



The presence of a medication on this formulary list does not guarantee coverage.

To determine the most up-to-date formulary status of your medication, please call Elixir Solutions, the TakeCare pharmacy benefit manager at 1-800-361-4542.

To request an exception (Prior authorization, Step therapy, Quantity limit, Non-formulary) please call Elixir Solutions, the TakeCare pharmacy benefit manager at 1-800-361-4542.

CURRENT AS OF 12/1/2024

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| | | <p>Notes Formulary Exclusion = Formulary Exclusion Insufficient Evidence = Insufficient Evidence Medical Only Exclusion = Medical Only Exclusion Mony Code = Mony Code New to Market Exclusion = New to Market Exclusion Non Essential Drug Exclusion = Non Essential Drug Exclusion Non FDA Exclusion = Non FDA Exclusion PA = Prior Authorization QL Criteria Applies = QL Criteria Applies Specialty = Specialty ST = Step Therapy</p> |
| | <p>Tier 1 = Generic 2 = Preferred 3 = Non Preferred Non-Formulary = Non-Formulary</p> | |
| <p>lowercase italics = Generic drugs UPPERCASE = Brand name drugs</p> | | |

| Drug Name | Tier | Notes |
|---|---------------|---------------------|
| *ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS* | | |
| *Adhd Agent - Selective Alpha Adrenergic Agonists*** | | |
| <i>clonidine hcl er tablet extended release 12 hour 0.1 mg oral</i> | 1 | |
| <i>guanfacine hcl er tablet extended release 24 hour 1 mg oral</i> | 1 | |
| <i>guanfacine hcl er tablet extended release 24 hour 2 mg oral</i> | 1 | |
| <i>guanfacine hcl er tablet extended release 24 hour 3 mg oral</i> | 1 | |
| <i>guanfacine hcl er tablet extended release 24 hour 4 mg oral</i> | 1 | |
| INTUNIV TABLET EXTENDED RELEASE 24 HOUR 1 MG ORAL | Non-Formulary | Formulary Exclusion |
| INTUNIV TABLET EXTENDED RELEASE 24 HOUR 2 MG ORAL | Non-Formulary | Formulary Exclusion |
| INTUNIV TABLET EXTENDED RELEASE 24 HOUR 3 MG ORAL | Non-Formulary | Formulary Exclusion |
| INTUNIV TABLET EXTENDED RELEASE 24 HOUR 4 MG ORAL | Non-Formulary | Formulary Exclusion |
| KAPVAY TABLET EXTENDED RELEASE 12 HOUR 0.1 MG ORAL | Non-Formulary | Formulary Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|-------------------------|
| ONYDA XR SUSPENSION EXTENDED RELEASE 0.1 MG/ML ORAL | 3 | ST; QL |
| <i>*Adhd Agent - Selective Norepinephrine Reuptake Inhibitor***</i> | | |
| <i>atomoxetine hcl capsule 10 mg oral</i> | 1 | QL |
| <i>atomoxetine hcl capsule 100 mg oral</i> | 1 | QL |
| <i>atomoxetine hcl capsule 18 mg oral</i> | 1 | QL |
| <i>atomoxetine hcl capsule 25 mg oral</i> | 1 | QL |
| <i>atomoxetine hcl capsule 40 mg oral</i> | 1 | QL |
| <i>atomoxetine hcl capsule 60 mg oral</i> | 1 | QL |
| <i>atomoxetine hcl capsule 80 mg oral</i> | 1 | QL |
| QELBREE CAPSULE EXTENDED RELEASE 24 HOUR 100 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| QELBREE CAPSULE EXTENDED RELEASE 24 HOUR 150 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| QELBREE CAPSULE EXTENDED RELEASE 24 HOUR 200 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| STRATTERA CAPSULE 10 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| STRATTERA CAPSULE 100 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| STRATTERA CAPSULE 18 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| STRATTERA CAPSULE 25 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| STRATTERA CAPSULE 40 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| STRATTERA CAPSULE 60 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| STRATTERA CAPSULE 80 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| <i>*Amphetamine Mixtures***</i> | | |
| ADDERALL TABLET 10 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| ADDERALL TABLET 12.5 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| ADDERALL TABLET 15 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| ADDERALL TABLET 20 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| ADDERALL TABLET 30 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| ADDERALL TABLET 5 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| ADDERALL TABLET 7.5 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| ADDERALL XR CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| ADDERALL XR CAPSULE EXTENDED RELEASE 24 HOUR 15 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| ADDERALL XR CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| ADDERALL XR CAPSULE EXTENDED RELEASE 24 HOUR 25 MG ORAL | Non-Formulary | Formulary Exclusion; QL |

| Drug Name | Tier | Notes |
|---|---------------|-------------------------|
| ADDERALL XR CAPSULE EXTENDED RELEASE 24 HOUR 30 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| ADDERALL XR CAPSULE EXTENDED RELEASE 24 HOUR 5 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| <i>amphetamine-dextroamphetamine capsule extended release 24 hour 10 mg oral</i> | 1 | QL |
| <i>amphetamine-dextroamphetamine capsule extended release 24 hour 15 mg oral</i> | 1 | QL |
| <i>amphetamine-dextroamphetamine capsule extended release 24 hour 20 mg oral</i> | 1 | QL |
| <i>amphetamine-dextroamphetamine capsule extended release 24 hour 25 mg oral</i> | 1 | QL |
| <i>amphetamine-dextroamphetamine capsule extended release 24 hour 30 mg oral</i> | 1 | QL |
| <i>amphetamine-dextroamphetamine capsule extended release 24 hour 5 mg oral</i> | 1 | QL |
| <i>amphetamine-dextroamphetamine tablet 10 mg oral</i> | 1 | QL |
| <i>amphetamine-dextroamphetamine tablet 12.5 mg oral</i> | 1 | QL |
| <i>amphetamine-dextroamphetamine tablet 15 mg oral</i> | 1 | QL |
| <i>amphetamine-dextroamphetamine tablet 20 mg oral</i> | 1 | QL |
| <i>amphetamine-dextroamphetamine tablet 30 mg oral</i> | 1 | QL |
| <i>amphetamine-dextroamphetamine tablet 5 mg oral</i> | 1 | QL |
| <i>amphetamine-dextroamphetamine tablet 7.5 mg oral</i> | 1 | QL |
| <i>amphetamine-dextroamphetamine 3-bead capsule extended release 24 hour 12.5 mg oral</i> | 1 | QL |
| <i>amphetamine-dextroamphetamine 3-bead capsule extended release 24 hour 25 mg oral</i> | 1 | QL |
| <i>amphetamine-dextroamphetamine 3-bead capsule extended release 24 hour 37.5 mg oral</i> | 1 | QL |
| <i>amphetamine-dextroamphetamine 3-bead capsule extended release 24 hour 50 mg oral</i> | 1 | QL |
| MYDAYIS CAPSULE EXTENDED RELEASE 24 HOUR 12.5 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| MYDAYIS CAPSULE EXTENDED RELEASE 24 HOUR 25 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| MYDAYIS CAPSULE EXTENDED RELEASE 24 HOUR 37.5 MG ORAL | Non-Formulary | Formulary Exclusion; QL |

| Drug Name | Tier | Notes |
|---|---------------|-------------------------|
| MYDAYIS CAPSULE EXTENDED RELEASE 24 HOUR 50 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| *Amphetamines*** | | |
| ADZENYS ER SUSPENSION EXTENDED RELEASE 1.25 MG/ML ORAL | Non-Formulary | Formulary Exclusion; QL |
| ADZENYS XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 12.5 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| ADZENYS XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 15.7 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| ADZENYS XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 18.8 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| ADZENYS XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 3.1 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| ADZENYS XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 6.3 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| ADZENYS XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 9.4 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| <i>amphetamine er suspension extended release 1.25 mg/ml oral</i> | Non-Formulary | Formulary Exclusion; QL |
| <i>amphetamine sulfate tablet 10 mg oral</i> | Non-Formulary | Formulary Exclusion; QL |
| <i>amphetamine sulfate tablet 5 mg oral</i> | Non-Formulary | Formulary Exclusion; QL |
| DESOXYN TABLET 5 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| DEXEDRINE CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| DEXEDRINE CAPSULE EXTENDED RELEASE 24 HOUR 15 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| DEXEDRINE CAPSULE EXTENDED RELEASE 24 HOUR 5 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| <i>dextroamphetamine sulfate er capsule extended release 24 hour 10 mg oral</i> | 1 | QL |
| <i>dextroamphetamine sulfate er capsule extended release 24 hour 15 mg oral</i> | 1 | QL |
| <i>dextroamphetamine sulfate er capsule extended release 24 hour 5 mg oral</i> | 1 | QL |
| <i>dextroamphetamine sulfate solution 5 mg/5ml oral</i> | 1 | QL |
| <i>dextroamphetamine sulfate tablet 10 mg oral</i> | 1 | QL |
| <i>dextroamphetamine sulfate tablet 15 mg oral</i> | 1 | QL |
| <i>dextroamphetamine sulfate tablet 2.5 mg oral</i> | 1 | QL |
| <i>dextroamphetamine sulfate tablet 20 mg oral</i> | 1 | QL |
| <i>dextroamphetamine sulfate tablet 30 mg oral</i> | 1 | QL |
| <i>dextroamphetamine sulfate tablet 5 mg oral</i> | 1 | QL |

| Drug Name | Tier | Notes |
|---|---------------|-------------------------|
| <i>dextroamphetamine sulfate tablet 7.5 mg oral</i> | 1 | QL |
| DYANAVEL XR SUSPENSION EXTENDED RELEASE 2.5 MG/ML ORAL | Non-Formulary | Formulary Exclusion; QL |
| DYANAVEL XR TABLET EXTENDED RELEASE 10 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| DYANAVEL XR TABLET EXTENDED RELEASE 15 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| DYANAVEL XR TABLET EXTENDED RELEASE 20 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| DYANAVEL XR TABLET EXTENDED RELEASE 5 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| EVEKEO ODT TABLET DISPERSIBLE 10 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| EVEKEO ODT TABLET DISPERSIBLE 15 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| EVEKEO ODT TABLET DISPERSIBLE 20 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| EVEKEO ODT TABLET DISPERSIBLE 5 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| EVEKEO TABLET 10 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| EVEKEO TABLET 5 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| <i>lisdexamfetamine dimesylate capsule 10 mg oral</i> | 1 | QL |
| <i>lisdexamfetamine dimesylate capsule 20 mg oral</i> | 1 | QL |
| <i>lisdexamfetamine dimesylate capsule 30 mg oral</i> | 1 | QL |
| <i>lisdexamfetamine dimesylate capsule 40 mg oral</i> | 1 | QL |
| <i>lisdexamfetamine dimesylate capsule 50 mg oral</i> | 1 | QL |
| <i>lisdexamfetamine dimesylate capsule 60 mg oral</i> | 1 | QL |
| <i>lisdexamfetamine dimesylate capsule 70 mg oral</i> | 1 | QL |
| <i>lisdexamfetamine dimesylate tablet chewable 10 mg oral</i> | 1 | QL |
| <i>lisdexamfetamine dimesylate tablet chewable 20 mg oral</i> | 1 | QL |
| <i>lisdexamfetamine dimesylate tablet chewable 30 mg oral</i> | 1 | QL |
| <i>lisdexamfetamine dimesylate tablet chewable 40 mg oral</i> | 1 | QL |
| <i>lisdexamfetamine dimesylate tablet chewable 50 mg oral</i> | 1 | QL |
| <i>lisdexamfetamine dimesylate tablet chewable 60 mg oral</i> | 1 | QL |
| <i>methamphetamine hcl tablet 5 mg oral</i> | 1 | QL |
| PROCENTRA SOLUTION 5 MG/5ML ORAL | 1 | QL |

| Drug Name | Tier | Notes |
|--|---------------|---|
| VYVANSE CAPSULE 10 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| VYVANSE CAPSULE 20 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| VYVANSE CAPSULE 30 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| VYVANSE CAPSULE 40 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| VYVANSE CAPSULE 50 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| VYVANSE CAPSULE 60 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| VYVANSE CAPSULE 70 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| VYVANSE TABLET CHEWABLE 10 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| VYVANSE TABLET CHEWABLE 20 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| VYVANSE TABLET CHEWABLE 30 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| VYVANSE TABLET CHEWABLE 40 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| VYVANSE TABLET CHEWABLE 50 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| VYVANSE TABLET CHEWABLE 60 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| XELSTRYM PATCH 13.5 MG/9HR TRANSDERMAL | Non-Formulary | Formulary Exclusion; QL |
| XELSTRYM PATCH 18 MG/9HR TRANSDERMAL | Non-Formulary | Formulary Exclusion; QL |
| XELSTRYM PATCH 4.5 MG/9HR TRANSDERMAL | Non-Formulary | Formulary Exclusion; QL |
| XELSTRYM PATCH 9 MG/9HR TRANSDERMAL | Non-Formulary | Formulary Exclusion; QL |
| ZENZEDI TABLET 10 MG ORAL | 1 | QL |
| ZENZEDI TABLET 15 MG ORAL | Non-Formulary | Mony Code (MONY Code); Formulary Exclusion; QL |
| ZENZEDI TABLET 15 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| ZENZEDI TABLET 2.5 MG ORAL | Non-Formulary | Mony Code (MONY Code); Formulary Exclusion; QL |
| ZENZEDI TABLET 20 MG ORAL | Non-Formulary | Mony Code (MONY Code); Formulary Exclusion; QL |
| ZENZEDI TABLET 20 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| ZENZEDI TABLET 30 MG ORAL | Non-Formulary | Mony Code (MONY Code); Formulary Exclusion; QL |
| ZENZEDI TABLET 30 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| ZENZEDI TABLET 5 MG ORAL | 1 | QL |
| ZENZEDI TABLET 7.5 MG ORAL | Non-Formulary | Mony Code (MONY Code); Formulary Exclusion; QL |

| Drug Name | Tier | Notes |
|---|---------------|---|
| *Analeptics*** | | |
| CAFCIT SOLUTION 60 MG/3ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>caffeine citrate solution 20 mg/ml oral</i> | 1 | |
| <i>caffeine citrate solution 60 mg/3ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>caffeine citrate solution 60 mg/3ml oral</i> | 1 | |
| <i>caffeine-sodium benzoate solution 125-125 mg/ml injection</i> | Non-Formulary | Non FDA Exclusion |
| DOPRAM SOLUTION 20 MG/ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| *Anorexiant Combinations*** | | |
| PLENITY CAPSULE ORAL | Non-Formulary | Non FDA Exclusion |
| PLENITY WELCOME KIT CAPSULE ORAL | Non-Formulary | Non FDA Exclusion |
| QSYMIA CAPSULE EXTENDED RELEASE 24 HOUR 11.25-69 MG ORAL | 3 | PA; QL |
| QSYMIA CAPSULE EXTENDED RELEASE 24 HOUR 15-92 MG ORAL | 3 | PA; QL |
| QSYMIA CAPSULE EXTENDED RELEASE 24 HOUR 3.75-23 MG ORAL | 3 | PA; QL |
| QSYMIA CAPSULE EXTENDED RELEASE 24 HOUR 7.5-46 MG ORAL | 3 | PA; QL |
| *Anorexiants Non-Amphetamine*** | | |
| ADIPEX-P CAPSULE 37.5 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| ADIPEX-P TABLET 37.5 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| <i>benzphetamine hcl tablet 25 mg oral</i> | Non-Formulary | Mony Code (MONY Code); Formulary Exclusion; QL |
| <i>benzphetamine hcl tablet 50 mg oral</i> | Non-Formulary | Formulary Exclusion; QL |
| <i>diethylpropion hcl er tablet extended release 24 hour 75 mg oral</i> | Non-Formulary | Mony Code (MONY code issue); Formulary Exclusion; QL |
| <i>diethylpropion hcl er tablet extended release 24 hour 75 mg oral</i> | Non-Formulary | Mony Code (MONY Code); Formulary Exclusion; QL |
| <i>diethylpropion hcl tablet 25 mg oral</i> | Non-Formulary | Formulary Exclusion; QL |
| LOMAIRA TABLET 8 MG ORAL | 3 | QL |
| <i>phendimetrazine tartrate er capsule extended release 24 hour 105 mg oral</i> | Non-Formulary | Formulary Exclusion; QL |
| <i>phendimetrazine tartrate tablet 35 mg oral</i> | Non-Formulary | Formulary Exclusion; QL |
| <i>phentermine hcl capsule 15 mg oral</i> | 1 | QL |
| <i>phentermine hcl capsule 30 mg oral</i> | 1 | QL |
| <i>phentermine hcl capsule 37.5 mg oral</i> | 1 | QL |
| <i>phentermine hcl tablet 37.5 mg oral</i> | 1 | QL |

| Drug Name | Tier | Notes |
|---|---------------|-----------------------------|
| <i>*Anti-Obesity - Gip & Glp-1 Receptor Agonists***</i> | | |
| ZEPBOUND SOLUTION 2.5 MG/0.5ML SUBCUTANEOUS | Non-Formulary | New to Market Exclusion |
| ZEPBOUND SOLUTION 5 MG/0.5ML SUBCUTANEOUS | Non-Formulary | New to Market Exclusion |
| ZEPBOUND SOLUTION AUTO-INJECTOR 10 MG/0.5ML SUBCUTANEOUS | 2 | PA; QL |
| ZEPBOUND SOLUTION AUTO-INJECTOR 12.5 MG/0.5ML SUBCUTANEOUS | 2 | PA; QL |
| ZEPBOUND SOLUTION AUTO-INJECTOR 15 MG/0.5ML SUBCUTANEOUS | 2 | PA; QL |
| ZEPBOUND SOLUTION AUTO-INJECTOR 2.5 MG/0.5ML SUBCUTANEOUS | 2 | PA; QL |
| ZEPBOUND SOLUTION AUTO-INJECTOR 5 MG/0.5ML SUBCUTANEOUS | 2 | PA; QL |
| ZEPBOUND SOLUTION AUTO-INJECTOR 7.5 MG/0.5ML SUBCUTANEOUS | 2 | PA; QL |
| <i>*Anti-Obesity - Glp-1 Receptor Agonists***</i> | | |
| SAXENDA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS | 2 | PA; QL |
| WEGOVY SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML SUBCUTANEOUS | 2 | PA; QL |
| WEGOVY SOLUTION AUTO-INJECTOR 0.5 MG/0.5ML SUBCUTANEOUS | 2 | PA; QL |
| WEGOVY SOLUTION AUTO-INJECTOR 1 MG/0.5ML SUBCUTANEOUS | 2 | PA; QL |
| WEGOVY SOLUTION AUTO-INJECTOR 1.7 MG/0.75ML SUBCUTANEOUS | 2 | PA; QL |
| WEGOVY SOLUTION AUTO-INJECTOR 2.4 MG/0.75ML SUBCUTANEOUS | 2 | PA; QL |
| <i>*Anti-Obesity Agent Combinations**</i> | | |
| CONTRAVE TABLET EXTENDED RELEASE 12 HOUR 8-90 MG ORAL | Non-Formulary | PA; Formulary Exclusion; QL |
| <i>*Dopamine And Norepinephrine Reuptake Inhibitors (Dnris)***</i> | | |
| SUNOSI TABLET 150 MG ORAL | 2 | PA; QL |
| SUNOSI TABLET 75 MG ORAL | 2 | PA; QL |

| Drug Name | Tier | Notes |
|---|---------------|--|
| <i>*Histamine H3-Receptor Antagonist/Inverse Agonists***</i> | | |
| WAKIX TABLET 17.8 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion; QL |
| WAKIX TABLET 4.45 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion; QL |
| <i>*Lipase Inhibitors***</i> | | |
| <i>orlistat capsule 120 mg oral</i> | 3 | PA; QL |
| XENICAL CAPSULE 120 MG ORAL | 3 | PA; QL |
| <i>*Stimulant Combinations***</i> | | |
| AZSTARYS CAPSULE 26.1-5.2 MG ORAL | 2 | QL |
| AZSTARYS CAPSULE 39.2-7.8 MG ORAL | 2 | QL |
| AZSTARYS CAPSULE 52.3-10.4 MG ORAL | 2 | QL |
| <i>*Stimulants - Misc.***</i> | | |
| ADHANSIA XR CAPSULE EXTENDED RELEASE 24 HOUR 25 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| ADHANSIA XR CAPSULE EXTENDED RELEASE 24 HOUR 35 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| ADHANSIA XR CAPSULE EXTENDED RELEASE 24 HOUR 45 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| ADHANSIA XR CAPSULE EXTENDED RELEASE 24 HOUR 55 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| ADHANSIA XR CAPSULE EXTENDED RELEASE 24 HOUR 70 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| ADHANSIA XR CAPSULE EXTENDED RELEASE 24 HOUR 85 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| APTENSIO XR CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| APTENSIO XR CAPSULE EXTENDED RELEASE 24 HOUR 15 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| APTENSIO XR CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| APTENSIO XR CAPSULE EXTENDED RELEASE 24 HOUR 30 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| APTENSIO XR CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| APTENSIO XR CAPSULE EXTENDED RELEASE 24 HOUR 50 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| APTENSIO XR CAPSULE EXTENDED RELEASE 24 HOUR 60 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| <i>armodafinil tablet 150 mg oral</i> | 1 | QL |
| <i>armodafinil tablet 200 mg oral</i> | 1 | QL |

| Drug Name | Tier | Notes |
|--|---------------|---------------------------|
| <i>armodafinil tablet 200 mg oral</i> | 1 | Mony Code (MONY Code); QL |
| <i>armodafinil tablet 250 mg oral</i> | 1 | QL |
| <i>armodafinil tablet 50 mg oral</i> | 1 | QL |
| CONCERTA TABLET EXTENDED RELEASE 18 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| CONCERTA TABLET EXTENDED RELEASE 27 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| CONCERTA TABLET EXTENDED RELEASE 36 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| CONCERTA TABLET EXTENDED RELEASE 54 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| COTEMPLA XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 17.3 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| COTEMPLA XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 25.9 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| COTEMPLA XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 8.6 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| DAYTRANA PATCH 10 MG/9HR TRANSDERMAL | Non-Formulary | Formulary Exclusion; QL |
| DAYTRANA PATCH 15 MG/9HR TRANSDERMAL | Non-Formulary | Formulary Exclusion; QL |
| DAYTRANA PATCH 20 MG/9HR TRANSDERMAL | Non-Formulary | Formulary Exclusion; QL |
| DAYTRANA PATCH 30 MG/9HR TRANSDERMAL | Non-Formulary | Formulary Exclusion; QL |
| <i>dexmethylphenidate hcl er capsule extended release 24 hour 10 mg oral</i> | 1 | QL |
| <i>dexmethylphenidate hcl er capsule extended release 24 hour 15 mg oral</i> | 1 | QL |
| <i>dexmethylphenidate hcl er capsule extended release 24 hour 20 mg oral</i> | 1 | QL |
| <i>dexmethylphenidate hcl er capsule extended release 24 hour 25 mg oral</i> | 1 | QL |
| <i>dexmethylphenidate hcl er capsule extended release 24 hour 30 mg oral</i> | 1 | QL |
| <i>dexmethylphenidate hcl er capsule extended release 24 hour 35 mg oral</i> | 1 | QL |
| <i>dexmethylphenidate hcl er capsule extended release 24 hour 40 mg oral</i> | 1 | QL |
| <i>dexmethylphenidate hcl er capsule extended release 24 hour 5 mg oral</i> | 1 | QL |
| <i>dexmethylphenidate hcl tablet 10 mg oral</i> | 1 | QL |
| <i>dexmethylphenidate hcl tablet 2.5 mg oral</i> | 1 | QL |

| Drug Name | Tier | Notes |
|--|---------------|-------------------------|
| <i>dexmethylphenidate hcl tablet 5 mg oral</i> | 1 | QL |
| FOCALIN TABLET 10 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| FOCALIN TABLET 2.5 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| FOCALIN TABLET 5 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 15 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 25 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 30 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 35 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 5 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| JORNAY PM CAPSULE EXTENDED RELEASE 24 HOUR 100 MG ORAL | 2 | QL |
| JORNAY PM CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL | 2 | QL |
| JORNAY PM CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL | 2 | QL |
| JORNAY PM CAPSULE EXTENDED RELEASE 24 HOUR 60 MG ORAL | 2 | QL |
| JORNAY PM CAPSULE EXTENDED RELEASE 24 HOUR 80 MG ORAL | 2 | QL |
| METADATE CD CAPSULE EXTENDED RELEASE 10 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| METADATE CD CAPSULE EXTENDED RELEASE 20 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| METADATE CD CAPSULE EXTENDED RELEASE 30 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| METADATE CD CAPSULE EXTENDED RELEASE 40 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| METADATE CD CAPSULE EXTENDED RELEASE 50 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| METADATE CD CAPSULE EXTENDED RELEASE 60 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| METHYLIN SOLUTION 10 MG/5ML ORAL | Non-Formulary | Formulary Exclusion; QL |

| Drug Name | Tier | Notes |
|--|---------------|---|
| METHYLIN SOLUTION 5 MG/5ML ORAL | Non-Formulary | Formulary Exclusion; QL |
| <i>methylphenidate hcl er (cd) capsule extended release 10 mg oral</i> | 1 | QL |
| <i>methylphenidate hcl er (cd) capsule extended release 20 mg oral</i> | 1 | QL |
| <i>methylphenidate hcl er (cd) capsule extended release 30 mg oral</i> | 1 | QL |
| <i>methylphenidate hcl er (cd) capsule extended release 40 mg oral</i> | 1 | QL |
| <i>methylphenidate hcl er (cd) capsule extended release 50 mg oral</i> | 1 | QL |
| <i>methylphenidate hcl er (cd) capsule extended release 60 mg oral</i> | 1 | QL |
| <i>methylphenidate hcl er (la) capsule extended release 24 hour 10 mg oral</i> | Non-Formulary | Formulary Exclusion; QL |
| <i>methylphenidate hcl er (la) capsule extended release 24 hour 20 mg oral</i> | 1 | QL |
| <i>methylphenidate hcl er (la) capsule extended release 24 hour 30 mg oral</i> | 1 | QL |
| <i>methylphenidate hcl er (la) capsule extended release 24 hour 40 mg oral</i> | 1 | QL |
| <i>methylphenidate hcl er (la) capsule extended release 24 hour 60 mg oral</i> | Non-Formulary | Formulary Exclusion; QL |
| <i>methylphenidate hcl er (osm) tablet extended release 18 mg oral</i> | 1 | QL |
| <i>methylphenidate hcl er (osm) tablet extended release 27 mg oral</i> | 1 | QL |
| <i>methylphenidate hcl er (osm) tablet extended release 27 mg oral</i> | Non-Formulary | Mony Code (MONY Code); Formulary Exclusion; QL |
| <i>methylphenidate hcl er (osm) tablet extended release 36 mg oral</i> | 1 | QL |
| <i>methylphenidate hcl er (osm) tablet extended release 36 mg oral</i> | Non-Formulary | Mony Code (MONY Code); Formulary Exclusion; QL |
| <i>methylphenidate hcl er (osm) tablet extended release 45 mg oral</i> | Non-Formulary | Formulary Exclusion; QL |
| <i>methylphenidate hcl er (osm) tablet extended release 54 mg oral</i> | 1 | QL |
| <i>methylphenidate hcl er (osm) tablet extended release 54 mg oral</i> | Non-Formulary | Mony Code (MONY Code); Formulary Exclusion; QL |
| <i>methylphenidate hcl er (osm) tablet extended release 63 mg oral</i> | Non-Formulary | Formulary Exclusion; QL |
| <i>methylphenidate hcl er (osm) tablet extended release 72 mg oral</i> | Non-Formulary | Formulary Exclusion; QL |

| Drug Name | Tier | Notes |
|--|---------------|---|
| <i>methylphenidate hcl er (osm) tablet extended release 72 mg oral</i> | Non-Formulary | Mony Code (MONY Code); Formulary Exclusion; QL |
| <i>methylphenidate hcl er (xr) capsule extended release 24 hour 10 mg oral</i> | Non-Formulary | Formulary Exclusion; QL |
| <i>methylphenidate hcl er (xr) capsule extended release 24 hour 15 mg oral</i> | Non-Formulary | Formulary Exclusion; QL |
| <i>methylphenidate hcl er (xr) capsule extended release 24 hour 20 mg oral</i> | Non-Formulary | Formulary Exclusion; QL |
| <i>methylphenidate hcl er (xr) capsule extended release 24 hour 30 mg oral</i> | Non-Formulary | Formulary Exclusion; QL |
| <i>methylphenidate hcl er (xr) capsule extended release 24 hour 40 mg oral</i> | Non-Formulary | Formulary Exclusion; QL |
| <i>methylphenidate hcl er (xr) capsule extended release 24 hour 50 mg oral</i> | Non-Formulary | Formulary Exclusion; QL |
| <i>methylphenidate hcl er (xr) capsule extended release 24 hour 60 mg oral</i> | Non-Formulary | Formulary Exclusion; QL |
| <i>methylphenidate hcl er tablet extended release 10 mg oral</i> | 1 | QL |
| <i>methylphenidate hcl er tablet extended release 20 mg oral</i> | 1 | QL |
| <i>methylphenidate hcl er tablet extended release 24 hour 18 mg oral</i> | Non-Formulary | Mony Code (MONY Code); Formulary Exclusion; QL |
| <i>methylphenidate hcl er tablet extended release 24 hour 27 mg oral</i> | Non-Formulary | Mony Code (MONY Code); Formulary Exclusion; QL |
| <i>methylphenidate hcl er tablet extended release 24 hour 36 mg oral</i> | Non-Formulary | Mony Code (MONY Code); Formulary Exclusion; QL |
| <i>methylphenidate hcl er tablet extended release 24 hour 54 mg oral</i> | Non-Formulary | Mony Code (MONY Code); Formulary Exclusion; QL |
| <i>methylphenidate hcl solution 10 mg/5ml oral</i> | 1 | QL |
| <i>methylphenidate hcl solution 5 mg/5ml oral</i> | 1 | QL |
| <i>methylphenidate hcl tablet 10 mg oral</i> | 1 | QL |
| <i>methylphenidate hcl tablet 20 mg oral</i> | 1 | QL |
| <i>methylphenidate hcl tablet 5 mg oral</i> | 1 | QL |
| <i>methylphenidate hcl tablet chewable 10 mg oral</i> | 1 | QL |
| <i>methylphenidate hcl tablet chewable 10 mg oral</i> | 1 | Mony Code (MONY Code); QL |
| <i>methylphenidate hcl tablet chewable 2.5 mg oral</i> | 1 | QL |
| <i>methylphenidate hcl tablet chewable 2.5 mg oral</i> | 1 | Mony Code (MONY Code); QL |
| <i>methylphenidate hcl tablet chewable 5 mg oral</i> | 1 | QL |
| <i>methylphenidate hcl tablet chewable 5 mg oral</i> | 1 | Mony Code (MONY Code); QL |
| <i>methylphenidate patch 10 mg/9hr transdermal</i> | 1 | QL |
| <i>methylphenidate patch 15 mg/9hr transdermal</i> | 1 | QL |
| <i>methylphenidate patch 20 mg/9hr transdermal</i> | 1 | QL |

| Drug Name | Tier | Notes |
|---|---------------|---|
| <i>methylphenidate patch 30 mg/9hr transdermal</i> | 1 | QL |
| <i>modafinil tablet 100 mg oral</i> | 1 | QL |
| <i>modafinil tablet 200 mg oral</i> | 1 | QL |
| NUVIGIL TABLET 150 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| NUVIGIL TABLET 200 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| NUVIGIL TABLET 250 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| NUVIGIL TABLET 50 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| PROVIGIL TABLET 100 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| PROVIGIL TABLET 200 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| QUILLICHEW ER TABLET CHEWABLE EXTENDED RELEASE 20 MG ORAL | 2 | QL |
| QUILLICHEW ER TABLET CHEWABLE EXTENDED RELEASE 30 MG ORAL | 2 | QL |
| QUILLICHEW ER TABLET CHEWABLE EXTENDED RELEASE 40 MG ORAL | 2 | QL |
| QUILLIVANT XR SUSPENSION RECONSTITUTED ER 25 MG/5ML ORAL | 2 | QL |
| RELEXXII TABLET EXTENDED RELEASE 18 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| RELEXXII TABLET EXTENDED RELEASE 27 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| RELEXXII TABLET EXTENDED RELEASE 36 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| RELEXXII TABLET EXTENDED RELEASE 45 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| RELEXXII TABLET EXTENDED RELEASE 54 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| RELEXXII TABLET EXTENDED RELEASE 63 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| RELEXXII TABLET EXTENDED RELEASE 72 MG ORAL | Non-Formulary | Mony Code (MONY Code); Formulary Exclusion; QL |
| RITALIN LA CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| RITALIN LA CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| RITALIN LA CAPSULE EXTENDED RELEASE 24 HOUR 30 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| RITALIN LA CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| RITALIN TABLET 10 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| RITALIN TABLET 20 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| RITALIN TABLET 5 MG ORAL | Non-Formulary | Formulary Exclusion; QL |

| Drug Name | Tier | Notes |
|---|---------------|------------------------|
| *ALLERGENIC EXTRACTS/BIOLOGICALS MISC* | | |
| *Allergenic Extracts*** | | |
| <i>acacia pollen solution 1:40 injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>acacia solution 1:20 subcutaneous</i> | Non-Formulary | Medical Only Exclusion |
| <i>alder solution 1:20 subcutaneous</i> | Non-Formulary | Medical Only Exclusion |
| <i>alternaria alternata solution 1:20 injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>american beech pollen solution 1:20 subcutaneous</i> | Non-Formulary | Medical Only Exclusion |
| <i>american beech solution 1:20 subcutaneous</i> | Non-Formulary | Medical Only Exclusion |
| <i>american cockroach solution 1:20 subcutaneous</i> | Non-Formulary | Medical Only Exclusion |
| <i>american elm solution 1:20 injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>american elm solution 1:20 subcutaneous</i> | Non-Formulary | Medical Only Exclusion |
| <i>american sycamore solution 1:20 injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>arizona cypress solution 1:20 subcutaneous</i> | Non-Formulary | Medical Only Exclusion |
| <i>aspen pollen solution 1:20 injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>aspergillus fumigatus solution 1:10 injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>aspergillus fumigatus solution 1:20 injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>aureobasidium pullulans solution 1:20 injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>australian pine solution 1:20 subcutaneous</i> | Non-Formulary | Medical Only Exclusion |
| <i>bahia solution 1:20 subcutaneous</i> | Non-Formulary | Medical Only Exclusion |
| <i>bald cypress solution 1:20 subcutaneous</i> | Non-Formulary | Medical Only Exclusion |
| <i>bayberry (wax myrtle) solution 1:20 subcutaneous</i> | Non-Formulary | Medical Only Exclusion |
| <i>bermuda grass solution 10000 bau/ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>bermuda grass solution 10000 bau/ml subcutaneous</i> | Non-Formulary | Medical Only Exclusion |
| <i>bipolaris sorokiniana solution 1:20 injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>black walnut pollen (1:10) solution 75000 pnu/ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>black walnut pollen (1:20) solution 75000 pnu/ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>black walnut pollen solution 1:20 injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>black walnut pollen solution 20000 pnu/ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>black walnut pollen solution 40000 pnu/ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>black willow solution 1:20 injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>black willow solution 1:20 subcutaneous</i> | Non-Formulary | Medical Only Exclusion |
| <i>black/sweet birch pollen solution 1:20 injection</i> | Non-Formulary | Medical Only Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|------------------------|
| <i>botrytis cinerea solution 1:20 injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>botrytis cinerea solution 43000 pnu/ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>box elder pollen solution 1:20 injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>brome solution 1:20 subcutaneous</i> | Non-Formulary | Medical Only Exclusion |
| <i>california pepper tree solution 1:20 subcutaneous</i> | Non-Formulary | Medical Only Exclusion |
| <i>candida albicans extract solution 1:1000 injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>candida albicans extract solution 100 mg/ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>cat hair extract solution 10000 bau/ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>cat hair extract solution 10000 bau/ml subcutaneous</i> | Non-Formulary | Medical Only Exclusion |
| <i>cat hair extract solution 5000 bau/ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>cattle epithelium solution 1:20 subcutaneous</i> | Non-Formulary | Medical Only Exclusion |
| <i>cedar elm solution 1:20 subcutaneous</i> | Non-Formulary | Medical Only Exclusion |
| <i>cladosporium cladosporioides solution 1:20 injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>cladosporium cladosporioides solution 1:20 intradermal</i> | Non-Formulary | Medical Only Exclusion |
| <i>cladosporium cladosporioides solution 64000 pnu/ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>cladosporium sphaerospermum solution 1:20 injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>cocklebur solution 1:20 subcutaneous</i> | Non-Formulary | Medical Only Exclusion |
| <i>corn pollen solution 1:20 subcutaneous</i> | Non-Formulary | Medical Only Exclusion |
| <i>dandelion solution 1:20 subcutaneous</i> | Non-Formulary | Medical Only Exclusion |
| <i>dog epithelium solution 1:10 subcutaneous</i> | Non-Formulary | Medical Only Exclusion |
| <i>dog epithelium solution 1:20 subcutaneous</i> | Non-Formulary | Medical Only Exclusion |
| <i>dog fennel solution 1:20 subcutaneous</i> | Non-Formulary | Medical Only Exclusion |
| <i>eastern cottonwood solution 1:20 injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>eastern cottonwood solution 1:20 subcutaneous</i> | Non-Formulary | Medical Only Exclusion |
| <i>english plantain solution 1:20 injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>epicoccum nigrum solution 1:10 injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>fire ant solution 1:10 subcutaneous</i> | Non-Formulary | Medical Only Exclusion |
| <i>fire ant solution 1:20 subcutaneous</i> | Non-Formulary | Medical Only Exclusion |
| <i>german cockroach solution 1:20 subcutaneous</i> | Non-Formulary | Medical Only Exclusion |
| <i>goldenrod solution 1:20 subcutaneous</i> | Non-Formulary | Medical Only Exclusion |
| <i>grass pollen mixture of 6 solution 100000 bau/ml injection</i> | Non-Formulary | Medical Only Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|------------------------|
| <i>grass pollen(k-o-r-t-swt vern) solution 100000 bau/ml injection</i> | Non-Formulary | Medical Only Exclusion |
| GRASTEK TABLET SUBLINGUAL 2800 BAU SUBLINGUAL | 3 | |
| <i>green ash pollen solution 1:20 injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>hackberry solution 1:20 subcutaneous</i> | Non-Formulary | Medical Only Exclusion |
| HONEY BEE VENOM PROTEIN SOLUTION RECONSTITUTED 1300 MCG INJECTION | Non-Formulary | Medical Only Exclusion |
| HONEY BEE VENOM PROTEIN SOLUTION RECONSTITUTED 550 MCG INJECTION | Non-Formulary | Medical Only Exclusion |
| <i>horse epithelium solution 1:10 subcutaneous</i> | Non-Formulary | Medical Only Exclusion |
| <i>horse epithelium solution 1:20 subcutaneous</i> | Non-Formulary | Medical Only Exclusion |
| <i>johnson grass solution 1:20 subcutaneous</i> | Non-Formulary | Medical Only Exclusion |
| <i>june grass pollen standardized solution 100000 bau/ml subcutaneous</i> | Non-Formulary | Medical Only Exclusion |
| <i>kochia solution 1:20 subcutaneous</i> | Non-Formulary | Medical Only Exclusion |
| <i>lenscale solution 1:20 subcutaneous</i> | Non-Formulary | Medical Only Exclusion |
| <i>meadow fescue grass pollen solution 100000 bau/ml subcutaneous</i> | Non-Formulary | Medical Only Exclusion |
| <i>melaleuca solution 1:20 subcutaneous</i> | Non-Formulary | Medical Only Exclusion |
| <i>mesquite solution 1:20 subcutaneous</i> | Non-Formulary | Medical Only Exclusion |
| <i>mite (d. farinae) solution 10000 au/ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>mite (d. farinae) solution 10000 au/ml subcutaneous</i> | Non-Formulary | Medical Only Exclusion |
| <i>mite (d. farinae) solution 30000 au/ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>mite (d. farinae) solution 5000 au/ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>mite (d. pteronyssinus) solution 10000 au/ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>mite (d. pteronyssinus) solution 10000 au/ml subcutaneous</i> | Non-Formulary | Medical Only Exclusion |
| <i>mite (d. pteronyssinus) solution 30000 au/ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>mite (d. pteronyssinus) solution 5000 au/ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>mixed ragweed solution 1:20 subcutaneous</i> | Non-Formulary | Medical Only Exclusion |
| <i>mixed vespid venom protein solution reconstituted 1300-1300-1300 mcg injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>mixed vespid venom protein solution reconstituted 550-550-550 mcg injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>mountain cedar pollen solution 1:20 injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>mountain cedar solution 1:20 subcutaneous</i> | Non-Formulary | Medical Only Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|------------------------|
| <i>mouse epithelium solution 1:20 subcutaneous</i> | Non-Formulary | Medical Only Exclusion |
| <i>mucor solution 1:20 injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>mucor solution 1:20 intradermal</i> | Non-Formulary | Medical Only Exclusion |
| <i>mugwort solution 1:20 subcutaneous</i> | Non-Formulary | Medical Only Exclusion |
| <i>nettle solution 1:40 injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>olive tree solution 1:20 subcutaneous</i> | Non-Formulary | Medical Only Exclusion |
| <i>orchard grass pollen solution 100000 bau/ml subcutaneous</i> | Non-Formulary | Medical Only Exclusion |
| <i>oregon ash pollen solution 1:20 injection</i> | Non-Formulary | Medical Only Exclusion |
| PALFORZIA (12 MG DAILY DOSE) 2 X 1 MG & 10 MG ORAL | 3 | |
| PALFORZIA (120 MG DAILY DOSE) 20 MG & 100 MG ORAL | 3 | |
| PALFORZIA (160 MG DAILY DOSE) 3 X 20 MG & 100 MG ORAL | 3 | |
| PALFORZIA (20 MG DAILY DOSE) 20 MG ORAL | 3 | |
| PALFORZIA (200 MG DAILY DOSE) 2 X 100 MG ORAL | 3 | |
| PALFORZIA (240 MG DAILY DOSE) 2 X 20 MG & 2 X 100 MG ORAL | 3 | |
| PALFORZIA (3 MG DAILY DOSE) 3 X 1 MG ORAL | 3 | |
| PALFORZIA (300 MG MAINTENANCE) PACKET 300 MG ORAL | 3 | QL |
| PALFORZIA (300 MG TITRATION) PACKET 300 MG ORAL | 3 | |
| PALFORZIA (40 MG DAILY DOSE) 2 X 20 MG ORAL | 3 | |
| PALFORZIA (6 MG DAILY DOSE) 6 X 1 MG ORAL | 3 | |
| PALFORZIA (80 MG DAILY DOSE) 4 X 20 MG ORAL | 3 | |
| PALFORZIA INITIAL ESCALATION 0.5 & 1 & 1.5 & 3 & 6 MG ORAL | 3 | |
| <i>pecan pollen solution 1:20 injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>penicillium notatum solution 1:10 injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>penicillium notatum solution 1:20 injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>perennial rye grass pollen solution 10000 bau/ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>perennial rye grass pollen solution 100000 bau/ml injection</i> | Non-Formulary | Medical Only Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|------------------------|
| <i>privet solution 1:20 subcutaneous</i> | Non-Formulary | Medical Only Exclusion |
| <i>queen palm solution 1:20 subcutaneous</i> | Non-Formulary | Medical Only Exclusion |
| <i>rabbit epithelium solution 1:10 subcutaneous</i> | Non-Formulary | Medical Only Exclusion |
| <i>rabbit epithelium solution 1:20 subcutaneous</i> | Non-Formulary | Medical Only Exclusion |
| RAGWITEK TABLET SUBLINGUAL 12 AMB A 1-U SUBLINGUAL | 3 | |
| <i>red alder pollen solution 1:20 injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>red cedar solution 1:20 injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>red maple solution 1:20 injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>red maple solution 1:20 subcutaneous</i> | Non-Formulary | Medical Only Exclusion |
| <i>red mulberry solution 1:20 subcutaneous</i> | Non-Formulary | Medical Only Exclusion |
| <i>red oak solution 1:20 injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>red top grass pollen solution 100000 bau/ml subcutaneous</i> | Non-Formulary | Medical Only Exclusion |
| <i>river birch pollen solution 1:20 injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>rough marsh elder solution 1:20 subcutaneous</i> | Non-Formulary | Medical Only Exclusion |
| <i>rough pigweed solution 1:20 injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>russian thistle solution 1:20 subcutaneous</i> | Non-Formulary | Medical Only Exclusion |
| <i>saccharomyces cerevisiae solution 1:20 injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>sagebrush solution 1:20 injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>shagbark hickory solution 1:20 subcutaneous</i> | Non-Formulary | Medical Only Exclusion |
| <i>sheep sorrel solution 1:20 subcutaneous</i> | Non-Formulary | Medical Only Exclusion |
| <i>short ragweed pollen ext solution 1:20 subcutaneous</i> | Non-Formulary | Medical Only Exclusion |
| <i>spiny pigweed solution 1:20 subcutaneous</i> | Non-Formulary | Medical Only Exclusion |
| <i>spring birch pollen solution 1:20 subcutaneous</i> | Non-Formulary | Medical Only Exclusion |
| <i>sweet gum solution 1:20 subcutaneous</i> | Non-Formulary | Medical Only Exclusion |
| <i>sweet vernal grass pollen solution 100000 bau/ml subcutaneous</i> | Non-Formulary | Medical Only Exclusion |
| <i>tall ragweed solution 1:20 subcutaneous</i> | Non-Formulary | Medical Only Exclusion |
| <i>timothy grass pollen allergen solution 10000 bau/ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>timothy grass pollen allergen solution 100000 bau/ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>timothy grass pollen allergen solution 100000 bau/ml subcutaneous</i> | Non-Formulary | Medical Only Exclusion |
| <i>tree mix 9 solution 1:20 injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>trichophyton mentagrophytes solution 1:20 subcutaneous</i> | Non-Formulary | Medical Only Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|------------------------|
| VENOMIL HONEY BEE VENOM KIT 12 MCG INJECTION | Non-Formulary | Medical Only Exclusion |
| VENOMIL HONEY BEE VENOM KIT 120 MCG INJECTION | Non-Formulary | Medical Only Exclusion |
| VENOMIL MIXED VESPID VENOM SOLUTION RECONSTITUTED 550-550-550 MCG INJECTION | Non-Formulary | Medical Only Exclusion |
| VENOMIL WASP VENOM KIT 12 MCG INJECTION | Non-Formulary | Medical Only Exclusion |
| VENOMIL WASP VENOM KIT 120 MCG INJECTION | Non-Formulary | Medical Only Exclusion |
| VENOMIL WHITE FACED HORNET KIT 12 MCG INJECTION | Non-Formulary | Medical Only Exclusion |
| VENOMIL WHITE FACED HORNET KIT 120 MCG INJECTION | Non-Formulary | Medical Only Exclusion |
| VENOMIL YELLOW HORNET VENOM KIT 12 MCG INJECTION | Non-Formulary | Medical Only Exclusion |
| VENOMIL YELLOW HORNET VENOM KIT 120 MCG INJECTION | Non-Formulary | Medical Only Exclusion |
| VENOMIL YELLOW JACKET VENOM KIT 12 MCG INJECTION | Non-Formulary | Medical Only Exclusion |
| VENOMIL YELLOW JACKET VENOM KIT 120 MCG INJECTION | Non-Formulary | Medical Only Exclusion |
| <i>wasp venom protein solution reconstituted 1300 mcg injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>wasp venom protein solution reconstituted 550 mcg injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>western juniper solution 1:20 subcutaneous</i> | Non-Formulary | Medical Only Exclusion |
| <i>western juniper solution 1:40 injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>white alder solution 1:20 injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>white ash pollen solution 1:20 injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>white ash pollen solution 40000 pnu/ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>white birch solution 1:20 injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>white birch solution 1:20 subcutaneous</i> | Non-Formulary | Medical Only Exclusion |
| <i>white mulberry solution 1:20 subcutaneous</i> | Non-Formulary | Medical Only Exclusion |
| <i>white oak solution 1:20 subcutaneous</i> | Non-Formulary | Medical Only Exclusion |
| <i>white pine solution 1:20 subcutaneous</i> | Non-Formulary | Medical Only Exclusion |
| WHITE-FACED HORNET VENOM SOLUTION RECONSTITUTED 1300 MCG INJECTION | Non-Formulary | Medical Only Exclusion |
| WHITE-FACED HORNET VENOM SOLUTION RECONSTITUTED 550 MCG INJECTION | Non-Formulary | Medical Only Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|------------------------|
| <i>yellow dock solution 1:20 subcutaneous</i> | Non-Formulary | Medical Only Exclusion |
| <i>yellow hornet venom protein solution reconstituted 550 mcg injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>yellow jacket venom protein solution reconstituted 1300 mcg injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>yellow jacket venom protein solution reconstituted 550 mcg injection</i> | Non-Formulary | Medical Only Exclusion |
| *Mixed Allergenic Extracts*** | | |
| <i>cockroach mixed allergen ext solution 1:20 injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>dust mite mixed allergen ext solution 10000 au/ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>dust mite mixed allergen ext solution 10000 au/ml subcutaneous</i> | Non-Formulary | Medical Only Exclusion |
| <i>dust mite mixed allergen ext solution 30000 au/ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>mixed feathers solution 1:20 subcutaneous</i> | Non-Formulary | Medical Only Exclusion |
| ODACTRA TABLET SUBLINGUAL 12 SQ-HDM SUBLINGUAL | 3 | |
| ORALAIR TABLET SUBLINGUAL 300 IR SUBLINGUAL | 3 | |
| <i>sheep sorrel-yellow dock solution 1:20 injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>short ragweed-giant ragweed solution 1:20 injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>sorrel/dock mix solution 1:20 injection</i> | Non-Formulary | Medical Only Exclusion |
| *ALTERNATIVE MEDICINES* | | |
| *Alternative Medicine - Al's*** | | |
| <i>alpha-lipoic acid solution 25 mg/ml injection</i> | Non-Formulary | Non FDA Exclusion |
| NEOKE RA LIPOIC POWDER 800 MG/GM ORAL | Non-Formulary | Non FDA Exclusion |
| *Alternative Medicine - Me's*** | | |
| MELATOL PEDIATRIC SLEEP/CALM LIQUID 1 MG/ML ORAL | Non-Formulary | Non FDA Exclusion |
| *Alternative Medicine - Pi's*** | | |
| PYCNOGENOL CAPSULE 50 MG ORAL | Non-Formulary | Non FDA Exclusion |
| *Alternative Medicine - Pr's*** | | |
| EC-RX DHEA CREAM 10 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| EC-RX DHEA CREAM 4 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| *Alternative Medicine - Ub*** | | |
| <i>coenzyme q-10 solution 20 mg/ml injection</i> | Non-Formulary | Non FDA Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|---|
| *AMEBICIDES* | | |
| <i>*Amebicides***</i> | | |
| SOLOSEC PACKET 2 GM ORAL | 2 | |
| *AMINOGLYCOSIDES* | | |
| <i>*Aminoglycosides***</i> | | |
| <i>amikacin sulfate solution 1 gm/4ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>amikacin sulfate solution 500 mg/2ml injection</i> | Non-Formulary | Medical Only Exclusion |
| BETHKIS NEBULIZATION SOLUTION 300 MG/4ML INHALATION | Non-Formulary | PA; Specialty; Formulary Exclusion; QL |
| <i>gentamicin in saline solution 0.8-0.9 mg/ml-% intravenous</i> | Non-Formulary | Medical Only Exclusion; Mony Code (MONY CODE ISSUE) |
| <i>gentamicin in saline solution 1.2-0.9 mg/ml-% intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>gentamicin in saline solution 1.6-0.9 mg/ml-% intravenous</i> | Non-Formulary | Medical Only Exclusion; Mony Code (MONY CODE ISSUE) |
| <i>gentamicin in saline solution 1-0.9 mg/ml-% intravenous</i> | Non-Formulary | Medical Only Exclusion; Mony Code (MONY CODE ISSUE) |
| <i>gentamicin in saline solution 2-0.9 mg/ml-% intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>gentamicin sulfate solution 10 mg/ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>gentamicin sulfate solution 10 mg/ml injection</i> | Non-Formulary | Medical Only Exclusion; Mony Code (MONY CODE ISSUE) |
| <i>gentamicin sulfate solution 40 mg/ml injection</i> | Non-Formulary | Medical Only Exclusion |
| HUMATIN CAPSULE 250 MG ORAL | 2 | |
| KITABIS PAK NEBULIZATION SOLUTION 300 MG/5ML INHALATION | Non-Formulary | PA; Specialty; Formulary Exclusion; QL |
| <i>neomycin sulfate tablet 500 mg oral</i> | 1 | |
| <i>paromomycin sulfate capsule 250 mg oral</i> | 1 | Mony Code (MONY Code) |
| <i>streptomycin sulfate solution reconstituted 1 gm intramuscular</i> | Non-Formulary | Medical Only Exclusion |
| TOBI NEBULIZATION SOLUTION 300 MG/5ML INHALATION | Non-Formulary | PA; Specialty; Formulary Exclusion; QL |
| TOBI PODHALER CAPSULE 28 MG INHALATION | Tier 4 | PA; Specialty; QL |
| <i>tobramycin nebulization solution 300 mg/4ml inhalation</i> | Tier 4 | PA; Specialty; QL |
| <i>tobramycin nebulization solution 300 mg/5ml inhalation</i> | Tier 4 | PA; Specialty; QL |
| <i>tobramycin nebulization solution 300 mg/5ml inhalation</i> | Tier 4 | PA; Mony Code (MONY Code); Specialty; QL |
| <i>tobramycin sulfate solution 1.2 gm/30ml injection</i> | Non-Formulary | Medical Only Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|---|
| <i>tobramycin sulfate solution 10 mg/ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>tobramycin sulfate solution 10 mg/ml injection</i> | Non-Formulary | Medical Only Exclusion; Mony Code (MONY CODE ISSUE) |
| <i>tobramycin sulfate solution 2 gm/50ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>tobramycin sulfate solution 80 mg/2ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>tobramycin sulfate solution reconstituted 1.2 gm injection</i> | Non-Formulary | Medical Only Exclusion |
| ZEMDRI SOLUTION 500 MG/10ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |

ANALGESICS - ANTI-INFLAMMATORY

****Antirheumatic - Janus Kinase (Jak) Inhibitors******

| | | |
|---|--------|-------------------|
| RINVOQ LQ SOLUTION 1 MG/ML ORAL | Tier 4 | PA; Specialty |
| RINVOQ TABLET EXTENDED RELEASE 24 HOUR 15 MG ORAL | Tier 4 | PA; Specialty |
| RINVOQ TABLET EXTENDED RELEASE 24 HOUR 30 MG ORAL | Tier 4 | PA; Specialty |
| RINVOQ TABLET EXTENDED RELEASE 24 HOUR 45 MG ORAL | Tier 4 | PA; Specialty |
| XELJANZ SOLUTION 1 MG/ML ORAL | Tier 4 | PA; Specialty; QL |
| XELJANZ TABLET 10 MG ORAL | Tier 4 | PA; Specialty; QL |
| XELJANZ TABLET 5 MG ORAL | Tier 4 | PA; Specialty; QL |
| XELJANZ XR TABLET EXTENDED RELEASE 24 HOUR 11 MG ORAL | Tier 4 | PA; Specialty; QL |
| XELJANZ XR TABLET EXTENDED RELEASE 24 HOUR 22 MG ORAL | Tier 4 | PA; Specialty; QL |

****Antirheumatic Antimetabolites******

| | | |
|---|---|--|
| OTREXUP SOLUTION AUTO-INJECTOR 10 MG/0.4ML SUBCUTANEOUS | 2 | |
| OTREXUP SOLUTION AUTO-INJECTOR 12.5 MG/0.4ML SUBCUTANEOUS | 2 | |
| OTREXUP SOLUTION AUTO-INJECTOR 15 MG/0.4ML SUBCUTANEOUS | 2 | |
| OTREXUP SOLUTION AUTO-INJECTOR 17.5 MG/0.4ML SUBCUTANEOUS | 2 | |
| OTREXUP SOLUTION AUTO-INJECTOR 20 MG/0.4ML SUBCUTANEOUS | 2 | |
| OTREXUP SOLUTION AUTO-INJECTOR 22.5 MG/0.4ML SUBCUTANEOUS | 2 | |
| OTREXUP SOLUTION AUTO-INJECTOR 25 MG/0.4ML SUBCUTANEOUS | 2 | |

| Drug Name | Tier | Notes |
|---|---------------|------------------------------------|
| RASUVO SOLUTION AUTO-INJECTOR 10 MG/0.2ML SUBCUTANEOUS | Non-Formulary | Formulary Exclusion |
| RASUVO SOLUTION AUTO-INJECTOR 12.5 MG/0.25ML SUBCUTANEOUS | Non-Formulary | Formulary Exclusion |
| RASUVO SOLUTION AUTO-INJECTOR 15 MG/0.3ML SUBCUTANEOUS | Non-Formulary | Formulary Exclusion |
| RASUVO SOLUTION AUTO-INJECTOR 17.5 MG/0.35ML SUBCUTANEOUS | Non-Formulary | Formulary Exclusion |
| RASUVO SOLUTION AUTO-INJECTOR 20 MG/0.4ML SUBCUTANEOUS | Non-Formulary | Formulary Exclusion |
| RASUVO SOLUTION AUTO-INJECTOR 22.5 MG/0.45ML SUBCUTANEOUS | Non-Formulary | Formulary Exclusion |
| RASUVO SOLUTION AUTO-INJECTOR 25 MG/0.5ML SUBCUTANEOUS | Non-Formulary | Formulary Exclusion |
| RASUVO SOLUTION AUTO-INJECTOR 30 MG/0.6ML SUBCUTANEOUS | Non-Formulary | Formulary Exclusion |
| RASUVO SOLUTION AUTO-INJECTOR 7.5 MG/0.15ML SUBCUTANEOUS | Non-Formulary | Formulary Exclusion |
| *Anti-Tnf-Alpha - Monoclonal Antibodies*** | | |
| ABRILADA (1 PEN) AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| ABRILADA (2 PEN) AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| ABRILADA (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.4ML SUBCUTANEOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| ABRILADA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| <i>adalimumab-aacf (2 pen) auto-injector kit 40 mg/0.8ml subcutaneous</i> | Non-Formulary | PA; Specialty; Formulary Exclusion |
| <i>adalimumab-aacf (2 syringe) prefilled syringe kit 40 mg/0.8ml subcutaneous</i> | Non-Formulary | PA; Specialty; Formulary Exclusion |
| <i>adalimumab-aacf(cd/uc/hs strt) auto-injector kit 40 mg/0.8ml subcutaneous</i> | Non-Formulary | PA; Specialty; Formulary Exclusion |
| <i>adalimumab-aacf(ps/uv starter) auto-injector kit 40 mg/0.8ml subcutaneous</i> | Non-Formulary | PA; Specialty; Formulary Exclusion |
| <i>adalimumab-aaty (1 pen) auto-injector kit 40 mg/0.4ml subcutaneous</i> | Non-Formulary | PA; Specialty; Formulary Exclusion |
| <i>adalimumab-aaty (1 pen) auto-injector kit 80 mg/0.8ml subcutaneous</i> | Non-Formulary | PA; Specialty; Formulary Exclusion |
| <i>adalimumab-aaty (2 pen) auto-injector kit 40 mg/0.4ml subcutaneous</i> | Non-Formulary | PA; Specialty; Formulary Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|--|
| <i>adalimumab-aaty (2 syringe) prefilled syringe kit 20 mg/0.2ml subcutaneous</i> | Non-Formulary | PA; Specialty; Formulary Exclusion |
| <i>adalimumab-aaty (2 syringe) prefilled syringe kit 40 mg/0.4ml subcutaneous</i> | Non-Formulary | PA; Specialty; Formulary Exclusion |
| <i>adalimumab-adaz solution auto-injector 40 mg/0.4ml subcutaneous</i> | Tier 4 | PA; Specialty |
| <i>adalimumab-adaz solution prefilled syringe 40 mg/0.4ml subcutaneous</i> | Tier 4 | PA; Specialty |
| <i>adalimumab-adbm (2 pen) auto-injector kit 40 mg/0.4ml subcutaneous</i> | Non-Formulary | PA; New to Market Exclusion; Specialty |
| <i>adalimumab-adbm (2 pen) auto-injector kit 40 mg/0.8ml subcutaneous</i> | Non-Formulary | PA; Specialty; Formulary Exclusion |
| <i>adalimumab-adbm (2 syringe) prefilled syringe kit 10 mg/0.2ml subcutaneous</i> | Non-Formulary | PA; Specialty; Formulary Exclusion |
| <i>adalimumab-adbm (2 syringe) prefilled syringe kit 20 mg/0.4ml subcutaneous</i> | Non-Formulary | PA; Specialty; Formulary Exclusion |
| <i>adalimumab-adbm (2 syringe) prefilled syringe kit 40 mg/0.4ml subcutaneous</i> | Non-Formulary | PA; New to Market Exclusion; Specialty |
| <i>adalimumab-adbm (2 syringe) prefilled syringe kit 40 mg/0.8ml subcutaneous</i> | Non-Formulary | PA; Specialty; Formulary Exclusion |
| <i>adalimumab-adbm(cd/uc/hs strt) auto-injector kit 40 mg/0.4ml subcutaneous</i> | Non-Formulary | PA; New to Market Exclusion; Specialty |
| <i>adalimumab-adbm(cd/uc/hs strt) auto-injector kit 40 mg/0.8ml subcutaneous</i> | Non-Formulary | PA; Specialty; Formulary Exclusion |
| <i>adalimumab-adbm(ps/uv starter) auto-injector kit 40 mg/0.4ml subcutaneous</i> | Non-Formulary | PA; New to Market Exclusion; Specialty |
| <i>adalimumab-adbm(ps/uv starter) auto-injector kit 40 mg/0.8ml subcutaneous</i> | Non-Formulary | PA; Specialty; Formulary Exclusion |
| <i>adalimumab-fkjp (2 pen) auto-injector kit 40 mg/0.8ml subcutaneous</i> | Non-Formulary | PA; Specialty; Formulary Exclusion |
| <i>adalimumab-fkjp (2 syringe) prefilled syringe kit 20 mg/0.4ml subcutaneous</i> | Non-Formulary | PA; Specialty; Formulary Exclusion |
| <i>adalimumab-fkjp (2 syringe) prefilled syringe kit 40 mg/0.8ml subcutaneous</i> | Non-Formulary | PA; Specialty; Formulary Exclusion |
| <i>adalimumab-fkjp auto-injector kit 40 mg/0.8ml subcutaneous</i> | Non-Formulary | PA; Specialty; Formulary Exclusion |
| <i>adalimumab-fkjp prefilled syringe kit 20 mg/0.4ml subcutaneous</i> | Non-Formulary | PA; Specialty; Formulary Exclusion |
| <i>adalimumab-fkjp prefilled syringe kit 40 mg/0.8ml subcutaneous</i> | Non-Formulary | PA; Specialty; Formulary Exclusion |
| <i>adalimumab-ryvk (2 pen) auto-injector kit 40 mg/0.4ml subcutaneous</i> | Non-Formulary | New to Market Exclusion; Specialty |
| <i>adalimumab-ryvk (2 syringe) prefilled syringe kit 40 mg/0.4ml subcutaneous</i> | Non-Formulary | New to Market Exclusion; Specialty |

| Drug Name | Tier | Notes |
|--|---------------|------------------------------------|
| AMJEVITA SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS | Tier 4 | PA; Specialty |
| AMJEVITA SOLUTION AUTO-INJECTOR 40 MG/0.8ML SUBCUTANEOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| AMJEVITA SOLUTION AUTO-INJECTOR 40 MG/0.8ML SUBCUTANEOUS | Tier 4 | PA; Specialty |
| AMJEVITA SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS | Tier 4 | PA; Specialty |
| AMJEVITA SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS | Tier 4 | PA; Specialty |
| AMJEVITA SOLUTION PREFILLED SYRINGE 40 MG/0.8ML SUBCUTANEOUS | Tier 4 | PA; Specialty |
| AMJEVITA-PED 10KG TO <15KG SOLUTION PREFILLED SYRINGE 10 MG/0.2ML SUBCUTANEOUS | Tier 4 | PA; Specialty |
| AMJEVITA-PED 15KG TO <30KG SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS | Tier 4 | PA; Specialty |
| AMJEVITA-PED 15KG TO <30KG SOLUTION PREFILLED SYRINGE 20 MG/0.4ML SUBCUTANEOUS | Tier 4 | PA; Specialty |
| CYLTEZO (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS | Tier 4 | PA; Specialty |
| CYLTEZO (2 PEN) AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS | Tier 4 | PA; Specialty |
| CYLTEZO (2 SYRINGE) PREFILLED SYRINGE KIT 10 MG/0.2ML SUBCUTANEOUS | Tier 4 | PA; Specialty |
| CYLTEZO (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.4ML SUBCUTANEOUS | Tier 4 | PA; Specialty |
| CYLTEZO (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS | Tier 4 | PA; Specialty |
| CYLTEZO (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS | Tier 4 | PA; Specialty |
| CYLTEZO-CD/UC/HS STARTER AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS | Tier 4 | PA; Specialty |
| CYLTEZO-CD/UC/HS STARTER AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS | Tier 4 | PA; Specialty |

| Drug Name | Tier | Notes |
|--|---------------|------------------------------------|
| CYLTEZO-PSORIASIS/UV STARTER AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS | Tier 4 | PA; Specialty |
| CYLTEZO-PSORIASIS/UV STARTER AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS | Tier 4 | PA; Specialty |
| HADLIMA PUSHTOUCH SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| HADLIMA PUSHTOUCH SOLUTION AUTO-INJECTOR 40 MG/0.8ML SUBCUTANEOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| HADLIMA SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| HADLIMA SOLUTION PREFILLED SYRINGE 40 MG/0.8ML SUBCUTANEOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| HULIO (2 PEN) AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| HULIO (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.4ML SUBCUTANEOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| HULIO (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| HUMIRA (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS | Tier 4 | PA; Specialty |
| HUMIRA (2 PEN) AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS | Tier 4 | PA; Specialty |
| HUMIRA (2 PEN) AUTO-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS | Tier 4 | PA; Specialty |
| HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 10 MG/0.1ML SUBCUTANEOUS | Tier 4 | PA; Specialty |
| HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.2ML SUBCUTANEOUS | Tier 4 | PA; Specialty |
| HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS | Tier 4 | PA; Specialty |
| HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS | Tier 4 | PA; Specialty |
| HUMIRA-CD/UC/HS STARTER AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS | Tier 4 | PA; Specialty |
| HUMIRA-CD/UC/HS STARTER AUTO-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS | Tier 4 | PA; Specialty |
| HUMIRA-PED<40KG CROHNS STARTER PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML SUBCUTANEOUS | Tier 4 | PA; Specialty |

| Drug Name | Tier | Notes |
|---|---------------|------------------------------------|
| HUMIRA-PED \geq 40KG CROHNS START PREFILLED SYRINGE KIT 80 MG/0.8ML SUBCUTANEOUS | Tier 4 | PA; Specialty |
| HUMIRA-PED \geq 40KG UC STARTER AUTO-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS | Tier 4 | PA; Specialty |
| HUMIRA-PS/UV/ADOL HS STARTER AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS | Tier 4 | PA; Specialty |
| HUMIRA-PSORIASIS/UEVIT STARTER AUTO-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML SUBCUTANEOUS | Tier 4 | PA; Specialty |
| HYRIMOZ SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| HYRIMOZ SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| HYRIMOZ SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML SUBCUTANEOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| HYRIMOZ SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| HYRIMOZ SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| HYRIMOZ-CROHNS/UC STARTER SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| HYRIMOZ-PED $<$ 40KG CROHN STARTER SOLUTION PREFILLED SYRINGE 80 MG/0.8ML & 40MG/0.4ML SUBCUTANEOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| HYRIMOZ-PED \geq 40KG CROHN START SOLUTION PREFILLED SYRINGE 80 MG/0.8ML SUBCUTANEOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| HYRIMOZ-PLAQ PSOR/UEVIT START SOLUTION AUTO-INJECTOR 80 MG/0.8ML & 40MG/0.4ML SUBCUTANEOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| IDACIO (2 PEN) AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| IDACIO (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| IDACIO-CROHNS/UC STARTER AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| IDACIO-PSORIASIS STARTER AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|------------------------------------|
| SIMLANDI (1 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS | Tier 4 | PA; Specialty |
| SIMLANDI (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS | Tier 4 | PA; Specialty |
| SIMPONI ARIA SOLUTION 50 MG/4ML INTRAVENOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| SIMPONI SOLUTION AUTO-INJECTOR 100 MG/ML SUBCUTANEOUS | Tier 4 | PA; Specialty |
| SIMPONI SOLUTION AUTO-INJECTOR 50 MG/0.5ML SUBCUTANEOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| SIMPONI SOLUTION PREFILLED SYRINGE 100 MG/ML SUBCUTANEOUS | Tier 4 | PA; Specialty |
| SIMPONI SOLUTION PREFILLED SYRINGE 50 MG/0.5ML SUBCUTANEOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| YUFLYMA (1 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| YUFLYMA (1 PEN) AUTO-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| YUFLYMA (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| YUFLYMA (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.2ML SUBCUTANEOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| YUFLYMA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| YUFLYMA-CD/UC/HS STARTER AUTO-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| YUSIMRY SOLUTION AUTO-INJECTOR 40 MG/0.8ML SUBCUTANEOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| <i>*Cyclooxygenase 2 (Cox-2) Inhibitors***</i> | | |
| CELEBREX CAPSULE 100 MG ORAL | Non-Formulary | Formulary Exclusion |
| CELEBREX CAPSULE 200 MG ORAL | Non-Formulary | Formulary Exclusion |
| CELEBREX CAPSULE 400 MG ORAL | Non-Formulary | Formulary Exclusion |
| CELEBREX CAPSULE 50 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>celecoxib capsule 100 mg oral</i> | 1 | |
| <i>celecoxib capsule 200 mg oral</i> | 1 | |
| <i>celecoxib capsule 400 mg oral</i> | 1 | |
| <i>celecoxib capsule 50 mg oral</i> | 1 | |
| <i>*Gold Compounds***</i> | | |
| RIDAURA CAPSULE 3 MG ORAL | 3 | |

| Drug Name | Tier | Notes |
|---|---------------|------------------------------------|
| <i>*Interleukin-1 Receptor Antagonist (IL-1Ra)***</i> | | |
| KINERET SOLUTION PREFILLED SYRINGE 100 MG/0.67ML SUBCUTANEOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| <i>*Interleukin-1Beta Blockers***</i> | | |
| ILARIS SOLUTION 150 MG/ML SUBCUTANEOUS | Tier 4 | PA; Specialty |
| <i>*Interleukin-6 Receptor Inhibitors***</i> | | |
| ACTEMRA ACTPEN SOLUTION AUTO-INJECTOR 162 MG/0.9ML SUBCUTANEOUS | Tier 4 | PA; Specialty |
| ACTEMRA SOLUTION 200 MG/10ML INTRAVENOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| ACTEMRA SOLUTION 400 MG/20ML INTRAVENOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| ACTEMRA SOLUTION 80 MG/4ML INTRAVENOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| ACTEMRA SOLUTION PREFILLED SYRINGE 162 MG/0.9ML SUBCUTANEOUS | Tier 4 | PA; Specialty |
| TOFIDENCE SOLUTION 200 MG/10ML INTRAVENOUS | Non-Formulary | New to Market Exclusion; Specialty |
| TOFIDENCE SOLUTION 400 MG/20ML INTRAVENOUS | Non-Formulary | New to Market Exclusion; Specialty |
| TOFIDENCE SOLUTION 80 MG/4ML INTRAVENOUS | Non-Formulary | New to Market Exclusion; Specialty |
| TYENNE SOLUTION 200 MG/10ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| TYENNE SOLUTION 400 MG/20ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| TYENNE SOLUTION 80 MG/4ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>*Nonsteroidal Anti-Inflammatory Agent Combinations***</i> | | |
| <i>active injection ket-1 kit 30 & 1 mg/ml-% injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>active injection ketmarc-1 kit 30 & 0.25 & 1 mg/ml-%-% injection</i> | Non-Formulary | Non FDA Exclusion |
| ARTHROTEC TABLET DELAYED RELEASE 50-0.2 MG ORAL | Non-Formulary | Formulary Exclusion |
| ARTHROTEC TABLET DELAYED RELEASE 75-0.2 MG ORAL | Non-Formulary | Formulary Exclusion |
| COMBOGESIC SOLUTION 1000-300 MG/100ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|---------------------|
| <i>diclofenac-misoprostol tablet delayed release 50-0.2 mg oral</i> | 1 | |
| <i>diclofenac-misoprostol tablet delayed release 75-0.2 mg oral</i> | 1 | |
| DUEXIS TABLET 800-26.6 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>flexipak therapy pack 75 & 0.025 mg-% combination</i> | Non-Formulary | Non FDA Exclusion |
| <i>ibuprofen-famotidine tablet 800-26.6 mg oral</i> | 1 | |
| <i>inavix therapy pack 75 & 0.025 mg-% combination</i> | Non-Formulary | Non FDA Exclusion |
| INFLAMMACIN THERAPY PACK 75 & 0.025 MG-% COMBINATION | Non-Formulary | Non FDA Exclusion |
| INFLATHERM THERAPY PACK 75 & 3-3 MG & % COMBINATION | Non-Formulary | Non FDA Exclusion |
| KETOROCAINE-L KIT 30 & 1 MG/ML-% INJECTION | Non-Formulary | Non FDA Exclusion |
| KETOROCAINE-LM KIT 30 & 0.25 & 1 MG/ML-%-% INJECTION | Non-Formulary | Non FDA Exclusion |
| <i>ketorolac-bupiv-ketamine solution prefilled syringe 60-150-60 mg/50ml injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>ketorolac-ropiv-ketamine solution prefilled syringe 15-100-30 mg/50ml injection</i> | Non-Formulary | Non FDA Exclusion |
| NAPROTIN KIT 500 & 0.025 MG & % COMBINATION | Non-Formulary | Non FDA Exclusion |
| <i>naproxen-esomeprazole mg tablet delayed release 375-20 mg oral</i> | 1 | |
| <i>naproxen-esomeprazole mg tablet delayed release 500-20 mg oral</i> | 1 | |
| NUDICLO TABPAK THERAPY PACK 75 & 0.025 MG-% COMBINATION | Non-Formulary | Non FDA Exclusion |
| NUDROXIPAK THERAPY PACK 200 MG COMBINATION | Non-Formulary | Non FDA Exclusion |
| PREVIDOLRX ANALGESIC THERAPY PACK 75-20-0.025 MG-MG-% COMBINATION | Non-Formulary | Non FDA Exclusion |
| <i>prevadolrx plus analgesic therapy pack 75 & 0.025 mg-% combination</i> | Non-Formulary | Non FDA Exclusion |
| READYSHARP ANESTH + KETOROLAC KIT 15 & 0.5 & 1 MG/ML-%-% INJECTION | Non-Formulary | Non FDA Exclusion |
| TORONOVA II SUIK KIT 30 MG/ML COMBINATION | Non-Formulary | Non FDA Exclusion |
| TORONOVA SUIK KIT 30 MG/ML COMBINATION | Non-Formulary | Non FDA Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|------------------------|
| VIMOVO TABLET DELAYED RELEASE 375-20 MG ORAL | Non-Formulary | Formulary Exclusion |
| VIMOVO TABLET DELAYED RELEASE 500-20 MG ORAL | Non-Formulary | Formulary Exclusion |
| ZYNRELEF SOLUTION 200-6 MG/7ML INJECTION | Non-Formulary | Medical Only Exclusion |
| ZYNRELEF SOLUTION 400-12 MG/14ML INJECTION | Non-Formulary | Medical Only Exclusion |
| *Nonsteroidal Anti-Inflammatory Agents (Nsaids)*** | | |
| ANJESO INJECTABLE 30 MG/ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| CALDOLOR SOLUTION 800 MG/200ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| CALDOLOR SOLUTION 800 MG/8ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| CATAFLAM TABLET 50 MG ORAL | 1 | |
| COXANTO CAPSULE 300 MG ORAL | Non-Formulary | Formulary Exclusion |
| DAYPRO TABLET 600 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>dfs dr/ms/menth/cap pak kit 75 mg combination</i> | Non-Formulary | Non FDA Exclusion |
| <i>diclofenac capsule 35 mg oral</i> | 3 | |
| <i>diclofenac potassium capsule 25 mg oral</i> | 1 | |
| <i>diclofenac potassium tablet 25 mg oral</i> | 1 | |
| <i>diclofenac potassium tablet 50 mg oral</i> | 1 | |
| <i>diclofenac sodium er tablet extended release 24 hour 100 mg oral</i> | 1 | |
| <i>diclofenac sodium tablet delayed release 25 mg oral</i> | 1 | |
| <i>diclofenac sodium tablet delayed release 50 mg oral</i> | 1 | |
| <i>diclofenac sodium tablet delayed release 75 mg oral</i> | 1 | |
| EC-NAPROSYN TABLET DELAYED RELEASE 375 MG ORAL | Non-Formulary | Formulary Exclusion |
| EC-NAPROSYN TABLET DELAYED RELEASE 500 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>ec-naproxen tablet delayed release 375 mg oral</i> | 1 | |
| <i>ec-naproxen tablet delayed release 500 mg oral</i> | 1 | |
| <i>etodolac capsule 200 mg oral</i> | 1 | |
| <i>etodolac capsule 300 mg oral</i> | 1 | |
| <i>etodolac er tablet extended release 24 hour 400 mg oral</i> | 1 | |

| Drug Name | Tier | Notes |
|--|---------------|---|
| <i>etodolac er tablet extended release 24 hour 500 mg oral</i> | 1 | |
| <i>etodolac er tablet extended release 24 hour 600 mg oral</i> | 1 | |
| <i>etodolac tablet 400 mg oral</i> | 1 | |
| <i>etodolac tablet 500 mg oral</i> | 1 | |
| FELDENE CAPSULE 10 MG ORAL | Non-Formulary | Formulary Exclusion |
| FELDENE CAPSULE 20 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>fenopropfen calcium capsule 200 mg oral</i> | 1 | Mony Code (MONY Code Issue) |
| <i>fenopropfen calcium capsule 200 mg oral</i> | 3 | |
| <i>fenopropfen calcium capsule 200 mg oral</i> | 1 | Mony Code (MONY Code) |
| <i>fenopropfen calcium capsule 400 mg oral</i> | 1 | |
| <i>fenopropfen calcium capsule 400 mg oral</i> | 1 | Mony Code (MONY code issue) |
| <i>fenopropfen calcium tablet 600 mg oral</i> | 1 | |
| FENORTHO CAPSULE 200 MG ORAL | 3 | |
| <i>flurbiprofen tablet 100 mg oral</i> | 1 | |
| <i>flurbiprofen tablet 50 mg oral</i> | 1 | |
| <i>flurbiprofen tablet 50 mg oral</i> | 3 | |
| IBU TABLET 400 MG ORAL | 1 | |
| IBU TABLET 600 MG ORAL | 1 | |
| IBU TABLET 800 MG ORAL | 1 | |
| IBUPAK KIT 600 MG ORAL | Non-Formulary | Non FDA Exclusion |
| <i>ibuprofen lysine solution 10 mg/ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>ibuprofen suspension 100 mg/5ml oral (rx)</i> | 1 | |
| <i>ibuprofen tablet 400 mg oral</i> | 1 | |
| <i>ibuprofen tablet 600 mg oral</i> | 1 | |
| <i>ibuprofen tablet 800 mg oral</i> | 1 | |
| INDOCIN SUPPOSITORY 50 MG RECTAL | 1 | |
| INDOCIN SUSPENSION 25 MG/5ML ORAL | Non-Formulary | Formulary Exclusion |
| <i>indomethacin capsule 20 mg oral</i> | 3 | |
| <i>indomethacin capsule 25 mg oral</i> | 1 | |
| <i>indomethacin capsule 50 mg oral</i> | 1 | |
| <i>indomethacin er capsule extended release 75 mg oral</i> | 1 | |
| <i>indomethacin sodium solution reconstituted 1 mg intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>indomethacin sodium solution reconstituted 1 mg intravenous</i> | Non-Formulary | Medical Only Exclusion; Mony Code (MONY CODE ISSUE) |
| <i>indomethacin suppository 100 mg rectal</i> | Non-Formulary | Non FDA Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|-----------------------------|
| <i>indomethacin suppository 50 mg rectal</i> | 1 | |
| <i>indomethacin suspension 25 mg/5ml oral</i> | Non-Formulary | Formulary Exclusion |
| <i>ketoprofen capsule 25 mg oral</i> | 1 | Mony Code (MONY Code Issue) |
| <i>ketoprofen capsule 25 mg oral</i> | 1 | Mony Code (MONY Code) |
| <i>ketoprofen capsule 50 mg oral</i> | 3 | |
| <i>ketoprofen capsule 75 mg oral</i> | 3 | |
| <i>ketoprofen er capsule extended release 24 hour 200 mg oral</i> | 1 | Mony Code (MONY Code) |
| <i>ketorolac tromethamine solution 15 mg/ml injection</i> | 1 | |
| <i>ketorolac tromethamine solution 15.75 mg/spray nasal</i> | 3 | |
| <i>ketorolac tromethamine solution 30 mg/ml injection</i> | 1 | |
| <i>ketorolac tromethamine solution 30 mg/ml injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>ketorolac tromethamine solution 30 mg/ml intramuscular</i> | Non-Formulary | Non FDA Exclusion |
| <i>ketorolac tromethamine solution 60 mg/2ml intramuscular</i> | 1 | Mony Code (MONY Code) |
| <i>ketorolac tromethamine solution 60 mg/2ml intramuscular</i> | 1 | |
| <i>ketorolac tromethamine tablet 10 mg oral</i> | 1 | QL |
| KIPROFEN CAPSULE 25 MG ORAL | 1 | Mony Code (MONY CODE ISSUE) |
| LODINE TABLET 400 MG ORAL | Non-Formulary | Formulary Exclusion |
| LOFENA TABLET 25 MG ORAL | 1 | |
| <i>meclofenamate sodium capsule 100 mg oral</i> | 3 | |
| <i>meclofenamate sodium capsule 50 mg oral</i> | 3 | |
| <i>mefenamic acid capsule 250 mg oral</i> | 1 | |
| <i>meloxicam capsule 10 mg oral</i> | 1 | |
| <i>meloxicam capsule 5 mg oral</i> | 1 | |
| <i>meloxicam suspension 7.5 mg/5ml oral</i> | 3 | |
| <i>meloxicam tablet 15 mg oral</i> | 1 | |
| <i>meloxicam tablet 7.5 mg oral</i> | 1 | |
| MOBIC TABLET 15 MG ORAL | Non-Formulary | Formulary Exclusion |
| MOBIC TABLET 7.5 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>nabumetone tablet 500 mg oral</i> | 1 | |
| <i>nabumetone tablet 750 mg oral</i> | 1 | |
| NALFON CAPSULE 400 MG ORAL | Non-Formulary | Formulary Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|------------------------|
| NALFON TABLET 600 MG ORAL | Non-Formulary | Formulary Exclusion |
| NAPRELAN TABLET EXTENDED RELEASE 24 HOUR 375 MG ORAL | Non-Formulary | Formulary Exclusion |
| NAPRELAN TABLET EXTENDED RELEASE 24 HOUR 500 MG ORAL | Non-Formulary | Formulary Exclusion |
| NAPRELAN TABLET EXTENDED RELEASE 24 HOUR 750 MG ORAL | Non-Formulary | Formulary Exclusion |
| NAPROSYN SUSPENSION 125 MG/5ML ORAL | Non-Formulary | Formulary Exclusion |
| NAPROSYN TABLET 500 MG ORAL | 3 | |
| <i>naproxen dr tablet delayed release 500 mg oral</i> | 1 | |
| <i>naproxen sodium er tablet extended release 24 hour 375 mg oral</i> | 1 | |
| <i>naproxen sodium er tablet extended release 24 hour 500 mg oral</i> | 1 | |
| <i>naproxen sodium er tablet extended release 24 hour 750 mg oral</i> | 1 | |
| <i>naproxen sodium tablet 275 mg oral</i> | 1 | |
| <i>naproxen sodium tablet 550 mg oral</i> | 1 | |
| <i>naproxen suspension 125 mg/5ml oral</i> | 1 | |
| <i>naproxen tablet 250 mg oral</i> | 1 | |
| <i>naproxen tablet 375 mg oral</i> | 1 | |
| <i>naproxen tablet 500 mg oral</i> | 1 | |
| <i>naproxen tablet delayed release 375 mg oral</i> | 1 | |
| <i>naproxen tablet delayed release 500 mg oral</i> | 1 | |
| NEOPROFEN SOLUTION 10 MG/ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| NUDROXIPAK DSDR-50 KIT 50 MG COMBINATION | Non-Formulary | Non FDA Exclusion |
| NUDROXIPAK DSDR-75 KIT 75 MG COMBINATION | Non-Formulary | Non FDA Exclusion |
| NUDROXIPAK E-400 KIT 400 MG COMBINATION | Non-Formulary | Non FDA Exclusion |
| NUDROXIPAK I-800 KIT 800 MG COMBINATION | Non-Formulary | Non FDA Exclusion |
| NUDROXIPAK M-15 KIT 15 MG COMBINATION | Non-Formulary | Non FDA Exclusion |
| NUDROXIPAK N-500 KIT 500 MG COMBINATION | Non-Formulary | Non FDA Exclusion |
| <i>oxaprozin capsule 300 mg oral</i> | Non-Formulary | Formulary Exclusion |
| <i>oxaprozin tablet 600 mg oral</i> | 1 | |
| <i>piroxicam capsule 10 mg oral</i> | 1 | |

