 12 ML, 21G X 1" 3 ML, 21G X 1" 6 ML, 21G X 1-1/2" 12 ML, 21G X 1-1/2" 3 ML, 21G X 1-1/2" 6 ML, 22G X 1-1/2" 12 ML, 22G X 1-1/2" 3 ML, 22G X 1-1/2" 6 ML, 23G X 1" 1 ML, 23G X 1" 3 ML, 25G X 1" 1 ML, 25G X 1" 3 ML, 25G X 5/8" 1 ML, 25G X 5/8" 3 ML	Tier 9	
MONOJECT PHARMACY TRAY 12 ML , 20 ML , 3 ML , 35 ML , 6 ML , 60 ML	Tier 9	
MONOJECT PISTON SYRINGE 140 ML	Tier 9	
MONOJECT SYRINGE 12 ML , 18G X 1" 12 ML, 20G X 1" 3 ML, 20G X 1-1/2" 3 ML, 20G X 1-1/2" 6 ML, 20G X 3/4" 3 ML, 21G X 1" 3 ML, 21G X 1" 6 ML, 21G X 1-1/2" 3 ML, 21G X 1-1/2" 6 ML, 22G X 1-1/2" 3 ML, 22G X 1-1/2" 6 ML, 23G X 1" 3 ML, 25G X 1" 3 ML, 25G X 1-1/4" 3 ML, 25G X 5/8" 3 ML, 27G X 1-1/4" 3 ML, 3 ML , 6 ML	Tier 9	
MONOJECT SYRINGE CATH TIP 35 ML , 60 ML	Tier 9	
MONOJECT SYRINGE ECC LUER 20 ML , 35 ML	Tier 9	
MONOJECT SYRINGE ECCENTRIC TIP 60 ML	Tier 9	
MONOJECT SYRINGE LUER LOCK 20 ML , 35 ML , 6 ML , 60 ML	Tier 9	
MONOJECT SYRINGE LUER-LOCK TIP 140 ML	Tier 9	
MONOJECT SYRINGE LUER-LOCK TIP 3 ML	Tier 4	
MONOJECT SYRINGE LUER-LOCK TIP 60 ML	Tier 9	
MONOJECT SYRINGE PHARMACY TRAY 1 ML	Tier 9	
MONOJECT SYRINGE REG LUER 20 ML , 3 ML , 35 ML , 6 ML	Tier 9	
MONOJECT SYRINGE REGULAR TIP 20 ML , 3 ML , 6 ML , 60 ML	Tier 9	
MONOJECT SYRINGE TOOMEY TYPE 60 ML	Tier 9	
MONOJECT TB SAFETY SYRINGE 25G X 5/8" 1 ML, 28G X 1/2" 1 ML	Tier 9	

Drug Name	Drug Tier	Notes
MONOJECT TB SYRINGE 1 ML , 25G X 5/8" 1 ML, 26G X 3/8" 1 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	Tier 9	
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML	Tier 9	
NORDIPEN 5 INJECTION DEVICE	Tier 9	
NORDIPEN DELIVERY SYSTEM	Tier 9	
NORM-JECT LUER SLIP SYRINGE 1 ML	Tier 9	
NOVOFINE PEN NEEDLE 32G X 6 MM	Tier 9	
NOVOFINE PLUS PEN NEEDLE 32G X 4 MM	Tier 9	
NOVOPEN ECHO DEVICE	Tier 9	QL
pc unifine pentips 31g x 5 mm , 31g x 6 mm , 31g x 8 mm	Tier 9	
pen needle/5-bevel tip 31g x 8 mm , 32g x 4 mm	Tier 9	
pen needles 29g x 12mm , 30g x 5 mm , 30g x 8 mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 32g x 5 mm , 32g x 6 mm , 33g x 4 mm	Tier 9	
PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM	Tier 9	
PENTIPS GENERIC PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM	Tier 9	
PERFECT POINT SAFETY NEEDLE 25G X 1"	Tier 9	
pip pen needles 31g x 5mm	Tier 9	
pip pen needles 32g x 4mm	Tier 9	
PRECISION SURE-DOSE SYRINGE 30G X 5/16" 0.3 ML	Tier 9	
preferred plus unifine pentips 29g x 12mm	Tier 9	
PREVENT DROPSAFE PEN NEEDLES 31G X 6 MM , 31G X 8 MM	Tier 9	
PREVENT SAFETY PEN NEEDLES 31G X 6 MM , 31G X 8 MM	Tier 9	
PRO COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 9	
pro comfort pen needles 32g x 4 mm , 32g x 5 mm , 32g x 6 mm , 32g x 8 mm	Tier 9	

Drug Name	Drug Tier	Notes
PRODIGY INSULIN SYRINGE 28G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML	Tier 9	
pure comfort pen needle 32g x 4 mm , 32g x 5 mm , 32g x 6 mm , 32g x 8 mm	Tier 9	
pure comfort safety pen needle 31g x 5 mm , 31g x 6 mm , 32g x 4 mm	Tier 9	
px insulin syringe 30g x 1/2" 0.5 ml	Tier 9	
px mini pen needles 31g x 5 mm	Tier 9	
qc pen needles 29g x 12mm , 31g x 6 mm , 31g x 8 mm	Tier 9	
qc unifine pentips 32g x 4 mm	Tier 9	
QUICK TOUCH INSULIN PEN NEEDLE 29G X 12.7MM , 31G X 4 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM , 33G X 8 MM	Tier 9	
raya sure pen needle 29g x 12mm , 31g x 4 mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm	Tier 9	
reality insulin syringe 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml	Tier 9	
RELION INSULIN SYRINGE 29G X 1/2" 0.5 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 9	
RELION PEN NEEDLES 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	Tier 9	
safety pen needles 30g x 5 mm , 30g x 8 mm	Tier 9	
sb insulin syringe 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 1 ml	Tier 9	
SECURESAFE INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	Tier 9	
SECURESAFE SAFETY PEN NEEDLES 30G X 8 MM , 31G X 5 MM	Tier 9	
SOL-CARE SAFETY SYRINGE ALLERG KIT 27G X 1/2" 1 ML	Tier 9	
SOL-M SYRINGE LUER LOCK 1 ML	Tier 9	
sure comfort insulin syringe 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 1/2" 0.3 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 1/4" 0.3 ml, 31g x 1/4" 0.5 ml, 31g x 1/4" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	Tier 9	

Drug Name	Drug Tier	Notes
sure comfort pen needles 29g x 12.7mm , 30g x 8 mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 32g x 6 mm	Tier 9	
syringe luer lock 10 ml (rx)	Tier 3	
syringe luer lock 10 ml (rx)	Tier 9	
syringe luer lock 30 ml (rx)	Tier 9	
syringe luer slip 1 ml	Tier 9	
techlite insulin syringe 30g x 1/2" 1 ml, 31g x 15/64" 0.3 ml, 31g x 15/64" 0.5 ml, 31g x 15/64" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	Tier 9	
TECHLITE PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM	Tier 9	
TECHLITE PLUS PEN NEEDLES 32G X 4 MM	Tier 9	
THE EPINEPHRINE SYRINGE 1 ML	Tier 3	
todays health pen needles 29g x 12mm	Tier 9	
todays health short pen needle 31g x 8 mm	Tier 9	
toomey syringe 70 ml	Tier 9	
TOPFINE INSULIN PEN NEEDLE 32G X 4 MM	Tier 9	
true comfort insulin syringe 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml, 32g x 5/16" 1 ml	Tier 9	
true comfort pen needles 31g x 5 mm , 31g x 6 mm , 32g x 4 mm	Tier 9	
true comfort pro insulin syr 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml, 32g x 5/16" 0.5 ml, 32g x 5/16" 1 ml	Tier 9	
true comfort pro pen needles 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 32g x 5 mm , 32g x 6 mm , 33g x 4 mm , 33g x 5 mm , 33g x 6 mm	Tier 9	
true comfort safety pen needle 31g x 5 mm , 31g x 6 mm , 32g x 4 mm	Tier 9	
TRUEPLUS 5-BEVEL PEN NEEDLES 29G X 12.7MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	Tier 9	

Drug Name	Drug Tier	Notes
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 9	
ULTICARE INSULIN SAFETY SYR 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	Tier 9	
ULTICARE INSULIN SYR 1/2 UNIT 31G X 1/4" 0.3 ML	Tier 9	
ULTICARE INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 1/4" 0.3 ML, 31G X 1/4" 0.5 ML, 31G X 1/4" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 9	
ULTICARE MICRO PEN NEEDLES 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	Tier 9	
ULTICARE MINI PEN NEEDLES 30G X 5 MM , 31G X 6 MM , 32G X 6 MM	Tier 9	
ULTICARE PEN NEEDLES 29G X 12.7MM , 31G X 5 MM	Tier 9	
ULTICARE SHORT PEN NEEDLES 30G X 8 MM , 31G X 8 MM	Tier 9	
ULTIGUARD SAFEPACK PEN NEEDLE 29G X 12.7MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM	Tier 9	
ULTIGUARD SAFEPACK SYR/NEEDLE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 9	
ULTILET PEN NEEDLE 29G X 12.7MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM	Tier 9	
ULTRA FLO INSULIN PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 33G X 4 MM	Tier 9	
ULTRA FLO INSULIN SYR 1/2 UNIT 30G X 1/2" 0.3 ML, 30G X 5/16" 0.3 ML, 31G X 5/16" 0.3 ML	Tier 9	

Drug Name	Drug Tier	Notes
ULTRA FLO INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 9	
ULTRA THIN PEN NEEDLES 32G X 4 MM	Tier 9	
ultracare insulin syringe 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	Tier 9	
ultracare pen needles 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 32g x 5 mm , 32g x 6 mm , 33g x 4 mm	Tier 9	
ULTRA-THIN II INS SYR SHORT 31G X 5/16" 1 ML	Tier 9	
UNIFINE OTC PEN NEEDLES 31G X 5 MM , 32G X 4 MM	Tier 9	
UNIFINE PENTIPS 29G X 12MM , 30G X 5 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM , 33G X 4 MM	Tier 9	
UNIFINE PENTIPS PLUS 29G X 12MM , 30G X 5 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 33G X 4 MM	Tier 9	
UNIFINE PROTECT PEN NEEDLE 30G X 5 MM , 30G X 8 MM , 32G X 4 MM	Tier 9	
UNIFINE SAFECONTROL PEN NEEDLE 30G X 5 MM , 30G X 8 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	Tier 9	
UNIFINE ULTRA PEN NEEDLE 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM , 34G X 3.5 MM	Tier 9	
VANISHPOINT INSULIN SYRINGE 29G X 1/2" 1 ML, 29G X 5/16" 1 ML, 30G X 1/2" 0.5 ML, 30G X 3/16" 0.5 ML, 30G X 3/16" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML	Tier 9	
VANISHPOINT SAFETY SYRINGE 21G X 1" 5 ML, 22G X 1-1/2" 5 ML	Tier 9	
VERIFINE INSULIN PEN NEEDLE 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM	Tier 9	

Drug Name	Drug Tier	Notes
VERIFINE INSULIN SYRINGE 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 9	
VERIFINE PLUS PEN NEEDLE 31G X 5 MM , 31G X 8 MM , 32G X 4 MM	Tier 9	
VERISAFE SAFE STERILE SYRINGE 25G X 1" 1 ML, 25G X 1" 3 ML, 25G X 1-1/2" 3 ML, 27G X 1/2" 1 ML	Tier 9	
VERISAFE SAFETY INSULIN SYR 29G X 1/2" 1 ML	Tier 9	
VERISAFE SAFETY STERILE NEEDLE 23G X 1-1/2" , 25G X 1"	Tier 9	
wegmans unifine pentips plus 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm	Tier 9	
zevrx insulin syringe 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml	Tier 9	
zevrx pen needles 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm	Tier 9	
Nerve Stimulators**		
FLOW 4-WEEK TREATMENT REFILL DEVICE	Tier 9	Non FDA Exclusion; Medical Only Exclusion
FLOW INITIAL TREATMENT KIT DEVICE	Tier 9	Non FDA Exclusion; Medical Only Exclusion
GAMMACORE 1-MONTH REFILL KIT	Tier 9	Non FDA Exclusion
GAMMACORE DEVICE	Tier 9	Non FDA Exclusion; Medical Only Exclusion
GAMMACORE EMERALD 1-MONTH DEVICE	Tier 9	Non FDA Exclusion; Medical Only Exclusion
GAMMACORE EMERALD-D DEVICE	Tier 9	Non FDA Exclusion; Medical Only Exclusion
GAMMACORE SAPPHIRE 31-DAY DEVICE	Tier 9	Non FDA Exclusion; Medical Only Exclusion
GAMMACORE SAPPHIRE D DEVICE	Tier 9	Non FDA Exclusion; Medical Only Exclusion
GAMMACORE SAPPHIRE REFILL KIT	Tier 9	Non FDA Exclusion
NERIVIO DEVICE	Tier 9	Non FDA Exclusion; Medical Only Exclusion
NERIVIO INFINITY DEVICE	Tier 9	Non FDA Exclusion; Medical Only Exclusion
NERIVIO INFINITY REFILL DEVICE	Tier 9	Non FDA Exclusion; Medical Only Exclusion

Drug Name	Drug Tier	Notes
PONS MOUTHPIECE	Tier 9	Non FDA Exclusion
PONS SYSTEM DEVICE	Tier 9	Non FDA Exclusion; Medical Only Exclusion
S.T. GENESIS NERVE STIMULATOR DEVICE	Tier 9	Non FDA Exclusion; Medical Only Exclusion
Ocular Implants**		
SUSVIMO OCULAR IMPLANT INTRAVITREAL IMPLANT	Tier 9	Medical Only Exclusion
Parenteral Therapy Supplies**		
BD INTERLINK BLUNT CANNULA	Tier 9	Medical Only Exclusion
BD LUER-LOK ACCESS DEVICE	Tier 9	Medical Only Exclusion
BD Q-STYLE ACCESS DEVICE	Tier 9	Medical Only Exclusion
BD Q-STYLE EXTENSION SET	Tier 9	Medical Only Exclusion
BD Q-STYLE VIAL ADAPTER	Tier 9	Medical Only Exclusion
clear glass vials 5ml	Tier 9	Medical Only Exclusion; Formulary Exclusion
empty sterilized	Tier 9	Medical Only Exclusion
hi-volume pumping chamber set	Tier 9	Medical Only Exclusion
I-PORT ADVANCE 6MM	Tier 9	Medical Only Exclusion; Formulary Exclusion
I-PORT ADVANCE 9MM	Tier 9	Medical Only Exclusion; Formulary Exclusion
iv pole	Tier 9	Medical Only Exclusion
iv transfer spike	Tier 9	Medical Only Exclusion
IVENIX LVP EPIDURAL ADMINS SET	Tier 9	Medical Only Exclusion
J-TIP NEEDLE/FREE INJECTOR	Tier 9	Medical Only Exclusion
KOKO PEAK FILTER ADAPTER	Tier 9	Medical Only Exclusion
KOKO PEAK PRO 6 MONITOR	Tier 9	Medical Only Exclusion
KOKO PEAK PRO 6 SOFTWARE-CRADL	Tier 9	Medical Only Exclusion
ltxf 3-port adapter/inj site	Tier 9	Medical Only Exclusion
MONOJECT BLOOD NEEDLE HOLDER	Tier 9	Medical Only Exclusion
MONOJECT BLUNT TIP SYRINGE	Tier 9	Medical Only Exclusion
MONOJECT HYPODERMIC NEEDLE TIP	Tier 9	Medical Only Exclusion; Formulary Exclusion
MONOJECT LIFESHIELD CANNULA	Tier 9	Medical Only Exclusion; Formulary Exclusion
MONOJECT MED PREP CANNULA	Tier 9	Medical Only Exclusion; Formulary Exclusion
MONOJECT SAFETY SYR TIP CAPS	Tier 9	Medical Only Exclusion

Drug Name	Drug Tier	Notes
MONOJECT SMARTIP SYR/CANNULA	Tier 9	Medical Only Exclusion; Formulary Exclusion
MONOJECT SYRINGE TIP CAPS	Tier 9	Medical Only Exclusion
MONOJECT TIP CAPS	Tier 9	Medical Only Exclusion
MONOJECT VIAL ACCESS CANNULA	Tier 9	Medical Only Exclusion; Formulary Exclusion
needleless prn connectors	Tier 9	Medical Only Exclusion; Formulary Exclusion
needleless prn port converter	Tier 9	Medical Only Exclusion; Formulary Exclusion
PHASEAL ASSEMBLY FIXTURE	Tier 9	Medical Only Exclusion; Formulary Exclusion
PHASEAL CAP FOR INJECTOR	Tier 9	Medical Only Exclusion; Formulary Exclusion
PHASEAL CONNECTOR LUER LOCK	Tier 9	Medical Only Exclusion; Formulary Exclusion
PHASEAL INFUSION ADAPTER	Tier 9	Medical Only Exclusion; Formulary Exclusion
PHASEAL INFUSION CLAMP	Tier 9	Medical Only Exclusion; Formulary Exclusion
PHASEAL INJECTOR LUER LOCK	Tier 9	Medical Only Exclusion; Formulary Exclusion
PHASEAL IV BAG HANGER	Tier 9	Medical Only Exclusion; Formulary Exclusion
PHASEAL PROTECTOR 14	Tier 9	Medical Only Exclusion; Formulary Exclusion
PHASEAL PROTECTOR 21	Tier 9	Medical Only Exclusion; Formulary Exclusion
PHASEAL PROTECTOR 28	Tier 9	Medical Only Exclusion; Formulary Exclusion
PHASEAL PROTECTOR 50	Tier 9	Medical Only Exclusion; Formulary Exclusion
PHASEAL SECONDARY SET	Tier 9	Medical Only Exclusion; Formulary Exclusion
PHASEAL SYRINGE TRAY	Tier 9	Medical Only Exclusion; Formulary Exclusion
PHASEAL Y-SITE CONNECTOR	Tier 9	Medical Only Exclusion; Formulary Exclusion
PTS COLLECT CAPILLARY TUBES	Tier 9	Medical Only Exclusion; Formulary Exclusion
small vial luer adapter	Tier 9	Medical Only Exclusion
sterile empty vial	Tier 9	Medical Only Exclusion
syringe filter 0.2 micron/25mm	Tier 9	Medical Only Exclusion

Drug Name	Drug Tier	Notes
syringe filter 0.2 micron/32mm	Tier 9	Medical Only Exclusion; Formulary Exclusion
syringe filter 0.45 micron	Tier 9	Medical Only Exclusion; Formulary Exclusion
syringe filter/0.2 micron/25mm	Tier 9	Medical Only Exclusion; Formulary Exclusion
syringe filter/0.2 micron/30mm	Tier 9	Medical Only Exclusion; Formulary Exclusion
syringe filter/d65r/pes/65mm	Tier 9	Medical Only Exclusion; Formulary Exclusion
syringe filter/d65r/ptfe/65mm	Tier 9	Medical Only Exclusion; Formulary Exclusion
syringe filter/d90r/pes/90mm	Tier 9	Medical Only Exclusion; Formulary Exclusion
syringe filter/d90r/ptfe/90mm	Tier 9	Medical Only Exclusion; Formulary Exclusion
syringe filter/millex/25mm	Tier 9	Medical Only Exclusion; Formulary Exclusion
syringe filter/millex-gs/25mm	Tier 9	Medical Only Exclusion; Formulary Exclusion
syringe filter/millex-gv/33mm	Tier 9	Medical Only Exclusion; Formulary Exclusion
universal syringe tip adaptor	Tier 9	Medical Only Exclusion
universal vial luer adapter	Tier 9	Medical Only Exclusion
vacuum filter 0.20um/150ml	Tier 9	Medical Only Exclusion; Formulary Exclusion
vial stopper	Tier 9	Medical Only Exclusion; Formulary Exclusion
WINTHROP CARPUJECT HOLDER	Tier 9	Medical Only Exclusion
Respiratory Therapy Supplies**		
ACE AEROSOL CLOUD ENHANCER	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
adult mask device	Tier 9	Non Essential Drug Exclusion
AEROBIKA DEVICE	Tier 9	Non Essential Drug Exclusion
AEROBIKA OPEP W/MANOMETER KIT	Tier 9	Formulary Exclusion
AEROECLIPSE EZ TWIST TUBING	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
AEROECLIPSE MASK LARGE	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
AEROECLIPSE MASK MEDIUM	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion

Drug Name	Drug Tier	Notes
AEROECLIPSE MASK SMALL	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
ALL FLOW 1000 PFT FILTER DEVICE	Tier 9	Non Essential Drug Exclusion
ALL FLOW 2000 PFT FILTER DEVICE	Tier 9	Non Essential Drug Exclusion
ALL FLOW 3000 PFT FILTER DEVICE	Tier 9	Non Essential Drug Exclusion
ALL FLOW 4000 PFT FILTER DEVICE	Tier 9	Non Essential Drug Exclusion
ALL FLOW 5000 PFT FILTER DEVICE	Tier 9	Non Essential Drug Exclusion
ALL FLOW 6000 PFT FILTER DEVICE	Tier 9	Non Essential Drug Exclusion
ALL FLOW 7000 PFT FILTER DEVICE	Tier 9	Non Essential Drug Exclusion
co monitor device	Tier 9	Non Essential Drug Exclusion
IN-CHECK DIAL FLOW TRAINER DEVICE	Tier 9	Non Essential Drug Exclusion
IN-CHECK INSPIRATORY FLOW MTR DEVICE	Tier 9	Non Essential Drug Exclusion
nebulizer mask adult	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
nebulizer mask child	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
nebulizer mask ped/tubing	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
OMBRA COMPRESSOR ADULT KIT	Tier 9	Formulary Exclusion
OMBRA COMPRESSOR CHILD KIT	Tier 9	Formulary Exclusion
OMBRA TABLE TOP COMPRESSOR DEVICE	Tier 9	Non Essential Drug Exclusion
ONE FLOW SPIROMETER DEVICE	Tier 9	Non Essential Drug Exclusion
PARI MANUAL INTERRUPTER DEVICE	Tier 9	Non Essential Drug Exclusion
PARI TREK S COMBO PACK DEVICE	Tier 9	Non Essential Drug Exclusion
QUAKE DEVICE	Tier 9	Non Essential Drug Exclusion
RESP-O2 NASAL OXY CANNULA-CUSH	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
RESP-O2 OXYGEN MASK-MEDIUM CON	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
RESP-O2 OXYGEN SUPPLY TUBING	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
RESP-O2 SML VOLUME NEB CUP	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
REUSABLE COMFORTSEAL MASK-LRG	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
REUSABLE COMFORTSEAL MASK-MED	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
REUSABLE COMFORTSEAL MASK-SML	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion

Drug Name	Drug Tier	Notes
silicone mask/adult	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
silicone mask/infant	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
silicone mask/pediatric	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
spiro pd device	Tier 9	Non Essential Drug Exclusion
THRESHOLD PEP DEVICE	Tier 9	Non Essential Drug Exclusion
VERSAPAP DEVICE	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
VERSAPAP W/UNIVERSAL TUBING DEVICE	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
Scar Treatments**		
cellpad sheet	Tier 9	Non FDA Exclusion
CICASIL SHEET	Tier 9	Non FDA Exclusion
KELOTOP SHEET	Tier 9	Non FDA Exclusion
NUVA III SHEET	Tier 10	Non FDA Exclusion
NUVAGEL SHEET	Tier 10	Non FDA Exclusion
NUVAZIL II SHEET	Tier 10	Non FDA Exclusion
NUVAZIL SHEET	Tier 9	Non FDA Exclusion
PROSILK SHEET	Tier 9	Non FDA Exclusion
scarsilk sheet	Tier 9	Non FDA Exclusion
SILADERM SHEET	Tier 9	Non FDA Exclusion
siladone scar patch sheet	Tier 9	Non FDA Exclusion
silinoin 8 day supply sheet	Tier 9	Non FDA Exclusion
SILTREX SHEET	Tier 9	Non FDA Exclusion
SZOSIL 15 DAY SUPPLY SHEET	Tier 9	Non FDA Exclusion
SZOSIL 8 DAY SUPPLY SHEET	Tier 9	Non FDA Exclusion
Spacer/Aerosol-Holding Chambers & Supplies**		
AEROCHAMBER HOLDING CHAMBER DEVICE	Tier 3	
AEROCHAMBER MINI CHAMBER DEVICE	Tier 3	
AEROCHAMBER MV	Tier 3	
AEROCHAMBER PLS FLOVU MTHPIECE DEVICE	Tier 3	
AEROCHAMBER PLUS FLO-VU INTERM DEVICE	Tier 3	

Drug Name	Drug Tier	Notes
AEROCHAMBER PLUS FLO-VU LARGE DEVICE	Tier 3	
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	Tier 3	
AEROCHAMBER PLUS FLO-VU SMALL DEVICE	Tier 3	
AEROCHAMBER Z-STAT PLUS	Tier 3	
AEROCHAMBER Z-STAT PLUS CHAMBR	Tier 3	
AEROCHAMBER Z-STAT PLUS/LARGE	Tier 3	
AEROCHAMBER Z-STAT PLUS/MEDIUM	Tier 3	
AEROCHAMBER Z-STAT PLUS/SMALL	Tier 3	
AEROCHAMBER2GO ANTI-STATIC DEVICE	Tier 3	
AEROVENT PLUS DEVICE	Tier 3	
breathe comfort chamber/adult device	Tier 3	
breathe comfort chamber/child device	Tier 3	
breathe ease large device	Tier 3	
breathe ease medium device	Tier 3	
breathe ease small device	Tier 3	
BREATHERITE VALVED MDI CHAMBER DEVICE	Tier 3	
CLEVER CHOICE HOLDING CHAMBER DEVICE	Tier 3	
COMPACT SPACE CHAMBER DEVICE	Tier 3	
COMPACT SPACE CHAMBER/LG MASK DEVICE	Tier 3	
COMPACT SPACE CHAMBER/MED MASK DEVICE	Tier 3	
COMPACT SPACE CHAMBER/SM MASK DEVICE	Tier 3	
EASIVENT	Tier 3	
EASIVENT MASK LARGE	Tier 3	
EASIVENT MASK MEDIUM	Tier 3	
EASIVENT MASK SMALL	Tier 3	
eq space chamber anti-static device	Tier 3	
eq space chamber anti-static l device	Tier 3	
eq space chamber anti-static m device	Tier 3	
eq space chamber anti-static s device	Tier 3	
FLEXICHAMBER ADULT MASK/SMALL	Tier 3	
FLEXICHAMBER CHILD MASK/LARGE	Tier 3	

Drug Name	Drug Tier	Notes
FLEXICHAMBER CHILD MASK/SMALL	Tier 3	
FLEXICHAMBER DEVICE	Tier 3	
INSPIREASE	Tier 3	
INSPIREASE RESERVOIR BAGS	Tier 3	
MICROCHAMBER	Tier 3	
MICROCHAMBER DEVICE	Tier 3	
MICROSPACER	Tier 3	
OPTICHAMBER DIAMOND	Tier 3	
OPTICHAMBER DIAMOND DEVICE	Tier 3	
OPTICHAMBER DIAMOND-LG MASK DEVICE	Tier 3	
OPTICHAMBER DIAMOND-MD MASK	Tier 3	
OPTICHAMBER DIAMOND-SM MASK	Tier 3	
PANDA MASK LARGE	Tier 3	
PANDA MASK MEDIUM	Tier 3	
PANDA MASK SMALL	Tier 3	
PEDIATRIC PANDA MASK	Tier 3	
POCKET CHAMBER DEVICE	Tier 3	
POCKET SPACER DEVICE	Tier 3	
pro comfort spacer adult	Tier 3	
pro comfort spacer child	Tier 3	
pro comfort spacer infant device	Tier 3	
procare spacer/adult mask device	Tier 3	
procare spacer/child mask device	Tier 3	
prochamber vhc device	Tier 3	
pure comfort spacer chamber device	Tier 3	
RITEFLO DEVICE	Tier 3	
VORTEX VALVE CHAMBER-PEDI MASK DEVICE	Tier 3	
VORTEX VALVED HOLDING CHAMBER DEVICE	Tier 3	
Subcutaneous Administration Supplies**		
LASIX ONYU REUSABLE UNIT/CHARG	Tier 4	
Transcranial Magnetic Stimulators**		
SAVI DUAL DEVICE	Tier 9	Formulary Exclusion
Tumor Treating Fields Products (Ttfields)**		
OPTUNE DEVICE	Tier 9	Non FDA Exclusion

Drug Name	Drug Tier	Notes
OPTUNE LUA DEVICE	Tier 9	Non FDA Exclusion
Migraine Products		
Calcitonin Gene-Related Peptide Receptor Antag (Cgrp)**		
NURTEC ORAL TABLET DISPERSIBLE 75 MG	Tier 3	PA; QL
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	Tier 3	PA; QL
UBRELVY ORAL TABLET 100 MG, 50 MG	Tier 3	PA; QL
ZAVZPRET NASAL SOLUTION 10 MG/ACT	Tier 9	PA; Formulary Exclusion; QL
Cgrp Receptor Antagonists - Monocolonal Antibodies**		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	Tier 3	PA; QL
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 225 MG/1.5ML	Tier 3	PA; QL
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML	Tier 3	PA; QL
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	Tier 3	PA; QL
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	Tier 3	PA; QL
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	Tier 3	PA; QL
VYEPTI INTRAVENOUS SOLUTION 100 MG/ML	Tier 9	Medical Only Exclusion
Ergot Combinations**		
CAFERGOT ORAL TABLET 1-100 MG	Tier 9	ST; Formulary Exclusion; QL
ergotamine-caffeine tablet 1-100 mg oral	Tier 9	ST; Formulary Exclusion; QL
ergotamine-caffeine tablet 1-100 mg oral	Tier 2	ST; QL
MIGERGOT RECTAL SUPPOSITORY 2-100 MG	Tier 9	Non Essential Drug Exclusion
Migraine Combinations**		
MIGRANOW COMBINATION THERAPY PACK 50 & 4-10 MG & %	Tier 10	Non FDA Exclusion
SUMANSETRON ORAL TABLET THERAPY PACK 50 & 4 MG	Tier 10	Non FDA Exclusion

Drug Name	Drug Tier	Notes
Migraine Products - Cyclooxygenase 2 (Cox-2) Inhibitors**		
ELYXYB ORAL SOLUTION 120 MG/4.8ML	Tier 4	PA
Migraine Products - Nsaids**		
CAMBIA ORAL PACKET 50 MG	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
diclofenac potassium(migraine) oral packet 50 mg	Tier 9	Non Essential Drug Exclusion
Migraine Products**		
BREKIYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/ML	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
dihydroergotamine mesylate injection solution 1 mg/ml	Tier 2	ST; QL
dihydroergotamine mesylate nasal solution 4 mg/ml	Tier 2	ST; QL
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL 2 MG	Tier 4	PA; Formulary Exclusion; QL
TRUDHESA NASAL AEROSOL SOLUTION 0.725 MG/ACT	Tier 9	PA; Formulary Exclusion; QL
Selective Serotonin Agonist-Nsaid Combinations**		
sumatriptan-naproxen sodium oral tablet 85-500 mg	Tier 9	Non Essential Drug Exclusion
SYMBRAVO ORAL TABLET 20-10 MG	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
TREXIMET ORAL TABLET 85-500 MG	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
Selective Serotonin Agonists 5-Ht(1)**		
almotriptan malate oral tablet 12.5 mg, 6.25 mg	Tier 2	ST; QL
eletriptan hydrobromide oral tablet 20 mg, 40 mg	Tier 2	ST; QL
frovatriptan succinate oral tablet 2.5 mg	Tier 2	ST; QL
IMITREX ORAL TABLET 100 MG, 25 MG, 50 MG	Tier 9	ST; Formulary Exclusion; QL
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 4 MG/0.5ML, 6 MG/0.5ML	Tier 9	Formulary Exclusion; QL
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 4 MG/0.5ML, 6 MG/0.5ML	Tier 9	Formulary Exclusion; QL
MAXALT ORAL TABLET 10 MG	Tier 9	ST; Formulary Exclusion; QL

Drug Name	Drug Tier	Notes
MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG	Tier 9	ST; Formulary Exclusion; QL
naratriptan hcl oral tablet 1 mg, 2.5 mg	Tier 2	QL
ONZETRA XSAIL NASAL EXHALER POWDER 11 MG/NOSEPC	Tier 9	Non Essential Drug Exclusion
RELPAX ORAL TABLET 20 MG, 40 MG	Tier 9	ST; Formulary Exclusion; QL
RIZAFILM FILM 10 MG ORAL	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
RIZAFILM FILM 5 MG ORAL	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
RIZAFILM FILM 5 MG ORAL	Tier 9	ST; Non Essential Drug Exclusion; Formulary Exclusion
rizatriptan benzoate oral tablet 10 mg, 5 mg	Tier 2	QL
rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg	Tier 2	QL
sumatriptan nasal solution 20 mg/act, 5 mg/act	Tier 2	QL
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	Tier 2	QL
sumatriptan succinate subcutaneous solution 6 mg/0.5ml	Tier 2	QL
sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml	Tier 2	QL
TOSYMRA NASAL SOLUTION 10 MG/ACT	Tier 9	Non Essential Drug Exclusion
ZEMBRACE SYMTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 3 MG/0.5ML	Tier 9	Non Essential Drug Exclusion
zolmitriptan oral tablet 2.5 mg, 5 mg	Tier 2	QL
zolmitriptan solution 2.5 mg nasal	Tier 4	ST; QL
zolmitriptan solution 5 mg nasal	Tier 2	ST; QL
zolmitriptan tablet dispersible 2.5 mg oral	Tier 9	Formulary Exclusion; QL
zolmitriptan tablet dispersible 2.5 mg oral	Tier 2	QL
zolmitriptan tablet dispersible 5 mg oral	Tier 9	Formulary Exclusion; QL
zolmitriptan tablet dispersible 5 mg oral	Tier 2	QL
ZOMIG ORAL TABLET 2.5 MG, 5 MG	Tier 2	QL
ZOMIG SOLUTION 2.5 MG NASAL	Tier 4	ST; QL
ZOMIG SOLUTION 5 MG NASAL	Tier 9	ST; Formulary Exclusion; QL
Selective Serotonin Agonists 5-Ht(1F)**		
REYVOW ORAL TABLET 100 MG, 50 MG	Tier 9	PA; QL

Drug Name	Drug Tier	Notes
Minerals & Electrolytes		
Bicarbonates**		
sodium acetate intravenous solution 2 meq/ml, 4 meq/ml	Tier 9	Medical Only Exclusion
sodium bicarbonate solution 4.2 % intravenous	Tier 9	Medical Only Exclusion
sodium bicarbonate solution 8.4 % intravenous	Tier 9	Medical Only Exclusion
sodium bicarbonate solution 8.4 % intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion
sodium bicarbonate-dextrose intravenous solution 150-5 meq/l-%	Tier 9	Non FDA Exclusion; Medical Only Exclusion
THAM INTRAVENOUS SOLUTION 30 MEQ/100ML	Tier 9	Medical Only Exclusion
tromethamine solution 30 meq/100ml intravenous	Tier 9	Medical Only Exclusion
tromethamine solution 30 meq/100ml intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion
Calcium Combinations**		
CALCIFOL ORAL WAFER 1342-1.6 MG	Tier 9	Formulary Exclusion
calcium gluconate-nacl solution 1-0.675 gm/50ml-% intravenous	Tier 9	Medical Only Exclusion
calcium gluconate-nacl solution 1-0.8 gm/100ml-% intravenous	Tier 9	Medical Only Exclusion
calcium gluconate-nacl solution 1-0.9 gm/100ml-% intravenous	Tier 9	Medical Only Exclusion; Formulary Exclusion
calcium gluconate-nacl solution 2-0.675 gm/100ml-% intravenous	Tier 9	Medical Only Exclusion
calcium gluconate-nacl solution 2-0.9 gm/100ml-% intravenous	Tier 9	Medical Only Exclusion; Formulary Exclusion
LIQUICAL PLUS ORAL LIQUID 84-24-0.7-10 MG-MCG/5ML	Tier 10	Non FDA Exclusion
Calcium**		
calcium chloride intravenous solution 10 %	Tier 9	Medical Only Exclusion
calcium gluconate intravenous solution 10 %	Tier 9	Medical Only Exclusion
calcium gluconate intravenous solution prefilled syringe 1000 mg/10ml	Tier 9	Non FDA Exclusion; Medical Only Exclusion
Electrolytes & Dextrose**		
dextrose 5%/electrolyte #48 intravenous solution	Tier 9	Medical Only Exclusion
dextrose in lactated ringers intravenous solution 5 %	Tier 9	Medical Only Exclusion
dextrose-nacl intravenous solution 5-0.9 %	Tier 9	Non FDA Exclusion; Medical Only Exclusion

Drug Name	Drug Tier	Notes
dextrose-sodium chloride intravenous solution 10-0.2 %, 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.225 %, 5-0.3 %, 5-0.33 %, 5-0.45 %, 5-0.9 %	Tier 9	Medical Only Exclusion
ELLIOTTS B INTRATHECAL SOLUTION	Tier 9	Medical Only Exclusion
IONOSOL-MB IN D5W INTRAVENOUS SOLUTION	Tier 9	Medical Only Exclusion
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	Tier 9	Medical Only Exclusion
kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.225 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%, 40-5-0.9 meq/l-%-%	Tier 9	Medical Only Exclusion
kcl-lactated ringers-d5w intravenous solution 20 meq/l	Tier 9	Medical Only Exclusion
NORMOSOL-M IN D5W INTRAVENOUS SOLUTION	Tier 9	Medical Only Exclusion
NORMOSOL-R IN D5W INTRAVENOUS SOLUTION	Tier 9	Medical Only Exclusion
potassium cl in dextrose 5% intravenous solution 10 meq/l, 20 meq/l	Tier 9	Medical Only Exclusion
Electrolytes Parenteral**		
ISOLYTE-S INTRAVENOUS SOLUTION	Tier 9	Medical Only Exclusion
ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION	Tier 9	Medical Only Exclusion
kcl (0.149%) in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%	Tier 9	Medical Only Exclusion
kcl (0.298%) in nacl intravenous solution 40-0.9 meq/l-%	Tier 9	Medical Only Exclusion
kcl (in nacl 0.9%) intravenous solution 40 meq/500ml	Tier 9	Non FDA Exclusion; Medical Only Exclusion
kcl-lidocaine-nacl solution 10-10 meq-mg /100ml intravenous	Tier 9	Medical Only Exclusion; Formulary Exclusion
kcl-lidocaine-nacl solution 10-10 meq-mg /100ml intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion
lactated ringers intravenous solution	Tier 9	Medical Only Exclusion
multiple electro type 1 ph 5.5 intravenous solution	Tier 9	Medical Only Exclusion
multiple electro type 1 ph 7.4 intravenous solution	Tier 9	Medical Only Exclusion
NORMOSOL-R INTRAVENOUS SOLUTION	Tier 9	Medical Only Exclusion
NORMOSOL-R PH 7.4 INTRAVENOUS SOLUTION	Tier 9	Medical Only Exclusion

Drug Name	Drug Tier	Notes
PLASMA-LYTE 148 INTRAVENOUS SOLUTION	Tier 9	Medical Only Exclusion
PLASMA-LYTE A INTRAVENOUS SOLUTION	Tier 9	Medical Only Exclusion
potassium chloride in nacl solution 20 meq/250ml intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion
potassium chloride in nacl solution 20-0.45 meq/l-% intravenous	Tier 9	Medical Only Exclusion
potassium chloride in nacl solution 20-0.9 meq/l-% intravenous	Tier 9	Medical Only Exclusion
potassium chloride in nacl solution 40-0.9 meq/l-% intravenous	Tier 9	Medical Only Exclusion
ringers intravenous solution	Tier 9	Medical Only Exclusion
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	Tier 9	Medical Only Exclusion
Fluoride Combinations**		
FLORIVA ORAL LIQUID 0.25-400 MG-UNIT/ML	Tier 4	
Fluoride**		
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	Tier 2	
sodium fluoride oral tablet 1.1 (0.5 f) mg, 2.2 (1 f) mg	Tier 1	
sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg, 2.2 (1 f) mg	Tier 2	
Iodine Products**		
iodine strong oral solution 5 %	Tier 9	Formulary Exclusion
Magnesium**		
magnesium chloride injection solution 200 mg/ml	Tier 9	Medical Only Exclusion
magnesium sulfate in d5w intravenous solution 1-5 gm/100ml-%	Tier 9	Medical Only Exclusion
magnesium sulfate intravenous solution 2 gm/50ml, 20 gm/500ml, 3 gm/100ml, 4 gm/100ml, 4 gm/50ml, 40 gm/1000ml	Tier 9	Medical Only Exclusion
magnesium sulfate solution 50 % injection	Tier 9	Non FDA Exclusion; Medical Only Exclusion
magnesium sulfate solution 50 % injection	Tier 9	Medical Only Exclusion
magnesium sulfate-nacl intravenous solution 2-0.9 gm/50ml-%	Tier 9	Medical Only Exclusion; Formulary Exclusion
Manganese**		
manganese chloride intravenous solution 0.1 mg/ml	Tier 9	Medical Only Exclusion

Drug Name	Drug Tier	Notes
Phosphate**		
GLYCOPHOS INTRAVENOUS SOLUTION 1 MMOLE/ML	Tier 9	Medical Only Exclusion; Formulary Exclusion
K-PHOS ORAL TABLET 500 MG	Tier 9	Formulary Exclusion
K-PHOS-NEUTRAL ORAL TABLET 155-852-130 MG	Tier 9	Formulary Exclusion
PHOSPHA 250 NEUTRAL TABLET 155-852-130 MG ORAL	Tier 3	
PHOSPHA 250 NEUTRAL TABLET 155-852-130 MG ORAL	Tier 2	
phosphorous oral tablet 155-852-130 mg	Tier 2	
PHOSPHO-TRIN 250 NEUTRAL ORAL TABLET 155-852-130 MG	Tier 2	
PHOSPHO-TRIN K500 ORAL TABLET 500 MG	Tier 2	
potassium phosphates intravenous solution 15 mmole/5ml, 150 mmole/50ml, 45 mmole/15ml	Tier 9	Medical Only Exclusion
potassium phosphates(66 meq k) intravenous solution 45 mmole/15ml	Tier 9	Medical Only Exclusion
potassium phosphates-nacl solution 15 mmol/100ml intravenous	Tier 9	Medical Only Exclusion
potassium phosphates-nacl solution 15 mmol/250ml intravenous	Tier 9	Medical Only Exclusion
potassium phosphates-nacl solution 15 mmol/250ml intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion
potassium phosphates-nacl solution 30 mmol/500ml intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion
sodium phosphates solution 15 mmole/5ml intravenous	Tier 9	Medical Only Exclusion
sodium phosphates solution 15 mmole/5ml intravenous	Tier 9	Medical Only Exclusion; Formulary Exclusion
sodium phosphates solution 150 mmole/50ml intravenous	Tier 9	Medical Only Exclusion
sodium phosphates solution 45 mmole/15ml intravenous	Tier 9	Medical Only Exclusion
Potassium Combinations**		
EFFER-K TABLET EFFERVESCENT 10 MEQ ORAL	Tier 9	Formulary Exclusion
EFFER-K TABLET EFFERVESCENT 20 MEQ ORAL	Tier 9	Non FDA Exclusion
EFFER-K TABLET EFFERVESCENT 20 MEQ ORAL	Tier 9	Formulary Exclusion

Drug Name	Drug Tier	Notes
Potassium**		
EFFER-K ORAL TABLET EFFERVESCENT 25 MEQ	Tier 9	Formulary Exclusion
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	Tier 2	
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE 10 MEQ	Tier 2	
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ	Tier 2	
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE 20 MEQ	Tier 2	
KLOR-CON ORAL PACKET 20 MEQ	Tier 2	
KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ	Tier 2	
POKONZA ORAL PACKET 10 MEQ, 15 MEQ	Tier 9	Non Essential Drug Exclusion
POKONZA ORAL SOLUTION 10 MEQ/15ML (5%)	Tier 9	Non Essential Drug Exclusion
potassium acetate intravenous solution 2 meq/ml	Tier 9	Medical Only Exclusion
potassium chloride crys er oral tablet extended release 10 meq, 15 meq, 20 meq	Tier 2	
potassium chloride er oral capsule extended release 10 meq, 8 meq	Tier 2	
potassium chloride er tablet extended release 10 meq oral	Tier 2	
potassium chloride er tablet extended release 15 meq oral	Tier 4	
potassium chloride er tablet extended release 20 meq oral	Tier 2	
potassium chloride er tablet extended release 8 meq oral	Tier 2	
potassium chloride intravenous solution 10 meq/100ml, 10 meq/50ml, 2 meq/ml, 20 meq/100ml, 20 meq/50ml, 40 meq/100ml	Tier 9	Medical Only Exclusion
potassium chloride intravenous solution prefilled syringe 100 meq/50ml	Tier 9	Non FDA Exclusion; Medical Only Exclusion
potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%)	Tier 2	
potassium chloride packet 20 meq oral	Tier 2	
potassium chloride packet 40 meq oral	Tier 9	Non Essential Drug Exclusion
Sodium**		
AQUASTAT INTRAVENOUS SOLUTION 0.9 %	Tier 9	Medical Only Exclusion

Drug Name	Drug Tier	Notes
AQUASTAT SFR INTRAVENOUS SOLUTION 0.9 %	Tier 9	Medical Only Exclusion
BD POSIFLUSH INTRAVENOUS SOLUTION 0.9 %	Tier 9	Medical Only Exclusion
BD POSIFLUSH SAFESCRUB INTRAVENOUS SOLUTION 0.9 %	Tier 9	Medical Only Exclusion
MONOJECT FLUSH SYRINGE INTRAVENOUS SOLUTION 0.9 %	Tier 9	Medical Only Exclusion
MONOJECT SODIUM CHLORIDE FLUSH INTRAVENOUS SOLUTION 0.9 %	Tier 9	Medical Only Exclusion
normal saline flush intravenous solution 0.9 %	Tier 9	Medical Only Exclusion
saline flush intravenous solution 0.9 %	Tier 9	Medical Only Exclusion
sodium chloride (pf) injection solution 0.9 %	Tier 2	
sodium chloride flush solution 0.9 % intravenous	Tier 9	Medical Only Exclusion
sodium chloride flush solution 0.9 % intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion
sodium chloride solution 0.45 % intravenous	Tier 2	
sodium chloride solution 0.9 % injection	Tier 9	Non FDA Exclusion
sodium chloride solution 0.9 % intravenous	Tier 9	Non FDA Exclusion
sodium chloride solution 0.9 % intravenous	Tier 2	
sodium chloride solution 2.5 meq/ml injection	Tier 2	
sodium chloride solution 3 % intravenous	Tier 2	
sodium chloride solution 4 meq/ml intravenous	Tier 9	Non FDA Exclusion
sodium chloride solution 4 meq/ml intravenous	Tier 2	
sodium chloride solution 5 % intravenous	Tier 2	
Trace Mineral Combinations**		
MULTRYS INTRAVENOUS SOLUTION 60-3-6-1000 MCG/ML	Tier 9	Medical Only Exclusion
TRALEMENT INTRAVENOUS SOLUTION 300-55-60-3000 MCG/ML	Tier 9	Medical Only Exclusion
Trace Minerals**		
chromic chloride intravenous solution 40 mcg/10ml	Tier 9	Medical Only Exclusion
cupric chloride intravenous solution 0.4 mg/ml	Tier 9	Medical Only Exclusion
selenious acid solution 12 mcg/2ml intravenous	Tier 9	Medical Only Exclusion; Formulary Exclusion
selenious acid solution 40 mcg/ml intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion
selenious acid solution 60 mcg/ml intravenous	Tier 9	Medical Only Exclusion
ZYCUBO SUBCUTANEOUS SOLUTION RECONSTITUTED 2.9 MG	Tier 5	PA; Specialty; QL

Drug Name	Drug Tier	Notes
Zinc**		
GALZIN ORAL CAPSULE 25 MG, 50 MG	Tier 5	Specialty
zinc chloride intravenous solution 1 mg/ml	Tier 9	Medical Only Exclusion
zinc sulfate intravenous solution 1 mg/ml, 3 mg/ml, 5 mg/ml	Tier 9	Medical Only Exclusion
Miscellaneous Therapeutic Classes		
Activated Phosphoinositide 3-Kinase Delta Syndrome Agent**		
JOENJA TABLET 40 MG ORAL	Tier 4	PA; Specialty
JOENJA TABLET 50 MG ORAL	Tier 4	PA; Specialty
JOENJA TABLET 70 MG ORAL	Tier 5	PA; Specialty
Allogeneic Thymus Tissue**		
RETHYMIC INTRAMUSCULAR IMPLANT	Tier 9	Medical Only Exclusion
Antileprotics**		
THALOMID ORAL CAPSULE 100 MG, 50 MG	Tier 5	PA; Specialty
B-Lymphocyte Stimulator (Blys)-Specific Inhibitors**		
BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED 120 MG, 400 MG	Tier 5	PA; Specialty
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	Tier 5	PA; Specialty
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	Tier 5	PA; Specialty
Chelating Agents**		
CUPRIMINE ORAL CAPSULE 250 MG	Tier 9	PA; Specialty; Formulary Exclusion
CUVRIOR ORAL TABLET 300 MG	Tier 9	PA; Specialty; Formulary Exclusion
DEPEN TITRATABS ORAL TABLET 250 MG	Tier 9	PA; Specialty; Formulary Exclusion
edetate disodium intravenous solution 150 mg/ml	Tier 9	Non FDA Exclusion; Medical Only Exclusion
penicillamine oral capsule 250 mg	Tier 9	PA; Specialty; Formulary Exclusion
penicillamine oral tablet 250 mg	Tier 5	PA; Specialty
SYPRINE ORAL CAPSULE 250 MG	Tier 9	PA; Specialty; Formulary Exclusion
trientine hcl capsule 250 mg oral	Tier 5	PA; Specialty
trientine hcl capsule 500 mg oral	Tier 5	Specialty

Drug Name	Drug Tier	Notes
Colony Stimulating Factor-1 Receptor (Csf-1R) Antibodies*		
NIKTIMVO INTRAVENOUS SOLUTION 22 MG/0.44ML, 22 MG/2.2ML, 9 MG/0.18ML, 9 MG/0.9ML	Tier 9	Medical Only Exclusion
Continuous Renal Replacement Therapy (Crrt) Solutions**		
phoxillum b22k4/0 extracorporeal solution 22-4-1 meq-mmol/l	Tier 9	Medical Only Exclusion
phoxillum bk4/2.5 extracorporeal solution 32-4-2.5-1 meq-mmol/l	Tier 9	Medical Only Exclusion; Formulary Exclusion
PRISMASOL B22GK 4/0 EXTRACORPOREAL SOLUTION 22-4 MEQ/L	Tier 9	Medical Only Exclusion; Formulary Exclusion
PRISMASOL BGK 0/2.5 EXTRACORPOREAL SOLUTION 32-2.5 MEQ/L	Tier 9	Medical Only Exclusion; Formulary Exclusion
PRISMASOL BGK 2/0 EXTRACORPOREAL SOLUTION 32-2 MEQ/L	Tier 9	Medical Only Exclusion; Formulary Exclusion
PRISMASOL BGK 2/3.5 EXTRACORPOREAL SOLUTION 32-2-3.5 MEQ/L	Tier 9	Medical Only Exclusion; Formulary Exclusion
PRISMASOL BGK 4/0/1.2 EXTRACORPOREAL SOLUTION 32-4-1.2 MEQ/L	Tier 9	Medical Only Exclusion
PRISMASOL BGK 4/2.5 EXTRACORPOREAL SOLUTION 32-4-2.5 MEQ/L	Tier 9	Medical Only Exclusion; Formulary Exclusion
PRISMASOL BK 0/0/1.2 EXTRACORPOREAL SOLUTION 32-1.2 MEQ/L	Tier 9	Medical Only Exclusion; Formulary Exclusion
trisodium citrate/crrt extracorporeal solution	Tier 9	Non FDA Exclusion
Cyclosporine Analogs**		
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	Tier 2	
cyclosporine modified oral solution 100 mg/ml	Tier 2	
cyclosporine oral capsule 100 mg, 25 mg	Tier 2	
GENGRAF ORAL CAPSULE 100 MG, 25 MG	Tier 2	
LUPKYNIS ORAL CAPSULE 7.9 MG	Tier 5	PA; Specialty; QL
NEORAL ORAL CAPSULE 100 MG, 25 MG	Tier 4	
NEORAL ORAL SOLUTION 100 MG/ML	Tier 4	

Drug Name	Drug Tier	Notes
SANDIMMUNE INTRAVENOUS SOLUTION 50 MG/ML	Tier 9	Medical Only Exclusion
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG	Tier 4	
Digital Therapy Application - Behavior & Mental Health**		
ENDEAVORRX	Tier 9	Non FDA Exclusion
FREESPIRA ENROLLMENT CHARGE	Tier 9	Non FDA Exclusion
FREESPIRA OUTCOME CHARGE 1	Tier 9	Non FDA Exclusion
FREESPIRA OUTCOME CHARGE 2	Tier 9	Non FDA Exclusion
FREESPIRA OUTCOME CHARGE 3	Tier 9	Non FDA Exclusion
FREESPIRA OUTCOME CHARGE 4	Tier 9	Non FDA Exclusion
FREESPIRA OUTCOME CHARGE 5	Tier 9	Non FDA Exclusion
MODIA	Tier 9	Non FDA Exclusion
REJOYN	Tier 9	Non FDA Exclusion
RESET FOR APPLE-IOS	Tier 9	Non FDA Exclusion
RESET FOR GOOGLE-ANDROID	Tier 9	Non FDA Exclusion
RESET-O FOR APPLE-IOS	Tier 9	Non FDA Exclusion
RESET-O FOR GOOGLE-ANDROID	Tier 9	Non FDA Exclusion
VORVIDA	Tier 9	Non FDA Exclusion
Digital Therapy Application - Gastrointestinal**		
MAHANA IBS	Tier 9	Non FDA Exclusion
Digital Therapy Application - Genitourinary**		
LEVA PELVIC HEALTH SYSTEM KIT	Tier 9	Non FDA Exclusion
Digital Therapy Application - Musculoskeletal**		
jogo-gx kit	Tier 9	Non FDA Exclusion
RELIEVRX KIT	Tier 9	Non FDA Exclusion
Digital Therapy Application - Type 2 Diabetes**		
ASPYRERX	Tier 9	Non FDA Exclusion
Digital Therapy Application - Visual**		
CURESIGHT	Tier 9	Non FDA Exclusion
LUMINOPIA	Tier 9	Non FDA Exclusion

Drug Name	Drug Tier	Notes
Digital Therapy Application - Women's Health**		
natural cycles contraceptive	Tier 9	Non FDA Exclusion
Enzymes**		
AMPHADASE INJECTION SOLUTION 150 UNIT/ML	Tier 9	Medical Only Exclusion
HYLENEX INJECTION SOLUTION 150 UNIT/ML	Tier 9	Medical Only Exclusion
XIAFLEX INJECTION SOLUTION RECONSTITUTED 0.9 MG	Tier 10	PA; Specialty
Farnesyltransferase Inhibitors**		
ZOKINVY ORAL CAPSULE 50 MG, 75 MG	Tier 5	PA; Specialty
Fecal Incontinence Bulking Agent - Combinations**		
SOLESTA INJECTION GEL 50-15 MG/ML	Tier 9	Medical Only Exclusion
Homeopathic Products**		
ACUNOL ORAL TABLET	Tier 9	Non FDA Exclusion
COLCIGEL EXTERNAL GEL	Tier 9	Non FDA Exclusion
ECZEMOL ORAL TABLET	Tier 9	Non FDA Exclusion
morcin external cream	Tier 9	Non FDA Exclusion
PSORIZIDE FORTE ORAL TABLET 30-1-15 MG	Tier 9	Non FDA Exclusion
PSORIZIDE ULTRA ORAL TABLET	Tier 9	Non FDA Exclusion
SPEEDGEL RX EXTERNAL GEL	Tier 9	Non FDA Exclusion
streptococcinum 30c sublingual pellet	Tier 9	Non FDA Exclusion
TRANZGEL EXTERNAL GEL	Tier 9	Non FDA Exclusion
Immune Globulin Immunosuppressants**		
ATGAM INTRAVENOUS SOLUTION 50 MG/ML	Tier 9	Medical Only Exclusion
THYMOGLOBULIN INTRAVENOUS SOLUTION RECONSTITUTED 25 MG	Tier 9	Medical Only Exclusion
Immunomodulators - Allogeneic Cellular Immunotherapy*		
RYONCIL <12.5KG INTRAVENOUS KIT 1 X 3.8 ML	Tier 9	Medical Only Exclusion
RYONCIL 100KG TO <112.5KG INTRAVENOUS KIT 9 X 3.8 ML	Tier 9	Medical Only Exclusion
RYONCIL 112.5KG TO <125KG INTRAVENOUS KIT 10 X 3.8 ML	Tier 9	Medical Only Exclusion

Drug Name	Drug Tier	Notes
RYONCIL 12.5KG TO <25KG INTRAVENOUS KIT 2 X 3.8 ML	Tier 9	Medical Only Exclusion
RYONCIL 125KG TO <137.5KG INTRAVENOUS KIT 11 X 3.8 ML	Tier 9	Medical Only Exclusion
RYONCIL 137.5KG TO <150KG INTRAVENOUS KIT 12 X 3.8 ML	Tier 9	Medical Only Exclusion
RYONCIL 25KG TO <37.5KG INTRAVENOUS KIT 3 X 3.8 ML	Tier 9	Medical Only Exclusion
RYONCIL 37.5KG TO <50KG INTRAVENOUS KIT 4 X 3.8 ML	Tier 9	Medical Only Exclusion
RYONCIL 50KG TO <62.5KG INTRAVENOUS KIT 5 X 3.8 ML	Tier 9	Medical Only Exclusion
RYONCIL 62.5KG TO <75KG INTRAVENOUS KIT 6 X 3.8 ML	Tier 9	Medical Only Exclusion
RYONCIL 75KG TO <87.5KG INTRAVENOUS KIT 7 X 3.8 ML	Tier 9	Medical Only Exclusion
RYONCIL 87.5KG TO <100KG INTRAVENOUS KIT 8 X 3.8 ML	Tier 9	Medical Only Exclusion
TREGZI INTRAVENOUS SUSPENSION THERAPY PACK	Tier 9	New to Market Exclusion
Immunomodulators - Btk Inhibitors**		
RHAPSIDO ORAL TABLET 25 MG	Tier 9	PA; Specialty; Formulary Exclusion
Immunomodulators - Combinations**		
VYVGART HYTRULO SUBCUTANEOUS SOLUTION 180-2000 MG-UNIT/ML	Tier 10	Medical Only Exclusion
VYVGART HYTRULO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1000-10000 MG-UNT/5ML	Tier 10	PA; Specialty
Immunomodulators For Myelodysplastic Syndromes**		
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg	Tier 5	PA; Specialty
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	Tier 9	PA; Specialty; Formulary Exclusion
Inosine Monophosphate Dehydrogenase Inhibitors**		
CELLCEPT INTRAVENOUS INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	Tier 9	Medical Only Exclusion
CELLCEPT ORAL CAPSULE 250 MG	Tier 4	

Drug Name	Drug Tier	Notes
CELLCEPT ORAL SUSPENSION RECONSTITUTED 200 MG/ML	Tier 4	
CELLCEPT ORAL TABLET 500 MG	Tier 4	
mycophenolate mofetil hcl intravenous solution reconstituted 500 mg	Tier 9	Medical Only Exclusion
mycophenolate mofetil intravenous solution reconstituted 500 mg	Tier 9	Medical Only Exclusion
mycophenolate mofetil oral capsule 250 mg	Tier 2	
mycophenolate mofetil oral suspension reconstituted 200 mg/ml	Tier 2	
mycophenolate mofetil oral tablet 500 mg	Tier 2	
mycophenolate sodium oral tablet delayed release 180 mg, 360 mg	Tier 2	
mycophenolic acid oral tablet delayed release 180 mg, 360 mg	Tier 2	
MYFORTIC ORAL TABLET DELAYED RELEASE 180 MG, 360 MG	Tier 4	
MYHIBBIN ORAL SUSPENSION 200 MG/ML	Tier 4	PA; QL
Interleukin-6 (Il-6) Antagonists**		
SYLVANT INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 400 MG	Tier 9	Medical Only Exclusion
Irrigation Solutions**		
ARGYLE STERILE WATER IRRIGATION SOLUTION	Tier 9	Formulary Exclusion
PHYSIOLYTE IRRIGATION SOLUTION	Tier 9	Medical Only Exclusion
ringers irrigation irrigation solution	Tier 2	
sterile water for irrigation solution irrigation	Tier 2	
sterile water for irrigation solution irrigation	Tier 9	Formulary Exclusion
Macrolide Immunosuppressants**		
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 5 MG	Tier 9	ST; Formulary Exclusion
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG	Tier 9	ST; Formulary Exclusion
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	Tier 5	Specialty
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	Tier 9	Medical Only Exclusion
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG	Tier 4	

Drug Name	Drug Tier	Notes
PROGRAF ORAL PACKET 0.2 MG, 1 MG	Tier 4	
sirolimus oral solution 1 mg/ml	Tier 2	
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	Tier 2	
tacrolimus er oral capsule extended release 24 hour 0.5 mg, 1 mg, 5 mg	Tier 2	ST
tacrolimus intravenous solution 5 mg/ml	Tier 9	Medical Only Exclusion
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	Tier 2	
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	Tier 5	Specialty
Misc Natural Products**		
AKKERFLOW ORAL CAPSULE	Tier 9	Non FDA Exclusion
BRUSELIX ORAL TABLET	Tier 10	Non FDA Exclusion
ultra hers rx oral capsule	Tier 9	Non FDA Exclusion
ultra his oral capsule	Tier 9	Non FDA Exclusion
ultra pcos oral capsule	Tier 9	Non FDA Exclusion
Miscellaneous Therapeutic Classes**		
NEXAVIR INJECTION SOLUTION 25.5 MG/ML	Tier 9	Medical Only Exclusion
phenol injection solution 6 %	Tier 9	Non FDA Exclusion; Medical Only Exclusion
Monoclonal Antibodies**		
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	Tier 5	PA; Specialty
GAMIFANT INTRAVENOUS SOLUTION 10 MG/2ML, 100 MG/20ML, 50 MG/10ML	Tier 9	Medical Only Exclusion
SIMULECT INTRAVENOUS SOLUTION RECONSTITUTED 10 MG, 20 MG	Tier 9	Medical Only Exclusion
UPLIZNA INTRAVENOUS SOLUTION 100 MG/10ML	Tier 9	Medical Only Exclusion
Neonatal Fc Receptor (Fcrn) Antagonists**		
IMAAVY INTRAVENOUS SOLUTION 1200 MG/6.5ML, 300 MG/1.62ML	Tier 9	Medical Only Exclusion
RYSTIGGO SUBCUTANEOUS SOLUTION 280 MG/2ML, 420 MG/3ML, 560 MG/4ML, 840 MG/6ML	Tier 9	Medical Only Exclusion
VYVGART INTRAVENOUS SOLUTION 400 MG/20ML	Tier 9	Medical Only Exclusion
Patient Assessment Services - No Drug Dispensed**		
eua patient assessment	Tier 4	

Drug Name	Drug Tier	Notes
Peritoneal Dialysis Solutions**		
DELFLEX-LC/1.5% DEXTROSE INTRAPERITONEAL SOLUTION 344 MOSM/L	Tier 9	Medical Only Exclusion
DELFLEX-LC/2.5% DEXTROSE INTRAPERITONEAL SOLUTION 394 MOSM/L	Tier 9	Medical Only Exclusion
DELFLEX-LC/4.25% DEXTROSE INTRAPERITONEAL SOLUTION 483 MOSM/L	Tier 9	Medical Only Exclusion
DIANEAL LOW CALCIUM/1.5% DEX INTRAPERITONEAL SOLUTION 344 MOSM/L	Tier 9	Medical Only Exclusion
DIANEAL LOW CALCIUM/2.5% DEX INTRAPERITONEAL SOLUTION 395 MOSM/L	Tier 9	Medical Only Exclusion
DIANEAL LOW CALCIUM/4.25% DEX INTRAPERITONEAL SOLUTION 483 MOSM/L	Tier 9	Medical Only Exclusion
DIANEAL PD-2/1.5% DEXTROSE INTRAPERITONEAL SOLUTION 346 MOSM/L	Tier 9	Medical Only Exclusion
DIANEAL PD-2/2.5% DEXTROSE INTRAPERITONEAL SOLUTION 396 MOSM/L	Tier 9	Medical Only Exclusion
DIANEAL PD-2/4.25% DEXTROSE INTRAPERITONEAL SOLUTION 485 MOSM/L	Tier 9	Medical Only Exclusion
EXTRANEAL INTRAPERITONEAL SOLUTION 7.5 %	Tier 9	Medical Only Exclusion
ULTRABAG/DIANEAL PD-2/1.5% DEX INTRAPERITONEAL SOLUTION 346 MOSM/L	Tier 9	Medical Only Exclusion
ULTRABAG/DIANEAL PD-2/2.5% DEX INTRAPERITONEAL SOLUTION 396 MOSM/L	Tier 9	Medical Only Exclusion
ULTRABAG/DIANEAL PD-2/4.25%DEX INTRAPERITONEAL SOLUTION 485 MOSM/L	Tier 9	Medical Only Exclusion
ULTRABAG/DIANEAL/2.5% DEXTROSE INTRAPERITONEAL SOLUTION 395 MOSM/L	Tier 9	Medical Only Exclusion
ULTRABAG/DIANEAL/4.25% DEX INTRAPERITONEAL SOLUTION 483 MOSM/L	Tier 9	Medical Only Exclusion