| Drug Name | Tier | Notes |
|--|---------------|---------------------|
| <i>piroxicam capsule 20 mg oral</i> | 1 | |
| QMIIZ ODT TABLET DISPERSIBLE 15 MG ORAL | Non-Formulary | Formulary Exclusion |
| QMIIZ ODT TABLET DISPERSIBLE 7.5 MG ORAL | Non-Formulary | Formulary Exclusion |
| RELAFEN DS TABLET 1000 MG ORAL | 3 | |
| RELAFEN TABLET 500 MG ORAL | 1 | |
| RELAFEN TABLET 750 MG ORAL | 1 | |
| SPRIX SOLUTION 15.75 MG/SPRAY NASAL | 3 | |
| <i>sulindac tablet 150 mg oral</i> | 1 | |
| <i>sulindac tablet 200 mg oral</i> | 1 | |
| TIVORBEX CAPSULE 20 MG ORAL | 3 | |
| TOLECTIN 600 TABLET 600 MG ORAL | 3 | |
| <i>tolmetin sodium capsule 400 mg oral</i> | 3 | |
| <i>tolmetin sodium tablet 600 mg oral</i> | 3 | |
| TRESNI SUPPOSITORY 100 MG RECTAL | Non-Formulary | Non FDA Exclusion |
| VIVLODEX CAPSULE 10 MG ORAL | Non-Formulary | Formulary Exclusion |
| VIVLODEX CAPSULE 5 MG ORAL | Non-Formulary | Formulary Exclusion |
| ZIPSOR CAPSULE 25 MG ORAL | Non-Formulary | Formulary Exclusion |
| ZORVOLEX CAPSULE 18 MG ORAL | 3 | |
| ZORVOLEX CAPSULE 35 MG ORAL | 3 | |
| <i>*Nsaid-Dietary Management Combinations***</i> | | |
| PRASTERA KIT 200 & 400 MG ORAL | Non-Formulary | Non FDA Exclusion |
| <i>*Nsaid-Pyrimidine Synthesis Inhibitors Combinations***</i> | | |
| LEFLUNICLO KIT 20 & 1 MG & % COMBINATION | Non-Formulary | Non FDA Exclusion |
| <i>*Phosphodiesterase 4 (Pde4) Inhibitors***</i> | | |
| OTEZLA TABLET 20 MG ORAL | Tier 4 | PA; Specialty; QL |
| OTEZLA TABLET 30 MG ORAL | Tier 4 | PA; Specialty; QL |
| OTEZLA TABLET THERAPY PACK 10 & 20 & 30 MG ORAL | Tier 4 | PA; Specialty; QL |
| OTEZLA TABLET THERAPY PACK 4 X 10 & 51 X20 MG ORAL | Tier 4 | PA; Specialty; QL |
| <i>*Pyrimidine Synthesis Inhibitors***</i> | | |
| ARAVA TABLET 10 MG ORAL | Non-Formulary | Formulary Exclusion |
| ARAVA TABLET 20 MG ORAL | Non-Formulary | Formulary Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|------------------------------------|
| <i>leflunomide tablet 10 mg oral</i> | 1 | |
| <i>leflunomide tablet 20 mg oral</i> | 1 | |
| *Selective Costimulation Modulators*** | | |
| ORENCIA SOLUTION RECONSTITUTED 250 MG INTRAVENOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| *Soluble Tumor Necrosis Factor Receptor Agents*** | | |
| ENBREL MINI SOLUTION CARTRIDGE 50 MG/ML SUBCUTANEOUS | Tier 4 | PA; Specialty |
| ENBREL SOLUTION 25 MG/0.5ML SUBCUTANEOUS | Tier 4 | PA; Specialty |
| ENBREL SOLUTION PREFILLED SYRINGE 25 MG/0.5ML SUBCUTANEOUS | Tier 4 | PA; Specialty |
| ENBREL SOLUTION PREFILLED SYRINGE 50 MG/ML SUBCUTANEOUS | Tier 4 | PA; Specialty |
| ENBREL SOLUTION RECONSTITUTED 25 MG SUBCUTANEOUS | Tier 4 | PA; Specialty |
| ENBREL SURECLICK SOLUTION AUTO-INJECTOR 50 MG/ML SUBCUTANEOUS | Tier 4 | PA; Specialty |
| *ANALGESICS - NONNARCOTIC* | | |
| *Analgesics Other*** | | |
| <i>acetaminophen solution 10 mg/ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>acetaminophen solution 1000 mg/100ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>acetaminophen solution prefilled syringe 100 mg/10ml intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>clonidine hcl (analgesia) solution 100 mcg/ml epidural</i> | Non-Formulary | Medical Only Exclusion |
| <i>clonidine hcl (analgesia) solution 500 mcg/ml epidural</i> | Non-Formulary | Medical Only Exclusion |
| DURACLON SOLUTION 100 MCG/ML EPIDURAL | Non-Formulary | Medical Only Exclusion |
| LOTREXONE CAPSULE 1.5 MG ORAL | Non-Formulary | Non FDA Exclusion |
| LOTREXONE CAPSULE 4.5 MG ORAL | Non-Formulary | Non FDA Exclusion |
| NALTREX CAPSULE 1.5 MG ORAL | Non-Formulary | Non FDA Exclusion |
| NALTREX CAPSULE 4.5 MG ORAL | Non-Formulary | Non FDA Exclusion |
| OFIRMEV SOLUTION 10 MG/ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| *Analgesics-Sedatives*** | | |
| ALLZITAL TABLET 25-325 MG ORAL | 1 | Mony Code (MONY Code Issue) |
| ALLZITAL TABLET 25-325 MG ORAL | 3 | |

| Drug Name | Tier | Notes |
|--|---------------|---|
| BAC TABLET 50-325-40 MG ORAL | 1 | |
| BUPAP TABLET 50-300 MG ORAL | 1 | |
| <i>butalbital-acetaminophen capsule 50-300 mg oral</i> | 1 | |
| <i>butalbital-acetaminophen capsule 50-300 mg oral</i> | 1 | Mony Code (MONY Code) |
| <i>butalbital-acetaminophen capsule 50-300 mg oral</i> | Non-Formulary | Mony Code (MONY Code); Formulary Exclusion |
| <i>butalbital-acetaminophen tablet 25-325 mg oral</i> | 1 | Mony Code (MONY Code Issue) |
| <i>butalbital-acetaminophen tablet 50-300 mg oral</i> | 1 | |
| <i>butalbital-acetaminophen tablet 50-325 mg oral</i> | 1 | |
| <i>butalbital-apap-caffeine capsule 50-300-40 mg oral</i> | 1 | |
| <i>butalbital-apap-caffeine capsule 50-325-40 mg oral</i> | 1 | |
| <i>butalbital-apap-caffeine tablet 50-325-40 mg oral</i> | 1 | |
| <i>butalbital-aspirin-caffeine capsule 50-325-40 mg oral</i> | 1 | |
| ESGIC CAPSULE 50-325-40 MG ORAL | 1 | |
| ESGIC TABLET 50-325-40 MG ORAL | Non-Formulary | Formulary Exclusion |
| FIORICET CAPSULE 50-300-40 MG ORAL | Non-Formulary | Formulary Exclusion |
| FIORINAL CAPSULE 50-325-40 MG ORAL | Non-Formulary | Formulary Exclusion |
| TENCON TABLET 50-325 MG ORAL | 1 | Mony Code (MONY Code) |
| VTOL LQ SOLUTION 50-325-40 MG/15ML ORAL | 1 | Mony Code (MONY Code) |
| ZEBUTAL CAPSULE 50-325-40 MG ORAL | 1 | |
| <i>*Salicylates***</i> | | |
| <i>diflunisal tablet 500 mg oral</i> | 1 | |
| DOLOBID TABLET 250 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>salsalate tablet 500 mg oral</i> | Non-Formulary | Formulary Exclusion |
| <i>salsalate tablet 750 mg oral</i> | Non-Formulary | Formulary Exclusion |
| <i>*Selective N-Type Neuronal Calcium Channel Blockers***</i> | | |
| PRIALT SOLUTION 100 MCG/ML INTRATHECAL | Non-Formulary | Medical Only Exclusion |
| PRIALT SOLUTION 500 MCG/20ML INTRATHECAL | Non-Formulary | Medical Only Exclusion |
| PRIALT SOLUTION 500 MCG/5ML INTRATHECAL | Non-Formulary | Medical Only Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|-----------------------------|
| *ANALGESICS - OPIOID* | | |
| *Codeine Combinations*** | | |
| <i>acetaminophen-codeine solution 120-12 mg/5ml oral</i> | 1 | Mony Code (MONY Code Issue) |
| <i>acetaminophen-codeine solution 120-12 mg/5ml oral</i> | 3 | |
| <i>acetaminophen-codeine solution 120-12 mg/5ml oral</i> | 1 | Mony Code (MONY CODE ISSUE) |
| <i>acetaminophen-codeine solution 120-12 mg/5ml oral</i> | 1 | |
| <i>acetaminophen-codeine solution 300-30 mg/12.5ml oral</i> | 1 | Mony Code (MONY code issue) |
| <i>acetaminophen-codeine solution 300-30 mg/12.5ml oral</i> | 3 | |
| <i>acetaminophen-codeine tablet 300-15 mg oral</i> | 1 | |
| <i>acetaminophen-codeine tablet 300-30 mg oral</i> | 1 | |
| <i>acetaminophen-codeine tablet 300-60 mg oral</i> | 1 | |
| ASCOMP-CODEINE CAPSULE 50-325-40-30 MG ORAL | 1 | |
| <i>butalbital-apap-caff-cod capsule 50-300-40-30 mg oral</i> | 1 | |
| <i>butalbital-apap-caff-cod capsule 50-325-40-30 mg oral</i> | 1 | |
| <i>butalbital-asa-caff-codeine capsule 50-325-40-30 mg oral</i> | 1 | |
| FIORICET/CODEINE CAPSULE 50-300-40-30 MG ORAL | Non-Formulary | Formulary Exclusion |
| FIORINAL/CODEINE #3 CAPSULE 50-325-40-30 MG ORAL | Non-Formulary | Formulary Exclusion |
| *Dihydrocodeine Combinations*** | | |
| <i>apap-caff-dihydrocodeine capsule 320.5-30-16 mg oral</i> | 1 | Mony Code (MONY Code) |
| <i>apap-caff-dihydrocodeine tablet 325-30-16 mg oral</i> | 1 | Mony Code (MONY Code) |
| TREZIX CAPSULE 320.5-30-16 MG ORAL | 3 | |
| *Fentanyl Combinations*** | | |
| <i>fentanyl cit-bupivacaine hcl solution 2-0.125 mcg/ml-% epidural</i> | Non-Formulary | Non FDA Exclusion |
| <i>fentanyl cit-ropivacaine-nacl solution 0.2-0.1-0.9 mg/100ml-% epidural</i> | Non-Formulary | Non FDA Exclusion |
| <i>fentanyl cit-ropivacaine-nacl solution 0.2-0.125-0.9 mg/100ml-% epidural</i> | Non-Formulary | Non FDA Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|---|
| <i>fentanyl cit-ropivacaine-nacl solution 0.2-0.2-0.9 mg/100ml-% epidural</i> | Non-Formulary | Medical Only Exclusion |
| <i>fentanyl cit-ropivacaine-nacl solution 0.2-0.2-0.9 mg/100ml-% epidural</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>fentanyl cit-ropivacaine-nacl solution 0.3-0.2-0.9 mg/150ml-% epidural</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>fentanyl cit-ropivacaine-nacl solution 0.4-0.1-0.9 mg/200ml-% epidural</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>fentanyl cit-ropivacaine-nacl solution 0.4-0.2-0.9 mg/200ml-% epidural</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>fentanyl cit-ropivacaine-nacl solution 0.5-0.2-0.9 mg/250ml-% epidural</i> | Non-Formulary | Non FDA Exclusion |
| <i>fentanyl cit-ropivacaine-nacl solution prefilled syringe 0.1-0.1-0.9 mg/50ml-% epidural</i> | Non-Formulary | Non FDA Exclusion |
| <i>fentanyl-bupivacaine-nacl solution 0.2-0.1-0.9 mg/100ml-% epidural</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>fentanyl-bupivacaine-nacl solution 0.2-0.125-0.9 mg/100ml-% epidural</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>fentanyl-bupivacaine-nacl solution 0.5-0.04-0.9 mg/100ml-% epidural</i> | Non-Formulary | Non FDA Exclusion |
| <i>fentanyl-bupivacaine-nacl solution 0.5-0.0625-0.9 mg/250ml-% epidural</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>fentanyl-bupivacaine-nacl solution 0.5-0.075-0.9 mg/100ml-% epidural</i> | Non-Formulary | Non FDA Exclusion |
| <i>fentanyl-bupivacaine-nacl solution 0.5-0.1-0.9 mg/250ml-% epidural</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>fentanyl-bupivacaine-nacl solution 0.5-0.125-0.9 mg/250ml-% epidural</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>fentanyl-bupivacaine-nacl solution 0.8-0.1667-0.9 mg/200ml-% epidural</i> | Non-Formulary | Non FDA Exclusion |
| <i>fentanyl-bupivacaine-nacl solution 1-0.125-0.9 mg/250ml-% epidural</i> | Non-Formulary | Non FDA Exclusion |
| <i>fentanyl-bupivacaine-nacl solution 2-0.125-0.9 mcg/ml-%-% injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>fentanyl-bupivacaine-nacl solution prefilled syringe 0.1-0.125-0.9 mg/50ml-% epidural</i> | Non-Formulary | Non FDA Exclusion |
| <i>fentanyl-ropivacaine-nacl solution 0.2-0.1-0.9 mg/100ml-% epidural</i> | Non-Formulary | Non FDA Exclusion |
| *Hydrocodone Combinations*** | | |
| <i>hydrocodone-acetaminophen solution 10-325 mg/15ml oral</i> | 1 | |
| <i>hydrocodone-acetaminophen solution 10-325 mg/15ml oral</i> | 1 | Mony Code (MONY Code) |

| Drug Name | Tier | Notes |
|--|---------------|-----------------------------|
| <i>hydrocodone-acetaminophen solution 10-325 mg/15ml oral</i> | 2 | |
| <i>hydrocodone-acetaminophen solution 2.5-108 mg/5ml oral</i> | 1 | |
| <i>hydrocodone-acetaminophen solution 5-217 mg/10ml oral</i> | 1 | |
| <i>hydrocodone-acetaminophen solution 7.5-325 mg/15ml oral</i> | 1 | |
| <i>hydrocodone-acetaminophen tablet 10-300 mg oral</i> | 1 | |
| <i>hydrocodone-acetaminophen tablet 10-325 mg oral</i> | 1 | |
| <i>hydrocodone-acetaminophen tablet 5-300 mg oral</i> | 1 | |
| <i>hydrocodone-acetaminophen tablet 5-325 mg oral</i> | 1 | |
| <i>hydrocodone-acetaminophen tablet 7.5-300 mg oral</i> | 1 | |
| <i>hydrocodone-acetaminophen tablet 7.5-325 mg oral</i> | 1 | |
| <i>hydrocodone-ibuprofen tablet 10-200 mg oral</i> | 1 | |
| <i>hydrocodone-ibuprofen tablet 10-200 mg oral</i> | 1 | Mony Code (MONY code issue) |
| <i>hydrocodone-ibuprofen tablet 5-200 mg oral</i> | 1 | |
| <i>hydrocodone-ibuprofen tablet 5-200 mg oral</i> | 1 | Mony Code (MONY Code) |
| <i>hydrocodone-ibuprofen tablet 7.5-200 mg oral</i> | 1 | |
| LORTAB ELIXIR 10-300 MG/15ML ORAL | 3 | |
| NORCO TABLET 10-325 MG ORAL | Non-Formulary | Formulary Exclusion |
| NORCO TABLET 5-325 MG ORAL | Non-Formulary | Formulary Exclusion |
| NORCO TABLET 7.5-325 MG ORAL | Non-Formulary | Formulary Exclusion |
| *Opioid Agonists*** | | |
| ACTIQ LOZENGE ON A HANDLE 1200 MCG BUCCAL | Non-Formulary | PA; Formulary Exclusion; QL |
| ACTIQ LOZENGE ON A HANDLE 1600 MCG BUCCAL | Non-Formulary | PA; Formulary Exclusion; QL |
| ACTIQ LOZENGE ON A HANDLE 200 MCG BUCCAL | Non-Formulary | PA; Formulary Exclusion; QL |
| ACTIQ LOZENGE ON A HANDLE 400 MCG BUCCAL | Non-Formulary | PA; Formulary Exclusion; QL |
| ACTIQ LOZENGE ON A HANDLE 600 MCG BUCCAL | Non-Formulary | PA; Formulary Exclusion; QL |
| ACTIQ LOZENGE ON A HANDLE 800 MCG BUCCAL | Non-Formulary | PA; Formulary Exclusion; QL |
| <i>alfentanil hcl solution 1000 mcg/2ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>alfentanil hcl solution 2500 mcg/5ml intravenous</i> | Non-Formulary | Medical Only Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|---|
| ARYMO ER TABLET EXTENDED RELEASE ABUSE-DETERRENT 15 MG ORAL | Non-Formulary | Formulary Exclusion |
| ARYMO ER TABLET EXTENDED RELEASE ABUSE-DETERRENT 30 MG ORAL | Non-Formulary | Formulary Exclusion |
| ARYMO ER TABLET EXTENDED RELEASE ABUSE-DETERRENT 60 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>codeine sulfate tablet 15 mg oral</i> | 1 | Mony Code (MONY Code) |
| <i>codeine sulfate tablet 30 mg oral</i> | 1 | |
| <i>codeine sulfate tablet 30 mg oral</i> | Non-Formulary | Mony Code (MONY Code); Formulary Exclusion |
| <i>codeine sulfate tablet 60 mg oral</i> | 1 | Mony Code (MONY Code) |
| CONZIP CAPSULE EXTENDED RELEASE 24 HOUR 100 MG ORAL | 3 | |
| CONZIP CAPSULE EXTENDED RELEASE 24 HOUR 200 MG ORAL | 3 | |
| CONZIP CAPSULE EXTENDED RELEASE 24 HOUR 300 MG ORAL | 3 | |
| DEMEROL SOLUTION 100 MG/ML INJECTION | Non-Formulary | Medical Only Exclusion |
| DEMEROL SOLUTION 25 MG/ML INJECTION | Non-Formulary | Medical Only Exclusion |
| DEMEROL SOLUTION 50 MG/ML INJECTION | Non-Formulary | Medical Only Exclusion |
| DEMEROL SOLUTION 75 MG/ML INJECTION | Non-Formulary | Medical Only Exclusion |
| DILAUDID LIQUID 1 MG/ML ORAL | Non-Formulary | Formulary Exclusion |
| DILAUDID SOLUTION 0.2 MG/ML INJECTION | Non-Formulary | Medical Only Exclusion |
| DILAUDID SOLUTION 1 MG/ML INJECTION | Non-Formulary | Medical Only Exclusion |
| DILAUDID SOLUTION 2 MG/ML INJECTION | Non-Formulary | Medical Only Exclusion |
| DILAUDID TABLET 2 MG ORAL | Non-Formulary | Formulary Exclusion |
| DILAUDID TABLET 4 MG ORAL | Non-Formulary | Formulary Exclusion |
| DILAUDID TABLET 8 MG ORAL | Non-Formulary | Formulary Exclusion |
| DSUVIA TABLET SUBLINGUAL 30 MCG SUBLINGUAL | Non-Formulary | Medical Only Exclusion |
| DURAGESIC-100 PATCH 72 HOUR 100 MCG/HR TRANSDERMAL | Non-Formulary | Formulary Exclusion |
| DURAGESIC-12 PATCH 72 HOUR 12 MCG/HR TRANSDERMAL | Non-Formulary | Formulary Exclusion |
| DURAGESIC-25 PATCH 72 HOUR 25 MCG/HR TRANSDERMAL | Non-Formulary | Formulary Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|---|
| DURAGESIC-50 PATCH 72 HOUR 50 MCG/HR TRANSDERMAL | Non-Formulary | Formulary Exclusion |
| DURAGESIC-75 PATCH 72 HOUR 75 MCG/HR TRANSDERMAL | Non-Formulary | Formulary Exclusion |
| <i>duramorph solution 0.5 mg/ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>duramorph solution 1 mg/ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>fentanyl citrate (pf) solution 100 mcg/2ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>fentanyl citrate (pf) solution 1000 mcg/20ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>fentanyl citrate (pf) solution 250 mcg/5ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>fentanyl citrate (pf) solution 2500 mcg/50ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>fentanyl citrate (pf) solution 50 mcg/ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>fentanyl citrate (pf) solution 50 mcg/ml injection</i> | Non-Formulary | Medical Only Exclusion; Mony Code (MONY Code) |
| <i>fentanyl citrate (pf) solution 500 mcg/10ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>fentanyl citrate (pf) solution 500 mcg/10ml injection</i> | Non-Formulary | Medical Only Exclusion; Mony Code (MONY Code) |
| <i>fentanyl citrate (pf) solution cartridge 100 mcg/2ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>fentanyl citrate (pf) solution cartridge 100 mcg/2ml injection</i> | Non-Formulary | Medical Only Exclusion; Mony Code (MONY Code) |
| <i>fentanyl citrate lozenge on a handle 1200 mcg buccal</i> | 1 | PA; QL |
| <i>fentanyl citrate lozenge on a handle 1200 mcg buccal</i> | 1 | PA; Mony Code (MONY code issue); QL |
| <i>fentanyl citrate lozenge on a handle 1600 mcg buccal</i> | 1 | PA; Mony Code (MONY code issue); QL |
| <i>fentanyl citrate lozenge on a handle 1600 mcg buccal</i> | 1 | PA; QL |
| <i>fentanyl citrate lozenge on a handle 200 mcg buccal</i> | 1 | PA; Mony Code (MONY code issue); QL |
| <i>fentanyl citrate lozenge on a handle 200 mcg buccal</i> | 1 | PA; QL |
| <i>fentanyl citrate lozenge on a handle 400 mcg buccal</i> | 1 | PA; QL |
| <i>fentanyl citrate lozenge on a handle 400 mcg buccal</i> | 1 | PA; Mony Code (MONY code issue); QL |
| <i>fentanyl citrate lozenge on a handle 600 mcg buccal</i> | 1 | PA; QL |

| Drug Name | Tier | Notes |
|--|---------------|---|
| <i>fentanyl citrate lozenge on a handle 600 mcg buccal</i> | 1 | PA; Mony Code (MONY code issue); QL |
| <i>fentanyl citrate lozenge on a handle 800 mcg buccal</i> | 1 | PA; QL |
| <i>fentanyl citrate lozenge on a handle 800 mcg buccal</i> | 1 | PA; Mony Code (MONY code issue); QL |
| <i>fentanyl citrate pf solution prefilled syringe 25 mcg/0.5ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>fentanyl citrate pf solution prefilled syringe 50 mcg/ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>fentanyl citrate solution 1000 mcg/100ml intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>fentanyl citrate solution 1000 mcg/50ml intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>fentanyl citrate solution 1500 mcg/30ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>fentanyl citrate solution 1500 mcg/30ml intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>fentanyl citrate solution 1600 mcg/100ml intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>fentanyl citrate solution 2000 mcg/100ml intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>fentanyl citrate solution 2500 mcg/50ml intravenous</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>fentanyl citrate solution 5000 mcg/100ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>fentanyl citrate solution 5000 mcg/100ml intravenous</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>fentanyl citrate solution prefilled syringe 10 mcg/ml intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>fentanyl citrate solution prefilled syringe 100 mcg/10ml intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>fentanyl citrate solution prefilled syringe 100 mcg/2ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>fentanyl citrate solution prefilled syringe 100 mcg/2ml injection</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>fentanyl citrate solution prefilled syringe 100 mcg/2ml intravenous</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>fentanyl citrate solution prefilled syringe 1000 mcg/20ml intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>fentanyl citrate solution prefilled syringe 1250 mcg/25ml intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>fentanyl citrate solution prefilled syringe 1500 mcg/30ml intravenous</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|---|
| <i>fentanyl citrate solution prefilled syringe 20 mcg/2ml intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>fentanyl citrate solution prefilled syringe 250 mcg/5ml injection</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>fentanyl citrate solution prefilled syringe 250 mcg/5ml intravenous</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>fentanyl citrate solution prefilled syringe 2500 mcg/50ml intravenous</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>fentanyl citrate solution prefilled syringe 2750 mcg/55ml intravenous</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>fentanyl citrate solution prefilled syringe 50 mcg/5ml intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>fentanyl citrate solution prefilled syringe 50 mcg/ml intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>fentanyl citrate solution prefilled syringe 500 mcg/50ml intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>fentanyl citrate tablet 100 mcg buccal</i> | 3 | PA; QL |
| <i>fentanyl citrate tablet 200 mcg buccal</i> | 3 | PA; QL |
| <i>fentanyl citrate tablet 400 mcg buccal</i> | 3 | PA; QL |
| <i>fentanyl citrate tablet 600 mcg buccal</i> | 3 | PA; QL |
| <i>fentanyl citrate tablet 800 mcg buccal</i> | 3 | PA; QL |
| <i>fentanyl citrate-nacl solution 1.25-0.9 mg/250ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>fentanyl citrate-nacl solution 1-0.9 mg/100ml-% injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>fentanyl citrate-nacl solution 1-0.9 mg/100ml-% intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>fentanyl citrate-nacl solution 1-0.9 mg/100ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>fentanyl citrate-nacl solution 2.5-0.9 mg/100ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>fentanyl citrate-nacl solution 2.5-0.9 mg/250ml-% injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>fentanyl citrate-nacl solution 2.5-0.9 mg/250ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>fentanyl citrate-nacl solution 2-0.9 mg/100ml-% intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>fentanyl citrate-nacl solution 2-0.9 mg/100ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>fentanyl citrate-nacl solution prefilled syringe 10-0.9 mcg/2ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>fentanyl citrate-nacl solution prefilled syringe 10-0.9 mcg/ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|---|
| <i>fentanyl citrate-nacl solution prefilled syringe 100-0.9 mcg/10ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>fentanyl citrate-nacl solution prefilled syringe 1000-0.9 mcg/50ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>fentanyl citrate-nacl solution prefilled syringe 2500-0.9 mcg/50ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>fentanyl citrate-nacl solution prefilled syringe 5-0.9 mcg/ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>fentanyl citrate-nacl solution prefilled syringe 500-0.9 mcg/50ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>fentanyl citrate-nacl solution prefilled syringe 550-0.9 mcg/55ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>fentanyl patch 72 hour 100 mcg/hr transdermal</i> | 1 | |
| <i>fentanyl patch 72 hour 12 mcg/hr transdermal</i> | 1 | |
| <i>fentanyl patch 72 hour 25 mcg/hr transdermal</i> | 1 | |
| <i>fentanyl patch 72 hour 37.5 mcg/hr transdermal</i> | 1 | |
| <i>fentanyl patch 72 hour 50 mcg/hr transdermal</i> | 1 | |
| <i>fentanyl patch 72 hour 62.5 mcg/hr transdermal</i> | 1 | |
| <i>fentanyl patch 72 hour 75 mcg/hr transdermal</i> | 1 | |
| <i>fentanyl patch 72 hour 87.5 mcg/hr transdermal</i> | 1 | |
| FENTORA TABLET 100 MCG BUCCAL | 3 | PA; QL |
| FENTORA TABLET 200 MCG BUCCAL | 3 | PA; QL |
| FENTORA TABLET 400 MCG BUCCAL | 3 | PA; QL |
| FENTORA TABLET 600 MCG BUCCAL | 3 | PA; QL |
| FENTORA TABLET 800 MCG BUCCAL | 3 | PA; QL |
| <i>hydrocodone bitartrate er capsule extended release 12 hour 10 mg oral</i> | 1 | |
| <i>hydrocodone bitartrate er capsule extended release 12 hour 10 mg oral</i> | 1 | Mony Code (MONY Code) |
| <i>hydrocodone bitartrate er capsule extended release 12 hour 15 mg oral</i> | 1 | |
| <i>hydrocodone bitartrate er capsule extended release 12 hour 15 mg oral</i> | 1 | Mony Code (MONY Code) |
| <i>hydrocodone bitartrate er capsule extended release 12 hour 20 mg oral</i> | 1 | Mony Code (MONY Code) |
| <i>hydrocodone bitartrate er capsule extended release 12 hour 30 mg oral</i> | 1 | |
| <i>hydrocodone bitartrate er capsule extended release 12 hour 30 mg oral</i> | 1 | Mony Code (MONY Code) |
| <i>hydrocodone bitartrate er capsule extended release 12 hour 40 mg oral</i> | 1 | |

| Drug Name | Tier | Notes |
|--|---------------|---|
| <i>hydrocodone bitartrate er capsule extended release 12 hour 40 mg oral</i> | 1 | Mony Code (MONY Code) |
| <i>hydrocodone bitartrate er capsule extended release 12 hour 50 mg oral</i> | 1 | |
| <i>hydrocodone bitartrate er capsule extended release 12 hour 50 mg oral</i> | 1 | Mony Code (MONY Code) |
| <i>hydrocodone bitartrate er tablet er 24 hour abuse-deterrent 100 mg oral</i> | 1 | |
| <i>hydrocodone bitartrate er tablet er 24 hour abuse-deterrent 120 mg oral</i> | 1 | |
| <i>hydrocodone bitartrate er tablet er 24 hour abuse-deterrent 20 mg oral</i> | 1 | |
| <i>hydrocodone bitartrate er tablet er 24 hour abuse-deterrent 30 mg oral</i> | 1 | |
| <i>hydrocodone bitartrate er tablet er 24 hour abuse-deterrent 40 mg oral</i> | 1 | |
| <i>hydrocodone bitartrate er tablet er 24 hour abuse-deterrent 60 mg oral</i> | 1 | |
| <i>hydrocodone bitartrate er tablet er 24 hour abuse-deterrent 80 mg oral</i> | 1 | |
| <i>hydromorphone hcl er tablet extended release 24 hour 12 mg oral</i> | 1 | |
| <i>hydromorphone hcl er tablet extended release 24 hour 16 mg oral</i> | 1 | |
| <i>hydromorphone hcl er tablet extended release 24 hour 32 mg oral</i> | 1 | |
| <i>hydromorphone hcl er tablet extended release 24 hour 8 mg oral</i> | 1 | |
| <i>hydromorphone hcl liquid 1 mg/ml oral</i> | 1 | |
| <i>hydromorphone hcl pf solution 1 mg/ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>hydromorphone hcl pf solution 10 mg/ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>hydromorphone hcl pf solution 2 mg/ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>hydromorphone hcl pf solution 4 mg/ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>hydromorphone hcl pf solution 50 mg/5ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>hydromorphone hcl pf solution 50 mg/5ml injection</i> | Non-Formulary | Medical Only Exclusion; Mony Code (MONY Code) |
| <i>hydromorphone hcl pf solution 500 mg/50ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>hydromorphone hcl solution 0.2 mg/ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>hydromorphone hcl solution 0.2 mg/ml injection</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|---|
| <i>hydromorphone hcl solution 0.2 mg/ml intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>hydromorphone hcl solution 0.25 mg/0.5ml injection</i> | 3 | |
| <i>hydromorphone hcl solution 0.5 mg/ml injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>hydromorphone hcl solution 1 mg/ml injection</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>hydromorphone hcl solution 1 mg/ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>hydromorphone hcl solution 1 mg/ml intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>hydromorphone hcl solution 2 mg/ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>hydromorphone hcl solution 4 mg/ml injection</i> | Non-Formulary | Medical Only Exclusion; Mony Code (MONY CODE ISSUE) |
| <i>hydromorphone hcl suppository 3 mg rectal</i> | Non-Formulary | Non FDA Exclusion |
| <i>hydromorphone hcl tablet 2 mg oral</i> | 1 | |
| <i>hydromorphone hcl tablet 4 mg oral</i> | 1 | |
| <i>hydromorphone hcl tablet 8 mg oral</i> | 1 | |
| <i>hydromorphone hcl-nacl solution 10-0.9 mg/50ml-% injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>hydromorphone hcl-nacl solution 10-0.9 mg/50ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>hydromorphone hcl-nacl solution 100-0.9 mg/100ml-% injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>hydromorphone hcl-nacl solution 100-0.9 mg/50ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>hydromorphone hcl-nacl solution 20-0.9 mg/100ml-% injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>hydromorphone hcl-nacl solution 20-0.9 mg/100ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>hydromorphone hcl-nacl solution 25-0.9 mg/50ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>hydromorphone hcl-nacl solution 30-0.9 mg/30ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>hydromorphone hcl-nacl solution 50-0.9 mg/50ml-% injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>hydromorphone hcl-nacl solution 50-0.9 mg/50ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>hydromorphone hcl-nacl solution 6-0.9 mg/30ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>hydromorphone hcl-nacl solution prefilled syringe 0.2-0.9 mg/0.2ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>hydromorphone hcl-nacl solution prefilled syringe 0.5-0.9 mg/0.5ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|---------------------|
| <i>hydromorphone hcl-nacl solution prefilled syringe 1-0.9 mg/5ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>hydromorphone hcl-nacl solution prefilled syringe 1-0.9 mg/ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>hydromorphone hcl-nacl solution prefilled syringe 10-0.9 mg/50ml-% injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>hydromorphone hcl-nacl solution prefilled syringe 10-0.9 mg/50ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>hydromorphone hcl-nacl solution prefilled syringe 15-0.9 mg/30ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>hydromorphone hcl-nacl solution prefilled syringe 2-0.9 mg/ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>hydromorphone hcl-nacl solution prefilled syringe 25-0.9 mg/25ml-% injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>hydromorphone hcl-nacl solution prefilled syringe 25-0.9 mg/50ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>hydromorphone hcl-nacl solution prefilled syringe 30-0.9 mg/30ml-% injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>hydromorphone hcl-nacl solution prefilled syringe 30-0.9 mg/30ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>hydromorphone hcl-nacl solution prefilled syringe 5-0.9 mg/25ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>hydromorphone hcl-nacl solution prefilled syringe 50-0.9 mg/50ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>hydromorphone hcl-nacl solution prefilled syringe 55-0.9 mg/55ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>hydromorphone hcl-nacl solution prefilled syringe 6-0.9 mg/30ml-% injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>hydromorphone hcl-nacl solution prefilled syringe 6-0.9 mg/30ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion |
| HYSINGLA ER TABLET ER 24 HOUR ABUSE-DETERRENT 100 MG ORAL | Non-Formulary | Formulary Exclusion |
| HYSINGLA ER TABLET ER 24 HOUR ABUSE-DETERRENT 120 MG ORAL | Non-Formulary | Formulary Exclusion |
| HYSINGLA ER TABLET ER 24 HOUR ABUSE-DETERRENT 20 MG ORAL | Non-Formulary | Formulary Exclusion |
| HYSINGLA ER TABLET ER 24 HOUR ABUSE-DETERRENT 30 MG ORAL | Non-Formulary | Formulary Exclusion |
| HYSINGLA ER TABLET ER 24 HOUR ABUSE-DETERRENT 40 MG ORAL | Non-Formulary | Formulary Exclusion |
| HYSINGLA ER TABLET ER 24 HOUR ABUSE-DETERRENT 60 MG ORAL | Non-Formulary | Formulary Exclusion |
| HYSINGLA ER TABLET ER 24 HOUR ABUSE-DETERRENT 80 MG ORAL | Non-Formulary | Formulary Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|---|
| INFUMORPH 200 SOLUTION 200 MG/20ML (10 MG/ML) INJECTION | Non-Formulary | Medical Only Exclusion |
| INFUMORPH 500 SOLUTION 500 MG/20ML (25 MG/ML) INJECTION | Non-Formulary | Medical Only Exclusion |
| KADIAN CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL | Non-Formulary | Formulary Exclusion |
| KADIAN CAPSULE EXTENDED RELEASE 24 HOUR 100 MG ORAL | Non-Formulary | Formulary Exclusion |
| KADIAN CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL | Non-Formulary | Formulary Exclusion |
| KADIAN CAPSULE EXTENDED RELEASE 24 HOUR 30 MG ORAL | Non-Formulary | Formulary Exclusion |
| KADIAN CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL | Non-Formulary | Formulary Exclusion |
| KADIAN CAPSULE EXTENDED RELEASE 24 HOUR 50 MG ORAL | Non-Formulary | Formulary Exclusion |
| KADIAN CAPSULE EXTENDED RELEASE 24 HOUR 60 MG ORAL | Non-Formulary | Formulary Exclusion |
| KADIAN CAPSULE EXTENDED RELEASE 24 HOUR 80 MG ORAL | Non-Formulary | Formulary Exclusion |
| LAZANDA SOLUTION 100 MCG/ACT NASAL | 3 | PA; QL |
| LAZANDA SOLUTION 400 MCG/ACT NASAL | 3 | PA; QL |
| <i>levorphanol tartrate tablet 2 mg oral</i> | 1 | |
| <i>levorphanol tartrate tablet 3 mg oral</i> | 1 | |
| <i>levorphanol tartrate tablet 3 mg oral</i> | 1 | Mony Code (MONY code issue) |
| <i>levorphanol tartrate tablet 3 mg oral</i> | 1 | Mony Code (MONY Code) |
| <i>meperidine hcl solution 100 mg/ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>meperidine hcl solution 25 mg/ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>meperidine hcl solution 50 mg/5ml oral</i> | Non-Formulary | Formulary Exclusion |
| <i>meperidine hcl solution 50 mg/ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>meperidine hcl tablet 50 mg oral</i> | Non-Formulary | Formulary Exclusion |
| <i>methadone hcl concentrate 10 mg/ml oral</i> | 1 | |
| METHADONE HCL INTENSOL CONCENTRATE 10 MG/ML ORAL | 1 | |
| <i>methadone hcl solution 10 mg/5ml oral</i> | 1 | |
| <i>methadone hcl solution 10 mg/5ml oral</i> | Non-Formulary | Formulary Exclusion |
| <i>methadone hcl solution 10 mg/ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>methadone hcl solution 5 mg/5ml oral</i> | 1 | |
| <i>methadone hcl solution 5 mg/5ml oral</i> | Non-Formulary | Mony Code (MONY Code); Formulary Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|---|
| <i>methadone hcl solution prefilled syringe 10 mg/ml intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>methadone hcl tablet 10 mg oral</i> | 1 | |
| <i>methadone hcl tablet 5 mg oral</i> | 1 | |
| <i>methadone hcl tablet soluble 40 mg oral</i> | 1 | |
| <i>methadone hcl-nacl solution prefilled syringe 1-0.9 mg/ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>methadone hcl-sodium chloride solution prefilled syringe 1-0.9 mg/ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>methadone hcl-sodium chloride solution prefilled syringe 10-0.8 mg/ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>methadone hcl-sodium chloride solution prefilled syringe 5-0.9 mg/5ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion |
| METHADOSE CONCENTRATE 10 MG/ML ORAL | Non-Formulary | Formulary Exclusion |
| METHADOSE SUGAR-FREE CONCENTRATE 10 MG/ML ORAL | Non-Formulary | Formulary Exclusion |
| METHADOSE TABLET SOLUBLE 40 MG ORAL | 1 | |
| MITIGO SOLUTION 200 MG/20ML (10 MG/ML) INJECTION | Non-Formulary | Medical Only Exclusion |
| MITIGO SOLUTION 500 MG/20ML (25 MG/ML) INJECTION | Non-Formulary | Medical Only Exclusion |
| <i>morphine sulfate (concentrate) solution 100 mg/5ml oral</i> | 1 | |
| <i>morphine sulfate (concentrate) solution 100 mg/5ml oral</i> | 1 | Mony Code (MONY code issue) |
| <i>morphine sulfate (concentrate) solution 20 mg/ml oral</i> | 1 | |
| <i>morphine sulfate (pf) solution 0.5 mg/ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>morphine sulfate (pf) solution 1 mg/ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>morphine sulfate (pf) solution 1 mg/ml intravenous</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>morphine sulfate (pf) solution 10 mg/ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>morphine sulfate (pf) solution 10 mg/ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>morphine sulfate (pf) solution 2 mg/ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>morphine sulfate (pf) solution 2 mg/ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>morphine sulfate (pf) solution 4 mg/ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>morphine sulfate (pf) solution 4 mg/ml intravenous</i> | Non-Formulary | Medical Only Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|-----------------------------|
| <i>morphine sulfate (pf) solution 5 mg/ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>morphine sulfate (pf) solution 8 mg/ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>morphine sulfate (pf) solution 8 mg/ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>morphine sulfate er beads capsule extended release 24 hour 120 mg oral</i> | 1 | Mony Code (MONY Code) |
| <i>morphine sulfate er beads capsule extended release 24 hour 30 mg oral</i> | 1 | Mony Code (MONY Code) |
| <i>morphine sulfate er beads capsule extended release 24 hour 45 mg oral</i> | 1 | Mony Code (MONY Code) |
| <i>morphine sulfate er beads capsule extended release 24 hour 60 mg oral</i> | 1 | Mony Code (MONY Code) |
| <i>morphine sulfate er beads capsule extended release 24 hour 75 mg oral</i> | 1 | Mony Code (MONY Code) |
| <i>morphine sulfate er beads capsule extended release 24 hour 90 mg oral</i> | 1 | Mony Code (MONY Code) |
| <i>morphine sulfate er capsule extended release 24 hour 10 mg oral</i> | 1 | |
| <i>morphine sulfate er capsule extended release 24 hour 10 mg oral</i> | 1 | Mony Code (MONY code issue) |
| <i>morphine sulfate er capsule extended release 24 hour 100 mg oral</i> | 1 | |
| <i>morphine sulfate er capsule extended release 24 hour 100 mg oral</i> | 1 | Mony Code (MONY code issue) |
| <i>morphine sulfate er capsule extended release 24 hour 20 mg oral</i> | 1 | |
| <i>morphine sulfate er capsule extended release 24 hour 20 mg oral</i> | 1 | Mony Code (MONY code issue) |
| <i>morphine sulfate er capsule extended release 24 hour 30 mg oral</i> | 1 | |
| <i>morphine sulfate er capsule extended release 24 hour 30 mg oral</i> | 1 | Mony Code (MONY code issue) |
| <i>morphine sulfate er capsule extended release 24 hour 40 mg oral</i> | 3 | |
| <i>morphine sulfate er capsule extended release 24 hour 50 mg oral</i> | 1 | |
| <i>morphine sulfate er capsule extended release 24 hour 50 mg oral</i> | 1 | Mony Code (MONY code issue) |
| <i>morphine sulfate er capsule extended release 24 hour 60 mg oral</i> | 1 | |
| <i>morphine sulfate er capsule extended release 24 hour 60 mg oral</i> | 1 | Mony Code (MONY code issue) |

| Drug Name | Tier | Notes |
|--|---------------|--|
| <i>morphine sulfate er capsule extended release 24 hour 80 mg oral</i> | 1 | |
| <i>morphine sulfate er capsule extended release 24 hour 80 mg oral</i> | 1 | Mony Code (MONY code issue) |
| <i>morphine sulfate er tablet extended release 100 mg oral</i> | 1 | |
| <i>morphine sulfate er tablet extended release 15 mg oral</i> | 1 | |
| <i>morphine sulfate er tablet extended release 200 mg oral</i> | 1 | |
| <i>morphine sulfate er tablet extended release 30 mg oral</i> | 1 | |
| <i>morphine sulfate er tablet extended release 60 mg oral</i> | 1 | |
| <i>morphine sulfate solution 0.5 mg/ml intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>morphine sulfate solution 1 mg/ml injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>morphine sulfate solution 1 mg/ml intravenous</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>morphine sulfate solution 1 mg/ml intravenous</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion; Mony Code (MONY Code) |
| <i>morphine sulfate solution 10 mg/5ml oral</i> | 1 | |
| <i>morphine sulfate solution 10 mg/5ml oral</i> | 1 | Mony Code (MONY code issue) |
| <i>morphine sulfate solution 10 mg/ml intravenous</i> | 1 | Mony Code (MONY code issue) |
| <i>morphine sulfate solution 2 mg/ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>morphine sulfate solution 20 mg/5ml oral</i> | 1 | |
| <i>morphine sulfate solution 20 mg/5ml oral</i> | 3 | |
| <i>morphine sulfate solution 20 mg/5ml oral</i> | 1 | Mony Code (MONY code issue) |
| <i>morphine sulfate solution 4 mg/ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>morphine sulfate solution 4 mg/ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>morphine sulfate solution 50 mg/ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>morphine sulfate solution 50 mg/ml intravenous</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>morphine sulfate solution 8 mg/ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>morphine sulfate suppository 10 mg rectal</i> | Non-Formulary | Non FDA Exclusion |
| <i>morphine sulfate suppository 20 mg rectal</i> | Non-Formulary | Non FDA Exclusion |
| <i>morphine sulfate suppository 30 mg rectal</i> | Non-Formulary | Non FDA Exclusion |
| <i>morphine sulfate suppository 5 mg rectal</i> | Non-Formulary | Non FDA Exclusion |
| <i>morphine sulfate tablet 15 mg oral</i> | 1 | |
| <i>morphine sulfate tablet 15 mg oral</i> | 1 | Mony Code (MONY Code) |
| <i>morphine sulfate tablet 30 mg oral</i> | 1 | |

| Drug Name | Tier | Notes |
|---|---------------|-----------------------|
| <i>morphine sulfate tablet 30 mg oral</i> | 1 | Mony Code (MONY Code) |
| <i>morphine sulfate tablet 30 mg oral</i> | 2 | |
| <i>morphine sulfate-nacl solution 1-0.9 mg/ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>morphine sulfate-nacl solution 100-0.9 mg/100ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>morphine sulfate-nacl solution 250-0.9 mg/50ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>morphine sulfate-nacl solution 50-0.9 mg/50ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>morphine sulfate-nacl solution 500-0.9 mg/100ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>morphine sulfate-nacl solution prefilled syringe 1-0.9 mg/ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>morphine sulfate-nacl solution prefilled syringe 150-0.9 mg/30ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>morphine sulfate-nacl solution prefilled syringe 2-0.9 mg/2ml-% injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>morphine sulfate-nacl solution prefilled syringe 2-0.9 mg/ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>morphine sulfate-nacl solution prefilled syringe 30-0.9 mg/30ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>morphine sulfate-nacl solution prefilled syringe 4-0.9 mg/ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>morphine sulfate-nacl solution prefilled syringe 5-0.9 mg/5ml-% injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>morphine sulfate-nacl solution prefilled syringe 50-0.9 mg/50ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>morphine sulfate-nacl solution prefilled syringe 55-0.9 mg/55ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion |
| MS CONTIN TABLET EXTENDED RELEASE 100 MG ORAL | Non-Formulary | Formulary Exclusion |
| MS CONTIN TABLET EXTENDED RELEASE 15 MG ORAL | Non-Formulary | Formulary Exclusion |
| MS CONTIN TABLET EXTENDED RELEASE 200 MG ORAL | Non-Formulary | Formulary Exclusion |
| MS CONTIN TABLET EXTENDED RELEASE 30 MG ORAL | Non-Formulary | Formulary Exclusion |
| MS CONTIN TABLET EXTENDED RELEASE 60 MG ORAL | Non-Formulary | Formulary Exclusion |
| NUCYNTA ER TABLET EXTENDED RELEASE 12 HOUR 100 MG ORAL | 2 | |

| Drug Name | Tier | Notes |
|--|---------------|------------------------|
| NUCYNTA ER TABLET EXTENDED RELEASE 12 HOUR 150 MG ORAL | 2 | |
| NUCYNTA ER TABLET EXTENDED RELEASE 12 HOUR 200 MG ORAL | 2 | |
| NUCYNTA ER TABLET EXTENDED RELEASE 12 HOUR 250 MG ORAL | 2 | |
| NUCYNTA ER TABLET EXTENDED RELEASE 12 HOUR 50 MG ORAL | 2 | |
| NUCYNTA TABLET 100 MG ORAL | 3 | |
| NUCYNTA TABLET 50 MG ORAL | 3 | |
| NUCYNTA TABLET 75 MG ORAL | 3 | |
| OLINVYK SOLUTION 1 MG/ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| OLINVYK SOLUTION 2 MG/2ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| OLINVYK SOLUTION 30 MG/30ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| OXAYDO TABLET 5 MG ORAL | 3 | |
| OXAYDO TABLET 7.5 MG ORAL | 3 | |
| <i>oxycodone hcl capsule 5 mg oral</i> | Non-Formulary | Formulary Exclusion |
| <i>oxycodone hcl concentrate 100 mg/5ml oral</i> | 1 | |
| <i>oxycodone hcl er tablet er 12 hour abuse-deterrent 10 mg oral</i> | 3 | |
| <i>oxycodone hcl er tablet er 12 hour abuse-deterrent 10 mg oral</i> | 1 | Mony Code (MONY Code) |
| <i>oxycodone hcl er tablet er 12 hour abuse-deterrent 15 mg oral</i> | 1 | Mony Code (MONY Code) |
| <i>oxycodone hcl er tablet er 12 hour abuse-deterrent 20 mg oral</i> | 3 | |
| <i>oxycodone hcl er tablet er 12 hour abuse-deterrent 20 mg oral</i> | 1 | Mony Code (MONY Code) |
| <i>oxycodone hcl er tablet er 12 hour abuse-deterrent 30 mg oral</i> | 1 | Mony Code (MONY Code) |
| <i>oxycodone hcl er tablet er 12 hour abuse-deterrent 40 mg oral</i> | 3 | |
| <i>oxycodone hcl er tablet er 12 hour abuse-deterrent 40 mg oral</i> | 1 | Mony Code (MONY Code) |
| <i>oxycodone hcl er tablet er 12 hour abuse-deterrent 60 mg oral</i> | 1 | Mony Code (MONY Code) |
| <i>oxycodone hcl er tablet er 12 hour abuse-deterrent 80 mg oral</i> | 3 | |
| <i>oxycodone hcl er tablet er 12 hour abuse-deterrent 80 mg oral</i> | 1 | Mony Code (MONY Code) |

| Drug Name | Tier | Notes |
|---|---------------|---|
| <i>oxycodone hcl solution 5 mg/5ml oral</i> | 1 | |
| <i>oxycodone hcl tablet 10 mg oral</i> | 1 | |
| <i>oxycodone hcl tablet 15 mg oral</i> | 1 | |
| <i>oxycodone hcl tablet 20 mg oral</i> | 1 | |
| <i>oxycodone hcl tablet 30 mg oral</i> | 1 | |
| <i>oxycodone hcl tablet 5 mg oral</i> | 1 | |
| <i>oxycodone hcl tablet abuse-deterrent 10 mg oral</i> | Non-Formulary | Formulary Exclusion |
| <i>oxycodone hcl tablet abuse-deterrent 15 mg oral</i> | Non-Formulary | Mony Code (MONY code issue); Formulary Exclusion |
| <i>oxycodone hcl tablet abuse-deterrent 30 mg oral</i> | Non-Formulary | Formulary Exclusion |
| <i>oxycodone hcl tablet abuse-deterrent 5 mg oral</i> | Non-Formulary | Formulary Exclusion |
| OXYCONTIN TABLET ER 12 HOUR ABUSE- DETERRENT 10 MG ORAL | 2 | |
| OXYCONTIN TABLET ER 12 HOUR ABUSE- DETERRENT 15 MG ORAL | 2 | |
| OXYCONTIN TABLET ER 12 HOUR ABUSE- DETERRENT 20 MG ORAL | 2 | |
| OXYCONTIN TABLET ER 12 HOUR ABUSE- DETERRENT 30 MG ORAL | 2 | |
| OXYCONTIN TABLET ER 12 HOUR ABUSE- DETERRENT 40 MG ORAL | 2 | |
| OXYCONTIN TABLET ER 12 HOUR ABUSE- DETERRENT 60 MG ORAL | 2 | |
| OXYCONTIN TABLET ER 12 HOUR ABUSE- DETERRENT 80 MG ORAL | 2 | |
| <i>oxymorphone hcl er tablet extended release 12 hour 10 mg oral</i> | 3 | |
| <i>oxymorphone hcl er tablet extended release 12 hour 15 mg oral</i> | 3 | |
| <i>oxymorphone hcl er tablet extended release 12 hour 20 mg oral</i> | 3 | |
| <i>oxymorphone hcl er tablet extended release 12 hour 30 mg oral</i> | 1 | Mony Code (MONY Code) |
| <i>oxymorphone hcl er tablet extended release 12 hour 40 mg oral</i> | 1 | Mony Code (MONY Code) |
| <i>oxymorphone hcl er tablet extended release 12 hour 5 mg oral</i> | 3 | |
| <i>oxymorphone hcl er tablet extended release 12 hour 7.5 mg oral</i> | 3 | |
| <i>oxymorphone hcl tablet 10 mg oral</i> | 1 | |
| <i>oxymorphone hcl tablet 5 mg oral</i> | 1 | |
| QDOLO SOLUTION 5 MG/ML ORAL | 3 | |

| Drug Name | Tier | Notes |
|--|---------------|---|
| <i>remifentanyl hcl solution reconstituted 1 mg intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>remifentanyl hcl solution reconstituted 2 mg intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>remifentanyl hcl solution reconstituted 5 mg intravenous</i> | Non-Formulary | Medical Only Exclusion |
| ROXICODONE TABLET 15 MG ORAL | Non-Formulary | Formulary Exclusion |
| ROXICODONE TABLET 30 MG ORAL | Non-Formulary | Formulary Exclusion |
| ROXICODONE TABLET 5 MG ORAL | Non-Formulary | Formulary Exclusion |
| ROXYBOND TABLET ABUSE-DETERRENT 10 MG ORAL | Non-Formulary | Formulary Exclusion |
| ROXYBOND TABLET ABUSE-DETERRENT 15 MG ORAL | Non-Formulary | Formulary Exclusion |
| ROXYBOND TABLET ABUSE-DETERRENT 30 MG ORAL | Non-Formulary | Formulary Exclusion |
| ROXYBOND TABLET ABUSE-DETERRENT 5 MG ORAL | Non-Formulary | Formulary Exclusion |
| SUBSYS LIQUID 100 MCG SUBLINGUAL | 3 | PA; QL |
| SUBSYS LIQUID 1200 (600 X 2) MCG SUBLINGUAL | 3 | PA; QL |
| SUBSYS LIQUID 1600 (800 X 2) MCG SUBLINGUAL | 3 | PA; QL |
| SUBSYS LIQUID 200 MCG SUBLINGUAL | 3 | PA; QL |
| SUBSYS LIQUID 400 MCG SUBLINGUAL | 3 | PA; QL |
| SUBSYS LIQUID 600 MCG SUBLINGUAL | 3 | PA; QL |
| SUBSYS LIQUID 800 MCG SUBLINGUAL | 3 | PA; QL |
| <i>sufentanyl citrate solution 100 mcg/2ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>sufentanyl citrate solution 100 mcg/2ml intravenous</i> | Non-Formulary | Medical Only Exclusion; Mony Code (MONY CODE ISSUE) |
| <i>sufentanyl citrate solution 250 mcg/5ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>sufentanyl citrate solution 250 mcg/5ml intravenous</i> | Non-Formulary | Medical Only Exclusion; Mony Code (MONY CODE ISSUE) |
| <i>sufentanyl citrate solution 50 mcg/ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| SYNAPRYN FUSEPAQ SUSPENSION RECONSTITUTED 10 MG/ML ORAL | Non-Formulary | Non FDA Exclusion |
| <i>tramadol hcl (er biphasic) capsule extended release 24 hour 100 mg oral</i> | 3 | |
| <i>tramadol hcl (er biphasic) capsule extended release 24 hour 200 mg oral</i> | 3 | |

| Drug Name | Tier | Notes |
|--|---------------|-----------------------------|
| <i>tramadol hcl (er biphasic) capsule extended release 24 hour 300 mg oral</i> | 3 | |
| <i>tramadol hcl (er biphasic) tablet extended release 24 hour 100 mg oral</i> | 1 | |
| <i>tramadol hcl (er biphasic) tablet extended release 24 hour 100 mg oral</i> | 1 | Mony Code (MONY code issue) |
| <i>tramadol hcl (er biphasic) tablet extended release 24 hour 200 mg oral</i> | 1 | |
| <i>tramadol hcl (er biphasic) tablet extended release 24 hour 200 mg oral</i> | 1 | Mony Code (MONY code issue) |
| <i>tramadol hcl (er biphasic) tablet extended release 24 hour 300 mg oral</i> | 1 | |
| <i>tramadol hcl (er biphasic) tablet extended release 24 hour 300 mg oral</i> | 1 | Mony Code (MONY code issue) |
| <i>tramadol hcl er tablet extended release 24 hour 100 mg oral</i> | 1 | |
| <i>tramadol hcl er tablet extended release 24 hour 200 mg oral</i> | 1 | |
| <i>tramadol hcl er tablet extended release 24 hour 300 mg oral</i> | 1 | |
| <i>tramadol hcl solution 5 mg/ml oral</i> | 3 | |
| <i>tramadol hcl tablet 100 mg oral</i> | 1 | |
| <i>tramadol hcl tablet 25 mg oral</i> | Non-Formulary | Formulary Exclusion |
| <i>tramadol hcl tablet 50 mg oral</i> | 1 | |
| ULTIVA SOLUTION RECONSTITUTED 1 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ULTIVA SOLUTION RECONSTITUTED 2 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ULTIVA SOLUTION RECONSTITUTED 5 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ULTRAM TABLET 50 MG ORAL | Non-Formulary | Formulary Exclusion |
| XTAMPZA ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG ORAL | 2 | |
| XTAMPZA ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 18 MG ORAL | 2 | |
| XTAMPZA ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 27 MG ORAL | 2 | |
| XTAMPZA ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 36 MG ORAL | 2 | |
| XTAMPZA ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 9 MG ORAL | 2 | |
| ZOHYDRO ER CAPSULE EXTENDED RELEASE 12 HOUR 10 MG ORAL | Non-Formulary | Formulary Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|-----------------------|
| ZOHYDRO ER CAPSULE EXTENDED RELEASE 12 HOUR 15 MG ORAL | Non-Formulary | Formulary Exclusion |
| ZOHYDRO ER CAPSULE EXTENDED RELEASE 12 HOUR 20 MG ORAL | Non-Formulary | Formulary Exclusion |
| ZOHYDRO ER CAPSULE EXTENDED RELEASE 12 HOUR 30 MG ORAL | Non-Formulary | Formulary Exclusion |
| ZOHYDRO ER CAPSULE EXTENDED RELEASE 12 HOUR 40 MG ORAL | Non-Formulary | Formulary Exclusion |
| ZOHYDRO ER CAPSULE EXTENDED RELEASE 12 HOUR 50 MG ORAL | Non-Formulary | Formulary Exclusion |
| *Opioid Combinations*** | | |
| APADAZ TABLET 4.08-325 MG ORAL | 3 | |
| APADAZ TABLET 6.12-325 MG ORAL | 3 | |
| APADAZ TABLET 8.16-325 MG ORAL | 3 | |
| <i>benzhydrocodone-acetaminophen tablet 4.08-325 mg oral</i> | 3 | |
| <i>benzhydrocodone-acetaminophen tablet 6.12-325 mg oral</i> | 3 | |
| <i>benzhydrocodone-acetaminophen tablet 8.16-325 mg oral</i> | 3 | |
| ENDOCET TABLET 10-325 MG ORAL | 1 | |
| ENDOCET TABLET 2.5-325 MG ORAL | 1 | |
| ENDOCET TABLET 5-325 MG ORAL | 1 | |
| ENDOCET TABLET 7.5-325 MG ORAL | 1 | |
| <i>nalocet tablet 2.5-300 mg oral</i> | 1 | Mony Code (MONY Code) |
| <i>oxycodone-acetaminophen solution 10-300 mg/5ml oral</i> | 3 | |
| <i>oxycodone-acetaminophen solution 5-325 mg/5ml oral</i> | 3 | |
| <i>oxycodone-acetaminophen tablet 10-300 mg oral</i> | 3 | |
| <i>oxycodone-acetaminophen tablet 10-325 mg oral</i> | 1 | |
| <i>oxycodone-acetaminophen tablet 2.5-300 mg oral</i> | 3 | |
| <i>oxycodone-acetaminophen tablet 2.5-325 mg oral</i> | 1 | |
| <i>oxycodone-acetaminophen tablet 5-300 mg oral</i> | 3 | |
| <i>oxycodone-acetaminophen tablet 5-325 mg oral</i> | 1 | |
| <i>oxycodone-acetaminophen tablet 7.5-300 mg oral</i> | 3 | |
| <i>oxycodone-acetaminophen tablet 7.5-325 mg oral</i> | 1 | |
| PERCOCET TABLET 10-325 MG ORAL | Non-Formulary | Formulary Exclusion |
| PERCOCET TABLET 2.5-325 MG ORAL | Non-Formulary | Formulary Exclusion |
| PERCOCET TABLET 5-325 MG ORAL | Non-Formulary | Formulary Exclusion |
| PERCOCET TABLET 7.5-325 MG ORAL | Non-Formulary | Formulary Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|-------------------------|
| PROLATE SOLUTION 10-300 MG/5ML ORAL | 3 | |
| PROLATE TABLET 10-300 MG ORAL | 1 | Mony Code (MONY Code) |
| PROLATE TABLET 5-300 MG ORAL | 1 | Mony Code (MONY Code) |
| PROLATE TABLET 7.5-300 MG ORAL | 3 | |
| <i>*Opioid Partial Agonists***</i> | | |
| BELBUCA FILM 150 MCG BUCCAL | 2 | |
| BELBUCA FILM 300 MCG BUCCAL | 2 | |
| BELBUCA FILM 450 MCG BUCCAL | 2 | |
| BELBUCA FILM 600 MCG BUCCAL | 2 | |
| BELBUCA FILM 75 MCG BUCCAL | 2 | |
| BELBUCA FILM 750 MCG BUCCAL | 2 | |
| BELBUCA FILM 900 MCG BUCCAL | 2 | |
| BRIXADI (WEEKLY) SOLUTION PREFILLED SYRINGE 16 MG/0.32ML SUBCUTANEOUS | 3 | PA; QL |
| BRIXADI (WEEKLY) SOLUTION PREFILLED SYRINGE 24 MG/0.48ML SUBCUTANEOUS | 3 | PA; QL |
| BRIXADI (WEEKLY) SOLUTION PREFILLED SYRINGE 32 MG/0.64ML SUBCUTANEOUS | 3 | PA; QL |
| BRIXADI (WEEKLY) SOLUTION PREFILLED SYRINGE 8 MG/0.16ML SUBCUTANEOUS | 3 | PA; QL |
| BRIXADI SOLUTION PREFILLED SYRINGE 128 MG/0.36ML SUBCUTANEOUS | 3 | PA; QL |
| BRIXADI SOLUTION PREFILLED SYRINGE 64 MG/0.18ML SUBCUTANEOUS | 3 | PA; QL |
| BRIXADI SOLUTION PREFILLED SYRINGE 96 MG/0.27ML SUBCUTANEOUS | 3 | PA; QL |
| BUNAVAIL FILM 4.2-0.7 MG BUCCAL | Non-Formulary | Formulary Exclusion; QL |
| BUPRENEX SOLUTION 0.3 MG/ML INJECTION | Non-Formulary | Medical Only Exclusion |
| <i>buprenorphine hcl solution 0.3 mg/ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>buprenorphine hcl tablet sublingual 2 mg sublingual</i> | 1 | |
| <i>buprenorphine hcl tablet sublingual 8 mg sublingual</i> | 1 | |
| <i>buprenorphine hcl-naloxone hcl film 12-3 mg sublingual</i> | 1 | QL |
| <i>buprenorphine hcl-naloxone hcl film 2-0.5 mg sublingual</i> | 1 | QL |
| <i>buprenorphine hcl-naloxone hcl film 4-1 mg sublingual</i> | 1 | QL |
| <i>buprenorphine hcl-naloxone hcl film 8-2 mg sublingual</i> | 1 | QL |

| Drug Name | Tier | Notes |
|---|---------------|--|
| <i>buprenorphine hcl-naloxone hcl tablet sublingual 2-0.5 mg sublingual</i> | 1 | QL |
| <i>buprenorphine hcl-naloxone hcl tablet sublingual 8-2 mg sublingual</i> | 1 | QL |
| <i>buprenorphine patch weekly 10 mcg/hr transdermal</i> | Non-Formulary | Formulary Exclusion |
| <i>buprenorphine patch weekly 10 mcg/hr transdermal</i> | Non-Formulary | Mony Code (MONY Code); Formulary Exclusion |
| <i>buprenorphine patch weekly 15 mcg/hr transdermal</i> | Non-Formulary | Formulary Exclusion |
| <i>buprenorphine patch weekly 15 mcg/hr transdermal</i> | Non-Formulary | Mony Code (MONY Code); Formulary Exclusion |
| <i>buprenorphine patch weekly 20 mcg/hr transdermal</i> | Non-Formulary | Formulary Exclusion |
| <i>buprenorphine patch weekly 20 mcg/hr transdermal</i> | Non-Formulary | Mony Code (MONY Code); Formulary Exclusion |
| <i>buprenorphine patch weekly 5 mcg/hr transdermal</i> | Non-Formulary | Formulary Exclusion |
| <i>buprenorphine patch weekly 5 mcg/hr transdermal</i> | Non-Formulary | Mony Code (MONY Code); Formulary Exclusion |
| <i>buprenorphine patch weekly 7.5 mcg/hr transdermal</i> | Non-Formulary | Formulary Exclusion |
| <i>buprenorphine patch weekly 7.5 mcg/hr transdermal</i> | Non-Formulary | Mony Code (MONY Code); Formulary Exclusion |
| <i>butorphanol tartrate solution 1 mg/ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>butorphanol tartrate solution 1 mg/ml injection</i> | Non-Formulary | Medical Only Exclusion; Mony Code (MONY Code) |
| <i>butorphanol tartrate solution 10 mg/ml nasal</i> | 1 | |
| <i>butorphanol tartrate solution 2 mg/ml injection</i> | Non-Formulary | Medical Only Exclusion; Mony Code (MONY Code) |
| BUTRANS PATCH WEEKLY 10 MCG/HR TRANSDERMAL | Non-Formulary | Formulary Exclusion |
| BUTRANS PATCH WEEKLY 15 MCG/HR TRANSDERMAL | Non-Formulary | Formulary Exclusion |
| BUTRANS PATCH WEEKLY 20 MCG/HR TRANSDERMAL | Non-Formulary | Formulary Exclusion |
| BUTRANS PATCH WEEKLY 5 MCG/HR TRANSDERMAL | Non-Formulary | Formulary Exclusion |
| BUTRANS PATCH WEEKLY 7.5 MCG/HR TRANSDERMAL | Non-Formulary | Formulary Exclusion |
| <i>nalbuphine hcl solution 10 mg/ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>nalbuphine hcl solution 20 mg/ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>pentazocine-naloxone hcl tablet 50-0.5 mg oral</i> | Non-Formulary | Formulary Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|-----------------------------|
| SUBOXONE FILM 12-3 MG SUBLINGUAL | Non-Formulary | Formulary Exclusion; QL |
| SUBOXONE FILM 2-0.5 MG SUBLINGUAL | Non-Formulary | Formulary Exclusion; QL |
| SUBOXONE FILM 4-1 MG SUBLINGUAL | Non-Formulary | Formulary Exclusion; QL |
| SUBOXONE FILM 8-2 MG SUBLINGUAL | Non-Formulary | Formulary Exclusion; QL |
| ZUBSOLV TABLET SUBLINGUAL 0.7-0.18 MG SUBLINGUAL | 3 | QL |
| ZUBSOLV TABLET SUBLINGUAL 1.4-0.36 MG SUBLINGUAL | 3 | QL |
| ZUBSOLV TABLET SUBLINGUAL 11.4-2.9 MG SUBLINGUAL | 3 | QL |
| ZUBSOLV TABLET SUBLINGUAL 2.9-0.71 MG SUBLINGUAL | 3 | QL |
| ZUBSOLV TABLET SUBLINGUAL 5.7-1.4 MG SUBLINGUAL | 3 | QL |
| ZUBSOLV TABLET SUBLINGUAL 8.6-2.1 MG SUBLINGUAL | 3 | QL |
| <i>*Tramadol Combinations***</i> | | |
| SEGLENTIS TABLET 56-44 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>tramadol-acetaminophen tablet 37.5-325 mg oral</i> | 1 | |
| ULTRACET TABLET 37.5-325 MG ORAL | Non-Formulary | Formulary Exclusion |
| *ANDROGENS-ANABOLIC* | | |
| <i>*Anabolic Steroids***</i> | | |
| <i>oxandrolone tablet 10 mg oral</i> | 1 | |
| <i>oxandrolone tablet 10 mg oral</i> | 1 | Mony Code (MONY code issue) |
| <i>oxandrolone tablet 2.5 mg oral</i> | 1 | |
| <i>oxandrolone tablet 2.5 mg oral</i> | 1 | Mony Code (MONY code issue) |
| <i>*Androgens***</i> | | |
| ANDRODERM PATCH 24 HOUR 2 MG/24HR TRANSDERMAL | 3 | PA |
| ANDRODERM PATCH 24 HOUR 4 MG/24HR TRANSDERMAL | 3 | PA |
| ANDROGEL GEL 20.25 MG/1.25GM (1.62%) TRANSDERMAL | Non-Formulary | PA; Formulary Exclusion |
| ANDROGEL GEL 25 MG/2.5GM (1%) TRANSDERMAL | Non-Formulary | PA; Formulary Exclusion |
| ANDROGEL GEL 40.5 MG/2.5GM (1.62%) TRANSDERMAL | Non-Formulary | PA; Formulary Exclusion |
| ANDROGEL GEL 50 MG/5GM (1%) TRANSDERMAL | Non-Formulary | PA; Formulary Exclusion |
| ANDROGEL PUMP GEL 20.25 MG/ACT (1.62%) TRANSDERMAL | Non-Formulary | PA; Formulary Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|---------------------------------|
| <i>danazol capsule 100 mg oral</i> | 1 | |
| <i>danazol capsule 200 mg oral</i> | 1 | |
| <i>danazol capsule 50 mg oral</i> | 1 | |
| DEPO-TESTOSTERONE SOLUTION 100 MG/ML INTRAMUSCULAR | Non-Formulary | PA; Formulary Exclusion |
| DEPO-TESTOSTERONE SOLUTION 200 MG/ML INTRAMUSCULAR | 1 | PA |
| <i>ec-rx testosterone cream 0.2 % transdermal</i> | Non-Formulary | Non FDA Exclusion |
| <i>ec-rx testosterone cream 0.4 % transdermal</i> | Non-Formulary | Non FDA Exclusion |
| <i>ec-rx testosterone cream 10 % transdermal</i> | Non-Formulary | Non FDA Exclusion |
| <i>ec-rx testosterone cream 20 % transdermal</i> | Non-Formulary | Non FDA Exclusion |
| FORTESTA GEL 10 MG/ACT (2%) TRANSDERMAL | Non-Formulary | PA; Formulary Exclusion |
| JATENZO CAPSULE 158 MG ORAL | Non-Formulary | PA; Formulary Exclusion; QL |
| JATENZO CAPSULE 198 MG ORAL | Non-Formulary | PA; Formulary Exclusion; QL |
| JATENZO CAPSULE 237 MG ORAL | Non-Formulary | PA; Formulary Exclusion; QL |
| KYZATREX CAPSULE 100 MG ORAL | Non-Formulary | PA; Formulary Exclusion; QL |
| KYZATREX CAPSULE 150 MG ORAL | Non-Formulary | PA; Formulary Exclusion; QL |
| KYZATREX CAPSULE 200 MG ORAL | Non-Formulary | PA; Formulary Exclusion; QL |
| <i>methitest tablet 10 mg oral</i> | 3 | |
| <i>methyltestosterone capsule 10 mg oral</i> | 1 | |
| <i>methyltestosterone capsule 10 mg oral</i> | 1 | Mony Code (MONY Code) |
| NATESTO GEL 5.5 MG/ACT NASAL | 3 | PA |
| TESTIM GEL 50 MG/5GM (1%) TRANSDERMAL | Non-Formulary | PA; Formulary Exclusion |
| TESTONE CIK KIT 200 MG/ML INTRAMUSCULAR | Non-Formulary | Non FDA Exclusion |
| TESTOPEL PELLET 75 MG IMPLANT | 3 | PA |
| <i>testosterone cypionate solution 100 mg/ml intramuscular</i> | 1 | PA |
| <i>testosterone cypionate solution 200 mg/ml injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>testosterone cypionate solution 200 mg/ml intramuscular</i> | 1 | PA |
| <i>testosterone enanthate solution 200 mg/ml intramuscular</i> | 1 | PA; Mony Code (MONY Code) |
| <i>testosterone gel 1.62 % transdermal</i> | 1 | PA |
| <i>testosterone gel 10 mg/act (2%) transdermal</i> | 1 | PA; Mony Code (MONY code issue) |
| <i>testosterone gel 10 mg/act (2%) transdermal</i> | 1 | PA; Mony Code (MONY Code) |
| <i>testosterone gel 12.5 mg/act (1%) transdermal</i> | 1 | PA |

| Drug Name | Tier | Notes |
|---|---------------|-----------------------------|
| <i>testosterone gel 12.5 mg/act (1%) transdermal</i> | 1 | PA; Mony Code (MONY Code) |
| <i>testosterone gel 20.25 mg/1.25gm (1.62%) transdermal</i> | Non-Formulary | PA; Formulary Exclusion |
| <i>testosterone gel 20.25 mg/act (1.62%) transdermal</i> | 1 | PA |
| <i>testosterone gel 25 mg/2.5gm (1%) transdermal</i> | 1 | PA |
| <i>testosterone gel 40.5 mg/2.5gm (1.62%) transdermal</i> | Non-Formulary | PA; Formulary Exclusion |
| <i>testosterone gel 50 mg/5gm (1%) transdermal</i> | 1 | PA |
| <i>testosterone gel 50 mg/5gm (1%) transdermal</i> | 1 | PA; Mony Code (MONY Code) |
| <i>testosterone pellet 100 mg implant</i> | Non-Formulary | Non FDA Exclusion |
| <i>testosterone pellet 200 mg implant</i> | Non-Formulary | Non FDA Exclusion |
| <i>testosterone pellet 25 mg implant</i> | Non-Formulary | Non FDA Exclusion |
| <i>testosterone pellet 37.5 mg implant</i> | Non-Formulary | Non FDA Exclusion |
| <i>testosterone pellet 50 mg implant</i> | Non-Formulary | Non FDA Exclusion |
| <i>testosterone pellet 87.5 mg implant</i> | Non-Formulary | Non FDA Exclusion |
| <i>testosterone solution 30 mg/act transdermal</i> | 1 | PA |
| TLANDO CAPSULE 112.5 MG ORAL | 3 | PA; QL |
| UNDECATREX CAPSULE 200 MG ORAL | Non-Formulary | PA; Formulary Exclusion; QL |
| VOGELXO GEL 50 MG/5GM (1%) TRANSDERMAL | 3 | PA |
| VOGELXO PUMP GEL 12.5 MG/ACT (1%) TRANSDERMAL | Non-Formulary | PA; Formulary Exclusion |
| XYOSTED SOLUTION AUTO-INJECTOR 100 MG/0.5ML SUBCUTANEOUS | 3 | PA |
| XYOSTED SOLUTION AUTO-INJECTOR 50 MG/0.5ML SUBCUTANEOUS | 3 | PA |
| XYOSTED SOLUTION AUTO-INJECTOR 75 MG/0.5ML SUBCUTANEOUS | 3 | PA |
| *ANORECTAL AND RELATED PRODUCTS* | | |
| <i>*Intrarectal Steroids***</i> | | |
| <i>budesonide foam 2 mg rectal</i> | 1 | |
| <i>budesonide foam 2 mg/act rectal</i> | 1 | |
| CORTENEMA ENEMA 100 MG/60ML RECTAL | Non-Formulary | Formulary Exclusion |
| CORTIFOAM FOAM 10 % EXTERNAL | 2 | |
| <i>hydrocortisone enema 100 mg/60ml rectal</i> | 1 | |
| UCERIS FOAM 2 MG/ACT RECTAL | 3 | |

| Drug Name | Tier | Notes |
|---|---------------|---|
| *Nitrate Vasodilating Agents*** | | |
| <i>nitroglycerin ointment 0.4 % rectal</i> | 1 | |
| RECTIV OINTMENT 0.4 % RECTAL | Non-Formulary | Formulary Exclusion |
| *Rectal Anesthetic/Steroids*** | | |
| ANA-LEX KIT 2-2 % RECTAL | Non-Formulary | Non FDA Exclusion |
| ANALPRAM HC CREAM 2.5-1 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| ANALPRAM HC SINGLES CREAM 2.5-1 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| ANALPRAM-HC CREAM 1-1 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| ANALPRAM-HC LOTION 2.5-1 % EXTERNAL | 3 | |
| <i>hydrocortisone ace-pramoxine cream 1-1 % external</i> | 1 | Mony Code (MONY code issue) |
| <i>hydrocortisone ace-pramoxine suppository 25-18 mg rectal</i> | Non-Formulary | Non FDA Exclusion |
| <i>hydrocort-pramoxine (perianal) cream 2.5-1 % external</i> | Non-Formulary | Formulary Exclusion |
| <i>lidocaine-hydrocort (perianal) cream 3-0.5 % external</i> | Non-Formulary | Formulary Exclusion |
| <i>lidocaine-hydrocortisone ace gel 2.8-0.55 % rectal</i> | Non-Formulary | Formulary Exclusion |
| <i>lidocaine-hydrocortisone ace kit 2-2 % rectal</i> | Non-Formulary | Formulary Exclusion |
| <i>lidocaine-hydrocortisone ace kit 3-0.5 % rectal</i> | Non-Formulary | Non FDA Exclusion |
| <i>lidocaine-hydrocortisone ace kit 3-0.5 % rectal</i> | Non-Formulary | Formulary Exclusion |
| <i>lidocaine-hydrocortisone ace kit 3-1 % rectal</i> | Non-Formulary | Mony Code (MONY Code); Formulary Exclusion |
| <i>lidocaine-hydrocortisone ace kit 3-2.5 % rectal</i> | Non-Formulary | Non FDA Exclusion |
| <i>lidocaine-hydrocortisone ace kit 3-2.5 % rectal</i> | Non-Formulary | Formulary Exclusion |
| LIDOCORT CREAM 3-0.5 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| PROCORT CREAM 1.85-1.15 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| PROCTOFOAM HC FOAM 1-1 % EXTERNAL | 3 | |
| *Rectal Local Anesthetics*** | | |
| <i>lidocaine (anorectal) suppository 50 mg rectal</i> | Non-Formulary | Non FDA Exclusion |
| *Rectal Products - Misc.*** | | |
| BARRIGEL GEL 20 MG/ML RECTAL | Non-Formulary | Non FDA Exclusion |
| *Rectal Steroids*** | | |
| <i>anucort-hc suppository 25 mg rectal</i> | 1 | |
| ANUSOL-HC CREAM 2.5 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| ANUSOL-HC SUPPOSITORY 25 MG RECTAL | 1 | |

| Drug Name | Tier | Notes |
|--|---------------|-------------------------|
| HEMMOREX-HC SUPPOSITORY 25 MG RECTAL | 1 | |
| HEMMOREX-HC SUPPOSITORY 30 MG RECTAL | 1 | |
| <i>hydrocortisone (perianal) cream 1 % external</i> | 1 | |
| <i>hydrocortisone (perianal) cream 2.5 % external</i> | 1 | |
| <i>hydrocortisone acetate suppository 25 mg rectal</i> | Non-Formulary | Non FDA Exclusion |
| <i>hydrocortisone acetate suppository 25 mg rectal</i> | 1 | |
| <i>hydrocortisone acetate suppository 30 mg rectal</i> | 1 | |
| <i>hydrocortisone acetate suppository 30 mg rectal</i> | Non-Formulary | Non FDA Exclusion |
| <i>hydrocortisone acetate suppository 30 mg rectal</i> | Non-Formulary | Formulary Exclusion |
| PROCTOCORT CREAM 1 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| PROCTOCORT SUPPOSITORY 30 MG RECTAL | Non-Formulary | Formulary Exclusion |
| PROCTO-MED HC CREAM 2.5 % EXTERNAL | 1 | |
| PROCTO-PAK CREAM 1 % EXTERNAL | 1 | |
| PROCTOSOL HC CREAM 2.5 % EXTERNAL | 1 | |
| PROCTOZONE-HC CREAM 2.5 % EXTERNAL | 1 | |
| *ANTACIDS* | | |
| <i>*Antacids - Bicarbonate***</i> | | |
| <i>sodium bicarbonate powder oral (rx)</i> | Non-Formulary | Formulary Exclusion |
| *ANTHELMINTICS* | | |
| <i>*Anthelmintics***</i> | | |
| <i>albendazole tablet 200 mg oral</i> | 1 | |
| ALBENZA TABLET 200 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>benznidazole tablet 100 mg oral</i> | 2 | |
| <i>benznidazole tablet 12.5 mg oral</i> | 2 | |
| BILTRICIDE TABLET 600 MG ORAL | Non-Formulary | Formulary Exclusion |
| EMVERM TABLET CHEWABLE 100 MG ORAL | 3 | |
| <i>ivermectin tablet 3 mg oral</i> | 1 | QL |
| <i>praziquantel tablet 600 mg oral</i> | 1 | |
| STROMEKTOL TABLET 3 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| *ANTIANGINAL AGENTS* | | |
| <i>*Antianginals-Other***</i> | | |
| ASPRUZYO SPRINKLE PACKET 1000 MG ORAL | Non-Formulary | Formulary Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|-----------------------------|
| ASPRUZYO SPRINKLE PACKET 500 MG ORAL | Non-Formulary | Formulary Exclusion |
| RANEXA TABLET EXTENDED RELEASE 12 HOUR 1000 MG ORAL | Non-Formulary | Formulary Exclusion |
| RANEXA TABLET EXTENDED RELEASE 12 HOUR 500 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>ranolazine er tablet extended release 12 hour 1000 mg oral</i> | 1 | |
| <i>ranolazine er tablet extended release 12 hour 500 mg oral</i> | 1 | |
| *Nitrates*** | | |
| DILATRATE-SR CAPSULE EXTENDED RELEASE 40 MG ORAL | 3 | |
| GONITRO PACKET 400 MCG SUBLINGUAL | 3 | |
| ISORDIL TITRADOSE TABLET 40 MG ORAL | Non-Formulary | Formulary Exclusion |
| ISORDIL TITRADOSE TABLET 5 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>isosorbide dinitrate tablet 10 mg oral</i> | 1 | |
| <i>isosorbide dinitrate tablet 20 mg oral</i> | 1 | |
| <i>isosorbide dinitrate tablet 30 mg oral</i> | 1 | |
| <i>isosorbide dinitrate tablet 30 mg oral</i> | 1 | Mony Code (MONY Code) |
| <i>isosorbide dinitrate tablet 40 mg oral</i> | 1 | |
| <i>isosorbide dinitrate tablet 5 mg oral</i> | 1 | |
| <i>isosorbide mononitrate er tablet extended release 24 hour 120 mg oral</i> | 1 | |
| <i>isosorbide mononitrate er tablet extended release 24 hour 30 mg oral</i> | 1 | |
| <i>isosorbide mononitrate er tablet extended release 24 hour 60 mg oral</i> | 1 | |
| <i>isosorbide mononitrate tablet 10 mg oral</i> | 1 | |
| <i>isosorbide mononitrate tablet 10 mg oral</i> | 1 | Mony Code (MONY code issue) |
| <i>isosorbide mononitrate tablet 20 mg oral</i> | 1 | |
| <i>isosorbide mononitrate tablet 20 mg oral</i> | 1 | Mony Code (MONY code issue) |
| MINITRAN PATCH 24 HOUR 0.1 MG/HR TRANSDERMAL | 1 | |
| MINITRAN PATCH 24 HOUR 0.2 MG/HR TRANSDERMAL | 1 | |
| MINITRAN PATCH 24 HOUR 0.4 MG/HR TRANSDERMAL | 1 | |
| MINITRAN PATCH 24 HOUR 0.6 MG/HR TRANSDERMAL | 1 | |
| NITRO-BID OINTMENT 2 % TRANSDERMAL | 3 | |