Drug Name	Drug Tier	Notes
Pik3ca-Related Overgrowth Spectrum Agents - Pi3k Inhib**		
VIJOICE ORAL PACKET 50 MG	Tier 5	PA; Specialty
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 200 & 50 MG, 50 MG	Tier 5	PA; Specialty
Potassium Removing Agents**		
KIONEX COMBINATION SUSPENSION 15 GM/60ML	Tier 2	
LOKELMA ORAL PACKET 10 GM, 5 GM	Tier 3	QL
sodium polystyrene sulfonate combination suspension 15 gm/60ml	Tier 2	
sodium polystyrene sulfonate oral powder	Tier 2	
SPS (SODIUM POLYSTYRENE SULF) COMBINATION SUSPENSION 15 GM/60ML	Tier 2	
SPS (SODIUM POLYSTYRENE SULF) RECTAL SUSPENSION 30 GM/120ML	Tier 2	
VELTASSA ORAL PACKET 1 GM, 16.8 GM, 25.2 GM, 8.4 GM	Tier 4	PA
Purine Analogs**		
AZASAN ORAL TABLET 100 MG, 75 MG	Tier 2	
azathioprine oral tablet 100 mg, 50 mg, 75 mg	Tier 2	
azathioprine sodium injection solution reconstituted 100 mg	Tier 9	Medical Only Exclusion; Formulary Exclusion
IMURAN ORAL TABLET 50 MG	Tier 4	
Rock Inhibitors**		
REZUROCK ORAL TABLET 200 MG	Tier 5	PA; Specialty
Sclerosing Agents**		
ASCLERA INTRAVENOUS SOLUTION 0.5 %, 1 %	Tier 9	Medical Only Exclusion
ETHAMOLIN INTRAVENOUS SOLUTION 5 %	Tier 9	Medical Only Exclusion
polidocanol intravenous solution 5 %	Tier 9	Non FDA Exclusion
sodium tetradecyl sulfate intravenous solution 3 %	Tier 9	Medical Only Exclusion
SOTRADECOL INTRAVENOUS SOLUTION 1 %, 3 %	Tier 9	Medical Only Exclusion
VARITHENA INTRAVENOUS FOAM 180 MG/18ML	Tier 9	Medical Only Exclusion

Drug Name	Drug Tier	Notes
Selective T-Cell Costimulation Blockers**		
NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED 250 MG	Tier 9	Medical Only Exclusion
Type I Interferon (Ifn) Receptor Antagonists**		
SAPHNELO INTRAVENOUS SOLUTION 300 MG/2ML	Tier 9	PA; Specialty; Formulary Exclusion
SAPHNELO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/0.8ML	Tier 5	PA; Specialty; QL
SAPHNELO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/0.8ML	Tier 5	PA; Specialty; QL
Uremic Pruritus Agents**		
KORSUVA INTRAVENOUS SOLUTION 65 MCG/1.3ML	Tier 9	Medical Only Exclusion
Mouth/Throat/Dental Agents		
Anesthetics Topical Oral - Combinations**		
FIRST-MOUTHWASH BLM MOUTH/THROAT SUSPENSION	Tier 4	
Anesthetics Topical Oral**		
lidocaine hcl mouth/throat solution 4 %	Tier 9	Formulary Exclusion
lidocaine viscous hcl mouth/throat solution 2 %	Tier 2	
Anti-Infectives - Throat**		
clotrimazole mouth/throat troche 10 mg	Tier 2	
nystatin suspension 100000 unit/ml mouth/throat	Tier 2	
nystatin suspension 100000 unit/ml mouth/throat	Tier 9	Formulary Exclusion
nystatin suspension 500000 unit/5ml mouth/throat	Tier 9	Formulary Exclusion
ORAVIG BUCCAL TABLET 50 MG	Tier 4	
Antiseptic Combinations - Mouth/Throat**		
DEBACTEROL MOUTH/THROAT SOLUTION 30-50 %	Tier 9	Non FDA Exclusion
Antiseptics - Mouth/Throat**		
chlorhexidine gluconate mouth/throat solution 0.12 %	Tier 2	
PERIDEX MOUTH/THROAT SOLUTION 0.12 %	Tier 9	Formulary Exclusion

Drug Name	Drug Tier	Notes
PERIOGARD MOUTH/THROAT SOLUTION 0.12 %	Tier 2	
Dental Products - Combinations**		
denta 5000 plus sensitive dental gel 1.1-5 %	Tier 10	
FLUORIDEX SENSITIVITY RELIEF DENTAL GEL 1.1-5 %	Tier 10	
FLUORIMAX 5000 SENSITIVE DENTAL GEL 1.1-5 %	Tier 10	
PREVIDENT 5000 ENAMEL PROTECT DENTAL GEL 1.1-5 %	Tier 9	Formulary Exclusion
PREVIDENT 5000 SENSITIVE DENTAL GEL 1.1-5 %	Tier 9	Formulary Exclusion
sod fluoride-potassium nitrate dental gel 1.1-5 %	Tier 10	
sodium fluoride 5000 enamel dental gel 1.1-5 %	Tier 10	
sodium fluoride 5000 sensitive dental gel 1.1-5 %	Tier 10	
Dry Mouth Agents And Artificial Saliva**		
AQUORAL MOUTH/THROAT SOLUTION	Tier 9	Non FDA Exclusion
BOCASAL MOUTH/THROAT PACKET	Tier 9	Non FDA Exclusion
MUCOSITISRX MOUTH/THROAT PACKET	Tier 9	Non FDA Exclusion
NUMOISYN MOUTH/THROAT LIQUID	Tier 9	Formulary Exclusion
NUMOISYN MOUTH/THROAT LOZENGE	Tier 9	Formulary Exclusion
SALIVAMAX MOUTH/THROAT PACKET	Tier 9	Non FDA Exclusion
Fluoride Dental Products**		
CLINPRO 5000 DENTAL PASTE 1.1 %	Tier 2	
DENTA 5000 PLUS DENTAL CREAM 1.1 %	Tier 10	
dentagel dental gel 1.1 %	Tier 10	
EASYGEL DENTAL GEL 0.4 %	Tier 2	
FLUORIDEX DAILY RENEWAL MOUTH/THROAT CONCENTRATE 0.63 %	Tier 10	
FLUORIDEX DENTAL PASTE 1.1 %	Tier 10	
FLUORIDEX ENHANCED WHITENING DENTAL PASTE 1.1 %	Tier 10	
FLUORIMAX 5000 DENTAL PASTE 1.1 %	Tier 10	
JUST FOR KIDS DENTAL GEL 0.4 %	Tier 2	
JUST RIGHT 5000 DENTAL PASTE 1.1 %	Tier 10	
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 %	Tier 9	Formulary Exclusion

Drug Name	Drug Tier	Notes
PREVIDENT 5000 DRY MOUTH DENTAL GEL 1.1 %	Tier 9	Formulary Exclusion
PREVIDENT 5000 KIDS DENTAL PASTE 1.1 %	Tier 9	Formulary Exclusion
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE 1.1 %	Tier 9	Formulary Exclusion
PREVIDENT 5000 PLUS DENTAL CREAM 1.1 %	Tier 9	Formulary Exclusion
PREVIDENT DENTAL GEL 1.1 %	Tier 9	Formulary Exclusion
PREVIDENT MOUTH/THROAT SOLUTION 0.2 %	Tier 10	
sf 5000 plus dental cream 1.1 %	Tier 10	
sf dental gel 1.1 %	Tier 10	
sodium fluoride 5000 plus dental cream 1.1 %	Tier 10	
sodium fluoride 5000 ppm dental gel 1.1 %	Tier 10	
sodium fluoride 5000 ppm dental paste 1.1 %	Tier 10	
sodium fluoride dental cream 1.1 %	Tier 10	
sodium fluoride gel 1.1 % dental	Tier 10	
sodium fluoride gel 1.1 % dental	Tier 2	
sodium fluoride gel 1.1 % dental	Tier 9	
sodium fluoride mouth/throat solution 0.2 %	Tier 10	
VANISH DENTAL LIQUID EXTENDED RELEASE 5 %	Tier 9	Non FDA Exclusion
Periodontal Anti-Infectives**		
ARESTIN DENTAL 1 MG	Tier 9	Medical Only Exclusion
Protectants - Mouth/Throat**		
EPISIL MOUTH/THROAT LIQUID	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
GELCLAIR MOUTH/THROAT GEL	Tier 9	Non FDA Exclusion
MUCOTROL MOUTH/THROAT WAFER	Tier 9	Formulary Exclusion
MUGARD MOUTH/THROAT LIQUID	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
ORAFATE MOUTH/THROAT PASTE 10 %	Tier 9	Non FDA Exclusion; Non Essential Drug Exclusion
ORAMAGICRX MOUTH/THROAT SUSPENSION RECONSTITUTED	Tier 9	Formulary Exclusion
ORAPEUTIC MOUTH/THROAT GEL	Tier 9	Non FDA Exclusion
PROTHELIAL MOUTH/THROAT PASTE 10 %	Tier 9	Non FDA Exclusion; Non Essential Drug Exclusion

Drug Name	Drug Tier	Notes
Saliva Stimulants**		
cevimeline hcl oral capsule 30 mg	Tier 2	
EVOXAC ORAL CAPSULE 30 MG	Tier 9	Formulary Exclusion
pilocarpine hcl oral tablet 5 mg, 7.5 mg	Tier 2	
SALAGEN ORAL TABLET 5 MG, 7.5 MG	Tier 9	Formulary Exclusion
Steroid Combinations - Mouth/Throat/Dental**		
acyclonine mum mouth/throat aerosol powder 36.7-16.7-3.33 %	Tier 9	Non FDA Exclusion
Steroids - Mouth/Throat/Dental**		
KOURZEQ MOUTH/THROAT PASTE 0.1 %	Tier 2	
ORALONE MOUTH/THROAT PASTE 0.1 %	Tier 2	
triamcinolone acetonide mouth/throat paste 0.1 %	Tier 2	
Multivitamins		
B-Complex Vitamins**		
EB-N3 DR ORAL CAPSULE DELAYED RELEASE	Tier 9	Non FDA Exclusion
vitamin b-complex 100 injection solution	Tier 9	Medical Only Exclusion
B-Complex W/ C & Folic Acid**		
activite oral tablet 1 mg	Tier 10	Non FDA Exclusion
b-plex oral tablet	Tier 9	Formulary Exclusion
DEXIFOL ORAL TABLET 5 MG	Tier 1	Non FDA Exclusion
DIALYVITE ORAL TABLET	Tier 10	Formulary Exclusion
folbee plus oral tablet	Tier 1	Formulary Exclusion
hylavite oral tablet	Tier 9	Non FDA Exclusion
METAVAX ORAL TABLET 1 MG	Tier 9	Non FDA Exclusion
metavite oral tablet	Tier 9	Non FDA Exclusion
mi-vite rx oral tablet 1 mg	Tier 10	
MYNEPHRON ORAL CAPSULE 1 MG	Tier 10	Non FDA Exclusion
NUTRIBOOST ORAL CAPSULE 1 MG	Tier 9	Non FDA Exclusion
NUTRICORE ORAL TABLET 0.8 MG	Tier 9	Formulary Exclusion
nutrivio oral capsule 1 mg	Tier 9	Non FDA Exclusion
RENAL ORAL CAPSULE 1 MG	Tier 10	Formulary Exclusion
reno caps oral capsule 1 mg	Tier 1	Formulary Exclusion
SYMTREX ORAL TABLET 0.8 MG	Tier 9	Formulary Exclusion
triphrocaps oral capsule 1 mg	Tier 10	Formulary Exclusion
tronvite oral tablet 1 mg	Tier 10	Non FDA Exclusion
TRUEBOOST ORAL TABLET 1 MG	Tier 9	Non FDA Exclusion

Drug Name	Drug Tier	Notes
vitasure oral tablet 1 mg	Tier 10	Non FDA Exclusion
wescaps oral capsule 1 mg	Tier 10	Formulary Exclusion
B-Complex W/ C**		
lumavex oral capsule	Tier 9	Non FDA Exclusion
LUNAVIRA ORAL CAPSULE	Tier 9	Non FDA Exclusion
B-Complex W/ C-Biotin-D-Zinc & Folic Acid**		
VITAL-D RX ORAL TABLET 1 MG	Tier 10	Formulary Exclusion
B-Complex W/ C-Biotin-E & Folic Acid**		
RENATABS ORAL TABLET 1 MG	Tier 10	Formulary Exclusion
B-Complex W/ C-Biotin-E-Folic Acid & Iron**		
RENATABS WITH IRON ORAL 1 & 100 MG	Tier 10	Formulary Exclusion
B-Complex W/ C-Biotin-E-Minerals & Folic Acid**		
DIALYVITE 3000 ORAL TABLET 3 MG	Tier 1	Formulary Exclusion
DIALYVITE 5000 ORAL TABLET 5 MG	Tier 9	Formulary Exclusion
B-Complex W/ C-D-E & Folic Acid**		
cobalefol oral capsule 1 mg	Tier 9	Non FDA Exclusion
solivite oral capsule 0.4 mg	Tier 9	Non FDA Exclusion
teravax oral capsule 0.4 mg	Tier 9	Non FDA Exclusion
vitanex oral capsule 0.4 mg	Tier 9	Non FDA Exclusion
vitara oral capsule 0.4 mg	Tier 9	Non FDA Exclusion
B-Complex W/ C-Zn & Folic Acid**		
DIALYVITE/ZINC ORAL TABLET	Tier 10	Formulary Exclusion
NEPHPLEX RX ORAL TABLET	Tier 10	Formulary Exclusion
B-Complex W/ Folic Acid**		
PAXLYTE ORAL CAPSULE	Tier 9	Non FDA Exclusion
B-Complex W/ Lysine-Min-Fe & Folic Acid**		
NUTRIVIT ORAL LIQUID	Tier 9	Formulary Exclusion
B-Complex W/ Lysine-Zn & Folic Acid**		
SUPERVITE ORAL LIQUID	Tier 9	Formulary Exclusion
Bioflavonoid Products**		
ADRENAL C FORMULA ORAL TABLET	Tier 9	Formulary Exclusion

Drug Name	Drug Tier	Notes
Multiple Vitamins W/ Iron**		
ALTRIVA ORAL TABLET CHEWABLE	Tier 9	Non FDA Exclusion
DAVIMET-IRON ORAL TABLET CHEWABLE	Tier 10	Non FDA Exclusion
DERMACINRX BOOSTERVITE ORAL TABLET	Tier 9	Non FDA Exclusion
DUOVANCE ORAL TABLET	Tier 9	Non FDA Exclusion
FLORAVITA MINI ORAL TABLET	Tier 9	Non FDA Exclusion
mirexa oral tablet	Tier 9	Non FDA Exclusion
Multiple Vitamins W/ Minerals & Calcium-Folic Acid**		
FOLGARD OS ORAL TABLET 500-1.1 MG	Tier 10	Formulary Exclusion
Multiple Vitamins W/ Minerals**		
AFLORA ORAL TABLET	Tier 9	Non FDA Exclusion
BACMIN ORAL TABLET	Tier 10	Formulary Exclusion
biocel oral tablet	Tier 10	Formulary Exclusion
b-plex plus oral tablet	Tier 10	Formulary Exclusion
corevia oral tablet	Tier 9	Non FDA Exclusion
CORVITA ORAL TABLET	Tier 10	Formulary Exclusion
dayavite oral tablet	Tier 10	Non FDA Exclusion
DERMACINRX MULTITAM ORAL TABLET	Tier 10	Non FDA Exclusion
DERMACINRX RIBOTIN-E ORAL TABLET	Tier 10	Non FDA Exclusion
DERMACINRX ZINTREXYL-C ORAL TABLET	Tier 10	Non FDA Exclusion
DEXATRAN ORAL CAPSULE	Tier 10	Non FDA Exclusion
DIALYVITE SUPREME D ORAL TABLET	Tier 10	Formulary Exclusion
DIATROL ORAL TABLET	Tier 10	Non FDA Exclusion
ENLYTE GUMMY+ ORAL TABLET CHEWABLE	Tier 9	Non FDA Exclusion
EVERCORE ORAL TABLET	Tier 9	Non FDA Exclusion
evervita oral tablet	Tier 9	Non FDA Exclusion
FINAZOL ORAL TABLET	Tier 10	Non FDA Exclusion
FLORRAXYL ORAL TABLET	Tier 9	Non FDA Exclusion
folamax oral tablet	Tier 10	Non FDA Exclusion
folamed dha oral capsule	Tier 10	Non FDA Exclusion
folaprime oral tablet	Tier 9	Non FDA Exclusion
FOLAREX ORAL TABLET	Tier 9	Non FDA Exclusion
folasync dha oral capsule	Tier 9	Non FDA Exclusion

Drug Name	Drug Tier	Notes
FOLATEN ORAL TABLET	Tier 9	Non FDA Exclusion
FOLIFLEX ORAL TABLET	Tier 10	Non FDA Exclusion
FOLITIN-Z ORAL TABLET	Tier 10	Non FDA Exclusion
folivra oral tablet	Tier 9	Non FDA Exclusion
FOLIXIA ORAL TABLET	Tier 9	Non FDA Exclusion
FOLYRA ORAL TABLET	Tier 9	Non FDA Exclusion
hylazinc oral tablet	Tier 10	Non FDA Exclusion
hyvite oral tablet	Tier 9	Non FDA Exclusion
keyfolic oral tablet	Tier 10	Non FDA Exclusion
KEYLOSA ORAL TABLET	Tier 9	Non FDA Exclusion
LIVITA ADULTS ORAL LIQUID	Tier 10	Non FDA Exclusion
LYSIPLEX PLUS ORAL TABLET	Tier 10	Formulary Exclusion
medi tab oral tablet	Tier 9	Non FDA Exclusion
MENATROL ORAL CAPSULE	Tier 10	Non FDA Exclusion
multipro oral capsule	Tier 10	Non FDA Exclusion
MULTITOL-M ORAL TABLET	Tier 10	Non FDA Exclusion
neovite oral tablet	Tier 10	Formulary Exclusion
NICADAN ORAL TABLET	Tier 10	Formulary Exclusion
NICAZEL FORTE ORAL TABLET	Tier 10	Formulary Exclusion
NICAZEL ORAL TABLET	Tier 10	Formulary Exclusion
NORIXA ORAL TABLET	Tier 9	Non FDA Exclusion
NORVEXA ORAL TABLET	Tier 9	Non FDA Exclusion
NUTRALYN ORAL TABLET	Tier 9	Non FDA Exclusion
NUTRAVANCE ORAL TABLET	Tier 9	Non FDA Exclusion
NUTRIFAC ZX ORAL TABLET	Tier 10	Formulary Exclusion
oculyra oral tablet	Tier 9	Non FDA Exclusion
onevite oral tablet	Tier 10	Formulary Exclusion
prev-rx oral tablet	Tier 9	Non FDA Exclusion
profola oral tablet	Tier 10	Non FDA Exclusion
REMEDIENT ORAL CAPSULE	Tier 10	Non FDA Exclusion
revyra oral tablet	Tier 9	Non FDA Exclusion
STROVITE FORTE ORAL SYRUP	Tier 10	Formulary Exclusion
STROVITE ONE ORAL TABLET	Tier 10	Formulary Exclusion
support oral liquid	Tier 10	Non FDA Exclusion
trexion oral capsule	Tier 9	Non FDA Exclusion
TREXVIA ORAL CAPSULE	Tier 9	Non FDA Exclusion
truevite oral tablet	Tier 9	Non FDA Exclusion
UDAMIN SP ORAL TABLET	Tier 10	Formulary Exclusion

Drug Name	Drug Tier	Notes
v-c forte oral capsule	Tier 10	Formulary Exclusion
VENEXA FE ORAL TABLET	Tier 10	Non FDA Exclusion
VENEXA ORAL TABLET	Tier 10	Non FDA Exclusion
VENTRIXYL FE ORAL TABLET	Tier 10	Non FDA Exclusion
VENTRIXYL ORAL TABLET	Tier 10	Non FDA Exclusion
VIC-FORTE ORAL CAPSULE	Tier 10	Formulary Exclusion
VITA S FORTE ORAL TABLET	Tier 10	Formulary Exclusion
VITACEL ORAL TABLET	Tier 10	Formulary Exclusion
VITACORE ORAL TABLET	Tier 9	Non FDA Exclusion
VITALUX ORAL TABLET	Tier 9	Non FDA Exclusion
VITAROCA PLUS ORAL TABLET	Tier 10	Formulary Exclusion
vitascript oral tablet	Tier 9	Non FDA Exclusion
VITRAMYN ORAL TABLET	Tier 10	Non FDA Exclusion
VITRANOL FE ORAL TABLET	Tier 10	Non FDA Exclusion
VITRANOL ORAL TABLET	Tier 10	Non FDA Exclusion
VITREXATE FE ORAL TABLET	Tier 10	Non FDA Exclusion
VITREXATE ORAL TABLET	Tier 10	Non FDA Exclusion
VITREXYL + IRON ORAL TABLET	Tier 10	Non FDA Exclusion
VITREXYL ORAL TABLET	Tier 10	Non FDA Exclusion
wellfola oral tablet	Tier 9	Non FDA Exclusion
Multivitamins		
AMLADEX ORAL TABLET	Tier 10	Non FDA Exclusion
avowise oral tablet	Tier 9	Non FDA Exclusion
DAVIMET-M ORAL TABLET CHEWABLE	Tier 10	Non FDA Exclusion
DERMACINRX DAVIMET ORAL TABLET CHEWABLE	Tier 10	Non FDA Exclusion
DERMACINRX MULTIVITAMIN ORAL TABLET CHEWABLE	Tier 10	Non FDA Exclusion
folachew oral tablet chewable	Tier 9	Non FDA Exclusion
folawise oral tablet	Tier 9	Non FDA Exclusion
FOLCYTEINE ORAL TABLET	Tier 10	Non FDA Exclusion
folivance oral capsule	Tier 9	Non FDA Exclusion
FOLIVEX ORAL CAPSULE	Tier 9	Non FDA Exclusion
INFUVITE ADULT INTRAVENOUS SOLUTION	Tier 9	Medical Only Exclusion
micronex oral capsule	Tier 9	Non FDA Exclusion
minovia oral tablet	Tier 9	Non FDA Exclusion
multiple vitamins adult intravenous solution	Tier 9	Medical Only Exclusion
neurodana b-complex support oral capsule	Tier 9	Non FDA Exclusion

Drug Name	Drug Tier	Notes
nexochew oral tablet chewable	Tier 9	Non FDA Exclusion
novite oral capsule	Tier 9	Non FDA Exclusion
TRUEONE ORAL TABLET	Tier 9	Non FDA Exclusion
VALENTRA ORAL TABLET	Tier 9	Non FDA Exclusion
virelix oral tablet	Tier 9	Non FDA Exclusion
VIREXA ORAL TABLET	Tier 9	Non FDA Exclusion
vitachew oral tablet chewable	Tier 9	Non FDA Exclusion
VITAVERA ORAL TABLET CHEWABLE	Tier 9	Non FDA Exclusion
VITLIPID N ADULT INTRAVENOUS EMULSION	Tier 9	Medical Only Exclusion
vitrax oral tablet	Tier 9	Non FDA Exclusion
vitrion oral tablet	Tier 9	Non FDA Exclusion
zenvita oral capsule	Tier 9	Non FDA Exclusion
Niacinamide W/ Zinc-Copper & Folic Acid**		
NICOMIDE ORAL TABLET 750-27-2-0.5 MG	Tier 10	Formulary Exclusion
nicotinamide oral tablet 750-27-2-0.5 mg	Tier 9	Non FDA Exclusion
Ped Multi Vitamins W/Fl & Fe**		
multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml	Tier 10	Formulary Exclusion
POLY-VI-FLOR/IRON ORAL TABLET CHEWABLE 0.5-10 MG	Tier 10	Formulary Exclusion
POLY-VI-FLOR/IRON SUSPENSION 0.25-7 MG/ML ORAL (OTC)	Tier 10	Formulary Exclusion
POLY-VI-FLOR/IRON SUSPENSION 0.25-7 MG/ML ORAL (RX)	Tier 9	Formulary Exclusion
Ped Multiple Vitamins W/ Minerals**		
LIVITA CHILDREN ORAL LIQUID	Tier 10	Non FDA Exclusion
Ped Mv W/ Fluoride**		
DAVIMET-FLUORIDE ORAL TABLET CHEWABLE 0.75 MG	Tier 10	Non FDA Exclusion
FLORIVA PLUS ORAL SUSPENSION 0.25 MG/ML	Tier 10	Formulary Exclusion
FLOTREX ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG	Tier 10	Non FDA Exclusion
multivitamin w/fluoride tablet chewable 0.25 mg oral	Tier 10	Formulary Exclusion
multivitamin w/fluoride tablet chewable 0.25 mg oral	Tier 9	Non FDA Exclusion

Drug Name	Drug Tier	Notes
multivitamin w/fluoride tablet chewable 0.5 mg oral	Tier 10	Formulary Exclusion
multivitamin w/fluoride tablet chewable 0.5 mg oral	Tier 9	Non FDA Exclusion
multivitamin w/fluoride tablet chewable 1 mg oral	Tier 10	Formulary Exclusion
multivitamin w/fluoride tablet chewable 1 mg oral	Tier 9	Non FDA Exclusion
multivitamin/fluoride oral suspension 0.25 mg/ml	Tier 9	Formulary Exclusion
multi-vitamin/fluoride oral suspension 0.25 mg/ml, 0.5 mg/ml	Tier 10	Formulary Exclusion
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	Tier 10	Formulary Exclusion
MULTI-VIT-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG	Tier 10	Formulary Exclusion
POLY-VI-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG	Tier 10	Formulary Exclusion
POLY-VI-FLOR SUSPENSION 0.25 MG/ML ORAL	Tier 10	Formulary Exclusion
POLY-VI-FLOR SUSPENSION 0.25 MG/ML ORAL	Tier 9	Formulary Exclusion
TRI-VI-FLOR ORAL SUSPENSION 0.25 MG/ML	Tier 10	Formulary Exclusion
tri-vitamin with fluoride oral suspension 0.25 mg/ml	Tier 9	Formulary Exclusion
Ped Vitamins Acd & Fa W/ Fluoride**		
tri-vi-floro oral suspension 0.25 mg/ml, 0.5 mg/ml	Tier 10	Formulary Exclusion
Ped Vitamins Acd W/ Fluoride**		
tri-vite/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	Tier 10	Formulary Exclusion
Pediatric Multiple Vitamins & Minerals W/ Fluoride**		
FLORIVA ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG	Tier 10	Formulary Exclusion
Pediatric Multiple Vitamins**		
INFUVITE PEDIATRIC INTRAVENOUS SOLUTION	Tier 10	Medical Only Exclusion
multiple vitamins pediatric intravenous solution	Tier 9	Medical Only Exclusion
VITALIPID N INFANT INTRAVENOUS EMULSION	Tier 9	Medical Only Exclusion
VITLIPID N INFANT INTRAVENOUS EMULSION	Tier 9	Medical Only Exclusion

Drug Name	Drug Tier	Notes
Prenatal Mv & Min W/Fe-Fa**		
ATABEX EC ORAL TABLET DELAYED RELEASE 29-1 MG	Tier 4	
azentra oral tablet 13-1 mg	Tier 9	Non FDA Exclusion
azesco oral tablet 13-1 mg	Tier 9	Non FDA Exclusion
c-nate dha oral capsule 28-1-200 mg	Tier 4	
completenate oral tablet chewable 29-1 mg	Tier 4	
CO-NATAL FA ORAL TABLET	Tier 4	
CONCEPT DHA ORAL CAPSULE 53.5-38-1 MG	Tier 1	
CONCEPT OB ORAL CAPSULE 130-92.4-1 MG	Tier 4	
DERMACINRX PNV PRENATOL ORAL TABLET 27-1 MG	Tier 9	Non FDA Exclusion
DERMACINRX PRETRATE ORAL TABLET 1 MG	Tier 10	
ELITE-OB ORAL TABLET 50-1.25 MG	Tier 10	
EMBRIVA ORAL TABLET 13-1 MG	Tier 9	Non FDA Exclusion
ENBRACE HR ORAL CAPSULE	Tier 10	
folatexcel oral tablet 20-1 mg	Tier 4	
FOLIVANE-OB ORAL CAPSULE 85-1 MG	Tier 4	
GESTYRA ORAL TABLET 13-1 MG	Tier 9	Non FDA Exclusion
INATAL GT ORAL TABLET	Tier 4	
jenliva prenatal/postnatal oral capsule 1 mg	Tier 9	Non FDA Exclusion
kosher prenatal plus iron oral tablet 30-1 mg	Tier 10	
MATERNACEL ORAL TABLET 20-1 MG	Tier 9	Non FDA Exclusion
matervia oral capsule 0.5 mg	Tier 9	Non FDA Exclusion
MATRIAPRO ORAL TABLET CHEWABLE 29-1 MG	Tier 3	
matronex oral tablet 27-1 mg	Tier 10	
m-natal plus oral tablet 27-1 mg	Tier 10	Non FDA Exclusion
natal pnv oral tablet 6-0.5 mg	Tier 9	Non FDA Exclusion
natalchew oral tablet chewable 29-1 mg	Tier 4	
NATALCORE ORAL TABLET CHEWABLE 29-1 MG	Tier 4	
NEEVO DHA ORAL CAPSULE 27-1.13 MG	Tier 10	
neomaterna oral tablet 20-1 mg	Tier 4	
neonatal complete oral tablet 27-1 mg	Tier 10	
NEONATAL PLUS TABLET 27-1 MG ORAL	Tier 10	
NEONATAL PLUS TABLET 27-1 MG ORAL	Tier 10	Non FDA Exclusion

Drug Name	Drug Tier	Notes
NESTABS DHA ORAL 32-1 MG	Tier 10	
NESTABS ORAL TABLET 32-1 MG	Tier 10	
NIVA-PLUS ORAL TABLET 27-1 MG	Tier 10	
novyra oral tablet 1 mg	Tier 4	
OB COMPLETE ONE ORAL CAPSULE 50-1-476 MG	Tier 10	
OB COMPLETE ORAL TABLET 50-1.25 MG	Tier 10	
OB COMPLETE PETITE ORAL CAPSULE 35-5-1-200 MG	Tier 10	
OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG	Tier 10	
OB COMPLETE/DHA ORAL CAPSULE 30-10-1-200 MG	Tier 10	
one vite womens plus oral tablet 27-1 mg	Tier 10	
ONENATAL RX ORAL TABLET 1 MG	Tier 4	
pnv 27-ca/fe/fa oral tablet 60-1 mg	Tier 4	
pnv tabs 20-1 oral tablet 20-1 mg	Tier 9	Non FDA Exclusion
pnv-omega oral capsule 28-0.6-0.4-340 mg	Tier 4	
pnv-select oral tablet 27-0.6-0.4 mg	Tier 4	
pregenna oral tablet 20-1 mg	Tier 9	Non FDA Exclusion
prena1 pearl oral capsule extended release 30-1.4-200 mg	Tier 4	
PRENACORE ORAL TABLET CHEWABLE 29-1 MG	Tier 3	
PRENATABS RX ORAL TABLET 29-1 MG	Tier 1	
prenatal 19 oral tablet 29-1 mg	Tier 3	
prenatal 19 tablet chewable 29-1 mg oral	Tier 3	
prenatal 19 tablet chewable oral	Tier 1	
prenatal oral tablet 27-1 mg	Tier 1	
prenatal plus oral tablet 27-1 mg	Tier 10	
prenatal plus vitamin/mineral oral tablet 27-1 mg	Tier 10	
PRENATAL-U ORAL CAPSULE 106.5-1 MG	Tier 3	
PRENATE ELITE ORAL TABLET 20-0.6-0.4 MG	Tier 10	
PRENATOL-M ORAL TABLET 27-1.2 MG	Tier 10	Non FDA Exclusion
PRENATRIX ORAL TABLET 27-1 MG	Tier 10	Non FDA Exclusion
PRENATRYL ORAL TABLET 27-1 MG	Tier 10	Non FDA Exclusion
prenova oral tablet 0.8 mg	Tier 4	
prenyra oral tablet 1 mg	Tier 4	

Drug Name	Drug Tier	Notes
PROVIDA OB ORAL CAPSULE 20-20-1.25 MG	Tier 4	
RELEVIA ORAL TABLET 27-1 MG	Tier 9	Non FDA Exclusion
relnate dha oral capsule 28-1-200 mg	Tier 4	
SELECT-OB ORAL TABLET CHEWABLE 29-0.6-0.4 MG, 29-1 MG	Tier 10	
se-natal 19 oral tablet 29-1 mg	Tier 1	
se-natal 19 oral tablet chewable 29-1 mg	Tier 3	
TARON-C DHA ORAL CAPSULE 35-1 MG	Tier 1	
thrivite rx oral tablet 29-1 mg	Tier 1	
trinatal rx 1 oral tablet 60-1 mg	Tier 4	
TRINATE ORAL TABLET	Tier 1	
VINATE DHA RF ORAL CAPSULE 27-1.13 MG	Tier 10	
VITAFOL GUMMIES ORAL TABLET CHEWABLE 3.33-0.333-34.8 MG	Tier 10	
VITAFOL-OB ORAL TABLET	Tier 10	
vitalara oral tablet 20-1 mg	Tier 9	Non FDA Exclusion
VITATHELY WITH GINGER ORAL TABLET 27-1 MG	Tier 10	Non FDA Exclusion
wesnate dha oral capsule 28-1-200 mg	Tier 4	
westab plus oral tablet 27-1 mg	Tier 1	
zalvit oral tablet 13-1 mg	Tier 9	Non FDA Exclusion
ziphex oral tablet 13-1 mg	Tier 9	Non FDA Exclusion
Prenatal Mv & Min W/Fe-Fa-Ca-Omega 3 Fish Oil**		
complete natal dha oral 29-1-200 & 200 mg	Tier 4	
wesnatal dha complete oral 29-1-200 & 200 mg	Tier 4	
Prenatal Mv & Min W/Fe-Fa-Dha**		
CITRANATAL 90 DHA ORAL 90-1 & 300 MG	Tier 4	
CITRANATAL ASSURE ORAL 35-1 & 300 MG	Tier 4	
NESTABS ONE ORAL CAPSULE 38-1-225 MG	Tier 10	
OBSTETRIX DHA ORAL 29-1 & 350 MG	Tier 4	
pnv-dha oral capsule 27-0.6-0.4-300 mg	Tier 4	
pnv-dha+docusate oral capsule 27-1.25-300 mg	Tier 4	
pregen dha oral capsule 28-1-35 mg	Tier 9	Non FDA Exclusion
prena 1 true oral 30-1.4 & 300 mg	Tier 4	

Drug Name	Drug Tier	Notes
PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG	Tier 10	
PRENATE ENHANCE ORAL CAPSULE 28-0.6-0.4-400 MG	Tier 10	
PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG	Tier 10	
PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG	Tier 10	
PRENATE PIXIE ORAL CAPSULE 10-0.6-0.4-200 MG	Tier 10	
PRENATE RESTORE ORAL CAPSULE 27-0.6-0.4-400 MG	Tier 10	
SELECT-OB+DHA ORAL 29-1 & 250 MG	Tier 10	
tristart dha oral capsule 31-0.6-0.4-200 mg	Tier 10	
VITAFOL FE+ ORAL CAPSULE 90-0.6-0.4-200 MG	Tier 4	
VITAFOL ULTRA ORAL CAPSULE 29-0.6-0.4-200 MG	Tier 10	
VITAFOL-OB+DHA ORAL 65-1 & 250 MG	Tier 10	
VITAFOL-ONE ORAL CAPSULE 29-1-200 MG	Tier 10	
wescap-pn dha oral capsule 27-0.6-0.4-300 mg	Tier 4	
westgel dha oral capsule 31-0.6-0.4-200 mg	Tier 10	
Prenatal Mv & Minerals W/ Fa-Omega Fatty Acids W/O Iron**		
prenyvia oral tablet chewable 0.18-67 mg	Tier 9	Non FDA Exclusion
Prenatal Mv & Minerals W/Fa Without Iron**		
PRENATE ORAL TABLET CHEWABLE 0.6-0.4 MG	Tier 10	
Prenatal Vitamins**		
PREMESISRX ORAL TABLET 1 MG	Tier 10	
prena1 oral tablet chewable 1.4 mg	Tier 4	
PRENATE AM ORAL TABLET 1 MG	Tier 10	
Specialty Vitamins Products**		
glp core oral tablet	Tier 9	Non FDA Exclusion
glp-dlax oral tablet	Tier 9	Non FDA Exclusion
INFLAMEX ORAL CAPSULE	Tier 10	Non FDA Exclusion
METAVEX ORAL TABLET	Tier 9	Non FDA Exclusion
pro hers rx oral capsule	Tier 10	Non FDA Exclusion

Drug Name	Drug Tier	Notes
pro his rx oral capsule	Tier 10	Non FDA Exclusion
pro pcos rx oral capsule	Tier 10	Non FDA Exclusion
SYNVERA ORAL TABLET	Tier 9	Non FDA Exclusion
vylaris oral tablet	Tier 9	Non FDA Exclusion
Vitamins A & D**		
cod liver oil oral oil	Tier 10	Formulary Exclusion
Musculoskeletal Therapy Agents		
Articular Cartilage Repair Therapy**		
MACI INTRA-ARTICULAR SHEET	Tier 9	Medical Only Exclusion
Central Muscle Relaxants**		
AMRIX ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG, 30 MG	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
ATMEKSI ORAL SUSPENSION 750 MG/5ML	Tier 4	PA; QL
baclofen intrathecal solution 10 mg/20ml, 20000 mcg/20ml, 40 mg/20ml, 40000 mcg/20ml	Tier 9	Medical Only Exclusion
baclofen intrathecal solution prefilled syringe 50 mcg/ml	Tier 9	Medical Only Exclusion
baclofen oral suspension 25 mg/5ml	Tier 2	PA
baclofen refill kit-synchromed intrathecal kit 40 mg/20ml	Tier 9	Medical Only Exclusion
baclofen solution 10 mg/5ml oral	Tier 2	PA
baclofen solution 5 mg/5ml oral	Tier 2	PA
baclofen solution 5 mg/5ml oral	Tier 4	PA
baclofen tablet 10 mg oral	Tier 2	
baclofen tablet 15 mg oral	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
baclofen tablet 20 mg oral	Tier 2	
baclofen tablet 5 mg oral	Tier 2	
carisoprodol tablet 250 mg oral	Tier 2	QL
carisoprodol tablet 250 mg oral	Tier 9	Formulary Exclusion; QL
carisoprodol tablet 350 mg oral	Tier 2	
carisoprodol tablet 350 mg oral	Tier 2	Formulary Exclusion
carisoprodol tablet 350 mg oral	Tier 9	Formulary Exclusion
chlorzoxazone tablet 250 mg oral	Tier 9	Non Essential Drug Exclusion
chlorzoxazone tablet 375 mg oral	Tier 9	Non Essential Drug Exclusion
chlorzoxazone tablet 500 mg oral	Tier 2	
chlorzoxazone tablet 750 mg oral	Tier 9	Non Essential Drug Exclusion

Drug Name	Drug Tier	Notes
cyclobenzaprine hcl er oral capsule extended release 24 hour 15 mg, 30 mg	Tier 9	Non Essential Drug Exclusion
cyclobenzaprine hcl tablet 10 mg oral	Tier 2	
cyclobenzaprine hcl tablet 5 mg oral	Tier 2	
cyclobenzaprine hcl tablet 7.5 mg oral	Tier 9	Non Essential Drug Exclusion
enovarx-cyclobenzaprine hcl transdermal cream 20 mg/gm	Tier 9	Non FDA Exclusion
FEXMID ORAL TABLET 7.5 MG	Tier 9	Non Essential Drug Exclusion
FLEQSUVY ORAL SUSPENSION 25 MG/5ML	Tier 9	PA; Formulary Exclusion
GABLOFEN INTRATHECAL SOLUTION 10000 MCG/20ML, 20000 MCG/20ML, 40000 MCG/20ML	Tier 9	Medical Only Exclusion
GABLOFEN INTRATHECAL SOLUTION PREFILLED SYRINGE 10000 MCG/20ML, 20000 MCG/20ML, 40000 MCG/20ML, 50 MCG/ML	Tier 9	Medical Only Exclusion
LIORESAL INTRATHECAL SOLUTION 0.05 MG/ML, 10 MG/20ML, 10 MG/5ML, 40 MG/20ML	Tier 9	Medical Only Exclusion
metaxalone tablet 400 mg oral	Tier 2	QL
metaxalone tablet 640 mg oral	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
metaxalone tablet 800 mg oral	Tier 2	QL
methocarbamol injection solution 1000 mg/10ml	Tier 9	Medical Only Exclusion
methocarbamol tablet 1000 mg oral	Tier 9	Non Essential Drug Exclusion
methocarbamol tablet 1000 mg oral	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
methocarbamol tablet 500 mg oral	Tier 2	
methocarbamol tablet 750 mg oral	Tier 2	
ONTRALFY ORAL SOLUTION 2 MG/5ML	Tier 9	Non Essential Drug Exclusion
orphenadrine citrate er oral tablet extended release 12 hour 100 mg	Tier 2	
orphenadrine citrate injection solution 30 mg/ml	Tier 9	Medical Only Exclusion
OZOBAX DS ORAL SOLUTION 10 MG/5ML	Tier 4	PA
ROBAXIN INJECTION SOLUTION 1000 MG/10ML	Tier 9	Medical Only Exclusion
SOMA TABLET 250 MG ORAL	Tier 9	Formulary Exclusion; QL
SOMA TABLET 350 MG ORAL	Tier 9	Formulary Exclusion
TABRADOL FUSEPAQ ORAL SUSPENSION 1 MG/ML	Tier 9	Non FDA Exclusion
TANLOR ORAL TABLET 1000 MG	Tier 9	Non Essential Drug Exclusion

Drug Name	Drug Tier	Notes
tizanidine hcl capsule 2 mg oral	Tier 10	
tizanidine hcl capsule 4 mg oral	Tier 10	
tizanidine hcl capsule 6 mg oral	Tier 10	
tizanidine hcl capsule 8 mg oral	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
tizanidine hcl oral tablet 2 mg, 4 mg	Tier 2	
ZANAFLEX CAPSULE 2 MG ORAL	Tier 9	Formulary Exclusion
ZANAFLEX CAPSULE 4 MG ORAL	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
ZANAFLEX CAPSULE 6 MG ORAL	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
ZANAFLEX CAPSULE 8 MG ORAL	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
ZANAFLEX ORAL TABLET 4 MG	Tier 9	Formulary Exclusion
Direct Muscle Relaxants**		
DANTRIUM INTRAVENOUS SOLUTION RECONSTITUTED 20 MG	Tier 9	Medical Only Exclusion
DANTRIUM ORAL CAPSULE 25 MG	Tier 9	Formulary Exclusion
dantrolene sodium intravenous solution reconstituted 20 mg	Tier 9	Medical Only Exclusion
dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg	Tier 2	
REVONTO INTRAVENOUS SOLUTION RECONSTITUTED 20 MG	Tier 9	Medical Only Exclusion
RYANODEX INTRAVENOUS SUSPENSION RECONSTITUTED 250 MG	Tier 9	Medical Only Exclusion
Fop Agents - Activin Signaling Inhibitor**		
PASATRU INTRAVENOUS SOLUTION 300 MG/5ML	Tier 9	Medical Only Exclusion
Muscle Relaxant Combinations**		
norgesic forte oral tablet 50-770-60 mg	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
NORGESIC ORAL TABLET 25-385-30 MG	Tier 9	Non Essential Drug Exclusion
orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg	Tier 9	Non Essential Drug Exclusion
ORPHENGESIC FORTE ORAL TABLET 50-770-60 MG	Tier 9	Non Essential Drug Exclusion

Drug Name	Drug Tier	Notes
Retinoic Acid Receptor Gamma Selective Agonists**		
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG	Tier 5	PA; Specialty
Viscosupplement Combinations**		
HYRONAN INJECTION KIT 1 & 2 %	Tier 9	Non FDA Exclusion; Medical Only Exclusion
Viscosupplements**		
DUROLANE INTRA-ARTICULAR PREFILLED SYRINGE 60 MG/3ML	Tier 9	PA; Formulary Exclusion; QL
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML	Tier 3	PA; QL
GEL-ONE INTRA-ARTICULAR PREFILLED SYRINGE 30 MG/3ML	Tier 9	PA; Formulary Exclusion; QL
GELSYN-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 16.8 MG/2ML	Tier 9	PA; Formulary Exclusion; QL
GENVISC 850 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML	Tier 9	PA; Formulary Exclusion; QL
HYALGAN INTRA-ARTICULAR SOLUTION 20 MG/2ML	Tier 9	PA; Formulary Exclusion; QL
HYALGAN INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML	Tier 9	PA; Formulary Exclusion; QL
HYMOVIS INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 24 MG/3ML	Tier 9	PA; Formulary Exclusion; QL
HYMOVIS ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 32 MG/4ML	Tier 9	PA; Formulary Exclusion; QL
MONOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 88 MG/4ML	Tier 9	PA; Formulary Exclusion; QL
ORTHOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 30 MG/2ML	Tier 9	PA; Formulary Exclusion; QL
SUPARTZ FX INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML	Tier 9	PA; Formulary Exclusion; QL
SYNOJOYNT INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML	Tier 9	PA; Formulary Exclusion; QL

Drug Name	Drug Tier	Notes
SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 16 MG/2ML	Tier 3	PA; QL
SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 48 MG/6ML	Tier 3	PA; QL
TRILURON INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML	Tier 9	PA; Formulary Exclusion; QL
TRIVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML	Tier 9	PA; Formulary Exclusion; QL
VISCO-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML	Tier 9	PA; Formulary Exclusion; QL
Nasal Agents - Systemic And Topical		
Anesthetic Combinations*		
lidocaine hcl-oxymetazoline nasal solution prefilled syringe 2-0.025 % (2 ml)	Tier 9	Non FDA Exclusion
Antihistamine-Steroid**		
azelastine-fluticasone nasal suspension 137-50 mcg/act	Tier 2	ST; QL
DYMISTA NASAL SUSPENSION 137-50 MCG/ACT	Tier 9	ST; Formulary Exclusion; QL
RYALTRIS NASAL SUSPENSION 665-25 MCG/ACT	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
Nasal Anesthetics**		
cocaine hcl nasal solution 40 mg/ml	Tier 9	Medical Only Exclusion
NUMBRINO NASAL SOLUTION 40 MG/ML	Tier 9	Medical Only Exclusion
Nasal Anticholinergics**		
ipratropium bromide nasal solution 0.03 %, 0.06 %	Tier 2	
Nasal Antihistamines**		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	Tier 2	
olopatadine hcl nasal solution 0.6 %	Tier 10	
Nasal Steroids**		
flunisolide solution 25 mcg/act (0.025%) nasal	Tier 2	QL
flunisolide solution 25 mcg/act (0.025%) nasal	Tier 2	Insufficient Evidence; QL
fluticasone propionate suspension 50 mcg/act nasal (rx)	Tier 2	
fluticasone propionate suspension 50 mcg/act nasal (rx)	Tier 2	Insufficient Evidence
mometasone furoate nasal suspension 50 mcg/act	Tier 2	Insufficient Evidence

Drug Name	Drug Tier	Notes
OMNARIS NASAL SUSPENSION 50 MCG/ACT	Tier 10	ST; QL
PROPEL CONTOUR NASAL IMPLANT 370 MCG	Tier 9	Medical Only Exclusion
PROPEL MINI NASAL IMPLANT 370 MCG	Tier 9	Medical Only Exclusion
PROPEL MINI SDS NASAL IMPLANT 370 MCG	Tier 9	Non FDA Exclusion; Medical Only Exclusion
PROPEL NASAL IMPLANT 370 MCG	Tier 9	Medical Only Exclusion
QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT	Tier 4	ST; QL
QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT	Tier 4	ST; QL
SINUVA NASAL IMPLANT 1350 MCG	Tier 9	Medical Only Exclusion
XHANCE NASAL EXHALER SUSPENSION 93 MCG/ACT	Tier 10	ST
Topical Decongestants**		
ADRENALIN NASAL SOLUTION 0.1 %	Tier 9	Non FDA Exclusion
Neuromuscular Agents		
Als Agents - Antisense Oligonucleotides**		
QALSODY INTRATHECAL SOLUTION 100 MG/15ML	Tier 9	Medical Only Exclusion
Als Agents - Miscellaneous**		
edaravone solution 30 mg/100ml intravenous	Tier 5	PA; Specialty
edaravone solution 60 mg/100ml intravenous	Tier 9	Medical Only Exclusion
RADICAVA INTRAVENOUS SOLUTION 30 MG/100ML	Tier 9	PA; Specialty; Formulary Exclusion
RADICAVA ORS ORAL SUSPENSION 105 MG/5ML	Tier 5	PA; Specialty
RADICAVA ORS STARTER KIT ORAL SUSPENSION 105 MG/5ML	Tier 5	PA; Specialty
Benzathiazoles**		
riluzole oral tablet 50 mg	Tier 5	Specialty
TEGLUTIK ORAL SUSPENSION 50 MG/10ML	Tier 5	PA; Specialty
TIGLUTIK ORAL SUSPENSION 50 MG/10ML	Tier 5	PA; Specialty
Depolarizing Muscle Relaxants**		
ANECTINE INJECTION SOLUTION 20 MG/ML	Tier 9	Medical Only Exclusion

Drug Name	Drug Tier	Notes
QUELICIN INJECTION SOLUTION 20 MG/ML	Tier 9	Medical Only Exclusion
succinylcholine chloride injection solution prefilled syringe 100 mg/5ml, 200 mg/10ml	Tier 9	Non FDA Exclusion; Medical Only Exclusion
succinylcholine chloride intravenous solution prefilled syringe 100 mg/5ml, 140 mg/7ml, 200 mg/10ml	Tier 9	Non FDA Exclusion; Medical Only Exclusion
succinylcholine chloride solution 20 mg/ml injection	Tier 9	Medical Only Exclusion
succinylcholine chloride solution 20 mg/ml injection	Tier 9	Non FDA Exclusion; Medical Only Exclusion
succinylcholine cl +rfid injection solution prefilled syringe 100 mg/5ml, 200 mg/10ml	Tier 9	Non FDA Exclusion; Medical Only Exclusion
succinylcholine cl +rfid intravenous solution prefilled syringe 100 mg/5ml, 200 mg/10ml	Tier 9	Non FDA Exclusion; Medical Only Exclusion
Friedrich's Ataxia Agents - Nrf2 Pathway Activators**		
SKYCLARYS ORAL CAPSULE 50 MG	Tier 5	PA; Specialty
Muscular Dystrophy - Gene Therapy Agents**		
amondys 45 intravenous solution 100 mg/2ml	Tier 9	Medical Only Exclusion
ELEVIDYS 10.0-10.4 KG INTRAVENOUS KIT 10 X 10 ML	Tier 9	Medical Only Exclusion
ELEVIDYS 10.5-11.4 KG INTRAVENOUS KIT 11 X 10 ML	Tier 9	Medical Only Exclusion
ELEVIDYS 11.5-12.4 KG INTRAVENOUS KIT 12 X 10 ML	Tier 9	Medical Only Exclusion
ELEVIDYS 12.5-13.4 KG INTRAVENOUS KIT 13 X 10 ML	Tier 9	Medical Only Exclusion
ELEVIDYS 13.5-14.4 KG INTRAVENOUS KIT 14 X 10 ML	Tier 9	Medical Only Exclusion
ELEVIDYS 14.5-15.4 KG INTRAVENOUS KIT 15 X 10 ML	Tier 9	Medical Only Exclusion
ELEVIDYS 15.5-16.4 KG INTRAVENOUS KIT 16 X 10 ML	Tier 9	Medical Only Exclusion
ELEVIDYS 16.5-17.4 KG INTRAVENOUS KIT 17 X 10 ML	Tier 9	Medical Only Exclusion
ELEVIDYS 17.5-18.4 KG INTRAVENOUS KIT 18 X 10 ML	Tier 9	Medical Only Exclusion
ELEVIDYS 18.5-19.4 KG INTRAVENOUS KIT 19 X 10 ML	Tier 9	Medical Only Exclusion
ELEVIDYS 19.5-20.4 KG INTRAVENOUS KIT 20 X 10 ML	Tier 9	Medical Only Exclusion

Drug Name	Drug Tier	Notes
ELEVIDYS 20.5-21.4 KG INTRAVENOUS KIT 21 X 10 ML	Tier 9	Medical Only Exclusion
ELEVIDYS 21.5-22.4 KG INTRAVENOUS KIT 22 X 10 ML	Tier 9	Medical Only Exclusion
ELEVIDYS 22.5-23.4 KG INTRAVENOUS KIT 23 X 10 ML	Tier 9	Medical Only Exclusion
ELEVIDYS 23.5-24.4 KG INTRAVENOUS KIT 24 X 10 ML	Tier 9	Medical Only Exclusion
ELEVIDYS 24.5-25.4 KG INTRAVENOUS KIT 25 X 10 ML	Tier 9	Medical Only Exclusion
ELEVIDYS 25.5-26.4 KG INTRAVENOUS KIT 26 X 10 ML	Tier 9	Medical Only Exclusion
ELEVIDYS 26.5-27.4 KG INTRAVENOUS KIT 27 X 10 ML	Tier 9	Medical Only Exclusion
ELEVIDYS 27.5-28.4 KG INTRAVENOUS KIT 28 X 10 ML	Tier 9	Medical Only Exclusion
ELEVIDYS 28.5-29.4 KG INTRAVENOUS KIT 29 X 10 ML	Tier 9	Medical Only Exclusion
ELEVIDYS 29.5-30.4 KG INTRAVENOUS KIT 30 X 10 ML	Tier 9	Medical Only Exclusion
ELEVIDYS 30.5-31.4 KG INTRAVENOUS KIT 31 X 10 ML	Tier 9	Medical Only Exclusion
ELEVIDYS 31.5-32.4 KG INTRAVENOUS KIT 32 X 10 ML	Tier 9	Medical Only Exclusion
ELEVIDYS 32.5-33.4 KG INTRAVENOUS KIT 33 X 10 ML	Tier 9	Medical Only Exclusion
ELEVIDYS 33.5-34.4 KG INTRAVENOUS KIT 34 X 10 ML	Tier 9	Medical Only Exclusion
ELEVIDYS 34.5-35.4 KG INTRAVENOUS KIT 35 X 10 ML	Tier 9	Medical Only Exclusion
ELEVIDYS 35.5-36.4 KG INTRAVENOUS KIT 36 X 10 ML	Tier 9	Medical Only Exclusion
ELEVIDYS 36.5-37.4 KG INTRAVENOUS KIT 37 X 10 ML	Tier 9	Medical Only Exclusion
ELEVIDYS 37.5-38.4 KG INTRAVENOUS KIT 38 X 10 ML	Tier 9	Medical Only Exclusion
ELEVIDYS 38.5-39.4 KG INTRAVENOUS KIT 39 X 10 ML	Tier 9	Medical Only Exclusion
ELEVIDYS 39.5-40.4 KG INTRAVENOUS KIT 40 X 10 ML	Tier 9	Medical Only Exclusion
ELEVIDYS 40.5-41.4 KG INTRAVENOUS KIT 41 X 10 ML	Tier 9	Medical Only Exclusion
ELEVIDYS 41.5-42.4 KG INTRAVENOUS KIT 42 X 10 ML	Tier 9	Medical Only Exclusion

Drug Name	Drug Tier	Notes
ELEVIDYS 42.5-43.4 KG INTRAVENOUS KIT 43 X 10 ML	Tier 9	Medical Only Exclusion
ELEVIDYS 43.5-44.4 KG INTRAVENOUS KIT 44 X 10 ML	Tier 9	Medical Only Exclusion
ELEVIDYS 44.5-45.4 KG INTRAVENOUS KIT 45 X 10 ML	Tier 9	Medical Only Exclusion
ELEVIDYS 45.5-46.4 KG INTRAVENOUS KIT 46 X 10 ML	Tier 9	Medical Only Exclusion
ELEVIDYS 46.5-47.4 KG INTRAVENOUS KIT 47 X 10 ML	Tier 9	Medical Only Exclusion
ELEVIDYS 47.5-48.4 KG INTRAVENOUS KIT 48 X 10 ML	Tier 9	Medical Only Exclusion
ELEVIDYS 48.5-49.4 KG INTRAVENOUS KIT 49 X 10 ML	Tier 9	Medical Only Exclusion
ELEVIDYS 49.5-50.4 KG INTRAVENOUS KIT 50 X 10 ML	Tier 9	Medical Only Exclusion
ELEVIDYS 50.5-51.4 KG INTRAVENOUS KIT 51 X 10 ML	Tier 9	Medical Only Exclusion
ELEVIDYS 51.5-52.4 KG INTRAVENOUS KIT 52 X 10 ML	Tier 9	Medical Only Exclusion
ELEVIDYS 52.5-53.4 KG INTRAVENOUS KIT 53 X 10 ML	Tier 9	Medical Only Exclusion
ELEVIDYS 53.5-54.4 KG INTRAVENOUS KIT 54 X 10 ML	Tier 9	Medical Only Exclusion
ELEVIDYS 54.5-55.4 KG INTRAVENOUS KIT 55 X 10 ML	Tier 9	Medical Only Exclusion
ELEVIDYS 55.5-56.4 KG INTRAVENOUS KIT 56 X 10 ML	Tier 9	Medical Only Exclusion
ELEVIDYS 56.5-57.4 KG INTRAVENOUS KIT 57 X 10 ML	Tier 9	Medical Only Exclusion
ELEVIDYS 57.5-58.4 KG INTRAVENOUS KIT 58 X 10 ML	Tier 9	Medical Only Exclusion
ELEVIDYS 58.5-59.4 KG INTRAVENOUS KIT 59 X 10 ML	Tier 9	Medical Only Exclusion
ELEVIDYS 59.5-60.4 KG INTRAVENOUS KIT 60 X 10 ML	Tier 9	Medical Only Exclusion
ELEVIDYS 60.5-61.4 KG INTRAVENOUS KIT 61 X 10 ML	Tier 9	Medical Only Exclusion
ELEVIDYS 61.5-62.4 KG INTRAVENOUS KIT 62 X 10 ML	Tier 9	Medical Only Exclusion
ELEVIDYS 62.5-63.4 KG INTRAVENOUS KIT 63 X 10 ML	Tier 9	Medical Only Exclusion
ELEVIDYS 63.5-64.4 KG INTRAVENOUS KIT 64 X 10 ML	Tier 9	Medical Only Exclusion

Drug Name	Drug Tier	Notes
ELEVIDYS 64.5-65.4 KG INTRAVENOUS KIT 65 X 10 ML	Tier 9	Medical Only Exclusion
ELEVIDYS 65.5-66.4 KG INTRAVENOUS KIT 66 X 10 ML	Tier 9	Medical Only Exclusion
ELEVIDYS 66.5-67.4 KG INTRAVENOUS KIT 67 X 10 ML	Tier 9	Medical Only Exclusion
ELEVIDYS 67.5-68.4 KG INTRAVENOUS KIT 68 X 10 ML	Tier 9	Medical Only Exclusion
ELEVIDYS 68.5-69.4 KG INTRAVENOUS KIT 69 X 10 ML	Tier 9	Medical Only Exclusion
ELEVIDYS 69.5 KG PLUS INTRAVENOUS KIT 70 X 10 ML	Tier 9	Medical Only Exclusion
EXONDYS 51 INTRAVENOUS SOLUTION 100 MG/2ML, 500 MG/10ML	Tier 9	Medical Only Exclusion
VILTEPSO INTRAVENOUS SOLUTION 250 MG/5ML	Tier 9	Medical Only Exclusion
VYONDYS 53 INTRAVENOUS SOLUTION 100 MG/2ML	Tier 9	Medical Only Exclusion
Muscular Dystrophy - Histone Deacetylase Inhibitors*		
DUVYZAT ORAL SUSPENSION 8.86 MG/ML	Tier 5	PA; Specialty; QL
Neuromuscular Blocking Agent - Neurotoxins**		
BOTOX INJECTION SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT	Tier 5	PA; Specialty
DAXXIFY INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT	Tier 9	Medical Only Exclusion
DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED 300 UNIT, 500 UNIT	Tier 5	PA; Specialty
MYOBLOC INTRAMUSCULAR SOLUTION 10000 UNIT/2ML, 2500 UNIT/0.5ML, 5000 UNIT/ML	Tier 5	PA; Specialty
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT, 50 UNIT	Tier 5	PA; Specialty
Nondepolarizing Muscle Relaxants**		
atracurium besylate intravenous solution 100 mg/10ml, 50 mg/5ml	Tier 9	Medical Only Exclusion
cisatracurium besylate (pf) intravenous solution 10 mg/5ml, 200 mg/20ml	Tier 9	Medical Only Exclusion
cisatracurium besylate intravenous solution 20 mg/10ml	Tier 9	Medical Only Exclusion

Drug Name	Drug Tier	Notes
rocuronium bromide +rfid intravenous solution 50 mg/5ml	Tier 9	Medical Only Exclusion
rocuronium bromide +rfid intravenous solution prefilled syringe 100 mg/10ml, 50 mg/5ml	Tier 9	Non FDA Exclusion; Medical Only Exclusion
rocuronium bromide intravenous solution 10 mg/ml, 100 mg/10ml, 50 mg/5ml	Tier 9	Medical Only Exclusion
rocuronium bromide solution prefilled syringe 100 mg/10ml intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion
rocuronium bromide solution prefilled syringe 50 mg/5ml intravenous	Tier 9	Medical Only Exclusion
rocuronium bromide solution prefilled syringe 50 mg/5ml intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion
rocuronium bromide solution prefilled syringe 75 mg/7.5ml intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion
vecuronium bromide intravenous solution prefilled syringe 10 mg/10ml	Tier 9	Non FDA Exclusion; Medical Only Exclusion
vecuronium bromide intravenous solution reconstituted 10 mg, 20 mg	Tier 9	Medical Only Exclusion
Rett Syndrome Agents - Glycine-Proline-Glutamate Analogs**		
DAYBUE ORAL SOLUTION 200 MG/ML	Tier 5	PA; Specialty
DAYBUE STIX ORAL PACKET 5000 MG, 6000 MG, 8000 MG	Tier 5	PA; Specialty
Spinal Muscular Atrophy-Antisense Oligonucleotides**		
SPINRAZA INTRATHECAL SOLUTION 12 MG/5ML, 28 MG/5ML, 50 MG/5ML	Tier 9	Medical Only Exclusion
Spinal Muscular Atrophy-Gene Therapy Agents**		
ITVISMA INTRATHECAL SUSPENSION 120000000000000 VG/3ML	Tier 9	Medical Only Exclusion
ZOLGENSMA 20.6-21.0 KG INTRAVENOUS KIT 14X8.3 ML	Tier 9	Medical Only Exclusion
ZOLGENSMA 10.1-10.5 KG INTRAVENOUS KIT 7X8.3 ML	Tier 9	Medical Only Exclusion
ZOLGENSMA 10.6-11.0 KG INTRAVENOUS KIT 2X5.5ML & 6X8.3ML	Tier 9	Medical Only Exclusion
ZOLGENSMA 11.1-11.5 KG INTRAVENOUS KIT 1X5.5ML & 7X8.3ML	Tier 9	Medical Only Exclusion
ZOLGENSMA 11.6-12.0 KG INTRAVENOUS KIT 8X8.3 ML	Tier 9	Medical Only Exclusion
ZOLGENSMA 12.1-12.5 KG INTRAVENOUS KIT 2X5.5ML & 7X8.3ML	Tier 9	Medical Only Exclusion

Drug Name	Drug Tier	Notes
ZOLGENSMA 12.6-13.0 KG INTRAVENOUS KIT 1X5.5ML & 8X8.3ML	Tier 9	Medical Only Exclusion
ZOLGENSMA 13.1-13.5 KG INTRAVENOUS KIT 9X8.3 ML	Tier 9	Medical Only Exclusion
ZOLGENSMA 13.6-14.0 KG INTRAVENOUS KIT 2X5.5ML & 8X8.3ML	Tier 9	Medical Only Exclusion
ZOLGENSMA 14.1-14.5 KG INTRAVENOUS KIT 1X5.5ML & 9X8.3ML	Tier 9	Medical Only Exclusion
ZOLGENSMA 14.6-15.0 KG INTRAVENOUS KIT 10X8.3 ML	Tier 9	Medical Only Exclusion
ZOLGENSMA 15.1-15.5 KG INTRAVENOUS KIT 2X5.5ML & 9X8.3ML	Tier 9	Medical Only Exclusion
ZOLGENSMA 15.6-16.0 KG INTRAVENOUS KIT 1X5.5ML & 10X8.3ML	Tier 9	Medical Only Exclusion
ZOLGENSMA 16.1-16.5 KG INTRAVENOUS KIT 11X8.3 ML	Tier 9	Medical Only Exclusion
ZOLGENSMA 16.6-17.0 KG INTRAVENOUS KIT 2X5.5ML & 10X8.3ML	Tier 9	Medical Only Exclusion
ZOLGENSMA 17.1-17.5 KG INTRAVENOUS KIT 1X5.5ML & 11X8.3ML	Tier 9	Medical Only Exclusion
ZOLGENSMA 17.6-18.0 KG INTRAVENOUS KIT 12X8.3 ML	Tier 9	Medical Only Exclusion
ZOLGENSMA 18.1-18.5 KG INTRAVENOUS KIT 2X5.5ML & 11X8.3ML	Tier 9	Medical Only Exclusion
ZOLGENSMA 18.6-19.0 KG INTRAVENOUS KIT 1X5.5ML & 12X8.3ML	Tier 9	Medical Only Exclusion
ZOLGENSMA 19.1-19.5 KG INTRAVENOUS KIT 13X8.3 ML	Tier 9	Medical Only Exclusion
ZOLGENSMA 19.6-20.0 KG INTRAVENOUS KIT 2X5.5ML & 12X8.3ML	Tier 9	Medical Only Exclusion
ZOLGENSMA 2.6-3.0 KG INTRAVENOUS KIT 2X8.3 ML	Tier 9	Medical Only Exclusion
ZOLGENSMA 20.1-20.5 KG INTRAVENOUS KIT 1X5.5ML & 13X8.3ML	Tier 9	Medical Only Exclusion
ZOLGENSMA 3.1-3.5 KG INTRAVENOUS KIT 2X5.5ML & 1X8.3ML	Tier 9	Medical Only Exclusion
ZOLGENSMA 3.6-4.0 KG INTRAVENOUS KIT 1X5.5ML & 2X8.3ML	Tier 9	Medical Only Exclusion
ZOLGENSMA 4.1-4.5 KG INTRAVENOUS KIT 3X8.3 ML	Tier 9	Medical Only Exclusion
ZOLGENSMA 4.6-5.0 KG INTRAVENOUS KIT 2X5.5ML & 2X8.3ML	Tier 9	Medical Only Exclusion
ZOLGENSMA 5.1-5.5 KG INTRAVENOUS KIT 1X5.5ML & 3X8.3ML	Tier 9	Medical Only Exclusion