| Drug Name | Tier | Notes |
|---|---------------|------------------------|
| NITRO-DUR PATCH 24 HOUR 0.1 MG/HR TRANSDERMAL | Non-Formulary | Formulary Exclusion |
| NITRO-DUR PATCH 24 HOUR 0.2 MG/HR TRANSDERMAL | Non-Formulary | Formulary Exclusion |
| NITRO-DUR PATCH 24 HOUR 0.3 MG/HR TRANSDERMAL | 3 | |
| NITRO-DUR PATCH 24 HOUR 0.4 MG/HR TRANSDERMAL | Non-Formulary | Formulary Exclusion |
| NITRO-DUR PATCH 24 HOUR 0.6 MG/HR TRANSDERMAL | Non-Formulary | Formulary Exclusion |
| NITRO-DUR PATCH 24 HOUR 0.8 MG/HR TRANSDERMAL | 3 | |
| <i>nitroglycerin in d5w solution 100-5 mcg/ml-% intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>nitroglycerin in d5w solution 200-5 mcg/ml-% intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>nitroglycerin in d5w solution 400-5 mcg/ml-% intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>nitroglycerin patch 24 hour 0.1 mg/hr transdermal</i> | 1 | |
| <i>nitroglycerin patch 24 hour 0.2 mg/hr transdermal</i> | 1 | |
| <i>nitroglycerin patch 24 hour 0.4 mg/hr transdermal</i> | 1 | |
| <i>nitroglycerin patch 24 hour 0.6 mg/hr transdermal</i> | 1 | |
| <i>nitroglycerin solution 0.4 mg/spray translingual</i> | 1 | |
| <i>nitroglycerin solution 5 mg/ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>nitroglycerin tablet sublingual 0.3 mg sublingual</i> | 1 | |
| <i>nitroglycerin tablet sublingual 0.4 mg sublingual</i> | 1 | |
| <i>nitroglycerin tablet sublingual 0.6 mg sublingual</i> | 1 | |
| NITROLINGUAL SOLUTION 0.4 MG/SPRAY TRANSLINGUAL | Non-Formulary | Formulary Exclusion |
| NITROMIST AEROSOL SOLUTION 400 MCG/SPRAY TRANSLINGUAL | Non-Formulary | Formulary Exclusion |
| NITROSTAT TABLET SUBLINGUAL 0.3 MG SUBLINGUAL | Non-Formulary | Formulary Exclusion |
| NITROSTAT TABLET SUBLINGUAL 0.4 MG SUBLINGUAL | Non-Formulary | Formulary Exclusion |
| NITROSTAT TABLET SUBLINGUAL 0.6 MG SUBLINGUAL | Non-Formulary | Formulary Exclusion |
| NITRO-TIME CAPSULE EXTENDED RELEASE 2.5 MG ORAL | 1 | Mony Code (MONY Code) |

| Drug Name | Tier | Notes |
|--|---------------|---|
| NITRO-TIME CAPSULE EXTENDED RELEASE 6.5 MG ORAL | 1 | Mony Code (MONY Code) |
| NITRO-TIME CAPSULE EXTENDED RELEASE 9 MG ORAL | 1 | Mony Code (MONY Code) |
| *ANTIANSXIETY AGENTS* | | |
| *Antianxiety Agents - Misc.*** | | |
| <i>bupirone hcl tablet 10 mg oral</i> | 1 | |
| <i>bupirone hcl tablet 15 mg oral</i> | 1 | |
| <i>bupirone hcl tablet 30 mg oral</i> | 1 | |
| <i>bupirone hcl tablet 5 mg oral</i> | 1 | |
| <i>bupirone hcl tablet 7.5 mg oral</i> | 1 | |
| <i>droperidol solution 2.5 mg/ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>droperidol solution 2.5 mg/ml injection</i> | Non-Formulary | Medical Only Exclusion; Mony Code (MONY Code) |
| <i>droperidol solution prefilled syringe 0.625 mg/ml intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>hydroxyzine hcl solution 25 mg/ml intramuscular</i> | Non-Formulary | Medical Only Exclusion |
| <i>hydroxyzine hcl solution 50 mg/ml intramuscular</i> | Non-Formulary | Medical Only Exclusion; Mony Code (MONY CODE ISSUE) |
| <i>hydroxyzine hcl syrup 10 mg/5ml oral</i> | 1 | |
| <i>hydroxyzine hcl tablet 10 mg oral</i> | 1 | |
| <i>hydroxyzine hcl tablet 25 mg oral</i> | 1 | |
| <i>hydroxyzine hcl tablet 50 mg oral</i> | 1 | |
| <i>hydroxyzine pamoate capsule 100 mg oral</i> | 1 | Mony Code (MONY Code) |
| <i>hydroxyzine pamoate capsule 25 mg oral</i> | 1 | |
| <i>hydroxyzine pamoate capsule 50 mg oral</i> | 1 | |
| <i>meprobamate tablet 200 mg oral</i> | Non-Formulary | Formulary Exclusion |
| <i>meprobamate tablet 400 mg oral</i> | Non-Formulary | Formulary Exclusion |
| VISTARIL CAPSULE 25 MG ORAL | Non-Formulary | Formulary Exclusion |
| VISTARIL CAPSULE 50 MG ORAL | Non-Formulary | Formulary Exclusion |
| *Benzodiazepines*** | | |
| <i>alprazolam er tablet extended release 24 hour 0.5 mg oral</i> | 1 | |
| <i>alprazolam er tablet extended release 24 hour 1 mg oral</i> | 1 | |
| <i>alprazolam er tablet extended release 24 hour 2 mg oral</i> | 1 | |
| <i>alprazolam er tablet extended release 24 hour 3 mg oral</i> | 1 | |

| Drug Name | Tier | Notes |
|--|---------------|---|
| ALPRAZOLAM INTENSOL CONCENTRATE 1 MG/ML ORAL | 3 | |
| <i>alprazolam tablet 0.25 mg oral</i> | 1 | |
| <i>alprazolam tablet 0.5 mg oral</i> | 1 | |
| <i>alprazolam tablet 1 mg oral</i> | 1 | |
| <i>alprazolam tablet 2 mg oral</i> | 1 | |
| <i>alprazolam tablet dispersible 0.25 mg oral</i> | 1 | |
| <i>alprazolam tablet dispersible 0.5 mg oral</i> | 1 | |
| <i>alprazolam tablet dispersible 1 mg oral</i> | 1 | |
| <i>alprazolam tablet dispersible 2 mg oral</i> | 1 | |
| <i>alprazolam xr tablet extended release 24 hour 0.5 mg oral</i> | 1 | |
| <i>alprazolam xr tablet extended release 24 hour 1 mg oral</i> | 1 | |
| <i>alprazolam xr tablet extended release 24 hour 2 mg oral</i> | 1 | |
| <i>alprazolam xr tablet extended release 24 hour 3 mg oral</i> | 1 | |
| ATIVAN SOLUTION 2 MG/ML INJECTION | Non-Formulary | Medical Only Exclusion |
| ATIVAN SOLUTION 4 MG/ML INJECTION | Non-Formulary | Medical Only Exclusion |
| ATIVAN TABLET 0.5 MG ORAL | Non-Formulary | Formulary Exclusion |
| ATIVAN TABLET 1 MG ORAL | Non-Formulary | Formulary Exclusion |
| ATIVAN TABLET 2 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>chlordiazepoxide hcl capsule 10 mg oral</i> | 1 | |
| <i>chlordiazepoxide hcl capsule 25 mg oral</i> | 1 | |
| <i>chlordiazepoxide hcl capsule 5 mg oral</i> | 1 | |
| <i>clorazepate dipotassium tablet 15 mg oral</i> | 1 | |
| <i>clorazepate dipotassium tablet 3.75 mg oral</i> | 1 | |
| <i>clorazepate dipotassium tablet 7.5 mg oral</i> | 1 | |
| <i>diazepam concentrate 5 mg/ml oral</i> | 1 | |
| DIAZEPAM INTENSOL CONCENTRATE 5 MG/ML ORAL | 1 | |
| <i>diazepam solution 10 mg/2ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>diazepam solution 5 mg/5ml oral</i> | 1 | |
| <i>diazepam solution 5 mg/5ml oral</i> | 1 | Mony Code (MONY Code) |
| <i>diazepam solution 5 mg/ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>diazepam solution 5 mg/ml injection</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>diazepam solution auto-injector 10 mg/2ml intramuscular</i> | Non-Formulary | Medical Only Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|------------------------|
| <i>diazepam tablet 10 mg oral</i> | 1 | |
| <i>diazepam tablet 2 mg oral</i> | 1 | |
| <i>diazepam tablet 5 mg oral</i> | 1 | |
| <i>lorazepam concentrate 2 mg/ml oral</i> | 1 | |
| LORAZEPAM INTENSOL CONCENTRATE 2 MG/ML ORAL | 1 | |
| <i>lorazepam solution 2 mg/ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>lorazepam solution 4 mg/ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>lorazepam tablet 0.5 mg oral</i> | 1 | |
| <i>lorazepam tablet 1 mg oral</i> | 1 | |
| <i>lorazepam tablet 2 mg oral</i> | 1 | |
| LOREEV XR CAPSULE ER 24 HOUR SPRINKLE 1 MG ORAL | Non-Formulary | Formulary Exclusion |
| LOREEV XR CAPSULE ER 24 HOUR SPRINKLE 1.5 MG ORAL | Non-Formulary | Formulary Exclusion |
| LOREEV XR CAPSULE ER 24 HOUR SPRINKLE 2 MG ORAL | Non-Formulary | Formulary Exclusion |
| LOREEV XR CAPSULE ER 24 HOUR SPRINKLE 3 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>oxazepam capsule 10 mg oral</i> | 1 | |
| <i>oxazepam capsule 10 mg oral</i> | 1 | Mony Code (MONY Code) |
| <i>oxazepam capsule 15 mg oral</i> | 1 | |
| <i>oxazepam capsule 15 mg oral</i> | 1 | Mony Code (MONY Code) |
| <i>oxazepam capsule 30 mg oral</i> | 1 | |
| <i>oxazepam capsule 30 mg oral</i> | 1 | Mony Code (MONY Code) |
| TRANXENE-T TABLET 7.5 MG ORAL | Non-Formulary | Formulary Exclusion |
| VALIUM TABLET 10 MG ORAL | Non-Formulary | Formulary Exclusion |
| VALIUM TABLET 2 MG ORAL | Non-Formulary | Formulary Exclusion |
| VALIUM TABLET 5 MG ORAL | Non-Formulary | Formulary Exclusion |
| XANAX TABLET 0.25 MG ORAL | Non-Formulary | Formulary Exclusion |
| XANAX TABLET 0.5 MG ORAL | Non-Formulary | Formulary Exclusion |
| XANAX TABLET 1 MG ORAL | Non-Formulary | Formulary Exclusion |
| XANAX TABLET 2 MG ORAL | Non-Formulary | Formulary Exclusion |
| XANAX XR TABLET EXTENDED RELEASE 24 HOUR 0.5 MG ORAL | Non-Formulary | Formulary Exclusion |
| XANAX XR TABLET EXTENDED RELEASE 24 HOUR 1 MG ORAL | Non-Formulary | Formulary Exclusion |
| XANAX XR TABLET EXTENDED RELEASE 24 HOUR 2 MG ORAL | Non-Formulary | Formulary Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|--|
| XANAX XR TABLET EXTENDED RELEASE 24 HOUR 3 MG ORAL | Non-Formulary | Formulary Exclusion |
| *ANTIARRHYTHMICS* | | |
| *Antiarrhythmics - Misc.*** | | |
| <i>adenosine solution 12 mg/4ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>adenosine solution 6 mg/2ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| *Antiarrhythmics Type I-A*** | | |
| <i>disopyramide phosphate capsule 100 mg oral</i> | 1 | |
| <i>disopyramide phosphate capsule 150 mg oral</i> | 1 | |
| NORPACE CAPSULE 100 MG ORAL | 3 | |
| NORPACE CAPSULE 150 MG ORAL | 3 | |
| NORPACE CR CAPSULE EXTENDED RELEASE 12 HOUR 100 MG ORAL | 3 | |
| NORPACE CR CAPSULE EXTENDED RELEASE 12 HOUR 150 MG ORAL | 3 | |
| <i>procainamide hcl solution 100 mg/ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>procainamide hcl solution 500 mg/ml injection</i> | Non-Formulary | Medical Only Exclusion; Mony Code (MONY code issue) |
| <i>quinidine gluconate er tablet extended release 324 mg oral</i> | 1 | |
| <i>quinidine sulfate tablet 200 mg oral</i> | 1 | Mony Code (MONY code issue) |
| <i>quinidine sulfate tablet 200 mg oral</i> | 1 | Mony Code (MONY Code) |
| <i>quinidine sulfate tablet 300 mg oral</i> | 1 | Mony Code (MONY code issue) |
| <i>quinidine sulfate tablet 300 mg oral</i> | 1 | Mony Code (MONY Code) |
| *Antiarrhythmics Type I-B*** | | |
| <i>lidocaine hcl (cardiac) pf solution 100 mg/5ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>lidocaine hcl (cardiac) pf solution prefilled syringe 100 mg/5ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>lidocaine hcl (cardiac) pf solution prefilled syringe 50 mg/5ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>lidocaine hcl (cardiac) solution prefilled syringe 100 mg/10ml intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>lidocaine hcl (cardiac) solution prefilled syringe 100 mg/5ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>lidocaine hcl (cardiac) solution prefilled syringe 100 mg/5ml intravenous</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>lidocaine hcl (cardiac) solution prefilled syringe 200 mg/10ml intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>lidocaine hcl (cardiac) solution prefilled syringe 50 mg/5ml intravenous</i> | Non-Formulary | Medical Only Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|---|
| <i>lidocaine hcl (cardiac) solution prefilled syringe 60 mg/3ml intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>lidocaine in d5w solution 2-5 mg/ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>lidocaine in d5w solution 4-5 mg/ml-% intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>lidocaine in d5w solution 8-5 mg/ml-% intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>mexiletine hcl capsule 150 mg oral</i> | 1 | |
| <i>mexiletine hcl capsule 150 mg oral</i> | 1 | Mony Code (MONY Code) |
| <i>mexiletine hcl capsule 200 mg oral</i> | 1 | |
| <i>mexiletine hcl capsule 200 mg oral</i> | 1 | Mony Code (MONY Code) |
| <i>mexiletine hcl capsule 250 mg oral</i> | 1 | |
| <i>mexiletine hcl capsule 250 mg oral</i> | 1 | Mony Code (MONY Code) |
| *Antiarrhythmics Type I-C*** | | |
| <i>flecainide acetate tablet 100 mg oral</i> | 1 | |
| <i>flecainide acetate tablet 150 mg oral</i> | 1 | |
| <i>flecainide acetate tablet 50 mg oral</i> | 1 | |
| <i>propafenone hcl er capsule extended release 12 hour 225 mg oral</i> | 1 | |
| <i>propafenone hcl er capsule extended release 12 hour 325 mg oral</i> | 1 | |
| <i>propafenone hcl er capsule extended release 12 hour 425 mg oral</i> | 1 | |
| <i>propafenone hcl tablet 150 mg oral</i> | 1 | |
| <i>propafenone hcl tablet 225 mg oral</i> | 1 | |
| <i>propafenone hcl tablet 300 mg oral</i> | 1 | |
| RYTHMOL SR CAPSULE EXTENDED RELEASE 12 HOUR 225 MG ORAL | Non-Formulary | Formulary Exclusion |
| RYTHMOL SR CAPSULE EXTENDED RELEASE 12 HOUR 325 MG ORAL | Non-Formulary | Formulary Exclusion |
| RYTHMOL SR CAPSULE EXTENDED RELEASE 12 HOUR 425 MG ORAL | Non-Formulary | Formulary Exclusion |
| *Antiarrhythmics Type Iii*** | | |
| <i>amiodarone hcl in dextrose solution 450-5 mg/250ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>amiodarone hcl in dextrose solution 900-5 mg/500ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>amiodarone hcl solution 150 mg/3ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>amiodarone hcl solution 450 mg/9ml intravenous</i> | Non-Formulary | Medical Only Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|---|
| <i>amiodarone hcl solution 900 mg/18ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>amiodarone hcl solution 900 mg/18ml intravenous</i> | Non-Formulary | Medical Only Exclusion; Mony Code (MONY code issue) |
| <i>amiodarone hcl tablet 100 mg oral</i> | 1 | |
| <i>amiodarone hcl tablet 200 mg oral</i> | 1 | |
| <i>amiodarone hcl tablet 400 mg oral</i> | Non-Formulary | Formulary Exclusion |
| <i>bretylium tosylate solution 50 mg/ml injection</i> | Non-Formulary | Medical Only Exclusion |
| CORVERT SOLUTION 1 MG/10ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>dofetilide capsule 125 mcg oral</i> | 1 | |
| <i>dofetilide capsule 250 mcg oral</i> | 1 | |
| <i>dofetilide capsule 500 mcg oral</i> | 1 | |
| <i>ibutilide fumarate solution 1 mg/10ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| MULTAQ TABLET 400 MG ORAL | 2 | |
| NEXTERONE SOLUTION 150-4.21 MG/100ML-% INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| NEXTERONE SOLUTION 360-4.14 MG/200ML-% INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| PACERONE TABLET 100 MG ORAL | 1 | |
| PACERONE TABLET 200 MG ORAL | 1 | |
| PACERONE TABLET 400 MG ORAL | Non-Formulary | Formulary Exclusion |
| TIKOSYN CAPSULE 125 MCG ORAL | Non-Formulary | Formulary Exclusion |
| TIKOSYN CAPSULE 250 MCG ORAL | Non-Formulary | Formulary Exclusion |
| TIKOSYN CAPSULE 500 MCG ORAL | Non-Formulary | Formulary Exclusion |
| *ANTIASTHMATIC AND BRONCHODILATOR AGENTS* | | |
| <i>*5-Lipoxygenase Inhibitors***</i> | | |
| <i>zileuton er tablet extended release 12 hour 600 mg oral</i> | 1 | |
| ZYFLO TABLET 600 MG ORAL | 3 | |
| <i>*Adrenergic Combinations***</i> | | |
| ADVAIR DISKUS AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT INHALATION | Non-Formulary | Formulary Exclusion; QL |
| ADVAIR DISKUS AEROSOL POWDER BREATH ACTIVATED 250-50 MCG/ACT INHALATION | Non-Formulary | Formulary Exclusion; QL |
| ADVAIR DISKUS AEROSOL POWDER BREATH ACTIVATED 500-50 MCG/ACT INHALATION | Non-Formulary | Formulary Exclusion; QL |

| Drug Name | Tier | Notes |
|--|---------------|-------------------------|
| ADVAIR HFA AEROSOL 115-21 MCG/ACT INHALATION | 2 | QL |
| ADVAIR HFA AEROSOL 230-21 MCG/ACT INHALATION | 2 | QL |
| ADVAIR HFA AEROSOL 45-21 MCG/ACT INHALATION | 2 | QL |
| AIRDUO DIGIHALER AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT INHALATION | Non-Formulary | Formulary Exclusion; QL |
| AIRDUO DIGIHALER AEROSOL POWDER BREATH ACTIVATED 232-14 MCG/ACT INHALATION | Non-Formulary | Formulary Exclusion; QL |
| AIRDUO DIGIHALER AEROSOL POWDER BREATH ACTIVATED 55-14 MCG/ACT INHALATION | Non-Formulary | Formulary Exclusion; QL |
| AIRDUO RESPICLICK 113/14 AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT INHALATION | Non-Formulary | Formulary Exclusion; QL |
| AIRDUO RESPICLICK 232/14 AEROSOL POWDER BREATH ACTIVATED 232-14 MCG/ACT INHALATION | Non-Formulary | Formulary Exclusion; QL |
| AIRDUO RESPICLICK 55/14 AEROSOL POWDER BREATH ACTIVATED 55-14 MCG/ACT INHALATION | Non-Formulary | Formulary Exclusion; QL |
| AIRSUPRA AEROSOL 90-80 MCG/ACT INHALATION | 2 | QL |
| ANORO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT INHALATION | 2 | QL |
| BEVESPI AEROSPHERE AEROSOL 9-4.8 MCG/ACT INHALATION | Non-Formulary | Formulary Exclusion; QL |
| BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT INHALATION | 2 | QL |
| BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200-25 MCG/ACT INHALATION | 2 | QL |
| BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH INHALATION | 2 | QL |
| BREYNA AEROSOL 160-4.5 MCG/ACT INHALATION | 1 | QL |
| BREYNA AEROSOL 80-4.5 MCG/ACT INHALATION | 1 | QL |

| Drug Name | Tier | Notes |
|---|---------------|---------------------------|
| BREZTRI AEROSPHERE AEROSOL 160-9-4.8 MCG/ACT INHALATION | 2 | QL |
| <i>budesonide-formoterol fumarate aerosol 160-4.5 mcg/act inhalation</i> | 1 | QL |
| <i>budesonide-formoterol fumarate aerosol 80-4.5 mcg/act inhalation</i> | 1 | QL |
| COMBIVENT RESPIMAT AEROSOL SOLUTION 20-100 MCG/ACT INHALATION | 2 | QL |
| DUAKLIR PRESSAIR AEROSOL POWDER BREATH ACTIVATED 400-12 MCG/ACT INHALATION | Non-Formulary | Formulary Exclusion; QL |
| DULERA AEROSOL 100-5 MCG/ACT INHALATION | 2 | QL |
| DULERA AEROSOL 200-5 MCG/ACT INHALATION | 2 | QL |
| DULERA AEROSOL 50-5 MCG/ACT INHALATION | 2 | QL |
| <i>fluticasone furoate-vilanterol aerosol powder breath activated 100-25 mcg/act inhalation</i> | Non-Formulary | Formulary Exclusion; QL |
| <i>fluticasone furoate-vilanterol aerosol powder breath activated 200-25 mcg/act inhalation</i> | Non-Formulary | Formulary Exclusion; QL |
| <i>fluticasone-salmeterol aerosol 115-21 mcg/act inhalation</i> | Non-Formulary | Formulary Exclusion; QL |
| <i>fluticasone-salmeterol aerosol 230-21 mcg/act inhalation</i> | Non-Formulary | Formulary Exclusion; QL |
| <i>fluticasone-salmeterol aerosol 45-21 mcg/act inhalation</i> | Non-Formulary | Formulary Exclusion; QL |
| <i>fluticasone-salmeterol aerosol powder breath activated 100-50 mcg/act inhalation</i> | 1 | QL |
| <i>fluticasone-salmeterol aerosol powder breath activated 113-14 mcg/act inhalation</i> | 1 | Mony Code (MONY Code); QL |
| <i>fluticasone-salmeterol aerosol powder breath activated 232-14 mcg/act inhalation</i> | 1 | Mony Code (MONY Code); QL |
| <i>fluticasone-salmeterol aerosol powder breath activated 250-50 mcg/act inhalation</i> | 1 | QL |
| <i>fluticasone-salmeterol aerosol powder breath activated 500-50 mcg/act inhalation</i> | 1 | QL |
| <i>fluticasone-salmeterol aerosol powder breath activated 55-14 mcg/act inhalation</i> | 1 | Mony Code (MONY Code); QL |
| <i>ipratropium-albuterol solution 0.5-2.5 (3) mg/3ml inhalation</i> | 1 | |
| STIOLTO RESPIMAT AEROSOL SOLUTION 2.5-2.5 MCG/ACT INHALATION | 2 | QL |

| Drug Name | Tier | Notes |
|--|---------------|-------------------------|
| SYMBICORT AEROSOL 160-4.5 MCG/ACT INHALATION | Non-Formulary | Formulary Exclusion; QL |
| SYMBICORT AEROSOL 80-4.5 MCG/ACT INHALATION | Non-Formulary | Formulary Exclusion; QL |
| TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT INHALATION | 2 | QL |
| TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/ACT INHALATION | 2 | QL |
| UTIBRON NEOHALER CAPSULE 27.5-15.6 MCG INHALATION | Non-Formulary | Formulary Exclusion; QL |
| WIXELA INHUB AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT INHALATION | 1 | QL |
| WIXELA INHUB AEROSOL POWDER BREATH ACTIVATED 250-50 MCG/ACT INHALATION | 1 | QL |
| WIXELA INHUB AEROSOL POWDER BREATH ACTIVATED 500-50 MCG/ACT INHALATION | 1 | QL |
| <i>*Anti-Ige Monoclonal Antibodies***</i> | | |
| XOLAIR SOLUTION AUTO-INJECTOR 150 MG/ML SUBCUTANEOUS | Tier 4 | PA; Specialty |
| XOLAIR SOLUTION AUTO-INJECTOR 300 MG/2ML SUBCUTANEOUS | Tier 4 | PA; Specialty |
| XOLAIR SOLUTION AUTO-INJECTOR 75 MG/0.5ML SUBCUTANEOUS | Tier 4 | PA; Specialty |
| XOLAIR SOLUTION PREFILLED SYRINGE 150 MG/ML SUBCUTANEOUS | Tier 4 | PA; Specialty |
| XOLAIR SOLUTION PREFILLED SYRINGE 300 MG/2ML SUBCUTANEOUS | Tier 4 | PA; Specialty |
| XOLAIR SOLUTION PREFILLED SYRINGE 75 MG/0.5ML SUBCUTANEOUS | Tier 4 | PA; Specialty |
| XOLAIR SOLUTION RECONSTITUTED 150 MG SUBCUTANEOUS | Tier 4 | PA; Specialty |
| <i>*Anti-Inflammatory Agents***</i> | | |
| <i>cromolyn sodium nebulization solution 20 mg/2ml inhalation</i> | 1 | |
| <i>cromolyn sodium nebulization solution 20 mg/2ml inhalation</i> | 1 | Mony Code (MONY Code) |

| Drug Name | Tier | Notes |
|--|---------------|-----------------------------|
| *Beta Adrenergics*** | | |
| <i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i> | 1 | QL |
| <i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i> | Non-Formulary | Formulary Exclusion; QL |
| <i>albuterol sulfate nebulization solution (2.5 mg/3ml) 0.083% inhalation</i> | 1 | |
| <i>albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation</i> | 3 | |
| <i>albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation</i> | Non-Formulary | Non FDA Exclusion |
| <i>albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation</i> | 1 | |
| <i>albuterol sulfate nebulization solution 0.63 mg/3ml inhalation</i> | 1 | |
| <i>albuterol sulfate nebulization solution 1.25 mg/3ml inhalation</i> | 1 | |
| <i>albuterol sulfate nebulization solution 2.5 mg/0.5ml inhalation</i> | 1 | Mony Code (MONY CODE ISSUE) |
| <i>albuterol sulfate syrup 2 mg/5ml oral</i> | 1 | |
| <i>albuterol sulfate tablet 2 mg oral</i> | 1 | |
| <i>albuterol sulfate tablet 4 mg oral</i> | 1 | |
| <i>arformoterol tartrate nebulization solution 15 mcg/2ml inhalation</i> | 1 | |
| <i>arformoterol tartrate nebulization solution 15 mcg/2ml inhalation</i> | 1 | Mony Code (MONY Code) |
| BROVANA NEBULIZATION SOLUTION 15 MCG/2ML INHALATION | Non-Formulary | Formulary Exclusion |
| <i>formoterol fumarate nebulization solution 20 mcg/2ml inhalation</i> | Non-Formulary | Formulary Exclusion |
| <i>formoterol fumarate nebulization solution 20 mcg/2ml inhalation</i> | Non-Formulary | Non FDA Exclusion |
| <i>isoproterenol hcl solution 0.2 mg/ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>isoproterenol-sodium chloride solution 200-0.9 mcg/50ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion |
| ISUPREL SOLUTION 0.2 MG/ML INJECTION | Non-Formulary | Medical Only Exclusion |
| <i>levalbuterol hcl nebulization solution 0.31 mg/3ml inhalation</i> | 1 | |
| <i>levalbuterol hcl nebulization solution 0.63 mg/3ml inhalation</i> | 1 | |
| <i>levalbuterol hcl nebulization solution 1.25 mg/0.5ml inhalation</i> | 1 | |

| Drug Name | Tier | Notes |
|--|---------------|-------------------------|
| <i>levalbuterol hcl nebulization solution 1.25 mg/3ml inhalation</i> | 1 | |
| <i>levalbuterol tartrate aerosol 45 mcg/act inhalation</i> | Non-Formulary | Formulary Exclusion; QL |
| PERFORMIST NEBULIZATION SOLUTION 20 MCG/2ML INHALATION | Non-Formulary | Formulary Exclusion |
| PROAIR DIGIHALER AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT INHALATION | Non-Formulary | Formulary Exclusion; QL |
| PROAIR HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION | Non-Formulary | Formulary Exclusion; QL |
| PROAIR RESPICLICK AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT INHALATION | Non-Formulary | Formulary Exclusion; QL |
| PROVENTIL HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION | Non-Formulary | Formulary Exclusion; QL |
| SEREVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT INHALATION | 2 | QL |
| STRIVERDI RESPIMAT AEROSOL SOLUTION 2.5 MCG/ACT INHALATION | 2 | QL |
| <i>terbutaline sulfate solution 1 mg/ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>terbutaline sulfate tablet 2.5 mg oral</i> | 1 | |
| <i>terbutaline sulfate tablet 5 mg oral</i> | 1 | |
| VENTOLIN HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION | Non-Formulary | Formulary Exclusion; QL |
| XOPENEX CONCENTRATE NEBULIZATION SOLUTION 1.25 MG/0.5ML INHALATION | Non-Formulary | Formulary Exclusion |
| XOPENEX HFA AEROSOL 45 MCG/ACT INHALATION | Non-Formulary | Formulary Exclusion; QL |
| XOPENEX NEBULIZATION SOLUTION 0.31 MG/3ML INHALATION | Non-Formulary | Formulary Exclusion |
| XOPENEX NEBULIZATION SOLUTION 0.63 MG/3ML INHALATION | Non-Formulary | Formulary Exclusion |
| XOPENEX NEBULIZATION SOLUTION 1.25 MG/3ML INHALATION | Non-Formulary | Formulary Exclusion |
| <i>*Bronchodilators - Anticholinergics***</i> | | |
| ATROVENT HFA AEROSOL SOLUTION 17 MCG/ACT INHALATION | 3 | QL |
| INCRUSE ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT INHALATION | 2 | QL |
| <i>ipratropium bromide solution 0.02 % inhalation</i> | 1 | |

| Drug Name | Tier | Notes |
|---|---------------|------------------------------------|
| LONHALA MAGNAIR REFILL KIT SOLUTION 25 MCG/ML INHALATION | Non-Formulary | Formulary Exclusion; QL |
| LONHALA MAGNAIR STARTER KIT SOLUTION 25 MCG/ML INHALATION | Non-Formulary | Formulary Exclusion; QL |
| SPIRIVA HANDIHALER CAPSULE 18 MCG INHALATION | Non-Formulary | Formulary Exclusion; QL |
| SPIRIVA RESPIMAT AEROSOL SOLUTION 1.25 MCG/ACT INHALATION | 2 | QL |
| SPIRIVA RESPIMAT AEROSOL SOLUTION 2.5 MCG/ACT INHALATION | 2 | QL |
| <i>tiotropium bromide monohydrate capsule 18 mcg inhalation</i> | 1 | QL |
| TUDORZA PRESSAIR AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT INHALATION | Non-Formulary | Formulary Exclusion; QL |
| YUPELRI SOLUTION 175 MCG/3ML INHALATION | Non-Formulary | Formulary Exclusion; QL |
| <i>*Interleukin-5 Antagonists (Igg1 Kappa)***</i> | | |
| FASENRA PEN SOLUTION AUTO-INJECTOR 30 MG/ML SUBCUTANEOUS | Tier 4 | PA; Specialty |
| FASENRA SOLUTION PREFILLED SYRINGE 10 MG/0.5ML SUBCUTANEOUS | Tier 4 | PA; Specialty |
| FASENRA SOLUTION PREFILLED SYRINGE 30 MG/ML SUBCUTANEOUS | Tier 4 | PA; Specialty |
| NUCALA SOLUTION AUTO-INJECTOR 100 MG/ML SUBCUTANEOUS | Tier 4 | PA; Specialty |
| NUCALA SOLUTION PREFILLED SYRINGE 100 MG/ML SUBCUTANEOUS | Tier 4 | PA; Specialty |
| NUCALA SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS | Tier 4 | PA; Specialty |
| NUCALA SOLUTION RECONSTITUTED 100 MG SUBCUTANEOUS | Tier 4 | PA; Specialty |
| <i>*Interleukin-5 Antagonists (Igg4 Kappa)***</i> | | |
| CINQAIR SOLUTION 100 MG/10ML INTRAVENOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| <i>*Leukotriene Receptor Antagonists***</i> | | |
| ACCOLATE TABLET 10 MG ORAL | Non-Formulary | Formulary Exclusion |
| ACCOLATE TABLET 20 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>montelukast sodium packet 4 mg oral</i> | 1 | |
| <i>montelukast sodium tablet 10 mg oral</i> | 1 | |

| Drug Name | Tier | Notes |
|--|---------------|-------------------------|
| <i>montelukast sodium tablet chewable 4 mg oral</i> | 1 | |
| <i>montelukast sodium tablet chewable 5 mg oral</i> | 1 | |
| SINGULAIR PACKET 4 MG ORAL | Non-Formulary | Formulary Exclusion |
| SINGULAIR TABLET 10 MG ORAL | Non-Formulary | Formulary Exclusion |
| SINGULAIR TABLET CHEWABLE 4 MG ORAL | Non-Formulary | Formulary Exclusion |
| SINGULAIR TABLET CHEWABLE 5 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>zafirlukast tablet 10 mg oral</i> | 1 | |
| <i>zafirlukast tablet 20 mg oral</i> | 1 | |
| <i>*Phosphodiesterase 3 & 4 (Pde3 & Pde4) Inhibitors***</i> | | |
| OHTUVAYRE SUSPENSION 3 MG/2.5ML INHALATION | 3 | PA |
| <i>*Selective Phosphodiesterase 4 (Pde4) Inhibitors***</i> | | |
| DALIRESP TABLET 250 MCG ORAL | Non-Formulary | Formulary Exclusion |
| DALIRESP TABLET 500 MCG ORAL | Non-Formulary | Formulary Exclusion |
| <i>roflumilast tablet 250 mcg oral</i> | 1 | |
| <i>roflumilast tablet 500 mcg oral</i> | 1 | |
| <i>*Steroid Inhalants***</i> | | |
| ALVESCO AEROSOL SOLUTION 160 MCG/ACT INHALATION | Non-Formulary | Formulary Exclusion; QL |
| ALVESCO AEROSOL SOLUTION 80 MCG/ACT INHALATION | Non-Formulary | Formulary Exclusion; QL |
| ARMONAIR DIGIHALER AEROSOL POWDER BREATH ACTIVATED 113 MCG/ACT INHALATION | Non-Formulary | Formulary Exclusion; QL |
| ARMONAIR DIGIHALER AEROSOL POWDER BREATH ACTIVATED 232 MCG/ACT INHALATION | Non-Formulary | Formulary Exclusion; QL |
| ARMONAIR DIGIHALER AEROSOL POWDER BREATH ACTIVATED 55 MCG/ACT INHALATION | Non-Formulary | Formulary Exclusion; QL |
| ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT INHALATION | 2 | QL |
| ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200 MCG/ACT INHALATION | 2 | QL |

| Drug Name | Tier | Notes |
|---|---------------|-------------------------|
| ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT INHALATION | 2 | QL |
| ASMANEX (120 METERED DOSES) AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT INHALATION | 2 | QL |
| ASMANEX (30 METERED DOSES) AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT INHALATION | 2 | QL |
| ASMANEX (30 METERED DOSES) AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT INHALATION | 2 | QL |
| ASMANEX (60 METERED DOSES) AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT INHALATION | 2 | QL |
| ASMANEX HFA AEROSOL 100 MCG/ACT INHALATION | 2 | QL |
| ASMANEX HFA AEROSOL 200 MCG/ACT INHALATION | 2 | QL |
| ASMANEX HFA AEROSOL 50 MCG/ACT INHALATION | 2 | QL |
| <i>budesonide suspension 0.25 mg/2ml inhalation</i> | 1 | QL |
| <i>budesonide suspension 0.5 mg/2ml inhalation</i> | 1 | QL |
| <i>budesonide suspension 1 mg/2ml inhalation</i> | 1 | QL |
| FLOVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT INHALATION | Non-Formulary | Formulary Exclusion; QL |
| FLOVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 250 MCG/ACT INHALATION | Non-Formulary | Formulary Exclusion; QL |
| FLOVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT INHALATION | Non-Formulary | Formulary Exclusion; QL |
| FLOVENT HFA AEROSOL 110 MCG/ACT INHALATION | Non-Formulary | Formulary Exclusion; QL |
| FLOVENT HFA AEROSOL 220 MCG/ACT INHALATION | Non-Formulary | Formulary Exclusion; QL |
| FLOVENT HFA AEROSOL 44 MCG/ACT INHALATION | Non-Formulary | Formulary Exclusion; QL |
| <i>fluticasone propionate diskus aerosol powder breath activated 100 mcg/act inhalation</i> | Non-Formulary | Formulary Exclusion; QL |
| <i>fluticasone propionate diskus aerosol powder breath activated 250 mcg/act inhalation</i> | Non-Formulary | Formulary Exclusion; QL |

| Drug Name | Tier | Notes |
|--|---------------|-------------------------|
| <i>fluticasone propionate diskus aerosol powder breath activated 50 mcg/act inhalation</i> | Non-Formulary | Formulary Exclusion; QL |
| <i>fluticasone propionate hfa aerosol 110 mcg/act inhalation</i> | Non-Formulary | Formulary Exclusion; QL |
| <i>fluticasone propionate hfa aerosol 220 mcg/act inhalation</i> | Non-Formulary | Formulary Exclusion; QL |
| <i>fluticasone propionate hfa aerosol 44 mcg/act inhalation</i> | Non-Formulary | Formulary Exclusion; QL |
| PULMICORT FLEXHALER AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT INHALATION | Non-Formulary | Formulary Exclusion; QL |
| PULMICORT FLEXHALER AEROSOL POWDER BREATH ACTIVATED 90 MCG/ACT INHALATION | Non-Formulary | Formulary Exclusion; QL |
| PULMICORT SUSPENSION 0.25 MG/2ML INHALATION | Non-Formulary | Formulary Exclusion; QL |
| PULMICORT SUSPENSION 0.5 MG/2ML INHALATION | Non-Formulary | Formulary Exclusion; QL |
| PULMICORT SUSPENSION 1 MG/2ML INHALATION | Non-Formulary | Formulary Exclusion; QL |
| QVAR REDIHALER AEROSOL BREATH ACTIVATED 40 MCG/ACT INHALATION | 2 | QL |
| QVAR REDIHALER AEROSOL BREATH ACTIVATED 80 MCG/ACT INHALATION | 2 | QL |
| <i>*Thymic Stromal Lymphopoietin (Tslp) Antagonists***</i> | | |
| TEZSPIRE SOLUTION AUTO-INJECTOR 210 MG/1.91ML SUBCUTANEOUS | Tier 4 | PA; Specialty; QL |
| TEZSPIRE SOLUTION PREFILLED SYRINGE 210 MG/1.91ML SUBCUTANEOUS | Tier 4 | PA; Specialty; QL |
| <i>*Xanthines***</i> | | |
| <i>aminophylline solution 25 mg/ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| ELIXOPHYLLIN ELIXIR 80 MG/15ML ORAL | 1 | |
| THEO-24 CAPSULE EXTENDED RELEASE 24 HOUR 100 MG ORAL | 3 | |
| THEO-24 CAPSULE EXTENDED RELEASE 24 HOUR 200 MG ORAL | 3 | |
| THEO-24 CAPSULE EXTENDED RELEASE 24 HOUR 300 MG ORAL | 3 | |
| THEO-24 CAPSULE EXTENDED RELEASE 24 HOUR 400 MG ORAL | 3 | |
| <i>theophylline elixir 80 mg/15ml oral</i> | 1 | |

| Drug Name | Tier | Notes |
|--|---------------|-----------------------------|
| <i>theophylline er tablet extended release 12 hour 100 mg oral</i> | 3 | |
| <i>theophylline er tablet extended release 12 hour 200 mg oral</i> | 3 | |
| <i>theophylline er tablet extended release 12 hour 300 mg oral</i> | 1 | |
| <i>theophylline er tablet extended release 12 hour 300 mg oral</i> | 1 | Mony Code (MONY code issue) |
| <i>theophylline er tablet extended release 12 hour 450 mg oral</i> | 1 | |
| <i>theophylline er tablet extended release 12 hour 450 mg oral</i> | 1 | Mony Code (MONY code issue) |
| <i>theophylline er tablet extended release 24 hour 400 mg oral</i> | 1 | |
| <i>theophylline er tablet extended release 24 hour 600 mg oral</i> | 1 | |
| <i>theophylline solution 80 mg/15ml oral</i> | 1 | |
| *ANTICOAGULANTS* | | |
| *Anticoagulants - Misc.*** | | |
| <i>sodium citrate lock flush solution 4 % intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>sodium citrate lock flush solution prefilled syringe 120 mg/3ml intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>sodium citrate solution prefilled syringe 4 % in vitro</i> | Non-Formulary | Non FDA Exclusion |
| *Coumarin Anticoagulants*** | | |
| JANTOVEN TABLET 1 MG ORAL | 1 | |
| JANTOVEN TABLET 10 MG ORAL | 1 | |
| JANTOVEN TABLET 2 MG ORAL | 1 | |
| JANTOVEN TABLET 2.5 MG ORAL | 1 | |
| JANTOVEN TABLET 3 MG ORAL | 1 | |
| JANTOVEN TABLET 4 MG ORAL | 1 | |
| JANTOVEN TABLET 5 MG ORAL | 1 | |
| JANTOVEN TABLET 6 MG ORAL | 1 | |
| JANTOVEN TABLET 7.5 MG ORAL | 1 | |
| <i>warfarin sodium tablet 1 mg oral</i> | 1 | |
| <i>warfarin sodium tablet 10 mg oral</i> | 1 | |
| <i>warfarin sodium tablet 2 mg oral</i> | 1 | |
| <i>warfarin sodium tablet 2.5 mg oral</i> | 1 | |
| <i>warfarin sodium tablet 3 mg oral</i> | 1 | |
| <i>warfarin sodium tablet 4 mg oral</i> | 1 | |

| Drug Name | Tier | Notes |
|---|---------------|---|
| <i>warfarin sodium tablet 5 mg oral</i> | 1 | |
| <i>warfarin sodium tablet 6 mg oral</i> | 1 | |
| <i>warfarin sodium tablet 7.5 mg oral</i> | 1 | |
| <i>*Direct Factor Xa Inhibitors***</i> | | |
| ELIQUIS DVT/PE STARTER PACK TABLET THERAPY PACK 5 MG ORAL | 2 | |
| ELIQUIS TABLET 2.5 MG ORAL | 2 | |
| ELIQUIS TABLET 5 MG ORAL | 2 | |
| SAVAYSA TABLET 15 MG ORAL | Non-Formulary | Formulary Exclusion |
| SAVAYSA TABLET 30 MG ORAL | Non-Formulary | Formulary Exclusion |
| SAVAYSA TABLET 60 MG ORAL | Non-Formulary | Formulary Exclusion |
| XARELTO STARTER PACK TABLET THERAPY PACK 15 & 20 MG ORAL | 2 | |
| XARELTO SUSPENSION RECONSTITUTED 1 MG/ML ORAL | 2 | |
| XARELTO TABLET 10 MG ORAL | 2 | |
| XARELTO TABLET 15 MG ORAL | 2 | |
| XARELTO TABLET 2.5 MG ORAL | 2 | |
| XARELTO TABLET 20 MG ORAL | 2 | |
| <i>*Heparins And Heparinoid-Like Agents***</i> | | |
| BD HEPARIN POSIFLUSH SOLUTION 10 UNIT/ML INTRAVENOUS | Non-Formulary | Formulary Exclusion |
| BD HEPARIN POSIFLUSH SOLUTION 100 UNIT/ML INTRAVENOUS | Non-Formulary | Formulary Exclusion |
| <i>heparin (porcine) in nacl solution 1000-0.9 ut/500ml-% intravenous</i> | 1 | |
| <i>heparin (porcine) in nacl solution 12500-0.45 ut/250ml-% intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>heparin (porcine) in nacl solution 2000-0.9 unit/l-% intravenous</i> | 1 | |
| <i>heparin (porcine) in nacl solution 2500-0.9 ut/500ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>heparin (porcine) in nacl solution 25000-0.45 ut/250ml-% intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>heparin (porcine) in nacl solution 25000-0.45 ut/500ml-% intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>heparin (porcine) in nacl solution 30000-0.9 unit/l-% intravenous</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>heparin (porcine) in nacl solution 4000-0.9 unit/l-% intravenous</i> | Non-Formulary | Non FDA Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|--|
| <i>heparin (porcine) in nacl solution 500-0.9 ut/500ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>heparin (porcine) in nacl solution 5000-0.9 unit/l-% intravenous</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>heparin (porcine) in nacl solution 5000-0.9 ut/500ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>heparin (porcine) in nacl solution prefilled syringe 20-0.9 unt/20ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>heparin (porcine) in nacl solution prefilled syringe 50-0.9 unt/50ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>heparin na (pork) lock flsh pf solution 1 unit/ml intravenous</i> | Non-Formulary | Mony Code (MONY Code); Formulary Exclusion |
| <i>heparin na (pork) lock flsh pf solution 10 unit/ml intravenous</i> | Non-Formulary | Formulary Exclusion |
| <i>heparin na (pork) lock flsh pf solution 10 unit/ml intravenous</i> | Non-Formulary | Mony Code (MONY CODE ISSUE); Formulary Exclusion |
| <i>heparin na (pork) lock flsh pf solution 100 unit/ml intravenous</i> | Non-Formulary | Formulary Exclusion |
| <i>heparin sod (porcine) in d5w solution 100 unit/ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>heparin sod (porcine) in d5w solution 100 unit/ml intravenous</i> | Non-Formulary | Medical Only Exclusion; Mony Code (MONY Code) |
| <i>heparin sod (porcine) in d5w solution 25000-5 ut/500ml-% intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>heparin sod (porcine) in d5w solution 25000-5 ut/500ml-% intravenous</i> | Non-Formulary | Medical Only Exclusion; Mony Code (MONY Code) |
| <i>heparin sod (porcine) in d5w solution 40-5 unit/ml-% intravenous</i> | Non-Formulary | Medical Only Exclusion; Mony Code (MONY Code) |
| <i>heparin sod (pork) lock flush solution 10 unit/ml intravenous</i> | 1 | |
| <i>heparin sod (pork) lock flush solution 10 unit/ml intravenous</i> | Non-Formulary | Formulary Exclusion |
| <i>heparin sod (pork) lock flush solution 100 unit/ml intravenous</i> | 1 | |
| <i>heparin sod (pork) lock flush solution 100 unit/ml intravenous</i> | Non-Formulary | Formulary Exclusion |
| <i>heparin sodium (porcine) pf solution 1000 unit/ml injection</i> | 1 | |
| <i>heparin sodium (porcine) pf solution 5000 unit/0.5ml injection</i> | 1 | |
| <i>heparin sodium (porcine) pf solution 5000 unit/ml injection</i> | 3 | |
| <i>heparin sodium (porcine) solution 1000 unit/ml injection</i> | 1 | |

| Drug Name | Tier | Notes |
|--|---------------|--|
| <i>heparin sodium (porcine) solution 10000 unit/ml injection</i> | 1 | |
| <i>heparin sodium (porcine) solution 20000 unit/ml injection</i> | 1 | |
| <i>heparin sodium (porcine) solution 5000 unit/ml injection</i> | 1 | |
| <i>heparin sodium (porcine) solution prefilled syringe 5000 unit/0.5ml injection</i> | Non-Formulary | Formulary Exclusion |
| <i>hepmed kit 100&0.9&2.5-2.5 ut/ml&%&% combination</i> | Non-Formulary | Non FDA Exclusion; Mony Code (MONY Code) |
| *In Vitro/Lock Anticoagulant Combinations*** | | |
| DEFENCATH SOLUTION 1000-13.5 UNIT-MG/ML IN VITRO | Non-Formulary | Medical Only Exclusion |
| <i>sodium citrate-gentamicin sulf solution 4-320 %-mcg/ml intravenous</i> | Non-Formulary | Non FDA Exclusion |
| *In Vitro/Lock Anticoagulants*** | | |
| <i>acd formula a solution 0.73-2.45-2.2 gm/100ml in vitro</i> | Non-Formulary | Medical Only Exclusion |
| ACD-A NOCLOT-50 SOLUTION 0.73-2.45-2.2 GM/100ML IN VITRO | Non-Formulary | Medical Only Exclusion |
| <i>anticoagulant sodium citrate solution 4 % in vitro</i> | Non-Formulary | Medical Only Exclusion |
| <i>anticoagulant sodium citrate solution 4 gm/100ml in vitro</i> | Non-Formulary | Medical Only Exclusion |
| TRICITRASOL CONCENTRATE 46.7 % IN VITRO | Non-Formulary | Medical Only Exclusion |
| *Low Molecular Weight Heparins*** | | |
| <i>enoxaparin sodium solution 300 mg/3ml injection</i> | 1 | |
| <i>enoxaparin sodium solution prefilled syringe 100 mg/ml injection</i> | 1 | |
| <i>enoxaparin sodium solution prefilled syringe 120 mg/0.8ml injection</i> | 1 | |
| <i>enoxaparin sodium solution prefilled syringe 150 mg/ml injection</i> | 1 | |
| <i>enoxaparin sodium solution prefilled syringe 30 mg/0.3ml injection</i> | 1 | |
| <i>enoxaparin sodium solution prefilled syringe 40 mg/0.4ml injection</i> | 1 | |
| <i>enoxaparin sodium solution prefilled syringe 60 mg/0.6ml injection</i> | 1 | |
| <i>enoxaparin sodium solution prefilled syringe 80 mg/0.8ml injection</i> | 1 | |

| Drug Name | Tier | Notes |
|---|---------------|---------------------|
| ENOXILUV KIT PREFILLED SYRINGE KIT 40 MG/0.4ML INJECTION | Non-Formulary | Non FDA Exclusion |
| FRAGMIN SOLUTION 10000 UNIT/4ML SUBCUTANEOUS | 3 | |
| FRAGMIN SOLUTION 95000 UNIT/3.8ML SUBCUTANEOUS | 3 | |
| FRAGMIN SOLUTION PREFILLED SYRINGE 10000 UNIT/ML SUBCUTANEOUS | 3 | |
| FRAGMIN SOLUTION PREFILLED SYRINGE 12500 UNIT/0.5ML SUBCUTANEOUS | 3 | |
| FRAGMIN SOLUTION PREFILLED SYRINGE 15000 UNIT/0.6ML SUBCUTANEOUS | 3 | |
| FRAGMIN SOLUTION PREFILLED SYRINGE 18000 UNT/0.72ML SUBCUTANEOUS | 3 | |
| FRAGMIN SOLUTION PREFILLED SYRINGE 2500 UNIT/0.2ML SUBCUTANEOUS | 3 | |
| FRAGMIN SOLUTION PREFILLED SYRINGE 5000 UNIT/0.2ML SUBCUTANEOUS | 3 | |
| FRAGMIN SOLUTION PREFILLED SYRINGE 7500 UNIT/0.3ML SUBCUTANEOUS | 3 | |
| LOVENOX SOLUTION 300 MG/3ML INJECTION | Non-Formulary | Formulary Exclusion |
| LOVENOX SOLUTION PREFILLED SYRINGE 100 MG/ML INJECTION | Non-Formulary | Formulary Exclusion |
| LOVENOX SOLUTION PREFILLED SYRINGE 120 MG/0.8ML INJECTION | Non-Formulary | Formulary Exclusion |
| LOVENOX SOLUTION PREFILLED SYRINGE 150 MG/ML INJECTION | Non-Formulary | Formulary Exclusion |
| LOVENOX SOLUTION PREFILLED SYRINGE 30 MG/0.3ML INJECTION | Non-Formulary | Formulary Exclusion |
| LOVENOX SOLUTION PREFILLED SYRINGE 40 MG/0.4ML INJECTION | Non-Formulary | Formulary Exclusion |
| LOVENOX SOLUTION PREFILLED SYRINGE 60 MG/0.6ML INJECTION | Non-Formulary | Formulary Exclusion |
| LOVENOX SOLUTION PREFILLED SYRINGE 80 MG/0.8ML INJECTION | Non-Formulary | Formulary Exclusion |
| <i>*Synthetic Heparinoid-Like Agents***</i> | | |
| ARIXTRA SOLUTION 10 MG/0.8ML SUBCUTANEOUS | Non-Formulary | Formulary Exclusion |
| ARIXTRA SOLUTION 2.5 MG/0.5ML SUBCUTANEOUS | Non-Formulary | Formulary Exclusion |
| ARIXTRA SOLUTION 5 MG/0.4ML SUBCUTANEOUS | Non-Formulary | Formulary Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|--|
| ARIXTRA SOLUTION 7.5 MG/0.6ML SUBCUTANEOUS | Non-Formulary | Formulary Exclusion |
| <i>fondaparinux sodium solution 10 mg/0.8ml subcutaneous</i> | 1 | |
| <i>fondaparinux sodium solution 2.5 mg/0.5ml subcutaneous</i> | 1 | |
| <i>fondaparinux sodium solution 5 mg/0.4ml subcutaneous</i> | 1 | |
| <i>fondaparinux sodium solution 7.5 mg/0.6ml subcutaneous</i> | 1 | |
| *Thrombin Inhibitors - Hirudin Type*** | | |
| ANGIOMAX SOLUTION RECONSTITUTED 250 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>bivalirudin rtu solution 250 mg/50ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>bivalirudin trifluoroacetate solution 250 mg/50ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>bivalirudin trifluoroacetate solution reconstituted 250 mg intravenous</i> | Non-Formulary | Medical Only Exclusion |
| *Thrombin Inhibitors - Selective Direct & Reversible*** | | |
| <i>argatroban in sodium chloride solution 50-0.9 mg/50ml-% intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>argatroban solution 250 mg/2.5ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>argatroban solution 50 mg/50ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>argatroban solution 50 mg/50ml intravenous</i> | Non-Formulary | Medical Only Exclusion; Mony Code (MONY Code) |
| <i>dabigatran etexilate mesylate capsule 110 mg oral</i> | 1 | |
| <i>dabigatran etexilate mesylate capsule 150 mg oral</i> | 1 | |
| <i>dabigatran etexilate mesylate capsule 75 mg oral</i> | 1 | |
| PRADAXA CAPSULE 110 MG ORAL | Non-Formulary | Formulary Exclusion |
| PRADAXA CAPSULE 150 MG ORAL | Non-Formulary | Formulary Exclusion |
| PRADAXA CAPSULE 75 MG ORAL | Non-Formulary | Formulary Exclusion |
| PRADAXA PACKET 110 MG ORAL | Non-Formulary | Formulary Exclusion |
| PRADAXA PACKET 150 MG ORAL | Non-Formulary | Formulary Exclusion |
| PRADAXA PACKET 20 MG ORAL | Non-Formulary | Formulary Exclusion |
| PRADAXA PACKET 30 MG ORAL | Non-Formulary | Formulary Exclusion |
| PRADAXA PACKET 40 MG ORAL | Non-Formulary | Formulary Exclusion |
| PRADAXA PACKET 50 MG ORAL | Non-Formulary | Formulary Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|-----------------------|
| *ANTICONVULSANTS* | | |
| <i>*Ampa Glutamate Receptor Antagonists***</i> | | |
| FYCOMPA SUSPENSION 0.5 MG/ML ORAL | 2 | |
| FYCOMPA TABLET 10 MG ORAL | 2 | |
| FYCOMPA TABLET 12 MG ORAL | 2 | |
| FYCOMPA TABLET 2 MG ORAL | 2 | |
| FYCOMPA TABLET 4 MG ORAL | 2 | |
| FYCOMPA TABLET 6 MG ORAL | 2 | |
| FYCOMPA TABLET 8 MG ORAL | 2 | |
| <i>*Anticonvulsants - Benzodiazepines***</i> | | |
| <i>clobazam suspension 2.5 mg/ml oral</i> | 1 | |
| <i>clobazam tablet 10 mg oral</i> | 1 | |
| <i>clobazam tablet 20 mg oral</i> | 1 | |
| <i>clonazepam tablet 0.5 mg oral</i> | 1 | |
| <i>clonazepam tablet 1 mg oral</i> | 1 | |
| <i>clonazepam tablet 2 mg oral</i> | 1 | |
| <i>clonazepam tablet dispersible 0.125 mg oral</i> | 1 | |
| <i>clonazepam tablet dispersible 0.25 mg oral</i> | 1 | |
| <i>clonazepam tablet dispersible 0.5 mg oral</i> | 1 | |
| <i>clonazepam tablet dispersible 1 mg oral</i> | 1 | |
| <i>clonazepam tablet dispersible 2 mg oral</i> | 1 | |
| DIASTAT ACUDIAL GEL 10 MG RECTAL | Non-Formulary | Formulary Exclusion |
| DIASTAT ACUDIAL GEL 20 MG RECTAL | Non-Formulary | Formulary Exclusion |
| DIASTAT PEDIATRIC GEL 2.5 MG RECTAL | 2 | |
| <i>diazepam gel 10 mg rectal</i> | 1 | |
| <i>diazepam gel 10 mg rectal</i> | 1 | Mony Code (MONY Code) |
| <i>diazepam gel 2.5 mg rectal</i> | 1 | Mony Code (MONY Code) |
| <i>diazepam gel 20 mg rectal</i> | 1 | |
| <i>diazepam gel 20 mg rectal</i> | 1 | Mony Code (MONY Code) |
| KLONOPIN TABLET 0.5 MG ORAL | Non-Formulary | Formulary Exclusion |
| KLONOPIN TABLET 1 MG ORAL | Non-Formulary | Formulary Exclusion |
| KLONOPIN TABLET 2 MG ORAL | Non-Formulary | Formulary Exclusion |
| LIBERVANT FILM 10 MG BUCCAL | 3 | QL |
| LIBERVANT FILM 12.5 MG BUCCAL | 3 | QL |
| LIBERVANT FILM 15 MG BUCCAL | 3 | QL |
| LIBERVANT FILM 5 MG BUCCAL | 3 | QL |
| LIBERVANT FILM 7.5 MG BUCCAL | 3 | QL |

| Drug Name | Tier | Notes |
|--|---------------|------------------------|
| NAYZILAM SOLUTION 5 MG/0.1ML NASAL | 3 | QL |
| ONFI SUSPENSION 2.5 MG/ML ORAL | Non-Formulary | Formulary Exclusion |
| ONFI TABLET 10 MG ORAL | Non-Formulary | Formulary Exclusion |
| ONFI TABLET 20 MG ORAL | Non-Formulary | Formulary Exclusion |
| SYMPAZAN FILM 10 MG ORAL | 3 | |
| SYMPAZAN FILM 20 MG ORAL | 3 | |
| SYMPAZAN FILM 5 MG ORAL | 3 | |
| VALTOCO 10 MG DOSE LIQUID 10 MG/0.1ML NASAL | 3 | |
| VALTOCO 15 MG DOSE LIQUID THERAPY PACK 7.5 MG/0.1ML NASAL | 3 | |
| VALTOCO 20 MG DOSE LIQUID THERAPY PACK 10 MG/0.1ML NASAL | 3 | |
| VALTOCO 5 MG DOSE LIQUID 5 MG/0.1ML NASAL | 3 | |
| *Anticonvulsants - Misc.*** | | |
| APTIOM TABLET 200 MG ORAL | 2 | |
| APTIOM TABLET 400 MG ORAL | 2 | |
| APTIOM TABLET 600 MG ORAL | 2 | |
| APTIOM TABLET 800 MG ORAL | 2 | |
| BANZEL SUSPENSION 40 MG/ML ORAL | Non-Formulary | Formulary Exclusion |
| BANZEL TABLET 200 MG ORAL | Non-Formulary | Formulary Exclusion |
| BANZEL TABLET 400 MG ORAL | Non-Formulary | Formulary Exclusion |
| BRIVIACT SOLUTION 10 MG/ML ORAL | 2 | |
| BRIVIACT SOLUTION 50 MG/5ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| BRIVIACT TABLET 10 MG ORAL | 2 | |
| BRIVIACT TABLET 100 MG ORAL | 2 | |
| BRIVIACT TABLET 25 MG ORAL | 2 | |
| BRIVIACT TABLET 50 MG ORAL | 2 | |
| BRIVIACT TABLET 75 MG ORAL | 2 | |
| <i>carbamazepine er capsule extended release 12 hour 100 mg oral</i> | 1 | |
| <i>carbamazepine er capsule extended release 12 hour 200 mg oral</i> | 1 | |
| <i>carbamazepine er capsule extended release 12 hour 300 mg oral</i> | 1 | |
| <i>carbamazepine er tablet extended release 12 hour 100 mg oral</i> | 1 | |
| <i>carbamazepine er tablet extended release 12 hour 200 mg oral</i> | 1 | |

| Drug Name | Tier | Notes |
|---|---------------|------------------------|
| <i>carbamazepine er tablet extended release 12 hour 400 mg oral</i> | 1 | |
| <i>carbamazepine suspension 100 mg/5ml oral</i> | 1 | |
| <i>carbamazepine suspension 200 mg/10ml oral</i> | 1 | |
| <i>carbamazepine tablet 200 mg oral</i> | 1 | |
| <i>carbamazepine tablet chewable 100 mg oral</i> | 1 | |
| <i>carbamazepine tablet chewable 200 mg oral</i> | 3 | |
| CARBATROL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG ORAL | 3 | |
| CARBATROL CAPSULE EXTENDED RELEASE 12 HOUR 200 MG ORAL | 3 | |
| CARBATROL CAPSULE EXTENDED RELEASE 12 HOUR 300 MG ORAL | 3 | |
| DIACOMIT CAPSULE 250 MG ORAL | 3 | PA |
| DIACOMIT CAPSULE 500 MG ORAL | 3 | PA |
| DIACOMIT PACKET 250 MG ORAL | 3 | PA |
| DIACOMIT PACKET 500 MG ORAL | 3 | PA |
| ELEPSIA XR TABLET EXTENDED RELEASE 24 HOUR 1000 MG ORAL | Non-Formulary | Formulary Exclusion |
| ELEPSIA XR TABLET EXTENDED RELEASE 24 HOUR 1500 MG ORAL | Non-Formulary | Formulary Exclusion |
| EPIDIOLEX SOLUTION 100 MG/ML ORAL | Tier 4 | PA; Specialty |
| EPITOL TABLET 200 MG ORAL | 1 | |
| EPRONTIA SOLUTION 25 MG/ML ORAL | Non-Formulary | Formulary Exclusion |
| FANATREX FUSEPAQ SUSPENSION 25 MG/ML ORAL | Non-Formulary | Non FDA Exclusion |
| <i>gabapentin capsule 100 mg oral</i> | 1 | QL |
| <i>gabapentin capsule 300 mg oral</i> | 1 | QL |
| <i>gabapentin capsule 400 mg oral</i> | 1 | QL |
| <i>gabapentin solution 250 mg/5ml oral</i> | 1 | QL |
| <i>gabapentin solution 300 mg/6ml oral</i> | 1 | QL |
| <i>gabapentin tablet 25 mg oral</i> | Non-Formulary | Non FDA Exclusion |
| <i>gabapentin tablet 50 mg oral</i> | Non-Formulary | Non FDA Exclusion |
| <i>gabapentin tablet 600 mg oral</i> | 1 | QL |
| <i>gabapentin tablet 800 mg oral</i> | 1 | QL |
| KEPPRA SOLUTION 100 MG/ML ORAL | Non-Formulary | Formulary Exclusion |
| KEPPRA SOLUTION 500 MG/5ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| KEPPRA TABLET 1000 MG ORAL | Non-Formulary | Formulary Exclusion |
| KEPPRA TABLET 250 MG ORAL | Non-Formulary | Formulary Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|------------------------|
| KEPPRA TABLET 500 MG ORAL | Non-Formulary | Formulary Exclusion |
| KEPPRA TABLET 750 MG ORAL | Non-Formulary | Formulary Exclusion |
| KEPPRA XR TABLET EXTENDED RELEASE 24 HOUR 500 MG ORAL | Non-Formulary | Formulary Exclusion |
| KEPPRA XR TABLET EXTENDED RELEASE 24 HOUR 750 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>lacosamide solution 10 mg/ml oral</i> | 1 | |
| <i>lacosamide solution 100 mg/10ml oral</i> | 1 | |
| <i>lacosamide solution 200 mg/20ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>lacosamide solution 50 mg/5ml oral</i> | 1 | |
| <i>lacosamide tablet 100 mg oral</i> | 1 | |
| <i>lacosamide tablet 150 mg oral</i> | 1 | |
| <i>lacosamide tablet 200 mg oral</i> | 1 | |
| <i>lacosamide tablet 50 mg oral</i> | 1 | |
| LAMICTAL ODT KIT 21 X 25 MG & 7 X 50 MG ORAL | Non-Formulary | Formulary Exclusion |
| LAMICTAL ODT KIT 25 & 50 & 100 MG ORAL | Non-Formulary | Formulary Exclusion |
| LAMICTAL ODT KIT 42 X 50 MG & 14X100 MG ORAL | Non-Formulary | Formulary Exclusion |
| LAMICTAL ODT TABLET DISPERSIBLE 100 MG ORAL | Non-Formulary | Formulary Exclusion |
| LAMICTAL ODT TABLET DISPERSIBLE 200 MG ORAL | Non-Formulary | Formulary Exclusion |
| LAMICTAL ODT TABLET DISPERSIBLE 25 MG ORAL | Non-Formulary | Formulary Exclusion |
| LAMICTAL ODT TABLET DISPERSIBLE 50 MG ORAL | Non-Formulary | Formulary Exclusion |
| LAMICTAL STARTER KIT 35 X 25 MG ORAL | Non-Formulary | Formulary Exclusion |
| LAMICTAL STARTER KIT 42 X 25 MG & 7 X 100 MG ORAL | Non-Formulary | Formulary Exclusion |
| LAMICTAL STARTER KIT 84 X 25 MG & 14X100 MG ORAL | Non-Formulary | Formulary Exclusion |
| LAMICTAL TABLET 100 MG ORAL | Non-Formulary | Formulary Exclusion |
| LAMICTAL TABLET 150 MG ORAL | Non-Formulary | Formulary Exclusion |
| LAMICTAL TABLET 200 MG ORAL | Non-Formulary | Formulary Exclusion |
| LAMICTAL TABLET 25 MG ORAL | Non-Formulary | Formulary Exclusion |
| LAMICTAL TABLET CHEWABLE 25 MG ORAL | Non-Formulary | Formulary Exclusion |
| LAMICTAL TABLET CHEWABLE 5 MG ORAL | Non-Formulary | Formulary Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|---------------------|
| LAMICTAL XR KIT 21 X 25 MG & 7 X 50 MG ORAL | 3 | |
| LAMICTAL XR KIT 25 & 50 & 100 MG ORAL | 3 | |
| LAMICTAL XR KIT 50 & 100 & 200 MG ORAL | 3 | |
| LAMICTAL XR TABLET EXTENDED RELEASE 24 HOUR 100 MG ORAL | Non-Formulary | Formulary Exclusion |
| LAMICTAL XR TABLET EXTENDED RELEASE 24 HOUR 200 MG ORAL | Non-Formulary | Formulary Exclusion |
| LAMICTAL XR TABLET EXTENDED RELEASE 24 HOUR 25 MG ORAL | Non-Formulary | Formulary Exclusion |
| LAMICTAL XR TABLET EXTENDED RELEASE 24 HOUR 250 MG ORAL | Non-Formulary | Formulary Exclusion |
| LAMICTAL XR TABLET EXTENDED RELEASE 24 HOUR 300 MG ORAL | Non-Formulary | Formulary Exclusion |
| LAMICTAL XR TABLET EXTENDED RELEASE 24 HOUR 50 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>lamotrigine er tablet extended release 24 hour 100 mg oral</i> | 1 | |
| <i>lamotrigine er tablet extended release 24 hour 200 mg oral</i> | 1 | |
| <i>lamotrigine er tablet extended release 24 hour 25 mg oral</i> | 1 | |
| <i>lamotrigine er tablet extended release 24 hour 250 mg oral</i> | 1 | |
| <i>lamotrigine er tablet extended release 24 hour 300 mg oral</i> | 1 | |
| <i>lamotrigine er tablet extended release 24 hour 50 mg oral</i> | 1 | |
| <i>lamotrigine kit 21 x 25 mg & 7 x 50 mg oral</i> | Non-Formulary | Formulary Exclusion |
| <i>lamotrigine kit 25 & 50 & 100 mg oral</i> | 1 | |
| <i>lamotrigine kit 42 x 50 mg & 14x100 mg oral</i> | Non-Formulary | Formulary Exclusion |
| <i>lamotrigine starter kit-blue kit 35 x 25 mg oral</i> | 1 | |
| <i>lamotrigine starter kit-green kit 84 x 25 mg & 14x100 mg oral</i> | 1 | |
| <i>lamotrigine starter kit-orange kit 42 x 25 mg & 7 x 100 mg oral</i> | 1 | |
| <i>lamotrigine tablet 100 mg oral</i> | 1 | |
| <i>lamotrigine tablet 150 mg oral</i> | 1 | |
| <i>lamotrigine tablet 200 mg oral</i> | 1 | |
| <i>lamotrigine tablet 25 mg oral</i> | 1 | |
| <i>lamotrigine tablet chewable 25 mg oral</i> | 1 | |

| Drug Name | Tier | Notes |
|---|---------------|-------------------------|
| <i>lamotrigine tablet chewable 5 mg oral</i> | 1 | |
| <i>lamotrigine tablet dispersible 100 mg oral</i> | Non-Formulary | Formulary Exclusion |
| <i>lamotrigine tablet dispersible 200 mg oral</i> | Non-Formulary | Formulary Exclusion |
| <i>lamotrigine tablet dispersible 25 mg oral</i> | Non-Formulary | Formulary Exclusion |
| <i>lamotrigine tablet dispersible 50 mg oral</i> | Non-Formulary | Formulary Exclusion |
| <i>levetiracetam er tablet extended release 24 hour 500 mg oral</i> | 1 | |
| <i>levetiracetam er tablet extended release 24 hour 750 mg oral</i> | 1 | |
| <i>levetiracetam in nacl solution 1000 mg/100ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>levetiracetam in nacl solution 1500 mg/100ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>levetiracetam in nacl solution 250 mg/50ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>levetiracetam in nacl solution 500 mg/100ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>levetiracetam solution 100 mg/ml oral</i> | 1 | |
| <i>levetiracetam solution 500 mg/5ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>levetiracetam solution 500 mg/5ml oral</i> | 1 | |
| <i>levetiracetam tablet 1000 mg oral</i> | 1 | |
| <i>levetiracetam tablet 250 mg oral</i> | 1 | |
| <i>levetiracetam tablet 500 mg oral</i> | 1 | |
| <i>levetiracetam tablet 750 mg oral</i> | 1 | |
| LYRICA CAPSULE 100 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| LYRICA CAPSULE 150 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| LYRICA CAPSULE 200 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| LYRICA CAPSULE 225 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| LYRICA CAPSULE 25 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| LYRICA CAPSULE 300 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| LYRICA CAPSULE 50 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| LYRICA CAPSULE 75 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| LYRICA SOLUTION 20 MG/ML ORAL | Non-Formulary | Formulary Exclusion; QL |
| MOTPOLY XR CAPSULE EXTENDED RELEASE 24 HOUR 100 MG ORAL | Non-Formulary | Formulary Exclusion |
| MOTPOLY XR CAPSULE EXTENDED RELEASE 24 HOUR 150 MG ORAL | Non-Formulary | Formulary Exclusion |
| MOTPOLY XR CAPSULE EXTENDED RELEASE 24 HOUR 200 MG ORAL | Non-Formulary | Formulary Exclusion |
| MYSOLINE TABLET 250 MG ORAL | 3 | |

| Drug Name | Tier | Notes |
|---|---------------|-------------------------|
| MYSOLINE TABLET 50 MG ORAL | 3 | |
| NEURONTIN CAPSULE 100 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| NEURONTIN CAPSULE 300 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| NEURONTIN CAPSULE 400 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| NEURONTIN SOLUTION 250 MG/5ML ORAL | Non-Formulary | Formulary Exclusion; QL |
| NEURONTIN TABLET 600 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| NEURONTIN TABLET 800 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| <i>oxcarbazepine er tablet extended release 24 hour 150 mg oral</i> | 1 | |
| <i>oxcarbazepine er tablet extended release 24 hour 300 mg oral</i> | 1 | |
| <i>oxcarbazepine er tablet extended release 24 hour 600 mg oral</i> | 1 | |
| <i>oxcarbazepine suspension 300 mg/5ml oral</i> | 1 | |
| <i>oxcarbazepine tablet 150 mg oral</i> | 1 | |
| <i>oxcarbazepine tablet 300 mg oral</i> | 1 | |
| <i>oxcarbazepine tablet 600 mg oral</i> | 1 | |
| OXTELLAR XR TABLET EXTENDED RELEASE 24 HOUR 150 MG ORAL | Non-Formulary | Formulary Exclusion |
| OXTELLAR XR TABLET EXTENDED RELEASE 24 HOUR 300 MG ORAL | Non-Formulary | Formulary Exclusion |
| OXTELLAR XR TABLET EXTENDED RELEASE 24 HOUR 600 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>pregabalin capsule 100 mg oral</i> | 1 | QL |
| <i>pregabalin capsule 150 mg oral</i> | 1 | QL |
| <i>pregabalin capsule 200 mg oral</i> | 1 | QL |
| <i>pregabalin capsule 225 mg oral</i> | 1 | QL |
| <i>pregabalin capsule 25 mg oral</i> | 1 | QL |
| <i>pregabalin capsule 300 mg oral</i> | 1 | QL |
| <i>pregabalin capsule 50 mg oral</i> | 1 | QL |
| <i>pregabalin capsule 75 mg oral</i> | 1 | QL |
| <i>pregabalin solution 20 mg/ml oral</i> | 1 | QL |
| <i>primidone tablet 125 mg oral</i> | 3 | |
| <i>primidone tablet 250 mg oral</i> | 1 | |
| <i>primidone tablet 50 mg oral</i> | 1 | |
| QUDEXY XR CAPSULE ER 24 HOUR SPRINKLE 100 MG ORAL | Non-Formulary | Formulary Exclusion |
| QUDEXY XR CAPSULE ER 24 HOUR SPRINKLE 150 MG ORAL | Non-Formulary | Formulary Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|---------------------|
| QUDEXY XR CAPSULE ER 24 HOUR SPRINKLE 200 MG ORAL | Non-Formulary | Formulary Exclusion |
| QUDEXY XR CAPSULE ER 24 HOUR SPRINKLE 25 MG ORAL | Non-Formulary | Formulary Exclusion |
| QUDEXY XR CAPSULE ER 24 HOUR SPRINKLE 50 MG ORAL | Non-Formulary | Formulary Exclusion |
| ROWEEPRA TABLET 500 MG ORAL | 1 | |
| <i>rufinamide suspension 40 mg/ml oral</i> | 1 | |
| <i>rufinamide tablet 200 mg oral</i> | 1 | |
| <i>rufinamide tablet 400 mg oral</i> | 1 | |
| SPRITAM TABLET DISINTEGRATING SOLUBLE 1000 MG ORAL | 3 | |
| SPRITAM TABLET DISINTEGRATING SOLUBLE 250 MG ORAL | 3 | |
| SPRITAM TABLET DISINTEGRATING SOLUBLE 500 MG ORAL | 3 | |
| SPRITAM TABLET DISINTEGRATING SOLUBLE 750 MG ORAL | 3 | |
| SUBVENITE STARTER KIT-BLUE KIT 35 X 25 MG ORAL | 1 | |
| SUBVENITE STARTER KIT-GREEN KIT 84 X 25 MG & 14X100 MG ORAL | 1 | |
| SUBVENITE STARTER KIT-ORANGE KIT 42 X 25 MG & 7 X 100 MG ORAL | 1 | |
| SUBVENITE TABLET 100 MG ORAL | 1 | |
| SUBVENITE TABLET 150 MG ORAL | 1 | |
| SUBVENITE TABLET 200 MG ORAL | 1 | |
| SUBVENITE TABLET 25 MG ORAL | 1 | |
| TEGRETOL SUSPENSION 100 MG/5ML ORAL | 3 | |
| TEGRETOL TABLET 200 MG ORAL | 3 | |
| TEGRETOL-XR TABLET EXTENDED RELEASE 12 HOUR 100 MG ORAL | 3 | |
| TEGRETOL-XR TABLET EXTENDED RELEASE 12 HOUR 200 MG ORAL | 3 | |
| TEGRETOL-XR TABLET EXTENDED RELEASE 12 HOUR 400 MG ORAL | 3 | |
| TOPAMAX SPRINKLE CAPSULE SPRINKLE 15 MG ORAL | Non-Formulary | Formulary Exclusion |
| TOPAMAX SPRINKLE CAPSULE SPRINKLE 25 MG ORAL | Non-Formulary | Formulary Exclusion |
| TOPAMAX TABLET 100 MG ORAL | Non-Formulary | Formulary Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|---------------------|
| TOPAMAX TABLET 200 MG ORAL | Non-Formulary | Formulary Exclusion |
| TOPAMAX TABLET 25 MG ORAL | Non-Formulary | Formulary Exclusion |
| TOPAMAX TABLET 50 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>topiramate capsule sprinkle 15 mg oral</i> | 1 | |
| <i>topiramate capsule sprinkle 25 mg oral</i> | 1 | |
| <i>topiramate er capsule er 24 hour sprinkle 100 mg oral</i> | 1 | |
| <i>topiramate er capsule er 24 hour sprinkle 150 mg oral</i> | 1 | |
| <i>topiramate er capsule er 24 hour sprinkle 200 mg oral</i> | 1 | |
| <i>topiramate er capsule er 24 hour sprinkle 25 mg oral</i> | 1 | |
| <i>topiramate er capsule er 24 hour sprinkle 50 mg oral</i> | 1 | |
| <i>topiramate er capsule extended release 24 hour 100 mg oral</i> | 1 | |
| <i>topiramate er capsule extended release 24 hour 200 mg oral</i> | 1 | |
| <i>topiramate er capsule extended release 24 hour 25 mg oral</i> | 1 | |
| <i>topiramate er capsule extended release 24 hour 50 mg oral</i> | 1 | |
| <i>topiramate tablet 100 mg oral</i> | 1 | |
| <i>topiramate tablet 200 mg oral</i> | 1 | |
| <i>topiramate tablet 25 mg oral</i> | 1 | |
| <i>topiramate tablet 50 mg oral</i> | 1 | |
| TRILEPTAL SUSPENSION 300 MG/5ML ORAL | Non-Formulary | Formulary Exclusion |
| TRILEPTAL TABLET 150 MG ORAL | Non-Formulary | Formulary Exclusion |
| TRILEPTAL TABLET 300 MG ORAL | Non-Formulary | Formulary Exclusion |
| TRILEPTAL TABLET 600 MG ORAL | Non-Formulary | Formulary Exclusion |
| TROKENDI XR CAPSULE EXTENDED RELEASE 24 HOUR 100 MG ORAL | Non-Formulary | Formulary Exclusion |
| TROKENDI XR CAPSULE EXTENDED RELEASE 24 HOUR 200 MG ORAL | Non-Formulary | Formulary Exclusion |
| TROKENDI XR CAPSULE EXTENDED RELEASE 24 HOUR 25 MG ORAL | Non-Formulary | Formulary Exclusion |
| TROKENDI XR CAPSULE EXTENDED RELEASE 24 HOUR 50 MG ORAL | Non-Formulary | Formulary Exclusion |
| VIMPAT SOLUTION 10 MG/ML ORAL | Non-Formulary | Formulary Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|------------------------|
| VIMPAT SOLUTION 200 MG/20ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| VIMPAT TABLET 100 MG ORAL | Non-Formulary | Formulary Exclusion |
| VIMPAT TABLET 150 MG ORAL | Non-Formulary | Formulary Exclusion |
| VIMPAT TABLET 200 MG ORAL | Non-Formulary | Formulary Exclusion |
| VIMPAT TABLET 50 MG ORAL | Non-Formulary | Formulary Exclusion |
| ZONEGRAN CAPSULE 100 MG ORAL | Non-Formulary | Formulary Exclusion |
| ZONEGRAN CAPSULE 25 MG ORAL | Non-Formulary | Formulary Exclusion |
| ZONISADE SUSPENSION 100 MG/5ML ORAL | Non-Formulary | Formulary Exclusion |
| <i>zonisamide capsule 100 mg oral</i> | 1 | |
| <i>zonisamide capsule 25 mg oral</i> | 1 | |
| <i>zonisamide capsule 50 mg oral</i> | 1 | |
| ZTALMY SUSPENSION 50 MG/ML ORAL | 3 | PA |
| *Carbamates*** | | |
| <i>felbamate suspension 600 mg/5ml oral</i> | 1 | |
| <i>felbamate tablet 400 mg oral</i> | 1 | |
| <i>felbamate tablet 600 mg oral</i> | 1 | |
| FELBATOL SUSPENSION 600 MG/5ML ORAL | Non-Formulary | Formulary Exclusion |
| FELBATOL TABLET 400 MG ORAL | Non-Formulary | Formulary Exclusion |
| FELBATOL TABLET 600 MG ORAL | Non-Formulary | Formulary Exclusion |
| XCOPRI (250 MG DAILY DOSE) TABLET THERAPY PACK 100 & 150 MG ORAL | 2 | |
| XCOPRI (250 MG DAILY DOSE) TABLET THERAPY PACK 50 & 200 MG ORAL | 2 | |
| XCOPRI (350 MG DAILY DOSE) TABLET THERAPY PACK 150 & 200 MG ORAL | 2 | |
| XCOPRI TABLET 100 MG ORAL | 2 | |
| XCOPRI TABLET 150 MG ORAL | 2 | |
| XCOPRI TABLET 200 MG ORAL | 2 | |
| XCOPRI TABLET 25 MG ORAL | 2 | |
| XCOPRI TABLET 50 MG ORAL | 2 | |
| XCOPRI TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG ORAL | 2 | |
| XCOPRI TABLET THERAPY PACK 14 X 150 MG & 14 X 200 MG ORAL | 2 | |
| XCOPRI TABLET THERAPY PACK 14 X 50 MG & 14 X 100 MG ORAL | 2 | |
| *Gaba Modulators*** | | |
| GABITRIL TABLET 12 MG ORAL | Non-Formulary | Formulary Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|------------------------------------|
| GABITRIL TABLET 16 MG ORAL | Non-Formulary | Formulary Exclusion |
| GABITRIL TABLET 2 MG ORAL | Non-Formulary | Formulary Exclusion |
| GABITRIL TABLET 4 MG ORAL | Non-Formulary | Formulary Exclusion |
| SABRIL PACKET 500 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion |
| SABRIL TABLET 500 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion |
| <i>tiagabine hcl tablet 12 mg oral</i> | 1 | |
| <i>tiagabine hcl tablet 16 mg oral</i> | 1 | |
| <i>tiagabine hcl tablet 2 mg oral</i> | 1 | |
| <i>tiagabine hcl tablet 4 mg oral</i> | 1 | |
| <i>vigabatrin packet 500 mg oral</i> | Tier 4 | PA; Specialty |
| <i>vigabatrin tablet 500 mg oral</i> | Tier 4 | PA; Specialty |
| VIGADRONE PACKET 500 MG ORAL | Tier 4 | PA; Specialty |
| VIGADRONE TABLET 500 MG ORAL | Tier 4 | PA; Specialty |
| VIGPODER PACKET 500 MG ORAL | Tier 4 | PA; Specialty |
| *Hydantoins*** | | |
| CEREBYX SOLUTION 100 MG PE/2ML INJECTION | Non-Formulary | Medical Only Exclusion |
| CEREBYX SOLUTION 500 MG PE/10ML INJECTION | Non-Formulary | Medical Only Exclusion |
| DILANTIN CAPSULE 100 MG ORAL | 3 | |
| DILANTIN CAPSULE 30 MG ORAL | 2 | |
| DILANTIN INFATABS TABLET CHEWABLE 50 MG ORAL | 3 | |
| DILANTIN SUSPENSION 125 MG/5ML ORAL | 3 | |
| DILANTIN-125 SUSPENSION 125 MG/5ML ORAL | 3 | |
| <i>fosphenytoin sodium solution 100 mg pe/2ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>fosphenytoin sodium solution 500 mg pe/10ml injection</i> | Non-Formulary | Medical Only Exclusion |
| PHENYTEK CAPSULE 200 MG ORAL | 1 | |
| PHENYTEK CAPSULE 300 MG ORAL | 1 | |
| PHENYTOIN INFATABS TABLET CHEWABLE 50 MG ORAL | 1 | |
| <i>phenytoin sodium extended capsule 100 mg oral</i> | 1 | |
| <i>phenytoin sodium extended capsule 200 mg oral</i> | 1 | |
| <i>phenytoin sodium extended capsule 300 mg oral</i> | 1 | |
| <i>phenytoin sodium solution 50 mg/ml injection</i> | Non-Formulary | Medical Only Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|---|
| <i>phenytoin sodium solution 50 mg/ml injection</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>phenytoin sodium solution 50 mg/ml injection</i> | Non-Formulary | Medical Only Exclusion; Mony Code (MONY code issue) |
| <i>phenytoin suspension 100 mg/4ml oral</i> | 1 | |
| <i>phenytoin suspension 125 mg/5ml oral</i> | 1 | |
| <i>phenytoin tablet chewable 50 mg oral</i> | 1 | |
| *Succinimides*** | | |
| CELONTIN CAPSULE 300 MG ORAL | 3 | |
| <i>ethosuximide capsule 250 mg oral</i> | 1 | |
| <i>ethosuximide solution 250 mg/5ml oral</i> | 1 | |
| <i>methsuximide capsule 300 mg oral</i> | 1 | |
| ZARONTIN CAPSULE 250 MG ORAL | 3 | |
| ZARONTIN SOLUTION 250 MG/5ML ORAL | 3 | |
| *Valproic Acid*** | | |
| DEPAKOTE ER TABLET EXTENDED RELEASE 24 HOUR 250 MG ORAL | Non-Formulary | Formulary Exclusion |
| DEPAKOTE ER TABLET EXTENDED RELEASE 24 HOUR 500 MG ORAL | Non-Formulary | Formulary Exclusion |
| DEPAKOTE SPRINKLES CAPSULE DELAYED RELEASE SPRINKLE 125 MG ORAL | Non-Formulary | Formulary Exclusion |
| DEPAKOTE TABLET DELAYED RELEASE 125 MG ORAL | Non-Formulary | Formulary Exclusion |
| DEPAKOTE TABLET DELAYED RELEASE 250 MG ORAL | Non-Formulary | Formulary Exclusion |
| DEPAKOTE TABLET DELAYED RELEASE 500 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>divalproex sodium capsule delayed release sprinkle 125 mg oral</i> | 1 | |
| <i>divalproex sodium er tablet extended release 24 hour 250 mg oral</i> | 1 | |
| <i>divalproex sodium er tablet extended release 24 hour 500 mg oral</i> | 1 | |
| <i>divalproex sodium tablet delayed release 125 mg oral</i> | 1 | |
| <i>divalproex sodium tablet delayed release 250 mg oral</i> | 1 | |
| <i>divalproex sodium tablet delayed release 500 mg oral</i> | 1 | |
| <i>valproate sodium solution 100 mg/ml intravenous</i> | Non-Formulary | Medical Only Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|------------------------|
| <i>valproate sodium solution 500 mg/5ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>valproic acid capsule 250 mg oral</i> | 1 | |
| <i>valproic acid solution 250 mg/5ml oral</i> | 1 | |
| <i>valproic acid solution 500 mg/10ml oral</i> | 1 | |
| *ANTIDEPRESSANTS* | | |
| *Alpha-2 Receptor Antagonists (Tetracyclics)*** | | |
| <i>mirtazapine tablet 15 mg oral</i> | 1 | |
| <i>mirtazapine tablet 30 mg oral</i> | 1 | |
| <i>mirtazapine tablet 45 mg oral</i> | 1 | |
| <i>mirtazapine tablet 7.5 mg oral</i> | 1 | |
| <i>mirtazapine tablet dispersible 15 mg oral</i> | 1 | |
| <i>mirtazapine tablet dispersible 30 mg oral</i> | 1 | |
| <i>mirtazapine tablet dispersible 45 mg oral</i> | 1 | |
| REMERON SOLTAB TABLET DISPERSIBLE 15 MG ORAL | Non-Formulary | Formulary Exclusion |
| REMERON SOLTAB TABLET DISPERSIBLE 30 MG ORAL | Non-Formulary | Formulary Exclusion |
| REMERON SOLTAB TABLET DISPERSIBLE 45 MG ORAL | Non-Formulary | Formulary Exclusion |
| REMERON TABLET 15 MG ORAL | Non-Formulary | Formulary Exclusion |
| REMERON TABLET 30 MG ORAL | Non-Formulary | Formulary Exclusion |
| *Antidepressant - Miscellaneous Combinations*** | | |
| AUVELITY TABLET EXTENDED RELEASE 45-105 MG ORAL | 3 | ST |
| *Antidepressants - Misc.*** | | |
| APLENZIN TABLET EXTENDED RELEASE 24 HOUR 174 MG ORAL | Non-Formulary | Formulary Exclusion |
| APLENZIN TABLET EXTENDED RELEASE 24 HOUR 348 MG ORAL | Non-Formulary | Formulary Exclusion |
| APLENZIN TABLET EXTENDED RELEASE 24 HOUR 522 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>bupropion hcl er (sr) tablet extended release 12 hour 100 mg oral</i> | 1 | |
| <i>bupropion hcl er (sr) tablet extended release 12 hour 150 mg oral</i> | 1 | |
| <i>bupropion hcl er (sr) tablet extended release 12 hour 200 mg oral</i> | 1 | |