Drug Name	Drug Tier	Notes
ZOLGENSMA 5.6-6.0 KG INTRAVENOUS KIT 4X8.3 ML	Tier 9	Medical Only Exclusion
ZOLGENSMA 6.1-6.5 KG INTRAVENOUS KIT 2X5.5ML & 3X8.3ML	Tier 9	Medical Only Exclusion
ZOLGENSMA 6.6-7.0 KG INTRAVENOUS KIT 1X5.5ML & 4X8.3ML	Tier 9	Medical Only Exclusion
ZOLGENSMA 7.1-7.5 KG INTRAVENOUS KIT 5X8.3 ML	Tier 9	Medical Only Exclusion
ZOLGENSMA 7.6-8.0 KG INTRAVENOUS KIT 2X5.5ML & 4X8.3ML	Tier 9	Medical Only Exclusion
ZOLGENSMA 8.1-8.5 KG INTRAVENOUS KIT 1X5.5ML & 5X8.3ML	Tier 9	Medical Only Exclusion
ZOLGENSMA 8.6-9.0 KG INTRAVENOUS KIT 6X8.3 ML	Tier 9	Medical Only Exclusion
ZOLGENSMA 9.1-9.5 KG INTRAVENOUS KIT 2X5.5ML & 5X8.3ML	Tier 9	Medical Only Exclusion
ZOLGENSMA 9.6-10.0 KG INTRAVENOUS KIT 1X5.5ML & 6X8.3ML	Tier 9	Medical Only Exclusion
Spinal Muscular Atrophy-Smn2 Splicing Modifiers**		
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML	Tier 5	PA; Specialty
EVRYSDI ORAL TABLET 5 MG	Tier 5	PA; Specialty
Nutrients		
Amino Acid Mixtures**		
amino acid infusion in d10w intravenous solution 2.5 %, 3 %, 3.5 %, 4 %	Tier 9	Non FDA Exclusion; Medical Only Exclusion
amino acid intravenous solution 5 %	Tier 9	Non FDA Exclusion; Medical Only Exclusion
amino acid-calcium-hep in d10w intravenous solution 3 %, 3.5 %, 4 %	Tier 9	Non FDA Exclusion; Medical Only Exclusion
amino acid-calcium-hep in d5w intravenous solution 3 %	Tier 9	Non FDA Exclusion; Medical Only Exclusion
amino acid-heparin-d10w intravenous solution 3.5 %	Tier 9	Non FDA Exclusion; Medical Only Exclusion
amino ac-low calcium-hep d10w intravenous solution 3.5 %	Tier 9	Non FDA Exclusion; Medical Only Exclusion
amino ac-lowcalcium-hep in d5w intravenous solution 3 %	Tier 9	Non FDA Exclusion; Medical Only Exclusion
AMINOAMRMS ORAL CAPSULE	Tier 9	Non FDA Exclusion
AMINOPROTECT INTRAVENOUS SOLUTION 5 %	Tier 9	Non FDA Exclusion; Medical Only Exclusion

Drug Name	Drug Tier	Notes
AMINORELIEFRMS ORAL CAPSULE	Tier 9	Non FDA Exclusion
AMINOSYN II INTRAVENOUS SOLUTION 10 %, 15 %	Tier 10	Medical Only Exclusion
AMINOSYN-PF 7% INTRAVENOUS SOLUTION	Tier 10	Medical Only Exclusion
AMINOSYN-PF INTRAVENOUS SOLUTION 10 %	Tier 10	Medical Only Exclusion
CLINIMIX E/DEXTROSE (2.75/5) SOLUTION 2.75 % INTRAVENOUS	Tier 9	Medical Only Exclusion
CLINIMIX E/DEXTROSE (2.75/5) SOLUTION 2.75 % INTRAVENOUS	Tier 10	Medical Only Exclusion
CLINIMIX E/DEXTROSE (4.25/10) SOLUTION 4.25 % INTRAVENOUS	Tier 9	Medical Only Exclusion
CLINIMIX E/DEXTROSE (4.25/10) SOLUTION 4.25 % INTRAVENOUS	Tier 10	Medical Only Exclusion
CLINIMIX E/DEXTROSE (4.25/5) SOLUTION 4.25 % INTRAVENOUS	Tier 9	Medical Only Exclusion
CLINIMIX E/DEXTROSE (4.25/5) SOLUTION 4.25 % INTRAVENOUS	Tier 10	Medical Only Exclusion
CLINIMIX E/DEXTROSE (5/15) SOLUTION 5 % INTRAVENOUS	Tier 9	Medical Only Exclusion
CLINIMIX E/DEXTROSE (5/15) SOLUTION 5 % INTRAVENOUS	Tier 10	Medical Only Exclusion
CLINIMIX E/DEXTROSE (5/20) SOLUTION 5 % INTRAVENOUS	Tier 9	Medical Only Exclusion
CLINIMIX E/DEXTROSE (5/20) SOLUTION 5 % INTRAVENOUS	Tier 10	Medical Only Exclusion
clinimix e/dextrose (8/10) intravenous solution 8 %	Tier 10	Medical Only Exclusion
clinimix e/dextrose (8/14) intravenous solution 8 %	Tier 10	Medical Only Exclusion
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 %	Tier 10	Medical Only Exclusion
CLINIMIX/DEXTROSE (4.25/5) SOLUTION 4.25 % INTRAVENOUS	Tier 9	Medical Only Exclusion
CLINIMIX/DEXTROSE (4.25/5) SOLUTION 4.25 % INTRAVENOUS	Tier 10	Medical Only Exclusion
CLINIMIX/DEXTROSE (5/15) SOLUTION 5 % INTRAVENOUS	Tier 9	Medical Only Exclusion
CLINIMIX/DEXTROSE (5/15) SOLUTION 5 % INTRAVENOUS	Tier 10	Medical Only Exclusion
CLINIMIX/DEXTROSE (5/20) SOLUTION 5 % INTRAVENOUS	Tier 9	Medical Only Exclusion

Drug Name	Drug Tier	Notes
CLINIMIX/DEXTROSE (5/20) SOLUTION 5 % INTRAVENOUS	Tier 10	Medical Only Exclusion
clinimix/dextrose (6/5) intravenous solution 6 %	Tier 10	Medical Only Exclusion
clinimix/dextrose (8/10) intravenous solution 8 %	Tier 10	Medical Only Exclusion
clinimix/dextrose (8/14) intravenous solution 8 %	Tier 10	Medical Only Exclusion
CLINISOL SF INTRAVENOUS SOLUTION 15 %	Tier 10	Medical Only Exclusion
PLENAMINE INTRAVENOUS SOLUTION 15 %	Tier 10	Medical Only Exclusion
PREMASOL INTRAVENOUS SOLUTION 10 %	Tier 10	Medical Only Exclusion
PROSOL INTRAVENOUS SOLUTION 20 %	Tier 10	Medical Only Exclusion
REFRESH AA 15 PKU ORAL LIQUID	Tier 9	Formulary Exclusion
REFRESH AA 15 TYR ORAL LIQUID	Tier 9	Formulary Exclusion
TRAVASOL INTRAVENOUS SOLUTION 10 %	Tier 10	Medical Only Exclusion
TROPHAMINE INTRAVENOUS SOLUTION 10 %	Tier 10	Medical Only Exclusion
trophamine-dextr-calc gluc-hep intravenous solution 2.5 %, 3 %	Tier 9	Non FDA Exclusion; Medical Only Exclusion
trophamine-dextrose-calc gluc intravenous solution 3 %	Tier 9	Non FDA Exclusion; Medical Only Exclusion
Amino Acids-Single**		
arginine hcl injection solution 6 gm/30ml	Tier 9	Non FDA Exclusion; Medical Only Exclusion
ELCYS INTRAVENOUS SOLUTION 50 MG/ML	Tier 10	Medical Only Exclusion
glutathione injection solution 200 mg/ml, 6 gm/30ml	Tier 9	Non FDA Exclusion; Medical Only Exclusion
glutathione intravenous solution 6 gm/30ml	Tier 9	Non FDA Exclusion; Medical Only Exclusion
glycine injection solution 50 mg/ml	Tier 9	Non FDA Exclusion; Medical Only Exclusion
lysine hcl injection solution 100 mg/ml	Tier 9	Non FDA Exclusion; Medical Only Exclusion
NEOKE ALCAR ORAL POWDER	Tier 9	Non FDA Exclusion
taurine injection solution 50 mg/ml	Tier 9	Non FDA Exclusion; Medical Only Exclusion
Carbohydrates**		
dextrose solution 10 % intravenous	Tier 10	Medical Only Exclusion
dextrose solution 20 % intravenous	Tier 10	Medical Only Exclusion

Drug Name	Drug Tier	Notes
dextrose solution 250 mg/ml intravenous	Tier 10	Non FDA Exclusion; Medical Only Exclusion
dextrose solution 250 mg/ml intravenous	Tier 10	Medical Only Exclusion
dextrose solution 30 % intravenous	Tier 10	Non FDA Exclusion; Medical Only Exclusion
dextrose solution 40 % intravenous	Tier 10	Medical Only Exclusion
dextrose solution 5 % intravenous	Tier 9	Medical Only Exclusion
dextrose solution 5 % intravenous	Tier 10	Medical Only Exclusion
dextrose solution 50 % intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion
dextrose solution 50 % intravenous	Tier 10	Medical Only Exclusion
dextrose solution 70 % intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion
dextrose solution 70 % intravenous	Tier 10	Medical Only Exclusion
glucose (dextrose) intravenous solution 50 %	Tier 9	Medical Only Exclusion
Lipids**		
CLINOLIPID INTRAVENOUS EMULSION 20 %	Tier 10	Medical Only Exclusion
DOJOLVI ORAL LIQUID 100 %	Tier 10	PA; Specialty
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	Tier 10	Medical Only Exclusion
NEOKE MCT70 ORAL POWDER 70 GM/100GM	Tier 9	Non FDA Exclusion
NUTRILIPID INTRAVENOUS EMULSION 20 %	Tier 10	Medical Only Exclusion
OMEGAVEN INTRAVENOUS EMULSION 10 GM/100ML, 5 GM/50ML	Tier 10	Medical Only Exclusion
SMOFLIPID INTRAVENOUS EMULSION 20 %	Tier 10	Medical Only Exclusion
Lipotropic Combinations**		
lecithin oral granules	Tier 9	Non FDA Exclusion
lipo intramuscular solution 50-50-25 mg/ml	Tier 10	Non FDA Exclusion; Medical Only Exclusion
lipo-c intramuscular solution	Tier 10	Non FDA Exclusion; Medical Only Exclusion
mic-l-carnitine injection solution 25-50-50-50 mg/ml	Tier 9	Non FDA Exclusion; Medical Only Exclusion
Misc. Nutritional Substances**		
ALTEMIA ORAL EMULSION	Tier 9	Non FDA Exclusion
CYTOTINE ORAL POWDER	Tier 9	Non FDA Exclusion

Drug Name	Drug Tier	Notes
Protein Combinations**		
tri-amino injection solution 100-100-100 mg/ml	Tier 9	Non FDA Exclusion; Medical Only Exclusion
Protein-Carbohydrate-Lipid With Electrolyte Combinations**		
KABIVEN INTRAVENOUS EMULSION 3.3-10.8-3.9 %	Tier 10	Medical Only Exclusion
PERIKABIVEN INTRAVENOUS EMULSION 2.4-6.8-3.5-0.5 %	Tier 10	Medical Only Exclusion
Ophthalmic Agents		
Alpha Adrenergic Agonist & Carbonic Anhydrase Inhib Comb**		
bimatoprost-brimonidine-dorzol ophthalmic solution 0.01-0.1-2 %	Tier 9	Non FDA Exclusion
brimonidine-dorzolamide ophthalmic solution 0.1-2 %, 0.15-2 %	Tier 9	Non FDA Exclusion
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %	Tier 3	
Beta-Blockers - Ophthalmic Combinations**		
bimatoprost-timolol maleate ophthalmic solution 0.01-0.5 %	Tier 9	Non FDA Exclusion
brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %	Tier 2	
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 %	Tier 9	Formulary Exclusion
COSOPT OPHTHALMIC SOLUTION 2-0.5 %	Tier 9	Formulary Exclusion
COSOPT PF OPHTHALMIC SOLUTION 2-0.5 %	Tier 9	Formulary Exclusion
dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %	Tier 2	
dorzolamide hcl-timolol mal solution 2-0.5 % ophthalmic	Tier 2	
dorzolamide hcl-timolol mal solution 2-0.5 % ophthalmic	Tier 9	Non FDA Exclusion
latanoprost-timolol maleate ophthalmic solution 0.005-0.5 %	Tier 9	Non FDA Exclusion
timolol-brimon-dorzol-bimatopr ophthalmic solution 0.5-0.1-2-0.01 %, 0.5-0.15-2-0.01 %	Tier 9	Non FDA Exclusion
timolol-brimon-dorzol-latanopr ophthalmic solution 0.5-0.15-2 -0.005%	Tier 9	Non FDA Exclusion

Drug Name	Drug Tier	Notes
timolol-brimonidine-dorzolamid ophthalmic solution 0.5-0.1-2 %, 0.5-0.15-2 %	Tier 9	Non FDA Exclusion
timolol-dorzolamid-bimatoprost ophthalmic solution 0.5-2-0.01 %	Tier 9	Non FDA Exclusion
timolol-dorzolamid-latanoprost ophthalmic solution 0.5-0.15-0.005 %	Tier 9	Non FDA Exclusion
Beta-Blockers - Ophthalmic**		
betaxolol hcl ophthalmic solution 0.5 %	Tier 2	
BETIMOL OPHTHALMIC SOLUTION 0.5 %	Tier 9	Formulary Exclusion
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 %	Tier 4	
carteolol hcl ophthalmic solution 1 %	Tier 2	
ISTALOL OPHTHALMIC SOLUTION 0.5 %	Tier 9	Formulary Exclusion
levobunolol hcl ophthalmic solution 0.5 %	Tier 2	
timolol hemihydrate ophthalmic solution 0.5 %	Tier 2	
timolol maleate (once-daily) ophthalmic solution 0.5 %	Tier 2	
TIMOLOL MALEATE OCUDOSE OPHTHALMIC SOLUTION 0.5 %	Tier 2	
timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %	Tier 2	
timolol maleate ophthalmic solution 0.25 %, 0.5 %	Tier 2	
timolol maleate pf ophthalmic solution 0.25 %, 0.5 %	Tier 2	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 %, 0.5 %	Tier 9	Formulary Exclusion
Cholinergic Agonists**		
TYRVAYA NASAL SOLUTION 0.03 MG/ACT	Tier 3	PA
Cycloplegic Mydriatic Combinations**		
CYCLOMYDRIL OPHTHALMIC SOLUTION 0.2-1 %	Tier 4	
MYDCOMBI OPHTHALMIC SOLUTION CARTRIDGE 1-2.5 %	Tier 9	Medical Only Exclusion
tropicamide-cyclopentolate-pe ophthalmic solution 1-1-2.5 %	Tier 9	Non FDA Exclusion
tropicamide-phenylephrine ophthalmic solution 1-2.5 %	Tier 9	Non FDA Exclusion

Drug Name	Drug Tier	Notes
tropic-cyclopent-pe-ketorolac ophthalmic solution 1-1-10-0.5 %, 1-1-2.5-0.5 %	Tier 9	Non FDA Exclusion
tropic-cyclopent-pe-ketorolac ophthalmic solution prefilled syringe 1-1-10-0.5 %, 1-1-2.5-0.5 %	Tier 9	Non FDA Exclusion
tropic-cyclop-pe-keto-propar ophthalmic solution prefilled syringe	Tier 9	Non FDA Exclusion
Cycloplegic Mydriatics**		
atropine sulfate solution 0.01 % ophthalmic	Tier 9	Non FDA Exclusion
atropine sulfate solution 0.025 % ophthalmic	Tier 9	Non FDA Exclusion
atropine sulfate solution 0.05 % ophthalmic	Tier 9	Non FDA Exclusion
atropine sulfate solution 1 % ophthalmic	Tier 2	
atropine sulfate solution 1 % ophthalmic	Tier 4	
CYCLOGYL OPHTHALMIC SOLUTION 0.5 %, 1 %, 2 %	Tier 9	Formulary Exclusion
cyclopentolate hcl ophthalmic solution 1 %	Tier 2	
HOMATROPAIRE OPHTHALMIC SOLUTION 5 %	Tier 9	Formulary Exclusion
MYDRIACYL OPHTHALMIC SOLUTION 1 %	Tier 9	Formulary Exclusion
phenylephrine hcl solution 10 % ophthalmic	Tier 2	
phenylephrine hcl solution 2.5 % ophthalmic	Tier 2	
phenylephrine hcl solution 2.5 % ophthalmic	Tier 9	Formulary Exclusion
tropicamide ophthalmic solution 0.5 %, 1 %	Tier 9	Formulary Exclusion
Lymphocyte Function-Associated Antigen-1 (Lfa-1) Antag**		
XIIDRA OPHTHALMIC SOLUTION 5 %	Tier 3	QL
Miotic Combinations**		
YUVEZZI OPHTHALMIC SOLUTION 2.75-0.1 %	Tier 10	ST; QL
Miotics - Direct Acting Pupil Selective**		
VIZZ OPHTHALMIC SOLUTION 1.44 %	Tier 10	ST; QL
Miotics - Direct Acting**		
MIOCHOL-E INTRAOCULAR SOLUTION RECONSTITUTED 20 MG	Tier 9	Medical Only Exclusion
MIOSTAT INTRAOCULAR SOLUTION 0.01 %	Tier 9	Medical Only Exclusion
pilocarpine hcl solution 1 % ophthalmic	Tier 2	
pilocarpine hcl solution 1.25 % ophthalmic	Tier 2	QL
pilocarpine hcl solution 2 % ophthalmic	Tier 2	

Drug Name	Drug Tier	Notes
pilocarpine hcl solution 4 % ophthalmic	Tier 2	
QLOSI OPHTHALMIC SOLUTION 0.4 %	Tier 10	ST; QL
VUITY OPHTHALMIC SOLUTION 1.25 %	Tier 10	Formulary Exclusion; QL
Ophthalmic - Multiple Receptor Angiogenesis Inhibitors**		
VABYSMO INTRAVITREAL SOLUTION 6 MG/0.05ML	Tier 9	Medical Only Exclusion
VABYSMO INTRAVITREAL SOLUTION PREFILLED SYRINGE 6 MG/0.05ML	Tier 9	Medical Only Exclusion
Ophthalmic Antiallergic**		
ALOCRIL OPHTHALMIC SOLUTION 2 %	Tier 4	ST; QL
azelastine hcl ophthalmic solution 0.05 %	Tier 2	QL
bepotastine besilate ophthalmic solution 1.5 %	Tier 2	ST
BEPREVE OPHTHALMIC SOLUTION 1.5 %	Tier 9	ST; Formulary Exclusion
cromolyn sodium ophthalmic solution 4 %	Tier 2	QL
epinastine hcl ophthalmic solution 0.05 %	Tier 2	QL
olopatadine hcl ophthalmic solution 0.2 %	Tier 2	
ZERVIATE OPHTHALMIC SOLUTION 0.24 %	Tier 9	Non Essential Drug Exclusion
Ophthalmic Antibiotics**		
AZASITE OPHTHALMIC SOLUTION 1 %	Tier 9	Formulary Exclusion
besifloxacin hcl ophthalmic suspension 0.6 %	Tier 9	
BESIVANCE OPHTHALMIC SUSPENSION 0.6 %	Tier 3	
CILOXAN OPHTHALMIC OINTMENT 0.3 %	Tier 9	Formulary Exclusion
ciprofloxacin hcl ophthalmic solution 0.3 %	Tier 2	
erythromycin ointment 5 mg/gm ophthalmic	Tier 3	
erythromycin ointment 5 mg/gm ophthalmic	Tier 2	
gatifloxacin ophthalmic solution 0.5 %	Tier 2	
gentamicin sulfate ophthalmic solution 0.3 %	Tier 2	
KLARITY-A OPHTHALMIC SOLUTION 1 %	Tier 9	Non FDA Exclusion
levofloxacin solution 0.5 % ophthalmic	Tier 3	
levofloxacin solution 1.5 % ophthalmic	Tier 9	Non FDA Exclusion
mitomycin intraocular solution prefilled syringe 0.02 %, 0.04 %	Tier 9	Non FDA Exclusion; Medical Only Exclusion
MITOSOL OPHTHALMIC KIT 0.2 MG	Tier 9	Formulary Exclusion

Drug Name	Drug Tier	Notes
moxifloxacin hcl (2x day) ophthalmic solution 0.5 %	Tier 9	Formulary Exclusion
moxifloxacin hcl intraocular solution 1 mg/ml, 5 mg/ml	Tier 9	Non FDA Exclusion; Medical Only Exclusion
moxifloxacin hcl intraocular solution prefilled syringe 0.16 %, 0.3 mg/0.3ml	Tier 9	Non FDA Exclusion; Medical Only Exclusion
moxifloxacin hcl ophthalmic solution 0.5 %	Tier 2	
OCUFLOX OPHTHALMIC SOLUTION 0.3 %	Tier 9	Formulary Exclusion
ofloxacin ophthalmic solution 0.3 %	Tier 2	
tobramycin ophthalmic solution 0.3 %	Tier 2	
TOBREX OPHTHALMIC OINTMENT 0.3 %	Tier 9	Formulary Exclusion
vancomycin hcl ophthalmic solution 2.5 %	Tier 9	Non FDA Exclusion
VIGAMOX OPHTHALMIC SOLUTION 0.5 %	Tier 9	Formulary Exclusion
Ophthalmic Antifungal**		
NATACYN OPHTHALMIC SUSPENSION 5 %	Tier 3	
Ophthalmic Anti-Infective Combinations**		
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	Tier 2	
moxifloxacin hcl-bss intraocular solution 0.5 mg/0.5ml, 0.75 mg/0.5ml	Tier 9	Medical Only Exclusion
moxifloxacin hcl-bss intravitreal solution 1 mg/ml	Tier 9	Non FDA Exclusion; Medical Only Exclusion
moxifloxacin hcl-bss solution 1 mg/ml	Tier 9	Medical Only Exclusion
moxifloxacin-bromfenac ophthalmic solution 0.5-0.075 %	Tier 9	Non FDA Exclusion
neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000	Tier 2	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	Tier 2	
polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%	Tier 2	
tobramycin-vancomycin hcl ophthalmic solution 1-2.5 %, 1.5-5 %	Tier 9	Non FDA Exclusion
Ophthalmic Antiseptics**		
BETADINE OPHTHALMIC PREP OPHTHALMIC SOLUTION 5 %	Tier 9	Formulary Exclusion
povidone-iodine ophthalmic solution 5 %	Tier 9	Non FDA Exclusion

Drug Name	Drug Tier	Notes
Ophthalmic Antivirals**		
trifluridine ophthalmic solution 1 %	Tier 2	ST
ZIRGAN OPHTHALMIC GEL 0.15 %	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
Ophthalmic Carbonic Anhydrase Inhibitors**		
AZOPT OPHTHALMIC SUSPENSION 1 %	Tier 9	Formulary Exclusion
brinzolamide ophthalmic suspension 1 %	Tier 2	
dorzolamide hcl solution 2 % ophthalmic	Tier 9	Non FDA Exclusion
dorzolamide hcl solution 2 % ophthalmic	Tier 2	
Ophthalmic Complement C3 Inhibitors**		
SYFOVRE INTRAVITREAL SOLUTION 15 MG/0.1ML	Tier 9	Medical Only Exclusion
Ophthalmic Complement C5 Inhibitors**		
IZERVAY INTRAVITREAL SOLUTION 2 MG/0.1ML	Tier 9	Medical Only Exclusion
Ophthalmic Diagnostic Products**		
ak-fluor intravenous solution 10 %	Tier 9	Medical Only Exclusion
altafluor benox ophthalmic solution 0.25-0.4 %	Tier 9	Formulary Exclusion
BIO GLO OPHTHALMIC STRIP 1 MG	Tier 9	Non FDA Exclusion; Medical Only Exclusion
fluorescein sodium intravenous solution 10 %, 25 %	Tier 9	Medical Only Exclusion
fluorescein sodium ophthalmic strip 1 mg	Tier 9	Non FDA Exclusion; Medical Only Exclusion
fluorescein sodium/benoxinate ophthalmic solution 0.3-0.4 %	Tier 9	Formulary Exclusion
fluorescein-benoxinate ophthalmic solution 0.25-0.4 %	Tier 2	
fluorescein-proparacaine ophthalmic solution 0.25-0.5 %	Tier 9	Non FDA Exclusion
FLUORESCITE INTRAVENOUS SOLUTION 10 %	Tier 9	Medical Only Exclusion
FLUOR-I-STRIPS A.T. OPHTHALMIC STRIP 1 MG	Tier 9	Non FDA Exclusion; Medical Only Exclusion
FLURA-SAFE OPHTHALMIC SOLUTION 0.35-0.4 %	Tier 9	Non FDA Exclusion
GREEN GLO LISSAMINE GREEN OPHTHALMIC STRIP 1.5 MG	Tier 9	Non FDA Exclusion

Drug Name	Drug Tier	Notes
proparacaine-fluorescein ophthalmic solution 0.5-0.25 %	Tier 9	Non FDA Exclusion
Ophthalmic Ectoparasiticide*		
XDEMVY OPHTHALMIC SOLUTION 0.25 %	Tier 5	PA; Specialty
Ophthalmic Gene Therapy**		
ENCELTO INTRAVITREAL IMPLANT 200000 CELLS	Tier 9	Medical Only Exclusion
LUXTURNA INTRAOCULAR SUSPENSION 5000000000000 VG/ML	Tier 9	Medical Only Exclusion
Ophthalmic Immunomodulators**		
CEQUA OPHTHALMIC SOLUTION 0.09 %	Tier 9	ST; Formulary Exclusion; QL
cyclosporine (pf) emulsion 0.05 % ophthalmic	Tier 2	
cyclosporine (pf) emulsion 0.05 % ophthalmic	Tier 2	QL
KLARITY-C DROPS OPHTHALMIC EMULSION 0.1 %	Tier 9	PA; Non FDA Exclusion
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	Tier 3	Formulary Exclusion; QL
RESTASIS OPHTHALMIC EMULSION 0.05 %	Tier 3	QL
VERKAZIA OPHTHALMIC EMULSION 0.1 %	Tier 4	PA
VEVYE OPHTHALMIC SOLUTION 0.1 %	Tier 9	PA; Formulary Exclusion
Ophthalmic Irrigation Solutions**		
BSS INTRAOCULAR SOLUTION	Tier 9	Medical Only Exclusion
BSS PLUS INTRAOCULAR SOLUTION	Tier 9	Medical Only Exclusion
Ophthalmic Kinase Inhibitors - Combinations**		
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 %	Tier 4	ST
Ophthalmic Local Anesthetic - Combinations**		
bup-lido intraocular solution prefilled syringe 0.375-2 %	Tier 9	Non FDA Exclusion; Medical Only Exclusion
lidocaine hcl-bupivacaine hcl intraocular solution prefilled syringe 2-0.375 % (10 ml)	Tier 9	Non FDA Exclusion; Medical Only Exclusion
lidocaine-phenylephrine intraocular solution 1-1.5 %	Tier 9	Non FDA Exclusion; Medical Only Exclusion
lidocaine-phenylephrine-bss intraocular solution prefilled syringe 1-1.5 % (1ml)	Tier 9	Non FDA Exclusion; Medical Only Exclusion

Drug Name	Drug Tier	Notes
lido-phen intraocular solution 1-1.5 %	Tier 9	Non FDA Exclusion; Medical Only Exclusion
Ophthalmic Local Anesthetics**		
AKTEN OPHTHALMIC GEL 3.5 %	Tier 9	Medical Only Exclusion
ALCAINE OPHTHALMIC SOLUTION 0.5 %	Tier 9	Medical Only Exclusion
ALTACAINE OPHTHALMIC SOLUTION 0.5 %	Tier 2	
IHEEZO OPHTHALMIC GEL 3 %	Tier 9	Medical Only Exclusion
lidocaine hcl solution prefilled syringe 1 %	Tier 9	Non FDA Exclusion
proparacaine hcl ophthalmic solution 0.5 %	Tier 9	Medical Only Exclusion
tetracaine hcl ophthalmic solution 0.5 %	Tier 2	
Ophthalmic Nerve Growth Factors**		
OXERVATE OPHTHALMIC SOLUTION 0.002 %	Tier 5	PA; Specialty
Ophthalmic Nonsteroidal Anti-Inflammatory Agents**		
ACULAR LS OPHTHALMIC SOLUTION 0.4 %	Tier 9	Formulary Exclusion
ACULAR OPHTHALMIC SOLUTION 0.5 %	Tier 9	Formulary Exclusion
ACUVAIL OPHTHALMIC SOLUTION 0.45 %	Tier 9	Formulary Exclusion; QL
bromfenac sodium (once-daily) ophthalmic solution 0.09 %	Tier 9	Formulary Exclusion
bromfenac sodium solution 0.07 % ophthalmic	Tier 9	Formulary Exclusion
bromfenac sodium solution 0.075 % ophthalmic	Tier 2	QL
BROMSITE OPHTHALMIC SOLUTION 0.075 %	Tier 9	Formulary Exclusion; QL
diclofenac sodium ophthalmic solution 0.1 %	Tier 2	
flurbiprofen sodium ophthalmic solution 0.03 %	Tier 2	
ILEVRO OPHTHALMIC SUSPENSION 0.3 %	Tier 3	QL
ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %	Tier 2	
NEVANAC OPHTHALMIC SUSPENSION 0.1 %	Tier 9	Formulary Exclusion; QL
PROLENSA OPHTHALMIC SOLUTION 0.07 %	Tier 9	Formulary Exclusion

Drug Name	Drug Tier	Notes
Ophthalmic Photodynamic Therapy Agents**		
VISUDYNE INTRAVENOUS SOLUTION RECONSTITUTED 15 MG	Tier 9	Medical Only Exclusion
Ophthalmic Photoenhancers**		
EPIOXA HD/ EPIOXA OPHTHALMIC PREFILLED SYRINGE KIT 0.239 & 0.177 %	Tier 9	Medical Only Exclusion
Ophthalmic Rho Kinase Inhibitors**		
RHOPRESSA OPHTHALMIC SOLUTION 0.02 %	Tier 4	ST
Ophthalmic Selective Alpha Adrenergic Agonists**		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %, 0.15 %	Tier 9	Formulary Exclusion
apraclonidine hcl ophthalmic solution 0.5 %	Tier 2	
brimonidine tartrate ophthalmic solution 0.1 %, 0.15 %, 0.2 %	Tier 2	
IOPIDINE OPHTHALMIC SOLUTION 1 %	Tier 9	Formulary Exclusion
Ophthalmic Steroid Combinations**		
bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %	Tier 2	
dexamethasone-moxifloxacin intraocular solution 1-5 mg/ml	Tier 9	Non FDA Exclusion; Medical Only Exclusion
dexameth-moxiflox-ketorolac intraocular solution 1-0.5-0.4 mg/ml	Tier 9	Non FDA Exclusion; Medical Only Exclusion
double pm ophthalmic solution reconstituted 1-0.5 %	Tier 9	Non FDA Exclusion
loteprednol-tobramycin ophthalmic suspension 0.5-0.3 %	Tier 2	
MAXITROL OPHTHALMIC OINTMENT 3.5-10000-0.1	Tier 9	Formulary Exclusion
MAXITROL OPHTHALMIC SUSPENSION 0.1 %	Tier 9	Formulary Exclusion
neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1	Tier 2	
neomycin-polymyxin-dexameth ophthalmic suspension 0.1 %, 3.5-10000-0.1	Tier 2	
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	Tier 9	Formulary Exclusion
prednisol ace-moxiflox-bromfen ophthalmic suspension 1-0.5-0.075 %	Tier 9	Non FDA Exclusion

Drug Name	Drug Tier	Notes
prednisolone acetate-nepafenac ophthalmic suspension 1-0.1 %	Tier 9	Non FDA Exclusion
prednisolone acet-moxifloxacin ophthalmic suspension 1-0.5 %	Tier 9	Non FDA Exclusion
prednisolone-bromfenac ophthalmic solution 1-0.075 %	Tier 9	Non FDA Exclusion
prednisolone-bromfenac ophthalmic suspension 1-0.075 %	Tier 9	Non FDA Exclusion
prednisolone-gatifloxacin ophthalmic suspension 1-0.5 %	Tier 9	Non FDA Exclusion
prednisolone-moxifloxacin ophthalmic solution 1-0.5 %	Tier 9	Non FDA Exclusion
prednisolon-gatiflox-bromfenac ophthalmic solution 1-0.5-0.075 %	Tier 9	Non FDA Exclusion
prednisolon-gatiflox-bromfenac ophthalmic suspension 1-0.5-0.075 %	Tier 9	Non FDA Exclusion
prednisolon-moxiflox-bromfenac ophthalmic solution 1-0.5-0.075 %	Tier 9	Non FDA Exclusion
prednisolon-moxiflox-ketorolac ophthalmic solution 1-0.5-0.5 %	Tier 9	Non FDA Exclusion
prednisolon-moxiflox-nepafenac ophthalmic suspension 1-0.5-0.1 %	Tier 9	Non FDA Exclusion
sulfacetamide-prednisolone ophthalmic solution 10-0.23 %	Tier 2	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 %	Tier 3	
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 %	Tier 9	Non Essential Drug Exclusion
tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %	Tier 2	
TRIMOXI+ INTRAOCULAR SUSPENSION 15-1 MG/ML	Tier 9	Non FDA Exclusion
triple pmb ophthalmic solution reconstituted 1-0.5-0.09 %	Tier 9	Non FDA Exclusion
triple pmk ophthalmic solution reconstituted 1-0.5-0.5 %	Tier 9	Non FDA Exclusion
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 %	Tier 9	Formulary Exclusion
Ophthalmic Steroids**		
ALREX OPHTHALMIC SUSPENSION 0.2 %	Tier 4	ST; QL
BYQLOVI OPHTHALMIC SUSPENSION 0.05 %	Tier 4	ST

Drug Name	Drug Tier	Notes
clobetasol propionate ophthalmic suspension 0.05 %	Tier 4	ST
dexamethasone sodium phosphate ophthalmic solution 0.1 %	Tier 2	Insufficient Evidence; QL
DEXTENZA OPHTHALMIC INSERT 0.4 MG	Tier 9	Medical Only Exclusion
DEXYCU INTRAOCULAR SUSPENSION 9 %	Tier 9	Medical Only Exclusion
difluprednate ophthalmic emulsion 0.05 %	Tier 2	ST
DUREZOL OPHTHALMIC EMULSION 0.05 %	Tier 9	ST; Formulary Exclusion
EYSUVIS OPHTHALMIC SUSPENSION 0.25 %	Tier 3	QL
FLAREX OPHTHALMIC SUSPENSION 0.1 %	Tier 9	ST; Formulary Exclusion; QL
fluorometholone suspension 0.1 % ophthalmic	Tier 2	QL
fluorometholone suspension 0.1 % ophthalmic	Tier 2	Insufficient Evidence; QL
FML FORTE OPHTHALMIC SUSPENSION 0.25 %	Tier 9	ST; Formulary Exclusion
FML LIQUIFILM OPHTHALMIC SUSPENSION 0.1 %	Tier 9	Formulary Exclusion; QL
ILUVIEN INTRAVITREAL IMPLANT 0.19 MG	Tier 9	Medical Only Exclusion
INVELTYS OPHTHALMIC SUSPENSION 1 %	Tier 9	ST; Formulary Exclusion
KLARITY-L OPHTHALMIC EMULSION 0.2 %, 0.5 %	Tier 9	Non FDA Exclusion
LOTEMAX OPHTHALMIC GEL 0.5 %	Tier 9	Formulary Exclusion
LOTEMAX OPHTHALMIC OINTMENT 0.5 %	Tier 3	
LOTEMAX OPHTHALMIC SUSPENSION 0.5 %	Tier 9	Formulary Exclusion
LOTEMAX SM OPHTHALMIC GEL 0.38 %	Tier 3	
loteprednol etabonate gel 0.5 % ophthalmic	Tier 2	
loteprednol etabonate gel 0.5 % ophthalmic	Tier 2	ST
loteprednol etabonate suspension 0.2 % ophthalmic	Tier 2	ST; QL
loteprednol etabonate suspension 0.5 % ophthalmic	Tier 2	
loteprednol etabonate suspension 0.5 % ophthalmic	Tier 2	ST
MAXIDEX OPHTHALMIC SUSPENSION 0.1 %	Tier 4	ST; QL

Drug Name	Drug Tier	Notes
OZURDEX INTRAVITREAL IMPLANT 0.7 MG	Tier 9	Medical Only Exclusion
PRED FORTE OPHTHALMIC SUSPENSION 1 %	Tier 9	Formulary Exclusion; QL
PRED MILD OPHTHALMIC SUSPENSION 0.12 %	Tier 9	ST; Formulary Exclusion; QL
prednisolone acetate ophthalmic suspension 1 %	Tier 2	QL
prednisolone acetate p-f ophthalmic suspension 1 %	Tier 9	Non FDA Exclusion; QL
prednisolone sodium phosphate ophthalmic solution 1 %	Tier 4	Insufficient Evidence
RETISERT INTRAVITREAL IMPLANT 0.59 MG	Tier 9	Medical Only Exclusion
TRIESENCE INTRAOCULAR SUSPENSION 40 MG/ML	Tier 9	Medical Only Exclusion
XIPERE INTRAOCULAR SUSPENSION 40 MG/ML	Tier 9	Medical Only Exclusion
YUTIQ INTRAVITREAL IMPLANT 0.18 MG	Tier 9	Medical Only Exclusion
Ophthalmic Sulfonamides**		
sulfacetamide sodium ophthalmic solution 10 %	Tier 2	
Ophthalmic Surgical Aids - Combinations**		
DISCOVISC INTRAOCULAR SOLUTION 40-17 MG/ML	Tier 9	Medical Only Exclusion
DUOVISC KIT 0.4-0.35 ML INTRAOCULAR	Tier 9	Medical Only Exclusion
DUOVISC KIT 0.55-0.5 ML INTRAOCULAR	Tier 9	Medical Only Exclusion
DUOVISC KIT 0.85-0.5 ML INTRAOCULAR	Tier 9	Non FDA Exclusion; Medical Only Exclusion
OMIDRIA INTRAOCULAR SOLUTION 1-0.3 %	Tier 9	Medical Only Exclusion
VISCOAT INTRAOCULAR SOLUTION PREFILLED SYRINGE 20-15 MG/0.5ML, 30-22.5 MG/0.75ML	Tier 9	Medical Only Exclusion
Ophthalmic Surgical Aids**		
AMVISC INTRAOCULAR SOLUTION PREFILLED SYRINGE 9.6 MG/0.8ML	Tier 9	Medical Only Exclusion
AMVISC PLUS INTRAOCULAR SOLUTION PREFILLED SYRINGE 12.8 MG/0.8ML	Tier 9	Medical Only Exclusion
CELLUGEL INTRAOCULAR SOLUTION 2 %	Tier 9	Medical Only Exclusion

Drug Name	Drug Tier	Notes
CLEARVISC INTRAOCULAR SOLUTION PREFILLED SYRINGE 25 MG/ML	Tier 9	Medical Only Exclusion
GELFILM OPHTHALMIC FILM	Tier 9	Non FDA Exclusion
HEALON DUET PRO INTRAOCULAR SOLUTION PREFILLED SYRINGE 1 & 3 %	Tier 9	Medical Only Exclusion
HEALON GV PRO INTRAOCULAR SOLUTION PREFILLED SYRINGE 15.3 MG/0.85ML	Tier 9	Medical Only Exclusion
HEALON PRO INTRAOCULAR SOLUTION PREFILLED SYRINGE 5.5 MG/0.55ML, 8.5 MG/0.85ML	Tier 9	Medical Only Exclusion
HEALON5 PRO INTRAOCULAR SOLUTION PREFILLED SYRINGE 13.8 MG/0.6ML	Tier 9	Medical Only Exclusion
PROVISC INTRAOCULAR SOLUTION PREFILLED SYRINGE 4 MG/0.4ML, 5.5 MG/0.55ML, 8.5 MG/0.85ML	Tier 9	Medical Only Exclusion
TISSUEBLUE INTRAOCULAR SOLUTION PREFILLED SYRINGE 0.025 %	Tier 9	Medical Only Exclusion
TOTALVISC INTRAOCULAR SOLUTION PREFILLED SYRINGE 1 & 2.5 %	Tier 9	Medical Only Exclusion
VISIONBLUE INTRAOCULAR SOLUTION PREFILLED SYRINGE 0.06 %	Tier 9	Medical Only Exclusion; Formulary Exclusion
Ophthalmics - Blepharoptosis Agents*		
UPNEEQ OPHTHALMIC SOLUTION 0.1 %	Tier 4	PA
Ophthalmics - Cystinosis Agents*		
CYSTADROPS OPHTHALMIC SOLUTION 0.37 %	Tier 5	PA; Specialty
CYSTARAN OPHTHALMIC SOLUTION 0.44 %	Tier 5	PA; Specialty
Ophthalmics - Ep2 Receptor Agonists**		
OMLONTI OPHTHALMIC SOLUTION 0.002 %	Tier 9	ST; Formulary Exclusion; QL
Ophthalmics - Trpm8 Receptor Agonists**		
TRYPTYR OPHTHALMIC SOLUTION 0.003 %	Tier 3	Formulary Exclusion; QL
Ophthalmics Misc. - Other**		
MIEBO OPHTHALMIC SOLUTION 1.338 GM/ML	Tier 3	

Drug Name	Drug Tier	Notes
Prostaglandins - Ophthalmic**		
bimatoprost solution 0.01 % ophthalmic	Tier 2	
bimatoprost solution 0.01 % ophthalmic	Tier 9	Formulary Exclusion
bimatoprost solution 0.01 % ophthalmic	Tier 9	Non FDA Exclusion
bimatoprost solution 0.03 % ophthalmic	Tier 2	
bimatoprost solution 0.03 % ophthalmic	Tier 9	Formulary Exclusion
DURYSTA INTRAOCULAR IMPLANT 10 MCG	Tier 9	Medical Only Exclusion
IDOSE TR INTRAOCULAR IMPLANT 75 MCG	Tier 9	Medical Only Exclusion
IYUZEH OPHTHALMIC SOLUTION 0.005 %	Tier 9	Formulary Exclusion
latanoprost solution 0.005 % ophthalmic	Tier 9	Non FDA Exclusion
latanoprost solution 0.005 % ophthalmic	Tier 2	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	Tier 3	
tafluprost (pf) ophthalmic solution 0.0015 %	Tier 2	
TRAVATAN Z OPHTHALMIC SOLUTION 0.004 %	Tier 9	Formulary Exclusion
travoprost (bak free) ophthalmic solution 0.004 %	Tier 2	
VYZULTA OPHTHALMIC SOLUTION 0.024 %	Tier 4	
XALATAN OPHTHALMIC SOLUTION 0.005 %	Tier 9	Formulary Exclusion
XELPROS OPHTHALMIC EMULSION 0.005 %	Tier 9	Formulary Exclusion
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 %	Tier 9	Formulary Exclusion
ZOLYMBUS OPHTHALMIC GEL 0.01 %	Tier 9	ST; Formulary Exclusion; QL
Vascular Endothelial Growth Factor (Vegf) Antagonists**		
BEOVU INTRAVITREAL SOLUTION PREFILLED SYRINGE 6 MG/0.05ML	Tier 9	Medical Only Exclusion
bevacizumab solution prefilled syringe 1.25 mg/0.05ml intravitreal	Tier 9	Medical Only Exclusion
bevacizumab solution prefilled syringe 1.25 mg/0.05ml intravitreal	Tier 9	Non FDA Exclusion; Medical Only Exclusion
bevacizumab solution prefilled syringe 2.25 mg/0.09ml intravitreal	Tier 9	Medical Only Exclusion
bevacizumab solution prefilled syringe 2.75 mg/0.11ml intravitreal	Tier 9	Non FDA Exclusion; Medical Only Exclusion

Drug Name	Drug Tier	Notes
BYOOVIZ INTRAVITREAL SOLUTION 0.5 MG/0.05ML	Tier 9	Medical Only Exclusion
CIMERLI INTRAVITREAL SOLUTION 0.3 MG/0.05ML, 0.5 MG/0.05ML	Tier 9	Medical Only Exclusion
EYLEA HD INTRAVITREAL SOLUTION 8 MG/0.07ML	Tier 9	Medical Only Exclusion
EYLEA INTRAVITREAL SOLUTION 2 MG/0.05ML	Tier 9	Medical Only Exclusion
EYLEA INTRAVITREAL SOLUTION PREFILLED SYRINGE 2 MG/0.05ML	Tier 9	Medical Only Exclusion
LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE 0.3 MG/0.05ML, 0.5 MG/0.05ML	Tier 9	Medical Only Exclusion
NUFYMCO INTRAVITREAL SOLUTION 0.3 MG/0.05ML, 0.5 MG/0.05ML	Tier 9	Medical Only Exclusion
PAVBLU INTRAVITREAL SOLUTION 2 MG/0.05ML	Tier 9	Medical Only Exclusion
PAVBLU INTRAVITREAL SOLUTION PREFILLED SYRINGE 2 MG/0.05ML	Tier 9	Medical Only Exclusion
SUSVIMO (IMPLANT REFILL) INTRAVITREAL SOLUTION 10 MG/0.1ML	Tier 9	Medical Only Exclusion
YESAFILI INTRAVITREAL SOLUTION PREFILLED SYRINGE 2 MG/0.05ML	Tier 9	Medical Only Exclusion
Otic Agents		
Otic Agents - Miscellaneous**		
acetic acid otic solution 2 %	Tier 2	
Otic Analgesic Combinations**		
PRAMOTIC OTIC LIQUID 1-0.1 %	Tier 9	Non FDA Exclusion
Otic Antifungals**		
CLOTIC OTIC SOLUTION 1 %	Tier 9	New to Market Exclusion
Otic Anti-Infectives**		
CETRAXAL OTIC SOLUTION 0.2 %	Tier 9	Formulary Exclusion
ciprofloxacin hcl otic solution 0.2 %	Tier 2	
ofloxacin otic solution 0.3 %	Tier 2	
XTORO OTIC SUSPENSION 0.3 %	Tier 9	ST; Formulary Exclusion; QL
Otic Steroid-Anti-Infective Combinations**		
CIPRO HC OTIC SUSPENSION 0.2-1 %	Tier 9	Formulary Exclusion
ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %	Tier 2	

Drug Name	Drug Tier	Notes
ciprofloxacin-fluocinolone pf otic solution 0.3-0.025 %	Tier 4	
ciprofloxacin-hydrocortisone otic suspension 0.2-1 %	Tier 2	
CORTISPORIN-TC OTIC SUSPENSION 3.3-3-10-0.5 MG/ML	Tier 4	
neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1	Tier 2	
neomycin-polymyxin-hc otic suspension 3.5-10000-1	Tier 2	
OTOVEL OTIC SOLUTION 0.3-0.025 %	Tier 4	
Otic Steroids**		
DERMOTIC OTIC OIL 0.01 %	Tier 9	Formulary Exclusion
DEX24 INTRATYMPANIC SOLUTION 24 MG/ML	Tier 9	Non FDA Exclusion; Medical Only Exclusion
fluocinolone acetonide otic oil 0.01 %	Tier 2	
hydrocortisone-acetic acid solution 1-2 % otic	Tier 2	
hydrocortisone-acetic acid solution 1-2 % otic	Tier 9	Formulary Exclusion
Oxytocics		
Abortifacients/Cervical Ripening - Prostaglandins**		
carboprost tromethamine intramuscular solution prefilled syringe 250 mcg/ml	Tier 9	Medical Only Exclusion
carboprost tromethamine solution 250 mcg/ml intramuscular	Tier 10	Medical Only Exclusion
carboprost tromethamine solution 250 mcg/ml intramuscular	Tier 9	Medical Only Exclusion
CERVIDIL VAGINAL INSERT 10 MG	Tier 4	
HEMABATE INTRAMUSCULAR SOLUTION 250 MCG/ML	Tier 10	Medical Only Exclusion
PREPIDIL VAGINAL GEL 0.5 MG/3GM	Tier 9	Formulary Exclusion
Oxytocics**		
METHERGINE ORAL TABLET 0.2 MG	Tier 2	
methylergonovine maleate injection solution 0.2 mg/ml	Tier 9	Medical Only Exclusion
methylergonovine maleate oral tablet 0.2 mg	Tier 2	
oxytocin +rfid injection solution 10 unit/ml	Tier 9	Medical Only Exclusion
oxytocin injection solution 10 unit/ml	Tier 9	Medical Only Exclusion
oxytocin-lactated ringers solution 10 unit/500ml intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion

Drug Name	Drug Tier	Notes
oxytocin-lactated ringers solution 15 unit/250ml intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion
oxytocin-lactated ringers solution 20 unit/l intravenous	Tier 9	Medical Only Exclusion; Formulary Exclusion
oxytocin-lactated ringers solution 20 unit/l intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion
oxytocin-lactated ringers solution 30 unit/500ml intravenous	Tier 9	Medical Only Exclusion; Formulary Exclusion
oxytocin-lactated ringers solution 30 unit/500ml intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion
oxytocin-sodium chloride solution 15-0.9 ut/250ml-% intravenous	Tier 9	Medical Only Exclusion; Formulary Exclusion
oxytocin-sodium chloride solution 20-0.9 unit/l-% intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion
oxytocin-sodium chloride solution 30-0.9 ut/500ml-% intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion
oxytocin-sodium chloride solution 40-0.9 unit/l-% intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion
PITOCIN INJECTION SOLUTION 10 UNIT/ML	Tier 9	Medical Only Exclusion
Passive Immunizing And Treatment Agents		
Antitoxins-Antivenins**		
ANASCORP INTRAVENOUS SOLUTION RECONSTITUTED	Tier 9	Medical Only Exclusion
ANAVIP INTRAVENOUS SOLUTION RECONSTITUTED	Tier 9	Medical Only Exclusion
antivenin latrodectus mactans injection kit	Tier 9	Medical Only Exclusion
antivenin micrurus fulvius intravenous solution reconstituted	Tier 9	Medical Only Exclusion
CROFAB INTRAVENOUS SOLUTION RECONSTITUTED	Tier 9	Medical Only Exclusion
Antiviral Monoclonal Antibodies**		
BEYFORTUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML	Tier 1	
ENFLONSIA INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 105 MG/0.7ML	Tier 9	Medical Only Exclusion
PEMGARDA INTRAVENOUS SOLUTION 500 MG/4ML	Tier 9	Medical Only Exclusion

Drug Name	Drug Tier	Notes
Bacterial Monoclonal Antibodies**		
ZINPLAVA SOLUTION 1000 MG/40ML INTRAVENOUS	Tier 9	Medical Only Exclusion; QL
ZINPLAVA SOLUTION 1000 MG/40ML INTRAVENOUS	Tier 9	Medical Only Exclusion
Immune Serums**		
ALYGLO INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 5 GM/50ML	Tier 5	PA; Specialty
ASCENIV INTRAVENOUS SOLUTION 5 GM/50ML	Tier 9	PA; Specialty; Formulary Exclusion
BABYBIG INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	Tier 9	Medical Only Exclusion
BIVIGAM INTRAVENOUS SOLUTION 10 GM/100ML, 5 GM/50ML	Tier 5	PA; Specialty
CNJ-016 INTRAVENOUS SOLUTION 50000 UNIT/VIAL	Tier 9	Medical Only Exclusion
CUTAQUIG SUBCUTANEOUS SOLUTION 1 GM/6ML, 1.65 GM/10ML, 2 GM/12ML, 3.3 GM/20ML, 4 GM/24ML, 8 GM/48ML	Tier 9	PA; Specialty; Formulary Exclusion
CUVITRU SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML, 8 GM/40ML	Tier 9	PA; Specialty; Formulary Exclusion
CYTOGAM INTRAVENOUS SOLUTION 50 MG/ML	Tier 9	Medical Only Exclusion
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 GM/200ML, 20 GM/400ML, 5 GM/100ML	Tier 5	PA; Specialty
GAMASTAN INTRAMUSCULAR SOLUTION	Tier 5	PA; Specialty
GAMMAGARD ERC INJECTION SOLUTION 10 GM/100ML, 5 GM/50ML	Tier 5	PA; Specialty
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	Tier 5	PA; Specialty
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM	Tier 5	PA; Specialty
GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML	Tier 5	PA; Specialty
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML	Tier 5	PA; Specialty

Drug Name	Drug Tier	Notes
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	Tier 5	PA; Specialty
HEPAGAM B INJECTION SOLUTION 312 UNIT/ML	Tier 9	Medical Only Exclusion
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML	Tier 5	PA; Specialty
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML	Tier 5	PA; Specialty
HYPERHEP B INTRAMUSCULAR SOLUTION 220 UNIT/ML	Tier 9	Medical Only Exclusion
HYPERHEP B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 110 UNIT/0.5ML	Tier 9	Medical Only Exclusion
HYPERRAB INJECTION SOLUTION 1500 UNIT/5ML, 300 UNIT/ML, 900 UNIT/3ML	Tier 9	Medical Only Exclusion
HYPERRHO INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT	Tier 9	Medical Only Exclusion
HYPERRHO MINI-DOSE INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 UNIT	Tier 4	
HYPERTET INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 UNIT/ML	Tier 9	Medical Only Exclusion
kedrab injection solution 1500 unit/10ml, 300 unit/2ml	Tier 9	Medical Only Exclusion
NABI-HB INTRAMUSCULAR SOLUTION 312 UNIT/ML	Tier 9	Medical Only Exclusion
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 30 GM/300ML, 5 GM/100ML, 5 GM/50ML	Tier 5	PA; Specialty
PANZYGA INTRAVENOUS SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	Tier 5	PA; Specialty
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	Tier 5	PA; Specialty
qivigy intravenous solution 10 gm/100ml, 5 gm/50ml	Tier 5	PA; Specialty

Drug Name	Drug Tier	Notes
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT	Tier 9	Medical Only Exclusion
RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE 1500 UNIT/2ML	Tier 4	
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2ML	Tier 9	Medical Only Exclusion
WINRHO SDF INJECTION SOLUTION 1500 UNIT/1.3ML, 2500 UNIT/2.2ML	Tier 4	
XEMBIFY SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML	Tier 5	PA; Specialty
YIMMUGO INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 5 GM/50ML	Tier 5	PA; Specialty
Passive Immunizing Agents - Combinations**		
HYQVIA SUBCUTANEOUS KIT 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	Tier 5	PA; Specialty
Penicillins		
Amidinopenicillins**		
PIVYA ORAL TABLET 185 MG	Tier 4	PA
Aminopenicillins**		
amoxicillin oral capsule 250 mg, 500 mg	Tier 2	
amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml	Tier 2	
amoxicillin oral tablet 500 mg, 875 mg	Tier 2	
amoxicillin tablet chewable 125 mg oral	Tier 3	
amoxicillin tablet chewable 250 mg oral	Tier 3	
amoxicillin tablet chewable 250 mg oral	Tier 2	
amoxicillin trihydrate oral suspension reconstituted 250 mg/5ml	Tier 2	
ampicillin oral capsule 500 mg	Tier 2	
ampicillin sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg	Tier 9	Medical Only Exclusion
ampicillin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm	Tier 9	Medical Only Exclusion
Natural Penicillins**		
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML	Tier 9	Medical Only Exclusion

Drug Name	Drug Tier	Notes
LENTOCILIN INTRAMUSCULAR SUSPENSION RECONSTITUTED 1200000 UNIT	Tier 9	Medical Only Exclusion
penicillin g pot in dextrose intravenous solution 40000 unit/ml, 60000 unit/ml	Tier 9	Medical Only Exclusion
penicillin g potassium injection solution reconstituted 20000000 unit, 5000000 unit	Tier 9	Medical Only Exclusion
penicillin g sodium injection solution reconstituted 5000000 unit	Tier 9	Medical Only Exclusion
penicillin v potassium oral tablet 250 mg, 500 mg	Tier 2	
penicillin v potassium solution reconstituted 125 mg/5ml oral	Tier 4	
penicillin v potassium solution reconstituted 125 mg/5ml oral	Tier 2	
penicillin v potassium solution reconstituted 250 mg/5ml oral	Tier 4	
penicillin v potassium solution reconstituted 250 mg/5ml oral	Tier 2	
PFIZERPEN INJECTION SOLUTION RECONSTITUTED 20000000 UNIT, 5000000 UNIT	Tier 9	Medical Only Exclusion
Penicillin Combinations**		
amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg	Tier 2	
amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml	Tier 2	
amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	Tier 2	
amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg	Tier 3	
ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm	Tier 9	Medical Only Exclusion
ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm	Tier 9	Medical Only Exclusion
AUGMENTIN ES-600 ORAL SUSPENSION RECONSTITUTED 600-42.9 MG/5ML	Tier 9	Formulary Exclusion
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	Tier 9	Non Essential Drug Exclusion
BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION 900000-300000 UNIT/2ML	Tier 9	Medical Only Exclusion
BICILLIN C-R INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML	Tier 9	Medical Only Exclusion

Drug Name	Drug Tier	Notes
piperacillin sod-tazobactam so intravenous solution reconstituted 13.5 (12-1.5) gm, 2.25 (2-0.25) gm, 3-0.375 gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm	Tier 9	Medical Only Exclusion
piperacillin-tazobactam-nacl intravenous solution reconstituted 2-0.25 gm/50ml, 3-0.375 gm/50ml, 4-0.5 gm/100ml	Tier 9	Medical Only Exclusion
UNASYN INJECTION SOLUTION RECONSTITUTED 1.5 (1-0.5) GM, 3 (2-1) GM	Tier 9	Medical Only Exclusion
UNASYN INTRAVENOUS SOLUTION RECONSTITUTED 15 (10-5) GM	Tier 9	Medical Only Exclusion
ZOSYN INTRAVENOUS SOLUTION 2-0.25 GM/50ML, 3-0.375 GM/50ML, 4-0.5 GM/100ML	Tier 9	Medical Only Exclusion
Penicillinase-Resistant Penicillins**		
dicloxacillin sodium oral capsule 250 mg, 500 mg	Tier 2	
nafcillin sodium in dextrose intravenous solution 2 gm/100ml	Tier 9	Medical Only Exclusion
nafcillin sodium injection solution reconstituted 1 gm, 2 gm	Tier 9	Medical Only Exclusion
nafcillin sodium intravenous solution reconstituted 10 gm	Tier 9	Medical Only Exclusion
oxacillin sodium in dextrose intravenous solution 2 gm/50ml	Tier 9	Medical Only Exclusion
oxacillin sodium injection solution reconstituted 1 gm, 2 gm	Tier 9	Medical Only Exclusion
oxacillin sodium intravenous solution reconstituted 10 gm	Tier 9	Medical Only Exclusion
Pharmaceutical Adjuvants		
External Vehicles**		
FOAMIL EXTERNAL LIQUID	Tier 9	Non FDA Exclusion
RHEOSPRAY EXTERNAL LIQUID	Tier 9	Non FDA Exclusion
TRICHOSOL EXTERNAL SOLUTION	Tier 9	Non FDA Exclusion
Gelatin Capsules (Empty)**		
empty capsule size 1 clear capsule	Tier 9	Non FDA Exclusion
Misc. Vehicles**		
multi-peptide serum external liquid	Tier 9	Formulary Exclusion
Non Gelatin Capsules (Empty)**		
#3 capsule clear/clear capsule	Tier 9	Non FDA Exclusion
non gelatin capsules (empty) capsule	Tier 9	Non FDA Exclusion

Drug Name	Drug Tier	Notes
Oral Vehicles**		
cherry oral syrup	Tier 4	
FLAVOR SWEET DYE FREE ORAL SYRUP	Tier 4	
flavor sweet sf dye free oral syrup	Tier 4	
ORAPENN SD ANHYD SWEETENED ORAL LIQUID	Tier 9	Non FDA Exclusion
Parenteral Vehicles**		
bacteriostatic water(benz alc) solution injection	Tier 9	Formulary Exclusion
bacteriostatic water(benz alc) solution injection	Tier 3	
diluent for treprostinil intravenous solution	Tier 9	Medical Only Exclusion
saline bacteriostatic injection solution 0.9 %	Tier 9	Medical Only Exclusion
saline-phenol injection solution 0.4-0.9 %	Tier 9	Medical Only Exclusion
sodium chloride bacteriostatic injection solution 0.9 %	Tier 9	Medical Only Exclusion
STERILE DILUENT FOR REMODULIN INTRAVENOUS SOLUTION	Tier 9	Medical Only Exclusion
sterile water for injection solution injection	Tier 2	
sterile water for injection solution injection	Tier 3	
sterile water for injection solution injection	Tier 4	
sterile water for injection solution injection	Tier 9	Non FDA Exclusion
Semi Solid Vehicles**		
AUXIPRO VANISHING EXTERNAL CREAM	Tier 9	Non FDA Exclusion
cream base niosomes external cream	Tier 9	Non FDA Exclusion
cream-heavy base niosomes external cream	Tier 9	Non FDA Exclusion
freedom adaptaderm external cream	Tier 9	Non FDA Exclusion
freedom derma serum external cream	Tier 9	Non FDA Exclusion
FREEDOM DERMA-D EXTERNAL CREAM	Tier 9	Non FDA Exclusion
FREEDOM DERMA-N EXTERNAL CREAM	Tier 9	Non FDA Exclusion
hormone cr heavy base niosomes external cream	Tier 9	Non FDA Exclusion
hormone cream base niosomes external cream	Tier 9	Non FDA Exclusion
LIOPEN ABSORPTION ENHANCING EXTERNAL CREAM	Tier 9	Non FDA Exclusion
multi-phasic penetrating cmpd external cream	Tier 9	Non FDA Exclusion
OCCLUVAN EXTERNAL OINTMENT	Tier 9	Formulary Exclusion
PLO GEL - MEDIFLO 30 EXTERNAL KIT	Tier 9	Non FDA Exclusion
sa3 derm external cream	Tier 9	Non FDA Exclusion
salt durable cream external cream	Tier 9	Non FDA Exclusion

Drug Name	Drug Tier	Notes
SALT STABLE LS ADVANCED EXTERNAL CREAM	Tier 9	Non FDA Exclusion
SALTSTABLE LO EXTERNAL CREAM	Tier 9	Non FDA Exclusion
teroderm-plus external cream	Tier 9	Non FDA Exclusion
VASELINE EXTERNAL GEL	Tier 2	
VERSAPRO EXTERNAL CREAM	Tier 9	Non FDA Exclusion
VERSATILE ANHYDROUS CREAM BASE CREAM	Tier 9	Non FDA Exclusion
white petrolatum external gel	Tier 2	
Progestins		
Progestins**		
ec-rx progesterone transdermal cream 10 %, 20 %	Tier 9	Non FDA Exclusion
GALLIFREY ORAL TABLET 5 MG	Tier 2	
medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg	Tier 2	
megestrol acetate oral suspension 625 mg/5ml	Tier 9	Formulary Exclusion
norethindrone acetate oral tablet 5 mg	Tier 2	
progesterone intramuscular oil 50 mg/ml	Tier 2	
progesterone micronized transdermal cream 10 %	Tier 9	Non FDA Exclusion
progesterone oral capsule 100 mg, 200 mg	Tier 2	
PROMETRIUM ORAL CAPSULE 100 MG, 200 MG	Tier 9	Formulary Exclusion
PROVERA ORAL TABLET 10 MG, 2.5 MG, 5 MG	Tier 9	Formulary Exclusion
Psychotherapeutic And Neurological Agents - Misc.		
Agents For Opioid Withdrawal**		
lofexidine hcl tablet 0.18 mg oral	Tier 2	QL
lofexidine hcl tablet 0.18 mg oral	Tier 2	PA; QL
LUCEMYRA TABLET 0.18 MG ORAL	Tier 9	Formulary Exclusion; QL
LUCEMYRA TABLET 0.18 MG ORAL	Tier 9	PA; Formulary Exclusion; QL
Alcohol Deterrents**		
acamprosate calcium oral tablet delayed release 333 mg	Tier 2	
disulfiram oral tablet 250 mg, 500 mg	Tier 2	

Drug Name	Drug Tier	Notes
Alexander Disease - Antisense Oligonucleotides (Aso)**		
ZANVASTRO INTRATHECAL SOLUTION 56 MG/2.8ML	Tier 9	Medical Only Exclusion
Alzheimer's Treatment - Anti-Amyloid Antibodies**		
KISUNLA INTRAVENOUS SOLUTION 350 MG/20ML	Tier 9	Medical Only Exclusion
LEQEMBI INTRAVENOUS SOLUTION 200 MG/2ML, 500 MG/5ML	Tier 9	Medical Only Exclusion
LEQEMBI IQLIK (500 MG DOSE) SOLUTION AUTO-INJECTOR 2 X 250 MG/1.25ML SUBCUTANEOUS	Tier 5	PA; Specialty
LEQEMBI IQLIK (500 MG DOSE) SOLUTION AUTO-INJECTOR 2 X 250 MG/1.25ML SUBCUTANEOUS	Tier 5	PA; Specialty; QL
LEQEMBI IQLIK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 360 MG/1.8ML	Tier 5	PA; Specialty; QL
Anti-Cataplectic Agents**		
LUMRYZ ORAL PACKET 4.5 GM, 6 GM, 7.5 GM, 9 GM	Tier 5	PA; Specialty; QL
LUMRYZ STARTER PACK ORAL THERAPY PACK 4.5 & 6 & 7.5 GM	Tier 5	PA; Specialty; QL
sodium oxybate oral solution 500 mg/ml	Tier 5	PA; Specialty; QL
XYREM ORAL SOLUTION 500 MG/ML	Tier 9	PA; Specialty; Formulary Exclusion; QL
Anti-Cataplectic Combinations**		
XYWAV ORAL SOLUTION 500 MG/ML	Tier 5	PA; Specialty; QL
Antidementia Agent Combinations**		
memantine hcl-donepezil hcl er oral capsule extended release 24 hour 14-10 mg, 21-10 mg, 28-10 mg	Tier 2	ST; QL
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG ORAL	Tier 9	ST; Formulary Exclusion; QL
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 21-10 MG ORAL	Tier 4	ST; QL
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 28-10 MG ORAL	Tier 9	ST; Formulary Exclusion; QL
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 7-10 MG ORAL	Tier 4	ST; QL