| Drug Name | Tier | Notes |
|--|---------------|---------------------------------|
| <i>bupropion hcl er (xl) tablet extended release 24 hour 150 mg oral</i> | 1 | |
| <i>bupropion hcl er (xl) tablet extended release 24 hour 300 mg oral</i> | 1 | |
| <i>bupropion hcl er (xl) tablet extended release 24 hour 450 mg oral</i> | Non-Formulary | Formulary Exclusion |
| <i>bupropion hcl tablet 100 mg oral</i> | 1 | |
| <i>bupropion hcl tablet 75 mg oral</i> | 1 | |
| FORFIVO XL TABLET EXTENDED RELEASE 24 HOUR 450 MG ORAL | Non-Formulary | Formulary Exclusion |
| WELLBUTRIN SR TABLET EXTENDED RELEASE 12 HOUR 100 MG ORAL | Non-Formulary | Formulary Exclusion |
| WELLBUTRIN SR TABLET EXTENDED RELEASE 12 HOUR 150 MG ORAL | Non-Formulary | Formulary Exclusion |
| WELLBUTRIN SR TABLET EXTENDED RELEASE 12 HOUR 200 MG ORAL | Non-Formulary | Formulary Exclusion |
| WELLBUTRIN XL TABLET EXTENDED RELEASE 24 HOUR 150 MG ORAL | Non-Formulary | Formulary Exclusion |
| WELLBUTRIN XL TABLET EXTENDED RELEASE 24 HOUR 300 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>*Gaba Receptor Modulator - Neuroactive Steroid***</i> | | |
| ZULRESSO SOLUTION 100 MG/20ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ZURZUVAE CAPSULE 20 MG ORAL | Tier 4 | PA; Specialty; QL with criteria |
| ZURZUVAE CAPSULE 25 MG ORAL | Tier 4 | PA; Specialty; QL with criteria |
| ZURZUVAE CAPSULE 30 MG ORAL | Tier 4 | PA; Specialty; QL with criteria |
| <i>*Monoamine Oxidase Inhibitors (Maois)***</i> | | |
| EMSAM PATCH 24 HOUR 12 MG/24HR TRANSDERMAL | 3 | |
| EMSAM PATCH 24 HOUR 6 MG/24HR TRANSDERMAL | 3 | |
| EMSAM PATCH 24 HOUR 9 MG/24HR TRANSDERMAL | 3 | |
| MARPLAN TABLET 10 MG ORAL | 3 | |
| NARDIL TABLET 15 MG ORAL | 3 | |
| PARNATE TABLET 10 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>phenelzine sulfate tablet 15 mg oral</i> | 1 | |
| <i>phenelzine sulfate tablet 15 mg oral</i> | 1 | Mony Code (MONY code issue) |
| <i>tranylcypromine sulfate tablet 10 mg oral</i> | 1 | |

| Drug Name | Tier | Notes |
|--|---------------|--|
| *N-Methyl-D-Aspartic Acid (Nmda) Receptor Antagonists*** | | |
| SPRAVATO (56 MG DOSE) SOLUTION THERAPY PACK 28 MG/DEVICE NASAL | Non-Formulary | PA; Formulary Exclusion |
| SPRAVATO (84 MG DOSE) SOLUTION THERAPY PACK 28 MG/DEVICE NASAL | Non-Formulary | PA; Formulary Exclusion |
| *Selective Serotonin Reuptake Inhibitors (SsrIs)*** | | |
| CELEXA TABLET 10 MG ORAL | Non-Formulary | Formulary Exclusion |
| CELEXA TABLET 20 MG ORAL | Non-Formulary | Formulary Exclusion |
| CELEXA TABLET 40 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>citalopram hydrobromide capsule 30 mg oral</i> | Non-Formulary | Formulary Exclusion |
| <i>citalopram hydrobromide solution 10 mg/5ml oral</i> | 1 | |
| <i>citalopram hydrobromide tablet 10 mg oral</i> | 1 | |
| <i>citalopram hydrobromide tablet 20 mg oral</i> | 1 | |
| <i>citalopram hydrobromide tablet 40 mg oral</i> | 1 | |
| <i>escitalopram oxalate solution 5 mg/5ml oral</i> | 1 | |
| <i>escitalopram oxalate tablet 10 mg oral</i> | 1 | |
| <i>escitalopram oxalate tablet 20 mg oral</i> | 1 | |
| <i>escitalopram oxalate tablet 5 mg oral</i> | 1 | |
| <i>fluoxetine hcl capsule 10 mg oral</i> | 1 | |
| <i>fluoxetine hcl capsule 20 mg oral</i> | 1 | |
| <i>fluoxetine hcl capsule 40 mg oral</i> | 1 | |
| <i>fluoxetine hcl capsule delayed release 90 mg oral</i> | 1 | Mony Code (MONY Code) |
| <i>fluoxetine hcl solution 20 mg/5ml oral</i> | 1 | |
| <i>fluoxetine hcl tablet 10 mg oral</i> | 1 | |
| <i>fluoxetine hcl tablet 20 mg oral</i> | 1 | |
| <i>fluoxetine hcl tablet 60 mg oral</i> | 1 | |
| <i>fluoxetine hcl tablet 60 mg oral</i> | 1 | Mony Code (MONY code issue) |
| <i>fluoxetine hcl tablet 60 mg oral</i> | Non-Formulary | Mony Code (MONY Code); Formulary Exclusion |
| <i>fluvoxamine maleate er capsule extended release 24 hour 100 mg oral</i> | 1 | |
| <i>fluvoxamine maleate er capsule extended release 24 hour 150 mg oral</i> | 1 | |
| <i>fluvoxamine maleate tablet 100 mg oral</i> | 1 | |
| <i>fluvoxamine maleate tablet 25 mg oral</i> | 1 | |
| <i>fluvoxamine maleate tablet 50 mg oral</i> | 1 | |
| LEXAPRO TABLET 10 MG ORAL | Non-Formulary | Formulary Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|---------------------|
| LEXAPRO TABLET 20 MG ORAL | Non-Formulary | Formulary Exclusion |
| LEXAPRO TABLET 5 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>paroxetine hcl er tablet extended release 24 hour 12.5 mg oral</i> | 1 | |
| <i>paroxetine hcl er tablet extended release 24 hour 25 mg oral</i> | 1 | |
| <i>paroxetine hcl er tablet extended release 24 hour 37.5 mg oral</i> | 1 | |
| <i>paroxetine hcl suspension 10 mg/5ml oral</i> | 1 | |
| <i>paroxetine hcl tablet 10 mg oral</i> | 1 | |
| <i>paroxetine hcl tablet 20 mg oral</i> | 1 | |
| <i>paroxetine hcl tablet 30 mg oral</i> | 1 | |
| <i>paroxetine hcl tablet 40 mg oral</i> | 1 | |
| PAXIL CR TABLET EXTENDED RELEASE 24 HOUR 12.5 MG ORAL | Non-Formulary | Formulary Exclusion |
| PAXIL CR TABLET EXTENDED RELEASE 24 HOUR 25 MG ORAL | Non-Formulary | Formulary Exclusion |
| PAXIL CR TABLET EXTENDED RELEASE 24 HOUR 37.5 MG ORAL | Non-Formulary | Formulary Exclusion |
| PAXIL SUSPENSION 10 MG/5ML ORAL | Non-Formulary | Formulary Exclusion |
| PAXIL TABLET 10 MG ORAL | Non-Formulary | Formulary Exclusion |
| PAXIL TABLET 20 MG ORAL | Non-Formulary | Formulary Exclusion |
| PAXIL TABLET 30 MG ORAL | Non-Formulary | Formulary Exclusion |
| PAXIL TABLET 40 MG ORAL | Non-Formulary | Formulary Exclusion |
| PEXEVA TABLET 10 MG ORAL | 3 | |
| PEXEVA TABLET 20 MG ORAL | 3 | |
| PEXEVA TABLET 30 MG ORAL | 3 | |
| PEXEVA TABLET 40 MG ORAL | 3 | |
| PROZAC CAPSULE 10 MG ORAL | Non-Formulary | Formulary Exclusion |
| PROZAC CAPSULE 20 MG ORAL | Non-Formulary | Formulary Exclusion |
| PROZAC CAPSULE 40 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>sertraline hcl capsule 150 mg oral</i> | Non-Formulary | Formulary Exclusion |
| <i>sertraline hcl capsule 200 mg oral</i> | Non-Formulary | Formulary Exclusion |
| <i>sertraline hcl concentrate 20 mg/ml oral</i> | 1 | |
| <i>sertraline hcl tablet 100 mg oral</i> | 1 | |
| <i>sertraline hcl tablet 25 mg oral</i> | 1 | |
| <i>sertraline hcl tablet 50 mg oral</i> | 1 | |
| ZOLOFT CONCENTRATE 20 MG/ML ORAL | Non-Formulary | Formulary Exclusion |
| ZOLOFT TABLET 100 MG ORAL | Non-Formulary | Formulary Exclusion |
| ZOLOFT TABLET 25 MG ORAL | Non-Formulary | Formulary Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|---|
| ZOLOFT TABLET 50 MG ORAL | Non-Formulary | Formulary Exclusion |
| *Serotonin Modulators*** | | |
| <i>nefazodone hcl tablet 100 mg oral</i> | Non-Formulary | Mony Code (MONY Code); Formulary Exclusion |
| <i>nefazodone hcl tablet 150 mg oral</i> | Non-Formulary | Mony Code (MONY Code); Formulary Exclusion |
| <i>nefazodone hcl tablet 200 mg oral</i> | Non-Formulary | Mony Code (MONY Code); Formulary Exclusion |
| <i>nefazodone hcl tablet 250 mg oral</i> | Non-Formulary | Formulary Exclusion |
| <i>nefazodone hcl tablet 50 mg oral</i> | Non-Formulary | Formulary Exclusion |
| <i>trazodone hcl tablet 100 mg oral</i> | 1 | |
| <i>trazodone hcl tablet 150 mg oral</i> | 1 | |
| <i>trazodone hcl tablet 300 mg oral</i> | 1 | |
| <i>trazodone hcl tablet 50 mg oral</i> | 1 | |
| TRINTELLIX TABLET 10 MG ORAL | 2 | |
| TRINTELLIX TABLET 20 MG ORAL | 2 | |
| TRINTELLIX TABLET 5 MG ORAL | 2 | |
| VIIBRYD STARTER PACK KIT 10 & 20 MG ORAL | 3 | |
| VIIBRYD TABLET 10 MG ORAL | Non-Formulary | Formulary Exclusion |
| VIIBRYD TABLET 20 MG ORAL | Non-Formulary | Formulary Exclusion |
| VIIBRYD TABLET 40 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>vilazodone hcl tablet 10 mg oral</i> | 1 | |
| <i>vilazodone hcl tablet 20 mg oral</i> | 1 | |
| <i>vilazodone hcl tablet 40 mg oral</i> | 1 | |
| *Serotonin-Norepinephrine Reuptake Inhibitors (Snris)*** | | |
| CYMBALTA CAPSULE DELAYED RELEASE PARTICLES 20 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| CYMBALTA CAPSULE DELAYED RELEASE PARTICLES 30 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| CYMBALTA CAPSULE DELAYED RELEASE PARTICLES 60 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| <i>desvenlafaxine er tablet extended release 24 hour 100 mg oral</i> | 1 | Mony Code (MONY Code) |
| <i>desvenlafaxine er tablet extended release 24 hour 100 mg oral</i> | 3 | |
| <i>desvenlafaxine er tablet extended release 24 hour 50 mg oral</i> | 1 | Mony Code (MONY Code) |
| <i>desvenlafaxine succinate er tablet extended release 24 hour 100 mg oral</i> | 1 | |

| Drug Name | Tier | Notes |
|---|---------------|-------------------------|
| <i>desvenlafaxine succinate er tablet extended release 24 hour 25 mg oral</i> | 1 | |
| <i>desvenlafaxine succinate er tablet extended release 24 hour 50 mg oral</i> | 1 | |
| DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 30 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 40 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 60 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| <i>duloxetine hcl capsule delayed release particles 20 mg oral</i> | 1 | QL |
| <i>duloxetine hcl capsule delayed release particles 30 mg oral</i> | 1 | QL |
| <i>duloxetine hcl capsule delayed release particles 40 mg oral</i> | 1 | QL |
| <i>duloxetine hcl capsule delayed release particles 60 mg oral</i> | 1 | QL |
| EFFEXOR XR CAPSULE EXTENDED RELEASE 24 HOUR 150 MG ORAL | Non-Formulary | Formulary Exclusion |
| EFFEXOR XR CAPSULE EXTENDED RELEASE 24 HOUR 37.5 MG ORAL | Non-Formulary | Formulary Exclusion |
| EFFEXOR XR CAPSULE EXTENDED RELEASE 24 HOUR 75 MG ORAL | Non-Formulary | Formulary Exclusion |
| FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL | 2 | |
| FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL | 2 | |
| FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL | 2 | |
| FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 80 MG ORAL | 2 | |
| FETZIMA TITRATION CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG ORAL | 2 | |
| PRISTIQ TABLET EXTENDED RELEASE 24 HOUR 100 MG ORAL | Non-Formulary | Formulary Exclusion |
| PRISTIQ TABLET EXTENDED RELEASE 24 HOUR 25 MG ORAL | Non-Formulary | Formulary Exclusion |
| PRISTIQ TABLET EXTENDED RELEASE 24 HOUR 50 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>venlafaxine besylate er tablet extended release 24 hour 112.5 mg oral</i> | Non-Formulary | Formulary Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|---------------------|
| <i>venlafaxine hcl er capsule extended release 24 hour 150 mg oral</i> | 1 | |
| <i>venlafaxine hcl er capsule extended release 24 hour 37.5 mg oral</i> | 1 | |
| <i>venlafaxine hcl er capsule extended release 24 hour 75 mg oral</i> | 1 | |
| <i>venlafaxine hcl er tablet extended release 24 hour 150 mg oral</i> | 1 | |
| <i>venlafaxine hcl er tablet extended release 24 hour 225 mg oral</i> | 1 | |
| <i>venlafaxine hcl er tablet extended release 24 hour 37.5 mg oral</i> | 1 | |
| <i>venlafaxine hcl er tablet extended release 24 hour 75 mg oral</i> | 1 | |
| <i>venlafaxine hcl tablet 100 mg oral</i> | 1 | |
| <i>venlafaxine hcl tablet 25 mg oral</i> | 1 | |
| <i>venlafaxine hcl tablet 37.5 mg oral</i> | 1 | |
| <i>venlafaxine hcl tablet 50 mg oral</i> | 1 | |
| <i>venlafaxine hcl tablet 75 mg oral</i> | 1 | |
| *Tricyclic Agents*** | | |
| <i>amitriptyline hcl tablet 10 mg oral</i> | 1 | |
| <i>amitriptyline hcl tablet 100 mg oral</i> | 1 | |
| <i>amitriptyline hcl tablet 150 mg oral</i> | 1 | |
| <i>amitriptyline hcl tablet 25 mg oral</i> | 1 | |
| <i>amitriptyline hcl tablet 50 mg oral</i> | 1 | |
| <i>amitriptyline hcl tablet 75 mg oral</i> | 1 | |
| <i>amoxapine tablet 100 mg oral</i> | Non-Formulary | Formulary Exclusion |
| <i>amoxapine tablet 150 mg oral</i> | Non-Formulary | Formulary Exclusion |
| <i>amoxapine tablet 25 mg oral</i> | Non-Formulary | Formulary Exclusion |
| <i>amoxapine tablet 50 mg oral</i> | Non-Formulary | Formulary Exclusion |
| ANAFRANIL CAPSULE 25 MG ORAL | Non-Formulary | Formulary Exclusion |
| ANAFRANIL CAPSULE 50 MG ORAL | Non-Formulary | Formulary Exclusion |
| ANAFRANIL CAPSULE 75 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>clomipramine hcl capsule 25 mg oral</i> | 1 | |
| <i>clomipramine hcl capsule 50 mg oral</i> | 1 | |
| <i>clomipramine hcl capsule 75 mg oral</i> | 1 | |
| <i>desipramine hcl tablet 10 mg oral</i> | 1 | |
| <i>desipramine hcl tablet 100 mg oral</i> | 1 | |
| <i>desipramine hcl tablet 150 mg oral</i> | 1 | |
| <i>desipramine hcl tablet 25 mg oral</i> | 1 | |

| Drug Name | Tier | Notes |
|--|---------------|-----------------------------|
| <i>desipramine hcl tablet 50 mg oral</i> | 1 | |
| <i>desipramine hcl tablet 75 mg oral</i> | 1 | |
| <i>doxepin hcl capsule 10 mg oral</i> | 1 | |
| <i>doxepin hcl capsule 100 mg oral</i> | 1 | |
| <i>doxepin hcl capsule 150 mg oral</i> | 1 | |
| <i>doxepin hcl capsule 150 mg oral</i> | 1 | Mony Code (MONY Code) |
| <i>doxepin hcl capsule 25 mg oral</i> | 1 | |
| <i>doxepin hcl capsule 50 mg oral</i> | 1 | |
| <i>doxepin hcl capsule 75 mg oral</i> | 1 | |
| <i>doxepin hcl capsule 75 mg oral</i> | 1 | Mony Code (MONY Code) |
| <i>doxepin hcl concentrate 10 mg/ml oral</i> | 1 | |
| <i>imipramine hcl tablet 10 mg oral</i> | 1 | |
| <i>imipramine hcl tablet 25 mg oral</i> | 1 | |
| <i>imipramine hcl tablet 50 mg oral</i> | 1 | |
| <i>imipramine pamoate capsule 100 mg oral</i> | 1 | |
| <i>imipramine pamoate capsule 125 mg oral</i> | 1 | |
| <i>imipramine pamoate capsule 150 mg oral</i> | 1 | |
| <i>imipramine pamoate capsule 75 mg oral</i> | 1 | |
| NORPRAMIN TABLET 10 MG ORAL | Non-Formulary | Formulary Exclusion |
| NORPRAMIN TABLET 25 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>nortriptyline hcl capsule 10 mg oral</i> | 1 | |
| <i>nortriptyline hcl capsule 25 mg oral</i> | 1 | |
| <i>nortriptyline hcl capsule 50 mg oral</i> | 1 | |
| <i>nortriptyline hcl capsule 75 mg oral</i> | 1 | |
| <i>nortriptyline hcl solution 10 mg/5ml oral</i> | 1 | |
| <i>nortriptyline hcl solution 10 mg/5ml oral</i> | 1 | Mony Code (MONY code issue) |
| PAMELOR CAPSULE 10 MG ORAL | Non-Formulary | Formulary Exclusion |
| PAMELOR CAPSULE 25 MG ORAL | Non-Formulary | Formulary Exclusion |
| PAMELOR CAPSULE 50 MG ORAL | Non-Formulary | Formulary Exclusion |
| PAMELOR CAPSULE 75 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>protriptyline hcl tablet 10 mg oral</i> | 1 | |
| <i>protriptyline hcl tablet 5 mg oral</i> | 1 | |
| <i>trimipramine maleate capsule 100 mg oral</i> | 1 | |
| <i>trimipramine maleate capsule 25 mg oral</i> | 1 | |
| <i>trimipramine maleate capsule 50 mg oral</i> | 1 | |
| *ANTIDIABETICS* | | |
| *Alpha-Glucosidase Inhibitors*** | | |
| <i>acarbose tablet 100 mg oral</i> | 1 | QL |

| Drug Name | Tier | Notes |
|--|---------------|------------------------------------|
| <i>acarbose tablet 25 mg oral</i> | 1 | QL |
| <i>acarbose tablet 50 mg oral</i> | 1 | QL |
| GLYSET TABLET 100 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| GLYSET TABLET 25 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| GLYSET TABLET 50 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| <i>miglitol tablet 100 mg oral</i> | 1 | Mony Code (MONY code issue); QL |
| <i>miglitol tablet 100 mg oral</i> | 1 | QL |
| <i>miglitol tablet 25 mg oral</i> | 1 | Mony Code (MONY code issue); QL |
| <i>miglitol tablet 25 mg oral</i> | 1 | QL |
| <i>miglitol tablet 50 mg oral</i> | 1 | Mony Code (MONY code issue); QL |
| <i>miglitol tablet 50 mg oral</i> | 1 | QL |
| PRECOSE TABLET 100 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| PRECOSE TABLET 25 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| PRECOSE TABLET 50 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| <i>*Antidiabetic - Allogeneic Cellular Therapy***</i> | | |
| LANTIDRA SUSPENSION INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>*Antidiabetic - Amylin Analogs***</i> | | |
| SYMLINPEN 120 SOLUTION PEN-INJECTOR 2700 MCG/2.7ML SUBCUTANEOUS | Non-Formulary | Formulary Exclusion; QL |
| SYMLINPEN 60 SOLUTION PEN-INJECTOR 1500 MCG/1.5ML SUBCUTANEOUS | Non-Formulary | Formulary Exclusion; QL |
| <i>*Antidiabetic-Anti-Cd3 Antibodies***</i> | | |
| TZIELD SOLUTION 2 MG/2ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>*Biguanides***</i> | | |
| FORTAMET TABLET EXTENDED RELEASE 24 HOUR 1000 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| FORTAMET TABLET EXTENDED RELEASE 24 HOUR 500 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| GLUMETZA TABLET EXTENDED RELEASE 24 HOUR 1000 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| GLUMETZA TABLET EXTENDED RELEASE 24 HOUR 500 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| <i>metformin hcl er (mod) tablet extended release 24 hour 1000 mg oral</i> | 1 | QL |
| <i>metformin hcl er (mod) tablet extended release 24 hour 500 mg oral</i> | 1 | QL |

| Drug Name | Tier | Notes |
|--|---------------|---|
| <i>metformin hcl er (osm) tablet extended release 24 hour 1000 mg oral</i> | 1 | QL |
| <i>metformin hcl er (osm) tablet extended release 24 hour 500 mg oral</i> | 1 | QL |
| <i>metformin hcl er tablet extended release 24 hour 500 mg oral</i> | 1 | QL |
| <i>metformin hcl er tablet extended release 24 hour 750 mg oral</i> | 1 | QL |
| <i>metformin hcl solution 500 mg/5ml oral</i> | 1 | QL |
| <i>metformin hcl solution 500 mg/5ml oral</i> | 1 | Mony Code (MONY Code); QL |
| <i>metformin hcl tablet 1000 mg oral</i> | 1 | QL |
| <i>metformin hcl tablet 500 mg oral</i> | 1 | QL |
| <i>metformin hcl tablet 625 mg oral</i> | Non-Formulary | Formulary Exclusion |
| <i>metformin hcl tablet 850 mg oral</i> | 1 | QL |
| RIOMET SOLUTION 500 MG/5ML ORAL | Non-Formulary | Formulary Exclusion; QL |
| *Diabetic Other*** | | |
| BAQSIMI ONE PACK POWDER 3 MG/DOSE NASAL | 2 | QL with criteria |
| BAQSIMI TWO PACK POWDER 3 MG/DOSE NASAL | 2 | QL with criteria |
| <i>diazoxide suspension 50 mg/ml oral</i> | 1 | |
| GLUCAGEN HYPOKIT SOLUTION RECONSTITUTED 1 MG INJECTION | 3 | QL with criteria |
| <i>glucagon emergency kit 1 mg injection</i> | 1 | Mony Code (MONY code issue); QL with criteria |
| <i>glucagon emergency kit 1 mg injection</i> | Non-Formulary | Formulary Exclusion; QL with criteria |
| <i>glucagon emergency solution reconstituted 1 mg/ml injection</i> | 2 | QL with criteria |
| GVOKE HYPOPEN 1-PACK SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML SUBCUTANEOUS | 2 | QL with criteria |
| GVOKE HYPOPEN 1-PACK SOLUTION AUTO-INJECTOR 1 MG/0.2ML SUBCUTANEOUS | 2 | QL with criteria |
| GVOKE HYPOPEN 2-PACK SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML SUBCUTANEOUS | 2 | QL with criteria |
| GVOKE HYPOPEN 2-PACK SOLUTION AUTO-INJECTOR 1 MG/0.2ML SUBCUTANEOUS | 2 | QL with criteria |
| GVOKE KIT SOLUTION 1 MG/0.2ML SUBCUTANEOUS | 2 | QL with criteria |

| Drug Name | Tier | Notes |
|--|---------------|-------------------------|
| GVOKE PFS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML SUBCUTANEOUS | 2 | QL with criteria |
| GVOKE PFS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML SUBCUTANEOUS | 2 | QL with criteria |
| PROGLYCEM SUSPENSION 50 MG/ML ORAL | Non-Formulary | Formulary Exclusion |
| ZEGALOGUE SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML SUBCUTANEOUS | 2 | QL |
| ZEGALOGUE SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML SUBCUTANEOUS | 2 | QL with criteria |
| ZEGALOGUE SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML SUBCUTANEOUS | 2 | QL |
| ZEGALOGUE SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML SUBCUTANEOUS | 2 | QL with criteria |
| *Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors*** | | |
| <i>alogliptin benzoate tablet 12.5 mg oral</i> | Non-Formulary | Formulary Exclusion; QL |
| <i>alogliptin benzoate tablet 25 mg oral</i> | Non-Formulary | Formulary Exclusion; QL |
| <i>alogliptin benzoate tablet 6.25 mg oral</i> | Non-Formulary | Formulary Exclusion; QL |
| JANUVIA TABLET 100 MG ORAL | 2 | QL |
| JANUVIA TABLET 25 MG ORAL | 2 | QL |
| JANUVIA TABLET 50 MG ORAL | 2 | QL |
| NESINA TABLET 12.5 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| NESINA TABLET 25 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| NESINA TABLET 6.25 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| ONGLYZA TABLET 2.5 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| ONGLYZA TABLET 5 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| <i>saxagliptin hcl tablet 2.5 mg oral</i> | 1 | QL |
| <i>saxagliptin hcl tablet 5 mg oral</i> | 1 | QL |
| <i>sitagliptin tablet 100 mg oral</i> | Non-Formulary | Formulary Exclusion |
| <i>sitagliptin tablet 25 mg oral</i> | Non-Formulary | Formulary Exclusion |
| <i>sitagliptin tablet 50 mg oral</i> | Non-Formulary | Formulary Exclusion |
| TRADJENTA TABLET 5 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| ZITUVIO TABLET 100 MG ORAL | Non-Formulary | Formulary Exclusion |
| ZITUVIO TABLET 25 MG ORAL | Non-Formulary | Formulary Exclusion |
| ZITUVIO TABLET 50 MG ORAL | Non-Formulary | Formulary Exclusion |
| *Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations*** | | |
| <i>alogliptin-metformin hcl tablet 12.5-1000 mg oral</i> | Non-Formulary | Formulary Exclusion; QL |
| <i>alogliptin-metformin hcl tablet 12.5-500 mg oral</i> | Non-Formulary | Formulary Exclusion; QL |

| Drug Name | Tier | Notes |
|--|---------------|-----------------------------|
| JANUMET TABLET 50-1000 MG ORAL | 2 | QL |
| JANUMET TABLET 50-500 MG ORAL | 2 | QL |
| JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG ORAL | 2 | QL |
| JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG ORAL | 2 | QL |
| JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 50-500 MG ORAL | 2 | QL |
| JENTADUETO TABLET 2.5-1000 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| JENTADUETO TABLET 2.5-500 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| JENTADUETO TABLET 2.5-850 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| KAZANO TABLET 12.5-1000 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| KAZANO TABLET 12.5-500 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| KOMBIGLYZE XR TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| KOMBIGLYZE XR TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| KOMBIGLYZE XR TABLET EXTENDED RELEASE 24 HOUR 5-500 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| <i>saxagliptin-metformin er tablet extended release 24 hour 2.5-1000 mg oral</i> | 1 | QL |
| <i>saxagliptin-metformin er tablet extended release 24 hour 5-1000 mg oral</i> | 1 | QL |
| <i>saxagliptin-metformin er tablet extended release 24 hour 5-500 mg oral</i> | 1 | QL |
| <i>sitagliptin base-metformin hcl tablet 50-1000 mg oral</i> | Non-Formulary | New to Market Exclusion; QL |
| <i>sitagliptin base-metformin hcl tablet 50-500 mg oral</i> | Non-Formulary | New to Market Exclusion; QL |
| ZITUVIMET TABLET 50-1000 MG ORAL | Non-Formulary | New to Market Exclusion; QL |
| ZITUVIMET TABLET 50-500 MG ORAL | Non-Formulary | New to Market Exclusion; QL |
| ZITUVIMET XR TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG ORAL | Non-Formulary | New to Market Exclusion; QL |
| ZITUVIMET XR TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG ORAL | Non-Formulary | New to Market Exclusion; QL |
| ZITUVIMET XR TABLET EXTENDED RELEASE 24 HOUR 50-500 MG ORAL | Non-Formulary | New to Market Exclusion; QL |

| Drug Name | Tier | Notes |
|---|---------------|-------------------------|
| <i>*Dopamine Receptor Agonists - Ergot Derivatives***</i> | | |
| CYCLOSET TABLET 0.8 MG ORAL | 3 | QL |
| <i>*Dpp-4 Inhibitor-Thiazolidinedione Combinations***</i> | | |
| <i>alogliptin-pioglitazone tablet 12.5-15 mg oral</i> | Non-Formulary | Formulary Exclusion; QL |
| <i>alogliptin-pioglitazone tablet 12.5-30 mg oral</i> | Non-Formulary | Formulary Exclusion; QL |
| <i>alogliptin-pioglitazone tablet 12.5-45 mg oral</i> | Non-Formulary | Formulary Exclusion; QL |
| <i>alogliptin-pioglitazone tablet 25-15 mg oral</i> | Non-Formulary | Formulary Exclusion; QL |
| <i>alogliptin-pioglitazone tablet 25-30 mg oral</i> | Non-Formulary | Formulary Exclusion; QL |
| <i>alogliptin-pioglitazone tablet 25-45 mg oral</i> | Non-Formulary | Formulary Exclusion; QL |
| OSENI TABLET 12.5-15 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| OSENI TABLET 12.5-30 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| OSENI TABLET 12.5-45 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| OSENI TABLET 25-15 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| OSENI TABLET 25-30 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| OSENI TABLET 25-45 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| <i>*Human Insulin***</i> | | |
| ADMELOG SOLOSTAR SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS | Non-Formulary | Formulary Exclusion |
| ADMELOG SOLUTION 100 UNIT/ML INJECTION | Non-Formulary | Formulary Exclusion |
| AFREZZA POWDER 12 UNIT INHALATION | Non-Formulary | Formulary Exclusion |
| AFREZZA POWDER 4 UNIT INHALATION | Non-Formulary | Formulary Exclusion |
| AFREZZA POWDER 60X4 & 60X8 & 60X12 UNIT INHALATION | Non-Formulary | Formulary Exclusion |
| AFREZZA POWDER 8 UNIT INHALATION | Non-Formulary | Formulary Exclusion |
| AFREZZA POWDER 90 X 4 UNIT & 90X8 UNIT INHALATION | Non-Formulary | Formulary Exclusion |
| AFREZZA POWDER 90 X 8 UNIT & 90X12 UNIT INHALATION | Non-Formulary | Formulary Exclusion |
| APIDRA SOLOSTAR SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS | Non-Formulary | Formulary Exclusion |
| APIDRA SOLUTION 100 UNIT/ML INJECTION | Non-Formulary | Formulary Exclusion |
| BASAGLAR KWIKPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS | Non-Formulary | Formulary Exclusion |
| BASAGLAR TEMPO PEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS | Non-Formulary | Formulary Exclusion |
| FIASP FLEXTOUCH SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS | 2 | |

| Drug Name | Tier | Notes |
|--|---------------|---------------------|
| FIASP PENFILL SOLUTION CARTRIDGE 100 UNIT/ML SUBCUTANEOUS | 2 | |
| FIASP PUMPCART SOLUTION CARTRIDGE 100 UNIT/ML SUBCUTANEOUS | 2 | |
| FIASP SOLUTION 100 UNIT/ML INJECTION | 2 | |
| HUMALOG JUNIOR KWIKPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS | Non-Formulary | Formulary Exclusion |
| HUMALOG KWIKPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS | Non-Formulary | Formulary Exclusion |
| HUMALOG KWIKPEN SOLUTION PEN-INJECTOR 200 UNIT/ML SUBCUTANEOUS | Non-Formulary | Formulary Exclusion |
| HUMALOG MIX 50/50 KWIKPEN SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML SUBCUTANEOUS | Non-Formulary | Formulary Exclusion |
| HUMALOG MIX 50/50 SUSPENSION (50-50) 100 UNIT/ML SUBCUTANEOUS | Non-Formulary | Formulary Exclusion |
| HUMALOG MIX 75/25 KWIKPEN SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML SUBCUTANEOUS | Non-Formulary | Formulary Exclusion |
| HUMALOG MIX 75/25 SUSPENSION (75-25) 100 UNIT/ML SUBCUTANEOUS | Non-Formulary | Formulary Exclusion |
| HUMALOG SOLUTION 100 UNIT/ML INJECTION | Non-Formulary | Formulary Exclusion |
| HUMALOG SOLUTION CARTRIDGE 100 UNIT/ML SUBCUTANEOUS | Non-Formulary | Formulary Exclusion |
| HUMALOG TEMPO PEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS | Non-Formulary | Formulary Exclusion |
| HUMULIN 70/30 KWIKPEN SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML SUBCUTANEOUS | Non-Formulary | Formulary Exclusion |
| HUMULIN 70/30 SUSPENSION (70-30) 100 UNIT/ML SUBCUTANEOUS | Non-Formulary | Formulary Exclusion |
| HUMULIN N KWIKPEN SUSPENSION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS | Non-Formulary | Formulary Exclusion |
| HUMULIN N SUSPENSION 100 UNIT/ML SUBCUTANEOUS | Non-Formulary | Formulary Exclusion |
| HUMULIN R SOLUTION 100 UNIT/ML INJECTION | Non-Formulary | Formulary Exclusion |
| HUMULIN R U-500 (CONCENTRATED) SOLUTION 500 UNIT/ML SUBCUTANEOUS | 2 | |
| HUMULIN R U-500 KWIKPEN SOLUTION PEN-INJECTOR 500 UNIT/ML SUBCUTANEOUS | 2 | |

| Drug Name | Tier | Notes |
|--|---------------|---------------------|
| <i>insulin asp prot & asp flexpen suspension pen-injector (70-30) 100 unit/ml subcutaneous</i> | Non-Formulary | Formulary Exclusion |
| <i>insulin aspart flexpen solution pen-injector 100 unit/ml subcutaneous</i> | Non-Formulary | Formulary Exclusion |
| <i>insulin aspart penfill solution cartridge 100 unit/ml subcutaneous</i> | Non-Formulary | Formulary Exclusion |
| <i>insulin aspart prot & aspart suspension (70-30) 100 unit/ml subcutaneous</i> | Non-Formulary | Formulary Exclusion |
| <i>insulin aspart solution 100 unit/ml injection</i> | Non-Formulary | Formulary Exclusion |
| <i>insulin degludec flextouch solution pen-injector 100 unit/ml subcutaneous</i> | Non-Formulary | Formulary Exclusion |
| <i>insulin degludec flextouch solution pen-injector 200 unit/ml subcutaneous</i> | Non-Formulary | Formulary Exclusion |
| <i>insulin degludec solution 100 unit/ml subcutaneous</i> | Non-Formulary | Formulary Exclusion |
| <i>insulin glargine max solostar solution pen-injector 300 unit/ml subcutaneous</i> | Non-Formulary | Formulary Exclusion |
| <i>insulin glargine solostar solution pen-injector 100 unit/ml subcutaneous</i> | Non-Formulary | Formulary Exclusion |
| <i>insulin glargine solostar solution pen-injector 300 unit/ml subcutaneous</i> | Non-Formulary | Formulary Exclusion |
| <i>insulin glargine solution 100 unit/ml subcutaneous</i> | Non-Formulary | Formulary Exclusion |
| <i>insulin glargine-yfgn solution 100 unit/ml subcutaneous</i> | Non-Formulary | Formulary Exclusion |
| <i>insulin glargine-yfgn solution pen-injector 100 unit/ml subcutaneous</i> | Non-Formulary | Formulary Exclusion |
| <i>insulin lispro (1 unit dial) solution pen-injector 100 unit/ml subcutaneous</i> | Non-Formulary | Formulary Exclusion |
| <i>insulin lispro junior kwikpen solution pen-injector 100 unit/ml subcutaneous</i> | Non-Formulary | Formulary Exclusion |
| <i>insulin lispro prot & lispro suspension pen-injector (75-25) 100 unit/ml subcutaneous</i> | Non-Formulary | Formulary Exclusion |
| <i>insulin lispro solution 100 unit/ml injection</i> | Non-Formulary | Formulary Exclusion |
| LANTUS SOLOSTAR SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS | 2 | |
| LANTUS SOLUTION 100 UNIT/ML SUBCUTANEOUS | 2 | |
| LEVEMIR FLEXPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS | 2 | |
| LEVEMIR FLEXTOUCH SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS | 2 | |

| Drug Name | Tier | Notes |
|---|---------------|------------------------|
| LEVEMIR SOLUTION 100 UNIT/ML SUBCUTANEOUS | 2 | |
| LYUMJEV KWIKPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS | Non-Formulary | Formulary Exclusion |
| LYUMJEV KWIKPEN SOLUTION PEN-INJECTOR 200 UNIT/ML SUBCUTANEOUS | Non-Formulary | Formulary Exclusion |
| LYUMJEV SOLUTION 100 UNIT/ML INJECTION | Non-Formulary | Formulary Exclusion |
| LYUMJEV TEMPO PEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS | Non-Formulary | Formulary Exclusion |
| MYXREDLIN SOLUTION 100-0.9 UT/100ML-% INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| NOVOLIN 70/30 FLEXPEN RELION SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML SUBCUTANEOUS | 2 | |
| NOVOLIN 70/30 FLEXPEN SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML SUBCUTANEOUS | 2 | |
| NOVOLIN 70/30 RELION SUSPENSION (70-30) 100 UNIT/ML SUBCUTANEOUS | 2 | |
| NOVOLIN 70/30 SUSPENSION (70-30) 100 UNIT/ML SUBCUTANEOUS | 2 | |
| NOVOLIN N FLEXPEN RELION SUSPENSION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS | 2 | |
| NOVOLIN N FLEXPEN SUSPENSION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS (OTC) | 2 | |
| NOVOLIN N RELION SUSPENSION 100 UNIT/ML SUBCUTANEOUS | 2 | |
| NOVOLIN N SUSPENSION 100 UNIT/ML SUBCUTANEOUS | 2 | |
| NOVOLIN R FLEXPEN RELION SOLUTION PEN-INJECTOR 100 UNIT/ML INJECTION | 2 | |
| NOVOLIN R FLEXPEN SOLUTION PEN-INJECTOR 100 UNIT/ML INJECTION | 2 | |
| NOVOLIN R RELION SOLUTION 100 UNIT/ML INJECTION | 2 | |
| NOVOLIN R SOLUTION 100 UNIT/ML INJECTION | 2 | |
| NOVOLOG 70/30 FLEXPEN RELION SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML SUBCUTANEOUS | 2 | |

| Drug Name | Tier | Notes |
|--|---------------|-------------------------|
| NOVOLOG FLEXPEN RELION SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS | 2 | |
| NOVOLOG FLEXPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS | 2 | |
| NOVOLOG MIX 70/30 FLEXPEN SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML SUBCUTANEOUS | 2 | |
| NOVOLOG MIX 70/30 RELION SUSPENSION (70-30) 100 UNIT/ML SUBCUTANEOUS | 2 | |
| NOVOLOG MIX 70/30 SUSPENSION (70-30) 100 UNIT/ML SUBCUTANEOUS | 2 | |
| NOVOLOG PENFILL SOLUTION CARTRIDGE 100 UNIT/ML SUBCUTANEOUS | 2 | |
| NOVOLOG RELION SOLUTION 100 UNIT/ML INJECTION | 2 | |
| NOVOLOG SOLUTION 100 UNIT/ML INJECTION | 2 | |
| REZVOGLAR KWIKPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS | Non-Formulary | Formulary Exclusion |
| REZVOGLAR KWIKPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS | Non-Formulary | ST; Formulary Exclusion |
| SEMGLEE (YFGN) SOLUTION 100 UNIT/ML SUBCUTANEOUS | Non-Formulary | Formulary Exclusion |
| SEMGLEE (YFGN) SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS | Non-Formulary | Formulary Exclusion |
| SEMGLEE SOLUTION 100 UNIT/ML SUBCUTANEOUS | Non-Formulary | Formulary Exclusion |
| SEMGLEE SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS | Non-Formulary | Formulary Exclusion |
| TOUJEO MAX SOLOSTAR SOLUTION PEN-INJECTOR 300 UNIT/ML SUBCUTANEOUS | 2 | |
| TOUJEO SOLOSTAR SOLUTION PEN-INJECTOR 300 UNIT/ML SUBCUTANEOUS | 2 | |
| TRESIBA FLEXTOUCH SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS | 2 | |
| TRESIBA FLEXTOUCH SOLUTION PEN-INJECTOR 200 UNIT/ML SUBCUTANEOUS | 2 | |
| TRESIBA SOLUTION 100 UNIT/ML SUBCUTANEOUS | 2 | |
| <i>*Incretin Mimetic Agents (Gip & Glp-1 Receptor Agonists)***</i> | | |
| MOUNJARO SOLUTION AUTO-INJECTOR 10 MG/0.5ML SUBCUTANEOUS | 2 | PA; QL |

| Drug Name | Tier | Notes |
|---|---------------|-----------------------------|
| MOUNJARO SOLUTION AUTO-INJECTOR 12.5 MG/0.5ML SUBCUTANEOUS | 2 | PA; QL |
| MOUNJARO SOLUTION AUTO-INJECTOR 15 MG/0.5ML SUBCUTANEOUS | 2 | PA; QL |
| MOUNJARO SOLUTION AUTO-INJECTOR 2.5 MG/0.5ML SUBCUTANEOUS | 2 | PA; QL |
| MOUNJARO SOLUTION AUTO-INJECTOR 5 MG/0.5ML SUBCUTANEOUS | 2 | PA; QL |
| MOUNJARO SOLUTION AUTO-INJECTOR 7.5 MG/0.5ML SUBCUTANEOUS | 2 | PA; QL |
| *Incretin Mimetic Agents (Glp-1 Receptor Agonists)*** | | |
| ADLYXIN SOLUTION PEN-INJECTOR 20 MCG/0.2ML SUBCUTANEOUS | Non-Formulary | PA; Formulary Exclusion; QL |
| ADLYXIN STARTER PACK PEN-INJECTOR KIT 10 & 20 MCG/0.2ML SUBCUTANEOUS | Non-Formulary | PA; Formulary Exclusion; QL |
| BYDUREON BCISE AUTO-INJECTOR 2 MG/0.85ML SUBCUTANEOUS | 2 | PA; QL |
| BYDUREON PEN-INJECTOR 2 MG SUBCUTANEOUS | 2 | PA; QL |
| BYETTA 10 MCG PEN SOLUTION PEN-INJECTOR 10 MCG/0.04ML SUBCUTANEOUS | 2 | PA; QL |
| BYETTA 5 MCG PEN SOLUTION PEN-INJECTOR 5 MCG/0.02ML SUBCUTANEOUS | 2 | PA; QL |
| <i>liraglutide solution pen-injector 18 mg/3ml subcutaneous</i> | Non-Formulary | PA; Formulary Exclusion; QL |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) SOLUTION PEN-INJECTOR 2 MG/1.5ML SUBCUTANEOUS | 2 | PA; QL |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) SOLUTION PEN-INJECTOR 2 MG/3ML SUBCUTANEOUS | 2 | PA; QL |
| OZEMPIC (1 MG/DOSE) SOLUTION PEN-INJECTOR 2 MG/1.5ML SUBCUTANEOUS | 2 | PA; QL |
| OZEMPIC (1 MG/DOSE) SOLUTION PEN-INJECTOR 4 MG/3ML SUBCUTANEOUS | 2 | PA; QL |
| OZEMPIC (2 MG/DOSE) SOLUTION PEN-INJECTOR 8 MG/3ML SUBCUTANEOUS | 2 | PA; QL |
| RYBELSUS TABLET 14 MG ORAL | 2 | PA; QL |
| RYBELSUS TABLET 3 MG ORAL | 2 | PA; QL |
| RYBELSUS TABLET 7 MG ORAL | 2 | PA; QL |

| Drug Name | Tier | Notes |
|--|---------------|--|
| TRULICITY SOLUTION AUTO-INJECTOR 0.75 MG/0.5ML SUBCUTANEOUS | 2 | PA; QL |
| TRULICITY SOLUTION AUTO-INJECTOR 1.5 MG/0.5ML SUBCUTANEOUS | 2 | PA; QL |
| TRULICITY SOLUTION AUTO-INJECTOR 3 MG/0.5ML SUBCUTANEOUS | 2 | PA; QL |
| TRULICITY SOLUTION AUTO-INJECTOR 4.5 MG/0.5ML SUBCUTANEOUS | 2 | PA; QL |
| VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS | Non-Formulary | PA; Formulary Exclusion; QL |
| <i>*Insulin-Incretin Mimetic Combinations***</i> | | |
| SOLIQUA SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML SUBCUTANEOUS | 2 | QL |
| XULTOPHY SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML SUBCUTANEOUS | 2 | QL |
| <i>*Meglitinide Analogues***</i> | | |
| <i>nateglinide tablet 120 mg oral</i> | 1 | QL |
| <i>nateglinide tablet 60 mg oral</i> | 1 | QL |
| <i>repaglinide tablet 0.5 mg oral</i> | 1 | QL |
| <i>repaglinide tablet 1 mg oral</i> | 1 | QL |
| <i>repaglinide tablet 2 mg oral</i> | 1 | QL |
| STARLIX TABLET 120 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| STARLIX TABLET 60 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| <i>*Progesterone Receptor Antagonists***</i> | | |
| KORLYM TABLET 300 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion; QL |
| <i>mifepristone tablet 300 mg oral</i> | Tier 4 | PA; Specialty; QL |
| <i>*Sglt2 Inhibitor - Dpp-4 Inhibitor - Biguanide Comb***</i> | | |
| TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG ORAL | 2 | QL |
| TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG ORAL | 2 | QL |
| TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 25-5-1000 MG ORAL | 2 | QL |
| TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 5-2.5-1000 MG ORAL | 2 | QL |
| <i>*Sglt2 Inhibitor - Dpp-4 Inhibitor Combinations***</i> | | |
| GLYXAMBI TABLET 10-5 MG ORAL | 2 | QL |

| Drug Name | Tier | Notes |
|---|---------------|-------------------------|
| GLYXAMBI TABLET 25-5 MG ORAL | 2 | QL |
| QTERN TABLET 10-5 MG ORAL | 3 | QL |
| QTERN TABLET 5-5 MG ORAL | 3 | QL |
| STEGLUJAN TABLET 15-100 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| STEGLUJAN TABLET 5-100 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| *Sodium-Glucose Co-Transporter 2 (Sglt2) Inhibitors*** | | |
| <i>bexagliflozin tablet 20 mg oral</i> | Non-Formulary | Formulary Exclusion; QL |
| BRENZAVVY TABLET 20 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| <i>dapagliflozin propanediol tablet 10 mg oral</i> | Non-Formulary | Formulary Exclusion; QL |
| <i>dapagliflozin propanediol tablet 5 mg oral</i> | Non-Formulary | Formulary Exclusion; QL |
| FARXIGA TABLET 10 MG ORAL | 2 | QL |
| FARXIGA TABLET 5 MG ORAL | 2 | QL |
| INVOKANA TABLET 100 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| INVOKANA TABLET 300 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| JARDIANCE TABLET 10 MG ORAL | 2 | QL |
| JARDIANCE TABLET 25 MG ORAL | 2 | QL |
| STEGLATRO TABLET 15 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| STEGLATRO TABLET 5 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| *Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb*** | | |
| <i>dapagliflozin pro-metformin er tablet extended release 24 hour 10-1000 mg oral</i> | Non-Formulary | Formulary Exclusion; QL |
| <i>dapagliflozin pro-metformin er tablet extended release 24 hour 5-1000 mg oral</i> | Non-Formulary | Formulary Exclusion; QL |
| INVOKAMET TABLET 150-1000 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| INVOKAMET TABLET 150-500 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| INVOKAMET TABLET 50-1000 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| INVOKAMET TABLET 50-500 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 150-500 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 50-500 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| SEGLUROMET TABLET 2.5-1000 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| SEGLUROMET TABLET 2.5-500 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| SEGLUROMET TABLET 7.5-1000 MG ORAL | Non-Formulary | Formulary Exclusion; QL |

| Drug Name | Tier | Notes |
|--|---------------|-------------------------|
| SEGLUOMET TABLET 7.5-500 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| SYNJARDY TABLET 12.5-1000 MG ORAL | 2 | QL |
| SYNJARDY TABLET 12.5-500 MG ORAL | 2 | QL |
| SYNJARDY TABLET 5-1000 MG ORAL | 2 | QL |
| SYNJARDY TABLET 5-500 MG ORAL | 2 | QL |
| SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG ORAL | 2 | QL |
| SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG ORAL | 2 | QL |
| SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG ORAL | 2 | QL |
| SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG ORAL | 2 | QL |
| XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG ORAL | 2 | QL |
| XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10-500 MG ORAL | 2 | QL |
| XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG ORAL | 2 | QL |
| XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG ORAL | 2 | QL |
| XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 5-500 MG ORAL | 2 | QL |
| *Sulfonylurea-Biguanide Combinations*** | | |
| <i>glipizide-metformin hcl tablet 2.5-250 mg oral</i> | 1 | QL |
| <i>glipizide-metformin hcl tablet 2.5-500 mg oral</i> | 1 | QL |
| <i>glipizide-metformin hcl tablet 5-500 mg oral</i> | 1 | QL |
| <i>glyburide-metformin tablet 1.25-250 mg oral</i> | 1 | QL |
| <i>glyburide-metformin tablet 2.5-500 mg oral</i> | 1 | QL |
| <i>glyburide-metformin tablet 5-500 mg oral</i> | 1 | QL |
| *Sulfonylureas*** | | |
| AMARYL TABLET 1 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| AMARYL TABLET 2 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| AMARYL TABLET 4 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| <i>glimepiride tablet 1 mg oral</i> | 1 | QL |
| <i>glimepiride tablet 2 mg oral</i> | 1 | QL |
| <i>glimepiride tablet 3 mg oral</i> | Non-Formulary | Formulary Exclusion |
| <i>glimepiride tablet 4 mg oral</i> | 1 | QL |
| <i>glipizide er tablet extended release 24 hour 10 mg oral</i> | 1 | QL |

| Drug Name | Tier | Notes |
|---|---------------|---------------------------------|
| <i>glipizide er tablet extended release 24 hour 2.5 mg oral</i> | 1 | QL |
| <i>glipizide er tablet extended release 24 hour 5 mg oral</i> | 1 | QL |
| <i>glipizide tablet 10 mg oral</i> | 1 | QL |
| <i>glipizide tablet 2.5 mg oral</i> | Non-Formulary | Formulary Exclusion; QL |
| <i>glipizide tablet 5 mg oral</i> | 1 | QL |
| <i>glipizide xl tablet extended release 24 hour 10 mg oral</i> | 1 | QL |
| <i>glipizide xl tablet extended release 24 hour 2.5 mg oral</i> | 1 | QL |
| <i>glipizide xl tablet extended release 24 hour 5 mg oral</i> | 1 | QL |
| GLUCOTROL TABLET 10 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| GLUCOTROL TABLET 5 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| GLUCOTROL XL TABLET EXTENDED RELEASE 24 HOUR 10 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| GLUCOTROL XL TABLET EXTENDED RELEASE 24 HOUR 2.5 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| GLUCOTROL XL TABLET EXTENDED RELEASE 24 HOUR 5 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| <i>glyburide micronized tablet 1.5 mg oral</i> | 1 | Mony Code (MONY code issue); QL |
| <i>glyburide micronized tablet 3 mg oral</i> | 1 | Mony Code (MONY code issue); QL |
| <i>glyburide micronized tablet 6 mg oral</i> | 1 | Mony Code (MONY code issue); QL |
| <i>glyburide tablet 1.25 mg oral</i> | 1 | QL |
| <i>glyburide tablet 1.25 mg oral</i> | 1 | Mony Code (MONY Code); QL |
| <i>glyburide tablet 2.5 mg oral</i> | 1 | QL |
| <i>glyburide tablet 2.5 mg oral</i> | 1 | Mony Code (MONY Code); QL |
| <i>glyburide tablet 5 mg oral</i> | 1 | QL |
| <i>glyburide tablet 5 mg oral</i> | 1 | Mony Code (MONY Code); QL |
| GLYNASE TABLET 1.5 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| GLYNASE TABLET 3 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| GLYNASE TABLET 6 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| <i>tolbutamide tablet 500 mg oral</i> | 3 | QL |
| *Sulfonylurea-Thiazolidinedione Combinations*** | | |
| DUETACT TABLET 30-2 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| DUETACT TABLET 30-4 MG ORAL | Non-Formulary | Formulary Exclusion; QL |

| Drug Name | Tier | Notes |
|---|---------------|-------------------------|
| <i>pioglitazone hcl-glimepiride tablet 30-2 mg oral</i> | 1 | QL |
| <i>pioglitazone hcl-glimepiride tablet 30-4 mg oral</i> | 1 | QL |
| *Thiazolidinedione-Biguanide Combinations*** | | |
| ACTOPLUS MET TABLET 15-500 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| ACTOPLUS MET TABLET 15-850 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| <i>pioglitazone hcl-metformin hcl tablet 15-500 mg oral</i> | 1 | QL |
| <i>pioglitazone hcl-metformin hcl tablet 15-850 mg oral</i> | 1 | QL |
| *Thiazolidinediones*** | | |
| ACTOS TABLET 15 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| ACTOS TABLET 30 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| ACTOS TABLET 45 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| <i>pioglitazone hcl tablet 15 mg oral</i> | 1 | QL |
| <i>pioglitazone hcl tablet 30 mg oral</i> | 1 | QL |
| <i>pioglitazone hcl tablet 45 mg oral</i> | 1 | QL |
| *ANTIDIARRHEAL/PROBIOTIC AGENTS* | | |
| *Antidiarrheal - Chloride Channel Antagonists*** | | |
| MYTESI TABLET DELAYED RELEASE 125 MG ORAL | 3 | QL |
| *Antidiarrheal/Probiotic Agents - Misc.*** | | |
| <i>bilac capsule oral</i> | Non-Formulary | Non FDA Exclusion |
| DERMACINRX PROBISOL CAPSULE ORAL | Non-Formulary | Non FDA Exclusion |
| DERMACINRX PROBITRAN CAPSULE ORAL | Non-Formulary | Non FDA Exclusion |
| FLORAXIS TABLET ORAL | Non-Formulary | Non FDA Exclusion |
| LACTEROL CAPSULE ORAL | Non-Formulary | Non FDA Exclusion |
| PROBINATE CAPSULE ORAL | Non-Formulary | Non FDA Exclusion |
| <i>prodigen capsule oral</i> | Non-Formulary | Non FDA Exclusion |
| <i>promella in prebiotic capsule oral</i> | Non-Formulary | Non FDA Exclusion |
| <i>surebiotic probiotic support capsule oral</i> | Non-Formulary | Non FDA Exclusion |
| VISBIOME PACKET ORAL | Non-Formulary | Non FDA Exclusion |
| <i>wellpro 31 capsule oral</i> | Non-Formulary | Non FDA Exclusion |
| <i>xybiotic capsule oral</i> | Non-Formulary | Non FDA Exclusion |
| <i>zelac capsule oral</i> | Non-Formulary | Non FDA Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|------------------------|
| *Antidiarrheal/Probiotic Combinations*** | | |
| <i>probichew tablet chewable oral</i> | Non-Formulary | Non FDA Exclusion |
| RESTORA RX CAPSULE 60-1.25 MG ORAL | Non-Formulary | Non FDA Exclusion |
| *Antiperistaltic Agents*** | | |
| <i>diphenoxylate-atropine liquid 2.5-0.025 mg/5ml oral</i> | 3 | |
| <i>diphenoxylate-atropine tablet 2.5-0.025 mg oral</i> | 1 | |
| LOMOTIL TABLET 2.5-0.025 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>loperamide hcl capsule 2 mg oral</i> | 1 | |
| MOTOFEN TABLET 1-0.025 MG ORAL | 3 | |
| <i>opium tincture 10 mg/ml (1%) oral</i> | 1 | |
| *ANTIDOTES AND SPECIFIC ANTAGONISTS* | | |
| *Antidote Combinations*** | | |
| DUODOTE SOLUTION AUTO-INJECTOR 2.1-600 MG INTRAMUSCULAR | Non-Formulary | Medical Only Exclusion |
| NITHIODOTE KIT 300MG/10ML&12.5 GM/50ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| PREVDUO SOLUTION PREFILLED SYRINGE 3-0.6 MG/3ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| *Antidotes - Chelating Agents*** | | |
| CHEMET CAPSULE 100 MG ORAL | 2 | |
| <i>deferasirox granules packet 180 mg oral</i> | Tier 4 | PA; Specialty |
| <i>deferasirox granules packet 360 mg oral</i> | Tier 4 | PA; Specialty |
| <i>deferasirox granules packet 90 mg oral</i> | Tier 4 | PA; Specialty |
| <i>deferasirox packet 180 mg oral</i> | Tier 4 | PA; Specialty |
| <i>deferasirox packet 360 mg oral</i> | Tier 4 | PA; Specialty |
| <i>deferasirox packet 90 mg oral</i> | Tier 4 | PA; Specialty |
| <i>deferasirox tablet 180 mg oral</i> | Tier 4 | PA; Specialty |
| <i>deferasirox tablet 360 mg oral</i> | Tier 4 | PA; Specialty |
| <i>deferasirox tablet 90 mg oral</i> | Tier 4 | PA; Specialty |
| <i>deferasirox tablet soluble 125 mg oral</i> | Tier 4 | PA; Specialty |
| <i>deferasirox tablet soluble 250 mg oral</i> | Tier 4 | PA; Specialty |
| <i>deferasirox tablet soluble 500 mg oral</i> | Tier 4 | PA; Specialty |
| <i>deferiprone tablet 1000 mg oral</i> | Tier 4 | PA; Specialty |
| <i>deferiprone tablet 500 mg oral</i> | Tier 4 | PA; Specialty |
| <i>dimercaptopropane-sulfonate solution 250 mg/5ml injection</i> | Non-Formulary | Non FDA Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|------------------------------------|
| EXJADE TABLET SOLUBLE 125 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion |
| EXJADE TABLET SOLUBLE 250 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion |
| EXJADE TABLET SOLUBLE 500 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion |
| FERRIPROX TABLET 1000 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion |
| FERRIPROX TABLET 500 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion |
| JADENU SPRINKLE PACKET 180 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion |
| JADENU SPRINKLE PACKET 360 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion |
| JADENU SPRINKLE PACKET 90 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion |
| JADENU TABLET 180 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion |
| JADENU TABLET 360 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion |
| JADENU TABLET 90 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion |
| <i>pentetate calcium trisodium solution 200 mg/ml combination</i> | Non-Formulary | Medical Only Exclusion |
| <i>pentetate zinc trisodium solution 200 mg/ml combination</i> | Non-Formulary | Medical Only Exclusion |
| *Antidotes And Specific Antagonists*** | | |
| ACETADOTE SOLUTION 200 MG/ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>acetylcysteine solution 200 mg/ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| ANDEXXA SOLUTION RECONSTITUTED 200 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>bal in oil solution 100 mg/ml intramuscular</i> | Non-Formulary | Medical Only Exclusion |
| BRIDION SOLUTION 200 MG/2ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| BRIDION SOLUTION 500 MG/5ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>calcium disodium versenate solution 1 gm/5ml injection</i> | Non-Formulary | Medical Only Exclusion |
| CYANOKIT SOLUTION RECONSTITUTED 5 GM INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>deferoxamine mesylate solution reconstituted 2 gm injection</i> | Non-Formulary | Medical Only Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|--|
| <i>deferoxamine mesylate solution reconstituted 500 mg injection</i> | Non-Formulary | Medical Only Exclusion |
| DESFERAL SOLUTION RECONSTITUTED 500 MG INJECTION | Non-Formulary | Medical Only Exclusion |
| DIGIFAB SOLUTION RECONSTITUTED 40 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>edetate calcium disodium solution 1 gm/5ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>fomepizole solution 1.5 gm/1.5ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>methylene blue (antidote) solution 1 % intravenous</i> | Non-Formulary | Mony Code (MONY Code); Formulary Exclusion |
| <i>methylene blue (antidote) solution 1 % intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>methylene blue (antidote) solution 1 % intravenous</i> | Non-Formulary | Non FDA Exclusion; Mony Code (MONY code issue) |
| <i>methylene blue solution 50 mg/10ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>methylene blue solution prefilled syringe 20 mg/2ml intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>physostigmine salicylate solution 1 mg/ml injection</i> | Non-Formulary | Formulary Exclusion |
| PRAXBIND SOLUTION 2.5 GM/50ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| PROTOPAM CHLORIDE SOLUTION RECONSTITUTED 1 GM INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| PROVAYBLUE SOLUTION 50 MG/10ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| RADIOGARDASE CAPSULE 0.5 GM ORAL | Non-Formulary | Medical Only Exclusion |
| <i>sodium nitrite solution 30 mg/ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>sodium thiosulfate solution 250 mg/ml intravenous</i> | Non-Formulary | Medical Only Exclusion; Mony Code (MONY Code) |
| <i>sodium thiosulfate solution 250 mg/ml intravenous</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>sugammadex sodium solution prefilled syringe 100 mg/ml intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>sugammadex sodium solution prefilled syringe 200 mg/2ml intravenous</i> | Non-Formulary | Non FDA Exclusion |
| VISTOGARD PACKET 10 GM ORAL | Non-Formulary | Medical Only Exclusion |
| *Benzodiazepine Antagonists*** | | |
| <i>flumazenil solution 0.5 mg/5ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>flumazenil solution 1 mg/10ml intravenous</i> | Non-Formulary | Medical Only Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|-----------------------------|
| *Opioid Antagonists*** | | |
| EVZIO SOLUTION AUTO-INJECTOR 2 MG/0.4ML INJECTION | Non-Formulary | Formulary Exclusion |
| KLOXXADO LIQUID 8 MG/0.1ML NASAL | 2 | |
| <i>lifems naloxone prefilled syringe kit 2 mg/2ml injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>nalmefene hcl solution 1 mg/ml injection</i> | Non-Formulary | Formulary Exclusion |
| <i>naloxone hcl liquid 4 mg/0.1ml nasal (rx)</i> | 1 | |
| <i>naloxone hcl solution 0.4 mg/ml injection</i> | 1 | |
| <i>naloxone hcl solution 4 mg/10ml injection</i> | 1 | |
| <i>naloxone hcl solution cartridge 0.4 mg/ml injection</i> | 1 | Mony Code (MONY Code) |
| <i>naloxone hcl solution cartridge 0.4 mg/ml injection</i> | 3 | |
| <i>naloxone hcl solution prefilled syringe 0.4 mg/ml injection</i> | 3 | |
| <i>naloxone hcl solution prefilled syringe 2 mg/2ml injection</i> | 1 | |
| <i>naloxone hcl solution prefilled syringe 2 mg/2ml injection</i> | 1 | Mony Code (MONY Code) |
| <i>naltrexone hcl tablet 50 mg oral</i> | 1 | |
| NARCAN LIQUID 4 MG/0.1ML NASAL (RX) | Non-Formulary | Formulary Exclusion |
| OPVEE SOLUTION 2.7 MG/0.1ML NASAL | Non-Formulary | Formulary Exclusion |
| REXTOVY LIQUID 4 MG/0.25ML NASAL | 3 | QL |
| ZIMHI SOLUTION PREFILLED SYRINGE 5 MG/0.5ML INJECTION | 3 | |
| *ANTIEMETICS* | | |
| *5-Ht3 Receptor Antagonists*** | | |
| ANZEMET TABLET 50 MG ORAL | 3 | QL |
| <i>granisetron hcl solution 1 mg/ml intravenous</i> | 1 | |
| <i>granisetron hcl solution 4 mg/4ml intravenous</i> | 1 | |
| <i>granisetron hcl tablet 1 mg oral</i> | 1 | QL |
| <i>ondansetron hcl solution 4 mg/2ml injection</i> | 1 | |
| <i>ondansetron hcl solution 4 mg/2ml injection</i> | Non-Formulary | Formulary Exclusion |
| <i>ondansetron hcl solution 4 mg/5ml oral</i> | 1 | QL |
| <i>ondansetron hcl solution 40 mg/20ml injection</i> | 1 | |
| <i>ondansetron hcl solution prefilled syringe 4 mg/2ml injection</i> | 1 | Mony Code (MONY code issue) |
| <i>ondansetron hcl solution prefilled syringe 4 mg/2ml injection</i> | 2 | |

| Drug Name | Tier | Notes |
|--|---------------|-----------------------------|
| <i>ondansetron hcl tablet 24 mg oral</i> | 1 | Mony Code (MONY Code); QL |
| <i>ondansetron hcl tablet 4 mg oral</i> | 1 | QL |
| <i>ondansetron hcl tablet 8 mg oral</i> | 1 | QL |
| <i>ondansetron tablet dispersible 16 mg oral</i> | Non-Formulary | Formulary Exclusion; QL |
| <i>ondansetron tablet dispersible 4 mg oral</i> | 1 | QL |
| <i>ondansetron tablet dispersible 8 mg oral</i> | 1 | QL |
| <i>palonosetron hcl solution 0.25 mg/2ml intravenous</i> | 3 | |
| <i>palonosetron hcl solution 0.25 mg/5ml intravenous</i> | 1 | |
| <i>palonosetron hcl solution prefilled syringe 0.25 mg/5ml intravenous</i> | 1 | |
| <i>palonosetron hcl solution prefilled syringe 0.25 mg/5ml intravenous</i> | 1 | Mony Code (MONY code issue) |
| POSFREA SOLUTION 0.25 MG/5ML INTRAVENOUS | 3 | |
| SANCUSO PATCH 3.1 MG/24HR TRANSDERMAL | 3 | |
| SUSTOL PREFILLED SYRINGE 10 MG/0.4ML SUBCUTANEOUS | Non-Formulary | Formulary Exclusion |
| ZOFRAN TABLET 4 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| ZOFRAN TABLET 8 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| ZUPLENZ FILM 4 MG ORAL | 3 | QL |
| ZUPLENZ FILM 8 MG ORAL | 3 | QL |
| <i>*Antiemetic Combinations***</i> | | |
| AKYNZEO (READY-TO-USE) SOLUTION 235-0.25 MG/20ML INTRAVENOUS | 3 | QL |
| AKYNZEO (TO-BE-DILUTED) SOLUTION 235-0.25 MG/20ML INTRAVENOUS | 3 | QL |
| AKYNZEO CAPSULE 300-0.5 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| AKYNZEO SOLUTION RECONSTITUTED 235-0.25 MG INTRAVENOUS | 3 | QL |
| BONJESTA TABLET EXTENDED RELEASE 20-20 MG ORAL | 3 | |
| DICLEGIS TABLET DELAYED RELEASE 10-10 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>doxylamine-pyridoxine tablet delayed release 10-10 mg oral</i> | 1 | |
| <i>*Antiemetics - Anticholinergic***</i> | | |
| ANTIVERT TABLET 50 MG ORAL | 3 | |

| Drug Name | Tier | Notes |
|--|---------------|-----------------------------|
| ANTIVERT TABLET CHEWABLE 25 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>dimenhydrinate solution 50 mg/ml injection</i> | 3 | |
| <i>meclizine hcl tablet 12.5 mg oral (rx)</i> | 1 | |
| <i>meclizine hcl tablet 25 mg oral (rx)</i> | 1 | |
| <i>meclizine hcl tablet 50 mg oral</i> | 1 | Mony Code (MONY code issue) |
| <i>meclizine hcl tablet chewable 25 mg oral (rx)</i> | 1 | |
| <i>scopolamine patch 72 hour 1 mg/3days transdermal</i> | 1 | |
| TIGAN CAPSULE 300 MG ORAL | Non-Formulary | Formulary Exclusion |
| TIGAN SOLUTION 100 MG/ML INTRAMUSCULAR | Non-Formulary | Medical Only Exclusion |
| TRANSDERM SCOP (1.5 MG) PATCH 72 HOUR 1 MG/3DAYS TRANSDERMAL | Non-Formulary | Formulary Exclusion |
| TRANSDERM-SCOP PATCH 72 HOUR 1 MG/3DAYS TRANSDERMAL | Non-Formulary | Formulary Exclusion |
| <i>trimethobenzamide hcl capsule 300 mg oral</i> | 1 | |
| *Antiemetics - Antidopaminergic*** | | |
| BARHEMSYS SOLUTION 10 MG/4ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| BARHEMSYS SOLUTION 5 MG/2ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| *Antiemetics - Miscellaneous*** | | |
| <i>dronabinol capsule 10 mg oral</i> | 1 | QL |
| <i>dronabinol capsule 2.5 mg oral</i> | 1 | QL |
| <i>dronabinol capsule 5 mg oral</i> | 1 | QL |
| MARINOL CAPSULE 10 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| MARINOL CAPSULE 2.5 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| MARINOL CAPSULE 5 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| SYNDROS SOLUTION 5 MG/ML ORAL | 3 | |
| *Substance P/Neurokinin 1 (Nk1) Receptor Antagonists*** | | |
| APONVIE EMULSION 32 MG/4.4ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>aprepitant 80 & 125 mg oral</i> | 1 | QL |
| <i>aprepitant capsule 125 mg oral</i> | 1 | QL |
| <i>aprepitant capsule 40 mg oral</i> | 1 | QL |
| <i>aprepitant capsule 80 & 125 mg oral</i> | 1 | QL |
| <i>aprepitant capsule 80 mg oral</i> | 1 | QL |

| Drug Name | Tier | Notes |
|--|---------------|-------------------------|
| CINVANTI EMULSION 130 MG/18ML INTRAVENOUS | Non-Formulary | Formulary Exclusion |
| EMEND CAPSULE 40 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| EMEND CAPSULE 80 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| EMEND SOLUTION RECONSTITUTED 150 MG INTRAVENOUS | 3 | QL |
| EMEND SUSPENSION RECONSTITUTED 125 MG/5ML ORAL | 2 | QL |
| EMEND TRI-PACK CAPSULE 80 & 125 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| <i>focinvez solution 150 mg/50ml intravenous</i> | 3 | |
| <i>fosaprepitant dimeglumine solution reconstituted 150 mg intravenous</i> | 1 | QL |
| <i>fosaprepitant dimeglumine solution reconstituted 150 mg intravenous</i> | 2 | QL |
| VARUBI (180 MG DOSE) TABLET THERAPY PACK 2 X 90 MG ORAL | 2 | QL |
| *ANTIFUNGALS* | | |
| *Antifungal - Glucan Synthesis Inhibitors (Echinocandins)*** | | |
| CANCIDAS SOLUTION RECONSTITUTED 50 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| CANCIDAS SOLUTION RECONSTITUTED 70 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>casprofungin acetate solution reconstituted 50 mg intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>casprofungin acetate solution reconstituted 70 mg intravenous</i> | Non-Formulary | Medical Only Exclusion |
| ERAXIS SOLUTION RECONSTITUTED 100 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ERAXIS SOLUTION RECONSTITUTED 50 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>micafungin sodium solution reconstituted 100 mg intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>micafungin sodium solution reconstituted 50 mg intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>micafungin sodium-nacl solution 100-0.9 mg/100ml-% intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>micafungin sodium-nacl solution 50-0.9 mg/50ml-% intravenous</i> | Non-Formulary | Medical Only Exclusion |
| MYCAMINE SOLUTION RECONSTITUTED 100 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|---------------------------------------|
| MYCAMINE SOLUTION RECONSTITUTED 50 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| REZZAYO SOLUTION RECONSTITUTED 200 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| *Antifungal - Glucan Synthesis Inhibitors (Triterpenoids)*** | | |
| BREXAFEMME TABLET 150 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| *Antifungals*** | | |
| ABELCET SUSPENSION 5 MG/ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| AMBISOME SUSPENSION RECONSTITUTED 50 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>amphotericin b liposome suspension reconstituted 50 mg intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>amphotericin b solution reconstituted 50 mg intravenous</i> | Non-Formulary | Medical Only Exclusion |
| ANCOBON CAPSULE 250 MG ORAL | Non-Formulary | Formulary Exclusion |
| ANCOBON CAPSULE 500 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>flucytosine capsule 250 mg oral</i> | 1 | |
| <i>flucytosine capsule 500 mg oral</i> | 1 | |
| <i>griseofulvin microsize suspension 125 mg/5ml oral</i> | 1 | |
| <i>griseofulvin microsize tablet 500 mg oral</i> | 1 | |
| <i>griseofulvin ultramicrosize tablet 125 mg oral</i> | 1 | |
| <i>griseofulvin ultramicrosize tablet 250 mg oral</i> | 1 | |
| <i>nystatin tablet 500000 unit oral</i> | 1 | |
| <i>terbinafine hcl tablet 250 mg oral</i> | 1 | QL with criteria |
| *Imidazoles*** | | |
| <i>ketoconazole tablet 200 mg oral</i> | 1 | |
| *Tetrazoles*** | | |
| VIVJOA CAPSULE THERAPY PACK 150 MG ORAL | Non-Formulary | Formulary Exclusion; QL with criteria |
| *Triazoles*** | | |
| CRESEMBA CAPSULE 186 MG ORAL | 3 | |
| CRESEMBA CAPSULE 74.5 MG ORAL | 3 | |
| CRESEMBA SOLUTION RECONSTITUTED 372 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| DIFLUCAN SUSPENSION RECONSTITUTED 10 MG/ML ORAL | Non-Formulary | Formulary Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|-------------------------|
| DIFLUCAN SUSPENSION RECONSTITUTED 40 MG/ML ORAL | Non-Formulary | Formulary Exclusion |
| DIFLUCAN TABLET 100 MG ORAL | Non-Formulary | Formulary Exclusion |
| DIFLUCAN TABLET 150 MG ORAL | Non-Formulary | Formulary Exclusion |
| DIFLUCAN TABLET 200 MG ORAL | Non-Formulary | Formulary Exclusion |
| DIFLUCAN TABLET 50 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>fluconazole in sodium chloride solution 100-0.9 mg/50ml-% intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>fluconazole in sodium chloride solution 200-0.9 mg/100ml-% intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>fluconazole in sodium chloride solution 400-0.9 mg/200ml-% intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>fluconazole suspension reconstituted 10 mg/ml oral</i> | 1 | |
| <i>fluconazole suspension reconstituted 40 mg/ml oral</i> | 1 | |
| <i>fluconazole tablet 100 mg oral</i> | 1 | |
| <i>fluconazole tablet 150 mg oral</i> | 1 | |
| <i>fluconazole tablet 200 mg oral</i> | 1 | |
| <i>fluconazole tablet 50 mg oral</i> | 1 | |
| <i>itraconazole capsule 100 mg oral</i> | 1 | QL |
| <i>itraconazole solution 10 mg/ml oral</i> | 1 | |
| NOXAFIL PACKET 300 MG ORAL | 2 | |
| NOXAFIL SOLUTION 300 MG/16.7ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| NOXAFIL SUSPENSION 40 MG/ML ORAL | 2 | |
| NOXAFIL TABLET DELAYED RELEASE 100 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>posaconazole solution 300 mg/16.7ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>posaconazole suspension 40 mg/ml oral</i> | 1 | |
| <i>posaconazole tablet delayed release 100 mg oral</i> | 1 | |
| SPORANOX CAPSULE 100 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| SPORANOX PULSEPAK CAPSULE 100 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| SPORANOX SOLUTION 10 MG/ML ORAL | Non-Formulary | Formulary Exclusion |
| <i>tolsura capsule 65 mg oral</i> | 3 | |
| VFEND IV SOLUTION RECONSTITUTED 200 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| VFEND SUSPENSION RECONSTITUTED 40 MG/ML ORAL | Non-Formulary | Formulary Exclusion |
| VFEND TABLET 200 MG ORAL | Non-Formulary | Formulary Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|---|
| VFEND TABLET 50 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>voriconazole solution reconstituted 200 mg intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>voriconazole solution reconstituted 200 mg intravenous</i> | Non-Formulary | Medical Only Exclusion; Mony Code (MONY code issue) |
| <i>voriconazole suspension reconstituted 40 mg/ml oral</i> | 1 | |
| <i>voriconazole tablet 200 mg oral</i> | 1 | |
| <i>voriconazole tablet 50 mg oral</i> | 1 | |
| *ANTI-HISTAMINES* | | |
| *Antihistamines - Alkylamines*** | | |
| <i>brompheniramine maleate solution 10 mg/ml intramuscular</i> | Non-Formulary | Non FDA Exclusion |
| <i>dexchlorpheniramine maleate solution 2 mg/5ml oral</i> | 3 | |
| RYCLORA SOLUTION 2 MG/5ML ORAL | 3 | |
| *Antihistamines - Ethanolamines*** | | |
| <i>carbinoxamine maleate er suspension extended release 4 mg/5ml oral</i> | 3 | |
| <i>carbinoxamine maleate solution 4 mg/5ml oral</i> | 3 | |
| <i>carbinoxamine maleate solution 4 mg/5ml oral</i> | 1 | Mony Code (MONY Code) |
| <i>carbinoxamine maleate tablet 4 mg oral</i> | 1 | |
| <i>carbinoxamine maleate tablet 4 mg oral</i> | 1 | Mony Code (MONY Code) |
| <i>carbinoxamine maleate tablet 6 mg oral</i> | 3 | |
| <i>carbinoxamine maleate tablet 6 mg oral</i> | 1 | Mony Code (MONY Code) |
| <i>clemastine fumarate syrup 0.67 mg/5ml oral</i> | 1 | |
| <i>clemastine fumarate syrup 0.67 mg/5ml oral</i> | 1 | Mony Code (MONY code issue) |
| <i>clemastine fumarate tablet 2.68 mg oral</i> | 1 | Mony Code (MONY Code) |
| DICOPANOL FUSEPAQ SUSPENSION RECONSTITUTED 5 MG/ML ORAL | Non-Formulary | Non FDA Exclusion |
| DICOPANOL RAPIDPAQ SUSPENSION RECONSTITUTED 5 MG/ML ORAL | Non-Formulary | Non FDA Exclusion |
| <i>diphen elixir 12.5 mg/5ml oral</i> | 1 | |
| <i>di-phen elixir 12.5 mg/5ml oral</i> | 1 | |
| <i>diphenhydramine hcl elixir 12.5 mg/5ml oral (rx)</i> | 1 | Mony Code (MONY code issue) |
| <i>diphenhydramine hcl elixir 12.5 mg/5ml oral (rx)</i> | 1 | |
| <i>diphenhydramine hcl solution 50 mg/ml injection</i> | 1 | |
| KARBINAL ER SUSPENSION EXTENDED RELEASE 4 MG/5ML ORAL | 3 | |
| RYVENT TABLET 6 MG ORAL | 3 | |

| Drug Name | Tier | Notes |
|--|---------------|-----------------------|
| *Antihistamines - Non-Sedating*** | | |
| <i>cetirizine hcl solution 1 mg/ml oral (rx)</i> | 1 | |
| <i>cetirizine hcl solution 5 mg/5ml oral (rx)</i> | 1 | |
| CLARINEX TABLET 5 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>desloratadine tablet 5 mg oral</i> | 1 | |
| <i>desloratadine tablet dispersible 2.5 mg oral</i> | 3 | |
| <i>desloratadine tablet dispersible 2.5 mg oral</i> | 1 | Mony Code (MONY Code) |
| <i>desloratadine tablet dispersible 5 mg oral</i> | 3 | |
| <i>desloratadine tablet dispersible 5 mg oral</i> | 1 | Mony Code (MONY Code) |
| <i>levocetirizine dihydrochloride solution 2.5 mg/5ml oral</i> | 1 | |
| <i>levocetirizine dihydrochloride tablet 5 mg oral (rx)</i> | 1 | |
| QUZYTIR SOLUTION 10 MG/ML INTRAVENOUS | Non-Formulary | Formulary Exclusion |
| *Antihistamines - Phenothiazines*** | | |
| PHENERGAN SOLUTION 25 MG/ML INJECTION | 3 | |
| PHENERGAN SOLUTION 50 MG/ML INJECTION | 3 | |
| <i>promethazine hcl solution 25 mg/ml injection</i> | 1 | |
| <i>promethazine hcl solution 50 mg/ml injection</i> | 1 | |
| <i>promethazine hcl solution 6.25 mg/5ml oral</i> | 1 | |
| <i>promethazine hcl suppository 12.5 mg rectal</i> | 1 | |
| <i>promethazine hcl suppository 25 mg rectal</i> | 1 | |
| <i>promethazine hcl tablet 12.5 mg oral</i> | 1 | |
| <i>promethazine hcl tablet 25 mg oral</i> | 1 | |
| <i>promethazine hcl tablet 50 mg oral</i> | 1 | |
| PROMETHEGAN SUPPOSITORY 12.5 MG RECTAL | 1 | |
| PROMETHEGAN SUPPOSITORY 25 MG RECTAL | 1 | |
| PROMETHEGAN SUPPOSITORY 50 MG RECTAL | 1 | Mony Code (MONY Code) |
| *Antihistamines - Piperidines*** | | |
| <i>cyproheptadine hcl syrup 2 mg/5ml oral</i> | 1 | |
| <i>cyproheptadine hcl tablet 4 mg oral</i> | 1 | |
| *Antihistamines W/ Corticosteroids*** | | |
| CLOBETEX THERAPY PACK 5 & 0.05 MG & % COMBINATION | Non-Formulary | Non FDA Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|------------------------|
| *ANTHYPERLIPIDEMICS* | | |
| <i>*Acl Inhib-Intestinal Cholesterol Absorption Inhib Comb***</i> | | |
| NEXLIZET TABLET 180-10 MG ORAL | 2 | PA |
| <i>*Adenosine Triphosphate-Citrate Lyase (Acl) Inhibitors***</i> | | |
| NEXLETOL TABLET 180 MG ORAL | 2 | PA |
| <i>*Angiotensin-Like Protein 3 (Angptl3) Inhibitors***</i> | | |
| EVKEEZA SOLUTION 1200 MG/8ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| EVKEEZA SOLUTION 345 MG/2.3ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>*Antihyperlipidemics - Misc.***</i> | | |
| <i>icosapent ethyl capsule 0.5 gm oral</i> | 1 | |
| <i>icosapent ethyl capsule 1 gm oral</i> | 1 | |
| LOVAZA CAPSULE 1 GM ORAL | Non-Formulary | Formulary Exclusion |
| <i>omega-3-acid ethyl esters capsule 1 gm oral</i> | Non-Formulary | Formulary Exclusion |
| VASCEPA CAPSULE 0.5 GM ORAL | 2 | |
| VASCEPA CAPSULE 1 GM ORAL | 2 | |
| <i>*Antihyperlipidemics Misc. Combinations***</i> | | |
| <i>omega-3 rx complete therapy pack 1 gm oral</i> | Non-Formulary | Non FDA Exclusion |
| <i>sure result o3d3 system kit 1 & 1000 gm & unit oral</i> | Non-Formulary | Non FDA Exclusion |
| <i>*Bile Acid Sequestrants***</i> | | |
| <i>cholestyramine light packet 4 gm oral</i> | Non-Formulary | Formulary Exclusion |
| <i>cholestyramine light powder 4 gm/dose oral</i> | 1 | |
| <i>cholestyramine packet 4 gm oral</i> | Non-Formulary | Formulary Exclusion |
| <i>cholestyramine powder 4 gm/dose oral</i> | 1 | |
| <i>colesevelam hcl packet 3.75 gm oral</i> | Non-Formulary | Formulary Exclusion |
| <i>colesevelam hcl tablet 625 mg oral</i> | 1 | |
| COLESTID FLAVORED GRANULES 5 GM ORAL | Non-Formulary | Formulary Exclusion |
| COLESTID FLAVORED PACKET 5 GM ORAL | Non-Formulary | Formulary Exclusion |
| COLESTID GRANULES 5 GM ORAL | Non-Formulary | Formulary Exclusion |
| COLESTID PACKET 5 GM ORAL | Non-Formulary | Formulary Exclusion |
| COLESTID TABLET 1 GM ORAL | Non-Formulary | Formulary Exclusion |
| <i>colestipol hcl granules 5 gm oral</i> | 1 | |

| Drug Name | Tier | Notes |
|--|---------------|-----------------------|
| <i>colestipol hcl packet 5 gm oral</i> | 1 | |
| <i>colestipol hcl tablet 1 gm oral</i> | 1 | |
| PREVALITE PACKET 4 GM ORAL | Non-Formulary | Formulary Exclusion |
| PREVALITE POWDER 4 GM/DOSE ORAL | 1 | |
| QUESTRAN LIGHT POWDER 4 GM/DOSE ORAL | Non-Formulary | Formulary Exclusion |
| QUESTRAN PACKET 4 GM ORAL | Non-Formulary | Formulary Exclusion |
| QUESTRAN POWDER 4 GM/DOSE ORAL | Non-Formulary | Formulary Exclusion |
| WELCHOL PACKET 3.75 GM ORAL | Non-Formulary | Formulary Exclusion |
| WELCHOL TABLET 625 MG ORAL | Non-Formulary | Formulary Exclusion |
| *Fibric Acid Derivatives*** | | |
| ANTARA CAPSULE 30 MG ORAL | 3 | |
| ANTARA CAPSULE 90 MG ORAL | 3 | |
| <i>fenofibrate capsule 134 mg oral</i> | 1 | |
| <i>fenofibrate capsule 150 mg oral</i> | 1 | Mony Code (MONY Code) |
| <i>fenofibrate capsule 200 mg oral</i> | 1 | |
| <i>fenofibrate capsule 50 mg oral</i> | 3 | |
| <i>fenofibrate capsule 67 mg oral</i> | 1 | |
| <i>fenofibrate micronized capsule 130 mg oral</i> | 1 | |
| <i>fenofibrate micronized capsule 134 mg oral</i> | 1 | |
| <i>fenofibrate micronized capsule 200 mg oral</i> | 1 | |
| <i>fenofibrate micronized capsule 30 mg oral</i> | 3 | |
| <i>fenofibrate micronized capsule 43 mg oral</i> | 1 | |
| <i>fenofibrate micronized capsule 67 mg oral</i> | 1 | |
| <i>fenofibrate micronized capsule 90 mg oral</i> | 3 | |
| <i>fenofibrate tablet 120 mg oral</i> | 1 | |
| <i>fenofibrate tablet 145 mg oral</i> | 1 | |
| <i>fenofibrate tablet 160 mg oral</i> | 1 | |
| <i>fenofibrate tablet 40 mg oral</i> | 1 | |
| <i>fenofibrate tablet 48 mg oral</i> | 1 | |
| <i>fenofibrate tablet 54 mg oral</i> | 1 | |
| <i>fenofibric acid capsule delayed release 135 mg oral</i> | 1 | |
| <i>fenofibric acid capsule delayed release 45 mg oral</i> | 1 | |
| <i>fenofibric acid tablet 105 mg oral</i> | 3 | |
| <i>fenofibric acid tablet 35 mg oral</i> | 3 | |
| FENOGLIDE TABLET 120 MG ORAL | Non-Formulary | Formulary Exclusion |
| FENOGLIDE TABLET 40 MG ORAL | Non-Formulary | Formulary Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|---------------------|
| FIBRICOR TABLET 105 MG ORAL | 3 | |
| FIBRICOR TABLET 35 MG ORAL | 3 | |
| <i>gemfibrozil tablet 600 mg oral</i> | 1 | |
| LIPOFEN CAPSULE 150 MG ORAL | 2 | |
| LIPOFEN CAPSULE 50 MG ORAL | 2 | |
| LOPID TABLET 600 MG ORAL | Non-Formulary | Formulary Exclusion |
| TRICOR TABLET 145 MG ORAL | Non-Formulary | Formulary Exclusion |
| TRICOR TABLET 48 MG ORAL | Non-Formulary | Formulary Exclusion |
| TRILIPIX CAPSULE DELAYED RELEASE 135 MG ORAL | Non-Formulary | Formulary Exclusion |
| TRILIPIX CAPSULE DELAYED RELEASE 45 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>*Hmg Coa Reductase Inhibitors***</i> | | |
| ALTOPREV TABLET EXTENDED RELEASE 24 HOUR 20 MG ORAL | 3 | |
| ALTOPREV TABLET EXTENDED RELEASE 24 HOUR 40 MG ORAL | 3 | |
| ALTOPREV TABLET EXTENDED RELEASE 24 HOUR 60 MG ORAL | 3 | |
| ATORVALIQ SUSPENSION 20 MG/5ML ORAL | Non-Formulary | Formulary Exclusion |
| <i>atorvastatin calcium tablet 40 mg oral</i> | 1 | |
| <i>atorvastatin calcium tablet 80 mg oral</i> | 1 | |
| CRESTOR TABLET 10 MG ORAL | Non-Formulary | Formulary Exclusion |
| CRESTOR TABLET 20 MG ORAL | Non-Formulary | Formulary Exclusion |
| CRESTOR TABLET 40 MG ORAL | Non-Formulary | Formulary Exclusion |
| CRESTOR TABLET 5 MG ORAL | Non-Formulary | Formulary Exclusion |
| EZALLOR SPRINKLE CAPSULE SPRINKLE 10 MG ORAL | Non-Formulary | Formulary Exclusion |
| EZALLOR SPRINKLE CAPSULE SPRINKLE 20 MG ORAL | Non-Formulary | Formulary Exclusion |
| EZALLOR SPRINKLE CAPSULE SPRINKLE 40 MG ORAL | Non-Formulary | Formulary Exclusion |
| EZALLOR SPRINKLE CAPSULE SPRINKLE 5 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>flolipid suspension 20 mg/5ml oral</i> | 3 | |
| <i>flolipid suspension 40 mg/5ml oral</i> | 3 | |
| LESCOL XL TABLET EXTENDED RELEASE 24 HOUR 80 MG ORAL | Non-Formulary | Formulary Exclusion |
| LIPITOR TABLET 10 MG ORAL | Non-Formulary | Formulary Exclusion |
| LIPITOR TABLET 20 MG ORAL | Non-Formulary | Formulary Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|---------------------|
| LIPITOR TABLET 40 MG ORAL | Non-Formulary | Formulary Exclusion |
| LIPITOR TABLET 80 MG ORAL | Non-Formulary | Formulary Exclusion |
| LIVALO TABLET 1 MG ORAL | Non-Formulary | Formulary Exclusion |
| LIVALO TABLET 2 MG ORAL | Non-Formulary | Formulary Exclusion |
| LIVALO TABLET 4 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>pitavastatin calcium tablet 1 mg oral</i> | 1 | |
| <i>pitavastatin calcium tablet 2 mg oral</i> | 1 | |
| <i>pitavastatin calcium tablet 4 mg oral</i> | 1 | |
| PRAVACHOL TABLET 20 MG ORAL | Non-Formulary | Formulary Exclusion |
| PRAVACHOL TABLET 40 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>rosuvastatin calcium tablet 20 mg oral</i> | 1 | |
| <i>rosuvastatin calcium tablet 40 mg oral</i> | 1 | |
| ZOCOR TABLET 10 MG ORAL | Non-Formulary | Formulary Exclusion |
| ZOCOR TABLET 20 MG ORAL | Non-Formulary | Formulary Exclusion |
| ZOCOR TABLET 40 MG ORAL | Non-Formulary | Formulary Exclusion |
| ZOCOR TABLET 80 MG ORAL | Non-Formulary | Formulary Exclusion |
| ZYPITAMAG TABLET 1 MG ORAL | Non-Formulary | Formulary Exclusion |
| ZYPITAMAG TABLET 2 MG ORAL | Non-Formulary | Formulary Exclusion |
| ZYPITAMAG TABLET 4 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>*Intest Cholest Absorp Inhib-Hmg Coa Reductase Inhib Comb***</i> | | |
| <i>ezetimibe-rosuvastatin tablet 10-10 mg oral</i> | 3 | |
| <i>ezetimibe-rosuvastatin tablet 10-20 mg oral</i> | 3 | |
| <i>ezetimibe-rosuvastatin tablet 10-40 mg oral</i> | 3 | |
| <i>ezetimibe-rosuvastatin tablet 10-5 mg oral</i> | 3 | |
| <i>ezetimibe-simvastatin tablet 10-10 mg oral</i> | 1 | |
| <i>ezetimibe-simvastatin tablet 10-20 mg oral</i> | 1 | |
| <i>ezetimibe-simvastatin tablet 10-40 mg oral</i> | 1 | |
| <i>ezetimibe-simvastatin tablet 10-80 mg oral</i> | 1 | |
| ROSZET TABLET 10-10 MG ORAL | 3 | |
| ROSZET TABLET 10-20 MG ORAL | 3 | |
| ROSZET TABLET 10-40 MG ORAL | 3 | |
| ROSZET TABLET 10-5 MG ORAL | 3 | |
| VYTORIN TABLET 10-10 MG ORAL | Non-Formulary | Formulary Exclusion |
| VYTORIN TABLET 10-20 MG ORAL | Non-Formulary | Formulary Exclusion |
| VYTORIN TABLET 10-40 MG ORAL | Non-Formulary | Formulary Exclusion |
| VYTORIN TABLET 10-80 MG ORAL | Non-Formulary | Formulary Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|-----------------------------|
| *Intestinal Cholesterol Absorption Inhibitors*** | | |
| <i>ezetimibe tablet 10 mg oral</i> | 1 | |
| ZETIA TABLET 10 MG ORAL | Non-Formulary | Formulary Exclusion |
| *Nicotinic Acid Derivatives*** | | |
| <i>niacin (antihyperlipidemic) tablet 500 mg oral</i> | 1 | Mony Code (MONY code issue) |
| <i>niacin (antihyperlipidemic) tablet 500 mg oral</i> | 3 | |
| <i>niacin er (antihyperlipidemic) tablet extended release 1000 mg oral</i> | 1 | |
| <i>niacin er (antihyperlipidemic) tablet extended release 500 mg oral</i> | 1 | |
| <i>niacin er (antihyperlipidemic) tablet extended release 750 mg oral</i> | 1 | |
| NIACOR TABLET 500 MG ORAL | 3 | |
| NIASPAN TABLET EXTENDED RELEASE 1000 MG ORAL | Non-Formulary | Formulary Exclusion |
| NIASPAN TABLET EXTENDED RELEASE 500 MG ORAL | Non-Formulary | Formulary Exclusion |
| NIASPAN TABLET EXTENDED RELEASE 750 MG ORAL | Non-Formulary | Formulary Exclusion |
| *Pcsk9 Inhibitors*** | | |
| PRALUENT SOLUTION AUTO-INJECTOR 150 MG/ML SUBCUTANEOUS | Non-Formulary | PA; Formulary Exclusion; QL |
| PRALUENT SOLUTION AUTO-INJECTOR 75 MG/ML SUBCUTANEOUS | Non-Formulary | PA; Formulary Exclusion; QL |
| REPATHA PUSHTRONEX SYSTEM SOLUTION CARTRIDGE 420 MG/3.5ML SUBCUTANEOUS | 2 | PA; QL |
| REPATHA SOLUTION PREFILLED SYRINGE 140 MG/ML SUBCUTANEOUS | 2 | PA; QL |
| REPATHA SURECLICK SOLUTION AUTO-INJECTOR 140 MG/ML SUBCUTANEOUS | 2 | PA; QL |
| *Small Interfering Rna (Sirna) Pcsk9 Inhibitors*** | | |
| LEQVIO SOLUTION PREFILLED SYRINGE 284 MG/1.5ML SUBCUTANEOUS | Non-Formulary | PA; Formulary Exclusion; QL |
| *ANTIHYPERTENSIVES* | | |
| *Ace Inhibitor & Calcium Channel Blocker Combinations*** | | |
| <i>amlodipine besy-benazepril hcl capsule 10-20 mg oral</i> | 1 | |

| Drug Name | Tier | Notes |
|--|---------------|---|
| <i>amlodipine besy-benazepril hcl capsule 10-40 mg oral</i> | 1 | |
| <i>amlodipine besy-benazepril hcl capsule 2.5-10 mg oral</i> | 1 | |
| <i>amlodipine besy-benazepril hcl capsule 5-10 mg oral</i> | 1 | |
| <i>amlodipine besy-benazepril hcl capsule 5-20 mg oral</i> | 1 | |
| <i>amlodipine besy-benazepril hcl capsule 5-40 mg oral</i> | 1 | |
| LOTREL CAPSULE 10-20 MG ORAL | Non-Formulary | Formulary Exclusion |
| LOTREL CAPSULE 10-40 MG ORAL | Non-Formulary | Formulary Exclusion |
| LOTREL CAPSULE 5-10 MG ORAL | Non-Formulary | Formulary Exclusion |
| LOTREL CAPSULE 5-20 MG ORAL | Non-Formulary | Formulary Exclusion |
| PRESTALIA TABLET 14-10 MG ORAL | 3 | |
| PRESTALIA TABLET 3.5-2.5 MG ORAL | 3 | |
| PRESTALIA TABLET 7-5 MG ORAL | 3 | |
| TARKA TABLET EXTENDED RELEASE 2-180 MG ORAL | Non-Formulary | Formulary Exclusion |
| TARKA TABLET EXTENDED RELEASE 2-240 MG ORAL | Non-Formulary | Formulary Exclusion |
| TARKA TABLET EXTENDED RELEASE 4-240 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>trandolapril-verapamil hcl er tablet extended release 1-240 mg oral</i> | Non-Formulary | Formulary Exclusion |
| <i>trandolapril-verapamil hcl er tablet extended release 2-180 mg oral</i> | Non-Formulary | Formulary Exclusion |
| <i>trandolapril-verapamil hcl er tablet extended release 2-180 mg oral</i> | Non-Formulary | Mony Code (MONY code issue); Formulary Exclusion |
| <i>trandolapril-verapamil hcl er tablet extended release 2-240 mg oral</i> | Non-Formulary | Formulary Exclusion |
| <i>trandolapril-verapamil hcl er tablet extended release 2-240 mg oral</i> | Non-Formulary | Mony Code (MONY code issue); Formulary Exclusion |
| <i>trandolapril-verapamil hcl er tablet extended release 4-240 mg oral</i> | Non-Formulary | Formulary Exclusion |
| <i>trandolapril-verapamil hcl er tablet extended release 4-240 mg oral</i> | Non-Formulary | Mony Code (MONY code issue); Formulary Exclusion |
| *Ace Inhibitors & Thiazide/Thiazide-Like*** | | |
| ACCURETIC TABLET 10-12.5 MG ORAL | Non-Formulary | Formulary Exclusion |
| ACCURETIC TABLET 20-12.5 MG ORAL | Non-Formulary | Formulary Exclusion |
| ACCURETIC TABLET 20-25 MG ORAL | 3 | |

| Drug Name | Tier | Notes |
|--|---------------|-----------------------------|
| <i>benazepril-hydrochlorothiazide tablet 10-12.5 mg oral</i> | 1 | |
| <i>benazepril-hydrochlorothiazide tablet 20-12.5 mg oral</i> | 1 | |
| <i>benazepril-hydrochlorothiazide tablet 20-25 mg oral</i> | 1 | |
| <i>benazepril-hydrochlorothiazide tablet 5-6.25 mg oral</i> | 1 | |
| <i>benazepril-hydrochlorothiazide tablet 5-6.25 mg oral</i> | 1 | Mony Code (MONY Code) |
| <i>captopril-hydrochlorothiazide tablet 25-15 mg oral</i> | 3 | |
| <i>captopril-hydrochlorothiazide tablet 25-25 mg oral</i> | 3 | |
| <i>captopril-hydrochlorothiazide tablet 50-15 mg oral</i> | 3 | |
| <i>captopril-hydrochlorothiazide tablet 50-25 mg oral</i> | 3 | |
| <i>enalapril-hydrochlorothiazide tablet 10-25 mg oral</i> | 1 | |
| <i>enalapril-hydrochlorothiazide tablet 5-12.5 mg oral</i> | 1 | |
| <i>fosinopril sodium-hctz tablet 10-12.5 mg oral</i> | 1 | |
| <i>fosinopril sodium-hctz tablet 20-12.5 mg oral</i> | 1 | |
| <i>lisinopril-hydrochlorothiazide tablet 10-12.5 mg oral</i> | 1 | |
| <i>lisinopril-hydrochlorothiazide tablet 20-12.5 mg oral</i> | 1 | |
| <i>lisinopril-hydrochlorothiazide tablet 20-25 mg oral</i> | 1 | |
| LOTENSIN HCT TABLET 10-12.5 MG ORAL | Non-Formulary | Formulary Exclusion |
| LOTENSIN HCT TABLET 20-12.5 MG ORAL | Non-Formulary | Formulary Exclusion |
| LOTENSIN HCT TABLET 20-25 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>quinapril-hydrochlorothiazide tablet 10-12.5 mg oral</i> | 1 | |
| <i>quinapril-hydrochlorothiazide tablet 20-12.5 mg oral</i> | 1 | |
| <i>quinapril-hydrochlorothiazide tablet 20-12.5 mg oral</i> | 1 | Mony Code (MONY code issue) |
| <i>quinapril-hydrochlorothiazide tablet 20-25 mg oral</i> | 1 | |
| <i>quinapril-hydrochlorothiazide tablet 20-25 mg oral</i> | 1 | Mony Code (MONY code issue) |

| Drug Name | Tier | Notes |
|--|---------------|------------------------|
| VASERETIC TABLET 10-25 MG ORAL | Non-Formulary | Formulary Exclusion |
| ZESTORETIC TABLET 10-12.5 MG ORAL | Non-Formulary | Formulary Exclusion |
| ZESTORETIC TABLET 20-12.5 MG ORAL | Non-Formulary | Formulary Exclusion |
| ZESTORETIC TABLET 20-25 MG ORAL | Non-Formulary | Formulary Exclusion |
| *Ace Inhibitors*** | | |
| ACCUPRIL TABLET 10 MG ORAL | Non-Formulary | Formulary Exclusion |
| ACCUPRIL TABLET 20 MG ORAL | Non-Formulary | Formulary Exclusion |
| ACCUPRIL TABLET 40 MG ORAL | Non-Formulary | Formulary Exclusion |
| ACCUPRIL TABLET 5 MG ORAL | Non-Formulary | Formulary Exclusion |
| ALTACE CAPSULE 1.25 MG ORAL | Non-Formulary | Formulary Exclusion |
| ALTACE CAPSULE 10 MG ORAL | Non-Formulary | Formulary Exclusion |
| ALTACE CAPSULE 2.5 MG ORAL | Non-Formulary | Formulary Exclusion |
| ALTACE CAPSULE 5 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>benazepril hcl tablet 10 mg oral</i> | 1 | |
| <i>benazepril hcl tablet 20 mg oral</i> | 1 | |
| <i>benazepril hcl tablet 40 mg oral</i> | 1 | |
| <i>benazepril hcl tablet 5 mg oral</i> | 1 | |
| <i>captopril tablet 100 mg oral</i> | 1 | |
| <i>captopril tablet 12.5 mg oral</i> | 1 | |
| <i>captopril tablet 25 mg oral</i> | 1 | |
| <i>captopril tablet 50 mg oral</i> | 1 | |
| <i>enalapril maleate solution 1 mg/ml oral</i> | 1 | |
| <i>enalapril maleate tablet 10 mg oral</i> | 1 | |
| <i>enalapril maleate tablet 2.5 mg oral</i> | 1 | |
| <i>enalapril maleate tablet 20 mg oral</i> | 1 | |
| <i>enalapril maleate tablet 5 mg oral</i> | 1 | |
| <i>enalaprilat injectable 1.25 mg/ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>enalaprilat solution 1.25 mg/ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| EPANED SOLUTION 1 MG/ML ORAL | Non-Formulary | Formulary Exclusion |
| <i>fosinopril sodium tablet 10 mg oral</i> | 1 | |
| <i>fosinopril sodium tablet 20 mg oral</i> | 1 | |
| <i>fosinopril sodium tablet 40 mg oral</i> | 1 | |
| <i>lisinopril tablet 10 mg oral</i> | 1 | |
| <i>lisinopril tablet 2.5 mg oral</i> | 1 | |
| <i>lisinopril tablet 20 mg oral</i> | 1 | |
| <i>lisinopril tablet 30 mg oral</i> | 1 | |
| <i>lisinopril tablet 40 mg oral</i> | 1 | |
| <i>lisinopril tablet 5 mg oral</i> | 1 | |

| Drug Name | Tier | Notes |
|---|---------------|------------------------------------|
| LOTENSIN TABLET 10 MG ORAL | Non-Formulary | Formulary Exclusion |
| LOTENSIN TABLET 20 MG ORAL | Non-Formulary | Formulary Exclusion |
| LOTENSIN TABLET 40 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>moexipril hcl tablet 15 mg oral</i> | 1 | |
| <i>moexipril hcl tablet 7.5 mg oral</i> | 1 | |
| <i>perindopril erbumine tablet 2 mg oral</i> | 1 | |
| <i>perindopril erbumine tablet 2 mg oral</i> | 1 | Mony Code (MONY code issue) |
| <i>perindopril erbumine tablet 4 mg oral</i> | 1 | |
| <i>perindopril erbumine tablet 8 mg oral</i> | 1 | |
| <i>perindopril erbumine tablet 8 mg oral</i> | 1 | Mony Code (MONY code issue) |
| PRINIVIL TABLET 10 MG ORAL | Non-Formulary | Formulary Exclusion |
| PRINIVIL TABLET 20 MG ORAL | Non-Formulary | Formulary Exclusion |
| QBRELIS SOLUTION 1 MG/ML ORAL | 3 | |
| <i>quinapril hcl tablet 10 mg oral</i> | 1 | |
| <i>quinapril hcl tablet 20 mg oral</i> | 1 | |
| <i>quinapril hcl tablet 40 mg oral</i> | 1 | |
| <i>quinapril hcl tablet 5 mg oral</i> | 1 | |
| <i>ramipril capsule 1.25 mg oral</i> | 1 | |
| <i>ramipril capsule 10 mg oral</i> | 1 | |
| <i>ramipril capsule 2.5 mg oral</i> | 1 | |
| <i>ramipril capsule 5 mg oral</i> | 1 | |
| <i>trandolapril tablet 1 mg oral</i> | 1 | |
| <i>trandolapril tablet 2 mg oral</i> | 1 | |
| <i>trandolapril tablet 4 mg oral</i> | 1 | |
| VASOTEC TABLET 10 MG ORAL | Non-Formulary | Formulary Exclusion |
| VASOTEC TABLET 2.5 MG ORAL | Non-Formulary | Formulary Exclusion |
| VASOTEC TABLET 20 MG ORAL | Non-Formulary | Formulary Exclusion |
| VASOTEC TABLET 5 MG ORAL | Non-Formulary | Formulary Exclusion |
| ZESTRIL TABLET 10 MG ORAL | Non-Formulary | Formulary Exclusion |
| ZESTRIL TABLET 2.5 MG ORAL | Non-Formulary | Formulary Exclusion |
| ZESTRIL TABLET 20 MG ORAL | Non-Formulary | Formulary Exclusion |
| ZESTRIL TABLET 30 MG ORAL | Non-Formulary | Formulary Exclusion |
| ZESTRIL TABLET 40 MG ORAL | Non-Formulary | Formulary Exclusion |
| ZESTRIL TABLET 5 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>*Agents For Pheochromocytoma***</i> | | |
| DEMSEER CAPSULE 250 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion |
| DIBENZYLINE CAPSULE 10 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|---|
| <i>metyrosine capsule 250 mg oral</i> | Tier 4 | PA; Specialty |
| <i>phenoxybenzamine hcl capsule 10 mg oral</i> | Tier 4 | PA; Specialty |
| <i>phentolamine mesylate solution reconstituted 5 mg injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>phentolamine mesylate solution reconstituted 5 mg injection</i> | Non-Formulary | Medical Only Exclusion; Mony Code (MONY Code) |
| *Angiotensin Ii Receptor Antag & Ca Channel Blocker Comb*** | | |
| <i>amlodipine besylate-valsartan tablet 10-160 mg oral</i> | 1 | |
| <i>amlodipine besylate-valsartan tablet 10-320 mg oral</i> | 1 | |
| <i>amlodipine besylate-valsartan tablet 5-160 mg oral</i> | 1 | |
| <i>amlodipine besylate-valsartan tablet 5-320 mg oral</i> | 1 | |
| <i>amlodipine-olmesartan tablet 10-20 mg oral</i> | 1 | |
| <i>amlodipine-olmesartan tablet 10-40 mg oral</i> | 1 | |
| <i>amlodipine-olmesartan tablet 5-20 mg oral</i> | 1 | |
| <i>amlodipine-olmesartan tablet 5-40 mg oral</i> | 1 | |
| AZOR TABLET 10-20 MG ORAL | Non-Formulary | Formulary Exclusion |
| AZOR TABLET 10-40 MG ORAL | Non-Formulary | Formulary Exclusion |
| AZOR TABLET 5-20 MG ORAL | Non-Formulary | Formulary Exclusion |
| AZOR TABLET 5-40 MG ORAL | Non-Formulary | Formulary Exclusion |
| EXFORGE TABLET 10-160 MG ORAL | Non-Formulary | Formulary Exclusion |
| EXFORGE TABLET 10-320 MG ORAL | Non-Formulary | Formulary Exclusion |
| EXFORGE TABLET 5-160 MG ORAL | Non-Formulary | Formulary Exclusion |
| EXFORGE TABLET 5-320 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>telmisartan-amlodipine tablet 40-10 mg oral</i> | 1 | |
| <i>telmisartan-amlodipine tablet 40-10 mg oral</i> | 1 | Mony Code (MONY code issue) |
| <i>telmisartan-amlodipine tablet 40-5 mg oral</i> | 1 | |
| <i>telmisartan-amlodipine tablet 40-5 mg oral</i> | 1 | Mony Code (MONY code issue) |
| <i>telmisartan-amlodipine tablet 80-10 mg oral</i> | 1 | |
| <i>telmisartan-amlodipine tablet 80-10 mg oral</i> | 1 | Mony Code (MONY code issue) |
| <i>telmisartan-amlodipine tablet 80-5 mg oral</i> | 1 | |
| <i>telmisartan-amlodipine tablet 80-5 mg oral</i> | 1 | Mony Code (MONY code issue) |
| TWYNSTA TABLET 40-10 MG ORAL | Non-Formulary | Formulary Exclusion |
| TWYNSTA TABLET 40-5 MG ORAL | Non-Formulary | Formulary Exclusion |
| TWYNSTA TABLET 80-10 MG ORAL | Non-Formulary | Formulary Exclusion |
| TWYNSTA TABLET 80-5 MG ORAL | Non-Formulary | Formulary Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|---------------------|
| *Angiotensin Ii Receptor Antag & Thiazide/Thiazide-Like*** | | |
| ATACAND HCT TABLET 16-12.5 MG ORAL | Non-Formulary | Formulary Exclusion |
| ATACAND HCT TABLET 32-12.5 MG ORAL | Non-Formulary | Formulary Exclusion |
| ATACAND HCT TABLET 32-25 MG ORAL | Non-Formulary | Formulary Exclusion |
| AVALIDE TABLET 150-12.5 MG ORAL | Non-Formulary | Formulary Exclusion |
| AVALIDE TABLET 300-12.5 MG ORAL | Non-Formulary | Formulary Exclusion |
| BENICAR HCT TABLET 20-12.5 MG ORAL | Non-Formulary | Formulary Exclusion |
| BENICAR HCT TABLET 40-12.5 MG ORAL | Non-Formulary | Formulary Exclusion |
| BENICAR HCT TABLET 40-25 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>candesartan cilexetil-hctz tablet 16-12.5 mg oral</i> | 1 | |
| <i>candesartan cilexetil-hctz tablet 32-12.5 mg oral</i> | 1 | |
| <i>candesartan cilexetil-hctz tablet 32-25 mg oral</i> | 1 | |
| DIOVAN HCT TABLET 160-12.5 MG ORAL | Non-Formulary | Formulary Exclusion |
| DIOVAN HCT TABLET 160-25 MG ORAL | Non-Formulary | Formulary Exclusion |
| DIOVAN HCT TABLET 320-12.5 MG ORAL | Non-Formulary | Formulary Exclusion |
| DIOVAN HCT TABLET 320-25 MG ORAL | Non-Formulary | Formulary Exclusion |
| DIOVAN HCT TABLET 80-12.5 MG ORAL | Non-Formulary | Formulary Exclusion |
| EDARBYCLOR TABLET 40-12.5 MG ORAL | Non-Formulary | Formulary Exclusion |
| EDARBYCLOR TABLET 40-25 MG ORAL | Non-Formulary | Formulary Exclusion |
| HYZAAR TABLET 100-12.5 MG ORAL | Non-Formulary | Formulary Exclusion |
| HYZAAR TABLET 100-25 MG ORAL | Non-Formulary | Formulary Exclusion |
| HYZAAR TABLET 50-12.5 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>irbesartan-hydrochlorothiazide tablet 150-12.5 mg oral</i> | 1 | |
| <i>irbesartan-hydrochlorothiazide tablet 300-12.5 mg oral</i> | 1 | |
| <i>losartan potassium-hctz tablet 100-12.5 mg oral</i> | 1 | |
| <i>losartan potassium-hctz tablet 100-25 mg oral</i> | 1 | |
| <i>losartan potassium-hctz tablet 50-12.5 mg oral</i> | 1 | |
| MICARDIS HCT TABLET 40-12.5 MG ORAL | Non-Formulary | Formulary Exclusion |
| MICARDIS HCT TABLET 80-12.5 MG ORAL | Non-Formulary | Formulary Exclusion |
| MICARDIS HCT TABLET 80-25 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>olmesartan medoxomil-hctz tablet 20-12.5 mg oral</i> | 1 | |
| <i>olmesartan medoxomil-hctz tablet 40-12.5 mg oral</i> | 1 | |
| <i>olmesartan medoxomil-hctz tablet 40-25 mg oral</i> | 1 | |
| <i>telmisartan-hctz tablet 40-12.5 mg oral</i> | Non-Formulary | Formulary Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|---------------------|
| <i>telmisartan-hctz tablet 80-12.5 mg oral</i> | Non-Formulary | Formulary Exclusion |
| <i>telmisartan-hctz tablet 80-25 mg oral</i> | Non-Formulary | Formulary Exclusion |
| <i>valsartan-hydrochlorothiazide tablet 160-12.5 mg oral</i> | 1 | |
| <i>valsartan-hydrochlorothiazide tablet 160-25 mg oral</i> | 1 | |
| <i>valsartan-hydrochlorothiazide tablet 320-12.5 mg oral</i> | 1 | |
| <i>valsartan-hydrochlorothiazide tablet 320-25 mg oral</i> | 1 | |
| <i>valsartan-hydrochlorothiazide tablet 80-12.5 mg oral</i> | 1 | |
| *Angiotensin II Receptor Antagonists*** | | |
| ATACAND TABLET 16 MG ORAL | Non-Formulary | Formulary Exclusion |
| ATACAND TABLET 32 MG ORAL | Non-Formulary | Formulary Exclusion |
| ATACAND TABLET 4 MG ORAL | Non-Formulary | Formulary Exclusion |
| ATACAND TABLET 8 MG ORAL | Non-Formulary | Formulary Exclusion |
| AVAPRO TABLET 150 MG ORAL | Non-Formulary | Formulary Exclusion |
| AVAPRO TABLET 300 MG ORAL | Non-Formulary | Formulary Exclusion |
| AVAPRO TABLET 75 MG ORAL | Non-Formulary | Formulary Exclusion |
| BENICAR TABLET 20 MG ORAL | Non-Formulary | Formulary Exclusion |
| BENICAR TABLET 40 MG ORAL | Non-Formulary | Formulary Exclusion |
| BENICAR TABLET 5 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>candesartan cilxetil tablet 16 mg oral</i> | 1 | |
| <i>candesartan cilxetil tablet 32 mg oral</i> | 1 | |
| <i>candesartan cilxetil tablet 4 mg oral</i> | 1 | |
| <i>candesartan cilxetil tablet 8 mg oral</i> | 1 | |
| COZAAR TABLET 100 MG ORAL | Non-Formulary | Formulary Exclusion |
| COZAAR TABLET 25 MG ORAL | Non-Formulary | Formulary Exclusion |
| COZAAR TABLET 50 MG ORAL | Non-Formulary | Formulary Exclusion |
| DIOVAN TABLET 160 MG ORAL | Non-Formulary | Formulary Exclusion |
| DIOVAN TABLET 320 MG ORAL | Non-Formulary | Formulary Exclusion |
| DIOVAN TABLET 40 MG ORAL | Non-Formulary | Formulary Exclusion |
| DIOVAN TABLET 80 MG ORAL | Non-Formulary | Formulary Exclusion |
| EDARBI TABLET 40 MG ORAL | Non-Formulary | Formulary Exclusion |
| EDARBI TABLET 80 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>irbesartan tablet 150 mg oral</i> | 1 | |
| <i>irbesartan tablet 300 mg oral</i> | 1 | |
| <i>irbesartan tablet 75 mg oral</i> | 1 | |

| Drug Name | Tier | Notes |
|---|---------------|-----------------------------|
| <i>losartan potassium tablet 100 mg oral</i> | 1 | |
| <i>losartan potassium tablet 25 mg oral</i> | 1 | |
| <i>losartan potassium tablet 50 mg oral</i> | 1 | |
| MICARDIS TABLET 20 MG ORAL | Non-Formulary | Formulary Exclusion |
| MICARDIS TABLET 40 MG ORAL | Non-Formulary | Formulary Exclusion |
| MICARDIS TABLET 80 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>olmesartan medoxomil tablet 20 mg oral</i> | 1 | |
| <i>olmesartan medoxomil tablet 40 mg oral</i> | 1 | |
| <i>olmesartan medoxomil tablet 5 mg oral</i> | 1 | |
| <i>telmisartan tablet 20 mg oral</i> | 1 | |
| <i>telmisartan tablet 40 mg oral</i> | 1 | |
| <i>telmisartan tablet 80 mg oral</i> | 1 | |
| <i>valsartan solution 4 mg/ml oral</i> | 1 | Mony Code (MONY code issue) |
| <i>valsartan tablet 160 mg oral</i> | 1 | |
| <i>valsartan tablet 320 mg oral</i> | 1 | |
| <i>valsartan tablet 40 mg oral</i> | 1 | |
| <i>valsartan tablet 80 mg oral</i> | 1 | |
| *Angiotensin Ii Receptor Ant-Ca Channel Blocker-Thiazides*** | | |
| <i>amlodipine-valsartan-hctz tablet 10-160-12.5 mg oral</i> | 1 | |
| <i>amlodipine-valsartan-hctz tablet 10-160-25 mg oral</i> | 1 | |
| <i>amlodipine-valsartan-hctz tablet 10-320-25 mg oral</i> | 1 | |
| <i>amlodipine-valsartan-hctz tablet 5-160-12.5 mg oral</i> | 1 | |
| <i>amlodipine-valsartan-hctz tablet 5-160-25 mg oral</i> | 1 | |
| EXFORGE HCT TABLET 10-160-12.5 MG ORAL | Non-Formulary | Formulary Exclusion |
| EXFORGE HCT TABLET 10-160-25 MG ORAL | Non-Formulary | Formulary Exclusion |
| EXFORGE HCT TABLET 10-320-25 MG ORAL | Non-Formulary | Formulary Exclusion |
| EXFORGE HCT TABLET 5-160-12.5 MG ORAL | Non-Formulary | Formulary Exclusion |
| EXFORGE HCT TABLET 5-160-25 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>olmesartan-amlodipine-hctz tablet 20-5-12.5 mg oral</i> | 1 | |

| Drug Name | Tier | Notes |
|--|---------------|-----------------------|
| <i>olmesartan-amlodipine-hctz tablet 40-10-12.5 mg oral</i> | 1 | |
| <i>olmesartan-amlodipine-hctz tablet 40-10-25 mg oral</i> | 1 | |
| <i>olmesartan-amlodipine-hctz tablet 40-5-12.5 mg oral</i> | 1 | |
| <i>olmesartan-amlodipine-hctz tablet 40-5-25 mg oral</i> | 1 | |
| TRIBENZOR TABLET 20-5-12.5 MG ORAL | Non-Formulary | Formulary Exclusion |
| TRIBENZOR TABLET 40-10-12.5 MG ORAL | Non-Formulary | Formulary Exclusion |
| TRIBENZOR TABLET 40-10-25 MG ORAL | Non-Formulary | Formulary Exclusion |
| TRIBENZOR TABLET 40-5-12.5 MG ORAL | Non-Formulary | Formulary Exclusion |
| TRIBENZOR TABLET 40-5-25 MG ORAL | Non-Formulary | Formulary Exclusion |
| *Antiadrenergics - Centrally Acting*** | | |
| CATAPRES TABLET 0.1 MG ORAL | Non-Formulary | Formulary Exclusion |
| CATAPRES TABLET 0.2 MG ORAL | Non-Formulary | Formulary Exclusion |
| CATAPRES TABLET 0.3 MG ORAL | Non-Formulary | Formulary Exclusion |
| CATAPRES-TTS-1 PATCH WEEKLY 0.1 MG/24HR TRANSDERMAL | Non-Formulary | Formulary Exclusion |
| CATAPRES-TTS-2 PATCH WEEKLY 0.2 MG/24HR TRANSDERMAL | Non-Formulary | Formulary Exclusion |
| CATAPRES-TTS-3 PATCH WEEKLY 0.3 MG/24HR TRANSDERMAL | Non-Formulary | Formulary Exclusion |
| <i>clonidine er tablet extended release 24 hour 0.17 mg oral</i> | Non-Formulary | Formulary Exclusion |
| <i>clonidine hcl tablet 0.1 mg oral</i> | 1 | |
| <i>clonidine hcl tablet 0.2 mg oral</i> | 1 | |
| <i>clonidine hcl tablet 0.3 mg oral</i> | 1 | |
| <i>clonidine patch weekly 0.1 mg/24hr transdermal</i> | 1 | |
| <i>clonidine patch weekly 0.2 mg/24hr transdermal</i> | 1 | |
| <i>clonidine patch weekly 0.3 mg/24hr transdermal</i> | 1 | |
| <i>guanfacine hcl tablet 1 mg oral</i> | 1 | |
| <i>guanfacine hcl tablet 2 mg oral</i> | 1 | |
| <i>methyldopa tablet 250 mg oral</i> | 3 | |
| <i>methyldopa tablet 250 mg oral</i> | 1 | |
| <i>methyldopa tablet 250 mg oral</i> | 1 | Mony Code (MONY Code) |
| <i>methyldopa tablet 500 mg oral</i> | 3 | |
| <i>methyldopa tablet 500 mg oral</i> | 1 | |
| <i>methyldopa tablet 500 mg oral</i> | 1 | Mony Code (MONY Code) |

| Drug Name | Tier | Notes |
|---|---------------|---------------------|
| NEXICLON XR TABLET EXTENDED RELEASE 24 HOUR 0.17 MG ORAL | Non-Formulary | Formulary Exclusion |
| *Antiadrenergics - Peripherally Acting*** | | |
| CARDURA TABLET 1 MG ORAL | Non-Formulary | Formulary Exclusion |
| CARDURA TABLET 2 MG ORAL | Non-Formulary | Formulary Exclusion |
| CARDURA TABLET 4 MG ORAL | Non-Formulary | Formulary Exclusion |
| CARDURA TABLET 8 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>doxazosin mesylate tablet 1 mg oral</i> | 1 | |
| <i>doxazosin mesylate tablet 2 mg oral</i> | 1 | |
| <i>doxazosin mesylate tablet 4 mg oral</i> | 1 | |
| <i>doxazosin mesylate tablet 8 mg oral</i> | 1 | |
| MINIPRESS CAPSULE 1 MG ORAL | Non-Formulary | Formulary Exclusion |
| MINIPRESS CAPSULE 2 MG ORAL | Non-Formulary | Formulary Exclusion |
| MINIPRESS CAPSULE 5 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>prazosin hcl capsule 1 mg oral</i> | 1 | |
| <i>prazosin hcl capsule 2 mg oral</i> | 1 | |
| <i>prazosin hcl capsule 5 mg oral</i> | 1 | |
| <i>terazosin hcl capsule 1 mg oral</i> | 1 | |
| <i>terazosin hcl capsule 10 mg oral</i> | 1 | |
| <i>terazosin hcl capsule 2 mg oral</i> | 1 | |
| <i>terazosin hcl capsule 5 mg oral</i> | 1 | |
| *Beta Blocker & Diuretic Combinations*** | | |
| <i>atenolol-chlorthalidone tablet 100-25 mg oral</i> | 1 | |
| <i>atenolol-chlorthalidone tablet 50-25 mg oral</i> | 1 | |
| <i>bisoprolol-hydrochlorothiazide tablet 10-6.25 mg oral</i> | 1 | |
| <i>bisoprolol-hydrochlorothiazide tablet 2.5-6.25 mg oral</i> | 1 | |
| <i>bisoprolol-hydrochlorothiazide tablet 5-6.25 mg oral</i> | 1 | |
| DUTOPROL TABLET EXTENDED RELEASE 24 HOUR 100-12.5 MG ORAL | 3 | |
| DUTOPROL TABLET EXTENDED RELEASE 24 HOUR 25-12.5 MG ORAL | 3 | |
| DUTOPROL TABLET EXTENDED RELEASE 24 HOUR 50-12.5 MG ORAL | 3 | |
| LOPRESSOR HCT TABLET 50-25 MG ORAL | Non-Formulary | Formulary Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|------------------------|
| <i>metoprolol-hydrochlorothiazide tablet 100-25 mg oral</i> | 1 | |
| <i>metoprolol-hydrochlorothiazide tablet 100-50 mg oral</i> | 1 | |
| <i>metoprolol-hydrochlorothiazide tablet 100-50 mg oral</i> | 1 | Mony Code (MONY Code) |
| <i>metoprolol-hydrochlorothiazide tablet 50-25 mg oral</i> | 1 | |
| TENORETIC 100 TABLET 100-25 MG ORAL | Non-Formulary | Formulary Exclusion |
| TENORETIC 50 TABLET 50-25 MG ORAL | Non-Formulary | Formulary Exclusion |
| ZIAC TABLET 10-6.25 MG ORAL | Non-Formulary | Formulary Exclusion |
| ZIAC TABLET 2.5-6.25 MG ORAL | Non-Formulary | Formulary Exclusion |
| ZIAC TABLET 5-6.25 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>*Direct Renin Inhibitors & Thiazide/Thiazide-Like Comb***</i> | | |
| TEKTURNA HCT TABLET 150-12.5 MG ORAL | 3 | |
| TEKTURNA HCT TABLET 150-25 MG ORAL | 3 | |
| TEKTURNA HCT TABLET 300-12.5 MG ORAL | 3 | |
| TEKTURNA HCT TABLET 300-25 MG ORAL | 3 | |
| <i>*Direct Renin Inhibitors***</i> | | |
| <i>aliskiren fumarate tablet 150 mg oral</i> | 1 | |
| <i>aliskiren fumarate tablet 300 mg oral</i> | 1 | |
| TEKTURNA TABLET 150 MG ORAL | Non-Formulary | Formulary Exclusion |
| TEKTURNA TABLET 300 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>*Dopamine D1 Receptor Agonists***</i> | | |
| CORLOPAM SOLUTION 10 MG/ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| CORLOPAM SOLUTION 20 MG/2ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>*Selective Aldosterone Receptor Antagonists (Saras)***</i> | | |
| <i>eplerenone tablet 25 mg oral</i> | 1 | |
| <i>eplerenone tablet 50 mg oral</i> | 1 | |
| INSPIRA TABLET 25 MG ORAL | Non-Formulary | Formulary Exclusion |
| INSPIRA TABLET 50 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>*Vasodilators***</i> | | |
| <i>hydralazine hcl solution 20 mg/ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>hydralazine hcl tablet 10 mg oral</i> | 1 | |

| Drug Name | Tier | Notes |
|---|---------------|---|
| <i>hydralazine hcl tablet 100 mg oral</i> | 1 | |
| <i>hydralazine hcl tablet 25 mg oral</i> | 1 | |
| <i>hydralazine hcl tablet 50 mg oral</i> | 1 | |
| <i>minoxidil tablet 10 mg oral</i> | 1 | |
| <i>minoxidil tablet 2.5 mg oral</i> | 1 | |
| NIPRIDE RTU SOLUTION 20-0.9 MG/100ML-% INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| NIPRIDE RTU SOLUTION 50-0.9 MG/100ML-% INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>nitroprusside sodium solution 25 mg/ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>nitroprusside sodium-nacl solution 20-0.9 mg/100ml-% intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>nitroprusside sodium-nacl solution 50-0.9 mg/100ml-% intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>sodium nitroprusside solution 25 mg/ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>sodium nitroprusside solution 50 mg/2ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| *ANTI-INFECTIVE AGENTS - MISC.* | | |
| *Anti-Infective Agents - Misc.*** | | |
| AEMCOLO TABLET DELAYED RELEASE 194 MG ORAL | 3 | |
| <i>bacitracin solution reconstituted 50000 unit intramuscular</i> | Non-Formulary | Medical Only Exclusion; Mony Code (MONY CODE ISSUE) |
| <i>bacitracin solution reconstituted 50000 unit intramuscular</i> | Non-Formulary | Medical Only Exclusion |
| FIRST-METRONIDAZOLE SUSPENSION RECONSTITUTED 50 MG/ML ORAL | 3 | |
| FLAGYL CAPSULE 375 MG ORAL | Non-Formulary | Formulary Exclusion |
| FLAGYL TABLET 500 MG ORAL | Non-Formulary | Formulary Exclusion |
| IMPAVIDO CAPSULE 50 MG ORAL | Tier 4 | PA; Specialty; QL |
| LIKMEZ SUSPENSION 500 MG/5ML ORAL | 3 | |
| METRONIDAZOLE BENZO+SYRSPEND SUSPENSION RECONSTITUTED 50 MG/ML ORAL | Non-Formulary | Non FDA Exclusion |
| <i>metronidazole capsule 375 mg oral</i> | 1 | |
| <i>metronidazole solution 500 mg/100ml intravenous</i> | 1 | |
| <i>metronidazole solution 500 mg/100ml intravenous</i> | 3 | |

| Drug Name | Tier | Notes |
|---|---------------|---|
| <i>metronidazole tablet 250 mg oral</i> | 1 | |
| <i>metronidazole tablet 500 mg oral</i> | 1 | |
| NEBUPENT SOLUTION RECONSTITUTED 300 MG INHALATION | Non-Formulary | Formulary Exclusion |
| PENTAM SOLUTION RECONSTITUTED 300 MG INJECTION | Non-Formulary | Medical Only Exclusion |
| <i>pentamidine isethionate solution reconstituted 300 mg inhalation</i> | 1 | |
| <i>pentamidine isethionate solution reconstituted 300 mg injection</i> | Non-Formulary | Medical Only Exclusion |
| PRIMSOL SOLUTION 50 MG/5ML ORAL | 3 | |
| <i>tinidazole tablet 250 mg oral</i> | 1 | |
| <i>tinidazole tablet 500 mg oral</i> | 1 | |
| <i>trimethoprim tablet 100 mg oral</i> | Non-Formulary | Formulary Exclusion |
| <i>trimethoprim tablet 100 mg oral</i> | 1 | |
| <i>trimethoprim tablet 100 mg oral</i> | Non-Formulary | Mony Code (MONY code issue); Formulary Exclusion |
| XIFAXAN TABLET 200 MG ORAL | 3 | PA |
| XIFAXAN TABLET 550 MG ORAL | 2 | PA |
| *Anti-Infective Misc. - Combinations*** | | |
| BACTRIM DS TABLET 800-160 MG ORAL | Non-Formulary | Formulary Exclusion |
| BACTRIM TABLET 400-80 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>sulfamethoxazole-trimethoprim solution 400-80 mg/5ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>sulfamethoxazole-trimethoprim suspension 200-40 mg/5ml oral</i> | 1 | |
| <i>sulfamethoxazole-trimethoprim suspension 800-160 mg/20ml oral</i> | 1 | |
| <i>sulfamethoxazole-trimethoprim tablet 400-80 mg oral</i> | 1 | |
| <i>sulfamethoxazole-trimethoprim tablet 800-160 mg oral</i> | 1 | |
| SULFATRIM PEDIATRIC SUSPENSION 200-40 MG/5ML ORAL | 1 | |
| *Antiprotozoal Agents*** | | |
| ALINIA SUSPENSION RECONSTITUTED 100 MG/5ML ORAL | 2 | |
| ALINIA TABLET 500 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>atovaquone suspension 750 mg/5ml oral</i> | 1 | PA |
| LAMPIT TABLET 120 MG ORAL | 3 | |
| LAMPIT TABLET 30 MG ORAL | 3 | |

| Drug Name | Tier | Notes |
|---|---------------|---|
| MEPRON SUSPENSION 750 MG/5ML ORAL | Non-Formulary | PA; Formulary Exclusion |
| <i>nitazoxanide tablet 500 mg oral</i> | 1 | |
| <i>nitazoxanide tablet 500 mg oral</i> | 1 | Mony Code (MONY code issue) |
| *Beta-Lactamase Inhibitor - Combinations** | | |
| XACDURO SOLUTION RECONSTITUTED 1-1 GM INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| *Carbapenem Combinations*** | | |
| <i>imipenem-cilastatin solution reconstituted 250 mg intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>imipenem-cilastatin solution reconstituted 250 mg intravenous</i> | Non-Formulary | Medical Only Exclusion; Mony Code (MONY CODE ISSUE) |
| <i>imipenem-cilastatin solution reconstituted 500 mg intravenous</i> | Non-Formulary | Medical Only Exclusion |
| PRIMAXIN IV SOLUTION RECONSTITUTED 500-500 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| RECARBRIO SOLUTION RECONSTITUTED 1.25 GM INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| VABOMERE SOLUTION RECONSTITUTED 2 (1-1) GM INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| *Carbapenems*** | | |
| <i>ertapenem sodium solution reconstituted 1 gm injection</i> | Non-Formulary | Medical Only Exclusion |
| INVANZ SOLUTION RECONSTITUTED 1 GM INJECTION | Non-Formulary | Medical Only Exclusion |
| <i>meropenem solution reconstituted 1 gm intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>meropenem solution reconstituted 2 gm intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>meropenem solution reconstituted 500 mg intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>meropenem-sodium chloride solution reconstituted 1 gm/50ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>meropenem-sodium chloride solution reconstituted 500 mg/50ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| *Chloramphenicals*** | | |
| <i>chloramphenicol sod succinate solution reconstituted 1 gm intravenous</i> | Non-Formulary | Medical Only Exclusion |
| *Cyclic Lipopeptides*** | | |
| CUBICIN RF SOLUTION RECONSTITUTED 500 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|------------------------|
| CUBICIN SOLUTION RECONSTITUTED 500 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>daptomycin solution reconstituted 350 mg intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>daptomycin solution reconstituted 500 mg intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>daptomycin-sodium chloride solution 1000-0.9 mg/100ml-% intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>daptomycin-sodium chloride solution 350-0.9 mg/50ml-% intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>daptomycin-sodium chloride solution 500-0.9 mg/50ml-% intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>daptomycin-sodium chloride solution 700-0.9 mg/100ml-% intravenous</i> | Non-Formulary | Medical Only Exclusion |
| *Glycopeptides*** | | |
| DALVANCE SOLUTION RECONSTITUTED 500 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| FIRVANQ SOLUTION RECONSTITUTED 25 MG/ML ORAL | 3 | |
| FIRVANQ SOLUTION RECONSTITUTED 50 MG/ML ORAL | 3 | |
| KIMYRSA SOLUTION RECONSTITUTED 1200 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ORBACTIV SOLUTION RECONSTITUTED 400 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| VANCOGIN CAPSULE 125 MG ORAL | Non-Formulary | Formulary Exclusion |
| VANCOGIN CAPSULE 250 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>vancomycin hcl capsule 125 mg oral</i> | 1 | |
| <i>vancomycin hcl capsule 250 mg oral</i> | 1 | |
| <i>vancomycin hcl in dextrose solution 1.25-5 gm/250ml-% intravenous</i> | Non-Formulary | Formulary Exclusion |
| <i>vancomycin hcl in dextrose solution 1.25-5 gm/250ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>vancomycin hcl in dextrose solution 1.5-5 gm/250ml-% intravenous</i> | Non-Formulary | Formulary Exclusion |
| <i>vancomycin hcl in dextrose solution 1.5-5 gm/250ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>vancomycin hcl in dextrose solution 1.5-5 gm/300ml-% intravenous</i> | Non-Formulary | Formulary Exclusion |
| <i>vancomycin hcl in dextrose solution 1-5 gm/200ml-% intravenous</i> | 3 | |
| <i>vancomycin hcl in dextrose solution 500-5 mg/100ml-% intravenous</i> | 3 | |

| Drug Name | Tier | Notes |
|---|---------------|---------------------|
| <i>vancomycin hcl in dextrose solution 750-5 mg/150ml-% intravenous</i> | 3 | |
| <i>vancomycin hcl in nacl solution 1.25-0.9 gm/250ml-% intravenous</i> | Non-Formulary | Formulary Exclusion |
| <i>vancomycin hcl in nacl solution 1.25-0.9 gm/250ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>vancomycin hcl in nacl solution 1.5-0.9 gm/250ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>vancomycin hcl in nacl solution 1.5-0.9 gm/500ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>vancomycin hcl in nacl solution 1.75-0.9 gm/250ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>vancomycin hcl in nacl solution 1.75-0.9 gm/500ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>vancomycin hcl in nacl solution 1-0.9 gm/200ml-% intravenous</i> | 3 | |
| <i>vancomycin hcl in nacl solution 1-0.9 gm/250ml-% intravenous</i> | Non-Formulary | Formulary Exclusion |
| <i>vancomycin hcl in nacl solution 1-0.9 gm/250ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>vancomycin hcl in nacl solution 2-0.9 gm/500ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>vancomycin hcl in nacl solution 500-0.9 mg/100ml-% intravenous</i> | 3 | |
| <i>vancomycin hcl in nacl solution 750-0.9 mg/150ml-% intravenous</i> | Non-Formulary | Formulary Exclusion |
| <i>vancomycin hcl in nacl solution 750-0.9 mg/150ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>vancomycin hcl in nacl solution 750-0.9 mg/150ml-% intravenous</i> | 3 | |
| <i>vancomycin hcl in nacl solution 750-0.9 mg/250ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>vancomycin hcl solution 1000 mg/200ml intravenous</i> | 3 | |
| <i>vancomycin hcl solution 1250 mg/250ml intravenous</i> | 3 | |
| <i>vancomycin hcl solution 1500 mg/300ml intravenous</i> | 3 | |
| <i>vancomycin hcl solution 1750 mg/350ml intravenous</i> | 3 | |
| <i>vancomycin hcl solution 2000 mg/400ml intravenous</i> | 3 | |
| <i>vancomycin hcl solution 500 mg/100ml intravenous</i> | 3 | |

| Drug Name | Tier | Notes |
|--|-------------|-----------------------------|
| <i>vancomycin hcl solution 750 mg/150ml intravenous</i> | 3 | |
| <i>vancomycin hcl solution reconstituted 1 gm intravenous</i> | 1 | |
| <i>vancomycin hcl solution reconstituted 1 gm intravenous</i> | 1 | Mony Code (MONY code issue) |
| <i>vancomycin hcl solution reconstituted 1.25 gm intravenous</i> | 1 | |
| <i>vancomycin hcl solution reconstituted 1.25 gm intravenous</i> | 3 | |
| <i>vancomycin hcl solution reconstituted 1.5 gm intravenous</i> | 1 | |
| <i>vancomycin hcl solution reconstituted 1.5 gm intravenous</i> | 1 | Mony Code (MONY CODE ISSUE) |
| <i>vancomycin hcl solution reconstituted 1.75 gm intravenous</i> | 2 | |
| <i>vancomycin hcl solution reconstituted 10 gm intravenous</i> | 1 | |
| <i>vancomycin hcl solution reconstituted 10 gm intravenous</i> | 1 | Mony Code (MONY code issue) |
| <i>vancomycin hcl solution reconstituted 100 gm intravenous</i> | 2 | |
| <i>vancomycin hcl solution reconstituted 2 gm intravenous</i> | 2 | |
| <i>vancomycin hcl solution reconstituted 25 mg/ml oral</i> | 1 | |
| <i>vancomycin hcl solution reconstituted 250 mg intravenous</i> | 3 | |
| <i>vancomycin hcl solution reconstituted 250 mg/5ml oral</i> | 1 | |
| <i>vancomycin hcl solution reconstituted 5 gm intravenous</i> | 1 | |
| <i>vancomycin hcl solution reconstituted 5 gm intravenous</i> | 1 | Mony Code (MONY code issue) |
| <i>vancomycin hcl solution reconstituted 50 mg/ml oral</i> | 1 | |
| <i>vancomycin hcl solution reconstituted 500 mg intravenous</i> | 1 | Mony Code (MONY CODE ISSUE) |
| <i>vancomycin hcl solution reconstituted 500 mg intravenous</i> | 1 | |
| <i>vancomycin hcl solution reconstituted 750 mg intravenous</i> | 1 | |
| <i>vancomycin hcl solution reconstituted 750 mg intravenous</i> | 2 | |

| Drug Name | Tier | Notes |
|---|---------------|------------------------|
| VANCOMYCIN+SYRSPEND SF SUSPENSION 50 MG/ML ORAL | Non-Formulary | Non FDA Exclusion |
| VIBATIV SOLUTION RECONSTITUTED 750 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| *Leprostatics*** | | |
| <i>dapsone tablet 100 mg oral</i> | 1 | |
| <i>dapsone tablet 25 mg oral</i> | 1 | |
| *Lincosamides*** | | |
| CLEOCIN CAPSULE 150 MG ORAL | Non-Formulary | Formulary Exclusion |
| CLEOCIN CAPSULE 300 MG ORAL | Non-Formulary | Formulary Exclusion |
| CLEOCIN CAPSULE 75 MG ORAL | Non-Formulary | Formulary Exclusion |
| CLEOCIN PHOSPHATE SOLUTION 300 MG/2ML INJECTION | Non-Formulary | Medical Only Exclusion |
| CLEOCIN PHOSPHATE SOLUTION 600 MG/4ML INJECTION | Non-Formulary | Medical Only Exclusion |
| CLEOCIN PHOSPHATE SOLUTION 9 GM/60ML INJECTION | Non-Formulary | Medical Only Exclusion |
| CLEOCIN PHOSPHATE SOLUTION 900 MG/6ML INJECTION | Non-Formulary | Medical Only Exclusion |
| CLEOCIN SOLUTION RECONSTITUTED 75 MG/5ML ORAL | Non-Formulary | Formulary Exclusion |
| <i>clindamycin hcl capsule 150 mg oral</i> | 1 | |
| <i>clindamycin hcl capsule 300 mg oral</i> | 1 | |
| <i>clindamycin hcl capsule 75 mg oral</i> | 1 | |
| <i>clindamycin palmitate hcl solution reconstituted 75 mg/5ml oral</i> | 1 | |
| <i>clindamycin phosphate in d5w solution 300 mg/50ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>clindamycin phosphate in d5w solution 600 mg/50ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>clindamycin phosphate in d5w solution 900 mg/50ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>clindamycin phosphate in nacl solution 300-0.9 mg/50ml-% intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>clindamycin phosphate in nacl solution 600-0.9 mg/50ml-% intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>clindamycin phosphate in nacl solution 900-0.9 mg/50ml-% intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>clindamycin phosphate solution 300 mg/2ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>clindamycin phosphate solution 600 mg/4ml injection</i> | Non-Formulary | Medical Only Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|---|
| <i>clindamycin phosphate solution 9 gm/60ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>clindamycin phosphate solution 900 mg/6ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>clindamycin phosphate solution 9000 mg/60ml injection</i> | Non-Formulary | Medical Only Exclusion |
| LINCOCIN SOLUTION 300 MG/ML INJECTION | Non-Formulary | Medical Only Exclusion |
| <i>lincomycin hcl solution 300 mg/ml injection</i> | Non-Formulary | Medical Only Exclusion |
| *Monobactams*** | | |
| AZACTAM SOLUTION RECONSTITUTED 1 GM INJECTION | Non-Formulary | Medical Only Exclusion |
| AZACTAM SOLUTION RECONSTITUTED 2 GM INJECTION | Non-Formulary | Medical Only Exclusion |
| <i>aztreonam solution reconstituted 1 gm injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>aztreonam solution reconstituted 2 gm injection</i> | Non-Formulary | Medical Only Exclusion |
| *Oxazolidinones*** | | |
| <i>linezolid in sodium chloride solution 600-0.9 mg/300ml-% intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>linezolid in sodium chloride solution 600-0.9 mg/300ml-% intravenous</i> | Non-Formulary | Medical Only Exclusion; Mony Code (MONY CODE ISSUE) |
| <i>linezolid solution 600 mg/300ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>linezolid suspension reconstituted 100 mg/5ml oral</i> | 1 | |
| <i>linezolid tablet 600 mg oral</i> | 1 | |
| SIVEXTRO SOLUTION RECONSTITUTED 200 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| SIVEXTRO TABLET 200 MG ORAL | 3 | QL |
| ZYVOX SOLUTION 200 MG/100ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ZYVOX SOLUTION 600 MG/300ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ZYVOX SUSPENSION RECONSTITUTED 100 MG/5ML ORAL | Non-Formulary | Formulary Exclusion |
| ZYVOX TABLET 600 MG ORAL | Non-Formulary | Formulary Exclusion |
| *Pleuromutilins*** | | |
| XENLETA SOLUTION 150 MG/15ML INTRAVENOUS | 3 | QL |
| XENLETA TABLET 600 MG ORAL | 3 | QL |

| Drug Name | Tier | Notes |
|--|---------------|---|
| *Polymyxins*** | | |
| <i>colistimethate sodium (cba) solution reconstituted 150 mg injection</i> | Non-Formulary | Medical Only Exclusion |
| COLY-MYCIN M SOLUTION RECONSTITUTED 150 MG INJECTION | Non-Formulary | Medical Only Exclusion |
| <i>polymyxin b sulfate solution reconstituted 500000 unit injection</i> | Non-Formulary | Medical Only Exclusion |
| *Streptogramin Combinations*** | | |
| SYNERCID SOLUTION RECONSTITUTED 150-350 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| *Urinary Anti-Infectives*** | | |
| <i>fosfomicin tromethamine packet 3 gm oral</i> | 1 | |
| HIPREX TABLET 1 GM ORAL | Non-Formulary | Formulary Exclusion |
| MACROBID CAPSULE 100 MG ORAL | Non-Formulary | Formulary Exclusion |
| MACRODANTIN CAPSULE 100 MG ORAL | Non-Formulary | Formulary Exclusion |
| MACRODANTIN CAPSULE 25 MG ORAL | Non-Formulary | Formulary Exclusion |
| MACRODANTIN CAPSULE 50 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>methenamine hippurate tablet 1 gm oral</i> | 1 | |
| <i>methenamine mandelate tablet 0.5 gm oral</i> | Non-Formulary | Mony Code (MONY Code); Formulary Exclusion |
| <i>methenamine mandelate tablet 0.5 gm oral</i> | Non-Formulary | Formulary Exclusion |
| <i>methenamine mandelate tablet 1 gm oral</i> | Non-Formulary | Formulary Exclusion |
| <i>methenamine mandelate tablet 1 gm oral</i> | Non-Formulary | Mony Code (MONY Code); Formulary Exclusion |
| MONUROL PACKET 3 GM ORAL | Non-Formulary | Formulary Exclusion |
| <i>nitrofurantoin macrocrystal capsule 100 mg oral</i> | 1 | |
| <i>nitrofurantoin macrocrystal capsule 25 mg oral</i> | 1 | |
| <i>nitrofurantoin macrocrystal capsule 50 mg oral</i> | 1 | |
| <i>nitrofurantoin monohyd macro capsule 100 mg oral</i> | 1 | |
| <i>nitrofurantoin suspension 25 mg/5ml oral</i> | 1 | |
| <i>nitrofurantoin suspension 50 mg/10ml oral</i> | 1 | |
| <i>nitrofurantoin suspension 50 mg/5ml oral</i> | 3 | |
| *Urinary Antiseptic-Antispasmodic &/Or Analgesics*** | | |
| HYOPHEN TABLET 81.6 MG ORAL | Non-Formulary | Non FDA Exclusion |
| <i>me/naphos/mb/hyo1 tablet 81.6 mg oral</i> | Non-Formulary | Non FDA Exclusion |
| PHOSPHASAL TABLET 81.6 MG ORAL | 1 | |
| URELLE TABLET 81 MG ORAL | 1 | |
| URIBEL CAPSULE 118 MG ORAL | Non-Formulary | Non FDA Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|--|
| URIBEL TABLET 81.6 MG ORAL | Non-Formulary | Non FDA Exclusion |
| URIMAR-T CAPSULE 120 MG ORAL | Non-Formulary | Non FDA Exclusion |
| URIMAR-T TABLET 120 MG ORAL | Non-Formulary | Non FDA Exclusion |
| <i>urin ds tablet 81.6 mg oral</i> | 1 | |
| <i>urueva capsule 120 mg oral</i> | Non-Formulary | Non FDA Exclusion |
| <i>uro-458 tablet 81 mg oral</i> | 1 | |
| UROGESIC-BLUE TABLET 81.6 MG ORAL | 3 | |
| <i>uro-mp capsule 118 mg oral</i> | 1 | |
| <i>uro-sp capsule 118 mg oral</i> | Non-Formulary | Non FDA Exclusion |
| USTELL CAPSULE 120 MG ORAL | Non-Formulary | Non FDA Exclusion; Mony Code (MONY Code) |
| UTIRA-C TABLET 81.6 MG ORAL | 1 | |
| VILAMIT MB CAPSULE 118 MG ORAL | Non-Formulary | Non FDA Exclusion |
| VILEVEV MB TABLET 81 MG ORAL | Non-Formulary | Non FDA Exclusion |
| *ANTIMALARIALS* | | |
| <i>*Antimalarial Combinations***</i> | | |
| <i>atovaquone-proguanil hcl tablet 250-100 mg oral</i> | 1 | |
| <i>atovaquone-proguanil hcl tablet 62.5-25 mg oral</i> | 1 | |
| COARTEM TABLET 20-120 MG ORAL | 3 | |
| MALARONE TABLET 250-100 MG ORAL | Non-Formulary | Formulary Exclusion |
| MALARONE TABLET 62.5-25 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>pyrimethamine-leucovorin capsule 12.5-2.5 mg oral</i> | Non-Formulary | Non FDA Exclusion |
| <i>pyrimethamine-leucovorin capsule 25-10 mg oral</i> | Non-Formulary | Non FDA Exclusion |
| <i>pyrimethamine-leucovorin capsule 25-5 mg oral</i> | Non-Formulary | Non FDA Exclusion |
| <i>pyrimethamine-leucovorin capsule 50-10 mg oral</i> | Non-Formulary | Non FDA Exclusion |
| <i>pyrimethamine-leucovorin capsule 50-20 mg oral</i> | Non-Formulary | Non FDA Exclusion |
| <i>pyrimethamine-leucovorin capsule 50-25 mg oral</i> | Non-Formulary | Non FDA Exclusion |
| <i>pyrimethamine-leucovorin capsule 75-25 mg oral</i> | Non-Formulary | Non FDA Exclusion |
| <i>*Antimalarials***</i> | | |
| ARAKODA TABLET 100 MG ORAL | 3 | |
| <i>artesunate solution reconstituted 110 mg intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>chloroquine phosphate tablet 250 mg oral</i> | 1 | |
| <i>chloroquine phosphate tablet 500 mg oral</i> | 1 | |
| <i>chloroquine phosphate tablet 500 mg oral</i> | 1 | Mony Code (MONY Code) |
| DARAPRIM TABLET 25 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion |
| <i>hydroxychloroquine sulfate tablet 100 mg oral</i> | 1 | |

| Drug Name | Tier | Notes |
|--|---------------|------------------------|
| <i>hydroxychloroquine sulfate tablet 200 mg oral</i> | 1 | |
| <i>hydroxychloroquine sulfate tablet 300 mg oral</i> | 1 | |
| <i>hydroxychloroquine sulfate tablet 400 mg oral</i> | 1 | |
| KRINTAFEL TABLET 150 MG ORAL | 3 | |
| <i>mefloquine hcl tablet 250 mg oral</i> | 1 | |
| <i>mefloquine hcl tablet 250 mg oral</i> | 1 | Mony Code (MONY Code) |
| PLAQUENIL TABLET 200 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>primaquine phosphate tablet 26.3 (15 base) mg oral</i> | 1 | |
| <i>primaquine phosphate tablet 26.3 (15 base) mg oral</i> | Non-Formulary | Formulary Exclusion |
| <i>pyrimethamine tablet 25 mg oral</i> | Tier 4 | PA; Specialty |
| QUALAQUIN CAPSULE 324 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>quinine sulfate capsule 324 mg oral</i> | 1 | |
| SOVUNA TABLET 200 MG ORAL | Non-Formulary | Formulary Exclusion |
| SOVUNA TABLET 300 MG ORAL | Non-Formulary | Formulary Exclusion |
| *ANTIMYASTHENIC/CHOLINERGIC AGENTS* | | |
| <i>*Antimyasthenic/Cholinergic Agents***</i> | | |
| BLOXIVERZ SOLUTION 10 MG/10ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| BLOXIVERZ SOLUTION 5 MG/10ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| BLOXIVERZ SOLUTION PREFILLED SYRINGE 5 MG/5ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>guanidine hcl tablet 125 mg oral</i> | 3 | |
| MESTINON SOLUTION 60 MG/5ML ORAL | Non-Formulary | Formulary Exclusion |
| MESTINON TABLET 60 MG ORAL | Non-Formulary | Formulary Exclusion |
| MESTINON TABLET EXTENDED RELEASE 180 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>neostigmine methylsulfate solution 10 mg/10ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>neostigmine methylsulfate solution 3 mg/3ml intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>neostigmine methylsulfate solution 5 mg/10ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>neostigmine methylsulfate solution 5 mg/5ml intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>neostigmine methylsulfate solution prefilled syringe 2 mg/2ml intravenous</i> | Non-Formulary | Non FDA Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|---|
| <i>neostigmine methylsulfate solution prefilled syringe 3 mg/3ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>neostigmine methylsulfate solution prefilled syringe 3 mg/3ml intravenous</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>neostigmine methylsulfate solution prefilled syringe 4 mg/4ml intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>neostigmine methylsulfate solution prefilled syringe 5 mg/5ml intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>pyridostigmine bromide er tablet extended release 180 mg oral</i> | 1 | |
| <i>pyridostigmine bromide solution 60 mg/5ml oral</i> | 1 | |
| <i>pyridostigmine bromide tablet 30 mg oral</i> | 3 | |
| <i>pyridostigmine bromide tablet 60 mg oral</i> | 1 | |
| REGONOL SOLUTION 10 MG/2ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| RUZURGI TABLET 10 MG ORAL | Non-Formulary | Non FDA Exclusion; QL |
| *ANTIMYCOBACTERIAL AGENTS* | | |
| *Antimycobacterial Agents*** | | |
| CAPASTAT SULFATE SOLUTION RECONSTITUTED 1 GM INJECTION | Non-Formulary | Medical Only Exclusion |
| <i>cycloserine capsule 250 mg oral</i> | 1 | |
| <i>cycloserine capsule 250 mg oral</i> | 1 | Mony Code (MONY Code) |
| <i>ethambutol hcl tablet 100 mg oral</i> | 1 | |
| <i>ethambutol hcl tablet 400 mg oral</i> | 1 | |
| <i>isoniazid solution 100 mg/ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>isoniazid syrup 50 mg/5ml oral</i> | 1 | |
| <i>isoniazid tablet 100 mg oral</i> | 1 | |
| <i>isoniazid tablet 100 mg oral</i> | 1 | Mony Code (MONY Code) |
| <i>isoniazid tablet 300 mg oral</i> | 1 | |
| MYAMBUTOL TABLET 400 MG ORAL | Non-Formulary | Formulary Exclusion |
| MYCOBUTIN CAPSULE 150 MG ORAL | Non-Formulary | Formulary Exclusion |
| PASER PACKET 4 GM ORAL | 3 | |
| <i>pretomanid tablet 200 mg oral</i> | 3 | QL |
| PRIFTIN TABLET 150 MG ORAL | 2 | |
| <i>pyrazinamide tablet 500 mg oral</i> | 1 | |
| <i>pyrazinamide tablet 500 mg oral</i> | 1 | Mony Code (MONY Code) |
| <i>rifabutin capsule 150 mg oral</i> | 1 | |
| RIFADIN CAPSULE 150 MG ORAL | Non-Formulary | Formulary Exclusion |
| RIFADIN CAPSULE 300 MG ORAL | Non-Formulary | Formulary Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|--|
| RIFADIN SOLUTION RECONSTITUTED 600 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>rifampin capsule 150 mg oral</i> | 1 | |
| <i>rifampin capsule 300 mg oral</i> | 1 | |
| <i>rifampin solution reconstituted 600 mg intravenous</i> | Non-Formulary | Medical Only Exclusion |
| RIFAMPIN+SYRSPEND SF SUSPENSION 25 MG/ML ORAL | Non-Formulary | Non FDA Exclusion |
| TRECTOR TABLET 250 MG ORAL | 3 | |
| *ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES* | | |
| *Alkylating Agents*** | | |
| BELRAPZO SOLUTION 100 MG/4ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>bendamustine hcl solution 100 mg/4ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>bendamustine hcl solution reconstituted 100 mg intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>bendamustine hcl solution reconstituted 25 mg intravenous</i> | Non-Formulary | Medical Only Exclusion |
| BENDEKA SOLUTION 100 MG/4ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>busulfan solution 6 mg/ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| BUSULFEX SOLUTION 6 MG/ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>carboplatin solution 150 mg/15ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>carboplatin solution 450 mg/45ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>carboplatin solution 50 mg/5ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>carboplatin solution 600 mg/60ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>cisplatin solution 100 mg/100ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>cisplatin solution 200 mg/200ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>cisplatin solution 50 mg/50ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>cisplatin solution 50 mg/50ml intravenous</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion; Mony Code (MONY code issue) |
| <i>cisplatin solution reconstituted 50 mg intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>kemoplat solution 50 mg/50ml intravenous</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| MYLERAN TABLET 2 MG ORAL | Tier 4 | PA; Specialty |
| <i>oxaliplatin solution 100 mg/20ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>oxaliplatin solution 200 mg/40ml intravenous</i> | Non-Formulary | Medical Only Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|------------------------------------|
| <i>oxaliplatin solution 50 mg/10ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>oxaliplatin solution reconstituted 100 mg intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>oxaliplatin solution reconstituted 50 mg intravenous</i> | Non-Formulary | Medical Only Exclusion |
| PARAPLATIN SOLUTION 1000 MG/100ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| PARAPLATIN SOLUTION 150 MG/15ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| PARAPLATIN SOLUTION 450 MG/45ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| PARAPLATIN SOLUTION 50 MG/5ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| PARAPLATIN SOLUTION 600 MG/60ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| TEPADINA SOLUTION RECONSTITUTED 100 MG INJECTION | Non-Formulary | Medical Only Exclusion |
| TEPADINA SOLUTION RECONSTITUTED 15 MG INJECTION | Non-Formulary | Medical Only Exclusion |
| <i>thiotepa solution reconstituted 100 mg injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>thiotepa solution reconstituted 15 mg injection</i> | Non-Formulary | Medical Only Exclusion |
| TREANDA SOLUTION RECONSTITUTED 100 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| TREANDA SOLUTION RECONSTITUTED 25 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>vivimusta solution 100 mg/4ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| ZEPZELCA SOLUTION RECONSTITUTED 4 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| *Androgen Biosynthesis Inhibitors*** | | |
| <i>abiraterone acetate tablet 250 mg oral</i> | Tier 4 | PA; Specialty |
| <i>abiraterone acetate tablet 500 mg oral</i> | Tier 4 | PA; Specialty |
| YONSA TABLET 125 MG ORAL | Tier 4 | PA; Specialty |
| ZYTIGA TABLET 250 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion |
| ZYTIGA TABLET 500 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion |
| *Antiadrenals*** | | |
| LYSODREN TABLET 500 MG ORAL | Tier 4 | PA; Specialty |
| *Antiandrogens*** | | |
| <i>bicalutamide tablet 50 mg oral</i> | 1 | |
| CASODEX TABLET 50 MG ORAL | Non-Formulary | Formulary Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|---|
| ERLEADA TABLET 240 MG ORAL | Tier 4 | PA; Specialty |
| ERLEADA TABLET 60 MG ORAL | Tier 4 | PA; Specialty |
| EULEXIN CAPSULE 125 MG ORAL | 3 | |
| <i>flutamide capsule 125 mg oral</i> | 1 | Mony Code (MONY Code) |
| NILANDRON TABLET 150 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion |
| <i>nilutamide tablet 150 mg oral</i> | Tier 4 | PA; Specialty |
| NUBEQA TABLET 300 MG ORAL | Tier 4 | PA; Specialty |
| XTANDI CAPSULE 40 MG ORAL | Tier 4 | PA; Specialty |
| XTANDI TABLET 40 MG ORAL | Tier 4 | PA; Specialty |
| XTANDI TABLET 80 MG ORAL | Tier 4 | PA; Specialty |
| *Antiestrogens*** | | |
| FARESTON TABLET 60 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>toremifene citrate tablet 60 mg oral</i> | 1 | |
| *Antimetabolites*** | | |
| ALIMTA SOLUTION RECONSTITUTED 100 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ALIMTA SOLUTION RECONSTITUTED 500 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ARRANON SOLUTION 5 MG/ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>azacitidine suspension reconstituted 100 mg injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>capecitabine tablet 150 mg oral</i> | Tier 4 | PA; Specialty |
| <i>capecitabine tablet 500 mg oral</i> | Tier 4 | PA; Specialty |
| <i>cladribine solution 10 mg/10ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>clofarabine solution 1 mg/ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| CLOLAR SOLUTION 1 MG/ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>cytarabine (pf) solution 100 mg/ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>cytarabine (pf) solution 20 mg/ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>cytarabine (pf) solution 20 mg/ml injection</i> | Non-Formulary | Medical Only Exclusion; Mony Code (MONY code issue) |
| <i>cytarabine solution 20 mg/ml injection</i> | Non-Formulary | Medical Only Exclusion; Mony Code (MONY Code) |
| DACOGEN SOLUTION RECONSTITUTED 50 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>decitabine solution reconstituted 50 mg intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>floxuridine solution reconstituted 0.5 gm injection</i> | Non-Formulary | Medical Only Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|--|
| <i>floxuridine solution reconstituted 0.5 gm injection</i> | Non-Formulary | Medical Only Exclusion; Mony Code (MONY code issue) |
| <i>fludarabine phosphate solution 25 mg/ml intravenous</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion; Mony Code (MONY code issue) |
| <i>fludarabine phosphate solution 50 mg/2ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>fludarabine phosphate solution reconstituted 50 mg intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>fludarabine phosphate solution reconstituted 50 mg intravenous</i> | Non-Formulary | Medical Only Exclusion; Mony Code (MONY code issue) |
| <i>fluorouracil solution 1 gm/20ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>fluorouracil solution 2.5 gm/50ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>fluorouracil solution 5 gm/100ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>fluorouracil solution 500 mg/10ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| FOLOTYN SOLUTION 20 MG/ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| FOLOTYN SOLUTION 40 MG/2ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>gemcitabine hcl solution 1 gm/10ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>gemcitabine hcl solution 1 gm/26.3ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>gemcitabine hcl solution 1 gm/26.3ml intravenous</i> | Non-Formulary | Medical Only Exclusion; Mony Code (MONY Code) |
| <i>gemcitabine hcl solution 1.5 gm/15ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>gemcitabine hcl solution 2 gm/20ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>gemcitabine hcl solution 2 gm/52.6ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>gemcitabine hcl solution 2 gm/52.6ml intravenous</i> | Non-Formulary | Medical Only Exclusion; Mony Code (MONY Code) |
| <i>gemcitabine hcl solution 200 mg/2ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>gemcitabine hcl solution 200 mg/5.26ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>gemcitabine hcl solution 200 mg/5.26ml intravenous</i> | Non-Formulary | Medical Only Exclusion; Mony Code (MONY Code) |
| <i>gemcitabine hcl solution reconstituted 1 gm intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>gemcitabine hcl solution reconstituted 2 gm intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>gemcitabine hcl solution reconstituted 200 mg intravenous</i> | Non-Formulary | Medical Only Exclusion |
| INFUGEM SOLUTION 1200-0.9 MG/120ML-% INTRAVENOUS | Non-Formulary | Medical Only Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|------------------------|
| INFUGEM SOLUTION 1300-0.9 MG/130ML-% INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| INFUGEM SOLUTION 1400-0.9 MG/140ML-% INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| INFUGEM SOLUTION 1500-0.9 MG/150ML-% INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| INFUGEM SOLUTION 1600-0.9 MG/160ML-% INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| INFUGEM SOLUTION 1700-0.9 MG/170ML-% INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| INFUGEM SOLUTION 1800-0.9 MG/180ML-% INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| INFUGEM SOLUTION 1900-0.9 MG/190ML-% INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| INFUGEM SOLUTION 2000-0.9 MG/200ML-% INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| INFUGEM SOLUTION 2200-0.9 MG/220ML-% INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| JYLAMVO SOLUTION 2 MG/ML ORAL | 3 | |
| <i>mercaptopurine tablet 50 mg oral</i> | 1 | |
| <i>methotrexate sodium (pf) solution 1 gm/40ml injection</i> | 1 | |
| <i>methotrexate sodium (pf) solution 250 mg/10ml injection</i> | 1 | |
| <i>methotrexate sodium (pf) solution 50 mg/2ml injection</i> | 1 | |
| <i>methotrexate sodium solution 1000 mg/40ml injection</i> | 1 | |
| <i>methotrexate sodium solution 250 mg/10ml injection</i> | 1 | Mony Code (MONY Code) |
| <i>methotrexate sodium solution 50 mg/2ml injection</i> | 1 | |
| <i>methotrexate sodium solution reconstituted 1 gm injection</i> | 1 | |
| <i>methotrexate sodium tablet 2.5 mg oral</i> | 1 | |
| <i>nelarabine solution 5 mg/ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>pemetrexed disodium solution 1 gm/40ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>pemetrexed disodium solution 100 mg/4ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>pemetrexed disodium solution 500 mg/20ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>pemetrexed disodium solution 850 mg/34ml intravenous</i> | Non-Formulary | Medical Only Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|------------------------------------|
| <i>pemetrexed disodium solution reconstituted 100 mg intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>pemetrexed disodium solution reconstituted 1000 mg intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>pemetrexed disodium solution reconstituted 500 mg intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>pemetrexed disodium solution reconstituted 750 mg intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>pemetrexed ditromethamine solution reconstituted 100 mg intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>pemetrexed ditromethamine solution reconstituted 500 mg intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>pemetrexed solution 1 gm/40ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>pemetrexed solution 100 mg/4ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>pemetrexed solution 500 mg/20ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| PEMFEXY SOLUTION 500 MG/20ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| PEMRYDI RTU SOLUTION 100 MG/10ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| PEMRYDI RTU SOLUTION 500 MG/50ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>pralatrexate solution 20 mg/ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>pralatrexate solution 40 mg/2ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| PURIXAN SUSPENSION 2000 MG/100ML ORAL | 2 | |
| TABLOID TABLET 40 MG ORAL | Tier 4 | PA; Specialty |
| TREXALL TABLET 10 MG ORAL | 3 | |
| TREXALL TABLET 15 MG ORAL | 3 | |
| TREXALL TABLET 5 MG ORAL | 3 | |
| TREXALL TABLET 7.5 MG ORAL | 3 | |
| VIDAZA SUSPENSION RECONSTITUTED 100 MG INJECTION | Non-Formulary | Medical Only Exclusion |
| XATMEP SOLUTION 2.5 MG/ML ORAL | 3 | |
| XELODA TABLET 150 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion |
| XELODA TABLET 500 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion |
| *Antineoplastic - Alk Inhibitors*** | | |
| ALECENSA CAPSULE 150 MG ORAL | Tier 4 | PA; Specialty |
| ALUNBRIG TABLET 180 MG ORAL | Tier 4 | PA; Specialty |
| ALUNBRIG TABLET 30 MG ORAL | Tier 4 | PA; Specialty |