Drug Name	Drug Tier	Notes
Antisense Oligonucleotide (Aso) Inhibitor Agents**		
WAINUA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 45 MG/0.8ML	Tier 5	PA; Specialty
WAINUA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.8ML	Tier 9	Medical Only Exclusion
Benzodiazepines & Tricyclic Agents**		
chlordiazepoxide-amitriptyline tablet 10-25 mg oral	Tier 2	
chlordiazepoxide-amitriptyline tablet 5-12.5 mg oral	Tier 4	
Cald - Autologous Cellular Gene Therapy Agents**		
SKYSONA INTRAVENOUS SUSPENSION	Tier 9	Medical Only Exclusion
Cholinomimetics - Ache Inhibitors**		
ARICEPT ORAL TABLET 10 MG, 23 MG, 5 MG	Tier 9	Formulary Exclusion
donepezil hcl oral tablet 10 mg, 23 mg, 5 mg	Tier 2	
donepezil hcl oral tablet dispersible 10 mg, 5 mg	Tier 2	
EXELON TRANSDERMAL PATCH 24 HOUR 13.3 MG/24HR, 4.6 MG/24HR, 9.5 MG/24HR	Tier 9	Formulary Exclusion; QL
galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg	Tier 2	QL
galantamine hydrobromide oral solution 4 mg/ml	Tier 2	PA; QL
galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg	Tier 2	QL
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	Tier 2	
rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr	Tier 2	QL
ZUNVEYL ORAL TABLET DELAYED RELEASE 10 MG, 15 MG, 5 MG	Tier 4	ST; QL
Fibromyalgia Agent - Miscellaneous**		
TONMYA SUBLINGUAL TABLET SUBLINGUAL 2.8 MG	Tier 9	Non Essential Drug Exclusion
Fibromyalgia Agent - Snris**		
milnacipran hcl oral 12.5 & 25 & 50 mg	Tier 2	ST
milnacipran hcl tablet 100 mg oral	Tier 2	

Drug Name	Drug Tier	Notes
milnacipran hcl tablet 100 mg oral	Tier 2	ST
milnacipran hcl tablet 12.5 mg oral	Tier 2	
milnacipran hcl tablet 12.5 mg oral	Tier 2	ST
milnacipran hcl tablet 25 mg oral	Tier 2	
milnacipran hcl tablet 25 mg oral	Tier 2	ST
milnacipran hcl tablet 50 mg oral	Tier 2	
milnacipran hcl tablet 50 mg oral	Tier 2	ST
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	Tier 9	ST; Formulary Exclusion
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG	Tier 9	ST; Formulary Exclusion
Melanocortin Receptor Agonists**		
VYLEESI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.75 MG/0.3ML	Tier 4	PA; QL
Mld - Autologous Cellular Gene Therapy Agents**		
LENMELDY INTRAVENOUS SUSPENSION	Tier 9	Medical Only Exclusion
Movement Disorder Drug Therapy**		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	Tier 9	PA; Specialty; Formulary Exclusion; QL
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 18 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG	Tier 9	PA; Specialty; Formulary Exclusion; QL
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	Tier 9	PA; Specialty; Formulary Exclusion; QL
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	Tier 5	PA; Specialty; QL
INGREZZA ORAL CAPSULE SPRINKLE 40 MG, 60 MG, 80 MG	Tier 5	PA; Specialty; QL
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG	Tier 5	PA; Specialty; QL
tetrabenazine oral tablet 12.5 mg, 25 mg	Tier 5	PA; Specialty
XENAZINE ORAL TABLET 12.5 MG, 25 MG	Tier 9	PA; Specialty; Formulary Exclusion
Ms Agents - Pyrimidine Synthesis Inhibitors**		
AUBAGIO ORAL TABLET 14 MG, 7 MG	Tier 9	PA; Specialty; Formulary Exclusion; QL
teriflunomide oral tablet 14 mg, 7 mg	Tier 5	PA; Specialty; QL

Drug Name	Drug Tier	Notes
Multiple Sclerosis Agents - Antimetabolites**		
cladribine (10 tabs) oral tablet therapy pack 10 mg	Tier 10	PA; Specialty
cladribine (4 tabs) oral tablet therapy pack 10 mg	Tier 10	PA; Specialty
cladribine (5 tabs) oral tablet therapy pack 10 mg	Tier 10	PA; Specialty
cladribine (6 tabs) oral tablet therapy pack 10 mg	Tier 10	PA; Specialty
cladribine (7 tabs) oral tablet therapy pack 10 mg	Tier 10	PA; Specialty
cladribine (8 tabs) oral tablet therapy pack 10 mg	Tier 10	PA; Specialty
cladribine (9 tabs) oral tablet therapy pack 10 mg	Tier 10	PA; Specialty
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK 10 MG	Tier 10	PA; Specialty; Formulary Exclusion
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK 10 MG	Tier 10	PA; Specialty; Formulary Exclusion
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK 10 MG	Tier 10	PA; Specialty; Formulary Exclusion
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK 10 MG	Tier 10	PA; Specialty; Formulary Exclusion
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK 10 MG	Tier 10	PA; Specialty; Formulary Exclusion
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK 10 MG	Tier 10	PA; Specialty; Formulary Exclusion
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK 10 MG	Tier 10	PA; Specialty; Formulary Exclusion
Multiple Sclerosis Agents - Combinations**		
OCREVUS ZUNOVO SUBCUTANEOUS SOLUTION 920-23000 MG-UT/23ML	Tier 9	Medical Only Exclusion
Multiple Sclerosis Agents - Interferons**		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML	Tier 5	PA; Specialty; QL
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML	Tier 5	PA; Specialty; QL
BETASERON SUBCUTANEOUS KIT 0.3 MG	Tier 5	PA; Specialty; QL
PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML	Tier 5	PA; Specialty; QL
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 63 & 94 MCG/0.5ML	Tier 5	PA; Specialty; QL

Drug Name	Drug Tier	Notes
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML	Tier 5	PA; Specialty; QL
PLEGRIDY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MCG/0.5ML	Tier 5	PA; Specialty; QL
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML	Tier 5	PA; Specialty; QL
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML	Tier 5	PA; Specialty; QL
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG	Tier 5	PA; Specialty; QL
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML	Tier 5	PA; Specialty; QL
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG	Tier 5	PA; Specialty; QL
Multiple Sclerosis Agents - Monoclonal Antibodies**		
BRIUMVI INTRAVENOUS SOLUTION 150 MG/6ML	Tier 9	PA; Specialty; Formulary Exclusion; QL
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML	Tier 5	PA; Specialty
LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2ML	Tier 9	Medical Only Exclusion
OCREVUS INTRAVENOUS SOLUTION 300 MG/10ML	Tier 5	PA; Specialty; QL
TYRUKO INTRAVENOUS CONCENTRATE 300 MG/15ML	Tier 9	Medical Only Exclusion
TYSABRI INTRAVENOUS CONCENTRATE 300 MG/15ML	Tier 5	PA; Specialty; QL
Multiple Sclerosis Agents - Nrf2 Pathway Activators**		
BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG	Tier 9	PA; Specialty; Formulary Exclusion; QL
dimethyl fumarate oral capsule delayed release 120 mg, 240 mg	Tier 5	PA; Specialty; QL
dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg	Tier 5	PA; Specialty; QL
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG, 240 MG	Tier 9	PA; Specialty; Formulary Exclusion; QL

Drug Name	Drug Tier	Notes
TECFIDERA ORAL CAPSULE DELAYED RELEASE THERAPY PACK 120 & 240 MG	Tier 9	PA; Specialty; Formulary Exclusion; QL
VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG	Tier 5	PA; Specialty; QL
Multiple Sclerosis Agents - Potassium Channel Blockers**		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR 10 MG	Tier 9	PA; Specialty; Formulary Exclusion; QL
dalfampridine er oral tablet extended release 12 hour 10 mg	Tier 5	PA; Specialty; QL
Multiple Sclerosis Agents**		
COPAXONE SOLUTION PREFILLED SYRINGE 20 MG/ML SUBCUTANEOUS	Tier 9	PA; Specialty; Formulary Exclusion; QL
COPAXONE SOLUTION PREFILLED SYRINGE 40 MG/ML SUBCUTANEOUS	Tier 5	PA; Specialty; QL
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml	Tier 2	PA; Specialty; QL
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML, 40 MG/ML	Tier 5	PA; Specialty; QL
N-Methyl-D-Aspartate (Nmda) Receptor Antagonists**		
memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg	Tier 2	QL
memantine hcl oral solution 10 mg/5ml, 2 mg/ml	Tier 2	QL
memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg, 5 mg	Tier 2	QL
Phenothiazines & Tricyclic Agents**		
perphenazine-amitriptyline tablet 2-10 mg oral	Tier 4	
perphenazine-amitriptyline tablet 2-25 mg oral	Tier 2	
perphenazine-amitriptyline tablet 4-10 mg oral	Tier 4	
perphenazine-amitriptyline tablet 4-25 mg oral	Tier 4	
perphenazine-amitriptyline tablet 4-50 mg oral	Tier 4	
Postherpetic Neuralgia (Phn)/Neuropathic Pain Agents**		
gabapentin (once-daily) oral tablet 300 mg, 450 mg, 600 mg, 750 mg, 900 mg	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
GRALISE ORAL TABLET 300 MG, 450 MG, 600 MG, 750 MG, 900 MG	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 165 MG, 330 MG, 82.5 MG	Tier 9	Formulary Exclusion; QL

Drug Name	Drug Tier	Notes
pregabalin er oral tablet extended release 24 hour 165 mg, 330 mg, 82.5 mg	Tier 9	Formulary Exclusion; QL
Postherpetic Neuralgia(Phn)/Neuropathic Pain Comb Agents**		
CONVENIENCE PAK COMBINATION THERAPY PACK 600 & 5 MG & %	Tier 9	Non FDA Exclusion
Premenstrual Dysphoric Disorder (Pmdd) Agents - Ssris**		
fluoxetine hcl (pmdd) oral tablet 10 mg, 20 mg	Tier 4	
Pseudobulbar Affect Agent Combinations**		
dextromethorphan-quinidine oral capsule 20-10 mg	Tier 2	PA; QL
NUEDEXTA ORAL CAPSULE 20-10 MG	Tier 9	PA; Formulary Exclusion; QL
Psychotherapeutic And Neurological Agents - Misc.**		
AQNEURSA ORAL PACKET 1 GM	Tier 5	PA; Specialty; QL
MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG	Tier 5	PA; Specialty; QL
pimozide oral tablet 1 mg, 2 mg	Tier 2	
Restless Leg Syndrome (Rls) Agents**		
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG, 600 MG	Tier 9	Non Essential Drug Exclusion
Serotonin 1A Recept Agonist/Serotonin 2A Recept Antag**		
ADDYI ORAL TABLET 100 MG	Tier 10	PA
Small Interfering Ribonucleic Acid (Sirna) Agents**		
AMVUTTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	Tier 5	PA; Specialty; QL
ONPATTRO INTRAVENOUS SOLUTION 10 MG/5ML	Tier 9	Medical Only Exclusion
Smoking Deterrents**		
bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg	Tier 2	
CHANTIX CONTINUING MONTH PAK ORAL TABLET 1 MG	Tier 9	Formulary Exclusion
CHANTIX ORAL TABLET 0.5 MG, 1 MG	Tier 9	Formulary Exclusion

Drug Name	Drug Tier	Notes
CHANTIX STARTING MONTH PAK ORAL TABLET THERAPY PACK 0.5 MG X 11 & 1 MG X 42	Tier 9	Formulary Exclusion
cvs nicotine mouth/throat gum 2 mg, 4 mg	Tier 1	
cvs nicotine mouth/throat lozenge 2 mg	Tier 1	
cvs nicotine polacrilex mouth/throat gum 2 mg, 4 mg	Tier 1	
cvs nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	Tier 1	
cvs nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	Tier 1	
eq nicotine mouth/throat lozenge 4 mg	Tier 1	
eq nicotine polacrilex mouth/throat gum 2 mg, 4 mg	Tier 1	
eq nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	Tier 1	
eq nicotine step 3 transdermal patch 24 hour 7 mg/24hr	Tier 1	
eq nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr	Tier 1	
ft nicotine mini mouth/throat lozenge 2 mg, 4 mg	Tier 1	
ft nicotine mouth/throat lozenge 2 mg	Tier 1	
gnp nicotine mini mouth/throat lozenge 2 mg, 4 mg	Tier 1	
gnp nicotine mouth/throat gum 4 mg	Tier 1	
gnp nicotine polacrilex mouth/throat gum 2 mg, 4 mg	Tier 1	
gnp nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	Tier 1	
gnp nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	Tier 1	
goodsense nicotine mouth/throat gum 2 mg, 4 mg	Tier 1	
goodsense nicotine mouth/throat lozenge 2 mg, 4 mg	Tier 1	
HABITROL TRANSDERMAL PATCH 24 HOUR 21 MG/24HR	Tier 1	
KLS QUIT2 MOUTH/THROAT GUM 2 MG	Tier 1	
KLS QUIT2 MOUTH/THROAT LOZENGE 2 MG	Tier 1	
KLS QUIT4 MOUTH/THROAT GUM 4 MG	Tier 1	
KLS QUIT4 MOUTH/THROAT LOZENGE 4 MG	Tier 1	

Drug Name	Drug Tier	Notes
nicotine mini mouth/throat lozenge 2 mg, 4 mg	Tier 1	
nicotine polacrilex mini mouth/throat lozenge 2 mg	Tier 1	
nicotine polacrilex mouth/throat gum 2 mg, 4 mg	Tier 1	
nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	Tier 1	
nicotine step 1 transdermal patch 24 hour 21 mg/24hr	Tier 1	
nicotine step 2 transdermal patch 24 hour 14 mg/24hr	Tier 1	
nicotine step 3 transdermal patch 24 hour 7 mg/24hr	Tier 1	
nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	Tier 1	
NICOTROL NS NASAL SOLUTION 10 MG/ML	Tier 3	
qc nicotine transdermal system transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr	Tier 1	
THRIVE MOUTH/THROAT GUM 2 MG	Tier 1	
varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42	Tier 2	
varenicline tartrate oral tablet 0.5 mg, 1 mg	Tier 2	
varenicline tartrate(continue) oral tablet 1 mg	Tier 2	
Snris & Anesthetics/Analgesics**		
DULOXICAINE COMBINATION KIT 30 & 4 MG & %	Tier 9	Non FDA Exclusion
Sphingosine 1-Phosphate (S1p) Receptor Modulators**		
fingolimod hcl capsule 0.5 mg oral	Tier 2	PA; Specialty; QL
fingolimod hcl capsule 0.5 mg oral	Tier 5	PA; Specialty; QL
GILENYA ORAL CAPSULE 0.5 MG	Tier 9	PA; Specialty; Formulary Exclusion; QL
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG	Tier 5	PA; Specialty; QL
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG, 7 X 0.25 MG	Tier 5	PA; Specialty; QL
PONVORY ORAL TABLET 20 MG	Tier 9	PA; Specialty; Formulary Exclusion; QL
PONVORY STARTER PACK ORAL TABLET THERAPY PACK 2-3-4-5-6-7-8-9 & 10 MG	Tier 9	PA; Specialty; Formulary Exclusion; QL

Drug Name	Drug Tier	Notes
TASCENSO ODT ORAL TABLET DISPERSIBLE 0.25 MG, 0.5 MG	Tier 5	PA; Specialty; QL
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG	Tier 5	PA; Specialty; QL
ZEPOSIA ORAL CAPSULE 0.92 MG	Tier 5	PA; Specialty; QL
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG &0.46MG 0.92MG(21)	Tier 5	PA; Specialty; QL
Thienbenzodiazepines & Opioid Antagonists**		
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	Tier 4	ST; QL
Thienbenzodiazepines & Ssris**		
olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg	Tier 2	QL
Vasomotor Symptom Agents - Ssris**		
paroxetine mesylate oral capsule 7.5 mg	Tier 2	
Respiratory Agents - Misc.		
Alpha-Proteinase Inhibitor (Human)**		
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG	Tier 5	PA; Specialty
GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML, 4 GM/200ML, 5 GM/250ML	Tier 5	PA; Specialty
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML	Tier 5	PA; Specialty
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 4000 MG, 5000 MG	Tier 9	PA; Specialty; Formulary Exclusion
Cftr Potentiators**		
KALYDECO ORAL PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	Tier 5	PA; Specialty
KALYDECO ORAL TABLET 150 MG	Tier 5	PA; Specialty
Cystic Fibrosis Agent - Combinations**		
ALYFTREK ORAL TABLET 10-50-125 MG, 4-20-50 MG	Tier 5	PA; Specialty
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG, 75-94 MG	Tier 5	PA; Specialty
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	Tier 5	PA; Specialty

Drug Name	Drug Tier	Notes
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG	Tier 5	PA; Specialty
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG	Tier 5	PA; Specialty
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG	Tier 5	PA; Specialty
Cystic Fibrosis Agents - Miscellaneous**		
BRONCHITOL INHALATION CAPSULE 40 MG	Tier 5	ST; Specialty; QL
BRONCHITOL TOLERANCE TEST INHALATION CAPSULE 40 MG	Tier 5	ST; Specialty; QL
Dipeptidyl Peptidase 1 (Dpp1) Inhibitors**		
BRINSUPRI ORAL TABLET 10 MG, 25 MG	Tier 5	PA; Specialty; QL
Hydrolytic Enzymes**		
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	Tier 5	PA; Specialty; QL
Pleural Sclerosing Agents**		
STERITALC INTRAPLEURAL POWDER 2 GM, 3 GM, 4 GM	Tier 9	Medical Only Exclusion
Pulmonary Fibrosis Agents - Kinase Inhibitors**		
nintedanib esylate oral capsule 100 mg, 150 mg	Tier 5	PA; Specialty; QL
OFEV ORAL CAPSULE 100 MG, 150 MG	Tier 9	PA; Specialty; Formulary Exclusion; QL
Pulmonary Fibrosis Agents - Phosphodiest 4 (Pde4) Inhib**		
JASCAYD ORAL TABLET 18 MG, 9 MG	Tier 5	PA; Specialty; QL
Pulmonary Fibrosis Agents**		
ESBRIET ORAL TABLET 267 MG, 801 MG	Tier 9	PA; Specialty; Formulary Exclusion; QL
pirfenidone oral capsule 267 mg	Tier 5	PA; Specialty; QL
pirfenidone oral tablet 267 mg, 534 mg, 801 mg	Tier 5	PA; Specialty; QL
Respiratory Agents - Misc.**		
CUROSURF INTRATRACHEAL SUSPENSION 120 MG/1.5ML, 240 MG/3ML	Tier 9	Medical Only Exclusion
INFASURF INTRATRACHEAL SUSPENSION 35-0.9 MG/ML-%	Tier 9	Medical Only Exclusion

Drug Name	Drug Tier	Notes
SURVANTA INTRATRACHEAL SUSPENSION 25-0.9 MG/ML-%	Tier 9	Medical Only Exclusion
Sulfonamides		
Sulfonamides**		
sulfadiazine oral tablet 500 mg	Tier 2	
Tetracyclines		
Aminomethylcyclines**		
NUZYRA ORAL TABLET 150 MG	Tier 4	PA; QL
NUZYRA SOLUTION RECONSTITUTED 100 MG INTRAVENOUS	Tier 9	Medical Only Exclusion
NUZYRA SOLUTION RECONSTITUTED 100 MG INTRAVENOUS	Tier 9	Medical Only Exclusion; QL
Fluorocyclines**		
XERAVA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 50 MG	Tier 9	Medical Only Exclusion
Glycylcyclines**		
tigecycline intravenous solution reconstituted 50 mg	Tier 9	Medical Only Exclusion
TYGACIL INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	Tier 9	Medical Only Exclusion
Tetracycline Combinations**		
AVIDOXY DK COMBINATION KIT 100 MG	Tier 9	Non FDA Exclusion
BENZODOX COMBINATION THERAPY PACK 30 X 100 MG & 4.4%, 60 X 100 MG & 4.4%	Tier 9	Non FDA Exclusion
Tetracyclines**		
avidoxy oral tablet 100 mg	Tier 2	
demeclocycline hcl oral tablet 150 mg, 300 mg	Tier 2	
DORYX MPC ORAL TABLET DELAYED RELEASE 60 MG	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	Tier 9	Medical Only Exclusion
doxycycline hyclate capsule 100 mg oral	Tier 2	
doxycycline hyclate capsule 50 mg oral	Tier 2	
doxycycline hyclate capsule 75 mg oral	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
doxycycline hyclate intravenous solution reconstituted 100 mg	Tier 9	Medical Only Exclusion
doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg	Tier 9	Non Essential Drug Exclusion

Drug Name	Drug Tier	Notes
doxycycline hyclate tablet 100 mg oral	Tier 2	
doxycycline hyclate tablet 150 mg oral	Tier 2	ST
doxycycline hyclate tablet 20 mg oral	Tier 2	
doxycycline hyclate tablet 50 mg oral	Tier 2	ST
doxycycline hyclate tablet 75 mg oral	Tier 2	ST
doxycycline monohydrate capsule 100 mg oral	Tier 2	
doxycycline monohydrate capsule 150 mg oral	Tier 2	ST
doxycycline monohydrate capsule 50 mg oral	Tier 2	
doxycycline monohydrate capsule 75 mg oral	Tier 2	ST
doxycycline monohydrate oral suspension reconstituted 25 mg/5ml	Tier 2	
doxycycline monohydrate tablet 100 mg oral	Tier 2	
doxycycline monohydrate tablet 150 mg oral	Tier 2	ST
doxycycline monohydrate tablet 50 mg oral	Tier 2	
doxycycline monohydrate tablet 75 mg oral	Tier 2	
MINOCIN INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	Tier 9	Medical Only Exclusion
minocycline hcl er tablet extended release 24 hour 105 mg oral	Tier 9	ST; Non Essential Drug Exclusion; QL
minocycline hcl er tablet extended release 24 hour 115 mg oral	Tier 2	ST; QL
minocycline hcl er tablet extended release 24 hour 135 mg oral	Tier 9	ST; Formulary Exclusion; QL
minocycline hcl er tablet extended release 24 hour 45 mg oral	Tier 2	ST; QL
minocycline hcl er tablet extended release 24 hour 55 mg oral	Tier 2	ST; QL
minocycline hcl er tablet extended release 24 hour 65 mg oral	Tier 2	ST; QL
minocycline hcl er tablet extended release 24 hour 80 mg oral	Tier 2	ST; QL
minocycline hcl er tablet extended release 24 hour 90 mg oral	Tier 2	ST; QL
minocycline hcl oral capsule 100 mg, 50 mg, 75 mg	Tier 2	
minocycline hcl oral tablet 100 mg, 50 mg, 75 mg	Tier 2	
MONDOXYNE NL ORAL CAPSULE 100 MG	Tier 2	
SEYSARA ORAL TABLET 100 MG, 150 MG, 60 MG	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
TARGADOX ORAL TABLET 50 MG	Tier 2	ST

Drug Name	Drug Tier	Notes
tetracycline hcl oral capsule 250 mg, 500 mg	Tier 2	
tetracycline hcl oral tablet 250 mg, 500 mg	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
Thyroid Agents		
Antithyroid Agents - Radiopharmaceuticals**		
sodium iodide i-131 oral solution 1000 mci/ml	Tier 9	Formulary Exclusion
Antithyroid Agents**		
methimazole oral tablet 10 mg, 5 mg	Tier 2	
propylthiouracil oral tablet 50 mg	Tier 2	
Thyroid Hormones**		
AMERITHROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	Tier 9	ST; Formulary Exclusion
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	Tier 9	ST; Formulary Exclusion
CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG	Tier 9	Formulary Exclusion
EVEXITHROID ORAL TABLET 120 MG, 15 MG, 180 MG, 30 MG, 45 MG, 60 MG, 75 MG, 90 MG	Tier 9	ST; Formulary Exclusion
LEVO-T TABLET 100 MCG ORAL	Tier 2	QL
LEVO-T TABLET 112 MCG ORAL	Tier 2	QL
LEVO-T TABLET 125 MCG ORAL	Tier 2	QL
LEVO-T TABLET 137 MCG ORAL	Tier 2	QL
LEVO-T TABLET 150 MCG ORAL	Tier 2	QL
LEVO-T TABLET 175 MCG ORAL	Tier 2	QL
LEVO-T TABLET 200 MCG ORAL	Tier 2	QL
LEVO-T TABLET 25 MCG ORAL	Tier 2	QL
LEVO-T TABLET 300 MCG ORAL	Tier 2	
LEVO-T TABLET 50 MCG ORAL	Tier 2	QL
LEVO-T TABLET 75 MCG ORAL	Tier 2	QL
LEVO-T TABLET 88 MCG ORAL	Tier 2	QL
levothyroxine sodium intravenous solution 100 mcg/5ml, 100 mcg/ml, 200 mcg/5ml, 500 mcg/5ml	Tier 9	Medical Only Exclusion
levothyroxine sodium intravenous solution reconstituted 100 mcg, 200 mcg, 500 mcg	Tier 9	Medical Only Exclusion
levothyroxine sodium oral capsule 100 mcg, 112 mcg, 125 mcg, 13 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	Tier 4	ST; QL

Drug Name	Drug Tier	Notes
levothyroxine sodium tablet 100 mcg oral	Tier 2	QL
levothyroxine sodium tablet 112 mcg oral	Tier 2	QL
levothyroxine sodium tablet 125 mcg oral	Tier 2	QL
levothyroxine sodium tablet 137 mcg oral	Tier 2	QL
levothyroxine sodium tablet 150 mcg oral	Tier 2	QL
levothyroxine sodium tablet 175 mcg oral	Tier 2	QL
levothyroxine sodium tablet 200 mcg oral	Tier 2	QL
levothyroxine sodium tablet 25 mcg oral	Tier 2	QL
levothyroxine sodium tablet 300 mcg oral	Tier 2	
levothyroxine sodium tablet 50 mcg oral	Tier 2	QL
levothyroxine sodium tablet 75 mcg oral	Tier 2	QL
levothyroxine sodium tablet 88 mcg oral	Tier 2	QL
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 2	QL
LIOMNY ORAL TABLET 25 MCG, 5 MCG, 50 MCG	Tier 2	
liothyronine sodium intravenous solution 10 mcg/ml	Tier 9	Medical Only Exclusion
liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg	Tier 2	
niva thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	Tier 9	ST; Formulary Exclusion
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	Tier 9	ST; Formulary Exclusion
RENTHYROID TABLET 120 MG ORAL	Tier 9	ST; Non FDA Exclusion
RENTHYROID TABLET 15 MG ORAL	Tier 9	ST; Non FDA Exclusion
RENTHYROID TABLET 30 MG ORAL	Tier 9	ST; Non FDA Exclusion
RENTHYROID TABLET 45 MG ORAL	Tier 9	ST; Formulary Exclusion
RENTHYROID TABLET 60 MG ORAL	Tier 9	ST; Non FDA Exclusion
RENTHYROID TABLET 75 MG ORAL	Tier 9	ST; Formulary Exclusion
RENTHYROID TABLET 90 MG ORAL	Tier 9	ST; Non FDA Exclusion
SYNTHROID TABLET 100 MCG ORAL	Tier 9	ST; Formulary Exclusion; QL
SYNTHROID TABLET 112 MCG ORAL	Tier 9	ST; Formulary Exclusion; QL
SYNTHROID TABLET 125 MCG ORAL	Tier 9	ST; Formulary Exclusion; QL
SYNTHROID TABLET 137 MCG ORAL	Tier 9	ST; Formulary Exclusion; QL
SYNTHROID TABLET 150 MCG ORAL	Tier 9	ST; Formulary Exclusion; QL
SYNTHROID TABLET 175 MCG ORAL	Tier 9	ST; Formulary Exclusion; QL
SYNTHROID TABLET 200 MCG ORAL	Tier 9	ST; Formulary Exclusion; QL

Drug Name	Drug Tier	Notes
SYNTHROID TABLET 25 MCG ORAL	Tier 9	ST; Formulary Exclusion; QL
SYNTHROID TABLET 300 MCG ORAL	Tier 9	ST; Formulary Exclusion
SYNTHROID TABLET 50 MCG ORAL	Tier 9	ST; Formulary Exclusion; QL
SYNTHROID TABLET 75 MCG ORAL	Tier 9	ST; Formulary Exclusion; QL
SYNTHROID TABLET 88 MCG ORAL	Tier 9	ST; Formulary Exclusion; QL
THYQUIDITY ORAL SOLUTION 100 MCG/5ML	Tier 4	PA; QL
thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	Tier 4	ST
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 37.5 MCG, 44 MCG, 50 MCG, 62.5 MCG, 75 MCG, 88 MCG	Tier 4	ST; QL
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML	Tier 4	PA
UNITHROID TABLET 100 MCG ORAL	Tier 2	QL
UNITHROID TABLET 112 MCG ORAL	Tier 2	QL
UNITHROID TABLET 125 MCG ORAL	Tier 2	QL
UNITHROID TABLET 137 MCG ORAL	Tier 2	QL
UNITHROID TABLET 150 MCG ORAL	Tier 2	QL
UNITHROID TABLET 175 MCG ORAL	Tier 2	QL
UNITHROID TABLET 200 MCG ORAL	Tier 2	QL
UNITHROID TABLET 25 MCG ORAL	Tier 2	QL
UNITHROID TABLET 300 MCG ORAL	Tier 2	
UNITHROID TABLET 50 MCG ORAL	Tier 2	QL
UNITHROID TABLET 75 MCG ORAL	Tier 2	QL
UNITHROID TABLET 88 MCG ORAL	Tier 2	QL
Toxoids		
Toxoid Combinations**		
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	Tier 1	
ADACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2-15.5 LF-MCG/0.5	Tier 1	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5	Tier 1	

Drug Name	Drug Tier	Notes
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	Tier 1	
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	Tier 1	
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 1	
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 1	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	Tier 1	
QUADRACEL INTRAMUSCULAR SUSPENSION	Tier 1	
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 1	
TENIVAC INTRAMUSCULAR SUSPENSION 5-2 LF/0.5ML	Tier 1	
VAXELIS INTRAMUSCULAR SUSPENSION	Tier 1	
VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 1	
***Ulcer Drugs/Antispasmodics/Anticholinergics ***		
Anticholinergic Combinations**		
belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg	Tier 4	
chlordiazepoxide-clidinium capsule 5-2.5 mg oral	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
chlordiazepoxide-clidinium capsule 5-2.5 mg oral	Tier 9	Non FDA Exclusion; Non Essential Drug Exclusion
DONNATAL ORAL ELIXIR 16.2 MG/5ML	Tier 4	
DONNATAL ORAL TABLET 16.2 MG	Tier 4	
LIBRAX ORAL CAPSULE 5-2.5 MG	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
pb-hyoscy-atropine-scopolamine oral elixir 16.2 mg/5ml	Tier 9	Non FDA Exclusion
pb-hyoscy-atropine-scopolamine oral tablet 16.2 mg	Tier 9	Non FDA Exclusion
PHENOHYTRO ORAL ELIXIR 16.2 MG/5ML	Tier 2	
PHENOHYTRO ORAL TABLET 16.2 MG	Tier 2	

Drug Name	Drug Tier	Notes
Antispasmodics**		
dicyclomine hcl intramuscular solution 10 mg/ml	Tier 9	Medical Only Exclusion
dicyclomine hcl oral capsule 10 mg	Tier 2	
dicyclomine hcl oral solution 10 mg/5ml	Tier 2	
dicyclomine hcl tablet 20 mg oral	Tier 2	
dicyclomine hcl tablet 40 mg oral	Tier 9	Non Essential Drug Exclusion; Formulary Exclusion
Belladonna Alkaloids**		
atropine sulfate +rfid intravenous solution prefilled syringe 0.4 mg/ml, 1 mg/2.5ml	Tier 9	Non FDA Exclusion; Medical Only Exclusion
atropine sulfate injection solution 8 mg/20ml	Tier 9	Medical Only Exclusion
atropine sulfate intramuscular solution auto-injector 2 mg/0.7ml	Tier 9	Medical Only Exclusion
atropine sulfate intravenous solution 0.4 mg/ml, 1 mg/ml	Tier 9	Medical Only Exclusion
atropine sulfate intravenous solution prefilled syringe 0.8 mg/2ml, 1 mg/2.5ml, 1.2 mg/3ml	Tier 9	Non FDA Exclusion; Medical Only Exclusion
atropine sulfate solution prefilled syringe 0.25 mg/5ml injection	Tier 9	Medical Only Exclusion
atropine sulfate solution prefilled syringe 0.5 mg/5ml injection	Tier 9	Medical Only Exclusion
atropine sulfate solution prefilled syringe 1 mg/10ml injection	Tier 9	Medical Only Exclusion
atropine sulfate solution prefilled syringe 1 mg/10ml injection	Tier 9	Non FDA Exclusion; Medical Only Exclusion
DERMACINRX DIGENYX ORAL TABLET 0.125 MG	Tier 4	
hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg	Tier 2	
hyoscyamine sulfate injection solution 0.5 mg/ml	Tier 9	Medical Only Exclusion
hyoscyamine sulfate oral elixir 0.125 mg/5ml	Tier 2	
hyoscyamine sulfate oral solution 0.125 mg/ml	Tier 2	
hyoscyamine sulfate sl sublingual tablet sublingual 0.125 mg	Tier 9	Non FDA Exclusion
hyoscyamine sulfate tablet 0.125 mg oral	Tier 2	
hyoscyamine sulfate tablet 0.125 mg oral	Tier 9	Non FDA Exclusion
hyoscyamine sulfate tablet dispersible 0.125 mg oral	Tier 2	
hyoscyamine sulfate tablet dispersible 0.125 mg oral	Tier 9	Non FDA Exclusion
hyoscyamine sulfate tablet sublingual 0.125 mg sublingual	Tier 2	

Drug Name	Drug Tier	Notes
hyoscyamine sulfate tablet sublingual 0.125 mg sublingual	Tier 3	
hyosyne oral elixir 0.125 mg/5ml	Tier 2	
hyosyne oral solution 0.125 mg/ml	Tier 2	
LEVBID ORAL TABLET EXTENDED RELEASE 12 HOUR 0.375 MG	Tier 4	
LEVSIN ORAL TABLET 0.125 MG	Tier 4	
LEVSIN/SL SUBLINGUAL TABLET SUBLINGUAL 0.125 MG	Tier 4	
NULEV ORAL TABLET DISPERSIBLE 0.125 MG	Tier 2	
oscimin oral tablet 0.125 mg	Tier 2	
oscimin sublingual tablet sublingual 0.125 mg	Tier 2	
H-2 Antagonists**		
cimetidine hcl oral solution 300 mg/5ml	Tier 2	
cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg	Tier 2	
famotidine (pf) intravenous solution 20 mg/2ml	Tier 9	Medical Only Exclusion
famotidine intravenous solution 20 mg/5ml, 200 mg/20ml, 200 mg/50ml, 40 mg/10ml, 40 mg/4ml	Tier 9	Medical Only Exclusion
famotidine oral suspension reconstituted 40 mg/5ml	Tier 2	
famotidine oral tablet 20 mg, 40 mg	Tier 2	
famotidine premixed intravenous solution 20-0.9 mg/50ml-%	Tier 9	Medical Only Exclusion
nizatidine capsule 150 mg oral	Tier 2	
nizatidine capsule 300 mg oral	Tier 4	
PEPCID ORAL TABLET 20 MG, 40 MG	Tier 9	Formulary Exclusion
ranitidine hcl oral tablet 150 mg, 300 mg	Tier 9	Non Essential Drug Exclusion
Misc. Anti-Ulcer**		
CARAFATE ORAL TABLET 1 GM	Tier 9	Formulary Exclusion
sucralfate oral suspension 1 gm/10ml	Tier 2	
sucralfate oral tablet 1 gm	Tier 2	
Ppi - Potassium-Competitive Acid Blockers (P-Cab)**		
VOQUEZNA ORAL TABLET 10 MG, 20 MG	Tier 4	PA; QL
Proton Pump Inhibitor-Antacid Combinations**		
KONVOMEP ORAL SUSPENSION RECONSTITUTED 2-84 MG/ML	Tier 9	PA; Formulary Exclusion; QL

Drug Name	Drug Tier	Notes
omeprazole-sodium bicarbonate capsule 20-1100 mg oral (rx)	Tier 2	
omeprazole-sodium bicarbonate capsule 40-1100 mg oral	Tier 9	Non Essential Drug Exclusion
omeprazole-sodium bicarbonate oral packet 20-1680 mg, 40-1680 mg	Tier 2	PA
Proton Pump Inhibitors**		
ACIPHEX ORAL TABLET DELAYED RELEASE 20 MG	Tier 9	ST; Formulary Exclusion
DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG	Tier 9	ST; Formulary Exclusion; QL
dexlansoprazole oral capsule delayed release 30 mg, 60 mg	Tier 2	QL
esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg	Tier 2	
esomeprazole magnesium packet 10 mg oral	Tier 2	QL
esomeprazole magnesium packet 2.5 mg oral	Tier 2	QL
esomeprazole magnesium packet 20 mg oral	Tier 2	QL
esomeprazole magnesium packet 40 mg oral	Tier 2	QL
esomeprazole magnesium packet 40 mg oral	Tier 2	ST; QL
esomeprazole magnesium packet 5 mg oral	Tier 2	QL
esomeprazole sodium intravenous solution reconstituted 40 mg	Tier 9	Medical Only Exclusion
FIRST-LANSOPRAZOLE ORAL SUSPENSION 3 MG/ML	Tier 4	
lansoprazole oral capsule delayed release 15 mg, 30 mg	Tier 2	
lansoprazole oral tablet delayed release dispersible 15 mg, 30 mg	Tier 2	
NEXIUM ORAL CAPSULE DELAYED RELEASE 20 MG, 40 MG	Tier 9	ST; Formulary Exclusion
NEXIUM ORAL PACKET 10 MG, 2.5 MG, 20 MG, 40 MG, 5 MG	Tier 9	Formulary Exclusion; QL
omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg	Tier 2	
pantoprazole sodium intravenous solution reconstituted 40 mg	Tier 9	Medical Only Exclusion
pantoprazole sodium oral packet 40 mg	Tier 2	
pantoprazole sodium tablet delayed release 20 mg oral	Tier 2	
pantoprazole sodium tablet delayed release 40 mg oral	Tier 2	QL

Drug Name	Drug Tier	Notes
pantoprazole sodium-nacl intravenous solution 40-0.9 mg/100ml-%, 40-0.9 mg/50ml-%, 80-0.9 mg/100ml-%	Tier 9	Medical Only Exclusion
PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG	Tier 9	ST; Non Essential Drug Exclusion; Formulary Exclusion
PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE 15 MG, 30 MG	Tier 9	ST; Formulary Exclusion
PRILOSEC ORAL PACKET 10 MG, 2.5 MG	Tier 9	ST; Formulary Exclusion
PROTONIX INTRAVENOUS SOLUTION RECONSTITUTED 40 MG	Tier 9	Medical Only Exclusion
PROTONIX ORAL PACKET 40 MG	Tier 9	ST; Formulary Exclusion
PROTONIX TABLET DELAYED RELEASE 20 MG ORAL	Tier 9	ST; Formulary Exclusion
PROTONIX TABLET DELAYED RELEASE 40 MG ORAL	Tier 9	ST; Formulary Exclusion; QL
rabeprazole sodium oral capsule sprinkle 10 mg	Tier 4	ST; QL
rabeprazole sodium oral tablet delayed release 20 mg	Tier 2	
Quaternary Anticholinergics**		
CUVPOSA ORAL SOLUTION 1 MG/5ML	Tier 9	Formulary Exclusion
GLYCATE ORAL TABLET 1.5 MG	Tier 9	Non Essential Drug Exclusion
glycopyrrolate +rfid injection solution 0.2 mg/ml	Tier 9	Medical Only Exclusion
glycopyrrolate +rfid injection solution prefilled syringe 0.6 mg/3ml	Tier 9	Non FDA Exclusion; Medical Only Exclusion
glycopyrrolate injection solution 0.2 mg/ml, 0.4 mg/2ml, 1 mg/5ml, 4 mg/20ml	Tier 9	Medical Only Exclusion
glycopyrrolate injection solution prefilled syringe 0.6 mg/3ml, 1 mg/5ml	Tier 9	Non FDA Exclusion; Medical Only Exclusion
glycopyrrolate intravenous solution prefilled syringe 0.6 mg/3ml, 1 mg/5ml	Tier 9	Non FDA Exclusion; Medical Only Exclusion
glycopyrrolate oral solution 1 mg/5ml	Tier 2	
glycopyrrolate pf +rfid injection solution prefilled syringe 0.2 mg/ml, 0.4 mg/2ml, 0.6 mg/3ml	Tier 9	Medical Only Exclusion
glycopyrrolate pf injection solution prefilled syringe 0.2 mg/ml, 0.4 mg/2ml, 0.6 mg/3ml	Tier 9	Medical Only Exclusion
glycopyrrolate tablet 1 mg oral	Tier 2	
glycopyrrolate tablet 1.5 mg oral	Tier 9	Non Essential Drug Exclusion
glycopyrrolate tablet 2 mg oral	Tier 2	
GLYRX-PF INJECTION SOLUTION 0.2 MG/ML, 0.4 MG/2ML	Tier 9	Medical Only Exclusion

Drug Name	Drug Tier	Notes
GLYRX-PF INJECTION SOLUTION PREFILLED SYRINGE 1 MG/5ML	Tier 9	Medical Only Exclusion
methscopolamine bromide oral tablet 2.5 mg, 5 mg	Tier 2	
Ulcer Anti-Infective W/ Bismuth Combinations**		
bis subcit-metronid-tetracyc oral capsule 140-125-125 mg	Tier 2	
bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg	Tier 2	
PYLERA ORAL CAPSULE 140-125-125 MG	Tier 9	Formulary Exclusion
Ulcer Anti-Infective W/ Proton Pump Inhibitors**		
amoxicill-clarithro-lansopraz oral therapy pack 500 & 500 & 30 mg	Tier 2	
TALICIA ORAL CAPSULE DELAYED RELEASE 250-12.5-10 MG	Tier 3	QL
Ulcer Anti-Infective-Pcab Combinations**		
VOQUEZNA DUAL PAK ORAL THERAPY PACK 500-20 MG	Tier 4	PA; QL
VOQUEZNA TRIPLE PAK ORAL THERAPY PACK 500-500-20 MG	Tier 4	PA; QL
Ulcer Drugs - Prostaglandins**		
CYTOTEC ORAL TABLET 100 MCG, 200 MCG	Tier 9	Formulary Exclusion
misoprostol oral tablet 100 mcg, 200 mcg	Tier 2	
Urinary Antispasmodics		
Urinary Antispasmodic - Antimuscarinic (Anticholinergic)**		
darifenacin hydrobromide er tablet extended release 24 hour 15 mg oral	Tier 2	ST; Formulary Exclusion
darifenacin hydrobromide er tablet extended release 24 hour 15 mg oral	Tier 9	ST; Formulary Exclusion
darifenacin hydrobromide er tablet extended release 24 hour 7.5 mg oral	Tier 2	ST; Formulary Exclusion
darifenacin hydrobromide er tablet extended release 24 hour 7.5 mg oral	Tier 9	ST; Formulary Exclusion
fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg	Tier 2	
oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg	Tier 2	

Drug Name	Drug Tier	Notes
oxybutynin chloride oral solution 5 mg/5ml	Tier 2	
oxybutynin chloride tablet 2.5 mg oral	Tier 2	
oxybutynin chloride tablet 2.5 mg oral	Tier 2	ST
oxybutynin chloride tablet 5 mg oral	Tier 2	
OXYTROL TRANSDERMAL PATCH TWICE WEEKLY 3.9 MG/24HR	Tier 4	ST
solifenacin succinate oral tablet 10 mg, 5 mg	Tier 2	ST
tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg	Tier 2	
tolterodine tartrate oral tablet 1 mg, 2 mg	Tier 2	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG	Tier 9	ST; Formulary Exclusion
trospium chloride er oral capsule extended release 24 hour 60 mg	Tier 2	
trospium chloride oral tablet 20 mg	Tier 2	
VESICARE ORAL TABLET 10 MG, 5 MG	Tier 9	ST; Formulary Exclusion
Urinary Antispasmodics - Beta-3 Adrenergic Agonists**		
GEMTESA ORAL TABLET 75 MG	Tier 9	ST; Formulary Exclusion
mirabegron er oral suspension reconstituted er 8 mg/ml	Tier 2	
mirabegron er oral tablet extended release 24 hour 25 mg, 50 mg	Tier 2	
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML	Tier 9	Formulary Exclusion
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	Tier 3	
Urinary Antispasmodics - Cholinergic Agonists**		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	Tier 2	
Urinary Antispasmodics - Direct Muscle Relaxants**		
flavoxate hcl oral tablet 100 mg	Tier 2	Formulary Exclusion
Vaccines		
Bacterial Vaccines**		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	Tier 1	
bcg vaccine injection solution reconstituted 50 mg	Tier 10	

Drug Name	Drug Tier	Notes
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 1	
CAPVAXIVE INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 0.5 ML	Tier 4	
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG	Tier 1	
MENQUADFI INTRAMUSCULAR SOLUTION 0.5 ML	Tier 1	
MENVEO INTRAMUSCULAR SOLUTION	Tier 1	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	Tier 1	
PEDVAXHIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	Tier 1	
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED	Tier 3	
penmenvy intramuscular suspension reconstituted	Tier 9	New to Market Exclusion
PNEUMOVAX 23 INJECTION SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML	Tier 1	
PREVNAR 20 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 1	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 1	
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML	Tier 10	
VAXCHORA ORAL SUSPENSION RECONSTITUTED	Tier 10	
VAXNEUVANCE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 1	
VIVOTIF ORAL CAPSULE DELAYED RELEASE	Tier 9	
Viral Vaccine Combinations**		
M-M-R II INJECTION SOLUTION RECONSTITUTED	Tier 1	
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	Tier 1	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	Tier 1	

Drug Name	Drug Tier	Notes
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	Tier 1	
Viral Vaccines**		
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML	Tier 1	
ACAM2000 INJECTION SOLUTION RECONSTITUTED	Tier 10	
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML	Tier 1	
AUDENZ INTRAMUSCULAR EMULSION	Tier 9	
AUDENZ INTRAMUSCULAR PREFILLED SYRINGE 0.5 ML	Tier 9	
COMIRNATY 5-11 YEARS INTRAMUSCULAR SUSPENSION 10 MCG/0.3ML	Tier 1	
COMIRNATY INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 30 MCG/0.3ML	Tier 1	
DENGVAXIA SUBCUTANEOUS SUSPENSION RECONSTITUTED	Tier 1	
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	Tier 1	
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML	Tier 1	
ERVEBO INTRAMUSCULAR SUSPENSION	Tier 9	Medical Only Exclusion
FLUAD INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 1	
FLUARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 1	
FLUBLOK INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 0.5 ML	Tier 1	
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 3	
FLULAVAL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 1	
FLUMIST NASAL LIQUID	Tier 3	
FLUZONE HIGH-DOSE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 1	

Drug Name	Drug Tier	Notes
FLUZONE INTRAMUSCULAR SUSPENSION	Tier 1	
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 1	
GARDASIL 9 INTRAMUSCULAR SUSPENSION 0.5 ML	Tier 1	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 1	
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1440 EL U/ML, 720 EL U/0.5ML	Tier 1	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML	Tier 1	
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED 2.5 UNIT/ML	Tier 10	Medical Only Exclusion
IPOL INJECTION SUSPENSION	Tier 1	
IXIARO INTRAMUSCULAR SUSPENSION	Tier 10	
JYNNEOS SUBCUTANEOUS SUSPENSION 0.5 ML	Tier 10	
MFLUSIVA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.38 ML	Tier 9	Medical Only Exclusion
MNEXSPIKE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 10 MCG/0.2ML	Tier 4	
MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML	Tier 4	
NUVAXOVID COVID-19 VACCINE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5 MCG/0.5ML	Tier 1	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	Tier 10	Medical Only Exclusion
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	Tier 1	
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML	Tier 1	
ROTARIX ORAL SUSPENSION	Tier 1	
ROTATEQ ORAL SOLUTION	Tier 1	

Drug Name	Drug Tier	Notes
SHINGRIX SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML INTRAMUSCULAR	Tier 3	
SHINGRIX SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML INTRAMUSCULAR	Tier 4	
SPIKEVAX 6M-11Y INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 25 MCG/0.25ML	Tier 1	
SPIKEVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML	Tier 1	
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1.2 MCG/0.25ML, 2.4 MCG/0.5ML	Tier 10	
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML	Tier 1	
VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 25 UNIT/0.5ML, 50 UNIT/ML	Tier 1	
VARIVAX INJECTION SUSPENSION RECONSTITUTED 1350 PFU/0.5ML	Tier 1	
VIMKUNYA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 40 MCG/0.8ML	Tier 10	Medical Only Exclusion
YF-VAX SUBCUTANEOUS SUSPENSION RECONSTITUTED	Tier 10	
Vaginal And Related Products		
Imidazole-Related Antifungals**		
GYNAZOLE-1 VAGINAL CREAM 2 %	Tier 3	
miconazole 3 vaginal suppository 200 mg	Tier 4	
terconazole vaginal cream 0.4 %, 0.8 %	Tier 2	
terconazole vaginal suppository 80 mg	Tier 2	
Miscellaneous Vaginal Combinations**		
FEM PH VAGINAL GEL 0.9-0.025 %	Tier 9	Non FDA Exclusion
TRIMO-SAN VAGINAL GEL 0.025-0.01 %	Tier 9	Non FDA Exclusion
Miscellaneous Vaginal Products**		
INTRAROSA VAGINAL INSERT 6.5 MG	Tier 9	ST; Formulary Exclusion
Spermicides**		
ENCARE VAGINAL SUPPOSITORY 100 MG	Tier 3	

Drug Name	Drug Tier	Notes
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3 %	Tier 3	
TODAY SPONGE VAGINAL 1000 MG	Tier 1	
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 %	Tier 3	
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL 4 %	Tier 4	
Vaginal Anti-Infectives**		
CLEOCIN VAGINAL CREAM 2 %	Tier 9	Formulary Exclusion
CLEOCIN VAGINAL SUPPOSITORY 100 MG	Tier 4	ST; QL
clindamycin phosphate vaginal cream 2 %	Tier 2	
CLINDESSE VAGINAL CREAM 2 %	Tier 4	ST
metronidazole vaginal gel 0.75 %	Tier 2	
NUVESSA VAGINAL GEL 1.3 %	Tier 4	ST
VANDAZOLE VAGINAL GEL 0.75 %	Tier 2	
XACIATO VAGINAL GEL 2 %	Tier 9	ST; Formulary Exclusion
Vaginal Contraceptive Ph Modulator - Combinations**		
PHEXX VAGINAL GEL 1.8-1-0.4 %	Tier 4	
Vaginal Estrogens**		
ESTRACE VAGINAL CREAM 0.01 %	Tier 9	Formulary Exclusion
estradiol vaginal cream 0.01 %	Tier 2	
estradiol vaginal tablet 10 mcg	Tier 2	
ESTRING VAGINAL RING 7.5 MCG/24HR	Tier 9	ST; Formulary Exclusion
FEMRING VAGINAL RING 0.05 MG/24HR, 0.1 MG/24HR	Tier 9	Formulary Exclusion
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG	Tier 4	ST
IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG, 4 MCG	Tier 4	ST
PREMARIN VAGINAL CREAM 0.625 MG/GM	Tier 3	
VAGIFEM VAGINAL TABLET 10 MCG	Tier 9	Formulary Exclusion
YUVAFEM VAGINAL TABLET 10 MCG	Tier 2	
Vaginal Progestins**		
CRINONE VAGINAL GEL 4 %, 8 %	Tier 3	
ENDOMETRIN VAGINAL INSERT 100 MG	Tier 10	Formulary Exclusion
progesterone vaginal insert 100 mg	Tier 2	

Drug Name	Drug Tier	Notes
Vasopressors		
Anaphylaxis Therapy Agents**		
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML, 0.15 MG/0.15ML, 0.3 MG/0.3ML	Tier 10	QL
epinephrine injection solution prefilled syringe 0.3 mg/0.3ml	Tier 9	Formulary Exclusion; QL
epinephrine professional injection kit 1 mg/ml	Tier 9	Non FDA Exclusion; Medical Only Exclusion
epinephrine solution auto-injector 0.15 mg/0.15ml injection	Tier 10	Formulary Exclusion; QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection	Tier 2	QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	Tier 10	Formulary Exclusion; QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	Tier 2	QL
EPINEPHRINESNAP INJECTION KIT 1 MG/ML	Tier 9	Non FDA Exclusion; Medical Only Exclusion
EPINEPHRINESNAP-EMS INJECTION KIT 1 MG/ML	Tier 9	Non FDA Exclusion; Medical Only Exclusion
EPINEPHRINESNAP-V INJECTION KIT 1 MG/ML	Tier 9	Non FDA Exclusion; Medical Only Exclusion
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML	Tier 10	Formulary Exclusion; QL
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML	Tier 10	Formulary Exclusion; QL
NEFFY NASAL SOLUTION 1 MG/0.1ML, 2 MG/0.1ML	Tier 3	QL
Neurogenic Orthostatic Hypotension (Noh) - Agents**		
droxidopa oral capsule 100 mg, 200 mg, 300 mg	Tier 5	PA; Specialty
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG	Tier 9	PA; Specialty; Formulary Exclusion
Vasopressors**		
ADRENALIN SOLUTION 1 MG/ML INJECTION	Tier 9	
ADRENALIN SOLUTION 1 MG/ML INJECTION	Tier 9	Medical Only Exclusion
ADRENALIN SOLUTION 10-0.9 MG/250ML-% INTRAVENOUS	Tier 9	Medical Only Exclusion

Drug Name	Drug Tier	Notes
ADRENALIN SOLUTION 2-0.9 MG/250ML-% INTRAVENOUS	Tier 9	Non FDA Exclusion; Medical Only Exclusion
ADRENALIN SOLUTION 5-0.9 MG/250ML-% INTRAVENOUS	Tier 9	Medical Only Exclusion
ADRENALIN SOLUTION 8-0.9 MG/250ML-% INTRAVENOUS	Tier 9	Medical Only Exclusion
ADRENALIN-NACL INTRAVENOUS SOLUTION 4-0.9 MG/250ML-%	Tier 9	Non FDA Exclusion; Medical Only Exclusion
AKOVAZ INTRAVENOUS SOLUTION 50 MG/ML	Tier 9	Medical Only Exclusion
AKOVAZ INTRAVENOUS SOLUTION PREFILLED SYRINGE 25 MG/5ML	Tier 9	Medical Only Exclusion
BIORPHEN INTRAVENOUS SOLUTION 0.5 MG/5ML	Tier 9	Medical Only Exclusion
EMERPHED INTRAVENOUS SOLUTION 5 MG/ML	Tier 9	Medical Only Exclusion
EMERPHED INTRAVENOUS SOLUTION PREFILLED SYRINGE 25 MG/5ML, 50 MG/10ML	Tier 9	Medical Only Exclusion
ephedrine sulf (pressors)+rfid intravenous solution prefilled syringe 25 mg/5ml, 50 mg/10ml	Tier 9	Medical Only Exclusion
ephedrine sulfate (pressors) intravenous solution 5 mg/ml, 50 mg/ml	Tier 9	Medical Only Exclusion
ephedrine sulfate (pressors) solution prefilled syringe 25 mg/5ml intravenous	Tier 9	Medical Only Exclusion
ephedrine sulfate (pressors) solution prefilled syringe 50 mg/5ml intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion
ephedrine sulfate-nacl +rfid intravenous solution prefilled syringe 15-0.9 mg/3ml-%, 25-0.9 mg/5ml-%, 50-0.9 mg/10ml-%, 50-0.9 mg/5ml-%	Tier 9	Non FDA Exclusion; Medical Only Exclusion
ephedrine sulfate-nacl intravenous solution prefilled syringe 10-0.9 mg/ml-%, 100-0.9 mg/10ml-%, 25-0.9 mg/5ml-%, 50-0.9 mg/10ml-%, 50-0.9 mg/5ml-%	Tier 9	Non FDA Exclusion; Medical Only Exclusion
epinephrine bitartrate-nacl intravenous solution 16-0.9 mg/250ml-%, 4-0.9 mg/250ml-%	Tier 9	Medical Only Exclusion
epinephrine bitartrate-nacl intravenous solution prefilled syringe 100-0.9 mcg/10ml-%	Tier 9	Non FDA Exclusion; Medical Only Exclusion
epinephrine hcl-dextrose intravenous solution 4-5 mg/250ml-%	Tier 9	Non FDA Exclusion; Medical Only Exclusion
epinephrine hcl-nacl intravenous solution 4-0.9 mg/250ml-%, 8-0.9 mg/250ml-%	Tier 9	Non FDA Exclusion; Medical Only Exclusion
epinephrine intravenous solution 1 mg/10ml	Tier 9	Non FDA Exclusion; Medical Only Exclusion

Drug Name	Drug Tier	Notes
epinephrine pf solution 1 mg/ml injection	Tier 9	Medical Only Exclusion
epinephrine pf solution 1 mg/ml injection	Tier 9	Medical Only Exclusion; Formulary Exclusion
epinephrine solution 1 mg/ml injection	Tier 9	
epinephrine solution 1 mg/ml injection	Tier 9	Medical Only Exclusion
epinephrine solution prefilled syringe 0.1 mg/10ml intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion
epinephrine solution prefilled syringe 0.2 mg/0.2ml injection	Tier 9	Medical Only Exclusion
epinephrine solution prefilled syringe 0.2 mg/0.2ml injection	Tier 9	Non FDA Exclusion; Medical Only Exclusion
epinephrine solution prefilled syringe 1 mg/10ml intravenous	Tier 9	Medical Only Exclusion
epinephrine solution prefilled syringe 1 mg/ml injection	Tier 9	Non FDA Exclusion; Medical Only Exclusion
epinephrine solution prefilled syringe 40 mcg/0.4ml injection	Tier 9	Medical Only Exclusion
epinephrine-dextrose intravenous solution 2-5 mg/250ml-%, 5-5 mg/250ml-%	Tier 9	Non FDA Exclusion; Medical Only Exclusion
epinephrine-dextrose intravenous solution prefilled syringe 100-5 mcg/10ml-%	Tier 9	Non FDA Exclusion; Medical Only Exclusion
epinephrine-nacl intravenous solution 2-0.9 mg/250ml-%, 4-0.9 mg/250ml-%, 5-0.9 mg/250ml-%, 8-0.9 mg/250ml-%	Tier 9	Non FDA Exclusion; Medical Only Exclusion
epinephrine-nacl intravenous solution prefilled syringe 1-0.9 mg/10ml-%	Tier 9	Non FDA Exclusion; Medical Only Exclusion
GIAPREZA INTRAVENOUS SOLUTION 0.5 MG/ML, 2.5 MG/ML	Tier 9	Medical Only Exclusion
IMMPHENTIV INTRAVENOUS SOLUTION 0.5 MG/5ML, 1 MG/10ML	Tier 9	Medical Only Exclusion
LEVOPHED INTRAVENOUS SOLUTION 1 MG/ML	Tier 9	Medical Only Exclusion
midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg	Tier 2	
norepinephrine bitartrate intravenous solution 1 mg/ml	Tier 9	Medical Only Exclusion
norepinephrine-dextrose solution 16-5 mg/250ml-% intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion
norepinephrine-dextrose solution 4-5 mg/250ml-% intravenous	Tier 9	Medical Only Exclusion
norepinephrine-dextrose solution 4-5 mg/250ml-% intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion
norepinephrine-dextrose solution 8-5 mg/250ml-% intravenous	Tier 9	Medical Only Exclusion

Drug Name	Drug Tier	Notes
norepinephrine-dextrose solution 8-5 mg/250ml-% intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion
norepinephrine-dextrose solution 8-5 mg/500ml-% intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion
norepinephrine-sodium chloride solution 16-0.9 mg/250ml-% intravenous	Tier 9	Medical Only Exclusion
norepinephrine-sodium chloride solution 16-0.9 mg/250ml-% intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion
norepinephrine-sodium chloride solution 32-0.9 mg/250ml-% intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion
norepinephrine-sodium chloride solution 4-0.9 mg/250ml-% intravenous	Tier 9	Medical Only Exclusion
norepinephrine-sodium chloride solution 4-0.9 mg/250ml-% intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion
norepinephrine-sodium chloride solution 8-0.9 mg/250ml-% intravenous	Tier 9	Medical Only Exclusion
norepinephrine-sodium chloride solution 8-0.9 mg/250ml-% intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion
norepinephrine-sodium chloride solution 8-0.9 mg/500ml-% intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion
phenylephrine hcl (pf) intravenous solution 0.5 mg/5ml	Tier 9	Medical Only Exclusion
phenylephrine hcl solution 0.4 mg/10ml intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion
phenylephrine hcl solution 0.8 mg/10ml intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion
phenylephrine hcl solution 1 mg/10ml intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion
phenylephrine hcl solution 10 mg/ml intravenous	Tier 9	Medical Only Exclusion
phenylephrine hcl solution 100 mg/10ml intravenous	Tier 9	Medical Only Exclusion
phenylephrine hcl solution 50 mg/5ml intravenous	Tier 9	Medical Only Exclusion
phenylephrine hcl solution prefilled syringe 0.4 mg/10ml intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion
phenylephrine hcl solution prefilled syringe 0.5 mg/5ml intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion
phenylephrine hcl solution prefilled syringe 0.8 mg/10ml intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion
phenylephrine hcl solution prefilled syringe 1 mg/10ml intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion
phenylephrine hcl solution prefilled syringe 5 mg/50ml intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion

Drug Name	Drug Tier	Notes
phenylephrine hcl solution prefilled syringe 8 mg/50ml intravenous	Tier 9	Medical Only Exclusion
phenylephrine hcl-nacl +rfid intravenous solution prefilled syringe 0.4-0.9 mg/10ml-%, 0.4-0.9 mg/5ml-%, 1-0.9 mg/10ml-%	Tier 9	Non FDA Exclusion; Medical Only Exclusion
phenylephrine hcl-nacl intravenous solution 10-0.9 mg/250ml-%, 100-0.9 mg/250ml-%, 20-0.9 mg/250ml-%, 200-0.9 mg/250ml-%, 25-0.9 mg/250ml-%, 40-0.9 mg/250ml-%, 50-0.9 mg/250ml-%, 80-0.9 mg/250ml-%	Tier 9	Non FDA Exclusion; Medical Only Exclusion
phenylephrine hcl-nacl intravenous solution prefilled syringe 0.4-0.9 mg/10ml-%, 0.5-0.9 mg/5ml-%, 0.8-0.9 mg/10ml-%, 1-0.9 mg/10ml-%, 100-0.9 mcg/10ml-%, 20-0.9 mg/50ml-%, 5-0.9 mg/50ml-%	Tier 9	Non FDA Exclusion; Medical Only Exclusion
VAZCULEP INTRAVENOUS SOLUTION 10 MG/ML	Tier 9	Medical Only Exclusion
Vitamins		
Vitamin A**		
AQUASOL A SOLUTION 50000 UNIT/ML INTRAMUSCULAR	Tier 10	Medical Only Exclusion
AQUASOL A SOLUTION 50000 UNIT/ML INTRAMUSCULAR	Tier 9	Medical Only Exclusion
Vitamin B-1**		
thiamine hcl injection solution 100 mg/ml, 200 mg/2ml	Tier 9	Medical Only Exclusion
thiamine hcl-nacl intravenous solution 500-0.9 mg/100ml-%	Tier 9	Non FDA Exclusion; Medical Only Exclusion
Vitamin B-6**		
pyridoxal-5 phosphate injection solution 100 mg/ml	Tier 9	Non FDA Exclusion; Medical Only Exclusion
pyridoxine hcl solution 100 mg/ml injection	Tier 10	Medical Only Exclusion
pyridoxine hcl solution 100 mg/ml injection	Tier 10	Non FDA Exclusion; Medical Only Exclusion
Vitamin C**		
ASCOR INTRAVENOUS SOLUTION 25000 MG/50ML	Tier 9	Medical Only Exclusion
ascorbic acid injection solution 500 mg/ml	Tier 9	Non FDA Exclusion
ascorbic acid solution 15000 mg/30ml intravenous	Tier 9	Non FDA Exclusion; Medical Only Exclusion
ascorbic acid solution 25000 mg/50ml intravenous	Tier 9	Medical Only Exclusion

Drug Name	Drug Tier	Notes
Vitamin D**		
DRISDOL ORAL CAPSULE 1.25 MG (50000 UT)	Tier 10	Formulary Exclusion
ergocalciferol oral capsule 1.25 mg (50000 ut)	Tier 10	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	Tier 10	
Vitamin E**		
wheat germ oil oral oil	Tier 9	Formulary Exclusion
Vitamin K**		
phytonadione oral tablet 5 mg	Tier 2	
phytonadione solution 1 mg/0.5ml injection	Tier 10	Medical Only Exclusion
phytonadione solution 1 mg/0.5ml injection	Tier 9	Medical Only Exclusion
phytonadione solution 10 mg/ml injection	Tier 10	Medical Only Exclusion
phytonadione solution 10 mg/ml injection	Tier 9	Medical Only Exclusion
vitamin k1 injection solution 1 mg/0.5ml, 10 mg/ml	Tier 10	Medical Only Exclusion