| Drug Name | Tier | Notes |
|--|---------------|------------------------|
| ALUNBRIG TABLET 90 MG ORAL | Tier 4 | PA; Specialty |
| ALUNBRIG TABLET THERAPY PACK 90 & 180 MG ORAL | Tier 4 | PA; Specialty |
| XALKORI CAPSULE 200 MG ORAL | Tier 4 | PA; Specialty |
| XALKORI CAPSULE 250 MG ORAL | Tier 4 | PA; Specialty |
| XALKORI CAPSULE SPRINKLE 150 MG ORAL | Tier 4 | PA; Specialty |
| XALKORI CAPSULE SPRINKLE 20 MG ORAL | Tier 4 | PA; Specialty |
| XALKORI CAPSULE SPRINKLE 50 MG ORAL | Tier 4 | PA; Specialty |
| ZYKADIA TABLET 150 MG ORAL | Tier 4 | PA; Specialty |
| <i>*Antineoplastic - Allogeneic Cellular Immunotherapy***</i> | | |
| OMISIRGE SUSPENSION INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>*Antineoplastic - Anti-Bcma Antibody-Drug Complex***</i> | | |
| BLENREP SOLUTION RECONSTITUTED 100 MG INTRAVENOUS | Non-Formulary | Non FDA Exclusion |
| <i>*Antineoplastic - Antibody Combinations***</i> | | |
| OPDUALAG SOLUTION 240-80 MG/20ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>*Antineoplastic - Anti-Ccr4 Antibodies***</i> | | |
| POTELIGEO SOLUTION 20 MG/5ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>*Antineoplastic - Anti-Cd19 Antibodies***</i> | | |
| MONJUVI SOLUTION RECONSTITUTED 200 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>*Antineoplastic - Anti-Cd19 Antibody-Drug Complex***</i> | | |
| ZYNLONTA SOLUTION RECONSTITUTED 10 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>*Antineoplastic - Anti-Cd20 Antibodies***</i> | | |
| ARZERRA CONCENTRATE 100 MG/5ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ARZERRA CONCENTRATE 1000 MG/50ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|------------------------------------|
| GAZYVA SOLUTION 1000 MG/40ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| RUXIENCE SOLUTION 100 MG/10ML INTRAVENOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| RUXIENCE SOLUTION 500 MG/50ML INTRAVENOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| TRUXIMA SOLUTION 100 MG/10ML INTRAVENOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| TRUXIMA SOLUTION 500 MG/50ML INTRAVENOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| <i>*Antineoplastic - Anti-Cd22 Antibodies***</i> | | |
| LUMOXITI SOLUTION RECONSTITUTED 1 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>*Antineoplastic - Anti-Cd22 Antibody-Drug Complex***</i> | | |
| BESPONSA SOLUTION RECONSTITUTED 0.9 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>*Antineoplastic - Anti-Cd30 Antibody-Drug Complex***</i> | | |
| ADCETRIS SOLUTION RECONSTITUTED 50 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>*Antineoplastic - Anti-Cd33 Antibody-Drug Complex***</i> | | |
| MYLOTARG SOLUTION RECONSTITUTED 4.5 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>*Antineoplastic - Anti-Cd38 Antibodies***</i> | | |
| DARZALEX SOLUTION 100 MG/5ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| DARZALEX SOLUTION 400 MG/20ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| SARCLISA SOLUTION 100 MG/5ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| SARCLISA SOLUTION 500 MG/25ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>*Antineoplastic - Anti-Cd79b Antibody-Drug Complex***</i> | | |
| POLIVY SOLUTION RECONSTITUTED 140 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| POLIVY SOLUTION RECONSTITUTED 30 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|------------------------|
| <i>*Antineoplastic - Anti-Cldn18.2 Antibodies***</i> | | |
| VYLOY SOLUTION RECONSTITUTED 100 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>*Antineoplastic - Anti-Ctla-4 Antibodies***</i> | | |
| IMJUDO SOLUTION 25 MG/1.25ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| IMJUDO SOLUTION 300 MG/15ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>*Antineoplastic - Anti-Gd2 Antibodies***</i> | | |
| DANYELZA SOLUTION 40 MG/10ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| UNITUXIN SOLUTION 17.5 MG/5ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>*Antineoplastic - Anti-Her2 Agents***</i> | | |
| HERCEPTIN SOLUTION RECONSTITUTED 150 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| HERZUMA SOLUTION RECONSTITUTED 150 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| HERZUMA SOLUTION RECONSTITUTED 420 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| KANJINTI SOLUTION RECONSTITUTED 150 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| KANJINTI SOLUTION RECONSTITUTED 420 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| MARGENZA SOLUTION 250 MG/10ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| OGIVRI SOLUTION RECONSTITUTED 150 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| OGIVRI SOLUTION RECONSTITUTED 420 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ONTRUZANT SOLUTION RECONSTITUTED 150 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ONTRUZANT SOLUTION RECONSTITUTED 420 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| PERJETA SOLUTION 420 MG/14ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| TRAZIMERA SOLUTION RECONSTITUTED 150 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| TRAZIMERA SOLUTION RECONSTITUTED 420 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|------------------------|
| <i>*Antineoplastic - Anti-Nectin-4 Antibody-Drug Complex***</i> | | |
| PADCEV SOLUTION RECONSTITUTED 20 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| PADCEV SOLUTION RECONSTITUTED 30 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>*Antineoplastic - Anti-Pd-1 Antibodies***</i> | | |
| JEMPERLI SOLUTION 500 MG/10ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| KEYTRUDA SOLUTION 100 MG/4ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| LIBTAYO SOLUTION 350 MG/7ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| LOQTORZI SOLUTION 240 MG/6ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| TEVIMBRA SOLUTION 100 MG/10ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ZYNYZ SOLUTION 500 MG/20ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>*Antineoplastic - Anti-Pd-L1 Antibodies***</i> | | |
| BAVENCIO SOLUTION 200 MG/10ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| IMFINZI SOLUTION 120 MG/2.4ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| IMFINZI SOLUTION 500 MG/10ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| TECENTRIQ SOLUTION 1200 MG/20ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| TECENTRIQ SOLUTION 840 MG/14ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>*Antineoplastic - Anti-Slamf7 Antibodies***</i> | | |
| EMPLICITI SOLUTION RECONSTITUTED 300 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| EMPLICITI SOLUTION RECONSTITUTED 400 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>*Antineoplastic - Anti-Tf Antibody-Drug Complex***</i> | | |
| TIVDAK SOLUTION RECONSTITUTED 40 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|------------------------|
| <i>*Antineoplastic - Autologous Cellular Immunotherapy***</i> | | |
| ABECMA SUSPENSION 460000000 CELLS INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| AMTAGVI SUSPENSION 72000000000 CELLS INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| BREYANZI SUSPENSION 70000000 CELLS/ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| CARVYKTI SUSPENSION 100000000 CELLS INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| KYMRIAH SUSPENSION 250000000 CELLS INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| KYMRIAH SUSPENSION 600000000 CELLS INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| PROVENGE SUSPENSION 50000000 CELLS INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| TECARTUS SUSPENSION 100000000 CELLS INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| TECARTUS SUSPENSION 200000000 CELLS INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| TECELRA SUSPENSION 10000000000 CELLS INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| YESCARTA SUSPENSION 200000000 CELLS INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>*Antineoplastic - Bcl-2 Inhibitors***</i> | | |
| VENCLEXTA STARTING PACK TABLET THERAPY PACK 10 & 50 & 100 MG ORAL | Tier 4 | PA; Specialty |
| VENCLEXTA TABLET 10 MG ORAL | Tier 4 | PA; Specialty |
| VENCLEXTA TABLET 100 MG ORAL | Tier 4 | PA; Specialty |
| VENCLEXTA TABLET 50 MG ORAL | Tier 4 | PA; Specialty |
| <i>*Antineoplastic - Bcr-Abl Kinase Inhibitors***</i> | | |
| BOSULIF CAPSULE 100 MG ORAL | Tier 4 | PA; Specialty |
| BOSULIF CAPSULE 50 MG ORAL | Tier 4 | PA; Specialty |
| BOSULIF TABLET 100 MG ORAL | Tier 4 | PA; Specialty |
| BOSULIF TABLET 400 MG ORAL | Tier 4 | PA; Specialty |
| BOSULIF TABLET 500 MG ORAL | Tier 4 | PA; Specialty |
| <i>dasatinib tablet 100 mg oral</i> | Tier 4 | PA; Specialty |
| <i>dasatinib tablet 140 mg oral</i> | Tier 4 | PA; Specialty |
| <i>dasatinib tablet 20 mg oral</i> | Tier 4 | PA; Specialty |
| <i>dasatinib tablet 50 mg oral</i> | Tier 4 | PA; Specialty |

| Drug Name | Tier | Notes |
|---|---------------|------------------------------------|
| <i>dasatinib tablet 70 mg oral</i> | Tier 4 | PA; Specialty |
| <i>dasatinib tablet 80 mg oral</i> | Tier 4 | PA; Specialty |
| GLEEVEC TABLET 100 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion |
| GLEEVEC TABLET 400 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion |
| ICLUSIG TABLET 10 MG ORAL | Tier 4 | PA; Specialty |
| ICLUSIG TABLET 15 MG ORAL | Tier 4 | PA; Specialty |
| ICLUSIG TABLET 30 MG ORAL | Tier 4 | PA; Specialty |
| ICLUSIG TABLET 45 MG ORAL | Tier 4 | PA; Specialty |
| <i>imatinib mesylate tablet 100 mg oral</i> | Tier 4 | PA; Specialty |
| <i>imatinib mesylate tablet 400 mg oral</i> | Tier 4 | PA; Specialty |
| SCEMBLIX TABLET 100 MG ORAL | Tier 4 | PA; Specialty |
| SCEMBLIX TABLET 20 MG ORAL | Tier 4 | PA; Specialty |
| SCEMBLIX TABLET 40 MG ORAL | Tier 4 | PA; Specialty |
| SPRYCEL TABLET 100 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion |
| SPRYCEL TABLET 140 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion |
| SPRYCEL TABLET 20 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion |
| SPRYCEL TABLET 50 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion |
| SPRYCEL TABLET 70 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion |
| SPRYCEL TABLET 80 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion |
| TASIGNA CAPSULE 150 MG ORAL | Tier 4 | PA; Specialty |
| TASIGNA CAPSULE 200 MG ORAL | Tier 4 | PA; Specialty |
| TASIGNA CAPSULE 50 MG ORAL | Tier 4 | PA; Specialty |
| <i>*Antineoplastic - Bispecific T-Cell Engagers***</i> | | |
| BLINCYTO SOLUTION RECONSTITUTED 35 MCG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| COLUMVI SOLUTION 10 MG/10ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| COLUMVI SOLUTION 2.5 MG/2.5ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ELREXFIO SOLUTION 44 MG/1.1ML SUBCUTANEOUS | Non-Formulary | Medical Only Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|------------------------|
| ELREXFIO SOLUTION 76 MG/1.9ML SUBCUTANEOUS | Non-Formulary | Medical Only Exclusion |
| EPKINLY SOLUTION 4 MG/0.8ML SUBCUTANEOUS | Non-Formulary | Medical Only Exclusion |
| EPKINLY SOLUTION 48 MG/0.8ML SUBCUTANEOUS | Non-Formulary | Medical Only Exclusion |
| IMDELLTRA SOLUTION RECONSTITUTED 1 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| IMDELLTRA SOLUTION RECONSTITUTED 10 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| KIMMTRAK SOLUTION 100 MCG/0.5ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| LUNSUMIO SOLUTION 1 MG/ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| LUNSUMIO SOLUTION 30 MG/30ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| TALVEY SOLUTION 3 MG/1.5ML SUBCUTANEOUS | Non-Formulary | Medical Only Exclusion |
| TALVEY SOLUTION 40 MG/ML SUBCUTANEOUS | Non-Formulary | Medical Only Exclusion |
| TECVAYLI SOLUTION 153 MG/1.7ML SUBCUTANEOUS | Non-Formulary | Medical Only Exclusion |
| TECVAYLI SOLUTION 30 MG/3ML SUBCUTANEOUS | Non-Formulary | Medical Only Exclusion |
| <i>*Antineoplastic - Braf Kinase Inhibitors***</i> | | |
| TAFINLAR CAPSULE 50 MG ORAL | Tier 4 | PA; Specialty |
| TAFINLAR CAPSULE 75 MG ORAL | Tier 4 | PA; Specialty |
| TAFINLAR TABLET SOLUBLE 10 MG ORAL | Tier 4 | PA; Specialty |
| ZELBORAF TABLET 240 MG ORAL | Tier 4 | PA; Specialty |
| <i>*Antineoplastic - Btk Inhibitors***</i> | | |
| BRUKINSA CAPSULE 80 MG ORAL | Tier 4 | PA; Specialty |
| CALQUENCE CAPSULE 100 MG ORAL | Tier 4 | PA; Specialty |
| CALQUENCE TABLET 100 MG ORAL | Tier 4 | PA; Specialty |
| IMBRUVICA CAPSULE 140 MG ORAL | Tier 4 | PA; Specialty |
| IMBRUVICA CAPSULE 70 MG ORAL | Tier 4 | PA; Specialty |
| IMBRUVICA SUSPENSION 70 MG/ML ORAL | Tier 4 | PA; Specialty |
| IMBRUVICA TABLET 140 MG ORAL | Tier 4 | PA; Specialty |
| IMBRUVICA TABLET 280 MG ORAL | Tier 4 | PA; Specialty |
| IMBRUVICA TABLET 420 MG ORAL | Tier 4 | PA; Specialty |
| IMBRUVICA TABLET 560 MG ORAL | Tier 4 | PA; Specialty |

| Drug Name | Tier | Notes |
|--|---------------|------------------------------------|
| <i>*Antineoplastic - Egfr Inhibitors***</i> | | |
| ERBITUX SOLUTION 100 MG/50ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ERBITUX SOLUTION 200 MG/100ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>erlotinib hcl tablet 100 mg oral</i> | Tier 4 | PA; Specialty |
| <i>erlotinib hcl tablet 150 mg oral</i> | Tier 4 | PA; Specialty |
| <i>erlotinib hcl tablet 25 mg oral</i> | Tier 4 | PA; Specialty |
| <i>gefitinib tablet 250 mg oral</i> | Tier 4 | PA; Specialty |
| GILOTRIF TABLET 20 MG ORAL | Tier 4 | PA; Specialty |
| GILOTRIF TABLET 30 MG ORAL | Tier 4 | PA; Specialty |
| GILOTRIF TABLET 40 MG ORAL | Tier 4 | PA; Specialty |
| IRESSA TABLET 250 MG ORAL | Tier 4 | PA; Specialty |
| PORTRAZZA SOLUTION 800 MG/50ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| TAGRISSE TABLET 40 MG ORAL | Tier 4 | PA; Specialty |
| TAGRISSE TABLET 80 MG ORAL | Tier 4 | PA; Specialty |
| TARCEVA TABLET 100 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion |
| TARCEVA TABLET 150 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion |
| TARCEVA TABLET 25 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion |
| VECTIBIX SOLUTION 100 MG/5ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| VECTIBIX SOLUTION 400 MG/20ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>*Antineoplastic - Fgfr Kinase Inhibitors***</i> | | |
| TRUSELTIQ (100MG DAILY DOSE) CAPSULE THERAPY PACK 100 MG ORAL | Non-Formulary | Non FDA Exclusion |
| TRUSELTIQ (125MG DAILY DOSE) CAPSULE THERAPY PACK 100 & 25 MG ORAL | Non-Formulary | Non FDA Exclusion |
| TRUSELTIQ (50MG DAILY DOSE) CAPSULE THERAPY PACK 25 MG ORAL | Non-Formulary | Non FDA Exclusion |
| TRUSELTIQ (75MG DAILY DOSE) CAPSULE THERAPY PACK 25 MG ORAL | Non-Formulary | Non FDA Exclusion |
| <i>*Antineoplastic - Hedgehog Pathway Inhibitors***</i> | | |
| ERIVEDGE CAPSULE 150 MG ORAL | Tier 4 | PA; Specialty |

| Drug Name | Tier | Notes |
|---|---------------|------------------------------------|
| ODOMZO CAPSULE 200 MG ORAL | Tier 4 | PA; Specialty |
| *Antineoplastic - Histone Deacetylase Inhibitors*** | | |
| BELEODAQ SOLUTION RECONSTITUTED 500 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| FARYDAK CAPSULE 10 MG ORAL | Non-Formulary | Non FDA Exclusion |
| FARYDAK CAPSULE 15 MG ORAL | Non-Formulary | Non FDA Exclusion |
| FARYDAK CAPSULE 20 MG ORAL | Non-Formulary | Non FDA Exclusion |
| ISTODAX SOLUTION RECONSTITUTED 10 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>romidepsin solution 27.5 mg/5.5ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>romidepsin solution reconstituted 10 mg intravenous</i> | Non-Formulary | Medical Only Exclusion |
| ZOLINZA CAPSULE 100 MG ORAL | Tier 4 | PA; Specialty |
| *Antineoplastic - Hormonal And Related Agent Combinations*** | | |
| AKEEGA TABLET 100-500 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion |
| AKEEGA TABLET 50-500 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion |
| <i>leuprolide acetate-bupivacaine solution 25-5 mg/ml intramuscular</i> | Non-Formulary | Non FDA Exclusion |
| *Antineoplastic - Immunomodulators*** | | |
| POMALYST CAPSULE 1 MG ORAL | Tier 4 | PA; Specialty |
| POMALYST CAPSULE 2 MG ORAL | Tier 4 | PA; Specialty |
| POMALYST CAPSULE 3 MG ORAL | Tier 4 | PA; Specialty |
| POMALYST CAPSULE 4 MG ORAL | Tier 4 | PA; Specialty |
| *Antineoplastic - Kras Inhibitors*** | | |
| KRAZATI TABLET 200 MG ORAL | Tier 4 | PA; Specialty |
| LUMAKRAS TABLET 120 MG ORAL | Tier 4 | PA; Specialty |
| LUMAKRAS TABLET 240 MG ORAL | Tier 4 | PA; Specialty |
| LUMAKRAS TABLET 320 MG ORAL | Tier 4 | PA; Specialty |
| *Antineoplastic - Mek Inhibitors*** | | |
| COTELLIC TABLET 20 MG ORAL | Tier 4 | PA; Specialty |
| MEKINIST SOLUTION RECONSTITUTED 0.05 MG/ML ORAL | Tier 4 | PA; Specialty |
| MEKINIST TABLET 0.5 MG ORAL | Tier 4 | PA; Specialty |
| MEKINIST TABLET 2 MG ORAL | Tier 4 | PA; Specialty |

| Drug Name | Tier | Notes |
|---|---------------|------------------------------------|
| <i>*Antineoplastic - Met Inhibitors***</i> | | |
| TABRECTA TABLET 150 MG ORAL | Tier 4 | PA; Specialty |
| TABRECTA TABLET 200 MG ORAL | Tier 4 | PA; Specialty |
| <i>*Antineoplastic - Mtor Kinase Inhibitors***</i> | | |
| AFINITOR DISPERZ TABLET SOLUBLE 2 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion |
| AFINITOR DISPERZ TABLET SOLUBLE 3 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion |
| AFINITOR DISPERZ TABLET SOLUBLE 5 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion |
| AFINITOR TABLET 10 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion |
| AFINITOR TABLET 2.5 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion |
| AFINITOR TABLET 5 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion |
| AFINITOR TABLET 7.5 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion |
| <i>everolimus tablet 10 mg oral</i> | Tier 4 | PA; Specialty |
| <i>everolimus tablet 2.5 mg oral</i> | Tier 4 | PA; Specialty |
| <i>everolimus tablet 5 mg oral</i> | Tier 4 | PA; Specialty |
| <i>everolimus tablet 7.5 mg oral</i> | Tier 4 | PA; Specialty |
| <i>everolimus tablet soluble 2 mg oral</i> | Tier 4 | PA; Specialty |
| <i>everolimus tablet soluble 3 mg oral</i> | Tier 4 | PA; Specialty |
| <i>everolimus tablet soluble 5 mg oral</i> | Tier 4 | PA; Specialty |
| FYARRO SUSPENSION RECONSTITUTED 100 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>temsirolimus solution 25 mg/ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| TORISEL SOLUTION 25 MG/ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| TORPENZ TABLET 10 MG ORAL | Tier 4 | PA; Specialty |
| TORPENZ TABLET 2.5 MG ORAL | Tier 4 | PA; Specialty |
| TORPENZ TABLET 5 MG ORAL | Tier 4 | PA; Specialty |
| TORPENZ TABLET 7.5 MG ORAL | Tier 4 | PA; Specialty |
| <i>*Antineoplastic - Multikinase Inhibitors***</i> | | |
| CABOMETYX TABLET 20 MG ORAL | Tier 4 | PA; Specialty |
| CABOMETYX TABLET 40 MG ORAL | Tier 4 | PA; Specialty |
| CABOMETYX TABLET 60 MG ORAL | Tier 4 | PA; Specialty |

| Drug Name | Tier | Notes |
|--|---------------|------------------------------------|
| CAPRELSA TABLET 100 MG ORAL | Tier 4 | PA; Specialty |
| CAPRELSA TABLET 300 MG ORAL | Tier 4 | PA; Specialty |
| COMETRIQ (100 MG DAILY DOSE) KIT 80 & 20 MG ORAL | Tier 4 | PA; Specialty |
| COMETRIQ (140 MG DAILY DOSE) KIT 3 X 20 MG & 80 MG ORAL | Tier 4 | PA; Specialty |
| COMETRIQ (60 MG DAILY DOSE) KIT 20 MG ORAL | Tier 4 | PA; Specialty |
| <i>lapatinib ditosylate tablet 250 mg oral</i> | Tier 4 | PA; Specialty |
| NEXAVAR TABLET 200 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion |
| <i>pazopanib hcl tablet 200 mg oral</i> | Tier 4 | PA; Specialty |
| RYDAPT CAPSULE 25 MG ORAL | Tier 4 | PA; Specialty |
| <i>sorafenib tosylate tablet 200 mg oral</i> | Tier 4 | PA; Specialty |
| STIVARGA TABLET 40 MG ORAL | Tier 4 | PA; Specialty |
| <i>sunitinib malate capsule 12.5 mg oral</i> | Tier 4 | PA; Specialty |
| <i>sunitinib malate capsule 25 mg oral</i> | Tier 4 | PA; Specialty |
| <i>sunitinib malate capsule 37.5 mg oral</i> | Tier 4 | PA; Specialty |
| <i>sunitinib malate capsule 50 mg oral</i> | Tier 4 | PA; Specialty |
| SUTENT CAPSULE 12.5 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion |
| SUTENT CAPSULE 25 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion |
| SUTENT CAPSULE 37.5 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion |
| SUTENT CAPSULE 50 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion |
| TYKERB TABLET 250 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion |
| UKONIQ TABLET 200 MG ORAL | Non-Formulary | Non FDA Exclusion |
| VOTRIENT TABLET 200 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion |
| *Antineoplastic - Multiple Receptor Antibodies*** | | |
| RYBREVAANT SOLUTION 350 MG/7ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| *Antineoplastic - Pdgfr-Alpha Inhibitors*** | | |
| AYVAKIT TABLET 100 MG ORAL | Tier 4 | PA; Specialty |
| AYVAKIT TABLET 200 MG ORAL | Tier 4 | PA; Specialty |
| AYVAKIT TABLET 25 MG ORAL | Tier 4 | PA; Specialty |

| Drug Name | Tier | Notes |
|--|---------------|------------------------|
| AYVAKIT TABLET 300 MG ORAL | Tier 4 | PA; Specialty |
| AYVAKIT TABLET 50 MG ORAL | Tier 4 | PA; Specialty |
| *Antineoplastic - Proteasome Inhibitors*** | | |
| <i>bortezomib solution 3.5 mg/1.4ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>bortezomib solution reconstituted 1 mg injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>bortezomib solution reconstituted 2.5 mg injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>bortezomib solution reconstituted 3.5 mg injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>bortezomib solution reconstituted 3.5 mg intravenous</i> | Non-Formulary | Medical Only Exclusion |
| KYPROLIS SOLUTION RECONSTITUTED 10 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| KYPROLIS SOLUTION RECONSTITUTED 30 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| KYPROLIS SOLUTION RECONSTITUTED 60 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| NINLARO CAPSULE 2.3 MG ORAL | Tier 4 | PA; Specialty |
| NINLARO CAPSULE 3 MG ORAL | Tier 4 | PA; Specialty |
| NINLARO CAPSULE 4 MG ORAL | Tier 4 | PA; Specialty |
| VELCADE SOLUTION RECONSTITUTED 3.5 MG INJECTION | Non-Formulary | Medical Only Exclusion |
| *Antineoplastic - Ret Inhibitors*** | | |
| RETEVMO CAPSULE 40 MG ORAL | Tier 4 | PA; Specialty |
| RETEVMO CAPSULE 80 MG ORAL | Tier 4 | PA; Specialty |
| RETEVMO TABLET 120 MG ORAL | Tier 4 | PA; Specialty |
| RETEVMO TABLET 160 MG ORAL | Tier 4 | PA; Specialty |
| RETEVMO TABLET 40 MG ORAL | Tier 4 | PA; Specialty |
| RETEVMO TABLET 80 MG ORAL | Tier 4 | PA; Specialty |
| *Antineoplastic - Tropomyosin Receptor Kinase Inhibitors*** | | |
| AUGTYRO CAPSULE 160 MG ORAL | Tier 4 | PA; Specialty |
| AUGTYRO CAPSULE 40 MG ORAL | Tier 4 | PA; Specialty |
| ROZLYTREK CAPSULE 100 MG ORAL | Tier 4 | PA; Specialty |
| ROZLYTREK CAPSULE 200 MG ORAL | Tier 4 | PA; Specialty |
| ROZLYTREK PACKET 50 MG ORAL | Tier 4 | PA; Specialty |
| VITRAKVI CAPSULE 100 MG ORAL | Tier 4 | PA; Specialty |
| VITRAKVI CAPSULE 25 MG ORAL | Tier 4 | PA; Specialty |
| VITRAKVI SOLUTION 20 MG/ML ORAL | Tier 4 | PA; Specialty |

| Drug Name | Tier | Notes |
|---|---------------|---|
| *Antineoplastic Antibiotics*** | | |
| ADRIAMYCIN SOLUTION 2 MG/ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>adriamycin solution reconstituted 10 mg intravenous</i> | Non-Formulary | Medical Only Exclusion; Mony Code (MONY Code) |
| ADRIAMYCIN SOLUTION RECONSTITUTED 50 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion; Mony Code (MONY Code) |
| <i>bleomycin sulfate solution reconstituted 15 unit injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>bleomycin sulfate solution reconstituted 30 unit injection</i> | Non-Formulary | Medical Only Exclusion |
| COSMEGEN SOLUTION RECONSTITUTED 0.5 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>dactinomycin solution reconstituted 0.5 mg intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>daunorubicin hcl solution 20 mg/4ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>daunorubicin hcl solution 20 mg/4ml intravenous</i> | Non-Formulary | Medical Only Exclusion; Mony Code (MONY Code) |
| <i>daunorubicin hcl solution 50 mg/10ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| DOXIL SUSPENSION 2 MG/ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>doxorubicin hcl liposomal suspension 2 mg/ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>doxorubicin hcl solution 2 mg/ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>doxorubicin hcl solution reconstituted 10 mg intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>doxorubicin hcl solution reconstituted 50 mg intravenous</i> | Non-Formulary | Medical Only Exclusion; Mony Code (MONY code issue) |
| ELLEENCE SOLUTION 200 MG/100ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ELLEENCE SOLUTION 50 MG/25ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>epirubicin hcl solution 200 mg/100ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>epirubicin hcl solution 50 mg/25ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| IDAMYCIN PFS SOLUTION 10 MG/10ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| IDAMYCIN PFS SOLUTION 20 MG/20ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| IDAMYCIN PFS SOLUTION 5 MG/5ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>idarubicin hcl solution 10 mg/10ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>idarubicin hcl solution 20 mg/20ml intravenous</i> | Non-Formulary | Medical Only Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|---|
| <i>idarubicin hcl solution 5 mg/5ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| JELMYTO SOLUTION RECONSTITUTED 80 (2 X 40) MG | Non-Formulary | Medical Only Exclusion |
| <i>mitomycin solution prefilled syringe 20 mg/40ml intravesical</i> | Non-Formulary | Non FDA Exclusion |
| <i>mitomycin solution reconstituted 20 mg intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>mitomycin solution reconstituted 40 mg intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>mitomycin solution reconstituted 5 mg intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>mitomycin solution reconstituted 5 mg intravenous</i> | Non-Formulary | Medical Only Exclusion; Mony Code (MONY Code) |
| <i>mitoxantrone hcl concentrate 20 mg/10ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>mitoxantrone hcl concentrate 25 mg/12.5ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>mitoxantrone hcl concentrate 30 mg/15ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| MUTAMYCIN SOLUTION RECONSTITUTED 20 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| MUTAMYCIN SOLUTION RECONSTITUTED 40 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| MUTAMYCIN SOLUTION RECONSTITUTED 5 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>valrubicin solution 40 mg/ml intravesical</i> | Non-Formulary | Medical Only Exclusion |
| VALSTAR SOLUTION 40 MG/ML INTRAVESICAL | Non-Formulary | Medical Only Exclusion |
| <i>*Antineoplastic -Antibody For Radiopharmaceutical Therapy***</i> | | |
| ZEVALIN Y-90 KIT 3.2 MG/2ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>*Antineoplastic Antibody-Drug Complexes***</i> | | |
| ELAHERE SOLUTION 100 MG/20ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ENHERTU SOLUTION RECONSTITUTED 100 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| KADCYLA SOLUTION RECONSTITUTED 100 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| KADCYLA SOLUTION RECONSTITUTED 160 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|------------------------------------|
| <i>*Antineoplastic Combinations***</i> | | |
| DARZALEX FASPRO SOLUTION 1800-30000 MG-UT/15ML SUBCUTANEOUS | Non-Formulary | Medical Only Exclusion |
| HERCEPTIN HYLECTA SOLUTION 600-10000 MG-UNT/5ML SUBCUTANEOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| KISQALI FEMARA (200 MG DOSE) TABLET THERAPY PACK 200 & 2.5 MG ORAL | Tier 4 | PA; Specialty |
| KISQALI FEMARA (400 MG DOSE) TABLET THERAPY PACK 200 & 2.5 MG ORAL | Tier 4 | PA; Specialty |
| KISQALI FEMARA (600 MG DOSE) TABLET THERAPY PACK 200 & 2.5 MG ORAL | Tier 4 | PA; Specialty |
| LONSURF TABLET 15-6.14 MG ORAL | Tier 4 | PA; Specialty |
| LONSURF TABLET 20-8.19 MG ORAL | Tier 4 | PA; Specialty |
| PHEGO SOLUTION 60-60-2000 MG-MG-U/ML SUBCUTANEOUS | Non-Formulary | Medical Only Exclusion |
| PHEGO SOLUTION 80-40-2000 MG-MG-U/ML SUBCUTANEOUS | Non-Formulary | Medical Only Exclusion |
| TECENTRIQ HYBREZA SOLUTION 1875-30000 MG-UT/15ML SUBCUTANEOUS | Non-Formulary | Medical Only Exclusion |
| VYXEOS SUSPENSION RECONSTITUTED 44-100 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>*Antineoplastic Enzymes***</i> | | |
| ASPARLAS SOLUTION 3750 UNIT/5ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ERWINASE SOLUTION RECONSTITUTED 10000 UNIT INJECTION | Non-Formulary | Medical Only Exclusion |
| ONCASPAR SOLUTION 750 UNIT/ML INJECTION | Non-Formulary | Medical Only Exclusion |
| RYLAZE SOLUTION 10 MG/0.5ML INTRAMUSCULAR | Non-Formulary | Medical Only Exclusion |
| <i>*Antineoplastic Radiopharmaceuticals***</i> | | |
| AZEDRA DOSIMETRIC SOLUTION 15 MCI/ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| AZEDRA THERAPEUTIC SOLUTION 15 MCI/ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| LUTATHERA SOLUTION 370 MBQ/ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| PLUVICTO SOLUTION 1000 MBQ/ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| QUADRAMET SOLUTION 1850 MBQ/ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|------------------------|
| <i>strontium chloride sr-89 solution 1 mci/ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| XOFIGO SOLUTION 30 MCCI/ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| *Antineoplastics - Interleukins & Agonists*** | | |
| ANKTIVA SOLUTION 400 MCG/0.4ML INTRAVESICAL | Non-Formulary | Medical Only Exclusion |
| ELZONRIS SOLUTION 1000 MCG/ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| PROLEUKIN SOLUTION RECONSTITUTED 22000000 UNIT INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| *Antineoplastics - Photoactivated Agents*** | | |
| PHOTOFRIN SOLUTION RECONSTITUTED 75 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| *Antineoplastics Misc.*** | | |
| ACTIMMUNE SOLUTION 100 MCG/0.5ML SUBCUTANEOUS | Tier 4 | PA; Specialty |
| ALFERON N SOLUTION 5000000 UNIT/ML INJECTION | Non-Formulary | Medical Only Exclusion |
| <i>arsenic trioxide solution 10 mg/10ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>arsenic trioxide solution 12 mg/6ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>dacarbazine solution reconstituted 100 mg intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>dacarbazine solution reconstituted 200 mg intravenous</i> | Non-Formulary | Medical Only Exclusion |
| HYDREA CAPSULE 500 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>hydroxyurea capsule 500 mg oral</i> | 1 | |
| INTRON A SOLUTION 10000000 UNIT/ML INJECTION | Tier 4 | PA; Specialty |
| INTRON A SOLUTION 6000000 UNIT/ML INJECTION | Tier 4 | PA; Specialty |
| INTRON A SOLUTION RECONSTITUTED 10000000 UNIT INJECTION | Tier 4 | PA; Specialty |
| INTRON A SOLUTION RECONSTITUTED 18000000 UNIT INJECTION | Tier 4 | PA; Specialty |
| INTRON A SOLUTION RECONSTITUTED 50000000 UNIT INJECTION | Tier 4 | PA; Specialty |
| MATULANE CAPSULE 50 MG ORAL | Tier 4 | PA; Specialty |
| NIPENT SOLUTION RECONSTITUTED 10 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|------------------------|
| SYNRIBO SOLUTION RECONSTITUTED 3.5 MG SUBCUTANEOUS | Tier 4 | PA; Specialty |
| TICE BCG SUSPENSION RECONSTITUTED 50 MG INTRAVESICAL | Non-Formulary | Medical Only Exclusion |
| TRISENOX SOLUTION 12 MG/6ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>*Aromatase Inhibitors***</i> | | |
| ARIMIDEX TABLET 1 MG ORAL | Non-Formulary | Formulary Exclusion |
| AROMASIN TABLET 25 MG ORAL | Non-Formulary | Formulary Exclusion |
| FEMARA TABLET 2.5 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>*Carboxypeptidase Enzyme Agents***</i> | | |
| VORAXAZE SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>*Cardiac Protective Agents***</i> | | |
| <i>dexrazoxane hcl solution reconstituted 250 mg intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>dexrazoxane hcl solution reconstituted 500 mg intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>dexrazoxane solution reconstituted 250 mg intravenous</i> | Non-Formulary | Medical Only Exclusion |
| TOTECT SOLUTION RECONSTITUTED 500 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>*Chemotherapy Adjuncts - Hyperuricemia Agents***</i> | | |
| ELITEK SOLUTION RECONSTITUTED 1.5 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ELITEK SOLUTION RECONSTITUTED 7.5 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>*Chemotherapy Adjuncts - Keratinocyte Growth Factors***</i> | | |
| KEPIVANCE SOLUTION RECONSTITUTED 5.16 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| KEPIVANCE SOLUTION RECONSTITUTED 6.25 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>*Cyclin-Dependent Kinases (Cdk) Inhibitors***</i> | | |
| IBRANCE CAPSULE 100 MG ORAL | Tier 4 | PA; Specialty |
| IBRANCE CAPSULE 125 MG ORAL | Tier 4 | PA; Specialty |
| IBRANCE CAPSULE 75 MG ORAL | Tier 4 | PA; Specialty |
| IBRANCE TABLET 100 MG ORAL | Tier 4 | PA; Specialty |
| IBRANCE TABLET 125 MG ORAL | Tier 4 | PA; Specialty |

| Drug Name | Tier | Notes |
|--|---------------|---|
| IBRANCE TABLET 75 MG ORAL | Tier 4 | PA; Specialty |
| KISQALI (200 MG DOSE) TABLET THERAPY PACK 200 MG ORAL | Tier 4 | PA; Specialty |
| KISQALI (400 MG DOSE) TABLET THERAPY PACK 200 MG ORAL | Tier 4 | PA; Specialty |
| KISQALI (600 MG DOSE) TABLET THERAPY PACK 200 MG ORAL | Tier 4 | PA; Specialty |
| VERZENIO TABLET 100 MG ORAL | Tier 4 | PA; Specialty |
| VERZENIO TABLET 150 MG ORAL | Tier 4 | PA; Specialty |
| VERZENIO TABLET 200 MG ORAL | Tier 4 | PA; Specialty |
| VERZENIO TABLET 50 MG ORAL | Tier 4 | PA; Specialty |
| <i>*Estrogen Receptor Antagonist***</i> | | |
| <i>fulvestrant solution prefilled syringe 250 mg/5ml intramuscular</i> | Tier 4 | PA; Specialty |
| <i>*Estrogens-Antineoplastic***</i> | | |
| EMCYT CAPSULE 140 MG ORAL | Tier 4 | PA; Specialty |
| <i>*Folic Acid Antagonists Rescue Agents***</i> | | |
| KHAPZORY SOLUTION RECONSTITUTED 175 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| KHAPZORY SOLUTION RECONSTITUTED 300 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>leucovorin calcium solution 100 mg/10ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>leucovorin calcium solution 500 mg/50ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>leucovorin calcium solution 500 mg/50ml injection</i> | Non-Formulary | Medical Only Exclusion; Mony Code (MONY Code) |
| <i>leucovorin calcium solution reconstituted 100 mg injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>leucovorin calcium solution reconstituted 200 mg injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>leucovorin calcium solution reconstituted 350 mg injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>leucovorin calcium solution reconstituted 50 mg injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>leucovorin calcium solution reconstituted 50 mg injection</i> | Non-Formulary | Medical Only Exclusion; Mony Code (MONY Code) |
| <i>leucovorin calcium solution reconstituted 500 mg injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>leucovorin calcium tablet 10 mg oral</i> | Non-Formulary | Formulary Exclusion |
| <i>leucovorin calcium tablet 15 mg oral</i> | 1 | |

| Drug Name | Tier | Notes |
|--|---------------|--|
| <i>leucovorin calcium tablet 25 mg oral</i> | 1 | |
| <i>leucovorin calcium tablet 5 mg oral</i> | 1 | |
| <i>levoleucovorin calcium pf solution 175 mg/17.5ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>levoleucovorin calcium pf solution 250 mg/25ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>levoleucovorin calcium solution reconstituted 50 mg intravenous</i> | Non-Formulary | Medical Only Exclusion |
| *Imidazotetrazines*** | | |
| TEMODAR CAPSULE 100 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion |
| TEMODAR CAPSULE 140 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion |
| TEMODAR CAPSULE 180 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion |
| TEMODAR CAPSULE 20 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion |
| TEMODAR CAPSULE 250 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion |
| TEMODAR CAPSULE 5 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion |
| TEMODAR SOLUTION RECONSTITUTED 100 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>temozolomide capsule 100 mg oral</i> | Tier 4 | PA; Specialty |
| <i>temozolomide capsule 140 mg oral</i> | Tier 4 | PA; Specialty |
| <i>temozolomide capsule 180 mg oral</i> | Tier 4 | PA; Specialty |
| <i>temozolomide capsule 20 mg oral</i> | Tier 4 | PA; Specialty |
| <i>temozolomide capsule 250 mg oral</i> | Tier 4 | PA; Specialty |
| <i>temozolomide capsule 5 mg oral</i> | Tier 4 | PA; Specialty |
| *Janus Associated Kinase (Jak) Inhibitors*** | | |
| JAKAFI TABLET 10 MG ORAL | Tier 4 | PA; Specialty |
| JAKAFI TABLET 15 MG ORAL | Tier 4 | PA; Specialty |
| JAKAFI TABLET 20 MG ORAL | Tier 4 | PA; Specialty |
| JAKAFI TABLET 25 MG ORAL | Tier 4 | PA; Specialty |
| JAKAFI TABLET 5 MG ORAL | Tier 4 | PA; Specialty |
| *Lhrh Analogs*** | | |
| CAMCEVI PREFILLED SYRINGE 42 MG SUBCUTANEOUS | Non-Formulary | PA; Specialty; Formulary Exclusion; QL with criteria |
| ELIGARD KIT 22.5 MG SUBCUTANEOUS | Tier 4 | PA; Specialty; QL |
| ELIGARD KIT 30 MG SUBCUTANEOUS | Tier 4 | PA; Specialty; QL |

| Drug Name | Tier | Notes |
|--|---------------|------------------------|
| ELIGARD KIT 45 MG SUBCUTANEOUS | Tier 4 | PA; Specialty; QL |
| ELIGARD KIT 7.5 MG SUBCUTANEOUS | Tier 4 | PA; Specialty; QL |
| <i>leuprolide acetate (3 month) injectable 22.5 mg intramuscular</i> | Tier 4 | PA; Specialty; QL |
| <i>leuprolide acetate kit 1 mg/0.2ml injection</i> | Tier 4 | PA; Specialty; QL |
| LUPRON DEPOT (1-MONTH) KIT 3.75 MG INTRAMUSCULAR | Tier 4 | PA; Specialty; QL |
| LUPRON DEPOT (1-MONTH) KIT 7.5 MG INTRAMUSCULAR | Tier 4 | PA; Specialty; QL |
| LUPRON DEPOT (3-MONTH) KIT 11.25 MG INTRAMUSCULAR | Tier 4 | PA; Specialty; QL |
| LUPRON DEPOT (3-MONTH) KIT 22.5 MG INTRAMUSCULAR | Tier 4 | PA; Specialty; QL |
| LUPRON DEPOT (4-MONTH) KIT 30 MG INTRAMUSCULAR | Tier 4 | PA; Specialty; QL |
| LUPRON DEPOT (6-MONTH) KIT 45 MG INTRAMUSCULAR | Tier 4 | PA; Specialty; QL |
| *Mitotic Inhibitors*** | | |
| ABRAXANE SUSPENSION RECONSTITUTED 100 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>docetaxel concentrate 160 mg/8ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>docetaxel concentrate 20 mg/ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>docetaxel concentrate 80 mg/4ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>docetaxel solution 160 mg/16ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>docetaxel solution 20 mg/2ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>docetaxel solution 80 mg/8ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| DOCIVYX SOLUTION 160 MG/16ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| DOCIVYX SOLUTION 20 MG/2ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| DOCIVYX SOLUTION 80 MG/8ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>eribulin mesylate solution 1 mg/2ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| ETOPOPHOS SOLUTION RECONSTITUTED 100 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>etoposide capsule 50 mg oral</i> | Tier 4 | PA; Specialty |
| <i>etoposide solution 1 gm/50ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>etoposide solution 100 mg/5ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>etoposide solution 500 mg/25ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| HALAVEN SOLUTION 1 MG/2ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|---|
| IXEMPRA KIT SOLUTION RECONSTITUTED 15 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| IXEMPRA KIT SOLUTION RECONSTITUTED 45 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| JEVTANA SOLUTION 60 MG/1.5ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| MARQIBO SUSPENSION 5 MG/31ML INTRAVENOUS | Non-Formulary | Non FDA Exclusion |
| NAVELBINE SOLUTION 10 MG/ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| NAVELBINE SOLUTION 50 MG/5ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>paclitaxel concentrate 100 mg/16.7ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>paclitaxel concentrate 150 mg/25ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>paclitaxel concentrate 30 mg/5ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>paclitaxel concentrate 300 mg/50ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>paclitaxel protein-bound part suspension reconstituted 100 mg intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>teniposide solution 10 mg/ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| TOPOSAR SOLUTION 1 GM/50ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| TOPOSAR SOLUTION 100 MG/5ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| TOPOSAR SOLUTION 500 MG/25ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>vinblastine sulfate solution 1 mg/ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| VINCASAR PFS SOLUTION 1 MG/ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>vincristine sulfate solution 1 mg/ml intravenous</i> | Non-Formulary | Medical Only Exclusion; Mony Code (MONY Code) |
| <i>vincristine sulfate solution 2 mg/2ml intravenous</i> | Non-Formulary | Medical Only Exclusion; Mony Code (MONY Code) |
| <i>vinorelbine tartrate solution 10 mg/ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>vinorelbine tartrate solution 50 mg/5ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>*Myeloprotective Agents***</i> | | |
| COSELA SOLUTION RECONSTITUTED 300 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|---|
| *Nitrogen Mustards And Related Analogues*** | | |
| ALKERAN SOLUTION RECONSTITUTED 50 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ALKERAN TABLET 2 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion |
| <i>cyclophosphamide capsule 25 mg oral</i> | 1 | |
| <i>cyclophosphamide capsule 25 mg oral</i> | Non-Formulary | Formulary Exclusion |
| <i>cyclophosphamide capsule 50 mg oral</i> | 1 | |
| <i>cyclophosphamide capsule 50 mg oral</i> | Non-Formulary | Formulary Exclusion |
| <i>cyclophosphamide solution reconstituted 1 gm injection</i> | Tier 4 | PA; Specialty |
| <i>cyclophosphamide solution reconstituted 2 gm injection</i> | Tier 4 | PA; Specialty |
| <i>cyclophosphamide solution reconstituted 500 mg injection</i> | Tier 4 | PA; Specialty |
| <i>cyclophosphamide tablet 25 mg oral</i> | 2 | |
| <i>cyclophosphamide tablet 50 mg oral</i> | 2 | |
| EVOMELA SOLUTION RECONSTITUTED 50 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| HEPZATO W/50MM CATHETER SOLUTION RECONSTITUTED 50 MG INTRA-ARTERIAL | Non-Formulary | Medical Only Exclusion |
| HEPZATO W/62MM CATHETER SOLUTION RECONSTITUTED 50 MG INTRA-ARTERIAL | Non-Formulary | Medical Only Exclusion |
| IFEX SOLUTION RECONSTITUTED 1 GM INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| IFEX SOLUTION RECONSTITUTED 3 GM INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>ifosfamide solution 1 gm/20ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>ifosfamide solution 1 gm/20ml intravenous</i> | Non-Formulary | Medical Only Exclusion; Mony Code (MONY code issue) |
| <i>ifosfamide solution 3 gm/60ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>ifosfamide solution 3 gm/60ml intravenous</i> | Non-Formulary | Medical Only Exclusion; Mony Code (MONY code issue) |
| <i>ifosfamide solution reconstituted 1 gm intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>ifosfamide solution reconstituted 3 gm intravenous</i> | Non-Formulary | Medical Only Exclusion |
| LEUKERAN TABLET 2 MG ORAL | Tier 4 | PA; Specialty |
| <i>melfalan hcl solution reconstituted 50 mg intravenous</i> | Non-Formulary | Medical Only Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|--|
| <i>melphalan tablet 2 mg oral</i> | Tier 4 | PA; Mony Code (MONY code issue); Specialty |
| PEPAXTO SOLUTION RECONSTITUTED 20 MG INTRAVENOUS | Non-Formulary | Non FDA Exclusion |
| *Nitrosoureas*** | | |
| BICNU SOLUTION RECONSTITUTED 100 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>carmustine solution reconstituted 100 mg intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>carmustine solution reconstituted 300 mg intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>carmustine solution reconstituted 50 mg intravenous</i> | Non-Formulary | Medical Only Exclusion |
| GLEOSTINE CAPSULE 10 MG ORAL | Tier 4 | PA; Specialty |
| GLEOSTINE CAPSULE 100 MG ORAL | Tier 4 | PA; Specialty |
| GLEOSTINE CAPSULE 40 MG ORAL | Tier 4 | PA; Specialty |
| GLIADEL WAFER WAFER 7.7 MG IMPLANT | Non-Formulary | Medical Only Exclusion |
| ZANOSAR SOLUTION RECONSTITUTED 1 GM INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| *Oligonucleotide Telomerase Inhibitors*** | | |
| RYTELO SOLUTION RECONSTITUTED 188 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| RYTELO SOLUTION RECONSTITUTED 47 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| *Oncolytic Viral Agents - Hsv1*** | | |
| IMLYGIC SUSPENSION 1000000 UNIT/ML INTRALESIONAL | Non-Formulary | Medical Only Exclusion |
| IMLYGIC SUSPENSION 100000000 UNIT/ML INTRALESIONAL | Non-Formulary | Medical Only Exclusion |
| *Otoprotective Agents*** | | |
| PEDMARK SOLUTION 12.5 % INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| *Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors*** | | |
| ALIQOPA SOLUTION RECONSTITUTED 60 MG INTRAVENOUS | Non-Formulary | Non FDA Exclusion |
| ITOVEBI TABLET 3 MG ORAL | Tier 4 | PA; Specialty |
| ITOVEBI TABLET 9 MG ORAL | Tier 4 | PA; Specialty |
| PIQRAY (200 MG DAILY DOSE) TABLET THERAPY PACK 200 MG ORAL | Tier 4 | PA; Specialty |

| Drug Name | Tier | Notes |
|--|---------------|--|
| PIQRAY (250 MG DAILY DOSE) TABLET THERAPY PACK 200 & 50 MG ORAL | Tier 4 | PA; Specialty |
| PIQRAY (300 MG DAILY DOSE) TABLET THERAPY PACK 2 X 150 MG ORAL | Tier 4 | PA; Specialty |
| ZYDELIG TABLET 100 MG ORAL | Tier 4 | PA; Specialty |
| ZYDELIG TABLET 150 MG ORAL | Tier 4 | PA; Specialty |
| *Poly (Adp-Ribose) Polymerase (Parp) Inhibitors*** | | |
| LYNPARZA TABLET 100 MG ORAL | Tier 4 | PA; Specialty |
| LYNPARZA TABLET 150 MG ORAL | Tier 4 | PA; Specialty |
| RUBRACA TABLET 200 MG ORAL | Tier 4 | PA; Specialty |
| RUBRACA TABLET 250 MG ORAL | Tier 4 | PA; Specialty |
| RUBRACA TABLET 300 MG ORAL | Tier 4 | PA; Specialty |
| TALZENNA CAPSULE 0.1 MG ORAL | Tier 4 | PA; Specialty |
| TALZENNA CAPSULE 0.25 MG ORAL | Tier 4 | PA; Specialty |
| TALZENNA CAPSULE 0.35 MG ORAL | Tier 4 | PA; Specialty |
| TALZENNA CAPSULE 0.5 MG ORAL | Tier 4 | PA; Specialty |
| TALZENNA CAPSULE 0.75 MG ORAL | Tier 4 | PA; Specialty |
| TALZENNA CAPSULE 1 MG ORAL | Tier 4 | PA; Specialty |
| ZEJULA CAPSULE 100 MG ORAL | Tier 4 | PA; Specialty |
| ZEJULA TABLET 100 MG ORAL | Tier 4 | PA; Specialty |
| ZEJULA TABLET 200 MG ORAL | Tier 4 | PA; Specialty |
| ZEJULA TABLET 300 MG ORAL | Tier 4 | PA; Specialty |
| *Progestins-Antineoplastic*** | | |
| <i>hydroxyprogesterone caproate solution 1.25 gm/5ml intramuscular</i> | Tier 4 | PA; Mony Code (MONY CODE ISSUE); Specialty |
| <i>megestrol acetate suspension 40 mg/ml oral</i> | 1 | |
| <i>megestrol acetate suspension 400 mg/10ml oral</i> | 1 | |
| <i>megestrol acetate suspension 800 mg/20ml oral</i> | 1 | |
| <i>megestrol acetate tablet 20 mg oral</i> | 1 | |
| <i>megestrol acetate tablet 40 mg oral</i> | 1 | |
| *Retinoids*** | | |
| <i>tretinoin capsule 10 mg oral</i> | Tier 4 | PA; Specialty |
| *Selective Retinoid X Receptor Agonists*** | | |
| <i>bexarotene capsule 75 mg oral</i> | Tier 4 | PA; Specialty |
| TARGRETIN CAPSULE 75 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|---|
| *Tetrahydroisoquinolines*** | | |
| YONDELIS SOLUTION RECONSTITUTED 1 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| *Topoisomerase I Inhibitors - Antibody-Drug Complex*** | | |
| TRODELVY SOLUTION RECONSTITUTED 180 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| *Topoisomerase I Inhibitors*** | | |
| CAMPTOSAR SOLUTION 100 MG/5ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| CAMPTOSAR SOLUTION 300 MG/15ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| CAMPTOSAR SOLUTION 40 MG/2ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| HYCAMTIN CAPSULE 0.25 MG ORAL | Tier 4 | PA; Specialty |
| HYCAMTIN CAPSULE 1 MG ORAL | Tier 4 | PA; Specialty |
| HYCAMTIN SOLUTION RECONSTITUTED 4 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>irinotecan hcl solution 100 mg/5ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>irinotecan hcl solution 300 mg/15ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>irinotecan hcl solution 40 mg/2ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>irinotecan hcl solution 500 mg/25ml intravenous</i> | Non-Formulary | Medical Only Exclusion; Mony Code (MONY Code) |
| ONIVYDE INJECTABLE 43 MG/10ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>topotecan hcl solution 4 mg/4ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>topotecan hcl solution 4 mg/4ml intravenous</i> | Non-Formulary | Medical Only Exclusion; Mony Code (MONY Code) |
| <i>topotecan hcl solution reconstituted 4 mg intravenous</i> | Non-Formulary | Medical Only Exclusion |
| *Urinary Tract Protective Agents*** | | |
| ETHYOL SOLUTION RECONSTITUTED 500 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>mesna solution 100 mg/ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| MESNEX SOLUTION 100 MG/ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| MESNEX TABLET 400 MG ORAL | 2 | PA |
| *Vascular Endothelial Growth Factor (Vegf) Inhibitors*** | | |
| ALYMSYS SOLUTION 100 MG/4ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|------------------------|
| ALYMSYS SOLUTION 400 MG/16ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| AVASTIN SOLUTION 100 MG/4ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| AVASTIN SOLUTION 400 MG/16ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| CYRAMZA SOLUTION 100 MG/10ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| CYRAMZA SOLUTION 500 MG/50ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| INLYTA TABLET 1 MG ORAL | Tier 4 | PA; Specialty |
| INLYTA TABLET 5 MG ORAL | Tier 4 | PA; Specialty |
| LENVIMA (10 MG DAILY DOSE) CAPSULE THERAPY PACK 10 MG ORAL | Tier 4 | PA; Specialty |
| LENVIMA (12 MG DAILY DOSE) CAPSULE THERAPY PACK 3 X 4 MG ORAL | Tier 4 | PA; Specialty |
| LENVIMA (14 MG DAILY DOSE) CAPSULE THERAPY PACK 10 & 4 MG ORAL | Tier 4 | PA; Specialty |
| LENVIMA (18 MG DAILY DOSE) CAPSULE THERAPY PACK 10 MG & 2 X 4 MG ORAL | Tier 4 | PA; Specialty |
| LENVIMA (20 MG DAILY DOSE) CAPSULE THERAPY PACK 2 X 10 MG ORAL | Tier 4 | PA; Specialty |
| LENVIMA (24 MG DAILY DOSE) CAPSULE THERAPY PACK 2 X 10 MG & 4 MG ORAL | Tier 4 | PA; Specialty |
| LENVIMA (4 MG DAILY DOSE) CAPSULE THERAPY PACK 4 MG ORAL | Tier 4 | PA; Specialty |
| LENVIMA (8 MG DAILY DOSE) CAPSULE THERAPY PACK 2 X 4 MG ORAL | Tier 4 | PA; Specialty |
| MVASI SOLUTION 100 MG/4ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| MVASI SOLUTION 400 MG/16ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| VEGZELMA SOLUTION 100 MG/4ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| VEGZELMA SOLUTION 400 MG/16ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ZALTRAP SOLUTION 100 MG/4ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ZALTRAP SOLUTION 200 MG/8ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ZIRABEV SOLUTION 100 MG/4ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|-----------------------------|
| ZIRABEV SOLUTION 400 MG/16ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| *ANTIPARKINSON AND RELATED THERAPY AGENTS* | | |
| <i>*Adenosine Receptor Antagonist***</i> | | |
| NOURIANZ TABLET 20 MG ORAL | 3 | QL |
| NOURIANZ TABLET 40 MG ORAL | 3 | QL |
| <i>*Antiparkinson Anticholinergics***</i> | | |
| <i>benztropine mesylate solution 1 mg/ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>benztropine mesylate tablet 0.5 mg oral</i> | 1 | |
| <i>benztropine mesylate tablet 1 mg oral</i> | 1 | |
| <i>benztropine mesylate tablet 2 mg oral</i> | 1 | |
| COGENTIN SOLUTION 1 MG/ML INJECTION | Non-Formulary | Medical Only Exclusion |
| <i>trihexyphenidyl hcl solution 0.4 mg/ml oral</i> | 1 | |
| <i>trihexyphenidyl hcl solution 0.4 mg/ml oral</i> | 1 | Mony Code (MONY code issue) |
| <i>trihexyphenidyl hcl tablet 2 mg oral</i> | 1 | |
| <i>trihexyphenidyl hcl tablet 5 mg oral</i> | 1 | |
| <i>*Antiparkinson Dopaminergics***</i> | | |
| <i>amantadine hcl capsule 100 mg oral</i> | 1 | |
| <i>amantadine hcl solution 50 mg/5ml oral</i> | 1 | |
| <i>amantadine hcl tablet 100 mg oral</i> | 1 | |
| <i>amantadine hcl tablet 100 mg oral</i> | 1 | Mony Code (MONY Code) |
| <i>bromocriptine mesylate capsule 5 mg oral</i> | 1 | |
| <i>bromocriptine mesylate tablet 2.5 mg oral</i> | 1 | |
| GOCOVRI CAPSULE EXTENDED RELEASE 24 HOUR 137 MG ORAL | 3 | QL |
| GOCOVRI CAPSULE EXTENDED RELEASE 24 HOUR 68.5 MG ORAL | 3 | QL |
| INBRIJA CAPSULE 42 MG INHALATION | Tier 4 | PA; Specialty; QL |
| OSMOLEX ER TABLET ER 24 HOUR THERAPY PACK 129 & 193 MG ORAL | 3 | QL |
| OSMOLEX ER TABLET EXTENDED RELEASE 24 HOUR 129 MG ORAL | 3 | QL |
| OSMOLEX ER TABLET EXTENDED RELEASE 24 HOUR 193 MG ORAL | 3 | QL |
| OSMOLEX ER TABLET EXTENDED RELEASE 24 HOUR 258 MG ORAL | 3 | QL |
| PARLODEL CAPSULE 5 MG ORAL | Non-Formulary | Formulary Exclusion |
| PARLODEL TABLET 2.5 MG ORAL | Non-Formulary | Formulary Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|-------------------------|
| *Antiparkinson Monoamine Oxidase Inhibitors*** | | |
| AZILECT TABLET 0.5 MG ORAL | Non-Formulary | Formulary Exclusion |
| AZILECT TABLET 1 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>rasagiline mesylate tablet 0.5 mg oral</i> | 1 | |
| <i>rasagiline mesylate tablet 1 mg oral</i> | 1 | |
| <i>selegiline hcl capsule 5 mg oral</i> | 1 | |
| <i>selegiline hcl capsule 5 mg oral</i> | 1 | Mony Code (MONY Code) |
| <i>selegiline hcl tablet 5 mg oral</i> | 1 | |
| <i>selegiline hcl tablet 5 mg oral</i> | 1 | Mony Code (MONY Code) |
| XADAGO TABLET 100 MG ORAL | 3 | |
| XADAGO TABLET 50 MG ORAL | 3 | |
| ZELAPAR TABLET DISPERSIBLE 1.25 MG ORAL | 3 | |
| *Central/Peripheral Comt Inhibitors*** | | |
| TASMAR TABLET 100 MG ORAL | Non-Formulary | PA; Formulary Exclusion |
| <i>tolcapone tablet 100 mg oral</i> | 1 | PA |
| *Decarboxylase Inhibitors*** | | |
| <i>carbidopa tablet 25 mg oral</i> | 1 | |
| LODOSYN TABLET 25 MG ORAL | Non-Formulary | Formulary Exclusion |
| *Levodopa Combinations*** | | |
| <i>carbidopa-levodopa er tablet extended release 25-100 mg oral</i> | 1 | |
| <i>carbidopa-levodopa er tablet extended release 50-200 mg oral</i> | 1 | |
| <i>carbidopa-levodopa tablet 10-100 mg oral</i> | 1 | |
| <i>carbidopa-levodopa tablet 25-100 mg oral</i> | 1 | |
| <i>carbidopa-levodopa tablet 25-250 mg oral</i> | 1 | |
| <i>carbidopa-levodopa tablet dispersible 10-100 mg oral</i> | 1 | |
| <i>carbidopa-levodopa tablet dispersible 10-100 mg oral</i> | 1 | Mony Code (MONY Code) |
| <i>carbidopa-levodopa tablet dispersible 25-100 mg oral</i> | 1 | |
| <i>carbidopa-levodopa tablet dispersible 25-100 mg oral</i> | 1 | Mony Code (MONY Code) |
| <i>carbidopa-levodopa tablet dispersible 25-250 mg oral</i> | 1 | |
| <i>carbidopa-levodopa tablet dispersible 25-250 mg oral</i> | 1 | Mony Code (MONY Code) |

| Drug Name | Tier | Notes |
|---|---------------|-----------------------|
| <i>carbidopa-levodopa-entacapone tablet 12.5-50-200 mg oral</i> | 1 | |
| <i>carbidopa-levodopa-entacapone tablet 12.5-50-200 mg oral</i> | 1 | Mony Code (MONY Code) |
| <i>carbidopa-levodopa-entacapone tablet 12.5-50-200 mg oral</i> | 3 | |
| <i>carbidopa-levodopa-entacapone tablet 18.75-75-200 mg oral</i> | 1 | |
| <i>carbidopa-levodopa-entacapone tablet 18.75-75-200 mg oral</i> | 1 | Mony Code (MONY Code) |
| <i>carbidopa-levodopa-entacapone tablet 18.75-75-200 mg oral</i> | 3 | |
| <i>carbidopa-levodopa-entacapone tablet 25-100-200 mg oral</i> | 1 | |
| <i>carbidopa-levodopa-entacapone tablet 31.25-125-200 mg oral</i> | 1 | |
| <i>carbidopa-levodopa-entacapone tablet 37.5-150-200 mg oral</i> | 1 | |
| <i>carbidopa-levodopa-entacapone tablet 37.5-150-200 mg oral</i> | 1 | Mony Code (MONY Code) |
| <i>carbidopa-levodopa-entacapone tablet 37.5-150-200 mg oral</i> | 3 | |
| <i>carbidopa-levodopa-entacapone tablet 50-200-200 mg oral</i> | 1 | |
| <i>carbidopa-levodopa-entacapone tablet 50-200-200 mg oral</i> | 1 | Mony Code (MONY Code) |
| CREXONT CAPSULE EXTENDED RELEASE 35-140 MG ORAL | Non-Formulary | Formulary Exclusion |
| CREXONT CAPSULE EXTENDED RELEASE 52.5-210 MG ORAL | Non-Formulary | Formulary Exclusion |
| CREXONT CAPSULE EXTENDED RELEASE 70-280 MG ORAL | Non-Formulary | Formulary Exclusion |
| CREXONT CAPSULE EXTENDED RELEASE 87.5-350 MG ORAL | Non-Formulary | Formulary Exclusion |
| DHIVY TABLET 25-100 MG ORAL | Non-Formulary | Formulary Exclusion |
| DUOPA SUSPENSION 4.63-20 MG/ML ENTERAL | 3 | PA |
| RYTARY CAPSULE EXTENDED RELEASE 23.75-95 MG ORAL | 3 | |
| RYTARY CAPSULE EXTENDED RELEASE 36.25-145 MG ORAL | 3 | |
| RYTARY CAPSULE EXTENDED RELEASE 48.75-195 MG ORAL | 3 | |

| Drug Name | Tier | Notes |
|--|---------------|---------------------|
| RYTARY CAPSULE EXTENDED RELEASE 61.25-245 MG ORAL | 3 | |
| SINEMET TABLET 10-100 MG ORAL | Non-Formulary | Formulary Exclusion |
| SINEMET TABLET 25-100 MG ORAL | Non-Formulary | Formulary Exclusion |
| SINEMET TABLET 25-250 MG ORAL | Non-Formulary | Formulary Exclusion |
| STALEVO 100 TABLET 25-100-200 MG ORAL | Non-Formulary | Formulary Exclusion |
| STALEVO 100 TABLET 25-100-200 MG ORAL | 3 | |
| STALEVO 125 TABLET 31.25-125-200 MG ORAL | Non-Formulary | Formulary Exclusion |
| STALEVO 125 TABLET 31.25-125-200 MG ORAL | 3 | |
| STALEVO 150 TABLET 37.5-150-200 MG ORAL | Non-Formulary | Formulary Exclusion |
| STALEVO 150 TABLET 37.5-150-200 MG ORAL | 3 | |
| STALEVO 200 TABLET 50-200-200 MG ORAL | Non-Formulary | Formulary Exclusion |
| STALEVO 200 TABLET 50-200-200 MG ORAL | 3 | |
| STALEVO 50 TABLET 12.5-50-200 MG ORAL | Non-Formulary | Formulary Exclusion |
| STALEVO 50 TABLET 12.5-50-200 MG ORAL | 3 | |
| STALEVO 75 TABLET 18.75-75-200 MG ORAL | Non-Formulary | Formulary Exclusion |
| STALEVO 75 TABLET 18.75-75-200 MG ORAL | 3 | |
| <i>*Nonergoline Dopamine Receptor Agonists***</i> | | |
| <i>apomorphine hcl solution cartridge 30 mg/3ml subcutaneous</i> | Tier 4 | PA; Specialty |
| KYNMOBI FILM 10 MG SUBLINGUAL | 2 | |
| KYNMOBI FILM 15 MG SUBLINGUAL | 2 | |
| KYNMOBI FILM 20 MG SUBLINGUAL | 2 | |
| KYNMOBI FILM 25 MG SUBLINGUAL | 2 | |
| KYNMOBI FILM 30 MG SUBLINGUAL | 2 | |
| MIRAPEX ER TABLET EXTENDED RELEASE 24 HOUR 0.375 MG ORAL | Non-Formulary | Formulary Exclusion |
| MIRAPEX ER TABLET EXTENDED RELEASE 24 HOUR 0.75 MG ORAL | Non-Formulary | Formulary Exclusion |
| MIRAPEX ER TABLET EXTENDED RELEASE 24 HOUR 1.5 MG ORAL | Non-Formulary | Formulary Exclusion |
| MIRAPEX ER TABLET EXTENDED RELEASE 24 HOUR 2.25 MG ORAL | Non-Formulary | Formulary Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|---------------------|
| MIRAPEX ER TABLET EXTENDED RELEASE 24 HOUR 3 MG ORAL | Non-Formulary | Formulary Exclusion |
| MIRAPEX ER TABLET EXTENDED RELEASE 24 HOUR 3.75 MG ORAL | Non-Formulary | Formulary Exclusion |
| MIRAPEX ER TABLET EXTENDED RELEASE 24 HOUR 4.5 MG ORAL | Non-Formulary | Formulary Exclusion |
| MIRAPEX TABLET 0.125 MG ORAL | Non-Formulary | Formulary Exclusion |
| MIRAPEX TABLET 0.5 MG ORAL | Non-Formulary | Formulary Exclusion |
| MIRAPEX TABLET 0.75 MG ORAL | Non-Formulary | Formulary Exclusion |
| MIRAPEX TABLET 1 MG ORAL | Non-Formulary | Formulary Exclusion |
| NEUPRO PATCH 24 HOUR 1 MG/24HR TRANSDERMAL | 3 | |
| NEUPRO PATCH 24 HOUR 2 MG/24HR TRANSDERMAL | 3 | |
| NEUPRO PATCH 24 HOUR 3 MG/24HR TRANSDERMAL | 3 | |
| NEUPRO PATCH 24 HOUR 4 MG/24HR TRANSDERMAL | 3 | |
| NEUPRO PATCH 24 HOUR 6 MG/24HR TRANSDERMAL | 3 | |
| NEUPRO PATCH 24 HOUR 8 MG/24HR TRANSDERMAL | 3 | |
| <i>pramipexole dihydrochloride er tablet extended release 24 hour 0.375 mg oral</i> | 1 | |
| <i>pramipexole dihydrochloride er tablet extended release 24 hour 0.75 mg oral</i> | 1 | |
| <i>pramipexole dihydrochloride er tablet extended release 24 hour 1.5 mg oral</i> | 1 | |
| <i>pramipexole dihydrochloride er tablet extended release 24 hour 2.25 mg oral</i> | 1 | |
| <i>pramipexole dihydrochloride er tablet extended release 24 hour 3 mg oral</i> | 1 | |
| <i>pramipexole dihydrochloride er tablet extended release 24 hour 3.75 mg oral</i> | 1 | |
| <i>pramipexole dihydrochloride er tablet extended release 24 hour 4.5 mg oral</i> | 1 | |
| <i>pramipexole dihydrochloride tablet 0.125 mg oral</i> | 1 | |
| <i>pramipexole dihydrochloride tablet 0.25 mg oral</i> | 1 | |
| <i>pramipexole dihydrochloride tablet 0.5 mg oral</i> | 1 | |
| <i>pramipexole dihydrochloride tablet 0.75 mg oral</i> | 1 | |
| <i>pramipexole dihydrochloride tablet 1 mg oral</i> | 1 | |
| <i>pramipexole dihydrochloride tablet 1.5 mg oral</i> | 1 | |

| Drug Name | Tier | Notes |
|---|---------------|-----------------------|
| REQUIP XL TABLET EXTENDED RELEASE 24 HOUR 12 MG ORAL | Non-Formulary | Formulary Exclusion |
| REQUIP XL TABLET EXTENDED RELEASE 24 HOUR 6 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>ropinirole hcl er tablet extended release 24 hour 12 mg oral</i> | 1 | |
| <i>ropinirole hcl er tablet extended release 24 hour 2 mg oral</i> | 1 | |
| <i>ropinirole hcl er tablet extended release 24 hour 4 mg oral</i> | 1 | |
| <i>ropinirole hcl er tablet extended release 24 hour 6 mg oral</i> | 1 | |
| <i>ropinirole hcl er tablet extended release 24 hour 8 mg oral</i> | 1 | |
| <i>ropinirole hcl tablet 0.25 mg oral</i> | 1 | |
| <i>ropinirole hcl tablet 0.5 mg oral</i> | 1 | |
| <i>ropinirole hcl tablet 1 mg oral</i> | 1 | |
| <i>ropinirole hcl tablet 2 mg oral</i> | 1 | |
| <i>ropinirole hcl tablet 3 mg oral</i> | 1 | |
| <i>ropinirole hcl tablet 4 mg oral</i> | 1 | |
| <i>ropinirole hcl tablet 5 mg oral</i> | 1 | |
| *Peripheral Comt Inhibitors*** | | |
| COMTAN TABLET 200 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>entacapone tablet 200 mg oral</i> | 1 | |
| ONGENTYS CAPSULE 25 MG ORAL | 3 | QL |
| ONGENTYS CAPSULE 50 MG ORAL | 3 | QL |
| *ANTIPSYCHOTICS/ANTIMANIC AGENTS* | | |
| *Antimanic Agents*** | | |
| <i>lithium carbonate capsule 150 mg oral</i> | 1 | |
| <i>lithium carbonate capsule 150 mg oral</i> | 1 | Mony Code (MONY Code) |
| <i>lithium carbonate capsule 300 mg oral</i> | 1 | |
| <i>lithium carbonate capsule 300 mg oral</i> | 1 | Mony Code (MONY Code) |
| <i>lithium carbonate capsule 600 mg oral</i> | 1 | |
| <i>lithium carbonate capsule 600 mg oral</i> | 1 | Mony Code (MONY Code) |
| <i>lithium carbonate er tablet extended release 300 mg oral</i> | 1 | |
| <i>lithium carbonate er tablet extended release 450 mg oral</i> | 1 | |
| <i>lithium carbonate tablet 300 mg oral</i> | 1 | |

| Drug Name | Tier | Notes |
|---|---------------|-------------------------|
| <i>lithium solution 8 meq/5ml oral</i> | 1 | |
| LITHOBID TABLET EXTENDED RELEASE 300 MG ORAL | 3 | |
| *Antipsychotics - Misc.*** | | |
| CAPLYTA CAPSULE 10.5 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| CAPLYTA CAPSULE 21 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| CAPLYTA CAPSULE 42 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| EQUETRO CAPSULE EXTENDED RELEASE 12 HOUR 100 MG ORAL | 3 | |
| EQUETRO CAPSULE EXTENDED RELEASE 12 HOUR 200 MG ORAL | 3 | |
| EQUETRO CAPSULE EXTENDED RELEASE 12 HOUR 300 MG ORAL | 3 | |
| GEODON CAPSULE 20 MG ORAL | Non-Formulary | Formulary Exclusion |
| GEODON CAPSULE 40 MG ORAL | Non-Formulary | Formulary Exclusion |
| GEODON CAPSULE 60 MG ORAL | Non-Formulary | Formulary Exclusion |
| GEODON CAPSULE 80 MG ORAL | Non-Formulary | Formulary Exclusion |
| GEODON SOLUTION RECONSTITUTED 20 MG INTRAMUSCULAR | 3 | |
| LATUDA TABLET 120 MG ORAL | Non-Formulary | Formulary Exclusion |
| LATUDA TABLET 20 MG ORAL | Non-Formulary | Formulary Exclusion |
| LATUDA TABLET 40 MG ORAL | Non-Formulary | Formulary Exclusion |
| LATUDA TABLET 60 MG ORAL | Non-Formulary | Formulary Exclusion |
| LATUDA TABLET 80 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>lurasidone hcl tablet 120 mg oral</i> | 1 | |
| <i>lurasidone hcl tablet 20 mg oral</i> | 1 | |
| <i>lurasidone hcl tablet 40 mg oral</i> | 1 | |
| <i>lurasidone hcl tablet 60 mg oral</i> | 1 | |
| <i>lurasidone hcl tablet 80 mg oral</i> | 1 | |
| VRAYLAR CAPSULE 1.5 MG ORAL | 3 | |
| VRAYLAR CAPSULE 3 MG ORAL | 3 | |
| VRAYLAR CAPSULE 4.5 MG ORAL | 3 | |
| VRAYLAR CAPSULE 6 MG ORAL | 3 | |
| VRAYLAR CAPSULE THERAPY PACK 1.5 & 3 MG ORAL | 3 | |
| <i>ziprasidone hcl capsule 20 mg oral</i> | 1 | |
| <i>ziprasidone hcl capsule 40 mg oral</i> | 1 | |
| <i>ziprasidone hcl capsule 60 mg oral</i> | 1 | |
| <i>ziprasidone hcl capsule 80 mg oral</i> | 1 | |

| Drug Name | Tier | Notes |
|--|------|-------|
| <i>ziprasidone mesylate solution reconstituted 20 mg intramuscular</i> | 1 | |
| *Benzisoxazoles*** | | |
| ERZOFRI SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML INTRAMUSCULAR | 3 | QL |
| ERZOFRI SUSPENSION PREFILLED SYRINGE 156 MG/ML INTRAMUSCULAR | 3 | QL |
| ERZOFRI SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML INTRAMUSCULAR | 3 | QL |
| ERZOFRI SUSPENSION PREFILLED SYRINGE 351 MG/2.25ML INTRAMUSCULAR | 3 | QL |
| ERZOFRI SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML INTRAMUSCULAR | 3 | QL |
| ERZOFRI SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML INTRAMUSCULAR | 3 | QL |
| FANAPT TABLET 1 MG ORAL | 3 | |
| FANAPT TABLET 10 MG ORAL | 3 | |
| FANAPT TABLET 12 MG ORAL | 3 | |
| FANAPT TABLET 2 MG ORAL | 3 | |
| FANAPT TABLET 4 MG ORAL | 3 | |
| FANAPT TABLET 6 MG ORAL | 3 | |
| FANAPT TABLET 8 MG ORAL | 3 | |
| FANAPT TITRATION PACK TABLET 1 & 2 & 4 & 6 MG ORAL | 3 | |
| INVEGA HAFYERA SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML INTRAMUSCULAR | 2 | |
| INVEGA HAFYERA SUSPENSION PREFILLED SYRINGE 1560 MG/5ML INTRAMUSCULAR | 2 | |
| INVEGA SUSTENNA SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML INTRAMUSCULAR | 2 | |
| INVEGA SUSTENNA SUSPENSION PREFILLED SYRINGE 156 MG/ML INTRAMUSCULAR | 2 | |
| INVEGA SUSTENNA SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML INTRAMUSCULAR | 2 | |

| Drug Name | Tier | Notes |
|---|---------------|---------------------|
| INVEGA SUSTENNA SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML INTRAMUSCULAR | 2 | |
| INVEGA SUSTENNA SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML INTRAMUSCULAR | 2 | |
| INVEGA TABLET EXTENDED RELEASE 24 HOUR 1.5 MG ORAL | Non-Formulary | Formulary Exclusion |
| INVEGA TABLET EXTENDED RELEASE 24 HOUR 3 MG ORAL | Non-Formulary | Formulary Exclusion |
| INVEGA TABLET EXTENDED RELEASE 24 HOUR 6 MG ORAL | Non-Formulary | Formulary Exclusion |
| INVEGA TABLET EXTENDED RELEASE 24 HOUR 9 MG ORAL | Non-Formulary | Formulary Exclusion |
| INVEGA TRINZA SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML INTRAMUSCULAR | 2 | |
| INVEGA TRINZA SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML INTRAMUSCULAR | 2 | |
| INVEGA TRINZA SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML INTRAMUSCULAR | 2 | |
| INVEGA TRINZA SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML INTRAMUSCULAR | 2 | |
| <i>paliperidone er tablet extended release 24 hour 1.5 mg oral</i> | 1 | |
| <i>paliperidone er tablet extended release 24 hour 3 mg oral</i> | 1 | |
| <i>paliperidone er tablet extended release 24 hour 6 mg oral</i> | 1 | |
| <i>paliperidone er tablet extended release 24 hour 9 mg oral</i> | 1 | |
| PERSERIS PREFILLED SYRINGE 120 MG SUBCUTANEOUS | 2 | |
| PERSERIS PREFILLED SYRINGE 90 MG SUBCUTANEOUS | 2 | |
| RISPERDAL CONSTA SUSPENSION RECONSTITUTED ER 12.5 MG INTRAMUSCULAR | Non-Formulary | Formulary Exclusion |
| RISPERDAL CONSTA SUSPENSION RECONSTITUTED ER 25 MG INTRAMUSCULAR | Non-Formulary | Formulary Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|-----------------------|
| RISPERDAL CONSTA SUSPENSION RECONSTITUTED ER 37.5 MG INTRAMUSCULAR | Non-Formulary | Formulary Exclusion |
| RISPERDAL CONSTA SUSPENSION RECONSTITUTED ER 50 MG INTRAMUSCULAR | Non-Formulary | Formulary Exclusion |
| RISPERDAL SOLUTION 1 MG/ML ORAL | Non-Formulary | Formulary Exclusion |
| RISPERDAL TABLET 0.5 MG ORAL | Non-Formulary | Formulary Exclusion |
| RISPERDAL TABLET 1 MG ORAL | Non-Formulary | Formulary Exclusion |
| RISPERDAL TABLET 2 MG ORAL | Non-Formulary | Formulary Exclusion |
| RISPERDAL TABLET 3 MG ORAL | Non-Formulary | Formulary Exclusion |
| RISPERDAL TABLET 4 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>risperidone microspheres er suspension reconstituted er 12.5 mg intramuscular</i> | 1 | |
| <i>risperidone microspheres er suspension reconstituted er 25 mg intramuscular</i> | 1 | |
| <i>risperidone microspheres er suspension reconstituted er 37.5 mg intramuscular</i> | 1 | |
| <i>risperidone microspheres er suspension reconstituted er 50 mg intramuscular</i> | 1 | |
| <i>risperidone solution 1 mg/ml oral</i> | 1 | |
| <i>risperidone tablet 0.25 mg oral</i> | 1 | |
| <i>risperidone tablet 0.5 mg oral</i> | 1 | |
| <i>risperidone tablet 1 mg oral</i> | 1 | |
| <i>risperidone tablet 2 mg oral</i> | 1 | |
| <i>risperidone tablet 3 mg oral</i> | 1 | |
| <i>risperidone tablet 4 mg oral</i> | 1 | |
| <i>risperidone tablet dispersible 0.25 mg oral</i> | 1 | Mony Code (MONY Code) |
| <i>risperidone tablet dispersible 0.5 mg oral</i> | 1 | |
| <i>risperidone tablet dispersible 1 mg oral</i> | 1 | |
| <i>risperidone tablet dispersible 2 mg oral</i> | 1 | |
| <i>risperidone tablet dispersible 3 mg oral</i> | 1 | |
| <i>risperidone tablet dispersible 4 mg oral</i> | 1 | |
| RYKINDO SUSPENSION RECONSTITUTED ER 25 MG INTRAMUSCULAR | 2 | |
| RYKINDO SUSPENSION RECONSTITUTED ER 37.5 MG INTRAMUSCULAR | 2 | |
| RYKINDO SUSPENSION RECONSTITUTED ER 50 MG INTRAMUSCULAR | 2 | |
| UZEDY SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML SUBCUTANEOUS | 2 | |

| Drug Name | Tier | Notes |
|---|-------------|-----------------------|
| UZEDY SUSPENSION PREFILLED SYRINGE 125 MG/0.35ML SUBCUTANEOUS | 2 | |
| UZEDY SUSPENSION PREFILLED SYRINGE 150 MG/0.42ML SUBCUTANEOUS | 2 | |
| UZEDY SUSPENSION PREFILLED SYRINGE 200 MG/0.56ML SUBCUTANEOUS | 2 | |
| UZEDY SUSPENSION PREFILLED SYRINGE 250 MG/0.7ML SUBCUTANEOUS | 2 | |
| UZEDY SUSPENSION PREFILLED SYRINGE 50 MG/0.14ML SUBCUTANEOUS | 2 | |
| UZEDY SUSPENSION PREFILLED SYRINGE 75 MG/0.21ML SUBCUTANEOUS | 2 | |
| *Butyrophenones*** | | |
| HALDOL DECANOATE SOLUTION 100 MG/ML INTRAMUSCULAR | 3 | |
| HALDOL DECANOATE SOLUTION 50 MG/ML INTRAMUSCULAR | 3 | |
| HALDOL SOLUTION 5 MG/ML INJECTION | 3 | |
| <i>haloperidol decanoate solution 100 mg/ml intramuscular</i> | 1 | |
| <i>haloperidol decanoate solution 50 mg/ml intramuscular</i> | 1 | |
| <i>haloperidol lactate concentrate 2 mg/ml oral</i> | 1 | |
| <i>haloperidol lactate solution 5 mg/ml injection</i> | 1 | |
| <i>haloperidol tablet 0.5 mg oral</i> | 1 | |
| <i>haloperidol tablet 1 mg oral</i> | 1 | |
| <i>haloperidol tablet 10 mg oral</i> | 1 | |
| <i>haloperidol tablet 2 mg oral</i> | 1 | |
| <i>haloperidol tablet 20 mg oral</i> | 1 | |
| <i>haloperidol tablet 5 mg oral</i> | 1 | |
| *Dibenzodiazepines*** | | |
| <i>clozapine tablet 100 mg oral</i> | 1 | |
| <i>clozapine tablet 200 mg oral</i> | 1 | |
| <i>clozapine tablet 25 mg oral</i> | 1 | |
| <i>clozapine tablet 50 mg oral</i> | 1 | |
| <i>clozapine tablet dispersible 100 mg oral</i> | 1 | |
| <i>clozapine tablet dispersible 12.5 mg oral</i> | 1 | Mony Code (MONY Code) |
| <i>clozapine tablet dispersible 150 mg oral</i> | 1 | |
| <i>clozapine tablet dispersible 150 mg oral</i> | 3 | |
| <i>clozapine tablet dispersible 200 mg oral</i> | 1 | |

| Drug Name | Tier | Notes |
|---|---------------|-----------------------------|
| <i>clozapine tablet dispersible 25 mg oral</i> | 1 | |
| CLOZARIL TABLET 100 MG ORAL | Non-Formulary | Formulary Exclusion |
| CLOZARIL TABLET 200 MG ORAL | Non-Formulary | Formulary Exclusion |
| CLOZARIL TABLET 25 MG ORAL | Non-Formulary | Formulary Exclusion |
| CLOZARIL TABLET 50 MG ORAL | Non-Formulary | Formulary Exclusion |
| VERSACLOZ SUSPENSION 50 MG/ML ORAL | 3 | |
| <i>*Dibenzo-Oxepino Pyrroles***</i> | | |
| <i>asenapine maleate tablet sublingual 10 mg sublingual</i> | 1 | |
| <i>asenapine maleate tablet sublingual 2.5 mg sublingual</i> | 1 | |
| <i>asenapine maleate tablet sublingual 5 mg sublingual</i> | 1 | |
| SAPHRIS TABLET SUBLINGUAL 10 MG SUBLINGUAL | Non-Formulary | Formulary Exclusion |
| SAPHRIS TABLET SUBLINGUAL 2.5 MG SUBLINGUAL | Non-Formulary | Formulary Exclusion |
| SAPHRIS TABLET SUBLINGUAL 5 MG SUBLINGUAL | Non-Formulary | Formulary Exclusion |
| SECUADO PATCH 24 HOUR 3.8 MG/24HR TRANSDERMAL | 3 | QL |
| SECUADO PATCH 24 HOUR 5.7 MG/24HR TRANSDERMAL | 3 | QL |
| SECUADO PATCH 24 HOUR 7.6 MG/24HR TRANSDERMAL | 3 | QL |
| <i>*Dibenzothiazepines***</i> | | |
| <i>quetiapine fumarate er tablet extended release 24 hour 150 mg oral</i> | 1 | |
| <i>quetiapine fumarate er tablet extended release 24 hour 150 mg oral</i> | 1 | Mony Code (MONY Code Issue) |
| <i>quetiapine fumarate er tablet extended release 24 hour 200 mg oral</i> | 1 | |
| <i>quetiapine fumarate er tablet extended release 24 hour 300 mg oral</i> | 1 | |
| <i>quetiapine fumarate er tablet extended release 24 hour 300 mg oral</i> | 1 | Mony Code (MONY Code Issue) |
| <i>quetiapine fumarate er tablet extended release 24 hour 400 mg oral</i> | 1 | |
| <i>quetiapine fumarate er tablet extended release 24 hour 50 mg oral</i> | 1 | |
| <i>quetiapine fumarate tablet 100 mg oral</i> | 1 | |
| <i>quetiapine fumarate tablet 150 mg oral</i> | Non-Formulary | Formulary Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|---------------------|
| <i>quetiapine fumarate tablet 200 mg oral</i> | 1 | |
| <i>quetiapine fumarate tablet 25 mg oral</i> | 1 | |
| <i>quetiapine fumarate tablet 300 mg oral</i> | 1 | |
| <i>quetiapine fumarate tablet 400 mg oral</i> | 1 | |
| <i>quetiapine fumarate tablet 50 mg oral</i> | 1 | |
| SEROQUEL TABLET 100 MG ORAL | Non-Formulary | Formulary Exclusion |
| SEROQUEL TABLET 200 MG ORAL | Non-Formulary | Formulary Exclusion |
| SEROQUEL TABLET 25 MG ORAL | Non-Formulary | Formulary Exclusion |
| SEROQUEL TABLET 300 MG ORAL | Non-Formulary | Formulary Exclusion |
| SEROQUEL TABLET 400 MG ORAL | Non-Formulary | Formulary Exclusion |
| SEROQUEL TABLET 50 MG ORAL | Non-Formulary | Formulary Exclusion |
| SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 150 MG ORAL | Non-Formulary | Formulary Exclusion |
| SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 200 MG ORAL | Non-Formulary | Formulary Exclusion |
| SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 300 MG ORAL | Non-Formulary | Formulary Exclusion |
| SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 400 MG ORAL | Non-Formulary | Formulary Exclusion |
| SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 50 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>*Dibenzoxazepines***</i> | | |
| ADASUVE AEROSOL POWDER BREATH ACTIVATED 10 MG INHALATION | Non-Formulary | Formulary Exclusion |
| <i>loxapine succinate capsule 10 mg oral</i> | 1 | |
| <i>loxapine succinate capsule 25 mg oral</i> | 1 | |
| <i>loxapine succinate capsule 5 mg oral</i> | 1 | |
| <i>loxapine succinate capsule 50 mg oral</i> | 1 | |
| <i>*Dihydroindolones***</i> | | |
| <i>molindone hcl tablet 10 mg oral</i> | 3 | |
| <i>molindone hcl tablet 25 mg oral</i> | 3 | |
| <i>molindone hcl tablet 5 mg oral</i> | 3 | |
| <i>*Muscarinic Agent - Combinations***</i> | | |
| COBENFY CAPSULE 100-20 MG ORAL | 3 | |
| COBENFY CAPSULE 100-20 MG ORAL | 3 | ST |
| COBENFY CAPSULE 125-30 MG ORAL | 3 | |
| COBENFY CAPSULE 50-20 MG ORAL | 3 | |
| COBENFY STARTER PACK CAPSULE THERAPY PACK 50-20 & 100-20 MG ORAL | 3 | |

| Drug Name | Tier | Notes |
|---|---------------|-----------------------------|
| *Phenothiazines*** | | |
| <i>chlorpromazine hcl concentrate 100 mg/ml oral</i> | 1 | Mony Code (MONY code issue) |
| <i>chlorpromazine hcl concentrate 30 mg/ml oral</i> | 1 | Mony Code (MONY code issue) |
| <i>chlorpromazine hcl solution 25 mg/ml injection</i> | 1 | |
| <i>chlorpromazine hcl solution 50 mg/2ml injection</i> | 1 | |
| <i>chlorpromazine hcl solution 50 mg/2ml injection</i> | 2 | |
| <i>chlorpromazine hcl tablet 10 mg oral</i> | 1 | |
| <i>chlorpromazine hcl tablet 100 mg oral</i> | 1 | |
| <i>chlorpromazine hcl tablet 200 mg oral</i> | 1 | |
| <i>chlorpromazine hcl tablet 25 mg oral</i> | 1 | |
| <i>chlorpromazine hcl tablet 50 mg oral</i> | 1 | |
| COMPRO SUPPOSITORY 25 MG RECTAL | 1 | |
| <i>fluphenazine decanoate solution 25 mg/ml injection</i> | 1 | |
| <i>fluphenazine hcl concentrate 5 mg/ml oral</i> | 3 | |
| <i>fluphenazine hcl elixir 2.5 mg/5ml oral</i> | 3 | |
| <i>fluphenazine hcl solution 2.5 mg/ml injection</i> | 2 | |
| <i>fluphenazine hcl tablet 1 mg oral</i> | 1 | |
| <i>fluphenazine hcl tablet 1 mg oral</i> | 1 | Mony Code (MONY Code) |
| <i>fluphenazine hcl tablet 10 mg oral</i> | 1 | |
| <i>fluphenazine hcl tablet 10 mg oral</i> | 1 | Mony Code (MONY Code) |
| <i>fluphenazine hcl tablet 2.5 mg oral</i> | 1 | |
| <i>fluphenazine hcl tablet 2.5 mg oral</i> | 1 | Mony Code (MONY Code) |
| <i>fluphenazine hcl tablet 5 mg oral</i> | 1 | |
| <i>fluphenazine hcl tablet 5 mg oral</i> | 1 | Mony Code (MONY Code) |
| <i>perphenazine tablet 16 mg oral</i> | 1 | |
| <i>perphenazine tablet 2 mg oral</i> | 1 | |
| <i>perphenazine tablet 4 mg oral</i> | 1 | |
| <i>perphenazine tablet 8 mg oral</i> | 1 | |
| <i>prochlorperazine edisylate solution 10 mg/2ml injection</i> | 1 | |
| <i>prochlorperazine edisylate solution 50 mg/10ml injection</i> | 2 | |
| <i>prochlorperazine maleate tablet 10 mg oral</i> | 1 | |
| <i>prochlorperazine maleate tablet 5 mg oral</i> | 1 | |
| <i>prochlorperazine suppository 25 mg rectal</i> | 1 | |
| <i>thioridazine hcl tablet 10 mg oral</i> | Non-Formulary | Formulary Exclusion |
| <i>thioridazine hcl tablet 100 mg oral</i> | Non-Formulary | Formulary Exclusion |
| <i>thioridazine hcl tablet 25 mg oral</i> | Non-Formulary | Formulary Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|---------------------|
| <i>thioridazine hcl tablet 50 mg oral</i> | Non-Formulary | Formulary Exclusion |
| <i>trifluoperazine hcl tablet 1 mg oral</i> | 1 | |
| <i>trifluoperazine hcl tablet 10 mg oral</i> | 1 | |
| <i>trifluoperazine hcl tablet 2 mg oral</i> | 1 | |
| <i>trifluoperazine hcl tablet 5 mg oral</i> | 1 | |
| *Quinolinone Derivatives*** | | |
| ABILIFY ASIMTUFII PREFILLED SYRINGE 720 MG/2.4ML INTRAMUSCULAR | 2 | |
| ABILIFY ASIMTUFII PREFILLED SYRINGE 960 MG/3.2ML INTRAMUSCULAR | 2 | |
| ABILIFY MAINTENA PREFILLED SYRINGE 300 MG INTRAMUSCULAR | 2 | |
| ABILIFY MAINTENA PREFILLED SYRINGE 400 MG INTRAMUSCULAR | 2 | |
| ABILIFY MAINTENA SUSPENSION RECONSTITUTED ER 300 MG INTRAMUSCULAR | 2 | |
| ABILIFY MAINTENA SUSPENSION RECONSTITUTED ER 400 MG INTRAMUSCULAR | 2 | |
| ABILIFY MYCITE MAINTENANCE KIT TABLET THERAPY PACK 10 MG ORAL | Non-Formulary | Formulary Exclusion |
| ABILIFY MYCITE MAINTENANCE KIT TABLET THERAPY PACK 15 MG ORAL | Non-Formulary | Formulary Exclusion |
| ABILIFY MYCITE MAINTENANCE KIT TABLET THERAPY PACK 2 MG ORAL | Non-Formulary | Formulary Exclusion |
| ABILIFY MYCITE MAINTENANCE KIT TABLET THERAPY PACK 20 MG ORAL | Non-Formulary | Formulary Exclusion |
| ABILIFY MYCITE MAINTENANCE KIT TABLET THERAPY PACK 30 MG ORAL | Non-Formulary | Formulary Exclusion |
| ABILIFY MYCITE MAINTENANCE KIT TABLET THERAPY PACK 5 MG ORAL | Non-Formulary | Formulary Exclusion |
| ABILIFY MYCITE STARTER KIT TABLET THERAPY PACK 10 MG ORAL | Non-Formulary | Formulary Exclusion |
| ABILIFY MYCITE STARTER KIT TABLET THERAPY PACK 15 MG ORAL | Non-Formulary | Formulary Exclusion |
| ABILIFY MYCITE STARTER KIT TABLET THERAPY PACK 2 MG ORAL | Non-Formulary | Formulary Exclusion |
| ABILIFY MYCITE STARTER KIT TABLET THERAPY PACK 20 MG ORAL | Non-Formulary | Formulary Exclusion |
| ABILIFY MYCITE STARTER KIT TABLET THERAPY PACK 30 MG ORAL | Non-Formulary | Formulary Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|---------------------|
| ABILIFY MYCITE STARTER KIT TABLET THERAPY PACK 5 MG ORAL | Non-Formulary | Formulary Exclusion |
| ABILIFY MYCITE TABLET 10 MG ORAL | Non-Formulary | Formulary Exclusion |
| ABILIFY MYCITE TABLET 15 MG ORAL | Non-Formulary | Formulary Exclusion |
| ABILIFY MYCITE TABLET 2 MG ORAL | Non-Formulary | Formulary Exclusion |
| ABILIFY MYCITE TABLET 20 MG ORAL | Non-Formulary | Formulary Exclusion |
| ABILIFY MYCITE TABLET 30 MG ORAL | Non-Formulary | Formulary Exclusion |
| ABILIFY MYCITE TABLET 5 MG ORAL | Non-Formulary | Formulary Exclusion |
| ABILIFY TABLET 10 MG ORAL | Non-Formulary | Formulary Exclusion |
| ABILIFY TABLET 15 MG ORAL | Non-Formulary | Formulary Exclusion |
| ABILIFY TABLET 2 MG ORAL | Non-Formulary | Formulary Exclusion |
| ABILIFY TABLET 20 MG ORAL | Non-Formulary | Formulary Exclusion |
| ABILIFY TABLET 30 MG ORAL | Non-Formulary | Formulary Exclusion |
| ABILIFY TABLET 5 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>aripiprazole solution 1 mg/ml oral</i> | 1 | |
| <i>aripiprazole tablet 10 mg oral</i> | 1 | |
| <i>aripiprazole tablet 15 mg oral</i> | 1 | |
| <i>aripiprazole tablet 2 mg oral</i> | 1 | |
| <i>aripiprazole tablet 20 mg oral</i> | 1 | |
| <i>aripiprazole tablet 30 mg oral</i> | 1 | |
| <i>aripiprazole tablet 5 mg oral</i> | 1 | |
| <i>aripiprazole tablet dispersible 10 mg oral</i> | 1 | |
| <i>aripiprazole tablet dispersible 15 mg oral</i> | 1 | |
| ARISTADA INITIO PREFILLED SYRINGE 675 MG/2.4ML INTRAMUSCULAR | 2 | |
| ARISTADA PREFILLED SYRINGE 1064 MG/3.9ML INTRAMUSCULAR | 2 | |
| ARISTADA PREFILLED SYRINGE 441 MG/1.6ML INTRAMUSCULAR | 2 | |
| ARISTADA PREFILLED SYRINGE 662 MG/2.4ML INTRAMUSCULAR | 2 | |
| ARISTADA PREFILLED SYRINGE 882 MG/3.2ML INTRAMUSCULAR | 2 | |
| REXULTI TABLET 0.25 MG ORAL | 2 | |
| REXULTI TABLET 0.5 MG ORAL | 2 | |
| REXULTI TABLET 1 MG ORAL | 2 | |
| REXULTI TABLET 2 MG ORAL | 2 | |
| REXULTI TABLET 3 MG ORAL | 2 | |
| REXULTI TABLET 4 MG ORAL | 2 | |

| Drug Name | Tier | Notes |
|--|---------------|-----------------------|
| *Thienbenzodiazepines*** | | |
| <i>olanzapine solution reconstituted 10 mg intramuscular</i> | 1 | |
| <i>olanzapine tablet 10 mg oral</i> | 1 | |
| <i>olanzapine tablet 15 mg oral</i> | 1 | |
| <i>olanzapine tablet 2.5 mg oral</i> | 1 | |
| <i>olanzapine tablet 20 mg oral</i> | 1 | |
| <i>olanzapine tablet 5 mg oral</i> | 1 | |
| <i>olanzapine tablet 7.5 mg oral</i> | 1 | |
| <i>olanzapine tablet dispersible 10 mg oral</i> | 1 | |
| <i>olanzapine tablet dispersible 15 mg oral</i> | 1 | |
| <i>olanzapine tablet dispersible 20 mg oral</i> | 1 | |
| <i>olanzapine tablet dispersible 5 mg oral</i> | 1 | |
| ZYPREXA RELPREVV SUSPENSION RECONSTITUTED 210 MG INTRAMUSCULAR | 3 | |
| ZYPREXA RELPREVV SUSPENSION RECONSTITUTED 300 MG INTRAMUSCULAR | 3 | |
| ZYPREXA RELPREVV SUSPENSION RECONSTITUTED 405 MG INTRAMUSCULAR | 3 | |
| ZYPREXA SOLUTION RECONSTITUTED 10 MG INTRAMUSCULAR | 3 | |
| ZYPREXA TABLET 10 MG ORAL | Non-Formulary | Formulary Exclusion |
| ZYPREXA TABLET 15 MG ORAL | Non-Formulary | Formulary Exclusion |
| ZYPREXA TABLET 2.5 MG ORAL | Non-Formulary | Formulary Exclusion |
| ZYPREXA TABLET 20 MG ORAL | Non-Formulary | Formulary Exclusion |
| ZYPREXA TABLET 5 MG ORAL | Non-Formulary | Formulary Exclusion |
| ZYPREXA TABLET 7.5 MG ORAL | Non-Formulary | Formulary Exclusion |
| ZYPREXA ZYDIS TABLET DISPERSIBLE 10 MG ORAL | Non-Formulary | Formulary Exclusion |
| ZYPREXA ZYDIS TABLET DISPERSIBLE 15 MG ORAL | Non-Formulary | Formulary Exclusion |
| ZYPREXA ZYDIS TABLET DISPERSIBLE 20 MG ORAL | Non-Formulary | Formulary Exclusion |
| ZYPREXA ZYDIS TABLET DISPERSIBLE 5 MG ORAL | Non-Formulary | Formulary Exclusion |
| *Thioxanthenes*** | | |
| <i>thiothixene capsule 1 mg oral</i> | 1 | |
| <i>thiothixene capsule 1 mg oral</i> | 1 | Mony Code (MONY Code) |

| Drug Name | Tier | Notes |
|---|---------------|---|
| <i>thiothixene capsule 10 mg oral</i> | 1 | |
| <i>thiothixene capsule 2 mg oral</i> | 1 | |
| <i>thiothixene capsule 5 mg oral</i> | 1 | |
| *ANTISEPTICS & DISINFECTANTS* | | |
| <i>*Antiseptics & Disinfectants***</i> | | |
| <i>formaldehyde solution 10 % external</i> | Non-Formulary | Mony Code (MONY Code); Formulary Exclusion |
| <i>formaldehyde solution 37 % external (rx)</i> | Non-Formulary | Formulary Exclusion |
| <i>glutaraldehyde solution 25 % external (rx)</i> | Non-Formulary | Formulary Exclusion |
| <i>hydrogen peroxide solution 30 % (rx)</i> | Non-Formulary | Formulary Exclusion |
| <i>*Chlorine Antiseptics***</i> | | |
| <i>benzalkonium chloride solution 50 % external (rx)</i> | Non-Formulary | Formulary Exclusion |
| <i>benzalkonium chloride solution external</i> | Non-Formulary | Formulary Exclusion |
| <i>chlorhexidine gluconate solution 20 %</i> | Non-Formulary | Formulary Exclusion |
| <i>*Iodine Antiseptics***</i> | | |
| <i>iodine tincture tincture 2 % external (rx)</i> | Non-Formulary | Formulary Exclusion |
| IODOFLEX PAD 0.9 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| <i>iodosorb gel 0.9 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>lugols strong iodine solution 5-10 % external</i> | Non-Formulary | Formulary Exclusion |
| <i>lugols strong iodine solution 5-10 % external</i> | Non-Formulary | Non FDA Exclusion |
| *ANTIVIRALS* | | |
| <i>*Antiretroviral Combinations***</i> | | |
| <i>abacavir sulfate-lamivudine tablet 600-300 mg oral</i> | 1 | QL |
| <i>abacavir-lamivudine-zidovudine tablet 300-150-300 mg oral</i> | 1 | QL |
| ATRIPLA TABLET 600-200-300 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| BIKTARVY TABLET 30-120-15 MG ORAL | 2 | QL |
| BIKTARVY TABLET 50-200-25 MG ORAL | 2 | QL |
| CABENUVA SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML INTRAMUSCULAR | 3 | PA |
| CABENUVA SUSPENSION EXTENDED RELEASE 600 & 900 MG/3ML INTRAMUSCULAR | 3 | PA |
| CIMDUO TABLET 300-300 MG ORAL | 2 | QL |
| COMBIVIR TABLET 150-300 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| COMPLERA TABLET 200-25-300 MG ORAL | 3 | QL |

| Drug Name | Tier | Notes |
|--|---------------|-------------------------|
| DELSTRIGO TABLET 100-300-300 MG ORAL | 2 | QL |
| DESCOVY TABLET 120-15 MG ORAL | 2 | QL |
| DESCOVY TABLET 200-25 MG ORAL | 2 | QL |
| DOVATO TABLET 50-300 MG ORAL | 2 | QL |
| <i>efavirenz-emtricitab-tenofo df tablet 600-200-300 mg oral</i> | 1 | QL |
| <i>efavirenz-lamivudine-tenofovir tablet 400-300-300 mg oral</i> | 1 | QL |
| <i>efavirenz-lamivudine-tenofovir tablet 600-300-300 mg oral</i> | 1 | QL |
| <i>emtricitabine-tenofovir df tablet 100-150 mg oral</i> | 1 | QL |
| <i>emtricitabine-tenofovir df tablet 133-200 mg oral</i> | 1 | QL |
| <i>emtricitabine-tenofovir df tablet 167-250 mg oral</i> | 1 | QL |
| <i>emtricitabine-tenofovir df tablet 200-300 mg oral</i> | 1 | QL |
| EPZICOM TABLET 600-300 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| EVOTAZ TABLET 300-150 MG ORAL | 2 | QL |
| GENVOYA TABLET 150-150-200-10 MG ORAL | 2 | QL |
| JULUCA TABLET 50-25 MG ORAL | 2 | QL |
| KALETRA SOLUTION 400-100 MG/5ML ORAL | Non-Formulary | Formulary Exclusion |
| KALETRA TABLET 100-25 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| KALETRA TABLET 200-50 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| <i>lamivudine-zidovudine tablet 150-300 mg oral</i> | 1 | QL |
| <i>lopinavir-ritonavir solution 400-100 mg/5ml oral</i> | 1 | |
| <i>lopinavir-ritonavir tablet 100-25 mg oral</i> | 1 | QL |
| <i>lopinavir-ritonavir tablet 200-50 mg oral</i> | 1 | QL |
| ODEFSEY TABLET 200-25-25 MG ORAL | 2 | QL |
| PREZCOBIX TABLET 800-150 MG ORAL | 2 | QL |
| STRIBILD TABLET 150-150-200-300 MG ORAL | 3 | QL |
| SYMFI LO TABLET 400-300-300 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| SYMFI TABLET 600-300-300 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| SYMTUZA TABLET 800-150-200-10 MG ORAL | 2 | QL |
| TEMIXYS TABLET 300-300 MG ORAL | 2 | QL |
| <i>trimeq pd tablet soluble 60-5-30 mg oral</i> | 2 | QL |
| TRIUMEQ TABLET 600-50-300 MG ORAL | 2 | QL |
| TRIZIVIR TABLET 300-150-300 MG ORAL | 3 | QL |
| TRUVADA TABLET 100-150 MG ORAL | Non-Formulary | Formulary Exclusion; QL |

| Drug Name | Tier | Notes |
|---|---------------|-------------------------|
| TRUVADA TABLET 133-200 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| TRUVADA TABLET 167-250 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| TRUVADA TABLET 200-300 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| *Antiretrovirals - Capsid Inhibitors*** | | |
| SUNLENCA SOLUTION 463.5 MG/1.5ML SUBCUTANEOUS | 3 | PA |
| SUNLENCA TABLET THERAPY PACK 4 X 300 MG ORAL | 3 | PA |
| SUNLENCA TABLET THERAPY PACK 5 X 300 MG ORAL | 3 | PA |
| *Antiretrovirals - Ccr5 Antagonists (Entry Inhibitor)*** | | |
| <i>maraviroc tablet 150 mg oral</i> | 1 | QL |
| <i>maraviroc tablet 300 mg oral</i> | 1 | QL |
| SELZENTRY SOLUTION 20 MG/ML ORAL | 3 | |
| SELZENTRY TABLET 150 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| SELZENTRY TABLET 25 MG ORAL | 3 | QL |
| SELZENTRY TABLET 300 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| SELZENTRY TABLET 75 MG ORAL | 3 | QL |
| *Antiretrovirals - Cd4-Directed Post-Attachment Inhibitor*** | | |
| TROGARZO SOLUTION 200 MG/1.33ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| *Antiretrovirals - Fusion Inhibitors*** | | |
| FUZEON SOLUTION RECONSTITUTED 90 MG SUBCUTANEOUS | 3 | QL |
| *Antiretrovirals - Gp120-Directed Attachment Inhibitor*** | | |
| RUKOBIA TABLET EXTENDED RELEASE 12 HOUR 600 MG ORAL | 3 | PA; QL |
| *Antiretrovirals - Integrase Inhibitors*** | | |
| APRETUDE SUSPENSION EXTENDED RELEASE 600 MG/3ML INTRAMUSCULAR | 3 | QL |
| ISENTRESS HD TABLET 600 MG ORAL | 2 | QL |
| ISENTRESS PACKET 100 MG ORAL | 2 | QL |
| ISENTRESS TABLET 400 MG ORAL | 2 | QL |
| ISENTRESS TABLET CHEWABLE 100 MG ORAL | 2 | QL |
| ISENTRESS TABLET CHEWABLE 25 MG ORAL | 2 | QL |

| Drug Name | Tier | Notes |
|---|---------------|---------------------------------|
| TIVICAY PD TABLET SOLUBLE 5 MG ORAL | 2 | QL |
| TIVICAY TABLET 10 MG ORAL | 2 | QL |
| TIVICAY TABLET 25 MG ORAL | 2 | QL |
| TIVICAY TABLET 50 MG ORAL | 2 | QL |
| *Antiretrovirals - Protease Inhibitors*** | | |
| APTIVUS CAPSULE 250 MG ORAL | 3 | QL |
| <i>atazanavir sulfate capsule 150 mg oral</i> | 1 | QL |
| <i>atazanavir sulfate capsule 200 mg oral</i> | 1 | QL |
| <i>atazanavir sulfate capsule 300 mg oral</i> | 1 | QL |
| CRIXIVAN CAPSULE 400 MG ORAL | 3 | QL |
| <i>darunavir tablet 600 mg oral</i> | 1 | QL |
| <i>darunavir tablet 800 mg oral</i> | 1 | QL |
| <i>fosamprenavir calcium tablet 700 mg oral</i> | 1 | QL |
| INVIRASE TABLET 500 MG ORAL | 3 | QL |
| LEXIVA SUSPENSION 50 MG/ML ORAL | 3 | |
| LEXIVA TABLET 700 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| NORVIR CAPSULE 100 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| NORVIR PACKET 100 MG ORAL | 3 | |
| NORVIR SOLUTION 80 MG/ML ORAL | 2 | |
| NORVIR TABLET 100 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| PREZISTA SUSPENSION 100 MG/ML ORAL | 2 | |
| PREZISTA TABLET 150 MG ORAL | 2 | QL |
| PREZISTA TABLET 600 MG ORAL | 2 | QL |
| PREZISTA TABLET 75 MG ORAL | 2 | QL |
| PREZISTA TABLET 800 MG ORAL | 2 | QL |
| REYATAZ CAPSULE 150 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| REYATAZ CAPSULE 200 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| REYATAZ CAPSULE 300 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| REYATAZ PACKET 50 MG ORAL | 3 | QL |
| <i>ritonavir tablet 100 mg oral</i> | 1 | QL |
| VIRACEPT TABLET 250 MG ORAL | 3 | QL |
| VIRACEPT TABLET 625 MG ORAL | 3 | QL |
| *Antiretrovirals - Rti-Non-Nucleoside Analogues*** | | |
| EDURANT TABLET 25 MG ORAL | 3 | QL |
| <i>efavirenz capsule 200 mg oral</i> | 1 | Mony Code (MONY CODE ISSUE); QL |
| <i>efavirenz capsule 50 mg oral</i> | 1 | Mony Code (MONY CODE ISSUE); QL |

| Drug Name | Tier | Notes |
|---|---------------|-----------------------------|
| <i>efavirenz tablet 600 mg oral</i> | 1 | QL |
| <i>etravirine tablet 100 mg oral</i> | 1 | QL |
| <i>etravirine tablet 200 mg oral</i> | 1 | QL |
| INTELENCE TABLET 100 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| INTELENCE TABLET 200 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| INTELENCE TABLET 25 MG ORAL | 2 | QL |
| <i>nevirapine er tablet extended release 24 hour 100 mg oral</i> | 1 | Mony Code (MONY Code); QL |
| <i>nevirapine er tablet extended release 24 hour 400 mg oral</i> | 1 | QL |
| <i>nevirapine suspension 50 mg/5ml oral</i> | 1 | Mony Code (MONY code issue) |
| <i>nevirapine tablet 200 mg oral</i> | 1 | QL |
| PIFELTRO TABLET 100 MG ORAL | 3 | QL |
| SUSTIVA CAPSULE 200 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| SUSTIVA CAPSULE 50 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| SUSTIVA TABLET 600 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| VIRAMUNE SUSPENSION 50 MG/5ML ORAL | Non-Formulary | Formulary Exclusion |
| VIRAMUNE TABLET 200 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| VIRAMUNE XR TABLET EXTENDED RELEASE 24 HOUR 400 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| *Antiretrovirals - Rti-Nucleoside Analogues-Purines*** | | |
| <i>abacavir sulfate solution 20 mg/ml oral</i> | 1 | |
| <i>abacavir sulfate tablet 300 mg oral</i> | 1 | QL |
| ZIAGEN SOLUTION 20 MG/ML ORAL | Non-Formulary | Formulary Exclusion |
| ZIAGEN TABLET 300 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| *Antiretrovirals - Rti-Nucleoside Analogues-Pyrimidines*** | | |
| <i>emtricitabine capsule 200 mg oral</i> | 1 | QL |
| EMTRIVA CAPSULE 200 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| EMTRIVA SOLUTION 10 MG/ML ORAL | 3 | |
| EPIVIR SOLUTION 10 MG/ML ORAL | Non-Formulary | Formulary Exclusion |
| EPIVIR TABLET 150 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| EPIVIR TABLET 300 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| <i>lamivudine solution 10 mg/ml oral</i> | 1 | |
| <i>lamivudine tablet 150 mg oral</i> | 1 | QL |
| <i>lamivudine tablet 300 mg oral</i> | 1 | QL |

| Drug Name | Tier | Notes |
|--|---------------|---------------------------|
| *Antiretrovirals - Rti-Nucleoside Analogues-Thymidines*** | | |
| RETROVIR CAPSULE 100 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| RETROVIR SOLUTION 10 MG/ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| RETROVIR SYRUP 50 MG/5ML ORAL | Non-Formulary | Formulary Exclusion |
| <i>stavudine capsule 15 mg oral</i> | 1 | QL |
| <i>stavudine capsule 15 mg oral</i> | 1 | Mony Code (MONY Code); QL |
| <i>stavudine capsule 20 mg oral</i> | 1 | QL |
| <i>stavudine capsule 20 mg oral</i> | 1 | Mony Code (MONY Code); QL |
| <i>stavudine capsule 30 mg oral</i> | 1 | QL |
| <i>stavudine capsule 30 mg oral</i> | 1 | Mony Code (MONY Code); QL |
| <i>stavudine capsule 40 mg oral</i> | 1 | QL |
| <i>stavudine capsule 40 mg oral</i> | 1 | Mony Code (MONY Code); QL |
| <i>zidovudine capsule 100 mg oral</i> | 1 | QL |
| <i>zidovudine syrup 50 mg/5ml oral</i> | 1 | |
| <i>zidovudine tablet 300 mg oral</i> | 1 | QL |
| *Antiretrovirals - Rti-Nucleotide Analogues*** | | |
| <i>tenofovir disoproxil fumarate tablet 300 mg oral</i> | 1 | QL |
| VIREAD POWDER 40 MG/GM ORAL | 2 | QL |
| VIREAD TABLET 150 MG ORAL | 2 | QL |
| VIREAD TABLET 200 MG ORAL | 2 | QL |
| VIREAD TABLET 250 MG ORAL | 2 | QL |
| VIREAD TABLET 300 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| *Antiretrovirals Adjuvants*** | | |
| TYBOST TABLET 150 MG ORAL | 3 | QL |
| *Antiviral Combinations*** | | |
| <i>acyclovir therapy pack 200-10 mg-% combination</i> | Non-Formulary | Non FDA Exclusion |
| PAXLOVID (150/100) TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG ORAL | 3 | QL |
| PAXLOVID (150/100) TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG ORAL | 3 | QL with criteria |
| PAXLOVID (300/100) TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG ORAL | 3 | QL |
| PAXLOVID (300/100) TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG ORAL | 3 | QL with criteria |

| Drug Name | Tier | Notes |
|---|---------------|-------------------------|
| *Cmv Agents*** | | |
| <i>cidofovir solution 75 mg/ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>foscarnet sodium solution 6000 mg/250ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| FOSCAVIR SOLUTION 6000 MG/250ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>ganciclovir sodium solution 500 mg/10ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>ganciclovir sodium solution reconstituted 500 mg intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>ganciclovir solution 500 mg/250ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| PREVYMIS SOLUTION 240 MG/12ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| PREVYMIS SOLUTION 480 MG/24ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| PREVYMIS TABLET 240 MG ORAL | 3 | |
| PREVYMIS TABLET 480 MG ORAL | 3 | |
| VALCYTE SOLUTION RECONSTITUTED 50 MG/ML ORAL | Non-Formulary | Formulary Exclusion |
| VALCYTE TABLET 450 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>valganciclovir hcl solution reconstituted 50 mg/ml oral</i> | 1 | |
| <i>valganciclovir hcl tablet 450 mg oral</i> | 1 | |
| *Hepatitis B Agents*** | | |
| <i>adefovir dipivoxil tablet 10 mg oral</i> | 1 | QL |
| BARACLUDE SOLUTION 0.05 MG/ML ORAL | 2 | |
| BARACLUDE TABLET 0.5 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| BARACLUDE TABLET 1 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| <i>entecavir tablet 0.5 mg oral</i> | 1 | QL |
| <i>entecavir tablet 1 mg oral</i> | 1 | QL |
| EPIVIR HBV SOLUTION 5 MG/ML ORAL | 3 | |
| EPIVIR HBV TABLET 100 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| HEPSERA TABLET 10 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| <i>lamivudine tablet 100 mg oral</i> | 1 | QL |
| VEMLIDY TABLET 25 MG ORAL | 2 | |
| *Hepatitis C Agent - Combinations*** | | |
| EPCLUSA PACKET 150-37.5 MG ORAL | Tier 4 | PA; Specialty; QL |
| EPCLUSA PACKET 200-50 MG ORAL | Tier 4 | PA; Specialty; QL |
| EPCLUSA TABLET 200-50 MG ORAL | Tier 4 | PA; Specialty; QL |
| EPCLUSA TABLET 400-100 MG ORAL | Tier 4 | PA; Specialty; QL |

| Drug Name | Tier | Notes |
|--|---------------|--|
| HARVONI PACKET 33.75-150 MG ORAL | Tier 4 | PA; Specialty; QL |
| HARVONI PACKET 45-200 MG ORAL | Tier 4 | PA; Specialty; QL |
| HARVONI TABLET 45-200 MG ORAL | Tier 4 | PA; Specialty; QL |
| HARVONI TABLET 90-400 MG ORAL | Tier 4 | PA; Specialty; QL |
| <i>ledipasvir-sofosbuvir tablet 90-400 mg oral</i> | Non-Formulary | PA; Specialty; Formulary Exclusion; QL |
| MAVYRET PACKET 50-20 MG ORAL | Tier 4 | PA; Specialty; QL |
| MAVYRET TABLET 100-40 MG ORAL | Tier 4 | PA; Specialty; QL |
| <i>sofosbuvir-velpatasvir tablet 400-100 mg oral</i> | Non-Formulary | PA; Specialty; Formulary Exclusion; QL |
| VOSEVI TABLET 400-100-100 MG ORAL | Tier 4 | PA; Specialty; QL |
| ZEPATIER TABLET 50-100 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion; QL |
| *Hepatitis C Agents*** | | |
| PEGASYS PROCLICK SOLUTION AUTO-INJECTOR 180 MCG/0.5ML SUBCUTANEOUS | Tier 4 | PA; Specialty |
| PEGASYS SOLUTION 180 MCG/ML SUBCUTANEOUS | Tier 4 | PA; Specialty |
| PEGASYS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML SUBCUTANEOUS | Tier 4 | PA; Specialty |
| <i>ribavirin capsule 200 mg oral</i> | Tier 4 | PA; Specialty |
| <i>ribavirin capsule 200 mg oral</i> | Tier 4 | PA; Mony Code (MONY CODE ISSUE); Specialty |
| <i>ribavirin tablet 200 mg oral</i> | Tier 4 | PA; Specialty |
| <i>ribavirin tablet 200 mg oral</i> | Tier 4 | PA; Mony Code (MONY CODE ISSUE); Specialty |
| SOVALDI PACKET 150 MG ORAL | Tier 4 | PA; Specialty; QL |
| SOVALDI PACKET 200 MG ORAL | Tier 4 | PA; Specialty; QL |
| SOVALDI TABLET 200 MG ORAL | Tier 4 | PA; Specialty; QL |
| SOVALDI TABLET 400 MG ORAL | Tier 4 | PA; Specialty; QL |
| *Herpes Agents - Purine Analogues*** | | |
| <i>acyclovir capsule 200 mg oral</i> | 1 | |
| <i>acyclovir sodium solution 50 mg/ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>acyclovir sodium-nacl solution 200-0.9 mg/100ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>acyclovir suspension 200 mg/5ml oral</i> | 1 | |
| <i>acyclovir tablet 400 mg oral</i> | 1 | |
| <i>acyclovir tablet 800 mg oral</i> | 1 | |
| SITAVIG TABLET 50 MG BUCCAL | 3 | |

| Drug Name | Tier | Notes |
|---|---------------|---|
| <i>valacyclovir hcl tablet 1 gm oral</i> | 1 | |
| <i>valacyclovir hcl tablet 500 mg oral</i> | 1 | |
| VALTREX TABLET 1 GM ORAL | Non-Formulary | Formulary Exclusion |
| VALTREX TABLET 500 MG ORAL | Non-Formulary | Formulary Exclusion |
| ZOVIRAX SUSPENSION 200 MG/5ML ORAL | Non-Formulary | Formulary Exclusion |
| *Herpes Agents - Thymidine Analogues*** | | |
| <i>famciclovir tablet 125 mg oral</i> | 1 | |
| <i>famciclovir tablet 250 mg oral</i> | 1 | |
| <i>famciclovir tablet 500 mg oral</i> | 1 | |
| *Influenza Agents*** | | |
| <i>rimantadine hcl tablet 100 mg oral</i> | Non-Formulary | Mony Code (MONY Code); Formulary Exclusion |
| *Misc. Antivirals*** | | |
| <i>favipiravir tablet 200 mg oral</i> | Non-Formulary | Non FDA Exclusion |
| LAGEVRIO CAPSULE 200 MG ORAL | 3 | QL |
| <i>remdesivir solution reconstituted 100 mg intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>remdesivir solution reconstituted 150 mg intravenous</i> | Non-Formulary | Medical Only Exclusion |
| TEMBEXA SUSPENSION 10 MG/ML ORAL | 3 | |
| TEMBEXA TABLET 100 MG ORAL | 3 | |
| TPOXX CAPSULE 200 MG ORAL | 2 | PA |
| TPOXX SOLUTION 200 MG/20ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| VEKLURY SOLUTION 100 MG/20ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| VEKLURY SOLUTION RECONSTITUTED 100 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| *Neuraminidase Inhibitors*** | | |
| <i>oseltamivir phosphate capsule 30 mg oral</i> | 1 | QL |
| <i>oseltamivir phosphate capsule 45 mg oral</i> | 1 | QL |
| <i>oseltamivir phosphate capsule 75 mg oral</i> | 1 | QL |
| <i>oseltamivir phosphate suspension reconstituted 6 mg/ml oral</i> | 1 | |
| RAPIVAB SOLUTION 200 MG/20ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| RELENZA DISKHALER AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT INHALATION | 3 | QL |

| Drug Name | Tier | Notes |
|--|---------------|-------------------------|
| TAMIFLU CAPSULE 30 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| TAMIFLU CAPSULE 45 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| TAMIFLU CAPSULE 75 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| TAMIFLU SUSPENSION RECONSTITUTED 6 MG/ML ORAL | Non-Formulary | Formulary Exclusion |
| *Pa Endonuclease Inhibitors*** | | |
| XOFLUZA (40 MG DOSE) TABLET THERAPY PACK 1 X 40 MG ORAL | 3 | QL with criteria |
| XOFLUZA (80 MG DOSE) TABLET THERAPY PACK 1 X 80 MG ORAL | 3 | QL with criteria |
| *Rsv Agents - Nucleoside Analogues*** | | |
| <i>ribavirin solution reconstituted 6 gm inhalation</i> | Non-Formulary | Medical Only Exclusion |
| VIRAZOLE SOLUTION RECONSTITUTED 6 GM INHALATION | Non-Formulary | Medical Only Exclusion |
| *BETA BLOCKERS* | | |
| *Alpha-Beta Blockers*** | | |
| <i>carvedilol phosphate er capsule extended release 24 hour 10 mg oral</i> | 1 | |
| <i>carvedilol phosphate er capsule extended release 24 hour 20 mg oral</i> | 1 | |
| <i>carvedilol phosphate er capsule extended release 24 hour 40 mg oral</i> | 1 | |
| <i>carvedilol phosphate er capsule extended release 24 hour 80 mg oral</i> | 1 | |
| <i>carvedilol tablet 12.5 mg oral</i> | 1 | |
| <i>carvedilol tablet 25 mg oral</i> | 1 | |
| <i>carvedilol tablet 3.125 mg oral</i> | 1 | |
| <i>carvedilol tablet 6.25 mg oral</i> | 1 | |
| COREG CR CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL | Non-Formulary | Formulary Exclusion |
| COREG CR CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL | Non-Formulary | Formulary Exclusion |
| COREG CR CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL | Non-Formulary | Formulary Exclusion |
| COREG CR CAPSULE EXTENDED RELEASE 24 HOUR 80 MG ORAL | Non-Formulary | Formulary Exclusion |
| COREG TABLET 12.5 MG ORAL | Non-Formulary | Formulary Exclusion |
| COREG TABLET 25 MG ORAL | Non-Formulary | Formulary Exclusion |
| COREG TABLET 3.125 MG ORAL | Non-Formulary | Formulary Exclusion |
| COREG TABLET 6.25 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>labetalol hcl solution 5 mg/ml intravenous</i> | Non-Formulary | Medical Only Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|---|
| <i>labetalol hcl solution 5 mg/ml intravenous</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>labetalol hcl solution prefilled syringe 10 mg/2ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>labetalol hcl solution prefilled syringe 20 mg/4ml intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>labetalol hcl tablet 100 mg oral</i> | 1 | |
| <i>labetalol hcl tablet 200 mg oral</i> | 1 | |
| <i>labetalol hcl tablet 300 mg oral</i> | 1 | |
| <i>labetalol hcl-dextrose solution 200-5 mg/200ml-% intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>labetalol hcl-sodium chloride solution 100-0.72 mg/100ml-% intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>labetalol hcl-sodium chloride solution 200-0.72 mg/200ml-% intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>labetalol hcl-sodium chloride solution 300-0.72 mg/300ml-% intravenous</i> | Non-Formulary | Medical Only Exclusion |
| *Beta Blockers Cardio-Selective*** | | |
| <i>acebutolol hcl capsule 200 mg oral</i> | 1 | |
| <i>acebutolol hcl capsule 400 mg oral</i> | 1 | |
| <i>atenolol tablet 100 mg oral</i> | 1 | |
| <i>atenolol tablet 25 mg oral</i> | 1 | |
| <i>atenolol tablet 50 mg oral</i> | 1 | |
| ATENOLOL+SYRSPEND SF SUSPENSION 1 MG/ML ORAL | Non-Formulary | Non FDA Exclusion |
| <i>betaxolol hcl tablet 10 mg oral</i> | 1 | |
| <i>betaxolol hcl tablet 20 mg oral</i> | 1 | |
| <i>bisoprolol fumarate tablet 10 mg oral</i> | 1 | |
| <i>bisoprolol fumarate tablet 5 mg oral</i> | 1 | |
| BREVIBLOC IN NAACL SOLUTION 2000 MG/100ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| BREVIBLOC IN NAACL SOLUTION 2500 MG/250ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| BREVIBLOC PREMIXED DS SOLUTION 2000 MG/100ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| BREVIBLOC PREMIXED SOLUTION 2500 MG/250ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| BREVIBLOC SOLUTION 100 MG/10ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| BYSTOLIC TABLET 10 MG ORAL | Non-Formulary | Formulary Exclusion |
| BYSTOLIC TABLET 2.5 MG ORAL | Non-Formulary | Formulary Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|------------------------|
| BYSTOLIC TABLET 20 MG ORAL | Non-Formulary | Formulary Exclusion |
| BYSTOLIC TABLET 5 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>esmolol hcl solution 100 mg/10ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>esmolol hcl solution 2000 mg/100ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>esmolol hcl solution 2500 mg/250ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>esmolol hcl solution prefilled syringe 100 mg/10ml intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>esmolol hcl-sodium chloride solution 2000 mg/100ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>esmolol hcl-sodium chloride solution 2500 mg/250ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| KAPSPARGO SPRINKLE CAPSULE ER 24 HOUR SPRINKLE 100 MG ORAL | 3 | |
| KAPSPARGO SPRINKLE CAPSULE ER 24 HOUR SPRINKLE 200 MG ORAL | 3 | |
| KAPSPARGO SPRINKLE CAPSULE ER 24 HOUR SPRINKLE 25 MG ORAL | 3 | |
| KAPSPARGO SPRINKLE CAPSULE ER 24 HOUR SPRINKLE 50 MG ORAL | 3 | |
| LOPRESSOR TABLET 100 MG ORAL | Non-Formulary | Formulary Exclusion |
| LOPRESSOR TABLET 50 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>metoprolol succinate er tablet extended release 24 hour 100 mg oral</i> | 1 | |
| <i>metoprolol succinate er tablet extended release 24 hour 200 mg oral</i> | 1 | |
| <i>metoprolol succinate er tablet extended release 24 hour 25 mg oral</i> | 1 | |
| <i>metoprolol succinate er tablet extended release 24 hour 50 mg oral</i> | 1 | |
| <i>metoprolol tartrate solution 5 mg/5ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>metoprolol tartrate tablet 100 mg oral</i> | 1 | |
| <i>metoprolol tartrate tablet 25 mg oral</i> | 1 | |
| <i>metoprolol tartrate tablet 37.5 mg oral</i> | 1 | |
| <i>metoprolol tartrate tablet 50 mg oral</i> | 1 | |
| <i>metoprolol tartrate tablet 75 mg oral</i> | 1 | |
| <i>nebivolol hcl tablet 10 mg oral</i> | 1 | |
| <i>nebivolol hcl tablet 2.5 mg oral</i> | 1 | |
| <i>nebivolol hcl tablet 20 mg oral</i> | 1 | |
| <i>nebivolol hcl tablet 5 mg oral</i> | 1 | |
| TENORMIN TABLET 100 MG ORAL | Non-Formulary | Formulary Exclusion |
| TENORMIN TABLET 25 MG ORAL | Non-Formulary | Formulary Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|---------------------|
| TENORMIN TABLET 50 MG ORAL | Non-Formulary | Formulary Exclusion |
| TOPROL XL TABLET EXTENDED RELEASE 24 HOUR 100 MG ORAL | Non-Formulary | Formulary Exclusion |
| TOPROL XL TABLET EXTENDED RELEASE 24 HOUR 200 MG ORAL | Non-Formulary | Formulary Exclusion |
| TOPROL XL TABLET EXTENDED RELEASE 24 HOUR 25 MG ORAL | Non-Formulary | Formulary Exclusion |
| TOPROL XL TABLET EXTENDED RELEASE 24 HOUR 50 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>*Beta Blockers Non-Selective***</i> | | |
| BETAPACE AF TABLET 120 MG ORAL | Non-Formulary | Formulary Exclusion |
| BETAPACE AF TABLET 160 MG ORAL | Non-Formulary | Formulary Exclusion |
| BETAPACE AF TABLET 80 MG ORAL | Non-Formulary | Formulary Exclusion |
| BETAPACE TABLET 120 MG ORAL | Non-Formulary | Formulary Exclusion |
| BETAPACE TABLET 160 MG ORAL | Non-Formulary | Formulary Exclusion |
| BETAPACE TABLET 80 MG ORAL | Non-Formulary | Formulary Exclusion |
| CORGARD TABLET 20 MG ORAL | Non-Formulary | Formulary Exclusion |
| CORGARD TABLET 40 MG ORAL | Non-Formulary | Formulary Exclusion |
| CORGARD TABLET 80 MG ORAL | Non-Formulary | Formulary Exclusion |
| HEMANGEOL SOLUTION 4.28 MG/ML ORAL | 2 | |
| INDERAL LA CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL | Non-Formulary | Formulary Exclusion |
| INDERAL LA CAPSULE EXTENDED RELEASE 24 HOUR 160 MG ORAL | Non-Formulary | Formulary Exclusion |
| INDERAL LA CAPSULE EXTENDED RELEASE 24 HOUR 60 MG ORAL | Non-Formulary | Formulary Exclusion |
| INDERAL LA CAPSULE EXTENDED RELEASE 24 HOUR 80 MG ORAL | Non-Formulary | Formulary Exclusion |
| INDERAL XL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL | 3 | |
| INDERAL XL CAPSULE EXTENDED RELEASE 24 HOUR 80 MG ORAL | 3 | |
| INNOPRAN XL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL | 3 | |
| INNOPRAN XL CAPSULE EXTENDED RELEASE 24 HOUR 80 MG ORAL | 3 | |
| <i>nadolol tablet 20 mg oral</i> | 1 | |
| <i>nadolol tablet 40 mg oral</i> | 1 | |
| <i>nadolol tablet 80 mg oral</i> | 1 | |
| <i>pindolol tablet 10 mg oral</i> | 1 | |

| Drug Name | Tier | Notes |
|--|---------------|---|
| <i>pindolol tablet 5 mg oral</i> | 1 | |
| <i>propranolol hcl er capsule extended release 24 hour 120 mg oral</i> | 1 | |
| <i>propranolol hcl er capsule extended release 24 hour 160 mg oral</i> | 1 | |
| <i>propranolol hcl er capsule extended release 24 hour 60 mg oral</i> | 1 | |
| <i>propranolol hcl er capsule extended release 24 hour 80 mg oral</i> | 1 | |
| <i>propranolol hcl solution 1 mg/ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>propranolol hcl solution 1 mg/ml intravenous</i> | Non-Formulary | Medical Only Exclusion; Mony Code (MONY Code) |
| <i>propranolol hcl solution 20 mg/5ml oral</i> | 1 | |
| <i>propranolol hcl solution 40 mg/5ml oral</i> | 2 | |
| <i>propranolol hcl tablet 10 mg oral</i> | 1 | |
| <i>propranolol hcl tablet 20 mg oral</i> | 1 | |
| <i>propranolol hcl tablet 40 mg oral</i> | 1 | |
| <i>propranolol hcl tablet 60 mg oral</i> | 1 | |
| <i>propranolol hcl tablet 80 mg oral</i> | 1 | |
| SORINE TABLET 120 MG ORAL | 1 | |
| SORINE TABLET 160 MG ORAL | 1 | |
| SORINE TABLET 240 MG ORAL | 1 | |
| SORINE TABLET 80 MG ORAL | 1 | |
| <i>sotalol hcl (af) tablet 120 mg oral</i> | 1 | |
| <i>sotalol hcl (af) tablet 160 mg oral</i> | 1 | |
| <i>sotalol hcl (af) tablet 80 mg oral</i> | 1 | |
| <i>sotalol hcl solution 150 mg/10ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>sotalol hcl tablet 120 mg oral</i> | 1 | |
| <i>sotalol hcl tablet 160 mg oral</i> | 1 | |
| <i>sotalol hcl tablet 240 mg oral</i> | 1 | |
| <i>sotalol hcl tablet 80 mg oral</i> | 1 | |
| SOTYLIZE SOLUTION 5 MG/ML ORAL | 3 | |
| <i>timolol maleate tablet 10 mg oral</i> | 1 | |
| <i>timolol maleate tablet 20 mg oral</i> | 1 | |
| <i>timolol maleate tablet 20 mg oral</i> | 1 | Mony Code (MONY Code) |
| <i>timolol maleate tablet 5 mg oral</i> | 1 | |
| <i>timolol maleate tablet 5 mg oral</i> | 1 | Mony Code (MONY code issue) |

| Drug Name | Tier | Notes |
|--|---------------|------------------------|
| *CALCIUM CHANNEL BLOCKERS* | | |
| <i>*Calcium Channel Blocker-Nsaid Combinations***</i> | | |
| CONSENSI TABLET 10-200 MG ORAL | 3 | |
| CONSENSI TABLET 2.5-200 MG ORAL | 3 | |
| CONSENSI TABLET 5-200 MG ORAL | 3 | |
| <i>*Calcium Channel Blockers***</i> | | |
| AMLODIPINE BES+SYRSPEND SF SUSPENSION 1 MG/ML ORAL | Non-Formulary | Non FDA Exclusion |
| <i>amlodipine besylate tablet 10 mg oral</i> | 1 | |
| <i>amlodipine besylate tablet 2.5 mg oral</i> | 1 | |
| <i>amlodipine besylate tablet 5 mg oral</i> | 1 | |
| CALAN SR TABLET EXTENDED RELEASE 120 MG ORAL | Non-Formulary | Formulary Exclusion |
| CALAN SR TABLET EXTENDED RELEASE 180 MG ORAL | Non-Formulary | Formulary Exclusion |
| CALAN SR TABLET EXTENDED RELEASE 240 MG ORAL | Non-Formulary | Formulary Exclusion |
| CARDENE IV SOLUTION 20-0.86 MG/200ML-% INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| CARDENE IV SOLUTION 20-4.8 MG/200ML-% INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| CARDENE IV SOLUTION 40-0.83 MG/200ML-% INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| CARDIZEM CD CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL | Non-Formulary | Formulary Exclusion |
| CARDIZEM CD CAPSULE EXTENDED RELEASE 24 HOUR 180 MG ORAL | Non-Formulary | Formulary Exclusion |
| CARDIZEM CD CAPSULE EXTENDED RELEASE 24 HOUR 240 MG ORAL | Non-Formulary | Formulary Exclusion |
| CARDIZEM CD CAPSULE EXTENDED RELEASE 24 HOUR 300 MG ORAL | Non-Formulary | Formulary Exclusion |
| CARDIZEM CD CAPSULE EXTENDED RELEASE 24 HOUR 360 MG ORAL | Non-Formulary | Formulary Exclusion |
| CARDIZEM LA TABLET EXTENDED RELEASE 24 HOUR 120 MG ORAL | Non-Formulary | Formulary Exclusion |
| CARDIZEM LA TABLET EXTENDED RELEASE 24 HOUR 180 MG ORAL | Non-Formulary | Formulary Exclusion |
| CARDIZEM LA TABLET EXTENDED RELEASE 24 HOUR 240 MG ORAL | Non-Formulary | Formulary Exclusion |
| CARDIZEM LA TABLET EXTENDED RELEASE 24 HOUR 300 MG ORAL | Non-Formulary | Formulary Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|------------------------|
| CARDIZEM LA TABLET EXTENDED RELEASE 24 HOUR 360 MG ORAL | Non-Formulary | Formulary Exclusion |
| CARDIZEM LA TABLET EXTENDED RELEASE 24 HOUR 420 MG ORAL | Non-Formulary | Formulary Exclusion |
| CARDIZEM TABLET 120 MG ORAL | Non-Formulary | Formulary Exclusion |
| CARDIZEM TABLET 30 MG ORAL | Non-Formulary | Formulary Exclusion |
| CARDIZEM TABLET 60 MG ORAL | Non-Formulary | Formulary Exclusion |
| CARTIA XT CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL | 1 | |
| CARTIA XT CAPSULE EXTENDED RELEASE 24 HOUR 180 MG ORAL | 1 | |
| CARTIA XT CAPSULE EXTENDED RELEASE 24 HOUR 240 MG ORAL | 1 | |
| CARTIA XT CAPSULE EXTENDED RELEASE 24 HOUR 300 MG ORAL | 1 | |
| CLEVIPREX EMULSION 25 MG/50ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| CLEVIPREX EMULSION 50 MG/100ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| CONJUPRI TABLET 2.5 MG ORAL | 3 | |
| CONJUPRI TABLET 5 MG ORAL | 3 | |
| <i>diltiazem hcl er beads capsule extended release 24 hour 120 mg oral</i> | 1 | |
| <i>diltiazem hcl er beads capsule extended release 24 hour 180 mg oral</i> | 1 | |
| <i>diltiazem hcl er beads capsule extended release 24 hour 240 mg oral</i> | 1 | |
| <i>diltiazem hcl er beads capsule extended release 24 hour 300 mg oral</i> | 1 | |
| <i>diltiazem hcl er beads capsule extended release 24 hour 360 mg oral</i> | 1 | |
| <i>diltiazem hcl er beads capsule extended release 24 hour 420 mg oral</i> | 1 | |
| <i>diltiazem hcl er capsule extended release 12 hour 120 mg oral</i> | 1 | |
| <i>diltiazem hcl er capsule extended release 12 hour 60 mg oral</i> | 1 | |
| <i>diltiazem hcl er capsule extended release 12 hour 90 mg oral</i> | 1 | |
| <i>diltiazem hcl er capsule extended release 24 hour 120 mg oral</i> | 1 | |
| <i>diltiazem hcl er capsule extended release 24 hour 180 mg oral</i> | 1 | |

| Drug Name | Tier | Notes |
|---|---------------|------------------------|
| <i>diltiazem hcl er capsule extended release 24 hour 240 mg oral</i> | 1 | |
| <i>diltiazem hcl er coated beads capsule extended release 24 hour 120 mg oral</i> | 1 | |
| <i>diltiazem hcl er coated beads capsule extended release 24 hour 180 mg oral</i> | 1 | |
| <i>diltiazem hcl er coated beads capsule extended release 24 hour 240 mg oral</i> | 1 | |
| <i>diltiazem hcl er coated beads capsule extended release 24 hour 300 mg oral</i> | 1 | |
| <i>diltiazem hcl er coated beads capsule extended release 24 hour 360 mg oral</i> | 1 | |
| <i>diltiazem hcl er tablet extended release 24 hour 120 mg oral</i> | 1 | |
| <i>diltiazem hcl er tablet extended release 24 hour 180 mg oral</i> | Non-Formulary | Formulary Exclusion |
| <i>diltiazem hcl er tablet extended release 24 hour 240 mg oral</i> | Non-Formulary | Formulary Exclusion |
| <i>diltiazem hcl er tablet extended release 24 hour 300 mg oral</i> | Non-Formulary | Formulary Exclusion |
| <i>diltiazem hcl er tablet extended release 24 hour 360 mg oral</i> | Non-Formulary | Formulary Exclusion |
| <i>diltiazem hcl er tablet extended release 24 hour 420 mg oral</i> | Non-Formulary | Formulary Exclusion |
| <i>diltiazem hcl solution 125 mg/25ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>diltiazem hcl solution 25 mg/5ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>diltiazem hcl solution 50 mg/10ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>diltiazem hcl solution reconstituted 100 mg intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>diltiazem hcl tablet 120 mg oral</i> | 1 | |
| <i>diltiazem hcl tablet 30 mg oral</i> | 1 | |
| <i>diltiazem hcl tablet 60 mg oral</i> | 1 | |
| <i>diltiazem hcl tablet 90 mg oral</i> | 1 | |
| <i>diltiazem hcl-dextrose solution 125-5 mg/125ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>diltiazem hcl-sodium chloride solution 125-0.7 mg/125ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>diltiazem hcl-sodium chloride solution 125-0.9 mg/125ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>dilt-xr capsule extended release 24 hour 120 mg oral</i> | 1 | Mony Code (MONY Code) |
| <i>dilt-xr capsule extended release 24 hour 180 mg oral</i> | 1 | Mony Code (MONY Code) |

| Drug Name | Tier | Notes |
|---|---------------|------------------------|
| <i>dilt-xr capsule extended release 24 hour 240 mg oral</i> | 1 | Mony Code (MONY Code) |
| <i>felodipine er tablet extended release 24 hour 10 mg oral</i> | 1 | |
| <i>felodipine er tablet extended release 24 hour 2.5 mg oral</i> | 1 | |
| <i>felodipine er tablet extended release 24 hour 5 mg oral</i> | 1 | |
| <i>isradipine capsule 2.5 mg oral</i> | Non-Formulary | Formulary Exclusion |
| <i>isradipine capsule 5 mg oral</i> | Non-Formulary | Formulary Exclusion |
| KATERZIA SUSPENSION 1 MG/ML ORAL | 3 | |
| <i>levamlodipine maleate tablet 2.5 mg oral</i> | 3 | |
| <i>levamlodipine maleate tablet 5 mg oral</i> | 3 | |
| MATZIM LA TABLET EXTENDED RELEASE 24 HOUR 180 MG ORAL | Non-Formulary | Formulary Exclusion |
| MATZIM LA TABLET EXTENDED RELEASE 24 HOUR 240 MG ORAL | Non-Formulary | Formulary Exclusion |
| MATZIM LA TABLET EXTENDED RELEASE 24 HOUR 300 MG ORAL | Non-Formulary | Formulary Exclusion |
| MATZIM LA TABLET EXTENDED RELEASE 24 HOUR 360 MG ORAL | Non-Formulary | Formulary Exclusion |
| MATZIM LA TABLET EXTENDED RELEASE 24 HOUR 420 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>nicardipine hcl capsule 20 mg oral</i> | Non-Formulary | Formulary Exclusion |
| <i>nicardipine hcl capsule 30 mg oral</i> | Non-Formulary | Formulary Exclusion |
| <i>nicardipine hcl in nacl solution 20-0.9 mg/200ml-% intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>nicardipine hcl in nacl solution 40-0.9 mg/200ml-% intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>nicardipine hcl in nacl solution prefilled syringe 1-0.9 mg/10ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>nicardipine hcl solution 2.5 mg/ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>nifedipine capsule 10 mg oral</i> | 1 | |
| <i>nifedipine capsule 20 mg oral</i> | 1 | |
| <i>nifedipine er osmotic release tablet extended release 24 hour 30 mg oral</i> | 1 | |
| <i>nifedipine er osmotic release tablet extended release 24 hour 60 mg oral</i> | 1 | |
| <i>nifedipine er osmotic release tablet extended release 24 hour 90 mg oral</i> | 1 | |
| <i>nifedipine er tablet extended release 24 hour 30 mg oral</i> | 1 | |

| Drug Name | Tier | Notes |
|--|---------------|---|
| <i>nifedipine er tablet extended release 24 hour 60 mg oral</i> | 1 | |
| <i>nifedipine er tablet extended release 24 hour 90 mg oral</i> | 1 | |
| <i>nimodipine capsule 30 mg oral</i> | 1 | |
| <i>nisoldipine er tablet extended release 24 hour 17 mg oral</i> | 1 | |
| <i>nisoldipine er tablet extended release 24 hour 20 mg oral</i> | Non-Formulary | Formulary Exclusion |
| <i>nisoldipine er tablet extended release 24 hour 25.5 mg oral</i> | Non-Formulary | Mony Code (MONY code issue); Formulary Exclusion |
| <i>nisoldipine er tablet extended release 24 hour 30 mg oral</i> | Non-Formulary | Formulary Exclusion |
| <i>nisoldipine er tablet extended release 24 hour 34 mg oral</i> | 1 | |
| <i>nisoldipine er tablet extended release 24 hour 40 mg oral</i> | Non-Formulary | Mony Code (MONY code issue); Formulary Exclusion |
| <i>nisoldipine er tablet extended release 24 hour 8.5 mg oral</i> | 1 | |
| NORLIQVA SOLUTION 1 MG/ML ORAL | Non-Formulary | Formulary Exclusion |
| NORVASC TABLET 10 MG ORAL | Non-Formulary | Formulary Exclusion |
| NORVASC TABLET 2.5 MG ORAL | Non-Formulary | Formulary Exclusion |
| NORVASC TABLET 5 MG ORAL | Non-Formulary | Formulary Exclusion |
| NYMALIZE SOLUTION 6 MG/ML ORAL | 3 | |
| PROCARDIA CAPSULE 10 MG ORAL | Non-Formulary | Formulary Exclusion |
| PROCARDIA XL TABLET EXTENDED RELEASE 24 HOUR 30 MG ORAL | Non-Formulary | Formulary Exclusion |
| PROCARDIA XL TABLET EXTENDED RELEASE 24 HOUR 60 MG ORAL | Non-Formulary | Formulary Exclusion |
| PROCARDIA XL TABLET EXTENDED RELEASE 24 HOUR 90 MG ORAL | Non-Formulary | Formulary Exclusion |
| SULAR TABLET EXTENDED RELEASE 24 HOUR 17 MG ORAL | Non-Formulary | Formulary Exclusion |
| SULAR TABLET EXTENDED RELEASE 24 HOUR 34 MG ORAL | Non-Formulary | Formulary Exclusion |
| SULAR TABLET EXTENDED RELEASE 24 HOUR 8.5 MG ORAL | Non-Formulary | Formulary Exclusion |
| TAZTIA XT CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL | 1 | |
| TAZTIA XT CAPSULE EXTENDED RELEASE 24 HOUR 180 MG ORAL | 1 | |
| TAZTIA XT CAPSULE EXTENDED RELEASE 24 HOUR 240 MG ORAL | 1 | |

| Drug Name | Tier | Notes |
|--|---------------|---|
| TAZTIA XT CAPSULE EXTENDED RELEASE 24 HOUR 300 MG ORAL | 1 | |
| TAZTIA XT CAPSULE EXTENDED RELEASE 24 HOUR 360 MG ORAL | 1 | |
| TIADYLT ER CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL | 1 | |
| TIADYLT ER CAPSULE EXTENDED RELEASE 24 HOUR 180 MG ORAL | 1 | |
| TIADYLT ER CAPSULE EXTENDED RELEASE 24 HOUR 240 MG ORAL | 1 | |
| TIADYLT ER CAPSULE EXTENDED RELEASE 24 HOUR 300 MG ORAL | 1 | |
| TIADYLT ER CAPSULE EXTENDED RELEASE 24 HOUR 360 MG ORAL | 1 | |
| TIADYLT ER CAPSULE EXTENDED RELEASE 24 HOUR 420 MG ORAL | 1 | |
| TIAZAC CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL | Non-Formulary | Formulary Exclusion |
| TIAZAC CAPSULE EXTENDED RELEASE 24 HOUR 180 MG ORAL | Non-Formulary | Formulary Exclusion |
| TIAZAC CAPSULE EXTENDED RELEASE 24 HOUR 240 MG ORAL | Non-Formulary | Formulary Exclusion |
| TIAZAC CAPSULE EXTENDED RELEASE 24 HOUR 300 MG ORAL | Non-Formulary | Formulary Exclusion |
| TIAZAC CAPSULE EXTENDED RELEASE 24 HOUR 360 MG ORAL | Non-Formulary | Formulary Exclusion |
| TIAZAC CAPSULE EXTENDED RELEASE 24 HOUR 420 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>verapamil hcl er capsule extended release 24 hour 100 mg oral</i> | Non-Formulary | Formulary Exclusion |
| <i>verapamil hcl er capsule extended release 24 hour 100 mg oral</i> | Non-Formulary | Mony Code (MONY code issue); Formulary Exclusion |
| <i>verapamil hcl er capsule extended release 24 hour 120 mg oral</i> | 1 | |
| <i>verapamil hcl er capsule extended release 24 hour 180 mg oral</i> | 1 | |
| <i>verapamil hcl er capsule extended release 24 hour 200 mg oral</i> | Non-Formulary | Formulary Exclusion |
| <i>verapamil hcl er capsule extended release 24 hour 200 mg oral</i> | Non-Formulary | Mony Code (MONY code issue); Formulary Exclusion |
| <i>verapamil hcl er capsule extended release 24 hour 240 mg oral</i> | 1 | |
| <i>verapamil hcl er capsule extended release 24 hour 300 mg oral</i> | Non-Formulary | Mony Code (MONY code issue); Formulary Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|------------------------|
| <i>verapamil hcl er capsule extended release 24 hour 360 mg oral</i> | Non-Formulary | Formulary Exclusion |
| <i>verapamil hcl er tablet extended release 120 mg oral</i> | 1 | |
| <i>verapamil hcl er tablet extended release 180 mg oral</i> | 1 | |
| <i>verapamil hcl er tablet extended release 240 mg oral</i> | 1 | |
| <i>verapamil hcl solution 2.5 mg/ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>verapamil hcl tablet 120 mg oral</i> | 1 | |
| <i>verapamil hcl tablet 40 mg oral</i> | 1 | |
| <i>verapamil hcl tablet 80 mg oral</i> | 1 | |
| VERELAN CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL | Non-Formulary | Formulary Exclusion |
| VERELAN CAPSULE EXTENDED RELEASE 24 HOUR 180 MG ORAL | Non-Formulary | Formulary Exclusion |
| VERELAN CAPSULE EXTENDED RELEASE 24 HOUR 240 MG ORAL | Non-Formulary | Formulary Exclusion |
| VERELAN CAPSULE EXTENDED RELEASE 24 HOUR 360 MG ORAL | Non-Formulary | Formulary Exclusion |
| VERELAN PM CAPSULE EXTENDED RELEASE 24 HOUR 100 MG ORAL | Non-Formulary | Formulary Exclusion |
| VERELAN PM CAPSULE EXTENDED RELEASE 24 HOUR 200 MG ORAL | Non-Formulary | Formulary Exclusion |
| VERELAN PM CAPSULE EXTENDED RELEASE 24 HOUR 300 MG ORAL | Non-Formulary | Formulary Exclusion |
| *CARDIOTONICS* | | |
| *Cardiac Glycosides*** | | |
| DIGITEK TABLET 125 MCG ORAL | 1 | |
| DIGITEK TABLET 250 MCG ORAL | 1 | |
| DIGOX TABLET 125 MCG ORAL | 1 | |
| DIGOX TABLET 250 MCG ORAL | 1 | |
| <i>digoxin solution 0.05 mg/ml oral</i> | 1 | |
| <i>digoxin solution 0.05 mg/ml oral</i> | 1 | Mony Code (MONY Code) |
| <i>digoxin solution 0.25 mg/ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>digoxin tablet 125 mcg oral</i> | 1 | |
| <i>digoxin tablet 250 mcg oral</i> | 1 | |
| <i>digoxin tablet 62.5 mcg oral</i> | 1 | |
| LANOXIN PEDIATRIC SOLUTION 0.1 MG/ML INJECTION | Non-Formulary | Medical Only Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|---|
| LANOXIN SOLUTION 0.25 MG/ML INJECTION | Non-Formulary | Medical Only Exclusion |
| LANOXIN TABLET 125 MCG ORAL | 3 | |
| LANOXIN TABLET 250 MCG ORAL | 1 | Mony Code (MONY Code) |
| LANOXIN TABLET 62.5 MCG ORAL | 3 | |
| *Inotropes*** | | |
| <i>dobutamine hcl solution 12.5 mg/ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>dobutamine hcl solution 250 mg/20ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>dobutamine hcl solution 250 mg/20ml intravenous</i> | Non-Formulary | Medical Only Exclusion; Mony Code (MONY CODE ISSUE) |
| <i>dobutamine-dextrose solution 1-5 mg/ml-% intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>dobutamine-dextrose solution 2-5 mg/ml-% intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>dobutamine-dextrose solution 4-5 mg/ml-% intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>dopamine hcl solution 40 mg/ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>dopamine-dextrose solution 0.8-5 mg/ml-% intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>dopamine-dextrose solution 1.6-5 mg/ml-% intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>dopamine-dextrose solution 3.2-5 mg/ml-% intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>milrinone lactate in dextrose solution 20-5 mg/100ml-% intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>milrinone lactate in dextrose solution 40-5 mg/200ml-% intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>milrinone lactate solution 10 mg/10ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>milrinone lactate solution 20 mg/20ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>milrinone lactate solution 50 mg/50ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| *CARDIOVASCULAR AGENTS - MISC.* | | |
| *Calcium Channel Blocker & Hmg Coa Reductase Inhibit Comb*** | | |
| <i>amlodipine-atorvastatin tablet 10-10 mg oral</i> | 1 | |
| <i>amlodipine-atorvastatin tablet 10-20 mg oral</i> | 1 | |
| <i>amlodipine-atorvastatin tablet 10-40 mg oral</i> | 1 | |
| <i>amlodipine-atorvastatin tablet 10-80 mg oral</i> | 1 | |

| Drug Name | Tier | Notes |
|--|---------------|---|
| <i>amlodipine-atorvastatin tablet 2.5-10 mg oral</i> | 1 | |
| <i>amlodipine-atorvastatin tablet 2.5-10 mg oral</i> | 1 | Mony Code (MONY code issue) |
| <i>amlodipine-atorvastatin tablet 2.5-20 mg oral</i> | 1 | |
| <i>amlodipine-atorvastatin tablet 2.5-40 mg oral</i> | 1 | |
| <i>amlodipine-atorvastatin tablet 5-10 mg oral</i> | 1 | |
| <i>amlodipine-atorvastatin tablet 5-20 mg oral</i> | 1 | |
| <i>amlodipine-atorvastatin tablet 5-40 mg oral</i> | 1 | |
| <i>amlodipine-atorvastatin tablet 5-80 mg oral</i> | 1 | |
| CADUET TABLET 10-10 MG ORAL | Non-Formulary | Formulary Exclusion |
| CADUET TABLET 10-20 MG ORAL | Non-Formulary | Formulary Exclusion |
| CADUET TABLET 10-40 MG ORAL | Non-Formulary | Formulary Exclusion |
| CADUET TABLET 10-80 MG ORAL | Non-Formulary | Formulary Exclusion |
| CADUET TABLET 5-10 MG ORAL | Non-Formulary | Formulary Exclusion |
| CADUET TABLET 5-20 MG ORAL | Non-Formulary | Formulary Exclusion |
| CADUET TABLET 5-40 MG ORAL | Non-Formulary | Formulary Exclusion |
| CADUET TABLET 5-80 MG ORAL | Non-Formulary | Formulary Exclusion |
| *Cardioplegic Solutions*** | | |
| ADENOCAINE SOLUTION PREFILLED SYRINGE INTRAVENOUS | Non-Formulary | Non FDA Exclusion |
| <i>cardioplegia del nido formula solution perfusion</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>cardioplegia ind plas/hik/lido solution perfusion</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>cardioplegia ind plasma-tromet solution perfusion</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>cardioplegia induction high k solution perfusion</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>cardioplegia induction low dex solution perfusion</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>cardioplegia induction non-enr solution perfusion</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>cardioplegia main low dextrose solution perfusion</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>cardioplegia main low trometha solution perfusion</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>cardioplegia main plasma-trome solution perfusion</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>cardioplegia maintenance solution perfusion</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>cardioplegia reperfusate 4:1 solution perfusion</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|---|
| <i>cardioplegic soln w/ lidocaine solution perfusion</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>cardioplegic solution perfusion</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>cardioplegic solution perfusion</i> | Non-Formulary | Medical Only Exclusion |
| <i>microplegia msa-msg solution perfusion</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| PLEGISOL SOLUTION PERFUSION | Non-Formulary | Medical Only Exclusion |
| *Cardiovascular Anti-Inflammatory/Immune Modulators*** | | |
| LODOCO TABLET 0.5 MG ORAL | Non-Formulary | PA; Formulary Exclusion |
| *Cardiovascular SglT2 Inhibitors** | | |
| INPEFA TABLET 200 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| INPEFA TABLET 400 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| *Impotence Agent Combinations*** | | |
| <i>bi-mix solution reconstituted 150-5 mg intracavernosal</i> | Non-Formulary | Non FDA Exclusion |
| <i>quad-mix solution reconstituted 150-10-0.1-1 mg intracavernosal</i> | Non-Formulary | Non FDA Exclusion |
| <i>super bi-mix solution reconstituted 150-10 mg intracavernosal</i> | Non-Formulary | Non FDA Exclusion |
| <i>super quad-mix solution reconstituted 150-20-0.2-2 mg intracavernosal</i> | Non-Formulary | Non FDA Exclusion |
| <i>super tri-mix solution reconstituted 150-10-100 mg-mg-mcg intracavernosal</i> | Non-Formulary | Non FDA Exclusion |
| <i>tri-mix solution reconstituted 150-5-50 mg-mg-mcg intracavernosal</i> | Non-Formulary | Non FDA Exclusion |
| *Impotence Agents - Other*** | | |
| <i>phenylephrine hcl solution 2 mg/2ml intracavernosal</i> | Non-Formulary | Non FDA Exclusion |
| *Neprilysin Inhib (Arni)-Angiotensin Ii Recept Antag Comb*** | | |
| ENTRESTO CAPSULE SPRINKLE 15-16 MG ORAL | 2 | QL |
| ENTRESTO CAPSULE SPRINKLE 6-6 MG ORAL | 2 | QL |
| ENTRESTO TABLET 24-26 MG ORAL | 2 | QL |
| ENTRESTO TABLET 49-51 MG ORAL | 2 | QL |
| ENTRESTO TABLET 97-103 MG ORAL | 2 | QL |
| *Nitrate & Vasodilator Combinations*** | | |
| BIDIL TABLET 20-37.5 MG ORAL | Non-Formulary | Formulary Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|--|
| <i>isosorb dinitrate-hydralazine tablet 20-37.5 mg oral</i> | 1 | |
| *Pde Inhibitor-Endothelin Receptor Antagonist Combinations*** | | |
| OPSYNVI TABLET 10-20 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion; QL |
| OPSYNVI TABLET 10-40 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion; QL |
| *Peripheral Vasodilators*** | | |
| <i>isoxsuprine hcl tablet 10 mg oral</i> | Non-Formulary | Mony Code (MONY Code); Formulary Exclusion |
| <i>isoxsuprine hcl tablet 20 mg oral</i> | Non-Formulary | Non FDA Exclusion; Mony Code (MONY Code) |
| <i>isoxsuprine hcl tablet 20 mg oral</i> | Non-Formulary | Formulary Exclusion |
| <i>papaverine hcl solution 30 mg/ml injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>papaverine hcl solution 30 mg/ml injection</i> | Non-Formulary | Non FDA Exclusion; Mony Code (MONY Code) |
| *Prostaglandin - Impotence Agents*** | | |
| CAVERJECT IMPULSE KIT 10 MCG INTRACAVERNOSAL | 3 | QL |
| CAVERJECT IMPULSE KIT 20 MCG INTRACAVERNOSAL | 3 | QL |
| CAVERJECT SOLUTION RECONSTITUTED 20 MCG INTRACAVERNOSAL | 3 | QL |
| CAVERJECT SOLUTION RECONSTITUTED 40 MCG INTRACAVERNOSAL | 3 | QL |
| EDEX KIT 10 MCG INTRACAVERNOSAL | 3 | QL |
| EDEX KIT 20 MCG INTRACAVERNOSAL | 3 | QL |
| EDEX KIT 40 MCG INTRACAVERNOSAL | 3 | QL |
| MUSE PELLETT 1000 MCG URETHRAL | 3 | QL |
| MUSE PELLETT 250 MCG URETHRAL | 3 | QL |
| MUSE PELLETT 500 MCG URETHRAL | 3 | QL |
| *Prostaglandin Vasodilators*** | | |
| AURLUMYN SOLUTION 100 MCG/ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>epoprostenol sodium solution reconstituted 0.5 mg intravenous</i> | Tier 4 | PA; Specialty |
| <i>epoprostenol sodium solution reconstituted 1.5 mg intravenous</i> | Tier 4 | PA; Specialty |
| <i>treprostinil solution 100 mg/20ml injection</i> | Tier 4 | PA; Specialty |
| <i>treprostinil solution 20 mg/20ml injection</i> | Tier 4 | PA; Specialty |