Index

#3 capsule clear/clear 436
12-PANEL POC TOXICOLOGY SYSTEM 238
1st tier unifine pentips 340
1st tier unifine pentips plus 340
A.A.G.C. KIT IN TERODERM 192
A1CNOW + PROFESSIONAL SYSTEM .. 238
abacavir sulfate 149
abacavir sulfate-lamivudine 146
ABANEU-SL 296
ABECMA 117
abenor 185
abenor hp 185
ABIGALE 271
ABIGALE LO 271
ABILIFY 144
ABILIFY ASIMTUFII 144
ABILIFY MAINTENA 144
ABILIFY MYCITE MAINTENANCE KIT 144
ABILIFY MYCITE STARTER KIT 144
abiraterone acetate 110
ABIRTEGA 110
ABLYSINOL 164
abravo 225
ABRAXANE 132
ABRILADA (1 PEN) 16
ABRILADA (2 PEN) 16
ABRILADA (2 SYRINGE) 16
ABRYSVO 463
ABSORICA 190
ABSORICA LD 189
acacia 7
acacia pollen 7
ACAM2000 463
acamprosate calcium 438
ACANYA 185
acarbose 72
ACCRUFER 302
ACCUCAINE 220
ACCU-CHEK AVIVA PLUS 238, 319
ACCU-CHEK FASTCLIX LANCET 319
ACCU-CHEK FASTCLIX LANCETS 319
ACCU-CHEK GUIDE 319
ACCU-CHEK GUIDE ME 319
ACCU-CHEK GUIDE TEST 238
ACCU-CHEK LINKASSIST 337
ACCU-CHEK SAFE-T PRO LANCETS 319
ACCU-CHEK SMARTVIEW 238
ACCU-CHEK SOFTCLIX LANCET DEV 319
ACCU-CHEK SOFTCLIX LANCETS 319
ACCULA SARS-COV-2 245
ACCUTANE 190
ACCUTREND GLUCOSE 238
ACCUTREND PLUS 318
acd formula a 57
ACD-A NOCLOT-50 57
ACE AEROSOL CLOUD ENHANCER 362
acebutolol hcl 153
aceso ag 225
ACETADOTE 85
acetaminophen 26
acetaminophen-codeine 28
acetazolamide 255
acetazolamide er 255
acetazolamide sodium 255
acetic acid 283, 429
acetylcysteine 85, 184
ACIDOBALANCE 82
ACIDOCORE 82
ACIDOCORE MAX 82
acioxia 223
acioxiay 185
ACIPHEX 458
acitretin 197
ACTEMRA 20
ACTEMRA ACTPEN 20
ACTHAR 259
ACTHAR GEL 259
ACTHIB 461
ACTICOAT 225
ACTICOAT 7 225
ACTICOAT ANTIMICROBIAL 225
ACTICOAT FLEX 3 225
ACTICOAT FLEX 3 4"X4" .. 225
ACTICOAT FLEX 7 225
ACTICOAT SURGICAL 225
acti-lance 28g 319
acti-lance lite lancets 28g 319
acti-lance special lancets 17g ... 319
acti-lance universal 23g 319
ACTIMMUNE 128
ACTIVASE 295
active fe 301
ACTIVELLA 271
activite 388
ACTONEL 257
ACTOPLUS MET 82
ACTOS 82
ACUICYN 208
ACULAR 422
ACULAR LS 422
ACUNOL 379
ACUVAIL 422
acyclonine mum 388
acyclovir 151, 201
acyclovir sodium 151
acyclovir sodium-nacl 151
ACZONE 184
ADACEL 454
adainzoxia 185
ADAKVEO 303
adalimumab-aacf (2 pen) 16
adalimumab-aacf (2 syringe) 16
adalimumab-aacf(cd/uc/hs strt) .. 16
adalimumab-aacf(ps/uv starter) . 16
adalimumab-aaty (1 pen) 16
adalimumab-aaty (2 pen) 17
adalimumab-aaty (2 syringe) 17
adalimumab-aaty cd/uc/hs start . 17
adalimumab-adaz 17
adalimumab-adbm (2 pen) 17
adalimumab-adbm (2 syringe) 17
adalimumab-bwwd 17
adalimumab-fkjp (2 pen) 17
adalimumab-fkjp (2 syringe) 17
adalimumab-ryvk (1 pen) 17
adalimumab-ryvk (2 pen) 17
adalimumab-ryvk (2 syringe) 17
adalina 185
adapalene 190
adapalene-benzoyl peroxide 185
ADBRY 201
ADCETRIS 115
ADCIRCA 163
ADDERALL 1
ADDERALL XR 1
ADDYI 445
adefovir dipivoxil 150
adeinzde 185
ADEMPAS 162
adenosine 46

adenosine (diagnostic).....233
adermica.....185
adermica hp.....185
adjustable lancing device.....319
ADMELOG.....75
ADMELOG SOLOSTAR.....75
admirazol.....185
admirazol dual.....185
admirazol hp.....185
admirazol hp dual.....185
ADQUEY.....215
ADRENAL C FORMULA.....389
ADRENALIN.....404, 467, 468
ADRENALIN-NACL.....468
ADREVIEW.....236
ADRIAMYCIN.....125
adult mask.....362
ADVAIR DISKUS.....48
ADVAIR HFA.....48
ADVANCE INTUITION METER.....319
ADVANCE INTUITION MONITOR.....319
ADVANCE INTUITION TEST.....238
ADVANCE MICRO-DRAW METER.....319
ADVANCE MICRO-DRAW TEST.....238
ADVANCED ALLERGY COLLECTION.....202
advanced mobile lancet.....319
ADVATE.....287
ADVOCATE BLOOD GLUCOSE MONITOR.....319
ADVOCATE BLOOD GLUCOSE SYSTEM.....319
ADVOCATE DUO.....318
ADVOCATE INSULIN PEN NEEDLE.....340
ADVOCATE INSULIN PEN NEEDLES.....341
ADVOCATE INSULIN SYRINGE.....341
ADVOCATE LANCETS.....319
ADVOCATE LANCETS 30G.....319
ADVOCATE REDI-CODE.....238, 319
ADVOCATE REDI-CODE+.....319
ADVOCATE REDI-CODE+ TEST.....238
ADVOCATE SAFETY LANCETS.....319
ADVOCATE SAFETY LANCETS 21G.....320
ADVOCATE SAFETY LANCETS 23G.....320
ADVOCATE SAFETY LANCETS 26G.....320
ADVOCATE SAFETY LANCETS 28G.....320
ADVOCATE TEST.....238
adynovate.....287
ADZENYS XR-ODT.....1
adzynma.....286
AEROBIKA.....362
AEROBIKA OPEP W/MANOMETER.....362
AEROCHAMBER HOLDING CHAMBER.....364
AEROCHAMBER MINI CHAMBER.....364
AEROCHAMBER MV.....364
AEROCHAMBER PLS FLOVU MTHPIECE.....364
AEROCHAMBER PLUS FLO-VU INTERM.....364
AEROCHAMBER PLUS FLO-VU LARGE.....365
AEROCHAMBER PLUS FLO-VU MEDIUM.....365
AEROCHAMBER PLUS FLO-VU SMALL.....365
AEROCHAMBER Z-STAT PLUS.....365
AEROCHAMBER Z-STAT PLUS CHAMBR.....365
AEROCHAMBER Z-STAT PLUS/LARGE.....365
AEROCHAMBER Z-STAT PLUS/MEDIUM.....365
AEROCHAMBER Z-STAT PLUS/SMALL.....365
AEROCHAMBER2GO ANTI-STATIC.....365
AEROECLIPSE EZ TWIST TUBING.....362
AEROECLIPSE II W/ELBOW ADAPTER.....340
AEROECLIPSE II W/UNIV TUBING.....340
AEROECLIPSE MASK LARGE.....362
AEROECLIPSE MASK MEDIUM.....362
AEROECLIPSE MASK SMALL.....363
AEROECLIPSE XL NEBULIZER.....340
AEROVENT PLUS.....365
AFFINITY.....217
AFINITOR.....122
AFINITOR DISPERZ.....122
AFIRMELLE.....168
AFLORA.....390
AFREZZA.....75
AFSTYLA.....287
AFTERA.....173
AFTERPILL.....174
AGAMATRIX AMP TEST.....238
AGAMATRIX JAZZ TEST.....238
AGAMATRIX JAZZ WIRELESS 2.....320
AGAMATRIX PRESTO.....320
AGAMATRIX PRESTO TEST.....239
AGAMATRIX ULTRA-THIN LANCETS.....320
AGAMREE.....177
AGGRASTAT.....292
agoneaze.....220
AGRYLIN.....295
AIMOVIG.....367
aimsco lubricated.....315
aimsco twist lancets 32g.....320
AIMSCO TWIST LANCETS 33G.....320
AIRAVITE.....298
AIRSUPRA.....48
AJOVY.....367
AKEEGA.....121
ak-fluor.....420
AKKERFLOW.....382
akkerstor.....84
AKLIEF.....190
AKOVAZ.....468
AKTEN.....422
AKYNZEO.....88
AKYNZEO (READY-TO-USE).....88
AKYNZEO (TO-BE-DILUTED).....88
ALA SCALP.....202
ala-cort.....202
albendazole.....43

ALBUKED 25.....293
ALBUKED 5.....293
albumin human..... 293
ALBUMINEX..... 293
albumin-zlb..... 293
ALBURX..... 293
ALBUTEIN..... 293, 294
albuterol sulfate.....50
albuterol sulfate hfa.....50
ALCAINE.....422
alclometasone dipropionate.....202
ALDACTONE.....256
alder.....7
ALDURAZYME..... 265
ALECENSA.....113
alendronate sodium..... 257
ALEVICYN ANTIPRURITIC
.....213
ALEVICYN ANTIPRURITIC SG.....213
ALEVICYN DERMAL SPRAY.....225
alfalfa.....230
alfuzosin hcl er.....282
ALHEMO..... 287
ALIMTA.....111
aliskiren fumarate.....100
alixi..... 185
alixi hp..... 185
ALKINDI SPRINKLE..... 177
ALL FLOW 1000 PFT FILTER..... 363
ALL FLOW 2000 PFT FILTER..... 363
ALL FLOW 3000 PFT FILTER..... 363
ALL FLOW 4000 PFT FILTER..... 363
ALL FLOW 5000 PFT FILTER..... 363
ALL FLOW 6000 PFT FILTER..... 363
ALL FLOW 7000 PFT FILTER..... 363
ALLEVYN AG ADHESIVE..225
ALLEVYN AG GENTLE..... 225
ALLEVYN AG GENTLE BORDER..... 225
ALLEVYN AG NON-ADHESIVE..... 225
ALLEVYN AG SACRUM 6-3/4"..... 226
ALLEVYN AG SACRUM 9"X9"..... 226
ALLEVYN GENTLE..... 226
allopurinol..... 285, 286
allopurinol sodium.....285
ALLZITAL.....26
almond (diagnostic).....230
almotriptan malate.....368
ALOCRIL.....418
alogliptin benzoate.....73
alogliptin-metformin hcl..... 74
alogliptin-pioglitazone.....75
alomira.....185
alomira hp.....185
alomira lp.....185
ALOPRIM..... 286
ALORA.....272
alosetron hcl..... 276
ALPHAGAN P..... 423
alpha-lipoic acid.....14
ALPHANATE..... 287
ALPHANINE SD..... 287
alprazolam..... 45
alprazolam er.....45
ALPRAZOLAM INTENSOL..45
alprazolam xr.....45
ALPROLIX..... 288
alprostadil.....161
ALREX..... 424
ALTACAINE..... 422
altafluor benox.....420
ALTAVERA.....168
ALTEMIA..... 414
alternaria alternat (diagnost)... 231
alternaria alternata..... 7
ALTRENO.....190
ALTRIVA.....390
ALTUVIIIO.....288
ALUNBRIG.....113
aluris.....185
aluris hp.....185
aluris hp plus..... 185
aluris lp.....185
aluris lp plus..... 185
aluris plus..... 186
aluxof..... 186
aluxof dual..... 186
aluxof hp..... 186
ALVAIZ.....303
ALVESCO..... 53
alvox.....186
alvox hp.....186
alyacen 1/35.....168
alyacen 7/7/7.....176
ALYFTREK..... 448
ALYGLO.....432
ALYMSYS.....136
ALYQ.....163
amantadine hcl.....137
AMBELVIST..... 247
AMBIEN.....307
AMBIEN CR..... 307
AMBISOME.....89
ambrisentan..... 162
amcinonide.....202
AMD FOAM DRESSING..... 318
AMD FOAM DRESSING TOPSHEET.....318
AMELUZ.....215
american beech.....7
american beech pollen.....7
american cockroach.....7
american elm.....7
american elm (diagnostic)..... 231
american lobster (diagnostic)...231
american sycamore.....7
AMERITHROID..... 452
AMETHYST..... 173
AMIDATE..... 280
amikacin sulfate..... 15
amiloride hcl.....256
amiloride-hydrochlorothiazide.255
amino acid..... 411
amino acid infusion in d10w.....411
amino acid-calcium-hep in d10w.....411
*amino acid-calcium-hep in d5w*411
amino acid-heparin-d10w.....411
amino ac-low calcium-hep d10w.....411
amino ac-lowcalcium-hep in d5w.....411
AMINOAMRMS.....411
aminocaproic acid..... 304
aminophylline..... 54
AMINOPMRMS.....252
AMINOPROTECT.....411
AMINORELIEFRMS..... 412
AMINOSYN II.....412
AMINOSYN-PF.....412
AMINOSYN-PF 7%.....412
amiodarone hcl..... 47
amiodarone hcl in dextrose.....47
AMITIZA..... 275

amitriptyline hcl 71
AMJEVITA 17
AMJEVITA-PED 10KG TO <15KG 18
AMJEVITA-PED 15KG TO <30KG 18
AMLADEX 392
AMLODIPINE BES+SYRSPEND SF 155
amlodipine besy-benazepril hcl .. 96
amlodipine besylate 155
amlodipine besylate-valsartan 97
amlodipine-atorvastatin 159
amlodipine-olmesartan 97
amlodipine-valsartan-hctz 99
ammonia n 13 236
ammonium lactate 208
AMNESTEEM 190
AMNIOCORE AMNIOTIC MEMBRANE 217
AMNIOFIX 218
AMNIOTEXT 218
amondys 45 405
amoxapine 72
amoxicill-clarithro-lansopraz ... 460
amoxicillin 434
amoxicillin trihydrate 434
amoxicillin-pot clavulanate 435
amoxicillin-pot clavulanate er .. 435
AMPHADASE 379
amphenol-40 218
amphetamine er 2
amphetamine sulfate 2
amphetamine-dextroamphet er 1
amphetamine-dextroamphetamine 1
amphet-dextroamphet 3-bead er ... 1
amphotericin b 90
amphotericin b liposome 90
ampicillin 434
ampicillin sodium 434
ampicillin-sulbactam sodium 435
AMPYRA 444
AMRIX 399
AMTAGVI 117
AMVISC 426
AMVISC PLUS 426
AMVUTTRA 445
AMYVID 236
AMZEEQ 184
ANAFRANIL 72
anagrelide hcl 295
ANA-LEX 42
ANALPRAM HC 42
ANASCORP 431
anastrozole 128
ANAVIP 431
ANCOBON 90
ANDEMBRY 293
ANDRELA 40
ANDRENYX 40
ANDROGEL PUMP 40
ANECTINE 404
ANGELIQ 271
ANKTIVA 127
ANNOVERA 173
anodyne lpt 220
ANORO ELLIPTA 48
ANTICHOLIUM 85
anticoagulant sodium citrate 57
antivenin latrodectus mactans .. 431
antivenin micrurus fulvius 431
anucort-hc 43
ANUSOL-HC 43
ANZEMET 87
ANZUPGO 201
apap-caff-dihydrocodeine 29
apexol cleanser 186
apexol hp cleanser 186
APHEXDA 296, 297
aphoria 186
APIDRA 75
APIDRA SOLOSTAR 75
APLENZIN 66
APLIGRAF 218
APLISOL 231
apogee ic catheter 14fr/16" 315
APOKYN 139
apomorphine hcl 139
APONVIE 89
aporix 186
APP SLIM RMS 252
apple (diagnostic) 231
apraclonidine hcl 423
aprepitant 89
APRETUDE 148
APRI 168
APRISO 276
APTENSIO XR 5
APTIOM 59
APTIVUS 148
aq insulin syringe 341
aqinject pen needle 341
AQNEURSA 445
AQUACEL AG BURN 226
AQUACEL AG FOAM 226
AQUALANCE LANCETS 30G 320
AQUASOL A 471
AQUASTAT 374
AQUASTAT SFR 375
AQUORAL 386
AQVESME 295
ARAKODA 107
ARALAST NP 448
ARANELLE 176
ARANESP (ALBUMIN FREE) 297
ARAVA 25
ARAZLO 190
ARBLI 98
ARCALYST 20
ARESTIN 387
AREXVY 463
arformoterol tartrate 50
argatroban 58
argatroban in sodium chloride ... 58
arginine hcl 413
ARGYLE STERILE SALINE 283
ARGYLE STERILE WATER 381
ARICEPT 440
ARIDA 226
ARIDOL 233
ARIKAYCE 15
ARIMIDEX 128
aripiprazole 144
ARISTADA 145
ARISTADA INITIO 145
ARIXTRA 57
arizona cypress 7
ARMLUPEG 299
armodafinil 5
ARMOUR THYROID 452
arnica flower 214
ARNUITY ELLIPTA 53
AROMASIN 128
ARRANON 111
arsenic trioxide 128
artesunate 107
ARTHROTEC 21
ARTICADENT DENTAL 309
artilis 186
artilis hp 186
ARTISS 303

ARYNTA 2
ARZOL SILVER NIT APPLICATORS 202
ASCENIV 432
ASCLERA 384
ASCOMP-CODEINE 28
ASCOR 471
ascorbic acid 471
asenapine maleate 142
ASHLYNA 174
ASILNASALRMS 252
ASMANEX (120 METERED DOSES) 53
ASMANEX (14 METERED DOSES) 53
ASMANEX (30 METERED DOSES) 53
ASMANEX (60 METERED DOSES) 53
ASMANEX HFA 53
ASPARLAS 127
aspen pollen 7
aspergillus fumigat (diagnost) .. 231
aspergillus fumigatus 7, 231
aspirin 27
aspirin 81 26
aspirin adult low dose 26
aspirin adult low strength 26
aspirin childrens 26
aspirin ec adult low dose 27
aspirin ec low dose 27
aspirin ec low strength 27
aspirin low dose 27
aspirin regimen 27
aspirin-dipyridamole er 294
ASPYRERX 378
ASSURE 3 TEST 239
ASSURE 4 METER 320
ASSURE 4 TEST 239
assure comfort lancets 28g 320
ASSURE CONTROL SOLUTION 2/3 320
ASSURE ID DUO PRO PEN NEEDLES 341
ASSURE ID PRO PEN NEEDLES 341
ASSURE ID SAFETY PEN NEEDLES 341
ASSURE II 239
ASSURE II CHECK 239
ASSURE LANCE LANCETS 320
ASSURE LANCE LANCETS 21G 320
ASSURE LANCE PLUS SAFETY 25G 320
ASSURE LANCE PLUS SAFETY 30G 320
ASSURE LANCE SAFETY LANCET 28G 320
ASSURE PLATINUM 239
ASSURE PLATINUM METER 320
ASSURE PRISM MULTI METER 320
ASSURE PRISM MULTI TEST 239
ASSURE PRO BLOOD GLUCOSE METER 320
ASSURE PRO TEST 239
ASSURE TITANIUM 239
ASSURE TITANIUM BLOOD GLUCOSE 320
ASTAGRAF XL 381
ASTAMED MYO 250
ASTERO 211
ASTRINGYN 304
ATABEX EC 395
ATACAND 98
ATACAND HCT 98
atazanavir sulfate 148
ATELVIA 258
atenolol 153
ATENOLOL+SYRSPEND SF 153
atenolol-chlorthalidone 100
ATGAM 379
ATIVAN 45
atlantic cod (diagnostic) 231
atlantic salmon (diagnostic) 231
atlantic/eastern oyster(diagn) ... 231
ATMEKSI 399
atomoxetine hcl 0
ATONCY 0
atopavo 226
ATORVALIQ 94
atorvastatin calcium 94
atovaquone 102
atovaquone-proguanil hcl 107
atracurium besylate 408
ATRALIN 190
atropine sulfate 417, 456
atropine sulfate +rfid 456
ATROVENT HFA 51
ATTRUBY 164
AUBAGIO 441
AUBRA EQ 168
AUCATZYL 117
AUDENZ 463
AUGMENTIN 435
AUGMENTIN ES-600 435
AUGTYRO 124
augustil 186
AUKELSO 267
aum insulin safety pen needle ... 341
aum mini insulin pen needle 341
aum pen needle 341
AUM READYGARD DUO PEN NEEDLE 341
AUM SAFETY PEN NEEDLE 341
auranofin 20
aureobasidium pullulans .. 7, 8, 231
AURLUMYN 161
aurora lancet super thin 30g 320
aurora lancet thin 23g 320
aurora pen needles 341
AUROVELA 1.5/30 168
AUROVELA 1/20 168
AUROVELA 24 FE 168
AUROVELA FE 1.5/30 168
AUROVELA FE 1/20 168
AURYXIA 279
AUSTEDO 441
AUSTEDO XR 441
AUSTEDO XR PATIENT TITRATION 441
AUTOKEEPER SAFETY PEN NEEDLE 341
AUTOLET II CLINISAFE 320
AUTOLET LANCING DEVICE 320
AUTOLET LITE CLINISAFE 320
AUTOLET LITE LANCING DEVICE 320
AUTOLET LITE STARTER PACK 320
AUTOLET MINI 320
AUTOLET PLATFORMS 320
AUTOLET PLUS 320
autopen 341
AUVELITY 66
AUVELITY TITRATION PACK 66
AUVI-Q 467

AUXIPRO VANISHING.....437
AVAILNEX.....252
AVALIDE.....98
avanafil.....163
AVAPRO.....98
AVAR CLEANSER.....186
AVAR LS CLEANSER.....186
AVAR-E EMOLLIENT.....186
AVASTIN.....136
AVEED.....40
aveida.....216
aveidaoxia.....216
AVENOVA.....208
AVERI.....168
AVGEMSI.....111
AVIANE.....168
avidora.....186
avidora hp.....186
avidoxy.....450
AVIDOXY DK.....450
AVLAYAH.....265
AVMAPKI FAKZYNJA CO-PACK.....126
avocado (diagnostic).....231
AVODART.....282
AVONEX PEN.....442
AVONEX PREFILLED.....442
AVOPEF.....132
avowise.....392
AVSOLA.....279
AVTOZMA.....21
AVYCAZ.....164
awanis.....186
AWIQLI FLEXTOUCH.....75
AXONA.....250
AXTLE.....111
AXUMIN.....237
AYUNA.....168
AYVAKIT.....124
azacitidine.....111
AZACTAM.....106
AZADROX.....226
azalta.....186
azalta hp.....186
AZASAN.....384
AZASITE.....418
azathioprine.....384
azathioprine sodium.....384
azelaic acid.....215
azelastine hcl.....403, 418
azelastine-fluticasone.....403
AZELEX.....190
azentra.....395
azesco.....395
AZILECT.....138
azilsartan medoxomil.....98
azithromycin.....313
AZMIRO.....40
AZOPT.....420
AZOR.....97
AZSTARYS.....5
aztreonam.....106
AZULFIDINE.....276
AZULFIDINE EN-TABS.....276
AZURETTE.....167
b & c.....224
b-6 folic acid.....298
BABYBIG.....432
BAC (BUTALBITAL-ACETAMIN-CAFF).....26
BACILLEX.....82
bacitracin-polymyxin b.....419
*bacitra-neomycin-polymyxin-hc*423
baclofen.....399
baclofen refill kit-synchromed..399
BACMIN.....390
bacteriostatic water(benz alc)..437
BACTRIM.....102
BACTRIM DS.....102
BAFIERTAM.....443
bahia.....8
BALCOLTRA.....168
bald cypress.....8
BALFAXAR.....288
balsalazide disodium.....276
balsam peru-castor oil.....224
BALVERSA.....120
BALZIVA.....168
banana (diagnostic).....231
BANZEL.....59
BAQSIMI ONE PACK.....73
BAQSIMI TWO PACK.....73
BARACLUDE.....150
BARHEMSYS.....88
barium sulfate.....248
BARRIGEL.....43
BASADROX.....226
BASAGLAR KWIKPEN.....75
batizia.....192
BAVENCIO.....117
BAXDELA.....273
BAXFENDY.....97
baxonil.....192
bayberry (wax myrtle).....8
BAYER ASPIRIN EC LOW DOSE.....27
BAYER LOW DOSE.....27
bcg vaccine.....461
BD ALLERGIST TRAY.....341
BD ALLERGY SYRINGE.....341
BD AUTOSHIELD DUO.....341
BD BLUNT FILL NEEDLE..341
BD DISP NEEDLE.....341
BD DISP NEEDLES.....341
BD ECLIPSE LUER-LOK NEEDLE.....341
BD ECLIPSE NEEDLE.....342
BD ECLIPSE SHIELDED NEEDLE.....342
BD ECLIPSE SYRINGE.....342
BD ECLIPSE SYRINGE/NEEDLE.....342
BD FILTER NEEDLE.....342
BD HEPARIN POSIFLUSH....55
BD HYPODERMIC NEEDLE.....342
BD INS SYR ULTRAFINE 1/2UNIT.....342
BD INSULIN SYR ULTRAFINE II.....342
BD INSULIN SYRINGE.....342
BD INSULIN SYRINGE HALF-UNIT.....342
BD INSULIN SYRINGE MICROFINE.....342
BD INSULIN SYRINGE U/F 342
BD INSULIN SYRINGE U-500.....342
BD INSULIN SYRINGE ULTRAFINE.....342
BD INTEGRA SYRINGE.....342
BD INTERLINK BLUNT CANNULA.....360
BD LATITUDE DIABETES..320
BD LOGIC BLOOD GLUCOSE MONITOR.....320
BD LUER-LOK ACCESS DEVICE.....360
BD LUER-LOK SYRINGE... 342
BD MICROTAINER LANCETS.....321
BD PEN.....342
BD PEN MINI.....342
BD PEN NEEDLE MICRO ULTRAFINE.....342

BD PEN NEEDLE MINI ULTRAFINE 342
BD PEN NEEDLE NANO 2ND GEN 342
BD PEN NEEDLE NANO ULTRAFINE 343
BD PEN NEEDLE ORIG ULTRAFINE 343
BD PEN NEEDLE SHORT ULTRAFINE 343
BD PLASTIPAK SYRINGE 343
BD POSIFLUSH 375
BD POSIFLUSH SAFESCRUB 375
BD PRECISIONGLIDE NEEDLE 343
BD Q-STYLE ACCESS DEVICE 360
BD Q-STYLE EXTENSION SET 360
BD Q-STYLE VIAL ADAPTER 360
BD SAFETYGLIDE ALLERGY SYRINGE 343
BD SAFETYGLIDE INSULIN SYRINGE 343
BD SAFETYGLIDE NEEDLE 343
BD SAFETYGLIDE SHIELDED NEEDLE 343
BD SAFETYGLIDE SYRINGE/NEEDLE 343
BD SYRINGE LUER SLIP TIP 343
BD SYRINGE LUER-LOK 343
BD SYRINGE SLIP TIP 343
BD SYRINGE/NEEDLE 343
BD TB SYRINGE 343
BD VEO INSULIN SYR U/F 1/2UNIT 343
BD VEO INSULIN SYR ULTRAFINE 343
beclomethasone diprop hfa 53
beef (diagnostic) 231
BEIZRAY 132
BELBUCA 39
BELEODAQ 121
belladonna alkaloids-opium 455
BELRAPZO 109
BELSOMRA 307
benazepril hcl 96
benazepril-hydrochlorothiazide 96
bendamustine hcl 110
BENDEKA 110
BENEFIX 288
BENICAR 98
BENICAR HCT 98
BENLYSTA 376
BENTIVITE 302
BENZAC AC WASH 190
benzalkonium chloride 145
BENZAMYCIN 186
BENZEPRO 190
BENZEPRO CREAMY WASH 190
BENZEPRO FOAMING CLOTHS 190
benznidazole 43
BENZODOX 450
benzoin 217
benzoin compound 217
benzonatate 183
benzoyl peroxide-erythromycin 186
benzphetamine hcl 3
benztropine mesylate 137
BEOVU 428
bepotastine besilate 418
BEPREVE 418
BEQALZI 118
BEQALZI STARTER PACK 118
BERINERT 290
bermuda grass 8
besifloxacin hcl 418
BESIVANCE 418
BESPONSA 114
BESREMI 128
BESREMI PEN 128
BETADINE OPHTHALMIC PREP 419
betaine 263
BETALIDO 181
BETALOAN SUIK 181
betamethasone combo 181
betamethasone dipropionate 202
betamethasone dipropionate aug 202
betamethasone sod phos & acet 181
betamethasone sodium phosphate 177
betamethasone valerate 202
BETAPACE 154
BETAPACE AF 154
BETASERON 442
betaxolol hcl 153, 416
bethanechol chloride 461
BETHKIS 15
BETIMOL 416
BETOPTIC-S 416
bevacizumab 428
BEVESPI AEROSPHERE 48
bexagliflozin 80
bexarotene 135, 222
BEXLUTRY 127
BEXSERO 462
BEYAZ 168
BEYFORTUS 431
bicalutamide 111
BICILLIN C-R 435
BICILLIN C-R 900/300 435
BICILLIN L-A 434
BIDIL 161
BIGFOOT UNITY PEN CAP/ADMELOG 337
BIGFOOT UNITY PEN CAP/APIDRA 337
BIGFOOT UNITY PEN CAP/ASPART 337
BIGFOOT UNITY PEN CAP/BASAGLAR 337
BIGFOOT UNITY PEN CAP/FIASP 337
BIGFOOT UNITY PEN CAP/HUMALOG 337
BIGFOOT UNITY PEN CAP/LANTUS 337
BIGFOOT UNITY PEN CAP/LISPRO 337
BIGFOOT UNITY PEN CAP/LYUMJEV 337
BIGFOOT UNITY PEN CAP/NOVOLOG 337
BIGFOOT UNITY PEN CAP/TOUJEO 337
BIGFOOT UNITY PEN CAP/TOUJEO M 337
BIGFOOT UNITY PEN CAP/TRESIBA 337
BIGFOOT UNITY PROGRAM 321
BIJUVA 271
BIKTARVY 146
bilac 82
bilayer matrix wound dressing 226
BILDYOS 267
BILPREVDA 267
BILTRICIDE 43

bimatoprost 215, 428
bimatoprost-brimonidine-dorzol 415
bimatoprost-timolol maleate 415
bi-mix 160
BIMZELX 197
BINAXNOW COVID-19 AG CARD 245
BINOSTO 258
BIO GLO 420
BIOACTIVE 82
biocel 390
BIOCORE DAILY 82
BIOCORE IMMUNE+ 82
BIOCORE RESTORE 82
BIOFREQUENCY INSOLES 318
biokids 82
BIOMEVIA 82
biomexa 82
biomyra 82
BIONARA ULTRA 82
BIORPHEN 468
BIOSTEP 226
BIOSTEP AG 226
biostora 82
BIOSYNC 82
BIOTEL CARE BLOOD GLUCOSE 321
BIOTEL CARE BLOOD GLUCOSE SYST 321
BIOTEL CARE TEST STRIPS 239
biotrelle 84
biovanta 82
bipolaris sorokin (diagnostic) 231
bipolaris sorokiniana 8
bis subcit-metronid-tetracyc 460
bismuth/metronidaz/tetracyclin 460
bisoprolol fumarate 153
bisoprolol-hydrochlorothiazide 100
bivalirudin trifluoroacetate 57
BIVIGAM 432
BIXLENVO 146
BIZENGRI (750 MG DOSE) 124
BKEMV 291
black walnut (diagnostic) 231
black walnut pollen 8
black walnut pollen (1/10) 8
black walnut pollen (1/20) 8
black willow 8
black willow (diagnostic) 231
black/sweet birch pollen 8
BLANCHE 206
BL-C 247
BLENREP 114
bleomycin sulfate 125
BLINCYTO 118
BLISOVI 24 FE 168
BLISOVI FE 1.5/30 168
BLISOVI FE 1/20 168
blood glucose monitor system 321
blood glucose test 239
blood glucose test strips 333 239
BLOXIVERZ 108
BLT-25 181
BLUDIGO 234
blue crab (diagnostic) 231
BLUESTAR 321
BLUJEPA 106
BLULINK GLUCOSE MONITORING SYS 321
BLULINK GLUCOSE TEST 239
BOCASAL 386
BOMYNTRA 267
BONJESTA 88
BONSITY 266
BOOSTRIX 454
boric acid 214
bortezomib 124
BORUZU 124
BOSAYA 267
bosentan 162
BOSULIF 118
bosutinib 118
BOTOX 408
BOTOX COSMETIC 208
botrytis cinerea 8
botrytis cinerea (diagnostic) 231
box elder pollen 8
bp 10-1 186
bp vit 3 298
bpco 224
b-plex 388
b-plex plus 390
BPROTECTED PEDIA IRON 302
BRAFTOVI 119
brazil nut (diagnostic) 231
breathe comfort chamber/adult 365
breathe comfort chamber/child 365
breathe ease large 365
breathe ease medium 365
breathe ease small 365
BREATHERITE VALVED MDI CHAMBER 365
BREEZA FOR ORAL IODINATED CONT 235
BREEZA NEUTRAL ABD/PELVIC IMAG 236
BREKIYA 368
BRENZAVVY 80
BREO ELLIPTA 48
BREVIBLOC 153
BREVIBLOC IN NACL 153
BREVIBLOC PREMIXED 153
BREVIBLOC PREMIXED DS 153
BREVITAL SODIUM 282
BREYANZI 117
BREYNA 48
BREZTRI AEROSPHERE 48
BRIDION 85
briellyn 168
BRILINTA 292
brimonidine tartrate 215, 423
brimonidine tartrate-timolol 415
brimonidine-dorzolamide 415
BRINEURA 269
BRINSUPRI 449
brinzolamide 420
BRIUMVI 443
brivaracetam 59
BRIVIACT 59
BRIXADI 39
BRIXADI (WEEKLY) 39
brome 8
bromfenac sodium 422
bromfenac sodium (once-daily) 422
bromocriptine mesylate 137
brompheniramine maleate 91
BROMSITE 422
BRONCHITOL 449
BRONCHITOL TOLERANCE TEST 449
brown shrimp (diagnostic) 231
BRUKINSA 119
BRUSELIX 211, 382
BRYHALI 202
BRYNOVIN 73
BSS 421
BSS PLUS 421
BUCAPSOL 45
budesonide 42, 53, 177
budesonide er 177
budesonide-formoterol fumarate 48

bumetanide 255
BUMEX 255
BUPHENYL 269
bupivacaine fisiopharma 311
bupivacaine hcl 311
bupivacaine hcl (pf) 311
bupivacaine hcl-nacl 311
bupivacaine in dextrose 311
bupivacaine spinal 311
bupivacaine-epinephrine 310
bupivacaine-epinephrine (pf) 309
bupivilog 181
bup-lido 421
buprenorphine 39
buprenorphine hcl 39
buprenorphine hcl-naloxone hcl 39
bupropion hcl 67
bupropion hcl er (smoking det) 445
bupropion hcl er (sr) 66
bupropion hcl er (xl) 66, 67
buspirone hcl 45
busulfan 110
BUSULFEX 110
butalbital-acetaminophen 26
butalbital-apap-caff-cod 28
butalbital-apap-caffeine 26
butalbital-asa-caff-codeine 29
butalbital-aspirin-caffeine 26
butorphanol tartrate 39
BUTRANS 39
BYFAVO 306
BYLVAY 276
BYLVAY (PELLETS) 276
BYNFEZIA PEN 268
BYOOVIZ 429
BYQLOVI 424
BYSANTI 140
BYSANTI TITRATION PACK A 140
BYSANTI TITRATION PACK B 140
BYSANTI TITRATION PACK C 140
BYSTOLIC 154
CABENUVA 146
cabergoline 259
CABLIVI 290
CABOMETYX 123
CABTREO 186
CADIRAMD 220
CADUET 159
CAFERGOT 367
caffeine citrate 3
caffeine-sodium benzoate 3
CALCIFOL 370
calcipotriene 199
calcipotriene-betameth diprop 223
calcitonin (salmon) 258
CALCITRENE 200
calcitriol 200, 263
calcium acetate 279
calcium acetate (phos binder) 279
calcium chloride 370
calcium gluconate 370
calcium gluconate-nacl 370
CALDOLOR 22
california pepper tree 8
CALQUENCE 119
CAMBIA 368
CAMCEVI 131
CAMILA 175
CAMINO PRO COMPLETE/GLYTACTIN 252
CAMPTOSAR 136
CAMRESE 174
CAMRESE LO 174
CAMZYOS 159
CANASA 276
candesartan cilexetil 98
candesartan cilexetil-hctz 98
candida albicans extract 8
candida albicans skn tst antgn 231
CANDIN 231
cantaloupe (diagnostic) 231
CANVAS DX DIAGNOSIS AID AUTISM 245
capecitabine 111
CAPLYTA 140
CAPRELSA 123
capsinac 195
captopril 96
captopril-hydrochlorothiazide 96
CAPVAXIVE 462
CARAFATE 457
CARBAGLU 263
carbamazepine 59
carbamazepine er 59
CARBATROL 59
carbidopa 138
carbidopa-levodopa 138
carbidopa-levodopa er 138
carbidopa-levodopa-entacapone 138
carbinoxamine maleate 91
carbinoxamine maleate er 91
carboplatin 110
carboprost tromethamine 430
carbzah 91
CARDAMYST 155
CARDENE IV 155
CARDIOCOM LANCING DEVICE 321
CARDIOGEN-82 236
CARDIOLITE 236
cardiometabolic solution 318
cardioplegia del nido formula 159
cardioplegia ind plas/hik/lido 159
cardioplegia ind plasma-tromet 159
cardioplegia induction high k 159
cardioplegia low k high nahco3 159
cardioplegia main low trometha 159
cardioplegia main plasma-trome 159
cardioplegia maintenance 159
cardioplegia reperfusate 4/1 160
cardioplegic 160
cardioplegic soln w/ lidocaine 160
CARDIZEM 155
CARDIZEM CD 155
CARDIZEM LA 155
CARDURA 100
CARDURA XL 282
care activation solution 318
CAREFINE PEN NEEDLES 343
carelessweed 8
careone advanced lancing dev 321
careone insulin syringe 343
CAREONE LANCET SUPER THIN 30G 321
careone lancet thin 23g 321
careone unifine pentips plus 344
carepoint poly hub needle 344
CAREPOINT PRECISION POLY HUB 344
carepoint precision poly hub 344
carepoint safety 1st needle 344
CAREPOINT SAFETY1ST SYR/NEEDLE 344
carepoint syringe catheter tip 344
CAREPOINT SYRINGE LUER LOCK 344, 345
carepoint syringe luer lock 344, 345
carepoint syringe luer slip 345
carepoint tubercln syr/luer sl 345
CARESENS LANCETS 30G 321

CARESENS N FELIZ BT.....321
CARESENS N GLUCOSE SYSTEM.....321
CARESENS N GLUCOSE TEST.....239
CARESENS N PLUS BT.....321
CARESENS S CONTROL SOLN A/B.....321
CARESENS S FIT BLOOD GLUC MON.....321
CARESENS S FIT BT BLOOD GLUC.....321
CARESENS S GLUCOSE TEST.....239
CARETOUCH HYPODERMIC NEEDLE.....345
CARETOUCH INSULIN SYRINGE.....345
CARETOUCH LANCING/EJECTOR.....321
CARETOUCH LUER LOCK345
CARETOUCH LUER SLIP..345
CARETOUCH MONITOR SYSTEM.....321
CARETOUCH PEN NEEDLES.....345
CARETOUCH SAFETY LANCETS.....321
CARETOUCH SAFETY LANCETS 26G.....321
CARETOUCH TEST.....239
CARETOUCH TWIST LANCETS 28G.....321
CARETOUCH TWIST LANCETS 30G.....321
CARETOUCH TWIST LANCETS 33G.....321
CARETOUCH TWIST MC LANCETS 30G.....321
carglumic acid.....263
carisoprodol.....399
carmustine.....134
CARNITOR.....258
CARNITOR SF.....259
CAROSPIR.....256
carteolol hcl.....416
CARTIA XT.....156
carvedilol.....153
carvedilol phosphate er.....153
CARVYKTI.....117
casein (diagnostic).....231
CASGEVY.....296
cashew nut (diagnostic).....231
CASODEX.....111
caspofungin acetate.....89
cat hair extract.....8
CATAPRES-TTS-1.....99
CATAPRES-TTS-2.....99
CATAPRES-TTS-3.....99
CATHFLO ACTIVASE.....295
cattle epithelium.....8
CAVERJECT.....161
CAVERJECT IMPULSE.....161
CAVHANZA.....118
CAYA.....316
CAYSTON.....106
cedar elm.....8
cefaclor.....166
cefaclor er.....166
cefadroxil.....164, 165
cefazolin in sodium chloride.....165
cefazolin sodium.....165
cefazolin sodium-dextrose.....165
cefdinir.....166
cefepime hcl.....167
cefepime-dextrose.....167
cefixime.....166
CEFOTAN.....166
cefotaxime sodium.....166
cefotetan disodium.....166
cefoxitin sodium.....166
cefoxitin sodium-dextrose.....166
cefpodoxime proxetil.....166
cefprozil.....166
ceftaroline fosamil.....167
ceftazidime.....166
ceftriaxone sodium.....167
ceftriaxone sodium in dextrose.166
ceftriaxone sodium-dextrose.....167
cefuroxime axetil.....166
cefuroxime sodium.....166
CELACYN.....216
CELEBREX.....20
celecoxib.....20
celery (diagnostic).....231
CELESTONE SOLUSPAN....181
CELEXA.....68
CELLCEPT.....380, 381
CELLCEPT INTRAVENOUS.....380
cellpad.....364
CELLUGEL.....426
CELONTIN.....65
CEM-UREA.....207
CENFOL.....298
CENTRATEX.....301
cephalexin.....165, 166
CEPROTIN.....292
CEQUA.....421
CEQUR SIMPL EXT WEAR INSERTER.....345
CEQUR SIMPLICITY 1U EXTND WEAR.....345
CEQUR SIMPLICITY 2U.....345
CEQUR SIMPLICITY 2U EXTND WEAR.....345
CEQUR SIMPLICITY INSERTER.....345
CERACADE.....213
CERAMAX.....213
CERDELGA.....295
CEREBYX.....64
CEREFOLIN.....251
CEREFOLIN BRAIN WELLNESS.....250
CEREFOLIN NAC.....251
CERETEC.....238
CEREZYME.....295
CERIANNA.....237
cervical specimen collection.....238
CERVIDIL.....430
CETACAINE.....221
cetirizine hcl.....91
CETRAXAL.....429
cetrorelix acetate.....261
CETROTIDE.....261
cevimeline hcl.....388
CHANTIX.....445
CHANTIX CONTINUING MONTH PAK.....445
CHANTIX STARTING MONTH PAK.....446
CHARLOTTE 24 FE.....168
CHATEAL EQ.....169
CHEMET.....84
CHEMO MOUTHPIECE-SMALL.....339
CHEMSTRIP BG LOG BOOK.....321
cherry.....437
chicken meat (diagnostic).....231
childrens aspirin.....27
CHIRHOSTIM.....234
chlohux.....223
chlooxia.....223
chloramphenicol sod succinate.103

chlordiazepoxide hcl 45
chlordiazepoxide-amitriptyline . 440
chlordiazepoxide-clidinium 455
chlorhexidine gluconate 145, 385
chloroprocaine hcl (pf) 313
chloroquine phosphate 107, 108
chlorothiazide sodium 256
chlorpromazine hcl 143, 144
chlorthalidone 256
chlorzoxazone 399
CHOLBAM 274
cholecal df 298
cholesterol and lipid test 239
cholestyramine 93
cholestyramine light 93
CHOLETEC 237
chorionic gonadotropin 266
CHOSEN LANCETS 30G 321
CHOSEN SAFETY LANCETS 28G 321
CHROMAGEN 301
chromic chloride 375
CIALIS 163
CIBINQO 201
CICASIL 364
CICLODAN 194
ciclopirox 194
ciclopirox olamine 194
ciclopirox treatment 194
cidofovir 150
cilostazol 293
CILOXAN 418
CIMDUO 146
CIMERLI 429
cimetidine 457
cimetidine hcl 457
CIMZIA 279
CIMZIA (1 SYRINGE) 279
CIMZIA (2 SYRINGE) 279
CIMZIA-STARTER 279
cinacalcet hcl 258
CINQAIR 52
CINRYZE 291
CINVANTI 89
cipotrex 196
CIPRO 274
CIPRO HC 429
ciprofloxacin hcl 274, 418, 429
ciprofloxacin in d5w 274
ciprofloxacin-dexamethasone ... 429
ciprofloxacin-fluocinolone pf 430
ciprofloxacin-hydrocortisone 430
cisatracurium besylate 408
cisatracurium besylate (pf) 408
cisplatin 110
citalopram hydrobromide 68
CITRANATAL 90 DHA 397
CITRANATAL ASSURE 397
cladosporium cladosporioides 9
cladosporium sphaer (diagnost) 232
cladosporium sphaerospermum 9
cladribine 111
cladribine (10 tabs) 442
cladribine (4 tabs) 442
cladribine (5 tabs) 442
cladribine (6 tabs) 442
cladribine (7 tabs) 442
cladribine (8 tabs) 442
cladribine (9 tabs) 442
CLARAVIS 190
CLARINEX 91
CLARINEX-D 12 HOUR 183
CLARISCAN 247
clarithromycin 314
clarithromycin er 314
CLEANLET LANCETS 28G 321
clear glass vials 5ml 360
CLEARVISC 427
clemastine fumarate 91
CLEMSZA 91
CLENPIQ 308
CLEOCIN 105, 466
CLEOCIN PHOSPHATE 105
CLEOCIN-T 184
CLEVER CHEK AUTO-CODE 318
CLEVER CHEK AUTO-CODE SYSTEM 321
CLEVER CHEK AUTO-CODE TEST 239
CLEVER CHEK AUTO-CODE VOICE 239, 322
CLEVER CHEK LANCETS . 322
CLEVER CHEK SYSTEM ... 322
CLEVER CHEK TEST 239
CLEVER CHOICE AUTO-CODE SYSTEM 322
CLEVER CHOICE AUTO-CODE TEST 239
CLEVER CHOICE COMFORT EZ 322, 345
CLEVER CHOICE COMFORT EZ PLUS 345
CLEVER CHOICE HOLDING CHAMBER 365
CLEVER CHOICE LANCETS 21G 322
CLEVER CHOICE LANCETS 23G 322
CLEVER CHOICE LANCETS 28G 322
CLEVER CHOICE MICRO SYSTEM 322
CLEVER CHOICE MICRO TEST 239
CLEVER CHOICE MINI SYSTEM 322
CLEVER CHOICE NO CODING 239
CLEVER CHOICE PULSE OXIMETER 339
CLEVER CHOICE TALK SYSTEM 239, 322
CLEVIPREX 156
CLIGAVYX 129
CLIMARA 272
CLIMARA PRO 271
CLINDACIN 184
CLINDACIN ETZ 184, 186
CLINDACIN-P 184
CLINDAGEL 184
clindamycin hcl 105
clindamycin palmitate hcl 105
clindamycin phos (once-daily) .. 184
clindamycin phos (twice-daily) . 184
clindamycin phos-benzoyl perox 186
clindamycin phosphate 106, 184, 185, 466
clindamycin phosphate in d5w .. 105
clindamycin phosphate in nacl . 105
clindamycin-tretinoin 186
CLINDESSE 466
CLINIMIX E/DEXTROSE (2.75/5) 412
CLINIMIX E/DEXTROSE (4.25/10) 412
CLINIMIX E/DEXTROSE (4.25/5) 412
CLINIMIX E/DEXTROSE (5/15) 412
CLINIMIX E/DEXTROSE (5/20) 412
clinimix e/dextrose (8/10) 412
clinimix e/dextrose (8/14) 412

CLINIMIX/DEXTROSE (4.25/10).....412
CLINIMIX/DEXTROSE (4.25/5).....412
CLINIMIX/DEXTROSE (5/15).....412
CLINIMIX/DEXTROSE (5/20).....412, 413
clinimix/dextrose (6/5).....413
clinimix/dextrose (8/10).....413
clinimix/dextrose (8/14).....413
CLINISOL SF.....413
CLINOIN.....187
CLINOLIPID.....414
CLINPRO 5000.....386
clobazam.....58
clobetasol prop emollient base.203
clobetasol propionate..... 203, 425
clobetasol propionate e.....203
clobetasol propionate emulsion 203
CLOBEX..... 203
CLOBEX SPRAY.....203
CLOBEZIN..... 192
clocortolone pivalate..... 203
CLODAN.....203
clofarabine.....111
CLOMID..... 266
clomiphene citrate.....266
clomipramine hcl..... 72
clonazepam..... 58
clonidine..... 100
clonidine er.....99
clonidine hcl.....99, 100
clonidine hcl (analgesia)..... 26
clonidine hcl er..... 0
clopidogrel bisulfate.....295
clorazepate dipotassium..... 45
CLOTIC.....429
clotrimazole..... 209, 385
clotrimazole-betamethasone.....193
clozapine.....142
CLOZARIL.....142
c-nate dha..... 395
CNJ-016..... 432
co monitor.....363
COAGADEX.....288
COAGUCHEK LANCETS....322
coal tar.....217
COARTEM..... 107
cobalefol..... 389
COBAS LIAT SARS-COV-2 ASSAY..... 245
COBAS LIAT SARS-COV-2 CONTROL..... 245
COBAS LIAT SARS-COV-2-AB ASSAY.....235
COBAS LIAT SARS-COV-2-AB CNTRL.....235
COBENFY.....143
COBENFY STARTER PACK.....143
cocaine hcl.....403
cocklebur.....9
cockroach mixed (diagnostic)...248
cockroach mixed allergen ext..... 14
cocoa bean (diagnostic).....232
coconut (diagnostic)..... 232
cod liver oil.....399
codeine sulfate..... 30, 31
coenzyme q-10.....15
colchicine.....286
colchicine-probenecid.....285
COLCIGEL.....379
colesevelam hcl.....93
COLESTID.....93
colestipol hcl.....93
colistimethate sodium (cba).....106
COLLANEX.....226
COLLAVERA.....211
COLUMVI.....119
COLY-MYCIN M.....106
COMBIGAN..... 415
COMBIPATCH..... 271
COMBIVENT RESPIMAT..... 48
COMBOGESIC..... 21
COMETRIQ (100 MG DAILY DOSE)..... 123
COMETRIQ (140 MG DAILY DOSE)..... 123
COMETRIQ (60 MG DAILY DOSE)..... 123
comfort assured lancets 28g..... 322
comfort assured lancets 33g..... 322
COMFORT EZ INSULIN SYRINGE..... 346
COMFORT EZ MICRO PEN NEEDLES.....346
COMFORT EZ PEN NEEDLES.....346
COMFORT EZ PRO PEN NEEDLES.....346
COMFORT EZ SHORT PEN NEEDLES.....346
COMFORT TOUCH INSULIN PEN NEED.....346
COMFORT TOUCH LANCETS 31G..... 322
COMFORT TOUCH PLUS LANCETS 28G..... 322
COMFORT TOUCH PLUS LANCETS 30G..... 322
COMFORT TOUCH TWIST LANCET 30G.....322
COMIRNATY.....463
COMIRNATY 5-11 YEARS..463
COMP A-I-R NEBULIZER...340
COMPACT SPACE CHAMBER..... 365
COMPACT SPACE CHAMBER/LG MASK.....365
COMPACT SPACE CHAMBER/MED MASK..... 365
COMPACT SPACE CHAMBER/SM MASK..... 365
COMPLERA..... 146
complete natal dha.....397
completenate.....395
COMPRO..... 144
CO-NATAL FA.....395
CONCEPT DHA.....395
CONCEPT OB.....395
CONCERTA..... 5
condoms.....315
CONDYLOX.....210
CONEXXENCE.....267
CONJUPRI.....156
CONRAY.....249
constulose..... 309
CONSULT INFLUENZA A&B TESTS.....245
CONTEPO.....101
CONTOUR CONTROL.....322
CONTOUR MONITOR.....322
CONTOUR NEXT.....239
CONTOUR NEXT CONTROL..... 322
CONTOUR NEXT EZ..... 322
CONTOUR NEXT GEN MONITOR..... 322
CONTOUR NEXT LINK.....322
CONTOUR NEXT MONITOR..... 322
CONTOUR NEXT ONE..... 322
CONTOUR NEXT TEST.....239
CONTOUR PLUS BLUE.....322

CONTOUR PLUS CONTROL SOLUTION 322
CONTOUR PLUS TEST 239
CONTOUR TEST 239
CONTRAVE 4
CONVENIENCE PAK 445
CONZIP 31
COOL BLOOD GLUCOSE TEST STRIPS 240
COOL MONITOR 322
COOL MONITOR KIT 322
COPASIL 216
COPAXONE 444
COPIKTRA 134
CORDRAN 203
COREG 153
COREG CR 153
CORETEXT 218
corevia 390
CORIFACT 288
CORLANOR 164
corn (zea mays) (diagnostic) 232
corn pollen 9
corn smut 9
corphena 91
CORTANE-B 217
CORTEF 177
CORTENEMA 42
CORTIFOAM 42
cortisone acetate 177
CORTISPORIN-TC 430
CORTROPHIN 259
CORTROPHIN GEL 259
CORTROSYN 234
CORVERT 47
CORVITA 390
CORVITA 150 301
CORVITE 150 301
corvite fe 301
COSELA 133
COSENTYX 197
COSENTYX (300 MG DOSE) 197
COSENTYX SENSOREADY (300 MG) 197
COSENTYX SENSOREADY PEN 197
COSENTYX UNOREADY 197
COSOPT 415
COSOPT PF 415
cosyntropin 234
COTELLIC 122
COTEMPLA XR-ODT 5
COVARYX 271
COVARYX HS 271
covid-19 otc antigen 1-pack 245
covid-19 otc antigen 2-pack 245
cow milk (diagnostic) 232
COXANTO 22
COZAAR 98
crab (diagnostic) 232
cream base niosomes 437
cream-heavy base niosomes 437
CRENESSITY 259
CREON 254
CRESEMBA 90
CRESTOR 94
CREXONT 138
CRINONE 466
CROFAB 431
cromolyn sodium 50, 275, 418
CROTAN 216
CRYODOSE TA 222
CRYSELLE 169
CRYSVITA 271
CTEXLI 274
CUE COVID-19 TEST 245
CUE HEALTH MONITORING SYSTEM 245
cupric chloride 375
CUPRIMINE 376
CURAFOAM AG FOAM DRESSING 226
CURESIGHT 378
CURITY AMD ANTIMICROBIAL SPNGE 318
CURITY AMD ANTIMICROBIAL STRIP 318
CURITY HYPERTONIC NACL STRIP 226
CURITY IODOFORM PACKING STRIP 318
CURITY NACL DRESSING 6"X6-3/4" 226
CURITY STERILE SALINE 284
CURITY WOUND CLOSURE 1/2"X4" 314
CURITY WOUND CLOSURE 1/4"X1.5" 314
CURITY WOUND CLOSURE 1/4"X3" 314
CURITY WOUND CLOSURE 1/4"X4" 314
CURITY WOUND CLOSURE 1/8"X3" 314
CUROSURF 449
CUTAQUIG 432
CUVITRU 432
CUVPOSA 459
CUVRIOR 376
CVS ADVANCED GLUCOSE TEST 240
cvs aspirin adult low dose 27
cvs aspirin adult low strength 27
cvs aspirin ec 27
cvs aspirin low dose 27
cvs aspirin low strength 27
CVS BLOOD GLUCOSE METER 323
cvs folic acid 299
cvs glucose meter test strips 240
cvs lancets original 323
cvs lancets thin 26g 323
cvs lancing device 323
cvs nicotine 446
cvs nicotine polacrilex 446
cvs true metrix glucose test 240
cvs ultra thin lancets 323
cyanocobalamin 296
CYANOKIT 85
cyclobenzaprine hcl 400
cyclobenzaprine hcl er 400
CYCLOGYL 417
CYCLOMYDRIL 416
cyclopentolate hcl 417
cyclophosphamide 133
cycloserine 109
CYCLOSET 74
cyclosporine 377
cyclosporine (pf) 421
cyclosporine modified 377
CYGNUS DUAL 218
CYKLOKAPRON 304
CYLTEZO (2 PEN) 18
CYLTEZO (2 SYRINGE) 18
cyproheptadine hcl 92
CYRAMZA 136
CYRED EQ 169
CYSTADANE 263
CYSTADROPS 427
CYSTAGON 283
CYSTARAN 427
CYSTO-CONRAY II 249
CYSTOGRAFIN 249
CYSTOGRAFIN-DILUTE 249

CYSVIEW 234
CYTALUX 234
cytarabine 111
cytarabine (pf) 111
CYTOGAM 432
CYTOMEL 452
CYTOTEC 460
CYTOTINE 414
cytra k crystals 283
cytra-2 283
dabigatran etexilate mesylate 58
dacarbazine 128
dactinomycin 125
dafilor 200
dalbavancin hcl 103
dalfampridine er 444
DALIRESP 52
DALVANCE 103
danazol 40
dandelion 9
DANTRIUM 401
dantrolene sodium 401
DANYELZA 115
DANZITEN 118
dapagliflozin base-metformin er 80
dapagliflozin 80
dapagliflozin-saxagliptin 80
dapsone 105, 185
DAPTACEL 455
daptomycin 103
daptomycin-sodium chloride 103
DARAPRIM 108
darifenacin hydrobromide er 460
darunavir 148
DARZALEX 115
DARZALEX FASPRO 126
dasatinib 118
DASETTA 1/35 (28) 169
DASETTA 7/7/7 176
DATROWAY 136
DATSCAN 236
daunorubicin hcl 125
DAURISMO 120
DAVIMET-FLUORIDE 393
DAVIMET-IRON 390
DAVIMET-M 392
DAWNZERA 294
DAXXIFY 408
dayavite 390
DAYBUE 409
DAYBUE STIX 409
DAYSEE 174
DAYTRANA 5
DAYVIGO 307
dazaveidaoxia 216
dazinia 193
dazomon 215
D-CARE BLOOD GLUCOSE 240
D-CARE GLUCOMETER 323
DDAVP 270
DDAVP PF 270
DEBACTEROL 385
DEBLITANE 175
decitabine 111
DECNUPAZ 114
DEFENCATH 56
deferasirox 84, 85
deferasirox granules 84
deferiprone 85
deferoxamine mesylate 85
DEFINITY 247
DEFINITY RT 247
DEFITELIO 295
deflazacort 177
DEFLUX 285
dehydrated alcohol 164
del nido cardioplegia 160
DELESTROGEN 272
DELFLEX-LC/1.5% DEXTROSE 383
DELFLEX-LC/2.5% DEXTROSE 383
DELFLEX-LC/4.25% DEXTROSE 383
delibon 193
DELSTRIGO 146
DELUO 225
DELYLA 169
demeclocycline hcl 450
DEMEROL 31
DENAVIR 201
DENGVAXIA 463
DENTA 5000 PLUS 386
denta 5000 plus sensitive 386
dentagel 386
denvita 193
deoxia 187
deoxiademtar 187
deoxiatar 187
deoxiavar 187
DEPAKOTE 65
DEPAKOTE ER 65
DEPAKOTE SPRINKLES 65
DEPEN TITRATABS 376
DEPLIN 15 251
DEPLIN 7.5 251
DEPLIN FC 252
DEPO-ESTRADIOL 272
DEPO-MEDROL 177
DEPO-PROVERA 175
DEPO-SUBQ PROVERA 104 175
DEPO-TESTOSTERONE 40
DERMACINRX BOOSTERVITE 390
DERMACINRX CLORHEXACIN 214
DERMACINRX DAVIMET 392
DERMACINRX DICLOLIDOL 195
DERMACINRX DIGENYX 456
DERMACINRX DOTREMIN 298
DERMACINRX FOLTAMIN 298
DERMACINRX LIDOCAINE 211
DERMACINRX LIDOGEL 211
DERMACINRX MULTITAM 390
DERMACINRX MULTIVITAMIN 392
DERMACINRX PHN 221
DERMACINRX PNV PRENATOL 395
DERMACINRX PRETRATE 395
DERMACINRX PROBEX 82
DERMACINRX PROBISOL 82
DERMACINRX PROBITRAN 82
DERMACINRX RIBOTIN-E 390
DERMACINRX SALICYLIC ACID 210
dermacinrx surgical combopak 214
DERMACINRX THERAZOLE PAK 193
DERMACINRX URACIN 207
DERMACINRX UREA 207
DERMACINRX ZINTREXYL-C 390
DERMACINRX ZRM 221
DERMACURE 207
DERMA-SMOOTHE/FS BODY 203
DERMA-SMOOTHE/FS SCALP 203
DERMASO PLUS 213

dermavyx 203
DERMOTIC 430
DERPIXA 226
DESCOVY 146
DESFERAL 85
desflurane 282
desipramine hcl 72
desloratadine 92
DESMODA 270
desmopressin ace spray refrig .. 270
desmopressin acetate 270
desmopressin acetate pf 270
desmopressin acetate spray 270
desogestrel-ethinyl estradiol 167
desonide 203
desoximetasone 203
desvenlafaxine er 70
desvenlafaxine succinate er 70
DETECTNET 236
DETERMINE HIV 1/2 AG/AB COMBO 245
DETERMINE HIV 1/2 AG/AB CTRL 245
DEX24 430
dexameth sod phos (pf) +rfid 177
dexameth sod phos-bupiv-epin .. 181
dexamethasone 177
dexamethasone (la) 177
dexamethasone ace & sod phos 181
dexamethasone acetate 177
DEXAMETHASONE INTENSOL 177
dexamethasone sod phos (pf) 177
dexamethasone sod phos +rfid . 178
dexamethasone sod phos-nacl .. 178
dexamethasone sod phosphate pf 178
dexamethasone sodium phosphate 178, 425
dexamethasone-moxifloxacin 423
dexameth-moxiflox-ketorolac 423
DEXATRAN 390
DEXCOM G6 RECEIVER 323
DEXCOM G6 SENSOR 323
DEXCOM G6 TRANSMITTER 323
DEXCOM G7 15 DAY SENSOR 323
DEXCOM G7 RECEIVER 323
DEXCOM G7 SENSOR 323
DEXEDRINE 2
DEXERYL 213
DEXIFOL 388
DEXILANT 458
dexlansoprazole 458
DEXLIDO 181
DEXLIDO-M 181
DEXLYT 178
dexmedetomidine hcl 308
dexmedetomidine hcl in nacl 307, 308
dexmedetomidine hcl-dextrose .. 308
dexmethylphenidate hcl 5
dexmethylphenidate hcl er 5
DEXONTO 0.4% 178
dexpanthenol 275
dexrazoxane hcl 129
DEXTENZA 425
dextroamphetamine sulfate 2
dextroamphetamine sulfate er 2
dextromethorphan-quinidine 445
dextrose 413, 414
dextrose 5%/electrolyte #48 370
dextrose in lactated ringers 370
dextrose-nacl 370
dextrose-sodium chloride 371
DEXYCU 425
DHIVY 138
diabetes care 323
DIACOMIT 59
diadimaxia 187
DIALYVITE 388
DIALYVITE 3000 389
DIALYVITE 5000 389
DIALYVITE SUPREME D ... 390
DIALYVITE/ZINC 389
DIANEAL LOW CALCIUM/1.5% DEX 383
DIANEAL LOW CALCIUM/2.5% DEX 383
DIANEAL LOW CALCIUM/4.25% DEX 383
DIANEAL PD-2/1.5% DEXTROSE 383
DIANEAL PD-2/2.5% DEXTROSE 383
DIANEAL PD-2/4.25% DEXTROSE 383
diaoxia 187
diasaxiatar 187
diasdimaxia 187
diasoxia 187
DIATHRIVE BLOOD GLUCOSE METER 323
DIATHRIVE BLOOD GLUCOSE TEST 240
DIATHRIVE GLUCOSE TEST 240
DIATHRIVE LANCET ULTRA THIN 30 323
DIATHRIVE LANCETS 323
DIATHRIVE PEN NEEDLE . 346
DIATHRIVE+ GLUCOSE MONITOR 323
DIATHRIVE+ GLUCOSE TEST 240
diatrizoate meglumine & sodium 249
DIATROL 390
diazepam 46, 58
DIAZEPAM INTENSOL 46
diazoxide 73
dichlorphenamide 255
DICLEGIS 88
diclofenac epolamine 194
diclofenac potassium 22
diclofenac potassium(migraine) 368
diclofenac sodium 22, 194, 196, 422
diclofenac sodium er 22
diclofenac-misoprostol 21
DICLOGEN 195
diclona 195
diclopr 195
DICLOSAICIN 195
diclostream 195
diclovix m 195
dicloxacillin sodium 436
DICOPANOL FUSEPAQ 91
dicyclomine hcl 456
diethylpropion hcl 3
diethylpropion hcl er 3
DIFFERIN 190
DIFICID 314
diflorasone diacetate 203
DIFLUCAN 90
diflunisal 27
difluprednate 425
difmetioxrime 193
DIGIFAB 85
digoxin 158
dihydroergotamine mesylate 368
DILANTIN 64
DILANTIN INFATABS 64
DILANTIN-125 64
DILAUDID 31
diltiazem hcl 156

diltiazem hcl er 156
diltiazem hcl er beads 156
diltiazem hcl er coated beads 156
diltiazem hcl-dextrose 156
diltiazem hcl-sodium chloride ...156
dilt-xr 156
diluent for treprostinil 437
dimenhydrinate 88
dimentho 195
dimethyl fumarate 443
dimethyl fumarate starter pack . 443
dimethyl sulfoxide 284
dimoxia 187
diochloy 223
dionaris 200
diooxia 196
DIOVAN 99
DIOVAN HCT 98
DIPENTUM 276
diphenhydramine hcl 91
diphenoxylate-atropine 84
DIPRIVAN 280
DIPRIVAN +RFID 280
DIPROLENE 204
dipyridamole 234, 294
DISCOVISC 426
DISKETS 31
disopyramide phosphate 46
dispenser md pump 0.25ml 339
dispenser md pump bottle 150ml 339
disulfiram 438
DIURIL 256
divalproex sodium 65
divalproex sodium er 65
divendo 200
DIVIGEL 272
divinix 223
diyra 200
DMT SUIK 181
dobutamine hcl 158
dobutamine-dextrose 158
docetaxel 132
DOCIVYX 132
dofetilide 47
dog epithelium 9
dog epithelium (diagnostic) 232
dog fennel 9
DOJOLVI 414
DOLISHALE 173
DOLOBID 27
domela 223
donepezil hcl 440
DONNATAL 455
dopamine hcl 158
dopamine-dextrose 158
DOPRAM 3
DOPTELET 303
DOPTELET SPRINKLE 303
dorevi 200
DORYX MPC 450
dorzolamide hcl 420
dorzolamide hcl-timolol mal 415
dorzolamide hcl-timolol mal pf .415
DOTAREM 247
DOTATOC GA 68 236
DOTTI 272
double pm 423
DOUBLEDEX 178
DOVATO 146
doxazosin mesylate 100
doxepin hcl 72, 196, 307
doxercalciferol 263
DOXIL 125
doxorubicin hcl 125
doxorubicin hcl liposomal 125
DOXY 100 450
doxycycline 215
doxycycline hyclate 450, 451
doxycycline monohydrate 451
doxylamine-pyridoxine 88
draxacey 187
DRISDOL 472
drixece 187
DRIZALMA SPRINKLE 70
dronabinol 88
droperidol 45
DROPLET GENTEEL LANCING DEVICE 323
DROPLET INSULIN SYRINGE 346
DROPLET LANCETS ULTRA THIN 30G 323
DROPLET LANCING DEVICE 323
DROPLET MEDLANCE LANCET 30G 323
DROPLET MICRON 346
DROPLET PEN NEEDLES .. 346
DROPLET PERSONAL LANCETS 30G 323
DROPSAFE ACTI-LANCE 23G 323
DROPSAFE ACTI-LANCE LANCET 17G 323
DROPSAFE ACTI-LANCE LANCET 23G 323
DROPSAFE ACTI-LANCE LANCET 28G 323
DROPSAFE AUTOPROTECT DUO 346
DROPSAFE ERGOLANCE LANCET 21G 323
DROPSAFE ERGOLANCE LANCET 25G 323
DROPSAFE ERGOLANCE LANCET 30G 323
DROPSAFE HAEMOLANCE LANCET 1.5 323
DROPSAFE HAEMOLANCE LANCET 18G 323
DROPSAFE HAEMOLANCE LANCET 21G 323
DROPSAFE HAEMOLANCE LANCET 25G 323
DROPSAFE HAEMOLANCE LANCET 28G 323
DROPSAFE MEDISAFE LANCET 23G 323
DROPSAFE MEDISAFE LANCET 29G 324
DROPSAFE MEDLANCE LANCET 0.8MM 324
DROPSAFE MEDLANCE LANCET 21G 324
DROPSAFE MEDLANCE LANCET 25G 324
DROPSAFE MEDLANCE LANCET 30G 324
dropsafe safety pen needles 346
DROPSAFE SAFETY SYRINGE/NEEDLE 347
DROPSAFE SICURA 347
drospiren-eth estrad-levomefol . 169
drospirenone-ethinyl estradiol .. 169
DROXIA 297
droxidopa 467
DRUG MART ON-THE-GO LANCET 30G 324
drug mart unifine pentips 347
drug mart unifine pentips plus .. 347
DRUG MART UNILET LANCETS 28G 324
DRUG MART UNILET LANCETS 30G 324

DRUG MART UNILET LANCETS 33G 324
DRYSOL 214
DSUVIA 31
DUAKLIR PRESSAIR 48
dual complex formula 1 kit 195
DUAVEE 273
DUETACT 81
DULERA 48
duloxetine hcl 70
DULOXICAINE 447
DUOBRII 223
DUO-CARE 318
DUO-CARE TEST 240
DUOPA 139
DUOVANCE 390
DUOVISC 426
DUPIXENT 201
DURACLON 26
DURAFIBER 226
DURAFIBER AG 226
duramorph 31
DUREX EXTRA SENSITIVE THIN 315
DUREX REALFEEL 315
DUREZOL 425
DUROLANE 402
DURYSTA 428
dust mite mixed allergen ext 14
dutasteride 282
dutasteride-tamsulosin hcl 284
DUVYZAT 408
DX1 ORAGENOMIC DNA SCREEN 240
DX2 ORAGENOMIC DNA SCREEN 240
DXTERITY COVID-19 HOME TEST 245
d-xylose 234
DYANAVEL XR 2
dyclopro 211
DYMISTA 403
DYNAFOAM AG FOAM DRESSING 226
DYNAGINATE AG CA ALG ROPE 30CM 226
DYNAGINATE AG SILVER CAL 2"X2" 226
DYNAGINATE AG SILVER CAL 4"X5" 226
DYNAGINATE AG SILVER CAL 4"X8" 226
dynoma 187
DYRENIUM 256
DYSPORT 408
DYURAL 80-LM 181
DYURAL-40 182
DYURAL-80 182
DYURAL-L 182
DYURAL-LM 182
E.E.S. 400 314
E.E.S. GRANULES 314
EASIVENT 365
EASIVENT MASK LARGE 365
EASIVENT MASK MEDIUM 365
EASIVENT MASK SMALL 365
eastern cottonwood 9
eastern cottonwood(diagnostic) 232
easy comfort insulin syringe 347
EASY COMFORT INSULIN SYRINGE 347
easy comfort lancets 324
easy comfort lancets twist top 324
easy comfort pen needles 347
easy glide pen needles 347
EASY MAX BLOOD GLUCOSE TEST 240
EASY MAX T1 GLUCOSE SYSTEM 324
easy plus ii glucose system 324
easy plus ii glucose test 240
EASY STEP GLUCOSE MONITOR 324
EASY STEP TEST 240
easy talk blood glucose system 324
easy talk blood glucose test 240
easy talk plus ii test strips 240
EASY TOUCH FLIPLOCK INSULIN SY 347
EASY TOUCH GLUCOSE SYSTEM 324
EASY TOUCH HEALTHPRO GLUCOSE 240
EASY TOUCH HYPODERMIC NEEDLE 347
EASY TOUCH INSULIN BARRELS 347
EASY TOUCH INSULIN SAFETY SYR 347
EASY TOUCH INSULIN SYRINGE 348
EASY TOUCH LANCETS 21G 324
EASY TOUCH LANCETS 23G 324
EASY TOUCH LANCETS 26G 324
EASY TOUCH LANCETS 28G 324
EASY TOUCH LANCETS 28G/TWIST 324
EASY TOUCH LANCETS 30G 324
EASY TOUCH LANCETS 30G/TWIST 324
EASY TOUCH LANCETS 32G 324
EASY TOUCH LANCETS 32G/TWIST 324
EASY TOUCH LANCETS 33G/TWIST 324
EASY TOUCH LANCING DEVICE 324
EASY TOUCH PEN NEEDLES 348
EASY TOUCH SAFETY LANCETS 21G 324
EASY TOUCH SAFETY LANCETS 23G 324
EASY TOUCH SAFETY LANCETS 26G 324
EASY TOUCH SAFETY LANCETS 28G 324
EASY TOUCH SAFETY PEN NEEDLES 348
EASY TOUCH SHEATHLOCK SYRINGE 348
EASY TOUCH SYRINGE BARREL 348
EASY TOUCH TEST 240
easy trak blood glucose system 324
easy trak blood glucose test 240
easy trak ii blood glucose sys 324
easy trak ii glucose test 240
EASYGEL 386
EASYGLUCO 240
EASYMAX 15 TEST 240
EASYMAX NG BLOOD GLUCOSE 324, 325
EASYMAX TEST 240
EASYMAX V BLOOD GLUCOSE 325
EASYPOINT NEEDLE 348
EASYPOINT NEEDLE/SYRINGE 348

EASYPRO BLOOD GLUCOSE MONITOR.....325
EASYPRO BLOOD GLUCOSE TEST.....240
EASYPRO PLUS.....240, 325
EBGLYSS.....201
EB-N3 DR.....388
eceoxia.....187
econazole nitrate.....209
ECONTRA ONE-STEP.....174
ECOTRIN LOW STRENGTH.....27
ECOZA.....209
EC-RX DHEA.....15
ec-rx estradiol.....272
ec-rx progesterone.....438
ec-rx testosterone.....40
ECZEMOL.....379
edaravone.....404
EDARBI.....99
EDARBYCLOR.....98
EDECRIN.....255
edetate calcium disodium.....85
edetate disodium.....376
EDEX (2 CARTRIDGE).....161
EDEX (6 CARTRIDGE).....161
EDLUAR.....307
EDURANT.....148
EDURANT PED.....148
EEMT.....271
EEMT HS.....271
efavirenz.....148
efavirenz-emtricitab-tenofo df...146
efavirenz-lamivudine-tenofovir.146
EFFER-K.....373, 374
EFFEXOR XR.....71
EFFIENT.....295
egg white (diagnostic).....232
EGRIFTA SV.....261
EGRIFTA WR.....261
eha.....211
EKTERLY.....293
ELAHERE.....126
ELAPRASE.....265
ELCYS.....413
ELELYSO.....295
ELEMAR PATCH.....221
ELEMENT AUTOCODE SYSTEM.....325
element compact glucose system.....325
element compact test.....240
element compact v glucose sys..325
ELEMENT PLUS.....325
ELEMENT TEST.....240
ELEPSIA XR.....59
ELESTRIN.....272
eletriptan hydrobromide.....368
ELEVIDYS 10.0-10.4 KG.....405
ELEVIDYS 10.5-11.4 KG.....405
ELEVIDYS 11.5-12.4 KG.....405
ELEVIDYS 12.5-13.4 KG.....405
ELEVIDYS 13.5-14.4 KG.....405
ELEVIDYS 14.5-15.4 KG.....405
ELEVIDYS 15.5-16.4 KG.....405
ELEVIDYS 16.5-17.4 KG.....405
ELEVIDYS 17.5-18.4 KG.....405
ELEVIDYS 18.5-19.4 KG.....405
ELEVIDYS 19.5-20.4 KG.....405
ELEVIDYS 20.5-21.4 KG.....406
ELEVIDYS 21.5-22.4 KG.....406
ELEVIDYS 22.5-23.4 KG.....406
ELEVIDYS 23.5-24.4 KG.....406
ELEVIDYS 24.5-25.4 KG.....406
ELEVIDYS 25.5-26.4 KG.....406
ELEVIDYS 26.5-27.4 KG.....406
ELEVIDYS 27.5-28.4 KG.....406
ELEVIDYS 28.5-29.4 KG.....406
ELEVIDYS 29.5-30.4 KG.....406
ELEVIDYS 30.5-31.4 KG.....406
ELEVIDYS 31.5-32.4 KG.....406
ELEVIDYS 32.5-33.4 KG.....406
ELEVIDYS 33.5-34.4 KG.....406
ELEVIDYS 34.5-35.4 KG.....406
ELEVIDYS 35.5-36.4 KG.....406
ELEVIDYS 36.5-37.4 KG.....406
ELEVIDYS 37.5-38.4 KG.....406
ELEVIDYS 38.5-39.4 KG.....406
ELEVIDYS 39.5-40.4 KG.....406
ELEVIDYS 40.5-41.4 KG.....406
ELEVIDYS 41.5-42.4 KG.....406
ELEVIDYS 42.5-43.4 KG.....407
ELEVIDYS 43.5-44.4 KG.....407
ELEVIDYS 44.5-45.4 KG.....407
ELEVIDYS 45.5-46.4 KG.....407
ELEVIDYS 46.5-47.4 KG.....407
ELEVIDYS 47.5-48.4 KG.....407
ELEVIDYS 48.5-49.4 KG.....407
ELEVIDYS 49.5-50.4 KG.....407
ELEVIDYS 50.5-51.4 KG.....407
ELEVIDYS 51.5-52.4 KG.....407
ELEVIDYS 52.5-53.4 KG.....407
ELEVIDYS 53.5-54.4 KG.....407
ELEVIDYS 54.5-55.4 KG.....407
ELEVIDYS 55.5-56.4 KG.....407
ELEVIDYS 56.5-57.4 KG.....407
ELEVIDYS 57.5-58.4 KG.....407
ELEVIDYS 58.5-59.4 KG.....407
ELEVIDYS 59.5-60.4 KG.....407
ELEVIDYS 60.5-61.4 KG.....407
ELEVIDYS 61.5-62.4 KG.....407
ELEVIDYS 62.5-63.4 KG.....407
ELEVIDYS 63.5-64.4 KG.....407
ELEVIDYS 64.5-65.4 KG.....408
ELEVIDYS 65.5-66.4 KG.....408
ELEVIDYS 66.5-67.4 KG.....408
ELEVIDYS 67.5-68.4 KG.....408
ELEVIDYS 68.5-69.4 KG.....408
ELEVIDYS 69.5 KG PLUS...408
ELFABRIO.....259
ELFOLATE.....252
ELFOLATE PLUS.....251
ELIGARD.....131
ELINEST.....169
ELIQUIS.....55
ELIQUIS (1.5 MG PACK).....55
ELIQUIS (2 MG PACK).....55
ELIQUIS DVT/PE STARTER PACK.....55
ELITEK.....129
ELITE-OB.....395
ELIXOPHYLLIN.....54
ELLA.....174
ELLENCE.....125
ELLIOTTS B.....371
ELMIRON.....284
ELOCTATE.....288
ELREXFIO.....119
eltrombopag olamine.....303
ELUCIREM.....247
ELURYNG.....173
ELYXYB.....368
elyzia.....210
ELZONRIS.....128
EMBECTA AUTOSHIELD DUO.....348
EMBECTA INS SYR U/F 1/2 UNIT.....348
EMBECTA INSULIN SYR ULTRAFINE.....348
EMBECTA INSULIN SYRINGE.....348
EMBECTA INSULIN SYRINGE U-100.....348
EMBECTA INSULIN SYRINGE U-500.....348

EMBECTA PEN NEEDLE NANO 348
EMBECTA PEN NEEDLE NANO 2 GEN 348
EMBECTA PEN NEEDLE ULTRAFINE 349
EMBLAVEO 106
EMBRACE BLOOD GLUCOSE MONITOR 325
EMBRACE BLOOD GLUCOSE TEST 240
EMBRACE EVO BLOOD GLUCOSE TEST 240
EMBRACE EVO GLUCOSE MONITORING 325
EMBRACE LANCETS ULTRA THIN 30G 325
EMBRACE PEN NEEDLES 349
EMBRACE PRESSURE ACTIVATED 21G 325
EMBRACE PRESSURE ACTIVATED 28G 325
EMBRACE PRO GLUCOSE METER 325
EMBRACE PRO GLUCOSE TEST 241
EMBRACE TALK BLOOD GLUCOSE 325
EMBRACE TALK GLUCOSE TEST 241
EMBRACE TALK MONITORING SYSTEM 325
EMBRACE WAVE BLOOD GLUCOSE 241
EMBRACE WAVE GLUCOSE CONTROL 325
EMBRIVA 395
EMEND 89
EMEND BIPACK 89
EMEND TRIPACK 89
EMERPHED 468
EMFLAZA 178
EMGALITY 367
EMGALITY (300 MG DOSE) 367
EMPAVELI 291
EMPLICITI 117
empty capsule size 1 clear 436
empty sterilized 360
EMRELIS 115
EMROSI 215
EMSAM 67
emtricitabine 149
emtricitabine-tenofovir df 146
emtricitab-rilpivir-tenofov df 146
EMTRIVA 149
EMULSION SB 213
EMVERM 43
EMZAHH 175
enalapril maleate 96, 97
enalaprilat 97
enalapril-hydrochlorothiazide 96
ENBRACE HR 395
ENBREL 25
ENBREL MINI 25
ENBREL SURECLICK 25
ENBUMYST 255
ENCARE 465
ENCELTO 421
ENDARI 296
ENDEAVORRX 378
ENDOCET 38
ENDOFORM DERMAL TEMPLATE 226
ENDOFORM DERMAL/FENESTRATED 227
ENDOMETRIN 466
ENFIT AMBER LOW DOSE SYR/0.5ML 317
ENFIT AMBER LOW DOSE SYR/1ML 317
ENFIT AMBER LOW DOSE SYR/3ML 317
ENFIT AMBER SYRINGE/10ML 317
ENFIT AMBER SYRINGE/20ML 317
ENFIT AMBER SYRINGE/35ML 317
ENFIT AMBER SYRINGE/60ML 317
ENFIT AMBER TIP SYRINGE/5ML 317
ENFIT CAP 317
ENFIT IRRIGATION SYR/THUMB CNT 317
ENFIT LOW DOSE TIP SYRINGE 317
ENFIT LOW DOSE TIP SYRINGE/1ML 317
ENFIT LOW DOSE TIP SYRINGE/3ML 317
ENFIT MED BOTTLE ADAPTER/SZ 1 317
ENFIT MED BOTTLE ADAPTER/SZ 2 317
ENFIT MED BOTTLE ADAPTER/SZ 3 317
ENFIT MED BOTTLE ADAPTER/SZ 4 317
ENFIT MED BOTTLE ADAPTER/SZ 5 317
ENFIT MEDICINE STRAW/2"/5CM 317
ENFIT MEDICINE STRAW/4"/10CM 317
ENFIT MEDICINE STRAW/6"/15CM 317
ENFIT POP ON CAP 317
ENFIT SCREW ON CAP 317
ENFIT SYRINGE/10ML 317
ENFIT SYRINGE/20ML 317
ENFIT SYRINGE/35ML 317
ENFIT SYRINGE/60ML 317
ENFIT THUMB CONTROL IRRIG/60ML 317
ENFIT TIP SYRINGE/10ML 317
ENFIT TIP SYRINGE/20ML 317
ENFIT TIP SYRINGE/35ML 317
ENFIT TIP SYRINGE/5ML 317
ENFIT TIP SYRINGE/60ML 317
ENFIT TRANSITION CONNECTOR 317
ENFLONSIA 431
ENGERIX-B 463
english plantain 9
english plantain (diagnostic) 232
english walnut (diagnostic) 232
ENHERTU 126
ENILLORING 173
ENJAYMO 291
ENLITE GLUCOSE SENSOR 325
ENLYTE 251
ENLYTE GUMMY+ 390
ENOBY 267
enovarx-baclofen 192
enovarx-cyclobenzaprine hcl 400
enovarx-diclofenac sodium 194
enovarx-ibuprofen 194
enovarx-lidocaine hcl 211
enovarx-naproxen 194
enovarx-tramadol 192
enoxaparin sodium 57
ENOXILUV KIT 57
ENSACOVE 123

ENSKYCE 169
ENSPRYNG 382
ENSTILAR 223
entacapone 139
ENTADFI 284
entecavir 150
ENTERAGAM 252
enteral delivery gravity bag 317
ENTRESTO 160
ENTYVIO 277
ENTYVIO PEN 277
ENU NUTRITIONAL SHAKE 252
ENU PRO3 PLUS 252
enulose 278
ENVARSUS XR 381
enznonuty 221
EOHILIA 178
EOVIST 247
EPANED 97
EPCLUSA 151
ephedrine sulf (pressors)+rfid 468
ephedrine sulfate (pressors) 468
ephedrine sulfate-nacl 468
ephedrine sulfate-nacl +rfid 468
EPICERAM 213
epicoccum nigrum 9
EPICORD 218
EPICYN 216
EPIDIOLEX 60
EPIDUO 187
EPIDUO FORTE 187
EPIFIX 218
EPIFIX MICRONIZED 218
EPIFOAM 217
epinastine hcl 418
epinephrine 467, 468, 469
epinephrine bitartrate-nacl 468
epinephrine hcl-dextrose 468
epinephrine hcl-nacl 468
epinephrine pf 469
epinephrine professional 467
epinephrine-dextrose 469
epinephrine-nacl 469
EPINEPHRINESNAP 467
EPINEPHRINESNAP-EMS 467
EPINEPHRINESNAP-V 467
EPIOXA HD/ EPIOXA 423
EPIPEN 2-PAK 467
EPIPEN JR 2-PAK 467
EPISIL 387
EPIVIR 149
EPKINLY 119
eplerenone 101
EPOGEN 297
epoprostenol sodium 161
EPRONTIA 60
EPSOLAY 190
eptifibatide 292
EPYSQLI 291
eq aspirin adult low dose 27
eq aspirin low dose 27
eq blood glucose test 241
eq nicotine 446
eq nicotine polacrilex 446
eq nicotine step 3 446
eq space chamber anti-static 365
eq space chamber anti-static l 365
eq space chamber anti-static m 365
eq space chamber anti-static s 365
eql aspirin low dose 27
equacare jr 252
EQUETRO 140
ERAXIS 89
ERBITUX 120
ergocalciferol 472
ERGOMAR 368
ergotamine-caffeine 367
eribulin mesylate 132
ERIVEDGE 121
ERLEADA 111
erlotinib hcl 120
ERRIN 175
ERTACZO 209
ertapenem sodium 102
ERVEBO 463
ery 185
ERYPED 400 314
ERYTHROCIN LACTOBIONATE 314
erythromycin 185, 314, 418
erythromycin base 314
erythromycin ethylsuccinate 314
erythromycin lactobionate 314
ERZOFRI 140
ESBRIET 449
escitalopram oxalate 68
ESKATA 216
eslicarbazepine acetate 60
esmolol hcl 154
esmolol hcl-sodium chloride 154
esomeprazole magnesium 458
esomeprazole sodium 458
ESPEROCT 288
ESSENTIAL CARE JR 252
est estrogens-methyltest 271
est estrogens-methyltest ds 271
est estrogens-methyltest hs 271
ESTARYLLA 169
estazolam 306
ESTRACE 466
estradiol 272, 273, 466
estradiol valerate 273
estradiol-norethindrone acet 272
ESTRATEST H.S. 271
ESTRING 466
ESTROGEL 273
estrogens conjugated 273
eszopiclone 307
ETCAMAH 135
ethacrynate sodium 255
ethacrynic acid 255
ethambutol hcl 109
ETHAMOLIN 384
ethosuximide 65
ethoxia 187
ethyl chloride 222
ethynodiol diac-eth estradiol 169
ETHYOL 136
etodolac 22
etodolac er 22
etomidate 280
etonogestrel-ethinyl estradiol 173
ETOPOPHOS 132
etoposide 132
etravirine 149
eua patient assessment 382
EUCRISA 215
EUFLEXXA 402
EULEXIN 111
EURAX 216
EVAMIST 273
EVARA 207
EVDI 135
EVEKEO 2
EVENITY 268
EVERCORE 390
EVERLYWELL COVID-19 HOME TEST 245
everolimus 122, 381
EVERSENSE 365 SENSOR/HOLDER 325
EVERSENSE 365 SMART TRANSMIT 325
EVERSENSE SENSOR/HOLDER 325

EVERSENSE SMART TRANSMITTER 325
evervita 390
EVESSE 204
EVEXITHROID 452
EVISTA 268
EVKEEZA 92
EVOLUTION AUTOCODE 241, 325
EVOMELA 133
EVOTAZ 146
EVOXAC 388
EVRYSDI 411
EXCILON AMD DRAIN SPONGES 318
exdensur 52
EXELDERM 209
EXELON 440
EXEM 247
exemestane 128
exenatide 79
EXFORGE 97
EXFORGE HCT 99
EXJADE 85
EXODERM 193
EXONDYS 51 408
EXPAREL 311
extended infusion set 23"/6mm 337
extended infusion set 23"/9mm 337
extended infusion set 32"/6mm 337
extended infusion set 32"/9mm 337
extended infusion set 43"/6mm 337
extended infusion set 43"/9mm 337
EXTENDED RESERVOIR 3ML 337
EXTRANEAL 383
EXXUA 69
EXXUA TITRATION PACK 69
EYLEA 429
EYLEA HD 429
EYSUVIS 425
EZALLOR SPRINKLE 94
E-Z-DISK 248
ezetimibe 95
ezetimibe-simvastatin 95
E-Z-HD 248
FA-8 299
FABHALTA 291
FABRAZYME 259
face shield full length 339
face shield full length/clear 339
FALMINA 169
famciclovir 152
famotidine 457
famotidine (pf) 457
famotidine premixed 457
FANAPT 140
FANAPT TITRATION PACK A 140
FANAPT TITRATION PACK B 141
FANAPT TITRATION PACK C 141
FANATREX FUSEPAQ 60
FANTASY LUBRICATED 315
FANTASY LUBRICATED/SPERMICID E 315
FARESTON 111
FARXIGA 80
FASENRA 52
FASENRA PEN 52
FASLODEX 129
FAVLYXA 111
fbl kit 195
febuxostat 286
FEIBA 288
FEIRZA 1.5/30 169
FEIRZA 1/20 169
felbamate 64
FELBATOL 64
felodipine er 156
FEM PH 465
FEMARA 128
FEMCAP 315
FEMLYV 169
FEMRING 466
fenofibrate 93, 94
fenofibrate micronized 93
fenofibric acid 94
fenoprofen calcium 22
FENOPRON 22
FENOVAR 195
fenovia 193
FENSOLVI (6 MONTH) 264
fentanyl 32
fentanyl cit-bupivacaine hcl 29
fentanyl citrate 31, 32
fentanyl citrate (pf) 31
fentanyl citrate-nacl 32
fentanyl citrate-ropivacaine 29
fentanyl cit-ropivacaine-nacl 29
fentanyl-bupivacaine-nacl 29, 30
fentanyl-ropivacaine-nacl 30
feonyx 301
FERABRIGHT 250
FERAHEME 302
FERIVA 21/7 (WITH DOCUSATE) 303
ferotrinsic 301
FERRALET 90 303
ferric carboxymaltose 302
ferric citrate 279
FERRIPROX 85
FERRIPROX TWICE-A-DAY 85
FERRLECIT 302
FERRO-PLEX 301
ferrous sulfate 302
ferumoxytol 302
fervina 193
FESILTY 288
fesoterodine fumarate er 460
FETROJA 167
FETZIMA 71
FETZIMA TITRATION 71
fe-vite iron 302
FEXMID 400
FIASP 75
FIASP FLEXTOUCH 75
FIASP PENFILL 75
FIASP PUMPCART 75
fiber 309
FIBERSOURCE HN 252
FIBRYGA 288
fidaxomicin 314
fidila 193
FIFTY50 GLUCOSE METER 2.0 325
FIFTY50 GLUCOSE TEST 2.0 241
FIFTY50 PEN NEEDLES 349
FIFTY50 SAFETY SEAL LANCETS 325
FIFTY50 SUPERIOR COMFORT SYR 349
FIFTY50 UNILET LANCETS 33G 325
FILKRI 299
filoma 193
FILSPARI 284
FILSUVEZ 227
FINACEA 215
finapid 208
finapod 208
finapodtar 208

finasteride 224, 282
FINAZOL 390
FINGERSTIX LANCETS 325
fingolimod hcl 447
FINTEPLA 60
FINZALA 169
FIORICET 26
FIRAZYR 290
FIRDAPSE 108
fire ant 9
FIRMAGON 130
FIRMAGON (240 MG DOSE) 130
FIRST-LANSOPRAZOLE 458
FIRST-MOUTHWASH BLM 385
FIRVANQ 103
FLAREX 425
FLAVOR SWEET DYE FREE 437
flavor sweet sf dye free 437
flavoxate hcl 461
FLEBOGAMMA DIF 432
flecainide acetate 47
FLECTOR 194
FLEQSUVY 400
FLEXBUMIN 294
FLEXICHAMBER 366
FLEXICHAMBER ADULT MASK/SMALL 365
FLEXICHAMBER CHILD MASK/LARGE 365
FLEXICHAMBER CHILD MASK/SMALL 366
FLOLAN 161
flolipid 94
floractis 83
floramyra 83
FLORASYNC 83
floravax 83
FLORAVITA MINI 390
florentra 83
FLORIVA 372, 394
FLORIVA PLUS 393
FLORRAGUT 83
FLORRAXYL 390
FLOTREX 393
FLOW 4-WEEK TREATMENT REFILL 359
FLOW INITIAL TREATMENT KIT 359
FLOWFLEX+ RSV+FLU A/B+COVID 235
floxuridine 111
FLUAD 463
FLUARIX 463
FLUBLOK 463
FLUCELVAX 463
fluconazole 90
fluconazole in sodium chloride 90
flucytosine 90
fludarabine phosphate 112
fludeoxyglucose f 18 237
fludrocortisone acetate 181
FLULAVAL 463
flumazenil 86
FLUMIST 463
flunisolide 403
fluocinolone acetonide 204, 430
fluocinolone acetonide body 204
fluocinolone acetonide scalp 204
fluocinonide 204
fluocinonide emulsified base 204
FLUOPAR 223
fluorescein sodium 420
fluorescein sodium/benoxinate 420
fluorescein-benoxinate 420
fluorescein-proparacaine 420
FLUORESCITE 420
FLUORIDEX 386
FLUORIDEX DAILY RENEWAL 386
FLUORIDEX ENHANCED WHITENING 386
FLUORIDEX SENSITIVITY RELIEF 386
FLUORIMAX 5000 386
FLUORIMAX 5000 SENSITIVE 386
FLUOR-I-STRIPS A.T. 420
fluorometholone 425
fluorouracil 112, 196
fluoxetine hcl 68
fluoxetine hcl (pmdd) 445
fluoxia 187
fluphenazine decanoate 144
fluphenazine hcl 144
flurandrenolide 204
FLURA-SAFE 420
flurazepam hcl 306
flurbiprofen 22
flurbiprofen sodium 422
fluticasone furoate ellipta 53
fluticasone furoate-vilanterol 48
fluticasone propionate 204, 403
fluticasone propionate diskus 53
fluticasone propionate hfa 53
fluticasone-salmeterol 49
fluvastatin sodium 94
fluvastatin sodium er 94
fluvoxamine maleate 69
fluvoxamine maleate er 68
FLUZONE 464
FLUZONE HIGH-DOSE 463
flyprogpidtar 208
FLYRCADO 236
FML FORTE 425
FML LIQUIFILM 425
FOAMIL 436
FOCALIN 5
FOCALIN XR 5
focinvez 89
fola-b complex 298
folachew 392
folamax 390
folamed dha 390
folaprime 390
FOLAREX 390
folasync dha 390
folate 299
FOLATEN 391
folatexcel 395
folawise 392
folbee 298
folbee plus 388
FOLBIC RF 251
FOLCYTEINE 392
FOLDITAM 298
FOLGARD OS 390
FOLGARD RX 298
folic acid 299
folic d3 298
FOLICORE B COMPLEX 298
FOLIFLEX 391
folite 298
FOLITIN-Z 391
folivance 392
FOLIVANE-F 302
FOLIVANE-OB 395
FOLIVANE-PLUS 301
FOLIVEX 392
folivra 391
FOLIXAPURE 298
FOLIXATE 298
FOLIXIA 391
FOLLISTIM AQ 266
FOLOTYN 112

folplex 2.2 298
FOLTANX 251
FOLTANX RF 251
FOLTIRA 298
FOLTREXYL 298
foltrin 301
FOLTX 251
FOLVITA COMPLEX 298
FOLVITE-D 298
folvitra 298
folvyris 298
FOLYRA 391
fomepizole 85
fondaparinux sodium 57
fondcircle blood glucose monit 325
fondcircle blood glucose test 241
fondcircle control solution 325
fondcircle lancing device 325
fondcircle single use lancets 325
FORA 6 CONNECT 241
FORA 6 CONNECT/GTEL TEST 241
FORA D40 GLUCOSE/PRESSURE 318
FORA D40/G31 BLOOD GLUCOSE 241
FORA D40G GLUCOSE/PRESSURE 318
FORA G20 BLOOD GLUCOSE SYSTEM 326
FORA G20 BLOOD GLUCOSE TEST 241
FORA G30A BLOOD GLUCOSE SYSTEM 326
FORA GD20 BLOOD GLUCOSE SYSTEM 326
FORA GD20 TEST 241
FORA GD50 BLOOD GLUCOSE SYSTEM 326
FORA GD50 BLOOD GLUCOSE TEST 241
FORA GTEL BLOOD GLUCOSE SYSTEM 326
FORA GTEL BLOOD GLUCOSE TEST 241
FORA LANCETS 326
FORA PREMIUM V10 BLE SYSTEM 326
FORA TEST N' GO ADVANCE 319
FORA TEST N' GO MONITOR 326
FORA TN'G ADVANCE PRO 241, 319
FORA TN'G VOICE 326
FORA TN'G/TN'G VOICE 241
FORA V10 BLOOD GLUCOSE TEST 241
FORA V12 BLOOD GLUCOSE SYSTEM 326
FORA V30A BLOOD GLUCOSE TEST 241
FORACARE GD40 MONITOR 326
FORACARE GD40 TEST 241
FORACARE PREMIUM V10 326
FORACARE PREMIUM V10 TEST 241
FORACARE TEST N GO MONITOR 326
FORACARE TEST N GO TEST 241
FORANE 282
formaldehyde 145
formoterol fumarate 50
FORTEO 266
FORZINITY 265
FOSAMAX 258
FOSAMAX PLUS D 258
fosamprenavir calcium 148
fosaprepitant dimeglumine 89
foscarnet sodium 150
FOSCAVIR 150
fosfomycin tromethamine 106
fosinopril sodium 97
fosinopril sodium-hctz 96
fosphenytoin sodium 65
FOSRENOL 279
FOSTEUM 251
FOSTEUM PLUS 251
FOTIVDA 123
FOUNDAYO 4
FRAGMIN 57
freedom adaptaderm 437
freedom derma serum 437
FREEDOM DERMA-D 437
FREEDOM DERMA-N 437
FREESPIRA ENROLLMENT CHARGE 378
FREESPIRA OUTCOME CHARGE 1 378
FREESPIRA OUTCOME CHARGE 2 378
FREESPIRA OUTCOME CHARGE 3 378
FREESPIRA OUTCOME CHARGE 4 378
FREESPIRA OUTCOME CHARGE 5 378
FREESTYLE FREEDOM LITE 326
FREESTYLE INSULINX TEST 241
FREESTYLE LANCETS 326
FREESTYLE LIBRE 14 DAY READER 326
FREESTYLE LIBRE 14 DAY SENSOR 326
FREESTYLE LIBRE 2 PLUS SENSOR 326
FREESTYLE LIBRE 2 READER 326
FREESTYLE LIBRE 2 SENSOR 326
FREESTYLE LIBRE 3 PLUS SENSOR 326
FREESTYLE LIBRE 3 READER 326
FREESTYLE LIBRE 3 SENSOR 326
FREESTYLE LITE 326
FREESTYLE LITE TEST 241
FREESTYLE PRECISION NEO SYSTEM 326
FREESTYLE PRECISION NEO TEST 241
FREESTYLE TEST 241
FREESTYLE UNISTICK II LANCETS 326
FRINDOVYX 133
frivo 193
FROTEK 195
frovatriptan succinate 368
FRUZAQLA 136
ft aspirin low dose 27
ft nicotine 446
ft nicotine mini 446
FULPHILA 299
fulvestrant 129
FUROSCIX 255
FUROSCIX READYFLOW 255
furosemide 255, 256
furosemide in sodium chloride 255
FUSION PLUS 301
FYARRO 122

FYAVOLV 272
FYCOMPA 58
FYLNETRA 299
FYREMADEL 261
gabapentin 60
gabapentin (once-daily) 444
GABARONE 60
GABLOFEN 400
GADAVIST 247
gadobutrol 247
gadoterate meglumine 247
gadoteridol 247
GALAFOLD 259
galantamine hydrobromide 440
galantamine hydrobromide er 440
GALAXTRA 252
GALBRIELA 169
GALLIFREY 438
gallium ga 68 gozetotide 237
GALZIN 376
GAMASTAN 432
GAMIFANT 382
GAMMACORE 359
GAMMACORE 1-MONTH REFILL KIT 359
GAMMACORE EMERALD 1-MONTH 359
GAMMACORE EMERALD-D 359
GAMMACORE SAPPHIRE 31-DAY 359
GAMMACORE SAPPHIRE D 359
GAMMACORE SAPPHIRE REFILL KIT 359
GAMMAGARD 432
GAMMAGARD ERC 432
GAMMAGARD S/D LESS IGA 432
GAMMAKED 432
GAMMAPLEX 432
GAMUNEX-C 433
ganciclovir sodium 150
ganirelix acetate 261
GARDASIL 9 464
GASTROCROM 275
GASTROGRAFIN 249
gatifloxacin 418
GATTEX 275
GAVILYTE-C 308
GAVILYTE-G 308
GAVILYTE-N WITH FLAVOR PACK 308
GAVRETO 124
GAZYVA 114
ge100 blood glucose system 326
ge100 blood glucose test 242
GEBAUERS PAIN EASE 222
GEBAUERS SPRAY AND STRETCH 222
gefitinib 120
GELCLAIR 387
GELFILM 427
GEL-FLOW 304
GELFOAM-JMI POWDER 304
GELFOAM-JMI SPONGE 304
GEL-ONE 402
GELSYN-3 402
gemcitabine hcl 112
gemcitabine hcl-nacl 112
gemfibrozil 94
GEMMILY 169
GEMTESA 461
GENADUR 213
generlac 278
GENGLYCOS >87KG 260
GENGLYCOS 15 TO ≤21KG 260
GENGLYCOS 21 TO ≤27KG 260
GENGLYCOS 27 TO ≤33KG 260
GENGLYCOS 33 TO ≤39KG 260
GENGLYCOS 39 TO ≤45KG 260
GENGLYCOS 45 TO ≤51KG 260
GENGLYCOS 51 TO ≤57KG 260
GENGLYCOS 57 TO ≤63KG 260
GENGLYCOS 63 TO ≤69KG 260
GENGLYCOS 69 TO ≤75KG 260
GENGLYCOS 75 TO ≤81KG 260
GENGLYCOS 81 TO ≤87KG 261
GENGRAF 377
GENOTROPIN 261
GENOTROPIN MINIQUICK 261
gentamicin in saline 15
gentamicin sulfate 15, 192, 418
GENTEEL BUTTERFLY TOUCH LANCET 326
GENULTIMATE TEST 242
GENVISC 850 402
GENVOYA 146
GEODON 140
german cockroach 9
GESTYRA 395
ght blood glucose monitor 327
ght test 242
GIAPREZA 469
GILENYA 447
GILOTRIF 120
GIMOTI 275
GIVLAARI 286
GLASSIA 448
glatiramer acetate 444
GLATOPA 444
GLEEVEC 118
GLEOLAN 234
GLEOSTINE 134
GLIADEL WAFER 134
glimepiride 81
glipizide 81
glipizide er 81
glipizide-metformin hcl 81
global ease inject pen needles 349
global easy glide insulin syr 349
global easy glide pen needles 349
global inject ease insulin syr 349
global inject ease lancets 28g 327
global inject ease lancets 30g 327
global insulin syringes 349
GLOFIL-125 249
glp core 398
glp-dlax 398
glucagon emergency 73
glucagon hcl (diagnostic) 234
GLUCO PERFECT 3 METER 327
GLUCO PERFECT 3 TEST 242
GLUCOCARD 01 BLOOD GLUCOSE 327
GLUCOCARD 01 SENSOR PLUS 242
GLUCOCARD 01-MINI GLUCOSE 327
GLUCOCARD EXPRESSION MONITOR 327
GLUCOCARD EXPRESSION TEST 242
GLUCOCARD SHINE 327
GLUCOCARD SHINE CONNEX 327
GLUCOCARD SHINE EXPRESS 327
GLUCOCARD SHINE TEST 242
GLUCOCARD SHINE XL 327
GLUCOCARD VITAL MONITOR 327
GLUCOCARD VITAL TEST 242

GLUCOCARD X-METER.... 327
GLUCOCARD X-SENSOR... 242
GLUCOCOM AUTOLINK TELEMONITOR.....327
GLUCOCOM BLOOD GLUCOSE MONITOR.....327
GLUCOCOM LANCETS 28G..... 327
GLUCOCOM LANCETS 30G..... 327
GLUCOCOM LANCETS 33G..... 327
GLUCOCOM MONITOR.....327
GLUCOCOM TEST.....242
GLUCONAVII BLOOD GLUCOSE SYS..... 327
GLUCONAVII BLOOD GLUCOSE TEST.....242
GLUCOPRO INSULIN SYRINGE..... 349
glucose (dextrose).....414
glucose meter test.....242
GLUCOTROL XL.....81
glutaraldehyde..... 145
glutathione..... 413
glyburide.....81
glyburide-metformin..... 81
GLYCATE.....459
glycerol phenylbutyrate..... 270
glycine.....284, 413
glycine urologic..... 284
GLYCOPHOS.....373
glycopyrrolate.....459
glycopyrrolate +rfid..... 459
glycopyrrolate pf.....459
glycopyrrolate pf +rfid..... 459
GLYCTERA.....84
GLYDO.....211
GLYRX-PF.....459, 460
GLYTACTIN BETTERMILK 15..... 253
GLYTACTIN BETTERMILK DE-LITE.....253
GLYTACTIN BUILD 10PE.. 253
GLYTACTIN BUILD 20/20.. 253
GLYTACTIN BUILD 20/20 PKU.....253
GLYTACTIN BURST.....253
GLYTACTIN COMPLETE 10PE..... 253
GLYTACTIN RESTORE 10. 253
GLYTACTIN RESTORE 5... 253
GLYTACTIN RESTORE LITE 10.....253
GLYTACTIN RESTORE LITE 10PE.....253
GLYTACTIN RTD 10.....253
GLYTACTIN RTD 15.....253
GLYTACTIN RTD LITE 15. 253
GLYTACTIN SWIRL 15.....253
GLYTACTIN SWIRL 15PE..253
GLYXAMBI.....80
gnp adult aspirin low strength....28
gnp aspirin low dose.....28
GNP EASY TOUCH GLUCOSE METER..... 327
gnp easy touch glucose test.....242
gnp folic acid..... 299
gnp insulin syringe.....349
gnp insulin syringes..... 349
gnp insulin syringes 28gx1/2"...349
gnp insulin syringes 29gx1/2"...349
gnp insulin syringes 30gx5/16".349
gnp insulin syringes 31gx5/16".349
gnp nicotine..... 446
gnp nicotine mini..... 446
gnp nicotine polacrilex..... 446
gnp pen needles.....349
gnp sterile lancets 28g.....327
gnp sterile lancets 30g.....327
gnp sterile lancets 33g.....327
GNP TRUE METRIX AIR METER.....327
GNP TRUE METRIX GLUCOSE METER..... 327
GNP TRUE METRIX GLUCOSE STRIPS.....242
GNP TRUETRACK SMART SYSTEM.....242
GNP TRUETRACK TEST STRIPS..... 242
gnp ulticare pen needles..... 349
GNP ULTIGUARD SAFEPACK NEEDLE..... 349
gnp ultra com insulin syringe... 350
GOCOVRI.....138
gohibic..... 291
GOJJI BLOOD GLUCOSE TEST..... 242
GOJJI BLOOD TEST STRIP/LANCETS.....242
GOJJI MULTI-FUNCTIONAL SYSTEM..... 319
GOJJI STERILE LANCETS 327
goldenrod.....9
GOLYTELY.....309
GOMEKLI..... 122
GONAL-F.....266
GONAL-F RFF REDIJECT..266
goodsense aspirin..... 28
goodsense aspirin low dose..... 28
goodsense nicotine.....446
GORDOFILM.....211
GOZELLIX CONFIGURATION A.....237
GOZELLIX CONFIGURATION B.....237
GRAFAPEX..... 110
GRAFIX CORE 1.5CM X 2CM.....218
GRAFIX CORE 16MM.....218
GRAFIX CORE 2CM X 3CM.....218
GRAFIX CORE 3CM X 4CM.....218
GRAFIX CORE 5CM X 5CM.....218
GRAFIX PRIME 1.5CM X 2CM.....218
GRAFIX PRIME 16MM.....219
GRAFIX PRIME 2CM X 3CM.....219
GRAFIX PRIME 3CM X 4CM.....219
GRAFIX PRIME 5CM X 5CM.....219
GRAFIX XC 7.5CM X 15CM219
GRALISE..... 444
granisetron hcl.....87
GRANISOL.....87
GRANIX..... 299
grass pollen mixture of 6..... 9
grass pollen(k-o-r-t-swt vern).....9
GRASTEK.....9
green ash pollen.....9
GREEN GLO LISSAMINE GREEN..... 420
griseofulvin microsize.....90
griseofulvin ultramicrosize..... 90
guanfacine hcl.....100
guanfacine hcl er..... 0
GUARDIAN 4 GLUCOSE SENSOR..... 328
GUARDIAN 4 TRANSMITTER.....328

GUARDIAN LINK 3 TRANSMITTER.....328
GUARDIAN REAL-TIME CHARGER.....328
GUARDIAN REAL-TIME TEST PLUG.....328
GUARDIAN SENSOR (3).....328
guardian sensor 3..... 328
guinea pig epithelium extract..... 9
gutstor.....83
gutvantage.....83
gutvia..... 83
GVOKE HYPOPEN 1-PACK. 73
GVOKE HYPOPEN 2-PACK. 73
GVOKE KIT..... 73
GVOKE PFS..... 73
GVOKE VIALDX.....234
GWYN LO.....173
GYNAZOLE-1..... 465
HABITROL.....446
hackberry..... 9
HADLIMA.....18
HADLIMA PUSHTOUCH..... 18
HAEGARDA..... 291
HAEMOLANCE PLUS.....328
HAEMOLANCE PLUS HIGH FLOW..... 328
HAEMOLANCE PLUS LOW FLOW..... 328
HAEMOLANCE PLUS MAX FLOW..... 328
HAEMOLANCE PLUS PEDIATRIC FLOW.....328
HAILEY 1.5/30..... 169
HAILEY 24 FE..... 169
HAILEY FE 1.5/30..... 169
HAILEY FE 1/20..... 169
HALAVEN..... 133
halcinonide..... 204
HALCION..... 306
halobetasol propionate..... 204
HALOG..... 204
haloperidol.....142
haloperidol decanoate..... 142
haloperidol lactate.....142
HALUCORT..... 213
haproderm.....227
harisis..... 208
HARLIKU..... 257
harviva..... 209
harviva hp..... 209
HARVONI..... 151
HAVRIX..... 464
haxchlo.....200
haxchlodrex.....200
haxdrax..... 200
hazelnut (filbert)(diagnostic).... 232
HCU EASY.....253
HCU EXPRESS 15 PLUS+.... 253
HCU EXPRESS 20 PLUS+.... 253
HEALON DUET PRO..... 427
HEALON GV PRO.....427
HEALON PRO.....427
HEALON5 PRO.....427
HEALTHPRO BLOOD GLUCOSE MONITO.....328
healthwise insulin syr/needle....350
healthwise micron pen needles. 350
healthwise short pen needles.... 350
HEATHER..... 175
h-e-b aspirin.....28
h-e-b incontrol adv lancing.....328
h-e-b incontrol lancets 28g.....328
h-e-b incontrol lancets 30g.....328
h-e-b incontrol lancets 33g.....328
h-e-b incontrol pen needles.....350
H-E-B INCONTROL UNIFINE PENTIP.....350
HEMABATE.....430
HEMADY..... 178
HEMANGEOL..... 154
hematinic plus vit/minerals.....301
hematinic/folic acid..... 302
HEMATOGEN FA..... 301
HEMGENIX.....287
HEMICLOR.....256
HEMLIBRA..... 287
HEMMOREX-HC..... 43
HEMOCYTE PLUS..... 301
HEMOFIL M..... 288, 289
hemtara.....209
hemtara hp.....209
hentis.....209
hentis hp.....209
HEPAGAM B.....433
heparin (porcine) in nacl..... 55, 56
heparin na (pork) lock flsh pf..... 56
heparin sod (porcine) in d5w.....56
heparin sod (pork) lock flush.....56
heparin sodium (porcine).....56
heparin sodium (porcine) +rfid..56
heparin sodium (porcine) pf..... 56
HEPCLUDEX..... 151
HEPLISAV-B.....464
HEPZATO W/50MM CATHETER.....133
HEPZATO W/62MM CATHETER.....134
HER STYLE.....174
HERCEPTIN.....116
HERCEPTIN HYLECTA.....126
HERCESSI..... 116
HERNEXEOS..... 116
HERZUMA..... 116
hesmilla.....209
hetastarch-nacl..... 293
HETLIOZ.....308
HETLIOZ LQ..... 308
hevona.....209
HEXATRIONE..... 178
hexiounyl.....193
HEXTEND.....293
HIBERIX..... 462
HIDEX 6-DAY..... 178
HIPREX.....107
HISTATROL.....234
hi-volume pumping chamber set.....360
hixdefrima..... 193
HIZENTRA..... 433
HM EMBRACE TALK SYSTEM.....328
HM ULTICARE INSULIN SYRINGE..... 350
HM ULTICARE MINI PEN NEEDLES.....350
HM ULTICARE SHORT PEN NEEDLES.....350
holixia..... 209
holizar.....209
HOMACTIN AA PLUS..... 253
HOMATROPAIRE..... 417
home pap kit.....242
HONEY BEE VENOM PROTEIN..... 9
honista.....209
HORIZANT.....445
hormone cr heavy base niosomes..... 437
hormone cream base niosomes. 437
horse epithelium.....9
horse epithelium (diagnostic)... 232
hovitra.....209
hovyn.....213
HPR PLUS.....213
HPR PLUS HYDROGEL..... 214

HULIO (2 PEN) 18
HULIO (2 SYRINGE) 18
HUMALOG 75, 76
HUMALOG JUNIOR KWIKPEN 75
HUMALOG KWIKPEN 75
HUMALOG MIX 50/50 KWIKPEN 75
HUMALOG MIX 75/25 76
HUMALOG MIX 75/25 KWIKPEN 75
HUMALOG TEMPO PEN 76
HUMATE-P 289
HUMATIN 15
HUMATROPE 262
HUMIRA (2 PEN) 18
HUMIRA (2 SYRINGE) 18
HUMIRA-CD/UC/HS STARTER 18
HUMULIN 70/30 76
HUMULIN 70/30 KWIKPEN 76
HUMULIN N 76
HUMULIN N KWIKPEN 76
HUMULIN R 76
HUMULIN R U-500 KWIKPEN 76
HURRI-FREEZE MEDIUM STREAM 222
HURRI-FREEZE MIST SPRAY 222
HW EMBRACE PRO GLUCOSE METER 328
HW EMBRACE PRO GLUCOSE TEST 242
HW EMBRACE TALK BLOOD GLUCOSE 328
HW EMBRACE TALK GLUCOSE TEST 242
HYALGAN 402
HYCAMTIN 136
HYCLODEX 217
HYCODAN 183
hydralazine hcl 101
hydralyn 204
HYDRAVEX 204
HYDREA 128
HYDRO 40 207
hydrochlorothiazide 256
hydrocod poli-chlorphe poli er 184
hydrocodone bitartrate er 32
hydrocodone bit-homatrop mbr 183
hydrocodone-acetaminophen 30
hydrocodone-ibuprofen 30
hydrocortisone 42, 178, 204, 205
hydrocortisone (perianal) 43
hydrocortisone ace-pramoxine 42, 217
hydrocortisone acetate 43, 204
hydrocortisone butyrate 204
hydrocortisone sod suc (pf) 178
hydrocortisone valerate 205
hydrocortisone-acetic acid 430
hydrocortisone-iodoquinol 193
hydrocort-pramoxine (perianal) 42
HYDROFERA BLUE 4"X4" 227
HYDROFERA BLUE 6"X6" 227
HYDROFERA BLUE FOAM DRESSING 227
HYDROFERA BLUE FOAM/TUNNELING 227
HYDROFERA BLUE MRF DRESSING 227
HYDROFERA BLUE READY FOAM 227
hydrogen peroxide 145
hydromet 183
hydromorphone hcl 33
hydromorphone hcl er 33
hydromorphone hcl pf 33
hydromorphone hcl-nacl 33, 34
hydroquinone 206
HYDROXATE 205
hydroxocobalamin acetate 296
hydroxychloroquine sulfate 108
HYDROXYM 205
hydroxyurea 128
hydroxyzine hcl 45
hydroxyzine pamoate 45
HYFTOR 213
hygel 227
hylavite 388
hylazinc 391
HYLENEX 379
HYMOVIS 402
HYMOVIS ONE 402
HYMPAVZI 287
hyoscyamine sulfate 456, 457
hyoscyamine sulfate er 456
hyoscyamine sulfate sl 456
hyosyne 457
HYPERHEP B 433
HYPERRAB 433
HYPERRHO 433
HYPERRHO MINI-DOSE 433
HYPERSAL 183
HYPERTET 433
HYPOCYN 217
HYPOCYN ANTIPRURITIC 217
HYPOLANCE AST LANCING 328
HYQVIA 434
HYRIMOZ 18, 19
HYRIMOZ-CROHNS/UC STARTER 19
HYRIMOZ-PED<40KG CROHN STARTER 19
HYRIMOZ-PED>/=40KG CROHN START 19
HYRIMOZ-PLAQ PSOR/UVEIT START 19
HYRIMOZ-PLAQUE PSORIASIS START 19
HYRNUO 123
HYRONAN 402
HYSINGLA ER 34
HY-VEE LANCETS 328
hy-vee thin lancets 328
hyvite 391
HYZAAR 98
ibandronate sodium 258
IBRANCE 129
IBSRELA 276
IBTROZI 124
IBU 22
IBUPAK 22
ibuprofen 23
ibuprofen lysine 23
ibuprofen-famotidine 21
ibutilide fumarate 47
IC GREEN 234
ICAR-C PLUS 301
icatibant acetate 290
IC-GREEN 234
ICLEVIA 174
ICLOFENAC CP 195
ICLUSIG 118
icosapent ethyl 92
ICOTYDE 197
ID NOW COVID-19 245
ID NOW COVID-19 2.0 TEST 245
ID NOW COVID-19 CONTROL 245
ID NOW INFLUENZA A & B 2 246

ID NOW INFLUENZA A & B 2 CONTR 246
ID NOW RSV 246
ID NOW RSV CONTROL SWAB 246
ID NOW STREP A2 246
ID NOW STREP A2 CONTROL SWAB 246
IDAMYCIN PFS 126
idaran 192
idarubicin hcl 126
IDELVION 289
IDHIFA 131
IDOSE TR 428
IDVYNSO 146
idyyxiatar 187
IFEX 134
ifosfamide 134
IGALMI 308
IGLUCOSE MONITORING SYSTEM 328
IGLUCOSE TEST STRIPS ... 242
IHEALTH BLOOD GLUCOSE TEST STR 242
IHEALTH GLUCO+ KIT 10 328
IHEALTH GLUCO+ KIT 100 328
IHEEZO 422
ILARIS 20
ILET CONTACT DETACH 23" 6MM 337
ILET INFUSION-FLEX 23" 6MM 337
ILET INFUSION-INSET 23" 6MM 337
ILET INFUSION-INSET 32" 6MM 337
ilet insulin pump 337
ILET STARTER - CONTACT DETACH 337
ILET STARTER KIT - INSET 23" 337
ILET STARTER KIT - INSET 32" 337
ILEVRO 422
ilexor 223
iliderm 214
ILLUCCIX CONFIGURATION A 237
ILLUCCIX CONFIGURATION B 237
ILUMYA 197
ILUVIEN 425
IMAAVY 382
imatinib mesylate 118
IMBRUVICA 119
IMCIVREE 264
IMDELLTRA 119
IMFINZI 117
imioxia 193
imipenem-cilastatin 102
imipramine hcl 72
imipramine pamoate 72
imiquimod 210
imiquimod pump 210
IMITREX 368
IMITREX STATDOSE REFILL 368
IMITREX STATDOSE SYSTEM 368
IMJUDO 115
imkeldi 118
IMLYGIC 134
IMMPHENTIV 469
IMOVAX RABIES 464
IMPAVIDO 101
IMPOYZ 205
IMULDOSA 197, 277
IMURAN 384
IMVEXXY MAINTENANCE PACK 466
IMVEXXY STARTER PACK 466
IN TOUCH 328
IN TOUCH BLOOD GLUCOSE TEST 242
IN TOUCH STERILE LANCETS 30G 328
INATAL GT 395
INBRIJA 138
INCASSIA 175
IN-CHECK DIAL FLOW TRAINER 363
IN-CHECK INSPIRATORY FLOW MTR 363
INCONTROL ULTICARE PEN NEEDLES 350
INCRELEX 264
INCRUSE ELLIPTA 51
indapamide 256
INDERAL LA 155
INDERAL XL 155
indium in 111 dtpa 236
indium in 111 oxyquinoline 238
indium in-111 pentetreotide 236
INDOCIN 23
indocyanine green 234
indomethacin 23
indomethacin er 23
indomethacin sodium 23
INFANRIX 455
INFASURF 449
INFED 302
INFINITY BLOOD GLUCOSE SYSTEM 328
INFINITY BLOOD GLUCOSE TEST 242
INFINITY VOICE 242, 328
INFLAMEX 398
INFLAMMACIN 21
INFLATHERM 21
INFLECTRA 280
infliximab 280
INFUMORPH 200 34
INFUMORPH 500 34
INFUVITE ADULT 392
INFUVITE PEDIATRIC 394
INGREZZA 441
INJECTAFER 302
INLEXZO 112
INLURIYO 129
INLYTA 136
INNOPRAN XL 155
INNOSPIRE ELEGANCE NEBULIZER 340
INNOVAMATRIX AC 227
INPEFA 160
INPEN 100-BLUE-LILLY-HUMALOG 350
INPEN 100-BLUE-NOVOLOG-FIASP 350
INPEN 100-GREY-LILLY-HUMALOG 350
INPEN 100-GREY-NOVOLOG-FIASP 350
INPEN 100-PINK-LILLY-HUMALOG 350
INPEN 100-PINK-NOVOLOG-FIASP 350
INQOVI 126
INREBIC 131
INSPIREASE 366
INSPIREASE RESERVOIR BAGS 366
INSTANUMB MEDIUM STREAM 222

INSTANUMB MIST.....222
insulin glargine max solostar..... 76
insulin glargine solostar.....76
insulin glargine-yfgn.....76
insulin lispro.....76
insulin lispro (1 unit dial).....76
insulin lispro junior kwikpen..... 76
insulin lispro prot & lispro.....76
insulin syringe.....350
insulin syringe-needle u-100.....350
INSUL-TOTE BACK-OPENING.....328
INSUL-TOTE JR.....328
INSUL-TOTE PEN-TOTE.... 328
insupen pen needles..... 350
INSUPEN32G EXTR3ME..... 351
INTEGRA F..... 302
INTEGRA PLUS..... 301
INTELENCE.....149
INTRALIPID..... 414
INTRAROSA..... 465
INTROVALE.....174
INTUNIV.....0
INVEGA..... 141
INVEGA HAFYERA.....141
INVEGA SUSTENNA.....141
INVEGA TRINZA.....141
INVELTYS.....425
INVOKAMET.....80
INVOKAMET XR.....80
INVOKANA.....80
inzdeaxiatar..... 187
inzdeaxiavar.....187
inzdeoxia.....187
INZIRQO.....256
iodine strong..... 372
iodine tincture.....145
iodixanol..... 249
IODOFLEX.....146
iodoquinol-hc-aloe polysacch...193
*iodoquinol-hydrocortisone-aloe*193
iodosorb.....146
iohexol.....249
IONOSOL-MB IN D5W.....371
IONTOSONE 0.4%..... 178
iopamidol..... 249
IOPIDINE.....423
IPOL.....464
I-PORT ADVANCE 6MM.....360
I-PORT ADVANCE 9MM.....360
ipratropium bromide.....51, 403
ipratropium bromide hfa.....51
ipratropium-albuterol.....49
IQIRVO..... 278
irbesartan.....99
irbesartan-hydrochlorothiazide..98
IRESSA.....120
irinotecan hcl.....136
iron (ferrous sulfate).....302
iron folate plus.....301
iron infant & toddler.....302
iron infant/toddler.....302
iron sucrose..... 302
iron supplement..... 302
IROSPAN 24/6..... 301
ISENTRESS..... 148
ISENTRESS HD..... 148
ISIBLOOM.....169
isoflurane..... 282
ISOLYTE-P IN D5W..... 371
ISOLYTE-S.....371
ISOLYTE-S PH 7.4..... 371
isoniazid.....109
isoproterenol hcl.....50
isosorb dinitrate-hydralazine....161
isosorbide dinitrate.....44
isosorbide mononitrate..... 44
isosorbide mononitrate er.....44
isosulfan blue.....234
isotretinoin.....190
ISOVACTIN AA PLUS.....253
ISOVACTIN AA PLUS 15 IVA.....253
ISOVUE-200.....249
ISOVUE-250.....249
ISOVUE-300.....249
ISOVUE-370.....249
ISOVUE-M 200.....249
ISOVUE-M 300.....249
isradipine..... 157
ISTALOL.....416
ISTODAX..... 121
ISTURISA..... 259
ithoxia..... 187
ITOVEBI..... 134
itraconazole..... 90
ITVISMA.....409
iv pole.....360
iv transfer spike.....360
ivabradine hcl..... 164
IVENIX LVP DUAL INLET/Y-SITE..... 339
IVENIX LVP EPIDURAL ADMINS SET.....360
IVENIX LVP PRIM 1-INLET MICROB..... 339
IVENIX LVP PRIMARY 1-SET INLET..... 339
IVENIX LVP PRIMARY ADMIN SET.....339
ivermectin.....43, 215
ivra.....134
IWILFIN.....134
IXEMPRA KIT.....133
IXIARO..... 464
IXINITY..... 289
IYUZEH.....428
IZERVAY.....420
JADENU..... 85
JADENU SPRINKLE.....85
JAIMIESS..... 174
JAKAFI..... 131
JAKAFI XR.....131
JALYN.....284
JANTOVEN..... 54
JANUMET.....74
JANUMET XR.....74
JANUVIA..... 73
JARDIANCE.....80
JASCAYD.....449
JASMIEL.....169
JATENZO..... 40
JAVADIN..... 100
JAVYGTOR.....267
JAYPIRCA.....120
jaythari.....178, 179
JELMYTO.....126
JEMPERLI.....116
JENCYCLA.....175
jenliva prenatal/postnatal.....395
JENTADUETO..... 74
JENTADUETO XR..... 74
JEUVEAU..... 208
JEVTANA..... 133
JIDEYTRO.....125
JINTELI..... 272
JIVI..... 289
JOBEVNE..... 136
JOENJA.....376
jogo-gx..... 378
johnson grass..... 10
JOLESSA.....174
JORNAY PM.....5
JOURNAVX.....26
JOYEAUX..... 170

J-TIP NEEDLE/FREE INJECTOR 360
JUBBONTI 267
JUBEREQ 267
JUBLIA 209
JULEBER 170
JULUCA 146
june grass pollen standardized ... 10
JUNEL 1.5/30 170
JUNEL 1/20 170
JUNEL FE 1.5/30 170
JUNEL FE 1/20 170
JUNEL FE 24 170
JUST FOR KIDS 386
JUST RIGHT 5000 386
JUVAZIN 216
JUXTAPID 95
JYLAMVO 112
JYNARQUE 268
JYNNEOS 464
K.B.G.L IN TERODERM 195
KABIVEN 415
KADCYLA 126
KAITLIB FE 170
KALBITOR 293
KALETRA 146
KALLIGA 170
KALYDECO 448
KAMDOY 214
KAMELEON LUBRICATED 315
KANGAROO FEEDING SET/ENFIT 318
KANJINTI 116
KANUMA 264
KAPSPARGO SPRINKLE 154
KARBINAL ER 91
KARDIAMEMBRANE 219
KARIVA 167
kataraxap 206
KATARVIA 206
katarya 206
kataryaxn 206
KATE FARMS PEPTIDE 1.5 253
KATE FARMS STANDARD 1.4 253
KATERZIA 157
kaxm 206
kazuri 196
KCENTRA 289
kcl (0.149%) in nacl 371
kcl (0.298%) in nacl 371
kcl (in nacl 0.9%) 371
kcl in dextrose-nacl 371
kcl-lactated ringers-d5w 371
kcl-lidocaine-nacl 371
KEBILIDI 257
kedbumin 294
kedrab 433
KEFUNOVA 196
keido 206
KELNOR 1/35 170
KELOTOP 364
KENALOG-10 179
KENALOG-40 179
KENALOG-80 179
KENDALL ALGINATE 12" ROPE 227
KENDALL ALGINATE DRESS 2"X2" 227
KENDALL ALGINATE DRESS 4"X8" 227
KENDALL AMORPHOUS WOUND 227
KENDALL HYDROGEL GAUZE 2"X2" 227
KENDALL HYDROGEL GAUZE 4"X4" 227
KENDALL HYDROGEL GAUZE 4"X8" 227
KENDALL HYDROGEL WOUND DRESS 227
KENDALL ZINC CA ALGINATE 4"X4" 227
KENGREAL 292
KEPIVANCE 129
KEPPRA 60
KEPPRA XR 60
KERAGEL 227
KERAGELT 227
KERALYT 210
KERAMATRIX REPLICINE 10CMX10CM 228
KERAMATRIX REPLICINE 2CMX3CM 228
KERAMATRIX REPLICINE 5CMX5CM 228
KERASTAT 228
keraxa 196
KERENDIA 266
kerida 196
KERLIX AMD ANTIMICROBIAL 318
KERLIX AMD SUPER SPONGES 318
KESIMPTA 443
KETALAR 280
ketamine hcl 280, 281
ketamine hcl-sodium chloride ... 281
ketarya 206
ketoconazole 90, 209
KETODAN 209
ketoprofen 23
ketoprofen er 23
KETOROCAINE-L 21
KETOROCAINE-LM 21
ketorolac tromethamine 23, 422
ketorolac tromethamine +rfid 23
ketorolac-bupiv-ketamine 21
ketorolac-ropiv-ketamine 21
KETORUB 195
KETOVIE 253
KETOVIE 3/1 253
KETOVIE 4/1 253
KETOVIE PEPTIDE 253
kevaraxap 206
kevartia 206
kevarya 206
KEVEYIS 255
KEVZARA 21
kexm 206
keya 206
keyfolic 391
KEYLOSA 391
KEYTRUDA 116
KEYTRUDA QLEX 126
KHAPZORY 130
KHINDIVI 179
KIMMTRAK 119
kimono 315
KIMONO COLORS 315
KIMONO MAXX-LARGE FLARE 315
kimono micro thin 315
kimono micro thin plus 315
kimono plus 315
kimono ps 315
kimono ps plus 315
kimono sensation 315
kimono sensation plus 315
KIMONO SPECIAL 315
KIMYRSA 103
KINERET 20
KINEVAC 234
kinney lancets 328

kinney thin lancets 329
kinray insulin syringe 351
KINRIX 455
KIONEX 384
KIRSTY 76
KISQALI (200 MG DOSE) 129
KISQALI (400 MG DOSE) 129
KISQALI (600 MG DOSE) 129
KISUNLA 439
KITABIS PAK (W/ NEBULIZER) 15
KIVIK 214
KLARITY-A 418
KLARITY-C DROPS 421
KLARITY-L 425
KLARON 185
KLAYESTA 194
KLISYRI (250 MG) 213
KLISYRI (350 MG) 213
KLONOPIN 58
KLOR-CON 374
KLOR-CON 10 374
KLOR-CON M10 374
KLOR-CON M15 374
KLOR-CON M20 374
KLOXXADO 86
kls aspirin low dose 28
KLS QUIT2 446
KLS QUIT4 446
KOATE 289
KOATE-DVI 289
kochia 10
KOKO PEAK FILTER ADAPTER 360
KOKO PEAK PRO 6 MONITOR 360
KOKO PEAK PRO 6 SOFTWARE-CRADL 360
KOMZIFTI 122
KONVOMEP 457
KORLYM 79
KORSUVA 385
KOSELUGO 122
kosher prenatal plus iron 395
kotaraxap 206
KOURZEQ 388
KOVALTRY 289
kp aspirin 28
kp folic acid 299
K-PHOS 373
K-PHOS NO 2 284
K-PHOS-NEUTRAL 373
KRAZATI 121
KRESLADI 300
KRINTAFEL 108
KRISTALOSE 309
KROGER AUTOLET LANCING DEVICE 329
KROGER HEALTHPRO GLUCOSE TEST 243
KROGER HEALTHPRO LANCET 26G 329
kroger lancets 329
kroger lancets super thin 329
kroger lancets thin 329
kroger pen needles 351
KRYSTEXXA 286
KT TAPE CGM PATCH 329
K-TAN PLUS 301
KURVELO 170
kutar 206
kutarvia 206
kutaryaxm 206
kutaryaxmpa 206
kutea 206
KUVAN 267
kuvarya 206
kuvarye 206
kuxm 206
KYGEVVI 264
KYLEENA 175
KYMBEE 179
KYMRIAH 117
kynara 196
KYPROLIS 124
KYXATA 110
KYZATREX 40
l.e.t. 221
l.e.t. (racepinephrine) 221
labetalol hcl 153
labetalol hcl +rfid 153
lacosamide 60
lactated ringers 371
LACTEROL 83
lactic acid e 207
lactivite 83
lactovive 83
lactulose 309
lactulose encephalopathy 278
LAGEVRIO 152
lambs quarters (diagnostic) 232
LAMICTAL 60
LAMICTAL ODT 60
LAMICTAL STARTER 61
LAMICTAL XR 61
lamivudine 149, 150
lamivudine-zidovudine 147
lamotrigine 61
lamotrigine er 61
lamotrigine odt 61
lamotrigine starter kit-blue 61
lamotrigine starter kit-green 61
lamotrigine starter kit-orange 61
LAMPIT 102
LAMZEDE 257
lancet device with ejector 329
lancets 329
lancets 28g thin 329
lancets 30g 329
lancets 33g 329
lancets micro thin 33g 329
LANCETS SUPER THIN 329
lancets super thin 28g 329
LANCETS ULTRA THIN 329
lancets ultra thin 30g 329
lancing device 329
LANGLARA 77
LANOXIN 158
LANOXIN PEDIATRIC 158
lanreotide acetate 268, 269
lansoprazole 458
lanthanum carbonate 279
LANTIDRA 72
LANTUS 77
LANTUS SOLOSTAR 77
LANZO 329
lapatinib ditosylate 123
LARIN 1.5/30 170
LARIN 1/20 170
LARIN 24 FE 170
LARIN FE 1.5/30 170
LARIN FE 1/20 170
LASIX 256
LASIX ONYU 256
LASIX ONYU REUSABLE UNIT/CHARG 366
latanoprost 428
latanoprost-timolol maleate 415
LATISSE 215
LATUDA 140
LAZCLUZE 120
LDL CARE 251
LDO PLUS 211
leader advanced lancing device 329
LEADER UNIFINE PENTIPS 351

LEADER UNIFINE PENTIPS PLUS 351
lecithin 414
LEDERLE LEUCOVORIN ... 130
ledipasvir-sofosbuvir 151
LEFLUNICLO 25
leflunomide 25
LEMTRADA 443
lenalidomide 380
LENMELDY 441
lenscale 10
LENTOCILIN 435
LENVIMA (10 MG DAILY DOSE) 136
LENVIMA (12 MG DAILY DOSE) 137
LENVIMA (14 MG DAILY DOSE) 137
LENVIMA (18 MG DAILY DOSE) 137
LENVIMA (20 MG DAILY DOSE) 137
LENVIMA (24 MG DAILY DOSE) 137
LENVIMA (4 MG DAILY DOSE) 137
LENVIMA (8 MG DAILY DOSE) 137
LEQEMBI 439
LEQEMBI IQLIK 439
LEQEMBI IQLIK (500 MG DOSE) 439
LEQSELVI 192
LEQVIO 96
LEROCHOL 95
LESCOL XL 94
LESSINA 170
LETAIRIS 163
letrozole 128
lets 310
LEU TECHNELITE 237
leucovorin calcium 130
LEUKERAN 134
LEUKINE 300
leuprolide acetate 131
leuprolide acetate-bupivacaine . 121
LEVA PELVIC HEALTH SYSTEM 378
levalbuterol hcl 50
levalbuterol tartrate 50
levamlodipine maleate 157
LEVBID 457
levetiracetam 61
levetiracetam er 61
levetiracetam in nacl 61
LEVICYN 214
LEVICYN DERMAL SPRAY 225
levobunolol hcl 416
levocarnitine 259
levocarnitine sf 259
levocetirizine dihydrochloride 92
levofloxacin 274, 418
levofloxacin in d5w 274
levoleucovorin calcium 130
levoleucovorin calcium pf 130
LEVONEST 176
levonorgest-eth est & eth est 174
levonorgest-eth estrad 91-day .. 174
levonorgest-eth estradiol-iron .. 170
levonorgestrel 174
levonorgestrel-ethinyl estrad 170, 173
levonorg-eth estrad triphasic 176
LEVOPHED 469
levorphanol tartrate 34
LEVO-T 452
levothyroxine sodium 452, 453
LEVOXYL 453
LEVSIN 457
LEVSIN/SL 457
LEVULAN KERASTICK 215
LEXAPRO 69
LEXETTE 205
LEXISCAN 234
LEXTOL 195
l-glutamine 296
LIALDA 276
LIBERTY MEDICAL LANCETS 329
LIBRAX 455
LIBTAYO 116
LICART 195
LIDEXA 211
lidexagel 211
LIDO BDK 221
lidocaine 211, 212
lidocaine hcl 212, 311, 312, 385, 422
lidocaine hcl (buffered) 311
lidocaine hcl (cardiac) 47
lidocaine hcl (cardiac) pf 47
lidocaine hcl (pf) 311
lidocaine hcl urethral/mucosal . 212
lidocaine hcl-bupivacaine hcl ... 421
lidocaine hcl-oxymetazoline 403
lidocaine hcl-tetracaine hcl 311
lidocaine in d5w 47
lidocaine viscous hcl 385
lidocaine(bufferd)-epinephrine . 310
lidocaine-epinephrine 310
lidocaine-epinephrine (3 ml) 310
lidocaine-epinephrine (pf) 310
lidocaine-hydrocort (perianal) ... 42
lidocaine-hydrocortisone ace 42
lidocaine-phenylephrine 421
lidocaine-phenylephrine-bss 421
lidocaine-prilocaine 221
lidocaine-sodium bicarbonate .. 311
LIDOCAN 212
lidocanna 212
lidocidex i 182
LIDOCORT 42
LIDODERM 212
lidolog 182
LIDOMAR 311
LIDOMAX 212
lido-phen 422
lidopin 212
LIDOPURE PATCH 221
lido-racepinephrine-tetracaine . 221
LIDOREX 212
LIDORUB 212
lidorx 212
LIDO-SORB 212
lidospra 212
lidostream 221
LIDOTHOL 221
LIDOTHOL ES 221
LIDOTRAL 212
LIDOTRAL + HYDROCORTISONE 217
LIDOTRAL ROLL-ON 212
LIDOTRAL-MENTHOL 221
LIDOTRAN 212
LIDOVARA 212
lidovix l 221
LIDTOPIC 212
LIDTOPIC MAX 212
LIFYORLI (125 MG DOSE) . 130
LIFYORLI (150 MG DOSE) . 130
LIKMEZ 101
LILETTA (52 MG) 175
LIMBREL 252
LIMBREL250 251
LIMBREL500 251

linagliptin-metformin hcl 74
LINCOCIN 106
lincomycin hcl 106
linezolid 106
linezolid in sodium chloride 106
LINZESS 275
LIOMNY 453
LIOPEN ABSORPTION ENHANCING 437
LIORESAL 400
liothyronine sodium 453
LIPFENDRA 95
LIPIODOL 250
LIPITOR 94
lipo 414
lipo-b 296
lipo-c 414
LIPOFEN 94
LIQUICAL PLUS 370
LIQUID E-Z-PAQUE 248
LIQUID POLIBAR PLUS 248
liraglutide 79
liraglutide -weight management 4
lisdexamfetamine dimesylate 2
lisinopril 97
lisinopril-hydrochlorothiazide 96
LISRAYA 207
lite touch lancets 329
LITETOUCH INSULIN SYRINGE 351
LITETOUCH LANCETS 329
LITETOUCH PEN NEEDLES 351
LITFULO 192
lithium 139
lithium carbonate 139
lithium carbonate er 139
LITHOBID 140
LITHOSTAT 285
LIVALO 94
LIVDELZI 279
live better lancet super thin 329
LIVITA ADULTS 391
LIVITA CHILDREN 393
LIVIXIL PAK 221
LIVMARLI 276
LIVTENCITY 150
LIXOFEN 195
LM PLUS RELIEF 221
LMD IN D5W 293
LMD IN NACL 293
L-MESITRAN SOFT WOUND 228
l-methylfolate 252
l-methylfolate forte 251
l-methylfolate-algae 251
l-methylfolate-algae-b12-b6 251
LMR PLUS 221
LO LOESTRIN FE 167
LOARGYS 257
LOCAMETZ 237
LODINE 23
LODOCO 160
LODOSYN 138
LOESTRIN 1.5/30 (21) 170
LOESTRIN 1/20 (21) 170
LOESTRIN FE 1.5/30 170
LOESTRIN FE 1/20 170
LOFENA 23
lofexidine hcl 438
LOJAIMIESS 174
LOKELMA 384
LOMAIRA 3
LOMOTIL 84
lomustine 134
LONSURF 127
loperamide hcl 84
LOPID 94
lopinavir-ritonavir 147
LOPRESSOR 154
LOQTORZI 116
lorazepam 46
LORAZEPAM INTENSOL 46
LORBRENA 113
LOREEV XR 46
lormate 251
LORYNA 170
losartan potassium 99
losartan potassium-hctz 98
LOTEMAX 425
LOTEMAX SM 425
LOTENSIN 97
LOTENSIN HCT 96
loteprednol etabonate 425
loteprednol-tobramycin 423
LOTREL 96
LOTREXONE 26
LOTRONEX 276
lounzdomdioxatar 187
lovastatin 94
LOVAZA 93
LOVENOX 57
LOW-OGESTREL 171
loxapine succinate 143
LOYON 214
LO-ZUMANDIMINE 171
ltxf 3-port adapter/inj site 360
lubiprostone 275
LUCEMYRA 438
LUCENTIS 429
LUCIRA CHECK IT COVID-19 TEST 246
LUCIRA COVID-19 & FLU TEST 235
LUCIRA COVID-19 ALL-IN-ONE 246
lugols strong iodine 146
LUIZZA 1.5/30 171
LUIZZA 1/20 171
luliconazole 209
LUMAKRAS 121
LUMASON 248
lumavex 389
LUMIGAN 428
LUMINOPIA 378
LUMISIGHT 234
LUMIZYME 261
LUMRYZ 439
LUMRYZ STARTER PACK 439
LUMVOA 264
LUNAVIRA 389
LUNESTA 307
LUNSUMIO 119
LUNSUMIO VELO 119
LUPKYNIS 377
LUPRON DEPOT (1-MONTH) 131
LUPRON DEPOT (3-MONTH) 132
LUPRON DEPOT (4-MONTH) 132
LUPRON DEPOT (6-MONTH) 132
LUPRON DEPOT-PED (1-MONTH) 264
LUPRON DEPOT-PED (3-MONTH) 264
LUPRON DEPOT-PED (6-MONTH) 264
lurasidone hcl 140
LURBIRO 23
LUTATHERA 127
LUTERA 171
LUTRATE DEPOT 132
LUXAMEND 228

LUXTURNA 421
LUZU 209
LYBALVI 448
LYDEXA 212
LYFGENIA 296
LYLEQ 175
LYLLANA 273
LYMPHIR 128
LYMPHOSEEK 237
LYNAVOY 276
LYNKUET 265
LYNOZYFIC 119
LYNPARZA 135
LYRA DIRECT SARS-COV-2 ASSAY 246
LYRA SARS-COV-2 ASSAY 246
LYRICA 61, 62
LYRICA CR 444
lysine hcl 413
LYSIPLEX PLUS 391
LYSODREN 111
LYTGOBI (12 MG DAILY DOSE) 120
LYTGOBI (16 MG DAILY DOSE) 120
LYTGOBI (20 MG DAILY DOSE) 120
LYUMJEV 77
LYUMJEV KWIKPEN 77
LYUMJEV TEMPO PEN 77
LYZA 175
MACI 399
macitentan 163
MACROBID 107
MACRODANTIN 107
MAD NASAL ATOMIZATION DEVICE 339
MAGELLAN INSULIN SAFETY SYR 351
MAGELLAN SYRINGE-SAFETY NEEDLE 351
MAGELLAN TUBERCULIN SYRINGE 351
magnesium chloride 372
magnesium sulfate 372
magnesium sulfate in d5w 372
magnesium sulfate-nacl 372
MAHANA IBS 378
MALARONE 107
malathion 216
manganese chloride 372
mannitol 256
MARATHON MEDICAL PENTIPS 351
maraviroc 147
MARBETA-25 182
MARBETA-L 182
MARCAINE 312
MARCAINE PRESERVATIVE FREE 312
MARCAINE SPINAL 312
MARCAINE/EPINEPHRINE 310
MARCAINE/EPINEPHRINE PF 310
MARDEX-25 182
MARGENZA 116
MARINOL 88
marlido 311
MARLIDO-25 311
marlissa 171
MARPLAN 67
MARVONA SUIK 311
MARVONA-25 SUIK 311
MAS CARE-PAK 179
MATERNACEL 395
matervia 395
MATRIAPRO 395
matronex 395
MATULANE 128
MATZIM LA 157
MAVENCLAD (10 TABS) 442
MAVENCLAD (4 TABS) 442
MAVENCLAD (5 TABS) 442
MAVENCLAD (6 TABS) 442
MAVENCLAD (7 TABS) 442
MAVENCLAD (8 TABS) 442
MAVENCLAD (9 TABS) 442
mavilo 206
mavilo hp 207
mavilo lp 207
MAVYRET 151
MAXALT 368
MAXALT-MLT 369
MAXICOMFORT II PEN NEEDLE 351
MAXI-COMFORT INSULIN SYRINGE 351
MAXI-COMFORT SAFETY PEN NEEDLE 351
MAXICOMFORT SYR 27G X 1/2" 351
MAXIDEX 425
MAXITROL 423
maxx 315
maxx plus 315
MAYZENT 447
MAYZENT STARTER PACK 447
mb caps 107
mbb procedural delivery system 339
MC 300 W/UNIVERSAL TUBING 340
MC 300-MOUTHPIECE 340
MD-GASTROVIEW 250
me/naphos/mb/hyo1 107
meadow fescue grass pollen 10
meclizine hcl 88
meclofenamate sodium 24
mecorix 207
mecorix hp 207
mecorix plus 207
medactiv 251
medi tab 391
medic insulin syringe 351
medicated dna collection 243
medichoice safety lancet 329
medichoice safety lancet extra 329
medichoice safety lancet norm 329
medicine shoppe pen needles 351
MEDIHONEY CA ALGINATE 2"X2" 228
MEDIHONEY CA ALGINATE 4"X5" 228
MEDIHONEY WOUND &BURN DRESSING 228
MEDIHONEY WOUND/BURN DRESSING 228
MEDLANCE PLUS EXTRA 21G 329
MEDLANCE PLUS LITE 25G 329
MEDLANCE PLUS SPECIAL 0.8MM 329
MEDLANCE PLUS SUPERLITE 30G 329
MEDLANCE PLUS UNIVERSAL 21G 329
medorfa 206
medorfa hp 206
medorfa hp plus 206
medorfa lp 206
medorfa plus 206
MEDROL 179
MEDROLOAN II SUIK 182
MEDROLOAN SUIK 182

medroxyprogesterone acetate 175, 438
mefenamic acid 24
mefloquine hcl 108
megestrol acetate 135, 438
MEIJER LANCETS 329
MEIJER LANCETS UNIVERSAL 21G 329
MEIJER LANCETS UNIVERSAL 30G 329
MEIJER LANCETS UNIVERSAL 33G 329
meijer pen needles 351
MEIJER TRUE2GO BLOOD GLUCOSE 329
MEIJER TRUERESULT GLUCOSE SYS 330
MEIJER TRUETEST TEST 243
MEIJER TRUETRACK GLUCOSE SYS 330
MEIJER TRUETRACK TEST 243
mekam 207
mekam hp 207
MEKINIST 122
MEKTOVI 122
melaleuca 10
MELEYA 175
melidu 207
melondis 207
melondis plus 207
meloxicam 24
melphalan hcl 134
melzara 187
memantine hcl 444
memantine hcl er 444
memantine hcl-donepezil hcl er 439
MENATROL 391
MENOPUR 266
MENOSTAR 273
MENQUADFI 462
MENVEO 462
meperidine hcl 34
MEPILEX AG 228
meprobamate 45
MEPRON 102
MEPSEVII 265
mercaptopurine 112
MERILOG 77
MERILOG SOLOSTAR 77
meropenem 102
meropenem-sodium chloride 103
mesalamine 276
mesalamine er 276
mesalamine-cleanser 276
mesna 136
MESNEX 136
mesquite 10
MESTINON 108
METADATE CD 5
METAFOLBIC 251
METAFOLBIC PLUS 251
METANX 251
METANX FC 251
METANXPRO NERVE HEALTH 251
METAVAX 388
METAVEX 398
metavite 388
metaxalone 400
metformin hcl 73
metformin hcl er 73
metformin hcl er (mod) 72
metformin hcl er (osm) 72
methacholine chloride 234
methadone hcl 34, 35
METHADONE HCL INTENSOL 34
methadone hcl-sodium chloride 35
METHADOSE 35
METHADOSE SUGAR-FREE 35
methamphetamine hcl 2
methazolamide 255
methenamine hippurate 107
methenamine mandelate 107
METHERGINE 430
methimazole 452
methitest 40
methocarbamol 400
methohexital sodium 282
methotrexate 112
methotrexate sodium 112
methotrexate sodium (pf) 112
methoxsalen rapid 197
methscopolamine bromide 460
methsuximide 65
methyl salicylate 211
methylcobalamin 296
methyldopa 100
methylene blue 86
methylene blue (antidote) 85
methylergonovine maleate 430
methylfol-algae-b12-acetylcyst 251
METHYLIN 5
methylphenidate 6
methylphenidate er 5
methylphenidate hcl 6
methylphenidate hcl er 6
methylphenidate hcl er (cd) 5
methylphenidate hcl er (la) 6
methylphenidate hcl er (osm) 6
methylphenidate hcl er (xr) 6
methylphenidate hcl er(diffus) 6
methylprednisolone 179
methylprednisolone ace-lido 182
methylprednisolone acetate 179
methylprednisolone sodium succ 179
methylprednisolone-bupivacaine 182
methyltestosterone 41
metoclopramide hcl 275
metoclopramide hcl +rfid 275
metolazone 256
METOPIRONE 234
metoprolol succinate er 154
metoprolol tartrate 154
metoprolol-hydrochlorothiazide 100
METROCREAM 215
METROGEL 215
metronidazole 101, 215, 466
metyrosine 97
mexiletine hcl 47
MFLUSIVA 464
MIACALCIN 258
MIBELAS 24 FE 171
micafungin sodium 89
micafungin sodium-nacl 89
MICARDIS 99
MICARDIS HCT 98
mic-l-carnitine 414
miconazole 3 465
miconazole-zinc oxide-petrolat 193
MICORT HC 205
microbalance 83
microbiota 83
MICROCHAMBER 366
MICROCYN 225
MICROCYN SKIN AND WOUND 225
MICRODOT BLOOD GLUCOSE SYSTEM 330
MICRODOT PEN NEEDLE 351
MICRODOT TEST 243

MICROGESTIN 1.5/30.....171
MICROGESTIN 1/20.....171
MICROGESTIN FE 1.5/30....171
MICROGESTIN FE 1/20.....171
MICROLET LANCETS..... 330
MICROLET NEXT LANCING DEVICE.....330
MICROMATRIX WOUND POWDER..... 228
micronex.....392
microplegia msa-msg.....160
MICROSPACER..... 366
MICROVARA.....83
microvera.....83
microvia..... 83
microwell..... 83
micuraderm.....200
midazolam.....58, 306
midazolam hcl.....306
midazolam hcl (pf).....306
midazolam hcl (pf) +rfid.....306
*midazolam hcl-sodium chloride*306
MIDAZOLAM+SYRSPEND SF.....306
midazolam-sodium chloride.....306
midazolam-sodium chloride (pf) 306
midodrine hcl..... 469
MIEBO.....427
MIFEPREX..... 257
mifepristone..... 80, 257
MIGERGOT..... 367
miglitol.....72
miglustat..... 295
MIGRANOW..... 367
MILI.....171
milnacipran hcl.....440, 441
MILOPHENE..... 266
milrinone lactate.....159
milrinone lactate in dextrose.... 158
mimora.....207
MIMRYLO.....130
MIMVEY.....272
MIMYX.....214
mini lancing device..... 330
MINIMED 780G INSULIN PUMP.....337
minimed app manager..... 337
MINIMED EXTENDED SUPPLY KIT..... 338
MINIMED FLEX STARTER KIT.....338
MINIMED INSTINCT GLUC SENSOR..... 330
MINIMED MIO ADVANCE INFUSE SET..... 338
MINIMED PUMP RESERVOIR 3ML..... 338
MINIMED QUICK SET INF SET 18".....338
MINIMED QUICK SET INF SET 23".....338
MINIMED QUICK SET INF SET 32".....338
MINIMED QUICK SET INF SET 43".....338
MINIMED RESERVOIR 3ML.....338
MINIVELLE..... 273
MINOCIN.....451
minocycline hcl..... 451
minocycline hcl er.....451
minovia..... 392
minoxidil..... 101
MINT REFILL KIT..... 338
MINT STARTER KIT..... 338
MINZOYA.....171
MIOCHOL-E..... 417
MIOSTAT..... 417
MIPLYFFA..... 445
mirabegron er..... 461
MIRCERA.....297
MIRENA (52 MG)..... 175
mirexa..... 390
MIRO3D FIBERS.....228
MIRO3D WOUND MATRIX228
MIRODERM BIO MATRIX FENESTRAT..... 228
MIRODERM BIO MATRIX FENESTRAT+..... 228
MIRODRY WOUND MATRIX.....229
MIROTRACT WOUND MATRIX.....229
mirtazapine..... 66
MIRVASO..... 215
MISICARUB..... 192
misoprostol..... 460
mite (d. farinae)..... 10
mite (d. pteronyssinus).....10
MITIGARE..... 286
MITIGO.....35
mitomycin.....126, 418
MITOSOL..... 418
mitoxantrone hcl..... 126
MIUDELLA..... 173
MIUDELLA INTRAUTERINE COPPER..173
mi-vite rx.....388
mixed feathers.....14
mixed ragweed..... 10
mixed vespid venom protein.....10
mlk f1..... 182
mlk f2..... 182
mlk f3..... 182
MLK F4..... 182
mm aspirin..... 28
MM BLOOD GLUCOSE SYSTEM.....330
MM BLULINK GLUCOSE MONIT SYS.....330
MM BLULINK GLUCOSE TEST..... 243
MM EASY TOUCH GLUCOSE.....243
MM EASY TOUCH GLUCOSE METER..... 330
mm insulin syringe/needle..... 352
MM PEN NEEDLES..... 352
MM TWIST LANCETS.....330
M-M-R II..... 462
m-natal plus..... 395
MNEXSPIKE..... 464
MOBI CONNECT GLUCOSE MONITOR.....330
MOBI CONNECT LANCING DEVICE.....330
MOBI CONNECT TEST STRIPS..... 243
MOBI CONNECT TWIST LANCETS..... 330
mobile lancets 30g..... 330
modafinil.....6
MODD1 PATIENT WELCOME KIT..... 338
MODD1 SUPPLY KIT.....338
MODEYSO.....124
MODIA..... 378
moexipril hcl..... 97
mokura..... 207
mokura lp.....207
mokura mod..... 207
mokura plus..... 207
molexi.....207
molindone hcl.....143
mometasone furoate.....205, 403

MONDOXYNE NL 451
MONJUVI 114
MONOFERRIC 303
MONOJECT ALLERGIST TRAY 352
MONOJECT BLOOD NEEDLE HOLDER 360
MONOJECT BLUNT TIP SYRINGE 360
MONOJECT BLUNTIP CANNULA 352
MONOJECT BLUNTIP SYR/CANNULA 352
MONOJECT BONE MARROW BIOPSY 312
MONOJECT CONTROL SYRINGE 352
MONOJECT FILTER NEEDLE 352
MONOJECT FLUSH SYRINGE 375
MONOJECT HYPODERMIC NEEDLE 352
MONOJECT HYPODERMIC NEEDLE TIP 360
MONOJECT INSULIN SYRINGE 352
MONOJECT INTRODUCER NEEDLE 352
MONOJECT LIFESHIELD CANNULA 360
MONOJECT LIFESHIELD SYRINGE 352
MONOJECT MAGELLAN SAFETY NDL 352
MONOJECT MAGELLAN SYRINGE 353
MONOJECT MED PREP CANNULA 360
MONOJECT PHARMACY TRAY 353
MONOJECT PISTON SYRINGE 353
MONOJECT SAFETY SYR TIP CAPS 360
MONOJECT SMARTIP SYR/CANNULA 361
MONOJECT SODIUM CHLORIDE FLUSH 375
MONOJECT SYRINGE 353
MONOJECT SYRINGE CATH TIP 353
MONOJECT SYRINGE ECC LUER 353
MONOJECT SYRINGE ECCENTRIC TIP 353
MONOJECT SYRINGE LUER LOCK 353
MONOJECT SYRINGE LUER-LOCK TIP 353
MONOJECT SYRINGE PHARMACY TRAY 353
MONOJECT SYRINGE REG LUER 353
MONOJECT SYRINGE REGULAR TIP 353
MONOJECT SYRINGE TIP CAPS 361
MONOJECT SYRINGE TOOMEY TYPE 353
MONOJECT TB SAFETY SYRINGE 353
MONOJECT TB SYRINGE 354
MONOJECT TIP CAPS 361
MONOJECT ULTRA COMFORT SYRINGE 354
MONOJECT VIAL ACCESS CANNULA 361
MONOLET LANCETS 330
MONOLET OPD LANCETS 330
MONOLETTOR SAFETY LANCETS 330
MONO-LINYAH 171
MONOVISC 402
monsels ferric subsulfate 304
montelukast sodium 52
morcin 379
morphine sulfate 35, 36
morphine sulfate (concentrate) 35
morphine sulfate (pf) 35
morphine sulfate er 35
morphine sulfate er beads 35
morphine sulfate-nacl 36
mosquito (diagnostic) 232
MOTEGRITY 274
MOTOFEN 84
MOTPOLY XR 62
MOUNJARO 79
mountain cedar 10
mountain cedar (diagnostic) 232
mountain cedar pollen 10
mouse epithelium 10
mouse epithelium (diagnostic) 232
MOVANTIK 278
moventra 83
MOVIPREP 309
MOVYRA 83
moxifloxacin hcl 274, 419
moxifloxacin hcl (2x day) 419
moxifloxacin hcl in nacl 274
moxifloxacin hcl-bss 419
moxifloxacin-bromfenac 419
MOZOBIL 297
MRESVIA 464
MS CONTIN 36
mucor 10
MUCOSITISRX 386
MUCOTROL 387
MUGARD 387
mugwort 10
MULPLETA 303
MULTAQ 47
MULTIGEN 301
MULTIGEN FOLIC 301
MULTIGEN PLUS 301
MULTIHANCE 248
multi-lancet device 330
MULTI-LANCET DEVICE 2 330
multi-peptide serum 436
multi-phasic penetrating cmpd 437
multiple electro type 1 ph 5.5 371
multiple electro type 1 ph 7.4 371
multiple vitamins adult 392
multiple vitamins pediatric 394
multipro 391
multi-specialty 182
MULTITOL-M 391
multivitamin w/fluoride 393, 394
multivitamin/fluoride 394
multi-vitamin/fluoride 394
multi-vitamin/fluoride/iron 393
MULTI-VIT-FLOR 394
MULTRYS 375
mupirocin 192
mupirocin calcium 192
MUSCUSOLICE 192
MUTAMYCIN 126
MVASI 137
MY CHOICE 174
MY WAY 174
MYALEPT 264
MYCAPSSA 269
mycophenolate mofetil 381
mycophenolate mofetil hcl 381

mycophenolate sodium 381
mycophenolic acid 381
MYCOZYL AL 194
MYCOZYL HC 193
MYDAYIS 1
MYDCOMBI 416
MYDRIACYL 417
MYFEMBREE 272
MYFORTIC 381
MYGLUCOHEALTH BLOOD GLUCOSE 330
MYGLUCOHEALTH LANCETS 30G 330
MYGLUCOHEALTH TEST 243
MYHIBBIN 381
MYLERAN 110
MYLOTARG 115
MYNEPHRON 388
MYOBLOC 408
MYOVIEW 236
MYOVIEW 30ML 236
MYQORZO 159
MYRBETRIQ 461
MYSOLINE 62
MYTESI 82
mythius 207
myvori 207
MYXREDLIN 77
na ferric gluc cplx in sucrose 303
na sulfate-k sulfate-mg sulf 309
NABI-HB 433
nabumetone 24
nadolol 155
nafcillin sodium 436
nafcillin sodium in dextrose 436
naftifine hcl 194
NAFTIN 194
NAGLAZYME 265
nalbuphine hcl 40
nalmefene hcl 86
nalocet 38
naloxone hcl 86, 87
NALTREX 26
naltrexone hcl 87
NAMZARIC 439
nanran 192
NAPRELAN 24
napro 195
NAPROTIN 22
naproxen 24
naproxen dr 24
naproxen sodium 24
naproxen sodium er 24
naproxen-esomeprazole mg 22
naratriptan hcl 369
NARDIL 67
NAROPIN 312
NASCOBAL 296
NATACYN 419
natal pnv 395
natalchew 395
NATALCORE 395
NATAZIA 175
nateglinide 79
NATESTO 41
NATROBA 216
natural cycles contraceptive 379
NAVITRUX 89
NAYZILAM 58
neb 200 compressor nebulizer 340
nebivolol hcl 154
nebulizer mask adult 363
nebulizer mask child 363
nebulizer mask ped/tubing 363
NEBUPENT 101
NEBUSAL 183
NECON 0.5/35 (28) 171
needleless prn connectors 361
needleless prn port converter 361
NEEVO DHA 395
nefazodone hcl 69
NEFFY 467
nelarabine 112
NEMLUVIO 210
nendrux 221
NEOKE ALCAR 413
neoke bhb 251
NEOKE MCT70 414
NEOKE RA LIPOIC 14
neomaterna 395
neomed enfit syringe 12ml 318
neomed enfit syringe 3ml 318
neomed enfit syringe 6ml 318
neomycin sulfate 15
neomycin-bacitracin zn-polymyx 419
neomycin-polymyxin b gu 282
neomycin-polymyxin-dexameth 423
neomycin-polymyxin-gramicidin 419
neomycin-polymyxin-hc 423, 430
neonatal complete 395
NEONATAL PLUS 395
NEOPROFEN 24
NEORAL 377
NEOSALUS 214
neostigmine methylsulfate 108, 109
neostigmine methylsulfate rfid 108
NEO-SYNALAR 192
NEOTUSS PLUS 184
neovite 391
NEOX 100 219
NEOX CORD 1K 219
NEPHPLEX RX 389
NEPHRON FA 301
NEREUS 89
NERIVIO 359
NERIVIO INFINITY 359
NERIVIO INFINITY REFILL 359
NERLYNX 123
NESACAINE 313
NESACAINE-MPF 313
NESTABS 396
NESTABS DHA 396
NESTABS ONE 397
NETSPOT 236
nettle 10
nettle (diagnostic) 232
NEUAC 187
NEULASTA 299, 300
NEULASTA ONPRO 299
NEUPOGEN 300
NEUPRO 139
NEURACEQ 236
NEURAPTINE 192
neurin-sl 296
neurodana b-complex support 392
NEUROLITE 237
NEURONTIN 62
NEURORUB 192
NEUROZYL 212
NEUTEK 2TEK TEST 243
NEVANAC 422
nevirapine 149
nevirapine er 149
NEW DAY 174
NEW DAY SKIN SPRAY 214
NEXAVAR 123
NEXAVIR 382
NEXICLON XR 100
NEXIUM 458
nexiva 83
NEXLETOL 92
NEXLIZET 92
NEXOBRID 208

nexochew 393
NEXPLANON 175
NEXTERONE 47
NEXTSTELLIS 171
NEXVIAZYME 261
NGENLA 262
niacin (antihyperlipidemic) 95
niacin er (antihyperlipidemic) 95
NIACOR 95
NICADAN 391
NICAPRIN 251
nicardipine hcl 157
nicardipine hcl in nacl 157
NICAZEL 391
NICAZEL FORTE 391
NICOMIDE 393
nicotinamide 393
nicotine 447
nicotine mini 447
nicotine polacrilex 447
nicotine polacrilex mini 447
nicotine step 1 447
nicotine step 2 447
nicotine step 3 447
NICOTROL NS 447
nifedipine 157
nifedipine er 157
nifedipine er osmotic release 157
NIFEREX 301
NIKKI 171
NIKTIMVO 377
nilotinib d-tartrate 118
nilotinib hcl 118
nilutamide 111
nimodipine 157
NINLARO 124
nintedanib esylate 449
NIPENT 128
NIPRIDE RTU 101
nisoldipine er 157
nitazoxanide 102
NITHIODOTE 84
nitisinone 262
NITRO-BID 44
NITRO-DUR 44
nitrofurantoin 107
nitrofurantoin macrocrystal 107
nitrofurantoin monohyd macro 107
nitroglycerin 42, 44
nitroglycerin in d5w 44
NITROLINGUAL 44
nitroprusside sodium 101
nitroprusside sodium-nacl 101
NITROSTAT 44
NITRO-TIME 44
NITYR 262
niva thyroid 453
NIVA-PLUS 396
NIVESTYM 300
nizatidine 457
nobela 221
nolira 221
non gelatin capsules (empty) 436
NORA-BE 175
NORDIPEN 5 INJECTION DEVICE 354
NORDIPEN DELIVERY SYSTEM 354
NORDITROPIN FLEXPRO 262
norelgestromin-eth estradiol 173
norepinephrine bitartrate 469
norepinephrine-dextrose 469, 470
norepinephrine-sodium chloride 470
norethin ace-eth estrad-fe 171
norethindrone 176
norethindrone acetate 438
norethindrone acet-ethinyl est 171
norethindrone-eth estradiol 272
norethin-eth estradiol-fe 171
NORGESIC 401
norgesic forte 401
norgestimate-eth estradiol 171
norgestim-eth estrad triphasic 176
NORITATE 215
NORIXA 391
NORLIQVA 157
NORLYROC 176
normal saline flush 375
NORM-JECT LUER SLIP SYRINGE 354
NORMLGEL AG 229
NORMOSOL-M IN D5W 371
NORMOSOL-R 371
NORMOSOL-R IN D5W 371
NORMOSOL-R PH 7.4 371
NORPACE 46
NORPACE CR 46
NORPRAMIN 72
NORTHERA 467
northern quahog clam(diagnost) 232
NORTREL 0.5/35 (28) 171
NORTREL 1/35 (21) 172
NORTREL 1/35 (28) 172
NORTREL 7/7/7 176
nortriptyline hcl 72
NORVASC 157
NORVEXA 391
NORVIR 148
NOURIANZ 137
NOURISH 253
NOVA MAX BLOOD GLUCOSE SYSTEM 330
NOVA MAX GLUCOSE TEST 243
NOVA SAFETY LANCETS 23G 330
NOVA SAFETY LANCETS 28G 330
NOVA SUREFLEX LANCETS 330
NOVA SUREFLEX LANCING DEVICE 330
NOVACHOR 219
NOVAREL 266
NOVIRA 83
novite 393
NOVOEIGHT 289
NOVOFINE PEN NEEDLE 354
NOVOFINE PLUS PEN NEEDLE 354
NOVOLIN 70/30 77
NOVOLIN 70/30 FLEXPEN 77
NOVOLIN 70/30 FLEXPEN RELION 77
NOVOLIN 70/30 RELION 77
NOVOLIN N 77
NOVOLIN N FLEXPEN 77
NOVOLIN N FLEXPEN RELION 77
NOVOLIN N RELION 77
NOVOLIN R 78
NOVOLIN R FLEXPEN 77
NOVOLIN R FLEXPEN RELION 77
NOVOLIN R RELION 78
NOVOLOG 78
NOVOLOG 70/30 FLEXPEN RELION 78
NOVOLOG FLEXPEN 78
NOVOLOG FLEXPEN RELION 78
NOVOLOG MIX 70/30 78
NOVOLOG MIX 70/30 FLEXPEN 78

NOVOLOG MIX 70/30 RELION 78
NOVOLOG PENFILL 78
NOVOLOG RELION 78
NOVOPEN ECHO 354
novora 83
NOVOSEVEN RT 289
novyra 396
NOXAFIL 90
NP THYROID 453
NPLATE 303
NUBEQA 111
NUCALA 52
NUCEL 219
NUCORT 205
NUCYNTA 36
NUCYNTA ER 36
NUDERMRXPAK 120 197
NUDERMRXPAK 60 197
NUEDEXTA 445
NUFOL 298
NUFYMCO 429
nujo 213
nuju 213
NULEV 457
NULIBRY 265
NULOJIX 385
NUMBRINO 403
NUMOISYN 386
numyra 212
NUPLAZID 140
NURTEC 367
NUSHIELD 219
NUSURGEPAK SURGICAL PREP/CARE 214
NUTRALYN 391
NUTRASEB 200
NUTRAVANCE 391
NUTRIARX CREAMPAK 223
NUTRIBOOST 388
NUTRICORE 388
NUTRIFAC ZX 391
NUTRILIPID 414
nutrivio 388
NUTRIVIT 389
NUTROPIN AQ NUSPIN 20 262
NUTROPIN AQ NUSPIN 5 262
NUVA III 364
NUVAGEL 364
NUVARING 173
NUVAXOVID COVID-19 VACCINE 464
NUVAZIL 364
NUVAZIL II 364
NUVESSA 466
NUVIGIL 6
NUWIQ 289
NUZOLVENCE 101
NUZYRA 450
NYAMYC 194
NYLIA 1/35 172
NYLIA 7/7/7 176
NYMALIZE 157
nynutey 221
NYPOZI 300
nystatin 90, 194, 385
nystatin-triamcinolone 193
NYSTOP 194
NYVEPRIA 300
OASIS ULTRA MATRIX FENESTRATED 229
OASIS ULTRA TRI-LAYER MATRIX 229
OASIS WOUND MATRIX FENESTRATED 229
oat (diagnostic) 232
oat grain (diagnostic) 232
OB COMPLETE 396
OB COMPLETE ONE 396
OB COMPLETE PETITE 396
OB COMPLETE PREMIER 396
OB COMPLETE/DHA 396
obizur 289
OBSTETRIX DHA 397
OCCLUVAN 437
OCM WOUND CARE MATRIX 229
OCREVUS 443
OCREVUS ZUNOVO 442
OCTAGAM 433
OCTAPLAS BLOOD GROUP A 294
OCTAPLAS BLOOD GROUP AB 294
OCTAPLAS BLOOD GROUP B 294
OCTAPLAS BLOOD GROUP O 294
octreotide acetate 269
OCUFLOX 419
oculyra 391
ODACTRA 14
ODEFSEY 147
ODOMZO 121
OFEV 449
ofloxacin 274, 419, 429
OGIVRI 116
OGSIVEO 120
OHTUVAYRE 52
OJEMDA 119
OJJAARA 131
olanzapine 145
olanzapine-fluoxetine hcl 448
OLINVYK 36
olive tree 10
olmesartan medoxomil 99
olmesartan medoxomil-hctz 98
olmesartan-amlodipine-hctz 99
olopatadine hcl 403, 418
OLPRUVA (2 GM DOSE) 270
OLPRUVA (3 GM DOSE) 270
OLPRUVA (4 GM DOSE) 270
OLPRUVA (5 GM DOSE) 270
OLPRUVA (6 GM DOSE) 270
OLPRUVA (6.67 GM DOSE) 270
OLUMIANT 16
OMBRA COMPRESSOR ADULT 363
OMBRA COMPRESSOR CHILD 363
OMBRA TABLE TOP COMPRESSOR 363
omega-3-acid ethyl esters 93
OMEGAVEN 414
omeprazole 458
omeprazole-sodium bicarbonate 458
OMIDRIA 426
OMISIRGE 113
OMLONTI 427
OMLYCLO 49
OMNARIS 404
OMNIFLEX DIAPHRAGM 316
OMNIPAQUE 250
OMNIPOD 5 DEXG7G6 INTRO GEN 5 338
OMNIPOD 5 DEXG7G6 PODS GEN 5 338
OMNIPOD 5 LIBRE INTRO 338
OMNIPOD 5 LIBRE PODS 338
OMNIPOD DASH INTRO (GEN 4) 338
OMNIPOD DASH PODS (GEN 4) 338
OMNIPOD POD PALS 338
OMNISCAN 248

OMNITROPE 262
OMVOH 277
OMVOH (300 MG DOSE) 277
ON CALL EXPRESS BLOOD GLUCOSE 243
ONAPGO 139
ONCASPAR 127
ONCOZENE 100 MICROMETER (2 ML) 316
ONCOZENE 100 MICROMETER (3 ML) 316
ONCOZENE 40 MICROMETER (2 ML) 316
ONCOZENE 40 MICROMETER (3 ML) 316
ONCOZENE 75 MICROMETER (2 ML) 316
ONCOZENE 75 MICROMETER (3 ML) 317
ondansetron 87
ondansetron hcl 87
ondansetron hcl +rfid 87
one drop blood glucose monitor 330
one drop test 243
ONE FLOW SPIROMETER 363
one vite womens plus 396
ONENATAL RX 396
ONETOUCH DELICA PLUS LANCET30G 331
ONETOUCH DELICA PLUS LANCET33G 331
ONETOUCH DELICA PLUS LANCING 331
ONETOUCH DELICA SAFETY LANCING 331
ONETOUCH ULTRA 243
ONETOUCH ULTRA 2 331
ONETOUCH ULTRA BLUE TEST 243
ONETOUCH ULTRA CONTROL 331
ONETOUCH ULTRA TEST 243
ONETOUCH ULTRASOFT 2 LANCETS 331
ONETOUCH VERIO 243, 331
ONETOUCH VERIO FLEX SYSTEM 331
ONETOUCH VERIO REFLECT 331
onevite 391
ONEXTON 187
ONFI 58
ONGENTYS 139
ONGLYZA 73
ONIVYDE 136
ONPATTRO 445
ONTRALFY 400
ONTRUZANT 116
ONUREG 112
ONYCHO-MED 193
ONYDA XR 0
onzdeaxiademtar 187
onzdeaxiademvar 187
onzdeaxiatar 187
onzdeaxiavar 187
onzdeaxiazar 188
onzdeoxia 188
ONZETRA XSAIL 369
OPCICON ONE-STEP 174
OPDIVO 116
OPDIVO QVANTIG 127
OPDUALAG 114
OPFOLDA 261
OPIPZA 145
opium 84
OPSUMIT 163
OPSYNVI 161
OPTICHAMBER DIAMOND 366
OPTICHAMBER DIAMOND-LG MASK 366
OPTICHAMBER DIAMOND-MD MASK 366
OPTICHAMBER DIAMOND-SM MASK 366
OPTION 2 174
OPTIONS GYNOL II CONTRACEPTIVE 466
OPTIRAY 320 250
OPTIRAY 350 250
OPTISON 248
OPTIUMEZ TEST 243
OPTUNE 366
OPTUNE LUA 367
OPVEE 87
OPZELURA 201
ORABLOC 310
ORACEA 215
ORACIT 283
ORAFATE 387
ORALAIR 14
ORALONE 388
ORAMAGICRX 387
orange (diagnostic) 232
ORAPENN SD ANHYD SWEETENED 437
ORAPEUTIC 387
ORAPRED ODT 179
ORAVIG 385
ORBACTIV 103
orchard grass pollen 10
oregon ash pollen 10
ORENCIA 25
ORENCIA CLICKJECT 25
ORENITRAM 162
ORENITRAM MONTH 1 161
ORENITRAM MONTH 2 161
ORENITRAM MONTH 3 161
ORFADIN 262
ORGOVYX 130
ORIAHNN 272
ORILISSA 261
ORKAMBI 448
ORLADEYO 293
orlistat 5
ORLYNVAH 106
ORMALVI 255
orphenadrine citrate 400
orphenadrine citrate er 400
orphenadrine-aspirin-caffeine 401
ORPHENGESIC FORTE 401
ORQUIDEA 176
ORSERDU 135
ORTHAPHEN 195
ortho df 299
ORTHOVISC 402
orthrexo 195
orudis 24
ORVEX 221
oscimin 457
oseltamivir phosphate 152
OSENVELT 267
OSMITROL 256
OSPHENA 268
OSPOMYV 268
ostachol 299
OSTEOCONDUCTIVE MATRIX PLUS 220
OSVYRTI 268
OTEZLA 25
OTEZLA XR 25
OTEZLA/OTEZLA XR INITIATION PK 25
OTOVEL 430
OTULFI 197, 277

OVACE PLUS WASH 200
OVACE WASH 200
oval tape 331
OVEEZA 299
OVIDE 216
OVIDREL 266
oxacillin sodium 436
oxacillin sodium in dextrose 436
oxaliplatin 110
oxaprozin 24
oxazepam 46
oxcarbazepine 62
oxcarbazepine er 62
OXERVATE 422
oxiaice 188
oxianujo 210
oxiatar 188
oxiavar 188
oxiavarry 188
oxiavary 188
oxiazar 188
oxiconazole nitrate 210
OXISTAT 210
OXLUMO 285
oxopid 209
oxopidaxiaqup 209
oxopod 209
OXTELLAR XR 62
oxybutynin chloride 461
oxybutynin chloride er 460
oxycodone hcl 36, 37
oxycodone-acetaminophen 38
OXYCONTIN 37
oxymetazoline hcl 216
oxymorphone hcl 37
oxymorphone hcl er 37
oxytocin 430
oxytocin +rfid 430
oxytocin-lactated ringers 430, 431
oxytocin-sodium chloride 431
OXYTROL 461
OZEMPIC 79
OZEMPIC (0.25 OR 0.5 MG/DOSE) 79
OZEMPIC (1 MG/DOSE) 79
OZEMPIC (2 MG/DOSE) 79
OZOBAX DS 400
OZURDEX 426
PACERONE 47
paclitaxel 133
paclitaxel protein-bound part 133
PADCEV 116
paingo kft 221
PALFORZIA (1 MG DAILY DOSE) 10
PALFORZIA (12 MG DAILY DOSE) 10
PALFORZIA (120 MG DAILY DOSE) 11
PALFORZIA (160 MG DAILY DOSE) 11
PALFORZIA (20 MG DAILY DOSE) 11
PALFORZIA (200 MG DAILY DOSE) 11
PALFORZIA (240 MG DAILY DOSE) 11
PALFORZIA (3 MG DAILY DOSE) 11
PALFORZIA (300 MG MAINTENANCE) 11
PALFORZIA (300 MG TITRATION) 11
PALFORZIA (40 MG DAILY DOSE) 11
PALFORZIA (6 MG DAILY DOSE) 11
PALFORZIA (80 MG DAILY DOSE) 11
PALFORZIA INITIAL DOSE 1-3YRS 12
PALFORZIA INITIAL DOSE 4-17YRS 12
PALFORZIA INITIAL ESCALATION 12
PALINGEN FLOW 220
PALINGEN HYDROMEMBRANE 220
PALINGEN INOVOFLO 220
PALINGEN MEMBRANE 220
PALINGEN XPLUS HYDROMEMBRANE 220
PALINGEN XPLUS MEMBRANE 220
paliperidone er 141
palonosetron hcl 87
PALSONIFY 269
PALYNZIQ 267
PAMELOR 72
pamidronate disodium 258
PANCREAZE 254
PANDA MASK LARGE 366
PANDA MASK MEDIUM 366
PANDA MASK SMALL 366
PANHEMATIN 292
PANRETIN 196
pantoprazole sodium 458
pantoprazole sodium-nacl 459
PANZYGA 433
papaverine hcl 161
PAPZIMEOS 152
PARAGARD INTRAUTERINE COPPER 173
PARI BABY NEBULIZER SET 340
PARI MANUAL INTERRUPTER 363
PARI TREK S COMBO PACK 363
paricalcitol 263
PARLODEL 138
PARNATE 67
paroxetine hcl 69
paroxetine hcl er 69
paroxetine mesylate 448
PARSABIV 258
PASATRU 401
PATI 339
PAVBLU 429
PAXIL 69
PAXIL CR 69
PAXLOVID (150/100) 150
PAXLOVID (300/100 & 150/100) 150
PAXLOVID (300/100) 150
PAXLYTE 389
PAXOTIN 83
pazopanib hcl 123
pb-hyoscy-atropine-scopolamine 455
pc pediatric iron drops 303
pc unifine pentips 354
peanut (diagnostic) 232
pecan nut (diagnostic) 232
pecan pollen 12
PEDIARIX 455
PEDIATRIC PANDA MASK 366
PEDMARK 134
PEDVAXHIB 462
peg 3350-kcl-na bicarb-nacl 309
peg-3350/electrolytes 309
peg-3350/electrolytes/ascorbat 309
PEGASYS 151
peg-kcl-nacl-nasulf-na asc-c 309
PEG-PREP 309
PELLIX 200

PEMAZYRE 120
pemetrexed 113
pemetrexed dipotassium 112
pemetrexed disodium 113
PEMFEXY 113
PEMGARDA 431
PEMRYDI RTU 113
pen needle/5-bevel tip 354
pen needles 354
PENBRAYA 462
penciclovir 201
penicillamine 376
penicillin g pot in dextrose 435
penicillin g potassium 435
penicillin g sodium 435
penicillin v potassium 435
penicillium notatum 12
penicillium notatum (diagnost) . 232
PENLEN 214
penmenvy 462
PENTACEL 455
PENTAM 101
pentamidine isethionate 101
PENTASA 277
pentazocine-naloxone hcl 40
pentetate calcium trisodium 85
pentetate zinc trisodium 85
PENTIPS 354
PENTIPS GENERIC PEN NEEDLES 354
pentobarbital sodium 305
pentosan polysulfate sodium 284
pentoxifylline er 292
PEPCID 457
peptyxal 251
perampanel 58
PERCOCET 38
perennial rye grass pollen 12
PERFECT LANCETS 28G 331
PERFECT LANCETS 30G 331
PERFECT POINT SAFETY LANCETS 331
PERFECT POINT SAFETY NEEDLE 354
PERFOROMIST 50
PERIDEX 385
PERIKABIVEN 415
perindopril erbumine 97
PERIOGARD 386
PERJETA 116
permethrin 216
perphenazine 144
perphenazine-amitriptyline 444
PERSERIS 141
PERTZYE 254
PETROLEUM GAUZE NON-WOVEN 3X9" 229
PFIZERPEN 435
ph strips 243
PHARMACIST CHOICE AUTOCODE 243
PHARMACIST CHOICE AUTOCODE SYS 331
PHARMACIST CHOICE LANCETS 331
PHARMACIST CHOICE MINI SYSTEM 331
pharmacist choice no coding 243
PHASEAL ASSEMBLY FIXTURE 361
PHASEAL CAP FOR INJECTOR 361
PHASEAL CONNECTOR LUER LOCK 361
PHASEAL INFUSION ADAPTER 361
PHASEAL INFUSION CLAMP 361
PHASEAL INJECTOR LUER LOCK 361
PHASEAL IV BAG HANGER 361
PHASEAL PROTECTOR 14 361
PHASEAL PROTECTOR 21 361
PHASEAL PROTECTOR 28 361
PHASEAL PROTECTOR 50 361
PHASEAL SECONDARY SET 361
PHASEAL SYRINGE TRAY 361
PHASEAL Y-SITE CONNECTOR 361
PHEBURANE 270
phedrax 193
phenazopyridine hcl 285
phendimetrazine tartrate 3
phendimetrazine tartrate er 3
phenelzine sulfate 67
PHENERGAN 92
phenobarbital 305
phenobarbital sodium 305
PHENOHYTRO 455
phenol 382
phenoxybenzamine hcl 97
phentermine hcl 3
phentermine-topiramate er 3
phentolamine mesylate 97
PHENYLADE GMP MIX DHA/FIBER 253
phenylephrine hcl 160, 417, 470, 471
phenylephrine hcl (pf) 470
phenylephrine hcl-nacl 471
phenylephrine hcl-nacl +rfid 471
PHENYTEK 65
phenytoin 65
PHENYTOIN INFATABS 65
phenytoin sodium 65
phenytoin sodium extended 65
pheodoyo 193
pheoxia 193
PHESGO 127
PHEXX 466
pheyo 193
PHILITH 172
PHLAG SPRAY 214
PHOSPHA 250 NEUTRAL 373
phosphorous 373
PHOSPHO-TRIN 250 NEUTRAL 373
PHOSPHO-TRIN K500 373
PHOTHERA 100 XL 339
PHOTHERA 200 339
PHOTHERA 600-3D 339
PHOTOFRIN 128
phoxillum b22k4/0 377
phoxillum bk4/2.5 377
PHYRAGO 118
physicians ez use b-12 296
physicians ez use j/t/t kit ii 182
physicians ez use joint/tunnel 182
physicians ez use m-pred 182
PHYSIOLYTE 381
phytonadione 472
PIASKY 291
pidprogtar 209
PIFELTRO 149
pilocarpine hcl 388, 417, 418
pimecrolimus 213
pimozide 445
PIMTREA 168
pindolol 155
pineapple (diagnostic) 232
pioglitazone hcl 82
pioglitazone hcl-glimepiride 81
pioglitazone hcl-metformin hcl 82

PIP BLOOD GLUCOSE TEST STRIP 243
pip lancets 28g 331
pip lancets 30g 331
pip pen needles 31g x 5mm 354
pip pen needles 32g x 4mm 354
piperacillin sod-tazobactam so . 436
piperacillin-tazobactam-nacl 436
PIQRAY (200 MG DAILY DOSE) 135
PIQRAY (250 MG DAILY DOSE) 135
PIQRAY (300 MG DAILY DOSE) 135
pirfenidone 449
piroxicam 24
pistachio nut (diagnostic) 233
piston irrigation syringe 318
pitavastatin calcium 94
PITOCIN 431
pivot insulin pump starter kit 338
pivot supply kit 338
PIVYA 434
PIXCLARA 236
PIXEL COVID-19 PCR HOME TEST 246
PIXXOSCAN 248
PKU EASY MICROTABS 254
PKU EASY MICROTABS PLUS 254
PKU EXPRESS 15 PLUS+ 254
PKU EXPRESS 20 PLUS+ 254
PLAQUENIL 108
PLASMA-LYTE 148 372
PLASMA-LYTE A 372
PLAVIX 295
PLEGISOL 160
PLEGRIDY 442, 443
PLEGRIDY STARTER PACK 442, 443
PLENAMINE 413
PLENITY 3
PLENITY WELCOME KIT 3
plenura 223
PLENVU 309
plerixafor 297
PLEXION 188
PLEXION CLEANSER 188
PLEXION CLEANSING CLOTH 188
PLEXION NS 200
PLIAGLIS 221
PLO GEL - MEDIFLO 30 437
PLUVICTO 127
PNEUMOVAX 23 462
pnv 27-ca/fe/fa 396
pnv tabs 20-1 396
pnv-dha 397
pnv-dha+docusate 397
pnv-omega 396
pnv-select 396
POCKET CHAMBER 366
POCKET SPACER 366
POCKETCHEM EZ SYSTEM 331
POCKETCHEM EZ TEST ... 243
PODIAPN 251
PODIATROLE 194
PODOCON-25 210
podofilox 210
podoxia 209
podprog 209
podprogtar 209
podtar 209
POGO AUTOMATIC BLOOD GLUCOSE 331
POGO AUTOMATIC TEST CARTRIDGES 243
POKONZA 374
polidocanol 384
POLIVY 115
POLOCAINE 312
POLOCAINE-MPF 312
poly-iron 150 forte 301
polymyxin b sulfate 106
polymyxin b-trimethoprim 419
polysaccharide iron forte 302
POLY-VI-FLOR 394
POLY-VI-FLOR/IRON 393
pomalidomide 121
POMALYST 121
POMBILITI 261
PONS MOUTHPIECE 360
PONS SYSTEM 360
PONVORY 447
PONVORY STARTER PACK 447
pork (diagnostic) 233
PORTIA-28 172
PORTRAZZA 120
posaconazole 90, 91
POSFREA 87
positive skin test control 234
POSLUMA 237
pot & sod cit-cit ac 283
potassium acetate 374
potassium chloride 374
potassium chloride crys er 374
potassium chloride er 374
potassium chloride in nacl 372
potassium citrate er 283
potassium citrate-citric acid 283
potassium cl in dextrose 5% 371
potassium iodide (expectorant) . 183
potassium phosphates 373
potassium phosphates(66 meq k) 373
potassium phosphates-nacl 373
POTELIGEO 114
povidone-iodine 419
powder insufflator-#4 capsules . 339
PR BENZOYL PEROXIDE .. 191
PR BENZOYL PEROXIDE WASH 191
PR CREAM 214
PRADAXA 58
PRAKETAMIDE 192
pralatrexate 113
PRALUENT 95
pramipexole dihydrochloride 139
pramipexole dihydrochloride er 139
PRAMOSONE 217
PRAMOTIC 429
PRASTERA 25
prasugrel hcl 295
pravastatin sodium 94
PRAXBIND 86
praziquantel 44
prazosin hcl 100
PRECEDEX 308
PRECISION SURE-DOSE SYRINGE 354
PRECISION XTRA BLOOD GLUCOSE 243
PRECISION XTRA-GLUCOSE/KETONE 319
PRED FORTE 426
PRED MILD 426
prednisol ace-moxiflox-bromfen 423
prednisolone 179
prednisolone acetate 426
prednisolone acetate p-f 426
prednisolone acetate-nepafenac 424
prednisolone acet-moxifloxacin 424

prednisolone sodium phosphate 179, 180, 426
prednisolone-bromfenac 424
prednisolone-gatifloxacin 424
prednisolone-moxifloxacin 424
prednisolon-gatiflox-bromfenac 424
prednisolon-moxiflox-bromfenac 424
prednisolon-moxiflox-ketorolac 424
prednisolon-moxiflox-nepafenac 424
prednisone 180
PREDNISONE INTENSOL .. 180
preferred plus unifine pentips ...354
pregabalin 62
pregabalin er 445
pregen dha 397
pregenna 396
PREGNYL 266
PREMARIN 273, 466
PREMASOL 413
PREMESISRX 398
PREMPHASE 272
PREMPRO 272
prena 1 true 397
prena1 398
prena1 pearl 396
PRENACORE 396
PRENATABS RX 396
prenatal 396
prenatal 19 396
prenatal plus 396
prenatal plus vitamin/mineral ...396
PRENATAL-U 396
PRENATE 398
PRENATE AM 398
PRENATE DHA 398
PRENATE ELITE 396
PRENATE ENHANCE 398
PRENATE ESSENTIAL 398
PRENATE MINI 398
PRENATE PIXIE 398
PRENATE RESTORE 398
PRENATOL-M 396
PRENATRIX 396
PRENATRYL 396
prenova 396
prenyra 396
prenyvia 398
PRE-PEN 235
PREPIDIL 430
PRESERA 214
PRESTALIA 96
pretomanid 109
PREVACID 459
PREVACID SOLUTAB 459
PREVALITE 93
PREVDUO 84
PREVENT DROPSAFE PEN NEEDLES 354
PREVENT SAFETY PEN NEEDLES 354
PREVIDENT 387
PREVIDENT 5000 BOOSTER PLUS 386
PREVIDENT 5000 DRY MOUTH 387
PREVIDENT 5000 ENAMEL PROTECT 386
PREVIDENT 5000 KIDS 387
PREVIDENT 5000 ORTHO DEFENSE 387
PREVIDENT 5000 PLUS 387
PREVIDENT 5000 SENSITIVE 386
PREVIDOLRX ANALGESIC .22
previdolrx plus analgesic 22
PREVNAR 20 462
prev-rx 391
PREVYMIS 150
PREZCOBIX 147
PREZISTA 148
PRIALT 28
PRIFTIN 109
PRILOSEC 459
prilovix 221
prilovix plus 222
primaquine phosphate 108
PRIMAXIN IV 102
primidone 62
PRIORIX 462
PRISMASOL B22GK 4/0 377
PRISMASOL BGK 0/2.5 377
PRISMASOL BGK 2/0 377
PRISMASOL BGK 2/3.5 377
PRISMASOL BGK 4/0/1.2 377
PRISMASOL BGK 4/2.5 377
PRISMASOL BK 0/0/1.2 377
PRISTIQ 71
privet 12
PRIVIGEN 433
PRO COMFORT INSULIN SYRINGE 354
pro comfort lancets 30g 331
pro comfort lancets 31g 331
pro comfort pen needles 354
pro comfort safety lancets 30g ..331
pro comfort spacer adult 366
pro comfort spacer child 366
pro comfort spacer infant 366
PRO DNA COLLECTION 243
pro hers rx 398
pro his rx 399
pro pcos rx 399
pro voice v8/v9 glucose 243
pro voice v9 glucose system 331
PROAIR RESPICLICK 50
probenecid 286
PROBENTRA 83
probichew 84
PROBINATE 83
probionyx 83
probiovex 83
procainamide hcl 46
PROCARDIA XL 157
procare spacer/adult mask 366
procare spacer/child mask 366
PROCENTRA 2
prochamber vhc 366
prochlorperazine 144
prochlorperazine edisylate 144
prochlorperazine maleate 144
PROCORT 42
PROCRIT 298
pro-critic 251
PROCTOCORT 43
PROCTOFOAM HC 43
PROCTO-MED HC 43
PROCTOSOL HC 43
PROCTOZONE-HC 43
PROCYSBI 283
PRODIGY AUTOCODE BLOOD GLUCOSE 331
PRODIGY INSULIN SYRINGE 355
PRODIGY LANCETS 28G ... 331
PRODIGY LANCING DEVICE 331
PRODIGY NO CODING BLOOD GLUC 244, 331
PRODIGY POCKET BLOOD GLUCOSE 332
PRODIGY SAFETY LANCETS 26G 332
PRODIGY TWIST TOP LANCETS 28G 332

PRODIGY VOICE BLOOD GLUCOSE 332
PROFILNINE 290
PROFINAC 195
profola 391
progesterone 438, 466
progesterone micronized 438
PROGLYCEM 73
PROGRAF 381, 382
PROHANCE 248
PROLASTIN-C 448
PROLATE 38
PROLEEVA 252
PROLENSA 422
PROLEUKIN 128
proleva 252
PROLIA 268
PROMACTA 303
promella in prebiotic 83
promethazine hcl 92
promethazine-codeine 184
promethazine-dm 184
promethazine-phenylephrine 183
PROMETHEGAN 92
PROMETRIUM 438
PROMISEB 200
PRONAL 208
prooxia 207
propafenone hcl 47
propafenone hcl er 47
proparacaine hcl 422
proparacaine-fluorescein 421
PROPECIA 224
PROPEL 404
PROPEL CONTOUR 404
PROPEL MINI 404
PROPEL MINI SDS 404
propofol 282
propofol +rfid 281, 282
propranolol hcl 155
propranolol hcl er 155
propylthiouracil 452
PROQUAD 462
PROSCAR 282
PROSILK 214, 364
PROSOL 413
PROSTIN VR 162
protamine sulfate 294
PROTEOLIN 252
PROTEXT 220
PROTHELIAL 387
PROTONIX 459
PROTOPAM CHLORIDE 86
protriptyline hcl 72
provate 61mm 340
provate 67mm 340
provate 73mm 340
provate 79mm 340
provate 85mm 340
provate 91mm 340
PROVAYBLUE 86
PROVENGE 117
PROVERA 438
PROVIDA OB 397
PROVIGIL 6
PROVISC 427
PROVOCHOLINE 235
PROXIVOL 212
prucalopride succinate 274
PRUCLAIR 214
PRUDOXIN 196
PRUMYX 214
PRURADIK 216
pseudoeph-bromphen-dm 184
PSORIZIDE FORTE 379
PSORIZIDE ULTRA 379
PTS COLLECT CAPILLARY TUBES 361
PTS PANELS EGLU TEST 244
PTS PANELS LIPID PANEL 244
PTS PANELS LIPID PANEL+EGLU 244
PULMICORT 53
PULMICORT FLEXHALER 53
PULMONEB LT 340
PULMOSAL 183
PULMOZYME 449
PURAPLY 229
PURAPLY 1.6CM 229
PURAPLY ANTIMICRO 3.76X3.76CM 229
PURAPLY ANTIMICROBIAL 2X2CM 229
PURAPLY ANTIMICROBIAL 2X4CM 229
PURAPLY ANTIMICROBIAL 3.02CM 229
PURAPLY ANTIMICROBIAL 3X4CM 229
PURAPLY ANTIMICROBIAL 4X4CM 229
PURAPLY ANTIMICROBIAL 5X5CM 229
PURAPLY ANTIMICROBIAL 6X9CM 229
PURAPLY ANTIMICROBIAL 8X16CM 229
PURAPLY XT ANTIMICROBIAL 230
PURAPLY XT ANTIMICROBIAL 5X5CM 229
PURAPLY XT ANTIMICROBIAL 6X9CM 230
purazil 197
pure comfort lancets 30g 332
pure comfort pen needle 355
pure comfort safety lancet 30g 332
pure comfort safety pen needle 355
pure comfort spacer chamber 366
purevit dualfe plus 302
PURIXAN 113
px advanced lancing device 332
px insulin syringe 355
px lancets microthin 33g 332
px lancets ultra thin 28g 332
px mini pen needles 355
PYCNOGENOL 14
PYLARIFY 238
PYLARIFY TRUVU 238
PYLERA 460
PYQUVI 180
pyrazinamide 109
PYRIDIUM 285
pyridostigmine bromide 109
pyridostigmine bromide er 86, 109
pyridoxal-5 phosphate 471
pyridoxine hcl 471
pyrimethamine 108
pyrimethamine-leucovorin 107
pyrogallic acid 211
PYRUKYND 295
PYRUKYND TAPER PACK 295
PYZCHIVA 197, 198, 277
QALSODY 404
QBRELIS 97
QBREXZA 214
qc advanced lancing device 332
qc aspirin low dose 28
qc folic acid 299
qc lancets super thin 30g 332
qc lancets ultra thin 332
qc nicotine transdermal system 447
qc pen needles 355
qc unifine pentips 355
qc unilet lancets 28g 332

qc unilet lancets micro thin.....332
QELBREE.....0
QFITLIA.....286
QINLOCK.....123
qivigy.....433
QLOSI.....418
QNASL.....404
QNASL CHILDRENS.....404
QSYMIA.....3
quack grass.....12
quad-mix.....160
QUADRACEL.....455
QUAKE.....363
quazepam.....306
queen palm.....12
QUELICIN.....405
QUESTRAN.....93
QUESTRAN LIGHT.....93
quetiapine fumarate.....142, 143
quetiapine fumarate er.....142
QUICK TOUCH BLOOD GLUCOSE.....332
QUICK TOUCH BLOOD GLUCOSE TEST.....244
QUICK TOUCH INSULIN PEN NEEDLE.....355
QUICKTEK TEST.....244
QUICKTEK/METER.....332
QUICKVUE + STREP A TEST.....246
QUICKVUE DIPSTICK STREP A TEST.....246
QUICKVUE INFLUENZA A+B TEST.....246
QUICKVUE IN-LINE STREP A TEST.....246
QUICKVUE SARS ANTIGEN TEST.....246
quidroxzar.....196
quihoxaxia.....196
quihoxvar.....196
QUILLICHEW ER.....6
QUILLIVANT XR.....7
quinapril hcl.....97
quinapril-hydrochlorothiazide.....96
quinidine gluconate er.....46
quinidine sulfate.....46
quinine sulfate.....108
QUIOFIC.....299
QULIPTA.....367
QUTENZA.....212
QUTENZA (2 PATCH).....212
QUTENZA (4 PATCH).....212
QUVIVIQ.....307
QUZYTTIR.....92
QVAR REDIHALER.....54
RABAVERT.....464
rabbit epithelium.....12
rabeprazole sodium.....459
RADIAPLEXRX.....230
RADIAURA.....217
RADICAVA.....404
RADICAVA ORS.....404
RADICAVA ORS STARTER KIT.....404
RADIOGARDASE.....86
RAGWITEK.....12
RALDESY.....69
raloxifene hcl.....268
ramelteon.....308
ramipril.....97
ranitidine hcl.....457
ranolazine er.....44
RAPAFLO.....282
RAPIBLYK.....154
RAPIVAB.....152
rasagiline mesylate.....138
RASONQUE.....124
RASUVO.....16
RAVICTI.....270
raya sure pen needle.....355
RAYALDEE.....263
READI-CAT 2.....248
READYLANCE SAFETY LANCETS.....332
reality insulin syringe.....355
reality lancets.....332
REALITY LATEX CONDOMS.....315
REALITY LATEX/ULTRA TEXTURED.....315
REALITY LATEX/ULTRA THIN.....315
reality trigger lancets.....332
REBIF.....443
REBIF REBIDOSE.....443
REBIF REBIDOSE TITRATION PACK.....443
REBIF TITRATION PACK.....443
REBINYN.....290
REBLOZYL.....297
REBYOTA.....278
RECARBRIO.....102
RECEDO.....216
reck.....310
RECLAST.....258
RECLIPSEN.....172
RECOMBINATE.....290
RECOMBIVAX HB.....464
RECORLEV.....259
RECOTHROM.....304
RECOTHROM SPRAY KIT.....304
RECTIV.....42
red alder pollen.....12
red cedar.....12
red maple.....12
red maple (diagnostic).....233
red mulberry.....12
red oak.....12
red oak (diagnostic).....233
red top grass pollen.....12
REDEMPLO.....260
REFRESH AA 15 PKU.....413
REFRESH AA 15 TYR.....413
REFUAH PLUS BLOOD GLUCOSE TEST.....244
REFUAH PLUS MONITORING SYSTEM.....332
regadenoson.....235
REGENECARE.....224
REGLAN.....275
REGONOL.....109
REJOYN.....378
RELADOR PAK.....222
RELADOR PAK PLUS.....222
RELAFEN DS.....24
RELENZA DISKHALER.....152
releuko.....300
RELEVIA.....397
RELEXXII.....7
RELGAABI.....62
relibiotic.....83
RELIEVRX.....378
RELION ALL-IN-ONE.....332
RELION BLOOD GLUCOSE TEST.....244
RELION CONFIRM GLUCOSE MONITOR.....332
RELION CONFIRM/MICRO TEST.....244
RELION GLUCOSE TEST STRIPS.....244
RELION INSULIN SYRINGE.....355
RELION LANCETS.....332

RELION LANCETS MICRO-THIN 33G 332
RELION LANCETS THIN 26G 332
RELION LANCETS ULTRA-THIN 30G 332
RELION MICRO 332
RELION PEN NEEDLES 355
RELION PREMIER BLU MONITOR 332
RELION PREMIER CLASSIC 332
RELION PREMIER COMPACT SYSTEM 332
RELION PREMIER TEST 244
RELION PREMIER VOICE MONITOR 332
RELION PRIME MONITOR 332
RELION PRIME TEST 244
RELION TRUE MET AIR GLUC METER 333
RELION TRUE METRIX TEST STRIPS 244
RELION ULTIMA GLUCOSE SYSTEM 333
RELION ULTIMA TEST 244
RELION ULTRA THIN LANCETS 30G 333
RELISTOR 278
relivyx plus 222
relnate dha 397
RELPAX 369
RELTONE 274
REMEDIENT 391
REMERON 66
REMERON SOLTAB 66
REMICADE 280
remifentanil hcl 37
REMODULIN 162
remyda 216
RENACIDIN 284
RENAL 388
RENATABS 389
RENATABS WITH IRON 389
RENFLEXIS 280
reno caps 388
RENOVA 191
RENOVA PUMP 192
rensoti 216
RENTHYROID 453
RENVELA 279
repaglinide 79
REPATHA 95
REPATHA SURECLICK 95
RESET FOR APPLE-IOS 378
RESET FOR GOOGLE-ANDROID 378
RESET-O FOR APPLE-IOS 378
RESET-O FOR GOOGLE-ANDROID 378
RESP-O2 COMPACT COMPRESS NEBUL 340
RESP-O2 NASAL OXY CANNULA-CUSH 363
RESP-O2 OXYGEN MASK-MEDIUM CON 363
RESP-O2 OXYGEN SUPPLY TUBING 363
RESP-O2 PEDI COMPRESS NEB-BEAR 340
RESP-O2 SML VOLUME NEB CUP 363
RESTASIS 421
RESTASIS MULTIDOSE 421
restimo 216
RESTORA RX 84
RESTORE SILVER DRESSING 230
RESTORIL 306
RETACRIT 298
RETEVMO 124
RETHYMIC 376
RETIN-A 191
RETIN-A MICRO PUMP 191
RETISERT 426
RETROVIR 149
REUSABLE COMFORTSEAL MASK-LRG 363
REUSABLE COMFORTSEAL MASK-MED 363
REUSABLE COMFORTSEAL MASK-SML 363
REVATIO 163
REVCOVI 257
REVLIMID 380
REVONTO 401
REVTORPYK 123
REVUFORJ 122
revyra 391
REXTOVY 87
REXULTI 145
REYATAZ 148
REYVOW 369
REZDIFFRA 275
REZENOPY 87
REZLIDHIA 131
REZUROCK 384
REZVOGLAR KWIKPEN 78
REZZAYO 89
R-GENE 10 235
RHAPSIDO 380
RHEOSPRAY 436
RHEUMATE 252
RHOFADE 216
RHOGAM ULTRA-FILTERED PLUS 434
RHOPHYLAC 434
RHOPRESSA 423
RIABNI 114
RIASTAP 290
ribavirin 151, 153
rice (diagnostic) 233
RIDAURA 20
rifabutin 109
RIFADIN 109
rifampin 109
RIFAMPIN+SYRSPEND SF 109
rifapentine 109
RIGHTEST ALTERNATE SITE ADAPT 333
RIGHTEST GD500 LANCING DEVICE 333
RIGHTEST GL300 LANCETS 333
RIGHTEST GM100 BLOOD GLUCOSE 333
RIGHTEST GM300 BLOOD GLUCOSE 333
RIGHTEST GM550 BLOOD GLUCOSE 333
RIGHTEST GS100 BLOOD GLUCOSE 244
RIGHTEST GS300 BLOOD GLUCOSE 244
RIGHTEST GS550 BLOOD GLUCOSE 244
RIGHTEST GT333 BLOOD GLUCOSE 244, 333
RIGHTEST GT333 GLUCOSE TEST 244
rilpivirine hcl 149
riluzole 404
rimantadine hcl 152

RIMSO-50 284
ringers 372
ringers irrigation 381
RINVOQ 16
RINVOQ LQ 16
RIOMET 73
risedronate sodium 258
RISPERDAL 141
RISPERDAL CONSTA 141
risperidone 141
risperidone microspheres er 141
RITALIN 7
RITALIN LA 7
RITEFLO 366
ritonavir 148
RITUXAN 114
RITUXAN HYCELA 127
rivaroxaban 55
rivastigmine 440
rivastigmine tartrate 440
RIVELSA 174
river birch pollen 12
RIVFLOZA 285
rixubis 290
RIZAFILM 369
rizatriptan benzoate 369
roaoxia 196
ROBAXIN 400
ROCALTROL 263
rocelix 216
ROCKLATAN 421
ROCTAVIAN 287
rocuronium bromide 409
rocuronium bromide +rfid 409
roflumilast 52
ROLVEDON 300
romidepsin 121
ROMVIMZA 120
ROPIDEX 182
ropinirole hcl 139
ropinirole hcl er 139
ropivacaine hcl 312, 313
ropivacaine hcl-nacl 313
ropiv-clonidine-ketorolac 310
rositara 216
rosuvastatin calcium 94
ROSYRAH 174
ROTARIX 464
ROTATEQ 464
rough marsh elder 12
rough pigweed 12
rovis 216
ROWASA 277
ROWEEPRA 62
ROXICODONE 37
ROXYBOND 37
ROZEREM 308
ROZLYTREK 124, 125
RUBRACA 135
RUCONEST 291
rufinamide 62
RUKOBIA 147
rumilo 188
russian thistle 12
RUXIENCE 114
RYALTRIS 403
RYANODEX 401
RYBELSUS 79
RYBREVANT 124
RYBREVANT FASPRO 127
RYCLORA 91
RYDAPT 123
RYKINDO 141
RYLAZE 127
RYONCIL <12.5KG 379
RYONCIL 100KG TO <112.5KG 379
RYONCIL 112.5KG TO <125KG 379
RYONCIL 12.5KG TO <25KG 380
RYONCIL 125KG TO <137.5KG 380
RYONCIL 137.5KG TO <150KG 380
RYONCIL 25KG TO <37.5KG 380
RYONCIL 37.5KG TO <50KG 380
RYONCIL 50KG TO <62.5KG 380
RYONCIL 62.5KG TO <75KG 380
RYONCIL 75KG TO <87.5KG 380
RYONCIL 87.5KG TO <100KG 380
RYPLAZIM 294
RYSTIGGO 382
RYTARY 139
RYTELO 134
RYVENT 91
RYZNEUTA 300
S.T. GENESIS NERVE STIMULATOR 360
sa3 derm 437
SABRIL 64
saccharomyces cerevisiae 12, 233
sacubitril-valsartan 160
SAFE-SENSE EARLOOP FACE MASK 339
safety lancet 30g/pressure act 333
SAFETY LANCETS 333
SAFETY LANCETS 21G 333
SAFETY LANCETS 23G 333
safety lancets 28g 333
safety pen needles 355
safrycyn 230
SAFYRAL 172
sagebrush 12
sagebrush (diagnostic) 233
SAJAZIR 290
SALAGEN 388
SALICATE 210
SALICOR 211
salicylic acid 210
salicylic acid er 210
salicylic acid wart remover 210
salicylic acid-cleanser 210
saline bacteriostatic 437
saline flush 375
saline-phenol 437
SALIVAMAX 386
salsalate 28
salt durable cream 437
SALT STABLE LS ADVANCED 438
SALTSTABLE LO 438
SALVAX 211
SALVAX DUO PLUS 211
SALYCIM 211
SAMSCA 268
sanadermrx skin repair 223
SANCUSO 87
SANDIMMUNE 378
SANDOSTATIN 269
SANDOSTATIN LAR DEPOT 269
SANTYL 208
SAPHNELO 385
SAPHNELO PEN 385
SAPHRIS 142
sapropterin dihydrochloride 267
saps health plus lancets 333
saps health twist top lancets 333

saps twist top lancets 333
sapscare twist top lancets 333
SARCLISA 115
SARCLISA ESCENA 115
sarocladium strictum 12
saroxia 188
SAVAYSA 55
SAVELLA 441
SAVELLA TITRATION PACK 441
SAVI DUAL 366
saxagliptin hcl 73
saxagliptin-metformin er 74
SAXENDA 4
sb childrens aspirin 28
sb insulin syringe 355
sb lancets thin 333
sb lancets ultra thin 333
sb low dose asa ec 28
SCALACORT DK 223
SCARCARE GEL-PAD KIT/LARGE 224
scarsilk 216, 364
SCARTRATE 217
SCARZEN SKIN REPAIR 223
SCEMBLIX 118
SCENESSE 213
scopolamine 88
SDAMLO 157
sea scallops (diagnostic) 233
SEBUDERM 214
SECREFLO 235
SECUADO 142
SECURESAFE INSULIN SYRINGE 355
SECURESAFE SAFETY PEN NEEDLES 355
SEGLUROMET 80
SELARSDI 198, 277
SELECT-OB 397
SELECT-OB+DHA 398
selegiline hcl 138
selenious acid 375
selenium sulfide 200
SELZENTRY 147
SEMGLEE (YFGN) 78
se-natal 19 397
SENSIPAR 258
SENSORCAINE 313
SENSORCAINE/EPINEPHRINE 310
SENSORCAINE-MPF 313
SENSORCAINE-MPF/EPINEPHRINE 310
SEPHIENCE 267
SEREVENT DISKUS 51
SERNIVO 205
SEROQUEL 143
SEROQUEL XR 143
SEROSTIM 262
sertraline hcl 69
sesame seed (diagnostic) 233
se-tan plus 302
SETLAKIN 174
sevelamer carbonate 279
sevelamer hcl 279
SEVENFACT 290
sevoflurane 282
SEYSARA 451
SEZABY 306
sf 387
sf 5000 plus 387
shagbark hickory 12
SHAROBEL 176
sheep sorrel 12
sheep sorrel-dock (diagostic) 248
sheep sorrel-yellow dock 14
SHINGRIX 465
short ragweed pollen ext 13
short ragweed-giant ragweed 14
short-giant ragweed (diagnost) 248
shrimp (diagnostic) 233
SIGNIFOR 269
SIGNIFOR LAR 269
SIKLOS 297
SILADERM 364
siladone scar patch 364
sildenafil citrate 163, 164
SILENOR 307
SILHOUETTE 23" INFUSION SET 338
SILHOUETTE 43" INFUSION SET 338
SILHOUETTE INFUSION SET 18" 338
silicone mask/adult 364
silicone mask/infant 364
silicone mask/pediatric 364
SILIGENTLE AG FOAM DRESSING 230
SILIGENTLE AG SILVER FOAM DRES 230
silinoin 8 day supply 364
SILIQ 198
silodosin 282
SILTREX 364
SILVADENE 202
silver nitrate 202
silver sulfadiazine 202
SILVERSEAL HYDROGEL DRESSING 230
SILVRSTAT WOUND DRESSING 230
SIMBRINZA 415
SIMLANDI (1 PEN) 19
SIMLANDI (2 PEN) 19
SIMLANDI (2 SYRINGE) 19
SIMLIYA 168
SIMPESSE 174
SIMPLERA SENSOR 333
SIMPLERA SYNC SENSOR 333
SIMPLERA SYSTEM 333
SIMPLICITY COVID-19 AT-HOME 246
simpligraft 220
SIMPONI 19
SIMPONI ARIA 19
SIMULECT 382
simvastatin 94
sincalide 235
SINEMET 139
SINGLE-LET 333
SINGULAIR 52
SINUVA 404
SIOXC 214
SIOXD 230
SIOXD OR 230
sirolimus 382
SIRTURO 109
sirvana 188
sitaglip phos-metformin hcl er 74
sitaglipt base-metform hcl er 74
sitagliptin 74
sitagliptin base-metformin hcl 74
sitagliptin phos-metformin hcl 74
sitagliptin phosphate 74
SITZMARKS 248
SITZMARKS COMBO PACKAGE 248
SITZMARKS FOR KIDS 248
SIVEXTRO 106
sivora 191
SKINEEZ TED STOCKINGS 316
SKYCLARYS 405
SKYLA 175

SKYRIZI 198, 277
SKYRIZI PEN 198
SKYSONA 440
SKYTROFA 262
SLYND 176
small vial luer adapter 361
SMART DIABETES VANTAGE LANCING 333
SMARTEST BLOOD GLUCOSE TEST 244
SMARTEST EJECT 333
SMARTEST EJECT STARTER 333
SMARTEST LANCETS 28G 333
SMARTEST PERSONA STARTER 333
SMARTEST PRONTO STARTER 333
SMARTEST PROTEGE 334
SMARTEST PROTEGE STARTER 334
SMOFLIPID 414
SOAANZ 256
sod benz-sod phenylacet 270
sod citrate-citric acid 283
sod fluoride-potassium nitrate .. 386
sodium acetate 370
sodium bicarbonate 370
sodium bicarbonate-dextrose 370
sodium chloride 183, 184, 284, 375
sodium chloride (pf) 375
sodium chloride bacteriostatic . 437
sodium chloride flush 375
sodium citrate 54
sodium citrate lock flush 54
sodium citrate-citric acid 283
sodium citrate-gentamicin sulf ... 56
sodium fluoride 372, 387
sodium fluoride 5000 enamel 386
sodium fluoride 5000 plus 387
sodium fluoride 5000 ppm 387
sodium fluoride 5000 sensitive . 386
sodium fluoride f 18 238
sodium iodide i-131 452
sodium nitrite 86
sodium nitroprusside 101
sodium oxybate 439
sodium phenylbutyrate 270
sodium phosphates 373
sodium polystyrene sulfonate 384
sodium saccharin 254
sodium sulfacetamide 200
sodium sulfacetamide wash 200, 201
sodium tetradecyl sulfate 384
sodium thiosulfate 86
SOFDRA 214
SOFIA INFLUENZA A+B FIA 246
SOFIA SARS ANTIGEN FIA 246
SOFIA STREP A FIA 246
SOFIA STREP A+ FIA 246
SOFIA2 FLU+SARS ANTIGEN FIA 235
SOFIA2 SARS ANTIGEN FIA 246
sofosbuvir-velpatasvir 151
SOGROYA 262
SOHONOS 402
SOL-CARE SAFETY SYRINGE ALLERG 355
SOL-CARE SAFETY WINGED SET 339
SOLESTA 379
solifenacin succinate 461
SOLIQUA 79
SOLIRIS 291
solivite 389
SOL-M SYRINGE LUER LOCK 355
SOLOSEC 15
SOLOX 230
SOLTAMOX 111
SOLU-CORTEF 180
SOLU-MEDROL 180
SOLU-MEDROL (PF) 180
SOLUS V2 BLOOD GLUCOSE SYSTEM 334
SOLUS V2 LANCETS 28G ... 334
SOLUS V2 LANCING DEVICE 334
SOLUS V2 TEST 244
SOLUS V2 TWIST LANCETS 30G 334
SOMA 400
SOMATULINE DEPOT 269
SOMAVERT 261
SONAFINE 230
SOOLANTRA 216
SOOTHEE 222
sorafenib tosylate 123
sorbitol 284
sorbitol-mannitol 284
SORILUX 200
sorixia 188
sorrel/dock mix 14
sotalol hcl 155
sotalol hcl (af) 155
SOTRADECOL 384
SOTYKTU 198
SOTYLIZE 155
SOVALDI 151
SOVUNA 108
soybean (diagnostic) 233
SPEEDGEL RX 379
SPEVIGO 198
SPHERUSOL 233
SPIKEVAX 465
SPIKEVAX 6M-11Y 465
spinosad 216
SPINRAZA 409
spiny pigweed 13
SPIRIVA HANDIHALER 51
SPIRIVA RESPIMAT 51
spiro pd 364
spironolactone 256
spironolactone-hctz 255
SPORANOX 91
SPRAVATO (56 MG DOSE) ... 67
SPRAVATO (84 MG DOSE) ... 67
spring birch pollen 13
SPRINTEC 28 172
SPRITAM 63
SPRIX 24
SPRYCEL 118
SPS (SODIUM POLYSTYRENE SULF) 384
SPY AGENT GREEN 235
SPY- MIS KIT 235
SPY-PHI KIT 235
SSD 202
SSKI 183
sss 10-5 188
ST JOSEPH ASPIRIN 28
ST JOSEPH LOW DOSE 28
STARJEMZA 198, 277
STATUS COVID-19/FLU A .. 235
STEGLATRO 80
STEGLUJAN 80
STELARA 198, 278
STENDRA 164
STEQEYMA 198, 278
STERILANCE TL 334
STERILE DILUENT FOR REMODULIN 437
sterile empty vial 361

STERILE TOPICAL L.E.T. GEL 222
sterile water for injection 437
sterile water for irrigation 381
STERITALC 449
STIMUFEND 300
STIOLTO RESPIMAT 49
STIVARGA 123
STOBOCLO 268
STRATA CTX 214
STRATA GRT 230
STRATA MARK 214
STRATA TRIZ 216
STRATA XRT 214
STRAVIX 220
strawberry (diagnostic) 233
STRENSIQ 263
streptococcinum 30c 379
streptomycin sulfate 15
STRIBILD 147
STRIVERDI RESPIMAT 51
STROMECTOL 44
strontium chloride sr-89 127
STROVITE FORTE 391
STROVITE ONE 391
SUBLOCADE 40
SUBOXONE 40
SUBVENITE 63
SUBVENITE STARTER KIT-BLUE 63
SUBVENITE STARTER KIT-GREEN 63
SUBVENITE STARTER KIT-ORANGE 63
succinylcholine chloride 405
succinylcholine cl +rfid 405
SUCRAID 254
sucralfate 457
sufentanil cit-ketamine hcl 30
sufentanil citrate 37
SUFLAVE 309
sugammadex sodium 86
sugammadex sodium +rfid 86
SULAR 157
sulconazole nitrate 210
sulfacetamide sodium 201, 426
sulfacetamide sodium (acne) 185
sulfacetamide sodium (cleans) 201
sulfacetamide sodium-sulfur 188, 189
sulfacetamide sod-sulfur wash 189
sulfacetamide-prednisolone 424
sulfacetamide-sulfur in urea 189
SULFACLEANSE 8/4 189
sulfadiazine 450
sulfamethoxazole-trimethoprim 102
SULFAMYLON 202
sulfasalazine 277
SULFATRIM PEDIATRIC 102
sulfurated lime 216
sulindac 24
SUMANSETRON 367
sumatriptan 369
sumatriptan succinate 369
sumatriptan-naproxen sodium 368
SUMAXIN 189
SUMAXIN CP 189
sunitinib malate 123
SUNLENCA 147
SUNOSI 4
SUPARTZ FX 402
super bi-mix 160
super quad-mix 160
super thin lancets 334
super tri-mix 160
SUPERVITE 389
support 391
suppository shells small 1.3ml 340
SUPPRELIN LA 264
SUPRANE 282
SUPREP BOWEL PREP KIT 309
sure comfort insulin syringe 355
sure comfort lancets 18g 334
sure comfort lancets 21g 334
sure comfort lancets 23g 334
sure comfort lancets 28g 334
sure comfort lancets 30g 334
sure comfort pen needles 356
sure result dss premium pack 195
sure result o3d3 system 93
SURE T INFUSION SET 18"/6MM 338
SURE T INFUSION SET 23"/10MM 338
SURE T INFUSION SET 23"/6MM 338
SURE T INFUSION SET 23"/8MM 338
SURE T INFUSION SET 32"/10MM 338
SURE T INFUSION SET 32"/6MM 338
SURE T INFUSION SET 32"/8MM 338
surebiotic probiotic support 83
SURELITE LANCETS 334
SURGICEL SNOW 1"X2" 304
SURGICEL SNOW 2"X4" 304
SURGICEL SNOW 4"X4" 304
SURGIFOAM 304
SURVANTA 450
SUSTOL 88
SUSVIMO (IMPLANT REFILL) 429
SUSVIMO OCULAR IMPLANT 360
SUTAB 309
SUTENT 123
sweet cherry (diagnostic) 233
sweet corn (diagnostic) 233
sweet gum 13
sweet vernal grass pollen 13
SX1 MEDICATED POST-OPERATIVE 222
SYEDA 172
SYFOVRE 420
SYLVANT 381
SYMBIARA 83
SYMBICORT 49
SYMBIONEX 83
SYMBRAVO 368
SYMDEKO 449
SYMFI 147
symflora 83
SYMPAZAN 59
SYMPROIC 278
SYMTREX 388
SYMTUZA 147
SYNALAR 205
SYNAPRYN FUSEPAQ 37
SYNAREL 264
synbiara 83
SYNDROS 89
SYNERDERM 214
SYNJARDY 80
SYNJARDY XR 80
SYNOJOYNT 402
synovexa 83
SYNTHERMA PLUS 222
SYNTHROID 453, 454
SYNVERA 399
SYNVISC 403
SYNVISC ONE 403
SYPRINE 376

syringe filter 0.2 micron/25mm 361
syringe filter 0.2 micron/32mm 362
syringe filter 0.45 micron 362
syringe filter/0.2 micron/25mm 362
syringe filter/0.2 micron/30mm 362
syringe filter/d65r/pes/65mm 362
syringe filter/d65r/ptfe/65mm 362
syringe filter/d90r/pes/90mm 362
syringe filter/d90r/ptfe/90mm 362
syringe filter/millex/25mm 362
syringe filter/millex-gs/25mm 362
syringe filter/millex-gv/33mm 362
syringe luer lock 356
syringe luer slip 356
SZOSIL 15 DAY SUPPLY 364
SZOSIL 8 DAY SUPPLY 364
T.R.U.E. TEST 248
T/SLIM X2 INSULIN PUMP 338
T/SLIM X2 STARTER 7.10 338
TABLOID 113
TABRADOL FUSEPAQ 400
TABRECTA 122
TACLONEX 223
tacrolimus 213, 382
tacrolimus er 382
tadalafil 164
tadalafil (pah) 163
TADLIQ 163
TAFINLAR 119
tafluprost (pf) 428
TAGITOL V 248
TAGRISSO 120
TAKE ACTION 174
TAKHZYRO 293
TALICIA 460
TALIVA 299
tall ragweed 13
TALTZ 198, 199
TALVEY 119
TALZENNA 135
TAMIFLU 152
tamoxifen citrate 111
tamsulosin hcl 282
TANDEM MOBI AUTOSOFT30 10PK23" 338
TANDEM MOBI AUTOSOFT30 14PK23" 338
TANDEM MOBI AUTOSOFTXC 10PK23" 338
TANDEM MOBI AUTOSOFTXC 10PK5" 338
TANDEM MOBI AUTOSOFTXC 14PK23" 339
TANDEM MOBI AUTOSOFTXC 14PK5" 339
TANDEM MOBI SYSTEM STARTER 339
TANDEM MOBI TRUSTEEL 10PK23" 339
TANDEM PLUS 302
TANDEM T/SLIM ASFT 30 PK10 23" 339
TANDEM T/SLIM ASFT 30 PK14 23" 339
TANDEM T/SLIM ASFT XC PK10 23" 339
TANDEM T/SLIM ASFT XC PK14 23" 339
TANDEM T/SLIM TRUSTL PK10 23" 339
TANLOR 400
tapentadol hcl 37
tapentadol hcl er 37
TAPERDEX 12-DAY 180
TAPERDEX 6-DAY 180
TAPERDEX 7-DAY 180
tardeoxia 189
tardimaxia 189
TARGADOX 451
TARGRETIN 135, 222
TARINA 24 FE 172
TARINA FE 1/20 EQ 172
taron forte 302
TARON-C DHA 397
taroxia 189
TARPEYO 180
TASCENSO ODT 448
TASIGNA 118
tasimelteon 308
TASMAR 138
taurine 413
TAUVID 236
tavaborole 215
TAVALISSE 295
TAVNEOS 291
TAYSOFY 172
TAYTULLA 172
tazarotene 191, 200
TAZICEF 167
TAZORAC 200
TECARTUS 117
TECELRA 117
TECENTRIQ 117
TECENTRIQ HYBREZA 127
TECFIDERA 443, 444
TECHLITE AST LANCETS 334
techlite insulin syringe 356
TECHLITE LANCETS 334
TECHLITE LANCETS 26G 334
TECHLITE PEN NEEDLES 356
TECHLITE PLUS PEN NEEDLES 356
TECHNELITE 237
technet tc 99m sulfur colloid 237
technetium tc 99m mebrofenin 237
technetium tc 99m medronate 238
technetium tc 99m pyrophos 237
technetium tc 99m sestamibi 236
TECVAYLI 119
TEFLARO 167
TEGLUTIK 404
TEGRETOL 63
TEGRETOL-XR 63
TEKTURNA 100
TELFA AMD ISLAND DRESSING 318
TELFA AMD NON-ADHERENT 318
teliora 223
telmisartan 99
telmisartan-amlodipine 97
telmisartan-hctz 98
temazepam 307
TEMBEXA 152
TEMODAR 131
temozolomide 131
TEMPO SMART BUTTON 334
temsirolimus 122
TENCON 26
TENIVAC 455
tenofovir disoproxil fumarate 149
TENORETIC 100 100
TENORETIC 50 100
TENORMIN 154
TEPADINA 110
TEPEZZA 264
TEPMETKO 122
tepylute 110
teravax 389
terazosin hcl 100
terbinafine hcl 90
terbutaline sulfate 51
terconazole 465
teriflunomide 441
teriparatide 266

TERLIVAZ 270
teroderm-plus 438
TERRELL 282
TESTIM 41
TESTONE CIK 41
TESTOPEL 41
testosterone 41
testosterone cypionate 41
testosterone enanthate 41
tetoxia 223
tetpidtar 209
tetrabenazine 441
tetracaine hcl 313, 422
tetracycline hcl 452
TEVIMBRA 116
TEXACORT 205
TEZRULY 100
TEZSPIRE 54
THALITONE 256
THALOMID 376
THAM 370
THE EPINEPHRINE SYRINGE 356
THEO-24 54
theophylline 54
theophylline er 54
thiamine hcl 471
thiamine hcl-nacl 471
THIOLA 285
THIOLA EC 285
thioridazine hcl 144
thiotepa 110
thiothixene 145
THRESHOLD PEP 364
thrivacin 30 254
thrivacin detox 254
THRIVE 447
thrivite rx 397
THROMBATE III 294
THROMBIN-JMI 304, 305
THROMBIN-JMI EPISTAXIS 304
THROMBOGEN 305
THYMOGLOBULIN 379
THYQUIDITY 454
THYROGEN 235
thyroid 454
TIADYLT ER 157
tiagabine hcl 64
TIAZAC 157
TIBSOVO 131
ticagrelor 292
TICE BCG 128
TICOVAC 465
TIGAN 88
tigecycline 450
TIGLUTIK 404
TIKOSYN 48
TILIA FE 176
timolol hemihydrate 416
timolol maleate 155, 416
timolol maleate (once-daily) 416
TIMOLOL MALEATE OCUDOSE 416
timolol maleate pf 416
timolol-brimon-dorzol-bimatopr 415
timolol-brimon-dorzol-latanopr 415
timolol-brimonidine-dorzolamid 416
timolol-dorzolamid-bimatoprost 416
timolol-dorzolamid-latanoprost 416
TIMOPTIC OCUDOSE 416
timothy grass pollen allergen 13
tinidazole 101
tiopronin 285
tiotropium bromide 51
tirofiban hcl in nacl 292
TIROSINT 454
TIROSINT-SOL 454
TISSEEL 304
TISSUEBLUE 427
TIVDAK 117
TIVICAY 148
TIVICAY PD 148
tizanidine hcl 401
TLANDO 41
TNKASE 295
TOBAKIENT 252
TOBI 15
TOBI PODHALER 15
TOBRADEX 424
TOBRADEX ST 424
tobramycin 15, 419
tobramycin sulfate 15
tobramycin-dexamethasone 424
tobramycin-vancomycin hcl 419
TOBREX 419
TODAY SPONGE 466
todays health lancing device 334
todays health pen needles 356
todays health short pen needle 356
todays health thin lancets 28g 334
todays health thin lancets 30g 334
tofacitinib citrate 16
tofacitinib citrate er 16
TOFIDENCE 21
TOLAK 196
tolcapone 138
TOLECTIN 600 24
TOLECTIN DS 24
tolmetin sodium 24
tolsura 91
tolterodine tartrate 461
tolterodine tartrate er 461
tolvaptan 268
tolvaptan (hyponatremia) 268
tomato (diagnostic) 233
TONMYA 440
toomey syringe 356
TOPAMAX 63
TOPAMAX SPRINKLE 63
TOPFINE INSULIN PEN NEEDLE 356
TOPICAINE 212
topical l.e.t. 222
TOPICORT 205
TOPICORT SPRAY 205
topidex 180
topiramate 63
topiramate er 63
topotecan hcl 136
TOPROL XL 154
toremifene citrate 111
TORISEL 122
TORONOVA II SUIK 22
TORONOVA SUIK 22
TORPENZ 122
torsemide 256
TORVEX 195
TOSYMRA 369
TOTALVISC 427
TOUJEO MAX SOLOSTAR 78
TOUJEO SOLOSTAR 78
TOVET 205
TOVIAZ 461
TOXICOLOGY MED COLLECTION SYS 244
TPN ELECTROLYTES 372
TPOXX 152
TRACER II 3 VOLT BATTERY 334
TRACLEER 163
TRADJENTA 74
TRALEMENT 375

tramadol hcl 38
tramadol hcl (er biphasic) 37
tramadol hcl er 38
tramadol-acetaminophen 40
trandolapril 97
trandolapril-verapamil hcl er 96
tranexamic acid 304
tranexamic acid-nacl 304
TRANSDERM SCOP 88
tranylcypromine sulfate 67
TRANZGEL 379
TRAVASOL 413
TRAVATAN Z 428
TRAVEL LANCETS ADVANCED 28G 334
travoprost (bak free) 428
TRAZIMERA 116
trazodone hcl 69, 70
TREANDA 110
tree mix 9 13
TREGZI 380
TRELEGY ELLIPTA 49
TRELSTAR MIXJECT 132
TREMFYA 199, 278
TREMFYA ONE-PRESS 199
TREMFYA PEN 199, 278
TREMFYA-CD/UC INDUCTION 278
treprostinil 162
TRESIBA 78
TRESIBA FLEXTOUCH 78
TRESNI 24
tretinoin 135, 191
tretinoin microsphere 191
tretinoin microsphere pump 191
TRETTEN 290
TREXALL 113
TREXIMET 368
trexion 391
TREXVIA 391
TREZIX 29
TRIADERMEX 205
triamcinolone acetonide 180, 181, 205, 388
triamcinolone diacetate 181
triamcinolone in absorbase 205
triamcinolone-bupivacaine 183
tri-amino 415
triamterene 256
triamterene-hctz 255
TRIAMVEX (CREAM) 206
TRIASIL 223
triazolam 307
TRIBENZOR 99
trichophyton mentag (diagnost) 233
trichophyton mentagrophytes 13
TRICHOSOL 436
TRICITRASOL 57
tricitrates 283
TRICON 302
TRICOR 94
TRIDACAINE II 212
TRIDACAINE III 213
TRIDERM 206
trientine hcl 376
TRIESENCE 426
TRI-ESTARYLLA 176
trifluoperazine hcl 144
trifluridine 420
trigels-f forte 302
trihexyphenidyl hcl 137
TRIJARDY XR 80
TRIKAFTA 449
TRI-LEGEST FE 176
TRILEPTAL 63
TRI-LINYAH 176
TRILITAS 200
TRILOAN II SUIK 183
TRILOAN SUIK 183
TRI-LO-ESTARYLLA 176
TRI-LO-MARZIA 176
TRI-LO-MILI 176
TRILONA 206
TRI-LO-SPRINTEC 176
TRI-LUMA 207
TRILURON 403
trimethobenzamide hcl 88
trimethoprim 101
TRI-MILI 176
trimipramine maleate 72
tri-mix 160
TRIMO-SAN 465
TRIMOXI+ 424
trinatal rx 1 397
TRINATE 397
TRINTELLIX 70
TRIONEX 197
triphrocaps 388
triple complex formula 3 kit 195
triple pmb 424
triple pmk 424
TRIPTODUR 264
TRISENOX 128
trisodium citrate/crrt 377
TRI-SPRINTEC 176
tristart dha 398
TRIUMEQ 147
triumeq pd 147
TRI-VI-FLOR 394
tri-vi-floro 394
TRIVISC 403
tri-vitamin with fluoride 394
tri-vite/fluoride 394
TRIVIX 223
TRI-VYLIBRA 177
TRI-VYLIBRA LO 177
TRODELVY 136
TROGARZO 147
TROKENDI XR 63
tromethamine 370
tronvite 388
TROPHAMINE 413
trophamine-dextr-calc gluc-hep 413
trophamine-dextrose-calc gluc . 413
tropicamide 417
tropicamide-cyclopentolate-pe . 416
tropicamide-phenylephrine 416
tropic-cyclopent-pe-ketorolac ... 417
tropic-cyclop-pe-keto-propar 417
trospium chloride 461
trospium chloride er 461
TRUBREXA 222
TRUDHESA 368
true comfort insulin syringe 356
true comfort pen needles 356
true comfort pro insulin syr 356
true comfort pro pen needles 356
true comfort safety lancets 334
true comfort safety pen needle .. 356
true comfort twist top lancets ... 334
TRUE FOCUS BLOOD GLUCOSE METER 334
true focus blood glucose strip ... 244
TRUE METRIX AIR GLUCOSE METER 334
TRUE METRIX BLOOD GLUCOSE TEST 244
TRUE METRIX GO GLUCOSE METER 334
TRUE METRIX METER 334
TRUE METRIX PRO BLOOD GLUCOSE 244
TRUEBALANCE 84
TRUEBIOME 83
TRUEBOOST 388
TRUECORE 84

TRUEDRAW LANCING DEVICE 334
TRUEFLORA 84
TRUENESS BLOOD GLUCOSE MONITOR 335
TRUENESS BLOOD GLUCOSE STRIPS 245
TRUEONE 393
TRUEPLUS 5-BEVEL PEN NEEDLES 356
TRUEPLUS INSULIN SYRINGE 357
TRUEPLUS LANCETS 26G 335
TRUEPLUS LANCETS 28G 335
TRUEPLUS LANCETS 30G 335
TRUEPLUS LANCETS 33G 335
TRUEPLUS SAFETY LANCETS 28G 335
TRUERESULT BLOOD GLUCOSE 335
TRUETEST TEST 245
TRUETRACK BLOOD GLUCOSE 335
TRUETRACK SMART SYSTEM 335
TRUETRACK TEST 245
truevite 391
TRULANCE 274
TRULICITY 79
TRUMENBA 462
TRUQAP 113
TRUSKIN 220
TRUSTEX COLOR CONDOMS + LUBE 315
TRUSTEX LUB/RIBBED/STUDDED 315
TRUSTEX LUB/SPERMICIDE EX ST 315
TRUSTEX LUB/SPERMICIDE XL 315
TRUSTEX LUBRICATED 315
TRUSTEX LUBRICATED EX LARGE 315
TRUSTEX LUBRICATED EXTRA ST 315
TRUSTEX LUBRICATED/SPERMICIDE 316
TRUSTEX NATURAL CONDOMS + LUBE 316
TRUSTEX NON-LUBRICATED 316
TRUSTEX RIA LUB/SPERMICIDE 316
TRUSTEX RIA LUBRICATED 316
TRUSTEX RIA NON-LUBRICATED 316
TRUSTEX-NONOXYNOL-9/RIB/STUD 316
TRUTAKNA 284
TRUVADA 147
TRUXIMA 114
TRYNGOLZA 260
TRYPTYR 427
TRYVIO 100
TUBERSOL 233
TUDORZA PRESSAIR 51
TUDRIQEV 134
TUKYSA 116
tulivite 302
TURALIO 123
turpentine 211
TURQOZ 172
TUXARIN ER 184
TWIIST REFILL KIT 339
TWIIST REFILL KIT/INFUSION SET 339
TWIIST STARTER KIT 339
TWINRIX 463
TWIRLA 173
twist top lancets 30g 335
TWYNEO 189
TYBLUME 172
TYDEMY 172
TYENNE 21
TYFAST FLU A/B COVID-19 MULTIP 235
TYGACIL 450
TYKERB 123
TYLACTIN BUILD 20PE TYR 254
TYLACTIN COMPLETE 15 PE 254
TYLACTIN RESTORE 10 254
TYLACTIN RESTORE 5PE 254
TYLACTIN RTD 15 254
TYMLOS 267
TYPHIM VI 462
TYR EXPRESS 15 PLUS+ 254
TYR EXPRESS 20 PLUS+ 254
TYRUKO 443
TYRVAYA 416
TYSABRI 443
TYVASO 162
TYVASO DPI INSTITUTIONAL KIT 162
TYVASO DPI MAINTENANCE KIT 162
TYVASO DPI TITRATION KIT 162
TYVASO REFILL KIT 162
TYVASO STARTER KIT 162
TYZAVAN 103
TZIELD 72
UBRELVY 367
UCERIS 42, 181
UDAMIN SP 391
UDENYCA 300
UDENYCA ONBODY 300
udsx medicated system 245
udsxmp medicated system 245
ULORIC 286
ULTANE 282
ULTICARE INSULIN SAFETY SYR 357
ULTICARE INSULIN SYR 1/2 UNIT 357
ULTICARE INSULIN SYRINGE 357
ULTICARE MICRO PEN NEEDLES 357
ULTICARE MINI PEN NEEDLES 357
ULTICARE PEN NEEDLES 357
ULTICARE SHORT PEN NEEDLES 357
ULTIGUARD SAFEPACK PEN NEEDLE 357
ULTIGUARD SAFEPACK SYR/NEEDLE 357
ULTILET CLASSIC LANCETS 335
ULTILET LANCETS 335
ULTILET PEN NEEDLE 357
ULTILET SAFETY LANCETS 335
ULTILET SAFETY LANCETS 23G 335
ULTIVA 38
ULTOMIRIS 291
ULTRA FLO INSULIN PEN NEEDLES 357
ULTRA FLO INSULIN SYR 1/2 UNIT 357

ULTRA FLO INSULIN SYRINGE 358
ultra hers rx 382
ultra his 382
ultra pcos 382
ultra thin lancets 31g 335
ULTRA THIN PEN NEEDLES 358
ULTRABAG/DIANEAL PD-2/1.5% DEX 383
ULTRABAG/DIANEAL PD-2/2.5% DEX 383
ULTRABAG/DIANEAL PD-2/4.25%DEX 383
ULTRABAG/DIANEAL/2.5 % DEXTROSE 383
ULTRABAG/DIANEAL/4.25 % DEX 383
ultracare insulin syringe 358
ultra-care lancets 30g 335
ultracare pen needles 358
ultra-care safety lancets 30g 335
ULTRASAL-ER 211
ultrasound gel 238
ULTRA-THIN II AUTO LANCET 335
ULTRA-THIN II INS SYR SHORT 358
ULTRAVATE 206
ULTRAVIST 250
umeclidinium ellipta 51
umeclidinium-vilanterol 49
UNASYN 436
UNIFINE OTC PEN NEEDLES 358
UNIFINE PENTIPS 358
UNIFINE PENTIPS PLUS 358
UNIFINE PROTECT PEN NEEDLE 358
UNIFINE SAFECONTROL PEN NEEDLE 358
UNIFINE ULTRA PEN NEEDLE 358
UNILET COMFORTOUCH LANCET 335
UNILET EXCELITE 335
UNILET EXCELITE II 335
UNILET G.P. LANCET 335
UNILET G.P. SUPERLITE LANCET 335
UNILET GP 28 ULTRA THIN 335
UNILET LANCET 335
UNILET MICRO-THIN 33G 335
UNILET SUPERLITE LANCET 335
UNILET SUPER-THIN 30G . 335
UNILET ULTRA-THIN 28G 335
UNISTIK 1 335
UNISTIK 2 335
UNISTIK 2 COMFORT 335
UNISTIK 2 EXTRA 335
UNISTIK 2 NEONATAL 335
UNISTIK 2 NORMAL 335
UNISTIK 2 SUPER 336
UNISTIK 3 336
UNISTIK 3 COMFORT 336
UNISTIK 3 EXTRA 336
UNISTIK 3 GENTLE 336
UNISTIK 3 NEONATAL 336
UNISTIK 3 NORMAL 336
UNISTIK CZT COMFORT .. 336
UNISTIK CZT NORMAL 336
UNISTIK NORMAL 336
UNISTIK PRO SAFETY LANCET 336
UNISTIK SAFETY LANCETS 28G 336
UNISTIK SAFETY LANCETS 30G 336
UNISTIK TOUCH SAFETY LANC 21G 336
UNISTIK TOUCH SAFETY LANC 23G 336
UNISTIK TOUCH SAFETY LANC 28G 336
UNISTIK TOUCH SAFETY LANC 30G 336
UNISTRIP1 GENERIC 245
UNITHROID 454
UNITUXIN 115
universal syringe tip adaptor 362
universal vial luer adapter 362
UNLOXCYT 117
unzdomdioxiazar 189
UPLIZNA 382
UPNEEQ 427
UPTRAVI 163
UPTRAVI TITRATION 163
URAMAXIN 207
urea 208
UREA-SALICYLIC ACID 211
URELLE 107
URESTA STARTER KIT 336
URETRON D/S 107
URIBEL 107
URIMAR-T 107
UROCIT-K 10 283
UROCIT-K 15 283
UROGESIC-BLUE 107
uro-mp 107
UROXATRAL 282
URSO FORTE 274
ursodiol 274, 275
URSODIOL+SYRSPEND SF 275
URSOLIGN 275
ustekinumab 199, 278
ustekinumab-aauz 199
ustekinumab-aekn 199
ustekinumab-ttwe 199, 278
UVADEX 128
UZEDY 142
VABOMERE 102
VABRINTY 132
VABYSMO 418
vacuum filter 0.20um/150ml 362
VAFSEO 301
VAGIFEM 466
vaginal suppository applicator . 340
valacyclovir hcl 151
VALCHLOR 196
VALCYTE 150
VALENTRA 393
valganciclovir hcl 150
VALIUM 46
valproate sodium 65
valproic acid 65
valrubicin 126
valsartan 99
valsartan-hydrochlorothiazide ... 98
VALSTAR 126
VALTOCO 10 MG DOSE 59
VALTOCO 15 MG DOSE 59
VALTOCO 20 MG DOSE 59
VALTOCO 5 MG DOSE 59
VALTREX 152
VALTYA 1/35 172
VALTYA 1/50 172
valyra 84
VANCOCIN 103
vancomycin hcl 104, 105, 419
vancomycin hcl in dextrose 103, 104
vancomycin hcl in nacl 104
VANCOMYCIN+SYRSPEND SF 105

VANDAZOLE 466
VANFLYTA 123
VANILLA SILQ 248
VANISH 387
VANISHPOINT INSULIN SYRINGE 358
VANISHPOINT SAFETY SYRINGE 358
VANOS 206
VANOXIDE-HC 189
VANRAFIA 284
vapro plus catheter 12fr/16" 315
VAQTA 465
vardenafil hcl 164
vardimaxia 189
varenicline tartrate 447
varenicline tartrate (starter) 447
varenicline tartrate(continue) ... 447
VARIBAR HONEY 249
VARIBAR NECTAR 249
VARIBAR PUDDING 249
VARIBAR THIN HONEY 249
VARIBAR THIN LIQUID 249
VARITHENA 384
VARIVAX 465
VARIZIG 434
VAROPHEN 196
varoxia 189
VARUBI (180 MG DOSE) 89
VASCAZEN 252
VASCEPA 93
VASCULERA 252
VASELINE 438
VASERETIC 96
VASHE WOUND 225
vasopressin 270
vasopressin +rfid 270
vasopressin-dextrose 271
vasopressin-sodium chloride 271
VASOSTRICT 271
VASOTEC 97
VAXCHORA 462
VAXELIS 455
VAXNEUVANCE 462
VAZCULEP 471
vb6 p5p 252
v-c forte 392
VCF VAGINAL CONTRACEPTIVE 466
VECAMYL 100
VECTIBIX 120
vecuronium bromide 409
VEGZELMA 137
VEKLURY 152
VELCADE 124
velentra 84
VELETRI 162
VELIVET 177
VELPHORO 279
VELSIPITY 279
VELTASSA 384
veltrix 84
VEMLIDY 150
VENCLEXTA 118
VENCLEXTA STARTING PACK 118
VENELEX 224
VENEXA 392
VENEXA FE 392
VENIPUNCTURE PX1 PHLEBOTOMY 222
venlafaxine besylate er 71
venlafaxine hcl 71
venlafaxine hcl er 71
VENNGEL ONE 195
VENNGEL TWO 195
VENOFER 303
VENOMIL HONEY BEE VENOM 13
VENOMIL MIXED VESPID VENOM 13
VENOMIL WASP VENOM 13
VENOMIL WHITE FACED HORNET 13
VENOMIL YELLOW HORNET VENOM 13
VENOMIL YELLOW JACKET VENOM 13
VENTOLIN HFA 51
VENTRIXYL 392
VENTRIXYL FE 392
VENXXIVA 285
VEOPOZ 291
VEOZAH 265
VEPPANU 135
verapamil hcl 158
verapamil hcl er 158
verasens blood glucose meter ... 336
verasens blood glucose system . 336
verasens blood glucose test 245
VEREGEN 191
VERIFINE INJECTION 339
VERIFINE INSULIN PEN NEEDLE 358
VERIFINE INSULIN SYRINGE 359
VERIFINE PLUS PEN NEEDLE 359
VERIFINE SAFE LANCET MINI 21G 336
VERIFINE SAFE LANCET MINI 23G 336
VERIFINE SAFE LANCET MINI 28G 336
VERIFINE SAFE LANCET MINI 30G 336
VERIFINE UNIVERSAL LANCETS 28G 336
VERIFINE UNIVERSAL LANCETS 30G 336
VERIFINE UNIVERSAL LANCETS 33G 336
VERISAFE SAFE STERILE SYRINGE 359
VERISAFE SAFETY INSULIN SYR 359
VERISAFE SAFETY STERILE NEEDLE 359
VERKAZIA 421
VERQUVO 164
VERSACLOZ 142
VERSAPAP 364
VERSAPAP W/UNIVERSAL TUBING 364
VERSAPRO 438
VERSATILE ANHYDROUS CREAM BASE 438
VERZENIO 129
VESICARE 461
VESTURA 172
veven 213
VEVYE 421
VFEND 91
VFEND IV 91
V-GO 20 339
V-GO 30 339
V-GO 40 339
VIA MATRIX 220
VIAGRA 164
vial stopper 362
VIBATIV 105
VIBERZI 275
VIBRANT 309
VIBRANT STARTER KIT 309
VIC-FORTE 392
VICTOZA 79

VIDAZA 113
VIENVA 172
vigabatrin 64
VIGADRONE 64
VIGAFYDE 64
VIGAMOX 419
VIIBRYD 70
VIJOICE 384
VILACTIN AA PLUS 254
VILAMIT MB 107
vilazodone hcl 70
VILEVEV MB 107
VILTEPSO 408
VIMIZIM 265
VIMKUNYA 465
VIMPAT 63
VINATE DHA RF 397
vinblastine sulfate 133
vincristine sulfate 133
vinorelbine tartrate 133
VIOKACE 254
viorele 168
VIRACEPT 148
VIRASAL 211
VIREAD 149, 150
virelix 393
VIREX 84
VIREXA 393
VISBIOME GI CARE EX ST . 84
VISCO-3 403
VISCOAT 426
VISIONBLUE 427
VISIPAQUE 250
VISTASEAL 304
VISTOGARD 86
VISUDYNE 423
vit b12-methionine-inos-chol 296
VITA S FORTE 392
VITACEL 392
vitachew 393
VITACORE 392
VITAFOL FE+ 398
VITAFOL GUMMIES 397
VITAFOL ULTRA 398
VITAFOL-OB 397
VITAFOL-OB+DHA 398
VITAFOL-ONE 398
vitalara 397
VITAL-D RX 389
VITALIPID N INFANT 394
VITALUX 392
vitamin b-complex 100 388
vitamin c brightening serum 208
vitamin d (ergocalciferol) 472
vitamin deficiency system-b12 .. 296
vitamin k1 472
vitanex 389
vitara 389
VITAROCA PLUS 392
vitascript 392
vitasure 389
VITATHELY WITH GINGER 397
VITAVERA 393
VITLIPID N ADULT 393
VITLIPID N INFANT 394
VITRAKVI 125
VITRAMYN 392
VITRANOL 392
VITRANOL FE 392
vitrax 393
VITREXATE 392
VITREXATE FE 392
VITREXYL 392
VITREXYL + IRON 392
vitrion 393
VIVAGUARD INO GLUCOSE METER 336
VIVAGUARD INO SMART GLUC METER 336
VIVAGUARD INO TEST STRIPS 245
VIVAGUARD LANCETS 336
VIVAGUARD LANCETS 30G 336
VIVAGUARD SAFETY LANCETS 28G 336
VIVELLE-DOT 273
vivimusta 110
VIVITROL 87
VIVJOA 90
VIVOTIF 462
VIZAMYL 236
VIZIMPRO 120
VIZZ 417
VOGELXO 41
VOGELXO PUMP 41
VOLNEA 168
volumex 237
VONJO 131
VONVENDI 290
VOQUEZNA 457
VOQUEZNA DUAL PAK 460
VOQUEZNA TRIPLE PAK .. 460
VORANIGO 131
VORAXAZE 129
voriconazole 91
VORTEX VALVE CHAMBER-PEDI MASK 366
VORTEX VALVED HOLDING CHAMBER 366
VORVIDA 378
VOSEVI 151
VOTRIENT 123
VOWST 278
VOXZOGO 265
VOYDEYA 291
VOYXACT 284
vp fc kit 196
vp gkl kit 196
VPRIV 295
VRAYLAR 140
VTAMA 200
VUEBLU 235
VUEWAY 248
VUITY 418
VUMERITY 444
VUSION 194
VYALEV 139
VYBRIQUE 164
VYEPTI 367
VYFEMLA 172
VYJUVEK 230
VYKAT XR 257
VYKOURA 130
vylaris 399
VYLEESI 441
VYLIBRA 172
VYLOY 115
VYNDAMAX 164
VYONDYS 53 408
VYSCOXA 20
VYTONE 194
VYTORIN 95
VYVANSE 2
VYVGART 382
VYVGART HYTRULO 380
VYXEOS 127
VYZULTA 428
WAINUA 440
WAKIX 4
warfarin sodium 54
WASKYRA 301
wasp venom 13
wasp venom protein 13
WAYRILZ 290

wayzen 222
weed mixed allergen 14
wegmans unifine pentips plus ... 359
WEGOVY 4
WEGOVY HD 4
WELCHOL 93
weleris 211
WELIREG 121
WELLBUTRIN SR 67
WELLBUTRIN XL 67
wellfola 392
wellpro 31 84
wenixra 211
WERA 172
wescap-pn dha 398
wescaps 389
wesnatal dha complete 397
wesnate dha 397
westab max 252
westab one 299
westab plus 397
western juniper 13
western juniper (diagnostic) 233
western ragweed 13
westgel dha 398
WEZLANA 199, 278
wheat germ oil 472
white alder 13
white alder (diagnostic) 233
white ash (diagnostic) 233
white ash pollen 14
white birch 14
white birch (diagnostic) 233
white mulberry 14
white oak 14
white petrolatum 438
white pine 14
white potato (diagnostic) 233
WHITE-FACED HORNET VENOM 14
whole egg (diagnostic) 233
whole grain barley(diagnostic) 233
whole wheat (diagnostic) 233
WIDAPLIK 99
WIDE-SEAL DIAPHRAGM 60 316
WIDE-SEAL DIAPHRAGM 65 316
WIDE-SEAL DIAPHRAGM 70 316
WIDE-SEAL DIAPHRAGM 75 316
WIDE-SEAL DIAPHRAGM 80 316
WIDE-SEAL DIAPHRAGM 85 316
WIDE-SEAL DIAPHRAGM 90 316
WIDE-SEAL DIAPHRAGM 95 316
WILATE 290
WINLEVI 191
WINREVAIR 162
WINRHO SDF 434
WINTHROP CARPUJECT HOLDER 362
WIXELA INHUB 49
wpr plus wound healing system 222
WYMZYA FE 172
WYNZORA 223
WYOST 268
XACDURO 102
XACIATO 466
XADAGO 138
XALATAN 428
XALIX 211
XALKORI 113
XANAX 46
XANAX XR 46
XAQUIL XR 252
XARAH FE 177
XARELTO 55
XARELTO STARTER PACK 55
XATMEP 113
XCELLISTEM WOUND POWDER 230
XCOPRI 64
XCOPRI (250 MG DAILY DOSE) 64
XCOPRI (350 MG DAILY DOSE) 64
XDEMVY 421
XELJANZ 16
XELJANZ XR 16
XELPROS 428
XELRIA FE 172
XELSTRYM 2
XEMBIFY 434
XENAZINE 441
XENICAL 5
xenon xe 133 237
XENOVIEW 248
XENPOZYME 257
XEOMIN 408
XEPI 192
XERAC AC 201
XERAVA 450
XERESE 201
XERMELO 279
XEROFORM NON-OCCLUSIVE GAUZE 224
XEROFORM OCCLUSIVE GAUZE PATCH 224
XEROFORM OCCLUSIVE GAUZE STRIP 224
XEROFORM OIL EMULSION 2"X2" 224
XEROFORM OIL EMULSION STRIP 224
XEROFORM OIL ROLL 4"X9' 224
XEROFORM PETROLAT GAUZE 1"X8" 224
XEROFORM PETROLAT GAUZE 5"X9" 224
XEROFORM PETROLAT PATCH 2"X2" 224
XEROFORM PETROLAT PATCH 4"X4" 224
xeroform petrolatum dres 4"x4" 224
xeroform petrolatum dres 5"x9" 224
XEROFORM PETROLATUM ROLL 4"X9' 224
XGEVA 268
XHANCE 404
XIAFLEX 379
XICLO 195
XICLOFEN 196
XIFAXAN 102
XIFYRM 24
XIGDUO XR 80, 81
XIIDRA 417
XIPERE 426
xirun 208
XOCOVA 152
XOFIGO 127
XOFLUZA (40 MG DOSE) ... 152
XOFLUZA (80 MG DOSE) ... 152
XOLAIR 49, 50
XOLREMDI 297
XOPENEX HFA 51
XOSPATA 123

XPERT XPRESS SARS-COV-2 ... 246
XPHOZAH ... 259
XPOVIO (100 MG ONCE WEEKLY) ... 125
XPOVIO (40 MG ONCE WEEKLY) ... 125
XPOVIO (40 MG TWICE WEEKLY) ... 125
XPOVIO (60 MG ONCE WEEKLY) ... 125
XPOVIO (60 MG TWICE WEEKLY) ... 125
XPOVIO (80 MG ONCE WEEKLY) ... 125
XPOVIO (80 MG TWICE WEEKLY) ... 125
XROMI ... 297
XTAMPZA ER ... 38
XTANDI ... 111
XTORO ... 429
XTRENBO ... 268
XULANE ... 173
XULTOPHY ... 79
xurea ... 208
XURIDEN ... 262
XYLIDERM ... 222
XYLOCAINE ... 313
XYLOCAINE MPF +RFID ... 313
XYLOCAINE/EPINEPHRINE ... 310
XYLOCAINE-MPF ... 313
XYLOCAINE-MPF +RFID ... 313
XYLOCAINE-MPF/EPINEPHRINE ... 310
XYNTHA ... 290
XYNTHA SOLOFUSE ... 290
XYOSTED ... 41
XYREM ... 439
XYVONA ... 38
XYWAV ... 439
xyzbac ... 252
YARGESA ... 296
YARTEMLEA ... 292
YASMIN 28 ... 172
yaxatarxyn ... 207
YAZ ... 172
YCANTH ... 211
yellow dock ... 14
yellow hornet venom protein ... 14
yellow jacket venom protein ... 14
YERVOY ... 115
YESAFILI ... 429
YESCARTA ... 117
YESINTEK ... 199, 278
YEZTUGO ... 147
YF-VAX ... 465
YIMMUGO ... 434
yl folic acid ... 299
yokatar ... 207
YONDELIS ... 135
yoni fit bladder support kit 1 ... 336
yoni fit bladder support kit 2 ... 336
yoni fit bladder support kit 3 ... 337
yoni fit bladder support kit 4 ... 337
yoni fit bladder support kit 5 ... 337
YONSA ... 110
YORVIPATH ... 263
YOSPRALA ... 294
YUFLYMA (1 PEN) ... 20
YUFLYMA (2 PEN) ... 20
YUFLYMA (2 SYRINGE) ... 20
YUFLYMA-CD/UC/HS STARTER ... 20
YULITHIRA ... 122
YUPELRI ... 51
YUSIMRY ... 20
YUTIQ ... 426
YUTREPIA ... 162
YUVAFEM ... 466
YUVEZZI ... 417
YUVIWEL ... 265
ZACARE ... 189
zaclir cleansing ... 191
ZAFEMY ... 173
zafirlukast ... 52
zaleplon ... 307
ZALTRAP ... 137
zalvit ... 397
zanabin hydrogel ... 230
ZANAFLEX ... 401
ZANVASTRO ... 439
ZARONTIN ... 65
ZARXIO ... 300
ZAVESCA ... 296
ZAVZPRET ... 367
ZEJULA ... 135
zelac ... 84
ZELAPAR ... 138
ZELBORAF ... 119
ZELSUVMI ... 201
ZELVYSIA ... 267
ZEMAIRA ... 448
ZEMBRACE SYMTOUCH ... 369
ZEMDRI ... 15
ZEMPLAR ... 263
ZENATANE ... 191
ZENBEXUS ... 121
zenifiber ag ... 230
zenifoam ag ... 230
ZENPEP ... 255
zenvita ... 393
ZENVYRA ... 84
ZENZEDI ... 2, 3
ZEPATIER ... 151
ZEPBOUND ... 4
ZEPBOUND KWIKPEN ... 3
ZEPOSIA ... 448
ZEPOSIA 7-DAY STARTER PACK ... 448
ZEPOSIA STARTER KIT ... 448
ZEPZELCA ... 110
ZERBAXA ... 164
zeruvia ... 222
ZERVIATE ... 418
ZESTORETIC ... 96
ZESTRIL ... 97
ZETIA ... 95
ZEVALIN Y-90 ... 126
ZEVASKYN BATCH UP TO 12 SHEETS ... 230
zevrx insulin syringe ... 359
zevrx pen needles ... 359
zevrx twist top lancets 30g ... 336
ZEVTERA ... 167
ZIAGEN ... 149
ZIANA ... 189
ZICLOPRO ... 196
zidovudine ... 149
ZIEXTENZO ... 300
ZIIHERA ... 116
ZILBRYSQ ... 291
zileuton er ... 48
ZILRETTA ... 181
ZILXI ... 216
zinc chloride ... 376
zinc sulfate ... 376
ZINPLAVA ... 432
zionodil ... 213
zionodil 100 ... 213
ZIOPTAN ... 428
ziphex ... 397
ziprasidone hcl ... 140
ziprasidone mesylate ... 140
ZIPSOR ... 24
ZIRABEV ... 137

ZIRGAN 420
ZITHRANOL 200
ZITHROMAX 313
ZITHROMAX TRI-PAK 313
ZITHROMAX Z-PAK 314
ZITUVIMET 74
ZITUVIMET XR 74
ZITUVIO 74
ZOCOR 95
ZOKINVY 379
ZOLADEX 132
zoledronic acid 258
ZOLGENSMA 20.6-21.0 KG 409
ZOLGENSMA 10.1-10.5 KG . 409
ZOLGENSMA 10.6-11.0 KG . 409
ZOLGENSMA 11.1-11.5 KG . 409
ZOLGENSMA 11.6-12.0 KG . 409
ZOLGENSMA 12.1-12.5 KG . 409
ZOLGENSMA 12.6-13.0 KG . 410
ZOLGENSMA 13.1-13.5 KG . 410
ZOLGENSMA 13.6-14.0 KG . 410
ZOLGENSMA 14.1-14.5 KG . 410
ZOLGENSMA 14.6-15.0 KG . 410
ZOLGENSMA 15.1-15.5 KG . 410
ZOLGENSMA 15.6-16.0 KG . 410
ZOLGENSMA 16.1-16.5 KG . 410
ZOLGENSMA 16.6-17.0 KG . 410
ZOLGENSMA 17.1-17.5 KG . 410
ZOLGENSMA 17.6-18.0 KG . 410
ZOLGENSMA 18.1-18.5 KG . 410
ZOLGENSMA 18.6-19.0 KG . 410
ZOLGENSMA 19.1-19.5 KG . 410
ZOLGENSMA 19.6-20.0 KG . 410
ZOLGENSMA 2.6-3.0 KG 410
ZOLGENSMA 20.1-20.5 KG . 410
ZOLGENSMA 3.1-3.5 KG 410
ZOLGENSMA 3.6-4.0 KG 410
ZOLGENSMA 4.1-4.5 KG 410
ZOLGENSMA 4.6-5.0 KG 410
ZOLGENSMA 5.1-5.5 KG 410
ZOLGENSMA 5.6-6.0 KG 411
ZOLGENSMA 6.1-6.5 KG 411
ZOLGENSMA 6.6-7.0 KG 411
ZOLGENSMA 7.1-7.5 KG 411
ZOLGENSMA 7.6-8.0 KG 411
ZOLGENSMA 8.1-8.5 KG 411
ZOLGENSMA 8.6-9.0 KG 411
ZOLGENSMA 9.1-9.5 KG 411
ZOLGENSMA 9.6-10.0 KG ... 411
ZOLINZA 121
zolmitriptan 369
ZOLOFT 69
zolpidem tartrate 307
zolpidem tartrate er 307
ZOLYMBUS 428
ZOMACTON 262
ZOMIG 369
ZONALON 196
ZONEGRAN 64
ZONISADE 64
zonisamide 64
ZONTIVITY 294
ZORTRESS 382
ZORYVE 215
ZOSYN 436
ZOVIA 1/35 (28) 173
ZOVIRAX 201
ZTALMY 64
ZTLIDO 213
ZUBSOLV 40
ZUMANDIMINE 173
ZUNVEYL 440
ZURNAI 87
ZURZUVAE 67
ZUSDURI 126
ZYBIC 24
ZYCLARA PUMP 210
ZYCUBO 375
ZYDELIG 135
ZYKADIA 113
ZYLET 424
ZYMFENTRA (1 PEN) 280
ZYMFENTRA (2 PEN) 280
ZYMFENTRA (2 SYRINGE) 280
ZYNLONTA 114
ZYNRELEF 22
ZYNTEGLO 301
ZYNYZ 117
ZYOGREEN 235
ZYPITAMAG 95
ZYPREXA 145
ZYPREXA RELPREVV 145
ZYPREXA ZYDIS 145
ZYTIGA 111
zyvexol 252
ZYVOX 106