| Drug Name | Tier | Notes |
|--|---------------|--|
| <i>treprostinil solution 200 mg/20ml injection</i> | Tier 4 | PA; Specialty |
| <i>treprostinil solution 50 mg/20ml injection</i> | Tier 4 | PA; Specialty |
| TYVASO DPI MAINTENANCE KIT POWDER 112 X 32MCG & 112 X48MCG INHALATION | Non-Formulary | PA; Specialty; Formulary Exclusion; QL |
| TYVASO DPI MAINTENANCE KIT POWDER 16 MCG INHALATION | Non-Formulary | PA; Specialty; Formulary Exclusion; QL |
| TYVASO DPI MAINTENANCE KIT POWDER 32 MCG INHALATION | Non-Formulary | PA; Specialty; Formulary Exclusion; QL |
| TYVASO DPI MAINTENANCE KIT POWDER 48 MCG INHALATION | Non-Formulary | PA; Specialty; Formulary Exclusion; QL |
| TYVASO DPI MAINTENANCE KIT POWDER 64 MCG INHALATION | Non-Formulary | PA; Specialty; Formulary Exclusion; QL |
| TYVASO DPI TITRATION KIT POWDER 112 X 16MCG & 84 X 32MCG INHALATION | Non-Formulary | PA; Specialty; Formulary Exclusion; QL |
| TYVASO DPI TITRATION KIT POWDER 16 & 32 & 48 MCG INHALATION | Non-Formulary | PA; Specialty; Formulary Exclusion; QL |
| <i>*Pulmonary Hypertension - Activin Signaling Inhibitor***</i> | | |
| WINREVAIR KIT 2 X 45 MG SUBCUTANEOUS | Tier 4 | PA; Specialty |
| WINREVAIR KIT 2 X 60 MG SUBCUTANEOUS | Tier 4 | PA; Specialty |
| WINREVAIR KIT 45 MG SUBCUTANEOUS | Tier 4 | PA; Specialty |
| WINREVAIR KIT 60 MG SUBCUTANEOUS | Tier 4 | PA; Specialty |
| <i>*Pulmonary Hypertension - Endothelin Receptor Antagonists***</i> | | |
| <i>ambrisentan tablet 10 mg oral</i> | Tier 4 | PA; Specialty; QL |
| <i>ambrisentan tablet 5 mg oral</i> | Tier 4 | PA; Specialty; QL |
| <i>bosentan tablet 125 mg oral</i> | Tier 4 | PA; Specialty; QL |
| <i>bosentan tablet 62.5 mg oral</i> | Tier 4 | PA; Specialty; QL |
| LETAIRIS TABLET 10 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion; QL |
| LETAIRIS TABLET 5 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion; QL |
| OPSUMIT TABLET 10 MG ORAL | Tier 4 | PA; Specialty; QL |
| TRACLEER TABLET 125 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion; QL |
| TRACLEER TABLET 62.5 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion; QL |
| TRACLEER TABLET SOLUBLE 32 MG ORAL | Tier 4 | PA; Specialty; QL |

| Drug Name | Tier | Notes |
|--|---------------|--|
| <i>*Pulmonary Hypertension - Phosphodiesterase Inhibitors***</i> | | |
| ADCIRCA TABLET 20 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion; QL |
| ALYQ TABLET 20 MG ORAL | Tier 4 | PA; Specialty; QL |
| LIQREV SUSPENSION 10 MG/ML ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion |
| REVATIO SOLUTION 10 MG/12.5ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| REVATIO SUSPENSION RECONSTITUTED 10 MG/ML ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion |
| REVATIO TABLET 20 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion; QL |
| <i>sildenafil citrate solution 10 mg/12.5ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>sildenafil citrate suspension reconstituted 10 mg/ml oral</i> | Tier 4 | PA; Specialty |
| <i>sildenafil citrate tablet 20 mg oral</i> | Tier 4 | PA; Specialty; QL |
| <i>tadalafil (pah) tablet 20 mg oral</i> | Tier 4 | PA; Specialty; QL |
| TADLIQ SUSPENSION 20 MG/5ML ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion |
| <i>*Pulmonary Hypertension - Prostacyclin Receptor Agonist***</i> | | |
| UPTRAVI SOLUTION RECONSTITUTED 1800 MCG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| UPTRAVI TABLET 1000 MCG ORAL | Tier 4 | PA; Specialty; QL |
| UPTRAVI TABLET 1200 MCG ORAL | Tier 4 | PA; Specialty; QL |
| UPTRAVI TABLET 1400 MCG ORAL | Tier 4 | PA; Specialty; QL |
| UPTRAVI TABLET 1600 MCG ORAL | Tier 4 | PA; Specialty; QL |
| UPTRAVI TABLET 200 MCG ORAL | Tier 4 | PA; Specialty; QL |
| UPTRAVI TABLET 400 MCG ORAL | Tier 4 | PA; Specialty; QL |
| UPTRAVI TABLET 600 MCG ORAL | Tier 4 | PA; Specialty; QL |
| UPTRAVI TABLET 800 MCG ORAL | Tier 4 | PA; Specialty; QL |
| UPTRAVI TITRATION TABLET THERAPY PACK 200 & 800 MCG ORAL | Tier 4 | PA; Specialty; QL |
| <i>*Selective Cgmp Phosphodiesterase Type 5 Inhibitors***</i> | | |
| <i>avanafil tablet 100 mg oral</i> | 1 | QL |
| <i>avanafil tablet 200 mg oral</i> | 1 | QL |
| <i>avanafil tablet 50 mg oral</i> | 1 | QL |
| CIALIS TABLET 10 MG ORAL | Non-Formulary | Formulary Exclusion; QL |

| Drug Name | Tier | Notes |
|---|---------------|-----------------------------|
| CIALIS TABLET 2.5 MG ORAL | Non-Formulary | PA; Formulary Exclusion; QL |
| CIALIS TABLET 20 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| CIALIS TABLET 5 MG ORAL | Non-Formulary | PA; Formulary Exclusion; QL |
| LEVITRA TABLET 10 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| LEVITRA TABLET 20 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| <i>sildenafil citrate tablet 100 mg oral</i> | 1 | QL |
| <i>sildenafil citrate tablet 25 mg oral</i> | 1 | QL |
| <i>sildenafil citrate tablet 50 mg oral</i> | 1 | QL |
| STAXYN TABLET DISPERSIBLE 10 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| STENDRA TABLET 100 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| STENDRA TABLET 100 MG ORAL | 3 | QL |
| STENDRA TABLET 200 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| STENDRA TABLET 200 MG ORAL | 3 | QL |
| STENDRA TABLET 50 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| STENDRA TABLET 50 MG ORAL | 3 | QL |
| <i>tadalafil tablet 10 mg oral</i> | 1 | QL |
| <i>tadalafil tablet 2.5 mg oral</i> | 1 | PA; QL |
| <i>tadalafil tablet 20 mg oral</i> | 1 | QL |
| <i>tadalafil tablet 5 mg oral</i> | 1 | PA; QL |
| <i>vardenafil hcl tablet 10 mg oral</i> | 1 | QL |
| <i>vardenafil hcl tablet 2.5 mg oral</i> | 1 | QL |
| <i>vardenafil hcl tablet 20 mg oral</i> | 1 | QL |
| <i>vardenafil hcl tablet 5 mg oral</i> | 1 | QL |
| <i>vardenafil hcl tablet dispersible 10 mg oral</i> | 1 | QL |
| VIAGRA TABLET 100 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| VIAGRA TABLET 25 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| VIAGRA TABLET 50 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| *Septal Agents - Ablation** | | |
| ABLYSINOL SOLUTION INTRA-ARTERIAL | Non-Formulary | Medical Only Exclusion |
| *Sinus Node Inhibitors** | | |
| CORLANOR SOLUTION 5 MG/5ML ORAL | 2 | QL |
| CORLANOR TABLET 5 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| CORLANOR TABLET 7.5 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| <i>ivabradine hcl tablet 5 mg oral</i> | 1 | QL |
| <i>ivabradine hcl tablet 7.5 mg oral</i> | 1 | QL |
| *Transthyretin Stabilizers*** | | |
| VYNDAMAX CAPSULE 61 MG ORAL | Tier 4 | PA; Specialty; QL |

| Drug Name | Tier | Notes |
|---|---------------|------------------------|
| VYNDAQEL CAPSULE 20 MG ORAL | Tier 4 | PA; Specialty; QL |
| *Vasoactive Soluble Guanylate Cyclase Stimulator (Sgc)*** | | |
| VERQUVO TABLET 10 MG ORAL | 2 | PA |
| VERQUVO TABLET 2.5 MG ORAL | 2 | PA |
| VERQUVO TABLET 5 MG ORAL | 2 | PA |
| *CEPHALOSPORINS* | | |
| *Cephalosporin Combinations*** | | |
| AVYCAZ SOLUTION RECONSTITUTED 2.5 (2-0.5) GM INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ZERBAXA SOLUTION RECONSTITUTED 1.5 (1-0.5) GM INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| *Cephalosporins - 1St Generation*** | | |
| <i>cefadroxil capsule 500 mg oral</i> | 1 | |
| <i>cefadroxil suspension reconstituted 250 mg/5ml oral</i> | 1 | |
| <i>cefadroxil suspension reconstituted 500 mg/5ml oral</i> | 1 | |
| <i>cefadroxil tablet 1 gm oral</i> | 1 | Mony Code (MONY Code) |
| <i>cefazolin in sodium chloride solution 2-0.9 gm/100ml-% intravenous</i> | Non-Formulary | Formulary Exclusion |
| <i>cefazolin in sodium chloride solution 2-0.9 gm/100ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>cefazolin in sodium chloride solution 3-0.9 gm/100ml-% intravenous</i> | Non-Formulary | Formulary Exclusion |
| <i>cefazolin in sodium chloride solution 3-0.9 gm/100ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>cefazolin sodium solution prefilled syringe 1 gm/10ml intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>cefazolin sodium solution prefilled syringe 2 gm/20ml intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>cefazolin sodium solution prefilled syringe 3 gm/30ml injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>cefazolin sodium solution reconstituted 1 gm injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>cefazolin sodium solution reconstituted 1 gm intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>cefazolin sodium solution reconstituted 10 gm injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>cefazolin sodium solution reconstituted 100 gm injection</i> | Non-Formulary | Medical Only Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|-----------------------------|
| <i>cefazolin sodium solution reconstituted 2 gm injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>cefazolin sodium solution reconstituted 2 gm intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>cefazolin sodium solution reconstituted 3 gm injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>cefazolin sodium solution reconstituted 3 gm intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>cefazolin sodium solution reconstituted 300 gm injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>cefazolin sodium solution reconstituted 500 mg injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>cefazolin sodium-dextrose solution 1-4 gm/50ml-% intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>cefazolin sodium-dextrose solution 2-4 gm/100ml-% intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>cefazolin sodium-dextrose solution 2-5 gm/100ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>cefazolin sodium-dextrose solution 3-4 gm/150ml-% intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>cefazolin sodium-dextrose solution reconstituted 1-4 gm-%(50ml) intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>cefazolin sodium-dextrose solution reconstituted 2-3 gm-%(50ml) intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>cephalexin capsule 250 mg oral</i> | 1 | |
| <i>cephalexin capsule 500 mg oral</i> | 1 | |
| <i>cephalexin capsule 750 mg oral</i> | 1 | |
| <i>cephalexin capsule 750 mg oral</i> | 1 | Mony Code (MONY code issue) |
| <i>cephalexin suspension reconstituted 125 mg/5ml oral</i> | 1 | |
| <i>cephalexin suspension reconstituted 250 mg/5ml oral</i> | 1 | |
| <i>cephalexin tablet 250 mg oral</i> | 1 | |
| <i>cephalexin tablet 500 mg oral</i> | 1 | |
| KEFLEX CAPSULE 250 MG ORAL | Non-Formulary | Formulary Exclusion |
| KEFLEX CAPSULE 500 MG ORAL | Non-Formulary | Formulary Exclusion |
| KEFLEX CAPSULE 750 MG ORAL | Non-Formulary | Formulary Exclusion |
| *Cephalosporins - 2Nd Generation*** | | |
| <i>cefaclor capsule 250 mg oral</i> | 1 | Mony Code (MONY Code) |
| <i>cefaclor capsule 500 mg oral</i> | 1 | Mony Code (MONY Code) |
| <i>cefaclor er tablet extended release 12 hour 500 mg oral</i> | 3 | |

| Drug Name | Tier | Notes |
|---|---------------|---|
| <i>cefaclor suspension reconstituted 125 mg/5ml oral</i> | 3 | |
| <i>cefaclor suspension reconstituted 250 mg/5ml oral</i> | 3 | |
| <i>cefaclor suspension reconstituted 375 mg/5ml oral</i> | 3 | |
| CEFOTAN SOLUTION RECONSTITUTED 1 GM INJECTION | Non-Formulary | Medical Only Exclusion |
| CEFOTAN SOLUTION RECONSTITUTED 2 GM INJECTION | Non-Formulary | Medical Only Exclusion |
| <i>cefotetan disodium solution reconstituted 1 gm injection</i> | Non-Formulary | Medical Only Exclusion; Mony Code (MONY code issue) |
| <i>cefotetan disodium solution reconstituted 2 gm injection</i> | Non-Formulary | Medical Only Exclusion; Mony Code (MONY code issue) |
| <i>cefotetan disodium-dextrose solution reconstituted 1-3.58 gm-%(50ml) intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>cefotetan disodium-dextrose solution reconstituted 2-2.08 gm-%(50ml) intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>cefoxitin sodium solution reconstituted 1 gm intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>cefoxitin sodium solution reconstituted 10 gm intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>cefoxitin sodium solution reconstituted 2 gm intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>cefoxitin sodium-dextrose solution reconstituted 1-4 gm-%(50ml) intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>cefoxitin sodium-dextrose solution reconstituted 2-2.2 gm-%(50ml) intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>cefprozil suspension reconstituted 125 mg/5ml oral</i> | 1 | |
| <i>cefprozil suspension reconstituted 250 mg/5ml oral</i> | 1 | |
| <i>cefprozil tablet 250 mg oral</i> | 1 | |
| <i>cefprozil tablet 500 mg oral</i> | 1 | |
| <i>cefuroxime axetil tablet 250 mg oral</i> | 1 | |
| <i>cefuroxime axetil tablet 500 mg oral</i> | 1 | |
| <i>cefuroxime sodium solution reconstituted 1.5 gm intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>cefuroxime sodium solution reconstituted 1.5 gm intravenous</i> | Non-Formulary | Medical Only Exclusion; Mony Code (MONY Code) |
| <i>cefuroxime sodium solution reconstituted 750 mg injection</i> | Non-Formulary | Medical Only Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|--|
| *Cephalosporins - 3Rd Generation*** | | |
| <i>cefdinir capsule 300 mg oral</i> | 1 | |
| <i>cefdinir suspension reconstituted 125 mg/5ml oral</i> | 1 | |
| <i>cefdinir suspension reconstituted 250 mg/5ml oral</i> | 1 | |
| <i>cefixime capsule 400 mg oral</i> | 1 | |
| <i>cefixime suspension reconstituted 100 mg/5ml oral</i> | 1 | |
| <i>cefixime suspension reconstituted 200 mg/5ml oral</i> | 1 | |
| <i>cefotaxime sodium solution reconstituted 1 gm injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>cefotaxime sodium solution reconstituted 1 gm injection</i> | Non-Formulary | Non FDA Exclusion; Mony Code (MONY Code) |
| <i>cefotaxime sodium solution reconstituted 2 gm injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>cefpodoxime proxetil suspension reconstituted 100 mg/5ml oral</i> | 1 | |
| <i>cefpodoxime proxetil suspension reconstituted 50 mg/5ml oral</i> | 1 | |
| <i>cefpodoxime proxetil tablet 100 mg oral</i> | 1 | |
| <i>cefpodoxime proxetil tablet 200 mg oral</i> | 1 | |
| <i>ceftazidime and dextrose solution reconstituted 1-5 gm-%(50ml) intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>ceftazidime and dextrose solution reconstituted 2-5 gm-%(50ml) intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>ceftazidime solution reconstituted 1 gm injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>ceftazidime solution reconstituted 2 gm intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>ceftazidime solution reconstituted 6 gm injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>ceftriaxone sodium in dextrose solution 20 mg/ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>ceftriaxone sodium in dextrose solution 40 mg/ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>ceftriaxone sodium solution reconstituted 1 gm injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>ceftriaxone sodium solution reconstituted 1 gm intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>ceftriaxone sodium solution reconstituted 10 gm intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>ceftriaxone sodium solution reconstituted 100 gm injection</i> | Non-Formulary | Medical Only Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|---|
| <i>ceftriaxone sodium solution reconstituted 2 gm injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>ceftriaxone sodium solution reconstituted 2 gm intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>ceftriaxone sodium solution reconstituted 250 mg injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>ceftriaxone sodium solution reconstituted 500 mg injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>ceftriaxone sodium-dextrose solution reconstituted 1-3.74 gm-%(50ml) intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>ceftriaxone sodium-dextrose solution reconstituted 2-2.22 gm-%(50ml) intravenous</i> | Non-Formulary | Medical Only Exclusion |
| FORTAZ SOLUTION RECONSTITUTED 1 GM INJECTION | Non-Formulary | Medical Only Exclusion |
| FORTAZ SOLUTION RECONSTITUTED 2 GM INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| FORTAZ SOLUTION RECONSTITUTED 500 MG INJECTION | Non-Formulary | Medical Only Exclusion |
| SUPRAX CAPSULE 400 MG ORAL | Non-Formulary | Formulary Exclusion |
| SUPRAX SUSPENSION RECONSTITUTED 100 MG/5ML ORAL | Non-Formulary | Formulary Exclusion |
| SUPRAX SUSPENSION RECONSTITUTED 200 MG/5ML ORAL | Non-Formulary | Formulary Exclusion |
| SUPRAX SUSPENSION RECONSTITUTED 500 MG/5ML ORAL | 2 | |
| SUPRAX TABLET CHEWABLE 100 MG ORAL | 2 | |
| SUPRAX TABLET CHEWABLE 200 MG ORAL | 2 | |
| TAZICEF SOLUTION 1 GM/50ML INTRAVENOUS | Non-Formulary | Formulary Exclusion |
| TAZICEF SOLUTION RECONSTITUTED 1 GM INJECTION | Non-Formulary | Medical Only Exclusion |
| TAZICEF SOLUTION RECONSTITUTED 1 GM INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| TAZICEF SOLUTION RECONSTITUTED 1 GM INTRAVENOUS | Non-Formulary | Medical Only Exclusion; Mony Code (MONY CODE ISSUE) |
| TAZICEF SOLUTION RECONSTITUTED 2 GM INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| TAZICEF SOLUTION RECONSTITUTED 2 GM INTRAVENOUS | Non-Formulary | Medical Only Exclusion; Mony Code (MONY Code) |
| TAZICEF SOLUTION RECONSTITUTED 6 GM INTRAVENOUS | Non-Formulary | Medical Only Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|------------------------|
| *Cephalosporins - 4Th Generation*** | | |
| <i>cefepime hcl solution 1 gm/50ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>cefepime hcl solution 2 gm/100ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>cefepime hcl solution reconstituted 1 gm injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>cefepime hcl solution reconstituted 100 gm intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>cefepime hcl solution reconstituted 2 gm intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>cefepime-dextrose solution reconstituted 1-5 gm-%(50ml) intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>cefepime-dextrose solution reconstituted 2-5 gm-%(50ml) intravenous</i> | Non-Formulary | Medical Only Exclusion |
| *Cephalosporins - 5Th Generation*** | | |
| TEFLARO SOLUTION RECONSTITUTED 400 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| TEFLARO SOLUTION RECONSTITUTED 600 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| *Cephalosporins - Siderophores*** | | |
| FETROJA SOLUTION RECONSTITUTED 1 GM INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| *CHEMICALS* | | |
| *Bases*** | | |
| <i>potassium hydroxide solution 5 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>sodium hydroxide solution 10 % external (rx)</i> | Non-Formulary | Non FDA Exclusion |
| *Bulk Chemicals - Er*** | | |
| <i>erlotinib hcl (bulk) powder</i> | Non-Formulary | Non FDA Exclusion |
| *CONTRACEPTIVES* | | |
| *Biphasic Contraceptives - Oral*** | | |
| MIRCETTE TABLET 0.15-0.02/0.01 MG (21/5) ORAL | Non-Formulary | Formulary Exclusion |
| *Combination Contraceptives - Oral*** | | |
| BALCOLTRA TABLET 0.1-20 MG-MCG(21) ORAL | Non-Formulary | Formulary Exclusion |
| BEYAZ TABLET 3-0.02-0.451 MG ORAL | Non-Formulary | Formulary Exclusion |
| FALESSA KIT 20-1-0.1 MCG-MG ORAL | Non-Formulary | Non FDA Exclusion |
| FEMLYV TABLET DISPERSIBLE 1-0.02 MG ORAL | 3 | |
| GENERESS FE TABLET CHEWABLE 0.8-25 MG-MCG ORAL | Non-Formulary | Formulary Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|---------------------|
| MINASTRIN 24 FE TABLET CHEWABLE 1-20 MG-MCG(24) ORAL | Non-Formulary | Formulary Exclusion |
| NEXTSTELLIS TABLET 3-14.2 MG ORAL | 3 | |
| SAFYRAL TABLET 3-0.03-0.451 MG ORAL | Non-Formulary | Formulary Exclusion |
| TAYTULLA CAPSULE 1-20 MG-MCG(24) ORAL | Non-Formulary | Formulary Exclusion |
| YASMIN 28 TABLET 3-0.03 MG ORAL | Non-Formulary | Formulary Exclusion |
| YAZ TABLET 3-0.02 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>*Combination Contraceptives - Transdermal***</i> | | |
| TWIRLA PATCH WEEKLY 120-30 MCG/24HR TRANSDERMAL | 3 | |
| <i>*Combination Contraceptives - Vaginal***</i> | | |
| ANNOVERA RING 0.013-0.15 MG/24HR VAGINAL | 3 | QL |
| NUVARING RING 0.12-0.015 MG/24HR VAGINAL | Non-Formulary | Formulary Exclusion |
| <i>*Extended-Cycle Contraceptives - Oral***</i> | | |
| LOSEASONIQUE TABLET 0.1-0.02 & 0.01 MG ORAL | Non-Formulary | Formulary Exclusion |
| QUARTETTE TABLET 42-21-21-7 DAYS ORAL | Non-Formulary | Formulary Exclusion |
| SEASONIQUE TABLET 0.15-0.03 & 0.01 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>*Progestin Contraceptives - Injectable***</i> | | |
| DEPO-PROVERA SUSPENSION 150 MG/ML INTRAMUSCULAR | Non-Formulary | Formulary Exclusion |
| DEPO-PROVERA SUSPENSION PREFILLED SYRINGE 150 MG/ML INTRAMUSCULAR | Non-Formulary | Formulary Exclusion |
| <i>*Progestin Contraceptives - Oral***</i> | | |
| ORTHO MICRONOR TABLET 0.35 MG ORAL | Non-Formulary | Formulary Exclusion |
| SLYND TABLET 4 MG ORAL | 3 | |
| <i>*Triphasic Contraceptives - Oral***</i> | | |
| ESTROSTEP FE TABLET 1-20/1-30/1-35 MG-MCG ORAL | Non-Formulary | Formulary Exclusion |
| *CORTICOSTEROIDS* | | |
| <i>*Glucocorticosteroids***</i> | | |
| <i>active injection d kit 10 mg/ml injection</i> | Non-Formulary | Non FDA Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|---------------------|
| ALKINDI SPRINKLE CAPSULE SPRINKLE 0.5 MG ORAL | 3 | PA |
| ALKINDI SPRINKLE CAPSULE SPRINKLE 1 MG ORAL | 3 | PA |
| ALKINDI SPRINKLE CAPSULE SPRINKLE 2 MG ORAL | 3 | PA |
| ALKINDI SPRINKLE CAPSULE SPRINKLE 5 MG ORAL | 3 | PA |
| <i>betamethasone sodium phosphate solution 12 mg/2ml injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>betamethasone sodium phosphate solution 6 mg/ml injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>budesonide capsule delayed release particles 3 mg oral</i> | 1 | |
| <i>budesonide er tablet extended release 24 hour 9 mg oral</i> | 1 | |
| CORTEF TABLET 10 MG ORAL | Non-Formulary | Formulary Exclusion |
| CORTEF TABLET 20 MG ORAL | Non-Formulary | Formulary Exclusion |
| CORTEF TABLET 5 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>cortisone acetate tablet 25 mg oral</i> | 3 | |
| DECADRON TABLET 0.5 MG ORAL | 1 | |
| DECADRON TABLET 0.75 MG ORAL | 1 | |
| DECADRON TABLET 4 MG ORAL | 1 | |
| DECADRON TABLET 6 MG ORAL | 1 | |
| <i>deflazacort suspension 22.75 mg/ml oral</i> | Tier 4 | PA; Specialty |
| <i>deflazacort tablet 18 mg oral</i> | Tier 4 | PA; Specialty |
| <i>deflazacort tablet 30 mg oral</i> | Tier 4 | PA; Specialty |
| <i>deflazacort tablet 36 mg oral</i> | Tier 4 | PA; Specialty |
| <i>deflazacort tablet 6 mg oral</i> | Tier 4 | PA; Specialty |
| DEPO-MEDROL SUSPENSION 20 MG/ML INJECTION | 3 | |
| DEPO-MEDROL SUSPENSION 40 MG/ML INJECTION | 3 | |
| DEPO-MEDROL SUSPENSION 80 MG/ML INJECTION | 3 | |
| <i>dexabliss tablet therapy pack 1.5 mg (39) oral</i> | 3 | |
| <i>dexamethasone (la) suspension 16 mg/ml injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>dexamethasone (la) suspension 8 mg/ml injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>dexamethasone acetate suspension 8 mg/ml injection</i> | Non-Formulary | Non FDA Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|-----------------------------|
| <i>dexamethasone elixir 0.5 mg/5ml oral</i> | 1 | |
| DEXAMETHASONE INTENSOL CONCENTRATE 1 MG/ML ORAL | 3 | |
| <i>dexamethasone sod phos +rfid solution prefilled syringe 4 mg/ml injection</i> | 2 | |
| <i>dexamethasone sod phos-nacl solution 6-0.9 mg/25ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>dexamethasone sod phosphate pf solution 10 mg/ml injection</i> | 1 | |
| <i>dexamethasone sod phosphate pf solution prefilled syringe 10 mg/ml injection</i> | Non-Formulary | Formulary Exclusion |
| <i>dexamethasone sodium phosphate solution 10 mg/ml injection</i> | 1 | |
| <i>dexamethasone sodium phosphate solution 10 mg/ml injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>dexamethasone sodium phosphate solution 10 mg/ml injection</i> | 1 | Mony Code (MONY Code) |
| <i>dexamethasone sodium phosphate solution 100 mg/10ml injection</i> | 1 | |
| <i>dexamethasone sodium phosphate solution 120 mg/30ml injection</i> | 1 | |
| <i>dexamethasone sodium phosphate solution 20 mg/5ml injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>dexamethasone sodium phosphate solution 20 mg/5ml injection</i> | 1 | |
| <i>dexamethasone sodium phosphate solution 4 mg/ml injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>dexamethasone sodium phosphate solution 4 mg/ml injection</i> | 1 | |
| <i>dexamethasone sodium phosphate solution prefilled syringe 4 mg/ml injection</i> | 1 | Mony Code (MONY code issue) |
| <i>dexamethasone solution 0.5 mg/5ml oral</i> | 3 | |
| <i>dexamethasone tablet 0.5 mg oral</i> | 1 | |
| <i>dexamethasone tablet 0.5 mg oral</i> | 1 | Mony Code (MONY code issue) |
| <i>dexamethasone tablet 0.75 mg oral</i> | 1 | |
| <i>dexamethasone tablet 0.75 mg oral</i> | 1 | Mony Code (MONY code issue) |
| <i>dexamethasone tablet 1 mg oral</i> | 1 | |
| <i>dexamethasone tablet 1 mg oral</i> | 1 | Mony Code (MONY Code) |
| <i>dexamethasone tablet 1.5 mg oral</i> | 1 | |
| <i>dexamethasone tablet 2 mg oral</i> | 1 | |
| <i>dexamethasone tablet 2 mg oral</i> | 1 | Mony Code (MONY Code) |
| <i>dexamethasone tablet 4 mg oral</i> | 1 | |

| Drug Name | Tier | Notes |
|--|---------------|------------------------------------|
| <i>dexamethasone tablet 6 mg oral</i> | 1 | |
| <i>dexamethasone tablet therapy pack 1.5 mg (21) oral</i> | 1 | |
| <i>dexamethasone tablet therapy pack 1.5 mg (35) oral</i> | 1 | Mony Code (MONY Code) |
| <i>dexamethasone tablet therapy pack 1.5 mg (51) oral</i> | 1 | Mony Code (MONY Code) |
| DEXONTO 0.4% SOLUTION 20 MG/5ML IONTOPHORESIS | Non-Formulary | Non FDA Exclusion |
| DOUBLEDEX KIT 10 MG/ML INJECTION | Non-Formulary | Non FDA Exclusion |
| DXEVO 11-DAY TABLET THERAPY PACK 1.5 MG ORAL | 3 | |
| EMFLAZA SUSPENSION 22.75 MG/ML ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion |
| EMFLAZA TABLET 18 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion |
| EMFLAZA TABLET 30 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion |
| EMFLAZA TABLET 36 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion |
| EMFLAZA TABLET 6 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion |
| ENTOCORT EC CAPSULE DELAYED RELEASE PARTICLES 3 MG ORAL | Non-Formulary | Formulary Exclusion |
| EOHILIA SUSPENSION 2 MG/10ML ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion |
| HEMADY TABLET 20 MG ORAL | 3 | |
| HEXATRIONE SUSPENSION 20 MG/ML INTRA-ARTICULAR | Non-Formulary | Non FDA Exclusion |
| HIDEX 6-DAY TABLET THERAPY PACK 1.5 MG (21) ORAL | 1 | |
| <i>hydrocortisone sod suc (pf) solution reconstituted 100 mg injection</i> | 1 | |
| <i>hydrocortisone tablet 10 mg oral</i> | 1 | |
| <i>hydrocortisone tablet 20 mg oral</i> | 1 | |
| <i>hydrocortisone tablet 5 mg oral</i> | 1 | |
| KENALOG-10 SUSPENSION 10 MG/ML INJECTION | 3 | |
| KENALOG-40 SUSPENSION 40 MG/ML INJECTION | 3 | |
| KENALOG-80 SUSPENSION 80 MG/ML INJECTION | 3 | |
| MAS CARE-PAK KIT 10 MG/ML INJECTION | Non-Formulary | Non FDA Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|---------------------|
| MEDROL TABLET 16 MG ORAL | Non-Formulary | Formulary Exclusion |
| MEDROL TABLET 2 MG ORAL | 3 | |
| MEDROL TABLET 32 MG ORAL | Non-Formulary | Formulary Exclusion |
| MEDROL TABLET 4 MG ORAL | Non-Formulary | Formulary Exclusion |
| MEDROL TABLET 8 MG ORAL | Non-Formulary | Formulary Exclusion |
| MEDROL TABLET THERAPY PACK 4 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>methylprednisolone acetate suspension 40 mg/ml injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>methylprednisolone acetate suspension 40 mg/ml injection</i> | 1 | |
| <i>methylprednisolone acetate suspension 50 mg/ml injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>methylprednisolone acetate suspension 80 mg/ml injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>methylprednisolone acetate suspension 80 mg/ml injection</i> | 1 | |
| <i>methylprednisolone sodium succ solution reconstituted 1000 mg injection</i> | 1 | |
| <i>methylprednisolone sodium succ solution reconstituted 125 mg injection</i> | 1 | |
| <i>methylprednisolone sodium succ solution reconstituted 40 mg injection</i> | 1 | |
| <i>methylprednisolone sodium succ solution reconstituted 500 mg injection</i> | 1 | |
| <i>methylprednisolone tablet 16 mg oral</i> | 1 | |
| <i>methylprednisolone tablet 32 mg oral</i> | 1 | |
| <i>methylprednisolone tablet 4 mg oral</i> | 1 | |
| <i>methylprednisolone tablet 8 mg oral</i> | 1 | |
| <i>methylprednisolone tablet therapy pack 4 mg oral</i> | 1 | |
| MILLIPRED TABLET 5 MG ORAL | 1 | |
| MILLIPRED TABLET 5 MG ORAL | 3 | |
| ORAPRED ODT TABLET DISPERSIBLE 10 MG ORAL | 3 | |
| ORAPRED ODT TABLET DISPERSIBLE 15 MG ORAL | 3 | |
| ORAPRED ODT TABLET DISPERSIBLE 30 MG ORAL | 3 | |
| ORTIKOS CAPSULE EXTENDED RELEASE 24 HOUR 6 MG ORAL | 3 | |
| ORTIKOS CAPSULE EXTENDED RELEASE 24 HOUR 9 MG ORAL | 3 | |

| Drug Name | Tier | Notes |
|--|---------------|-----------------------|
| <i>p-care k40 kit 40 mg/ml injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>p-care k80 kit 2 x 40 mg/ml injection</i> | Non-Formulary | Non FDA Exclusion |
| PEDIAPRED SOLUTION 6.7 (5 BASE) MG/5ML ORAL | Non-Formulary | Formulary Exclusion |
| <i>pod-care 100k kit 40 mg/ml injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>prednisolone sodium phosphate solution 10 mg/5ml oral</i> | 1 | |
| <i>prednisolone sodium phosphate solution 15 mg/5ml oral</i> | 1 | |
| <i>prednisolone sodium phosphate solution 20 mg/5ml oral</i> | 1 | |
| <i>prednisolone sodium phosphate solution 25 mg/5ml oral</i> | 1 | |
| <i>prednisolone sodium phosphate solution 25 mg/5ml oral</i> | 1 | Mony Code (MONY Code) |
| <i>prednisolone sodium phosphate solution 6.7 (5 base) mg/5ml oral</i> | 1 | |
| <i>prednisolone sodium phosphate tablet dispersible 10 mg oral</i> | 1 | Mony Code (MONY Code) |
| <i>prednisolone sodium phosphate tablet dispersible 10 mg oral</i> | 1 | |
| <i>prednisolone sodium phosphate tablet dispersible 15 mg oral</i> | 1 | Mony Code (MONY Code) |
| <i>prednisolone sodium phosphate tablet dispersible 15 mg oral</i> | 1 | |
| <i>prednisolone sodium phosphate tablet dispersible 30 mg oral</i> | 1 | Mony Code (MONY Code) |
| <i>prednisolone sodium phosphate tablet dispersible 30 mg oral</i> | 1 | |
| <i>prednisolone solution 15 mg/5ml oral</i> | 1 | |
| <i>prednisolone solution 15 mg/5ml oral</i> | 1 | Mony Code (MONY Code) |
| <i>prednisolone tablet 5 mg oral</i> | 1 | |
| PREDNISON INTENSOL CONCENTRATE 5 MG/ML ORAL | Non-Formulary | Formulary Exclusion |
| <i>prednisone solution 5 mg/5ml oral</i> | 1 | Mony Code (MONY Code) |
| <i>prednisone tablet 1 mg oral</i> | 1 | |
| <i>prednisone tablet 10 mg oral</i> | 1 | |
| <i>prednisone tablet 2.5 mg oral</i> | 1 | |
| <i>prednisone tablet 20 mg oral</i> | 1 | |
| <i>prednisone tablet 5 mg oral</i> | 1 | |
| <i>prednisone tablet 50 mg oral</i> | 1 | |
| <i>prednisone tablet 50 mg oral</i> | 1 | Mony Code (MONY Code) |

| Drug Name | Tier | Notes |
|---|---------------|-----------------------|
| <i>prednisone tablet therapy pack 10 mg (21) oral</i> | 1 | |
| <i>prednisone tablet therapy pack 10 mg (21) oral</i> | 1 | Mony Code (MONY Code) |
| <i>prednisone tablet therapy pack 10 mg (48) oral</i> | 1 | |
| <i>prednisone tablet therapy pack 10 mg (48) oral</i> | 1 | Mony Code (MONY Code) |
| <i>prednisone tablet therapy pack 5 mg (21) oral</i> | 1 | |
| <i>prednisone tablet therapy pack 5 mg (21) oral</i> | 1 | Mony Code (MONY Code) |
| <i>prednisone tablet therapy pack 5 mg (48) oral</i> | 1 | |
| PRO-C-DURE 5 KIT 2 X 40 MG/ML INJECTION | Non-Formulary | Non FDA Exclusion |
| PRO-C-DURE 6 KIT 3 X 40 MG/ML INJECTION | Non-Formulary | Non FDA Exclusion |
| RAYOS TABLET DELAYED RELEASE 1 MG ORAL | Non-Formulary | Formulary Exclusion |
| RAYOS TABLET DELAYED RELEASE 2 MG ORAL | Non-Formulary | Formulary Exclusion |
| RAYOS TABLET DELAYED RELEASE 5 MG ORAL | Non-Formulary | Formulary Exclusion |
| READYSHARP DEXAMETHASONE KIT 10 MG/ML INJECTION | Non-Formulary | Non FDA Exclusion |
| SOLU-CORTEF SOLUTION RECONSTITUTED 100 MG INJECTION | Non-Formulary | Formulary Exclusion |
| SOLU-CORTEF SOLUTION RECONSTITUTED 1000 MG INJECTION | 3 | |
| SOLU-CORTEF SOLUTION RECONSTITUTED 250 MG INJECTION | 3 | |
| SOLU-CORTEF SOLUTION RECONSTITUTED 500 MG INJECTION | 3 | |
| SOLU-MEDROL (PF) SOLUTION RECONSTITUTED 1000 MG INJECTION | 3 | |
| SOLU-MEDROL (PF) SOLUTION RECONSTITUTED 125 MG INJECTION | 3 | |
| SOLU-MEDROL (PF) SOLUTION RECONSTITUTED 40 MG INJECTION | 3 | |
| SOLU-MEDROL (PF) SOLUTION RECONSTITUTED 500 MG INJECTION | 3 | |
| SOLU-MEDROL SOLUTION RECONSTITUTED 1000 MG INJECTION | 3 | |
| SOLU-MEDROL SOLUTION RECONSTITUTED 2 GM INJECTION | 3 | |
| SOLU-MEDROL SOLUTION RECONSTITUTED 500 MG INJECTION | 3 | |
| TAPERDEX 12-DAY TABLET THERAPY PACK 1.5 MG (49) ORAL | 3 | |

| Drug Name | Tier | Notes |
|--|---------------|--|
| TAPERDEX 6-DAY TABLET THERAPY PACK 1.5 MG (21) ORAL | 1 | |
| TAPERDEX 6-DAY TABLET THERAPY PACK 1.5 MG ORAL | 1 | |
| TAPERDEX 7-DAY TABLET THERAPY PACK 1.5 MG (27) ORAL | 3 | |
| TARPEYO CAPSULE DELAYED RELEASE 4 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion; QL |
| <i>topidex kit 10 mg/ml injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>triamcinolone acetonide suspension 40 mg/ml injection</i> | 1 | |
| <i>triamcinolone acetonide suspension 40 mg/ml injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>triamcinolone acetonide suspension 50 mg/ml injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>triamcinolone acetonide suspension 80 mg/ml injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>triamcinolone diacetate suspension 40 mg/ml injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>triamcinolone diacetate suspension 80 mg/ml injection</i> | Non-Formulary | Non FDA Exclusion |
| UCERIS TABLET EXTENDED RELEASE 24 HOUR 9 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>zcort 7-day tablet therapy pack 1.5 mg (25) oral</i> | 3 | |
| ZILRETTA SUSPENSION RECONSTITUTED ER 32 MG INTRA-ARTICULAR | Non-Formulary | Medical Only Exclusion |
| *Mineralocorticoids*** | | |
| <i>fludrocortisone acetate tablet 0.1 mg oral</i> | 1 | |
| *Steroid Combinations*** | | |
| <i>active injection blm-1 kit 6 & 0.25 & 1 mg/ml-% injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>active injection bm kit 6 & 0.25 mg/ml-% injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>active injection dl kit 10 & 1 mg/ml-% injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>active injection dlm kit 10 & 0.25 & 1 mg/ml-% injection</i> | Non-Formulary | Non FDA Exclusion |
| ACTIVE INJECTION KIT L KIT 40 & 1 MG/ML-% INJECTION | Non-Formulary | Non FDA Exclusion |
| <i>active injection kl-3 kit 40-1 mg/ml-% combination</i> | Non-Formulary | Non FDA Exclusion |
| <i>active injection km kit 40-0.5 mg/ml-% injection</i> | Non-Formulary | Non FDA Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|---------------------|
| <i>active injection lm-dep-2 kit 40 & 0.25 & 1 mg/ml-%- injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>active injection m-1 kit 10 & 0.25 mg/ml-% injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>beta 1 kit kit 30 mg/5ml injection</i> | Non-Formulary | Non FDA Exclusion |
| BETALIDO KIT 6 & 1 MG/ML-% INJECTION | Non-Formulary | Non FDA Exclusion |
| BETALOAN SUIK KIT 30 MG/5ML COMBINATION | Non-Formulary | Non FDA Exclusion |
| <i>betamethasone combo suspension 6 (3-3) mg/ml injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>betamethasone combo suspension 7 (4-3) mg/ml injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>betamethasone sod phos & acet suspension 6 (3-3) mg/ml injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>betamethasone sod phos & acet suspension 6 (3-3) mg/ml injection</i> | 1 | |
| <i>betamethasone sod phos & acet suspension 7 (4-3) mg/ml injection</i> | Non-Formulary | Non FDA Exclusion |
| BLT-25 KIT 40 & 0.25 & 1 MG/ML-%- INJECTION | Non-Formulary | Non FDA Exclusion |
| <i>bsp 0820 kit 30 mg/5ml injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>bupivilog kit 40 & 0.5 mg/ml-% injection</i> | Non-Formulary | Non FDA Exclusion |
| CELESTONE SOLUSPAN SUSPENSION 6 (3-3) MG/ML INJECTION | 3 | |
| CELESTONE SOLUSPAN SUSPENSION 6 (3-3) MG/ML INJECTION | Non-Formulary | Formulary Exclusion |
| CONTRAST ALLERGY PREMEDIATION KIT 3 X 50 MG & 1 X 50 MG ORAL | Non-Formulary | Non FDA Exclusion |
| <i>dexameth sod phos-bupiv-epin solution prefilled syringe 0.01-0.375 %-1:200000 injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>dexamethasone ace & sod phos suspension 8-4 mg/ml injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>dexamethasone sod phos-bupiv solution prefilled syringe 0.01-0.375 % injection</i> | Non-Formulary | Non FDA Exclusion |
| DEXLIDO KIT 10 & 1 MG/ML-% INJECTION | Non-Formulary | Non FDA Exclusion |
| DEXLIDO-M KIT 10 & 0.25 & 1 MG/ML-%- INJECTION | Non-Formulary | Non FDA Exclusion |
| DMT SUIK KIT 10 MG/ML COMBINATION | Non-Formulary | Non FDA Exclusion |
| DYURAL 80-LM KIT 80 & 0.25 & 1 MG/ML-%- INJECTION | Non-Formulary | Non FDA Exclusion |
| DYURAL-40 KIT 40 & 0.25 & 1 MG/ML-%- INJECTION | Non-Formulary | Non FDA Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|-------------------|
| DYURAL-80 KIT 80 & 0.25 & 1 MG/ML-%-% INJECTION | Non-Formulary | Non FDA Exclusion |
| DYURAL-L KIT 40 & 1 MG/ML-% INJECTION | Non-Formulary | Non FDA Exclusion |
| DYURAL-LM KIT 40 & 0.25 & 1 MG/ML-%-% INJECTION | Non-Formulary | Non FDA Exclusion |
| <i>lidocidex i solution 5-10 mg/1.5ml injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>lidolog kit 40 & 2 mg/ml-% injection</i> | Non-Formulary | Non FDA Exclusion |
| MARBETA-25 KIT 6 & 0.25 MG/ML-% INJECTION | Non-Formulary | Non FDA Exclusion |
| MARBETA-L KIT 6 & 0.25 & 1 MG/ML-%-% INJECTION | Non-Formulary | Non FDA Exclusion |
| MARDEX-25 KIT 10 & 0.25 MG/ML-% INJECTION | Non-Formulary | Non FDA Exclusion |
| MEDROLOAN II SUIK KIT 40 MG/ML COMBINATION | Non-Formulary | Non FDA Exclusion |
| MEDROLOAN SUIK KIT 40 MG/ML COMBINATION | Non-Formulary | Non FDA Exclusion |
| <i>methylprednisolone ace-lido suspension 40-10 mg/ml injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>methylprednisolone ace-lido suspension 80-10 mg/ml injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>methylprednisolone-bupivacaine suspension 40-5 mg/ml injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>methylprednisolone-bupivacaine suspension 80-5 mg/ml injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>mlk f1 kit 40 & 0.5 & 2 mg/ml-%-% injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>mlk f2 kit 40 & 0.5 & 2 mg/ml-%-% injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>mlk f3 kit 40 & 0.5 & 2 mg/ml-%-% injection</i> | Non-Formulary | Non FDA Exclusion |
| MLK F4 KIT 40 & 0.5 & 2 MG/ML-%-% INJECTION | Non-Formulary | Non FDA Exclusion |
| <i>multi-specialty kit 40 & 1 mg/ml-% injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>p-care k40g kit 40 mg/ml combination</i> | Non-Formulary | Non FDA Exclusion |
| <i>p-care k40mx kit 40 & 0.5 & 1 mg/ml-%-% injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>p-care k80g kit 40 mg/ml combination</i> | Non-Formulary | Non FDA Exclusion |
| <i>p-care k80mx kit 40 & 0.5 & 1 mg/ml-%-% injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>physicians ez use j/t/t kit ii kit 40 & 1 mg/ml-% injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>physicians ez use joint/tunnel kit 40-1 mg/ml-% combination</i> | Non-Formulary | Non FDA Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|---------------------|
| <i>physicians ez use m-pred kit 40-0.5 mg/ml-% injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>pod-care 100c kit 30 mg/5ml injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>pod-care 100cg kit 30 mg/5ml combination</i> | Non-Formulary | Non FDA Exclusion |
| <i>pod-care 100cmx kit 6 & 0.5 & 1 mg/ml-%-% injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>pod-care 100kg kit 40 mg/ml combination</i> | Non-Formulary | Non FDA Exclusion |
| <i>pod-care 100kmx kit 40 & 0.5 & 1 mg/ml-%-% injection</i> | Non-Formulary | Non FDA Exclusion |
| POINT OF CARE KM KIT 40 & 0.5 MG/ML-% INJECTION | Non-Formulary | Non FDA Exclusion |
| POINT OF CARE L.2 KIT 40 & 1 MG/ML-% INJECTION | Non-Formulary | Non FDA Exclusion |
| POINT OF CARE L.5 KIT 40 & 1 MG/ML-% INJECTION | Non-Formulary | Non FDA Exclusion |
| POINT OF CARE LM DEP 2 KIT 40 & 0.25 & 1 MG/ML-%-% INJECTION | Non-Formulary | Non FDA Exclusion |
| READYSHARP ANESTH + BETAMETH KIT 6 & 0.5 & 1 MG/ML-%-% INJECTION | Non-Formulary | Non FDA Exclusion |
| READYSHARP ANESTH + DEXAMETH KIT 10 & 0.5 & 1 MG/ML-%-% INJECTION | Non-Formulary | Non FDA Exclusion |
| READYSHARP ANESTH + METHYLPRED KIT 80 & 0.5 & 1 MG/ML-%-% INJECTION | Non-Formulary | Non FDA Exclusion |
| READYSHARP BETAMETHASONE KIT 30 MG/5ML INJECTION | Non-Formulary | Non FDA Exclusion |
| ROPIDEX KIT 10-0.5 MG/ML-% INJECTION | Non-Formulary | Non FDA Exclusion |
| <i>triamcinolone-bupivacaine suspension 40-5 mg/ml injection</i> | Non-Formulary | Non FDA Exclusion |
| TRILOAN II SUIK KIT 40 MG/ML COMBINATION | Non-Formulary | Non FDA Exclusion |
| TRILOAN SUIK KIT 40 MG/ML COMBINATION | Non-Formulary | Non FDA Exclusion |
| *COUGH/COLD/ALLERGY* | | |
| *Antitussive - Nonnarcotic*** | | |
| <i>benzonatate capsule 100 mg oral</i> | 1 | |
| <i>benzonatate capsule 150 mg oral</i> | 1 | |
| <i>benzonatate capsule 200 mg oral</i> | 1 | |
| TESSALON PERLES CAPSULE 100 MG ORAL | Non-Formulary | Formulary Exclusion |
| *Antitussive - Opioid*** | | |
| HYCODAN SOLUTION 5-1.5 MG/5ML ORAL | Non-Formulary | Formulary Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|---|
| HYCODAN SOLUTION 5-1.5 MG/5ML ORAL | Non-Formulary | Mony Code (MONY Code); Formulary Exclusion |
| HYCODAN TABLET 5-1.5 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>hydrocodone bit-homatrop mbr solution 5-1.5 mg/5ml oral</i> | 1 | |
| <i>hydrocodone bit-homatrop mbr tablet 5-1.5 mg oral</i> | 1 | |
| <i>hydromet solution 5-1.5 mg/5ml oral</i> | 1 | |
| *Antitussive-Expectorant*** | | |
| <i>dextromethorphan-guaifenesin syrup 10-100 mg/5ml oral</i> | 1 | |
| *Decongestant & Antihistamine*** | | |
| CLARINEX-D 12 HOUR TABLET EXTENDED RELEASE 12 HOUR 2.5-120 MG ORAL | 3 | |
| <i>promethazine vc syrup 6.25-5 mg/5ml oral</i> | 1 | Mony Code (MONY CODE ISSUE) |
| <i>promethazine-phenylephrine syrup 6.25-5 mg/5ml oral</i> | 1 | |
| <i>promethazine-phenylephrine syrup 6.25-5 mg/5ml oral</i> | 1 | Mony Code (MONY Code) |
| *Decongestant W/ Expectorant*** | | |
| GILPHEX TR TABLET 10-388 MG ORAL | Non-Formulary | Non FDA Exclusion |
| *Iodine Expectorants*** | | |
| SSKI SOLUTION 1 GM/ML ORAL | 3 | |
| *Misc. Respiratory Inhalants*** | | |
| HYPERSAL NEBULIZATION SOLUTION 3.5 % INHALATION | 3 | |
| HYPERSAL NEBULIZATION SOLUTION 7 % INHALATION | Non-Formulary | Formulary Exclusion |
| NEBUSAL NEBULIZATION SOLUTION 3 % INHALATION | 1 | |
| PULMOSAL NEBULIZATION SOLUTION 7 % INHALATION | 1 | |
| <i>sodium chloride nebulization solution 0.9 % inhalation (rx)</i> | 1 | |
| <i>sodium chloride nebulization solution 10 % inhalation</i> | 1 | |
| <i>sodium chloride nebulization solution 10 % inhalation</i> | Non-Formulary | Non FDA Exclusion |
| <i>sodium chloride nebulization solution 3 % inhalation</i> | 1 | |

| Drug Name | Tier | Notes |
|--|---------------|-----------------------------|
| <i>sodium chloride nebulization solution 7 % inhalation</i> | 1 | |
| *Mucolytics*** | | |
| <i>acetylcysteine solution 10 % inhalation</i> | 1 | |
| <i>acetylcysteine solution 20 % inhalation</i> | 1 | |
| *Non-Narc Antitussive-Antihistamine*** | | |
| <i>promethazine-dm syrup 6.25-15 mg/5ml oral</i> | 1 | |
| <i>promethazine-dm syrup 6.25-15 mg/5ml oral</i> | Non-Formulary | Formulary Exclusion |
| <i>promethazine-dm syrup 6.25-15 mg/5ml oral</i> | 1 | Mony Code (MONY Code) |
| *Non-Narc Antitussive-Decongestant-Antihistamine*** | | |
| BROMFED DM SYRUP 2-30-10 MG/5ML ORAL | 1 | |
| NEOTUSS PLUS LIQUID 7.5-4-30 MG/5ML ORAL | Non-Formulary | Formulary Exclusion |
| <i>pseudoeph-bromphen-dm syrup 30-2-10 mg/5ml oral (rx)</i> | 1 | |
| *Opioid Antitussive-Antihistamine*** | | |
| <i>hydrocod poli-chlorphe poli er suspension extended release 10-8 mg/5ml oral</i> | 1 | |
| <i>hydrocod poli-chlorphe poli er suspension extended release 10-8 mg/5ml oral</i> | 1 | Mony Code (MONY code issue) |
| <i>promethazine-codeine solution 6.25-10 mg/5ml oral</i> | 1 | |
| <i>promethazine-codeine syrup 6.25-10 mg/5ml oral</i> | 1 | |
| TUSSICAPS CAPSULE EXTENDED RELEASE 12 HOUR 10-8 MG ORAL | 3 | |
| TUXARIN ER TABLET EXTENDED RELEASE 12 HOUR 54.3-8 MG ORAL | 3 | |
| TUZISTRA XR SUSPENSION EXTENDED RELEASE 14.7-2.8 MG/5ML ORAL | 3 | |
| *Opioid Antitussive-Decongestant-Antihistamine*** | | |
| <i>promethazine vc/codeine syrup 6.25-5-10 mg/5ml oral</i> | 1 | Mony Code (MONY CODE ISSUE) |
| <i>promethazine-phenyleph-codeine syrup 6.25-5-10 mg/5ml oral</i> | 1 | Mony Code (MONY Code) |
| *DERMATOLOGICALS* | | |
| *Acne Antibiotics*** | | |
| ACZONE GEL 5 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| ACZONE GEL 7.5 % EXTERNAL | Non-Formulary | Formulary Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|-----------------------|
| AMZEEQ FOAM 4 % EXTERNAL | 3 | |
| CLEOCIN-T LOTION 1 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| CLINDACIN ETZ SWAB 1 % EXTERNAL | 1 | Mony Code (MONY Code) |
| CLINDACIN FOAM 1 % EXTERNAL | 1 | |
| CLINDACIN-P SWAB 1 % EXTERNAL | 1 | Mony Code (MONY Code) |
| CLINDAGEL GEL 1 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| <i>clindamycin phosphate foam 1 % external</i> | 1 | |
| <i>clindamycin phosphate gel 1 % external</i> | 1 | Mony Code (MONY Code) |
| <i>clindamycin phosphate gel 1 % external</i> | 1 | |
| <i>clindamycin phosphate lotion 1 % external</i> | 1 | |
| <i>clindamycin phosphate solution 1 % external</i> | 1 | |
| <i>clindamycin phosphate swab 1 % external</i> | 1 | Mony Code (MONY Code) |
| <i>dapsone gel 5 % external</i> | 1 | |
| <i>dapsone gel 7.5 % external</i> | 1 | |
| <i>dapsone gel 7.5 % external</i> | 1 | Mony Code (MONY Code) |
| <i>ery pad 2 % external</i> | 1 | Mony Code (MONY Code) |
| ERYGEL GEL 2 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| <i>erythromycin gel 2 % external</i> | 1 | |
| <i>erythromycin solution 2 % external</i> | 1 | |
| EVOCLIN FOAM 1 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| KLARON LOTION 10 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| <i>sulfacetamide sodium (acne) lotion 10 % external</i> | 1 | |
| *Acne Combinations*** | | |
| <i>abenor hp lotion 4-15 % external</i> | Non-Formulary | Non FDA Exclusion |
| ACANYA GEL 1.2-2.5 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| <i>acioxiay cream 15-4 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>adainzde gel 0.3-2.5-1 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>adainzoxia gel 0.3-2.5-4 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>adalina gel 4-5 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>adapalene-benzoyl peroxide gel 0.1-2.5 % external</i> | 1 | |
| <i>adapalene-benzoyl peroxide gel 0.3-2.5 % external</i> | Non-Formulary | Formulary Exclusion |
| <i>adapalene-benzoyl peroxide pad 0.1-2.5 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>adeinzde gel 0.1-2.5-1 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>adermica gel 2.5-1-2-0.025 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>adermica hp gel 2.5-1-2-0.05 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>admirazol cream 6-2-5 % external</i> | Non-Formulary | Non FDA Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|---------------------|
| <i>admirazol hp cream 8.5-2-5 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>alixi cream 6-4 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>alixi hp cream 8.5-4 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>alomira gel 5-1-2-0.05 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>alomira hp gel 5-1-2-0.1 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>alomira lp gel 5-1-2-0.025 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>aluris cream 4-0.05 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>aluris gel 4-0.05 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>aluris hp cream 4-0.1 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>aluris hp plus cream 4-0.1 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>aluris lp cream 4-0.025 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>aluris lp plus cream 4-0.025 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>aluris plus cream 4-0.05 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>aluxof hp therapy pack 10-4 & 2-4-0.1 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>aluxof therapy pack 10-4 & 2-4-0.05 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>alvox cream 4-0.05 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>alvox hp cream 4-0.1 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>aphoria gel 0.3-2.5-4 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>aporix gel 1-4 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>aporix lotion 1-4 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>artilis gel 1-2.5-4 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>artilis hp gel 1-5-4 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>augustil gel 1-4-2-0.025 % external</i> | Non-Formulary | Non FDA Exclusion |
| AVAR CLEANSER LIQUID 10-5 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| AVAR LS CLEANSER LIQUID 10-2 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| AVAR-E EMOLLIENT CREAM 10-5 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| AVAR-E GREEN CREAM 10-5 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| AVAR-E LS CREAM 10-2 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| <i>avidora cream 1-4-0.025 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>avidora hp cream 1-4-0.05 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>avidora solution 1-4-0.025 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>awanis cream 8.5-2-0.025 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>azalta gel 2-5-0.025 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>azalta hp gel 2-5-0.05 % external</i> | Non-Formulary | Non FDA Exclusion |
| BENZACLIN GEL 1-5 % EXTERNAL | Non-Formulary | Formulary Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|-----------------------|
| BENZAACLIN WITH PUMP GEL 1-5 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| BENZAMYCIN GEL 5-3 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| <i>benzoyl perox-hydrocortisone lotion 5-0.5 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>benzoyl peroxide forte- hc lotion 7.5-1 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>benzoyl peroxide-erythromycin gel 5-3 % external</i> | 1 | |
| <i>bp 10-1 emulsion 10-1 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>bp cleansing wash emulsion 10-4 % external</i> | Non-Formulary | Non FDA Exclusion |
| CABTREO GEL 0.15-3.1-1.2 % EXTERNAL | 3 | |
| CLENIA PLUS SUSPENSION 9-4.25 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| CLINDACIN ETZ KIT 1 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| CLINDACIN PAC KIT 1 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| <i>clindamycin phos-benzoyl perox gel 1.2-2.5 % external</i> | 1 | |
| <i>clindamycin phos-benzoyl perox gel 1.2-2.5 % external</i> | 1 | Mony Code (MONY Code) |
| <i>clindamycin phos-benzoyl perox gel 1.2-3.75 % external</i> | 1 | |
| <i>clindamycin phos-benzoyl perox gel 1.2-5 % external</i> | 1 | |
| <i>clindamycin phos-benzoyl perox gel 1-5 % external</i> | 1 | |
| <i>clindamycin-tretinoin gel 1.2-0.025 % external</i> | 1 | |
| <i>clindavix kit 1 & 1.8-2 % external</i> | Non-Formulary | Non FDA Exclusion |
| CLINOIN CREAM 1.25-0.025-1 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| <i>deoxia gel 1-4 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>deoxia lotion 1-4 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>deoxiademtar gel 1-4-2-0.025 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>deoxiatar solution 1-4-0.025 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>deoxiavar cream 1-4-0.05 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>diadimaxia cream 6-2-5 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>diadimaxia gel 6-2-5 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>diaoxia gel 6-4 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>diasaxiatar cream 8.5-2-0.025 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>diasaxiatar gel 8.5-2-0.025 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>diasdimaxia cream 8.5-2-5 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>diasdimaxia gel 8.5-2-5 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>diasoxia cream 6-4 % external</i> | Non-Formulary | Non FDA Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|---------------------|
| <i>diasoxia cream 8.5-4 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>diasoxia gel 8.5-4 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>dimoxia gel 4-5 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>draxace lotion cleanser suspension 2-8 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>draxacey suspension 2-8 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>drixece suspension 5-10 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>eceoxia cream 4-10 % external</i> | Non-Formulary | Non FDA Exclusion |
| EPIDUO FORTE GEL 0.3-2.5 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| EPIDUO GEL 0.1-2.5 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| <i>ethoxia cream 4-0.05 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>fluoxia cream 0.05-4 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>idyxyiatar gel 5-0.025 % external</i> | Non-Formulary | Non FDA Exclusion |
| INOVA 4/1 ACNE CONTROL THERAPY KIT 4 & 1 & 5 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| INOVA 8/2 ACNE CONTROL THERAPY KIT 8 & 2 & 5 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| INOVA KIT 4 & 5 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| INOVA KIT 8 & 5 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| <i>inzdeaxiatar gel 2.5-1-2-0.025 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>inzdeaxiavar gel 2.5-1-2-0.05 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>inzdeoxia gel 2.5-1-4 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>ithoxia cream 4-0.1 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>lounzdomdioxatar therapy pack 10-4 & 2-4-0.05 % external</i> | Non-Formulary | Non FDA Exclusion |
| NEUAC GEL 1.2-5 % EXTERNAL | 1 | |
| NEUAC KIT 1.2-5 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| NUCARACLINPAK KIT 1 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| NUCARARXPAK KIT 1-2.5 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| ONEXTON GEL 1.2-3.75 % EXTERNAL | 2 | |
| <i>onzdeaxiademtar gel 5-1-2-2-0.025 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>onzdeaxiademvar gel 5-1-2-2-0.05 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>onzdeaxiatar gel 5-1-2-0.025 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>onzdeaxiavar gel 5-1-2-0.05 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>onzdeaxiazar gel 5-1-2-0.1 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>onzdeoxia gel 1-5-4 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>oxiaice lotion 4-15 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>oxiatar cream 4-0.025 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>oxiavar cream 4-0.05 % external</i> | Non-Formulary | Non FDA Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|--|
| <i>oxiavarry cream 4-0.05 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>oxiavary cream 4-0.1 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>oxiazar cream 4-0.1 % external</i> | Non-Formulary | Non FDA Exclusion |
| PLEXION CLEANSER LIQUID 9.8-4.8 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| PLEXION CLEANSING CLOTH PAD 9.8-4.8 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| PLEXION CREAM 9.8-4.8 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| PLEXION LOTION 9.8-4.8 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| <i>resorcinol-sulfur lotion 2-5 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>saroxia cream 4-0.05 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>sss 10-5 cream 10-5 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>sss 10-5 foam 10-5 % external</i> | Non-Formulary | Non FDA Exclusion; Mony Code (MONY Code) |
| <i>sulfacetamide sodium-sulfur cream 10-2 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>sulfacetamide sodium-sulfur cream 10-5 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>sulfacetamide sodium-sulfur cream 9.8-4.8 % external</i> | 1 | |
| <i>sulfacetamide sodium-sulfur cream 9.8-4.8 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>sulfacetamide sodium-sulfur liquid 10-2 % external</i> | 1 | |
| <i>sulfacetamide sodium-sulfur liquid 10-2 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>sulfacetamide sodium-sulfur liquid 10-5 % external</i> | 1 | |
| <i>sulfacetamide sodium-sulfur liquid 10-5 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>sulfacetamide sodium-sulfur liquid 9.8-4.8 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>sulfacetamide sodium-sulfur liquid 9-4 % external</i> | 1 | |
| <i>sulfacetamide sodium-sulfur liquid 9-4 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>sulfacetamide sodium-sulfur liquid 9-4.5 % external</i> | 1 | |
| <i>sulfacetamide sodium-sulfur lotion 10-5 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>sulfacetamide sodium-sulfur lotion 9.8-4.8 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>sulfacetamide sodium-sulfur pad 10-4 % external</i> | Non-Formulary | Non FDA Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|--|
| <i>sulfacetamide sodium-sulfur pad 9.8-4.8 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>sulfacetamide sodium-sulfur suspension 10-5 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>sulfacetamide sodium-sulfur suspension 10-5 % external</i> | Non-Formulary | Non FDA Exclusion; Mony Code (MONY Code) |
| <i>sulfacetamide sodium-sulfur suspension 8-4 % external</i> | 1 | |
| <i>sulfacetamide sodium-sulfur suspension 9-4.25 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>sulfacetamide sod-sulfur wash liquid 9-4 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>sulfacetamide sod-sulfur wash liquid 9-4.5 % external</i> | 1 | |
| <i>sulfacetamide-sulfur in urea emulsion 10-5 % external</i> | Non-Formulary | Non FDA Exclusion |
| SULFACLEANSE 8/4 SUSPENSION 8-4 % EXTERNAL | 1 | |
| <i>sulfamez wash emulsion 10-1 % external</i> | Non-Formulary | Formulary Exclusion |
| SUMADAN KIT 9-4.5 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| SUMADAN WASH LIQUID 9-4.5 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| SUMADAN XLT KIT 9-4.5 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| SUMAXIN CP KIT 10-4 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| SUMAXIN PAD 10-4 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| <i>tardeoxia cream 1-4-0.025 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>tardimaxia gel 2-5-0.025 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>taroxia cream 4-0.025 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>taroxia gel 4-0.025 % external</i> | Non-Formulary | Non FDA Exclusion |
| TWYNEO CREAM 0.1-3 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| <i>unzdomdioxiazar therapy pack 10-4 & 2-4-0.1 % external</i> | Non-Formulary | Non FDA Exclusion |
| VANOXIDE-HC LOTION 5-0.5 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| <i>vardimaxia gel 2-5-0.05 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>varoxia cream 4-0.05 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>varoxia gel 4-0.05 % external</i> | Non-Formulary | Non FDA Exclusion |
| VELTIN GEL 1.2-0.025 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| ZACARE KIT 4 & 0.2 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| ZACARE KIT 8 & 0.2 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| ZIANA GEL 1.2-0.025 % EXTERNAL | Non-Formulary | Formulary Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|---|
| ZMA CLEAR SUSPENSION 9-4.5 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| *Acne Products*** | | |
| ABSORICA CAPSULE 10 MG ORAL | Non-Formulary | Formulary Exclusion |
| ABSORICA CAPSULE 20 MG ORAL | Non-Formulary | Formulary Exclusion |
| ABSORICA CAPSULE 25 MG ORAL | Non-Formulary | Formulary Exclusion |
| ABSORICA CAPSULE 30 MG ORAL | Non-Formulary | Formulary Exclusion |
| ABSORICA CAPSULE 35 MG ORAL | Non-Formulary | Formulary Exclusion |
| ABSORICA CAPSULE 40 MG ORAL | Non-Formulary | Formulary Exclusion |
| ABSORICA LD CAPSULE 16 MG ORAL | 2 | |
| ABSORICA LD CAPSULE 24 MG ORAL | 2 | |
| ABSORICA LD CAPSULE 32 MG ORAL | 2 | |
| ABSORICA LD CAPSULE 8 MG ORAL | 2 | |
| ACCUTANE CAPSULE 10 MG ORAL | 1 | |
| ACCUTANE CAPSULE 20 MG ORAL | 1 | |
| ACCUTANE CAPSULE 30 MG ORAL | 1 | |
| ACCUTANE CAPSULE 40 MG ORAL | 1 | |
| <i>adapalene cream 0.1 % external</i> | 1 | |
| <i>adapalene gel 0.1 % external (rx)</i> | 1 | |
| <i>adapalene gel 0.3 % external</i> | 1 | |
| <i>adapalene pad 0.1 % external</i> | 3 | |
| <i>adapalene solution 0.1 % external</i> | 3 | |
| AKLIEF CREAM 0.005 % EXTERNAL | 3 | |
| ALTRENO LOTION 0.05 % EXTERNAL | 3 | |
| AMNESTEEM CAPSULE 10 MG ORAL | 1 | |
| AMNESTEEM CAPSULE 20 MG ORAL | 1 | |
| AMNESTEEM CAPSULE 40 MG ORAL | 1 | |
| ARAZLO LOTION 0.045 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| ATRALIN GEL 0.05 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| AVITA CREAM 0.025 % EXTERNAL | 1 | |
| AVITA GEL 0.025 % EXTERNAL | 1 | |
| AZELEX CREAM 20 % EXTERNAL | 3 | |
| BENZAC AC WASH LIQUID 5 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| BENZEPRO 5.8 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| BENZEPRO CREAMY WASH LIQUID 7 % EXTERNAL | Non-Formulary | Non FDA Exclusion; Mony Code (MONY code issue) |
| BENZEPRO FOAM 5.2 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| BENZEPRO FOAM 5.3 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| BENZEPRO FOAM 9.7 % EXTERNAL | Non-Formulary | Non FDA Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|--|
| BENZEPRO FOAMING CLOTHS 6 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| BENZEPRO LIQUID 6.8 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| <i>benzoyl peroxide foam 9.8 % external</i> | Non-Formulary | Non FDA Exclusion; Mony Code (MONY code issue) |
| <i>benzoyl peroxide gel 6.5 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>benzoyl peroxide gel 8 % external</i> | Non-Formulary | Non FDA Exclusion; Mony Code (MONY Code) |
| CLARAVIS CAPSULE 10 MG ORAL | 1 | |
| CLARAVIS CAPSULE 20 MG ORAL | 1 | |
| CLARAVIS CAPSULE 30 MG ORAL | 1 | |
| CLARAVIS CAPSULE 40 MG ORAL | 1 | |
| DIFFERIN CREAM 0.1 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| DIFFERIN GEL 0.3 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| DIFFERIN LOTION 0.1 % EXTERNAL | 3 | |
| ENZOCLEAR FOAM 9.8 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| EPSOLAY CREAM 5 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| FABIOR FOAM 0.1 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| <i>isotretinoin capsule 10 mg oral</i> | 1 | |
| <i>isotretinoin capsule 20 mg oral</i> | 1 | |
| <i>isotretinoin capsule 25 mg oral</i> | Non-Formulary | Formulary Exclusion |
| <i>isotretinoin capsule 30 mg oral</i> | 1 | |
| <i>isotretinoin capsule 35 mg oral</i> | Non-Formulary | Formulary Exclusion |
| <i>isotretinoin capsule 40 mg oral</i> | 1 | |
| MYORISAN CAPSULE 10 MG ORAL | 1 | |
| MYORISAN CAPSULE 20 MG ORAL | 1 | |
| MYORISAN CAPSULE 30 MG ORAL | 1 | |
| MYORISAN CAPSULE 40 MG ORAL | 1 | |
| PR BENZOYL PEROXIDE LIQUID 6.9 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| PR BENZOYL PEROXIDE WASH LIQUID 7 % EXTERNAL | Non-Formulary | Mony Code (MONY code issue); Formulary Exclusion |
| PR BENZOYL PEROXIDE WASH LIQUID 7 % EXTERNAL | Non-Formulary | Non FDA Exclusion; Mony Code (MONY code issue) |
| RETIN-A CREAM 0.025 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| RETIN-A CREAM 0.05 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| RETIN-A CREAM 0.1 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| RETIN-A GEL 0.01 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| RETIN-A GEL 0.025 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| RETIN-A MICRO GEL 0.04 % EXTERNAL | Non-Formulary | Formulary Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|---------------------|
| RETIN-A MICRO GEL 0.1 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| RETIN-A MICRO PUMP GEL 0.04 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| RETIN-A MICRO PUMP GEL 0.06 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| RETIN-A MICRO PUMP GEL 0.08 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| RETIN-A MICRO PUMP GEL 0.1 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| <i>tazarotene foam 0.1 % external</i> | Non-Formulary | Formulary Exclusion |
| <i>tretinoin cream 0.025 % external</i> | 1 | |
| <i>tretinoin cream 0.05 % external</i> | 1 | |
| <i>tretinoin cream 0.1 % external</i> | 1 | |
| <i>tretinoin gel 0.01 % external</i> | 1 | |
| <i>tretinoin gel 0.025 % external</i> | Non-Formulary | Formulary Exclusion |
| <i>tretinoin gel 0.05 % external</i> | 1 | |
| <i>tretinoin microsphere gel 0.04 % external</i> | 1 | |
| <i>tretinoin microsphere gel 0.08 % external</i> | 1 | |
| <i>tretinoin microsphere gel 0.1 % external</i> | 1 | |
| <i>tretinoin microsphere pump gel 0.04 % external</i> | 1 | |
| <i>tretinoin microsphere pump gel 0.08 % external</i> | 1 | |
| <i>tretinoin microsphere pump gel 0.1 % external</i> | 1 | |
| WINLEVI CREAM 1 % EXTERNAL | 3 | |
| <i>zaclir cleansing lotion 8 % external</i> | Non-Formulary | Non FDA Exclusion |
| ZENATANE CAPSULE 10 MG ORAL | 1 | |
| ZENATANE CAPSULE 20 MG ORAL | 1 | |
| ZENATANE CAPSULE 30 MG ORAL | 1 | |
| ZENATANE CAPSULE 40 MG ORAL | 1 | |
| <i>*Agents For External Genital And Perianal Warts***</i> | | |
| VEREGEN OINTMENT 15 % EXTERNAL | 3 | |
| <i>*Agents For Facial Wrinkles - Retinoids***</i> | | |
| REFISSA CREAM 0.05 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| RENOVA CREAM 0.02 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| RENOVA PUMP CREAM 0.02 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| <i>tretinoin (emollient) cream 0.05 % external</i> | Non-Formulary | Formulary Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|-----------------------------|
| *Analgesic Combinations - Topical*** | | |
| A.A.G.C. KIT IN TERODERM CREAM 8-4-10-4 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| *Analgesics - Topical*** | | |
| <i>baclofen (cmpd kit) cream 2 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>enovarx-baclofen cream 1 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>enovarx-tramadol cream 5 % external</i> | Non-Formulary | Non FDA Exclusion |
| MUSCUSOLICE CREAM 2 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| MUSCUSOLICE CREAM 5 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| NEURAPTINE CREAM 10 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| PRAKETAMIDE CREAM 5 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| *Antibiotic Mixtures Topical*** | | |
| <i>idaran ointment 1-2 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>nanran ointment 2-2 % external</i> | Non-Formulary | Non FDA Exclusion |
| *Antibiotic Steroid Combinations - Topical*** | | |
| NEO-SYNALAR CREAM 0.5-0.025 % EXTERNAL | 3 | |
| NEO-SYNALAR KIT 0.5-0.025 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| *Antibiotics - Topical*** | | |
| ALTABAX OINTMENT 1 % EXTERNAL | 3 | |
| CENTANY AT KIT 2 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| CENTANY OINTMENT 2 % EXTERNAL | 1 | Mony Code (MONY Code) |
| <i>gentamicin sulfate cream 0.1 % external</i> | 1 | |
| <i>gentamicin sulfate cream 0.1 % external</i> | 1 | Mony Code (MONY Code) |
| <i>gentamicin sulfate ointment 0.1 % external</i> | 1 | |
| <i>gentamicin sulfate ointment 0.1 % external</i> | 1 | Mony Code (MONY Code) |
| <i>mupirocin calcium cream 2 % external</i> | 1 | |
| <i>mupirocin calcium cream 2 % external</i> | 1 | Mony Code (MONY Code Issue) |
| <i>mupirocin calcium cream 2 % external</i> | 1 | Mony Code (MONY Code) |
| <i>mupirocin ointment 2 % external</i> | 1 | |
| XEPI CREAM 1 % EXTERNAL | 3 | |
| *Antifungals - Topical Combinations*** | | |
| ALA-QUIN CREAM 3-0.5 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| ALCORTIN A GEL 1-2-1 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| <i>clotrimazole-betamethasone cream 1-0.05 % external</i> | 1 | |
| <i>clotrimazole-betamethasone lotion 1-0.05 % external</i> | 1 | |

| Drug Name | Tier | Notes |
|---|---------------|--|
| <i>clotrimazole-betamethasone lotion 1-0.05 % external</i> | 1 | Mony Code (MONY code issue) |
| <i>corti-sav cream 1-1 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>dazinia cream 1-2.5-2 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>delibon cream 2-2.5 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>denvita cream 2-4 % external</i> | Non-Formulary | Non FDA Exclusion |
| DERMACINRX THERAZOLE PAK THERAPY PACK 1-0.05 & 20 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| DERMAZENE CREAM 1-1 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| DERMETAZOLE THERAPY PACK 2 & 20 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| <i>difmetioxime solution 4-2-1-4 % external</i> | Non-Formulary | Non FDA Exclusion |
| EXODERM LOTION 25-1 % EXTERNAL | Non-Formulary | Non FDA Exclusion; Mony Code (MONY code issue) |
| <i>fenovia solution 4-2-1-4 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>fervina lotion 3-5-20 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>filoma solution 8-1-1 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>frivo cream 1-4 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>fungimez solution external</i> | Non-Formulary | Non FDA Exclusion |
| <i>hexiounyl lotion 3-5-20 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>hixdefrima solution 8-1-1 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>hydrocortisone-iodoquinol cream 1-1 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>imioxia cream 1-4 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>iodoquimez-hc cream 1-1.9 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>iodoquinol-hc-aloe polysacch gel 1-2-1 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>iodoquinol-hydrocortisone-aloe cream 1-1.9 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>miconazole-zinc oxide-petrolat ointment 0.25-15-81.35 % external</i> | 3 | |
| MYCOZYL HC GEL 1-0.667 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| MYCOZYL HC LIQUID 1-0.667 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| <i>nystatin-triamcinolone cream 100000-0.1 unit/gm-% external</i> | 1 | |
| <i>nystatin-triamcinolone ointment 100000-0.1 unit/gm-% external</i> | 1 | |
| ONYCHO-MED KIT 2-250 %-MG EXTERNAL | Non-Formulary | Non FDA Exclusion |
| <i>pedizolpak therapy pack 2 & 2 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>phedrax shampoo 2-2 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>pheodoyo cream 1-2.5-2 % external</i> | Non-Formulary | Non FDA Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|--|
| <i>pheoxia cream 2-4 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>pheyo cream 2.5-2 % external</i> | Non-Formulary | Non FDA Exclusion |
| PODIATROLE THERAPY PACK 2 & 20 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| QUINJA GEL 1.25-1 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| RECURA CREAM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| VUSION OINTMENT 0.25-15-81.35 % EXTERNAL | 3 | |
| VYSTONE CREAM 1-1.9 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| XOLEGEL COREPAK KIT 2 & 1 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| XOLEGEL DUO/HEAD & SHOULDERS KIT 2 & 1 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| XOLEGEL DUO/XOLEX KIT 2 & 1 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| ZOLPAK KIT 1 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| *Antifungals - Topical*** | | |
| CICLODAN SOLUTION 8 % EXTERNAL | 1 | |
| <i>ciclopirox gel 0.77 % external</i> | 1 | |
| <i>ciclopirox olamine cream 0.77 % external</i> | 1 | |
| <i>ciclopirox olamine suspension 0.77 % external</i> | Non-Formulary | Formulary Exclusion |
| <i>ciclopirox shampoo 1 % external</i> | 1 | |
| <i>ciclopirox solution 8 % external</i> | 1 | |
| <i>ciclopirox treatment kit 8 % external</i> | Non-Formulary | Non FDA Exclusion; Mony Code (MONY Code) |
| KLAYESTA POWDER 100000 UNIT/GM EXTERNAL | 1 | |
| LOPROX CREAM 0.77 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| LOPROX KIT 0.77 % (SUSP) EXTERNAL | Non-Formulary | Non FDA Exclusion |
| LOPROX KIT 0.77 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| LOPROX SHAMPOO 1 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| LOPROX SUSPENSION 0.77 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| MENTAX CREAM 1 % EXTERNAL | 3 | |
| MYCOZYL AL SOLUTION 1 % EXTERNAL (RX) | Non-Formulary | Non FDA Exclusion |
| <i>naftifine hcl cream 1 % external</i> | 1 | Mony Code (MONY Code) |
| <i>naftifine hcl cream 2 % external</i> | Non-Formulary | Formulary Exclusion |
| <i>naftifine hcl cream 2 % external</i> | Non-Formulary | Mony Code (MONY Code); Formulary Exclusion |
| <i>naftifine hcl gel 2 % external</i> | 1 | |

| Drug Name | Tier | Notes |
|---|---------------|--|
| NAFTIN CREAM 2 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| NAFTIN GEL 1 % EXTERNAL | 3 | |
| NAFTIN GEL 2 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| NYAMYC POWDER 100000 UNIT/GM EXTERNAL | 1 | |
| <i>nystatin cream 100000 unit/gm external</i> | 1 | |
| <i>nystatin ointment 100000 unit/gm external</i> | 1 | |
| <i>nystatin powder 100000 unit/gm external</i> | 1 | |
| NYSTOP POWDER 100000 UNIT/GM EXTERNAL | 1 | |
| <i>rimi solution 5 % external</i> | Non-Formulary | Non FDA Exclusion |
| *Anti-Inflammatory Agents - Topical*** | | |
| <i>diclofenac epolamine patch 1.3 % external</i> | 1 | Mony Code (MONY Code) |
| <i>diclofenac epolamine patch 1.3 % external</i> | 3 | |
| <i>diclofenac sodium gel 1 % external (rx)</i> | 1 | QL |
| <i>diclofenac sodium solution 1.5 % external</i> | 1 | QL |
| <i>diclofenac sodium solution 2 % external</i> | Non-Formulary | Formulary Exclusion |
| DICLOFONO GEL 1.6 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| <i>enovarx-diclofenac sodium cream 2.5 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>enovarx-ibuprofen cream 10 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>enovarx-naproxen cream 10 % external</i> | Non-Formulary | Non FDA Exclusion |
| FLECTOR PATCH 1.3 % EXTERNAL | 3 | |
| FROTEK CREAM 10 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| KETOPHENE RAPIDPAQ CREAM 20 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| <i>ketorolac tromethamine gel 2 % external</i> | Non-Formulary | Non FDA Exclusion |
| LICART PATCH 24 HOUR 1.3 % EXTERNAL | 3 | |
| LIXOFEN KIT 1.5 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| <i>napro cream 15 % external</i> | Non-Formulary | Non FDA Exclusion |
| PENNSAID SOLUTION 2 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| VENNGEL ONE KIT 1 % EXTERNAL | Non-Formulary | Non FDA Exclusion; Mony Code (MONY code issue) |
| VOLTAREN GEL 1 % EXTERNAL | Non-Formulary | Formulary Exclusion; QL |
| *Anti-Inflammatory Combinations - Topical*** | | |
| <i>aif #2 drug preparation kit cream external</i> | Non-Formulary | Non FDA Exclusion |
| <i>aif #3 drug preparation kit cream external</i> | Non-Formulary | Non FDA Exclusion |
| <i>biifenac 1000 therapy pack 1.5-4 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>biifenac 500 therapy pack 1.5-4 % external</i> | Non-Formulary | Non FDA Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|-------------------|
| <i>capsfenac pak therapy pack 1.5 & 0.025 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>capsinac therapy pack 0.025-1.5 % external</i> | Non-Formulary | Non FDA Exclusion |
| DERMACINRX LEXITRAL PHARMAPAK THERAPY PACK 1.5 & 0.025 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| <i>dfs/ms/menth/cap pak kit 1.5&25-6-0.025 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>diclareal therapy pack 2 & 0.025 % external</i> | Non-Formulary | Non FDA Exclusion |
| DICLOGEN THERAPY PACK 1.5 & 4-10 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| <i>dicloheal-60 therapy pack 1.5 & 0.025 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>diclona gel 1-4.5 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>diclona+ patch 1.25-4.5 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>diclopr kit 1 & 10-30 % external</i> | Non-Formulary | Non FDA Exclusion |
| DICLOSAICIN THERAPY PACK 1.5-0.025 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| <i>diclostream therapy pack 1.5-10 % external</i> | Non-Formulary | Non FDA Exclusion |
| DICLOTREX II THERAPY PACK 1.5 & 4-10 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| DICLOTREX THERAPY PACK 1.5 & 4-10 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| <i>diclovix kit 1.5 & 2-2.5-4 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>diclovix m therapy pack 1.5-8 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>diclozor therapy pack 1 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>dimentho therapy pack 1.5 & 10 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>dual complex formula 1 kit cream external</i> | Non-Formulary | Non FDA Exclusion |
| <i>fbl kit cream 15-4-5 % external</i> | Non-Formulary | Non FDA Exclusion |
| FENOVAR KIT 1.5-10-15 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| <i>gabapentin-naproxen cmpd kit cream 5-10 % external</i> | Non-Formulary | Non FDA Exclusion |
| ICLOFENAC CP THERAPY PACK 0.025-1.5 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| K.B.G.L IN TERODERM CREAM 15-4-10-2 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| <i>kapzin dc therapy pack 0.025-1.5 % external</i> | Non-Formulary | Non FDA Exclusion |
| LEXITRAL PHARMAPAK II THERAPY PACK 1.5 & 0.025 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| LEXTOL THERAPY PACK 1.5 & 0.025 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| <i>np #2 drug preparation kit cream external</i> | Non-Formulary | Non FDA Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|-----------------------|
| NUDICLO SOLUPAK THERAPY PACK 1.5 & 0.025 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| <i>pennaicin therapy pack 1.5 & 0.025 % external</i> | Non-Formulary | Non FDA Exclusion |
| PROFINAC THERAPY PACK 1.5 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| <i>sure result dss premium pack therapy pack 1.5 & 0.025 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>triple complex formula 3 kit cream 20-2-10 % external</i> | Non-Formulary | Non FDA Exclusion |
| VAROPHEN KIT 1.5-10-15 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| <i>vp fc kit cream external</i> | Non-Formulary | Non FDA Exclusion |
| <i>vp gkl kit cream 20-2-10 % external</i> | Non-Formulary | Non FDA Exclusion |
| XRYLIX II THERAPY PACK 1.5 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| XRYLIX THERAPY PACK 1.5 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| <i>ziclocin therapy pack 1.5 & 0.025 % external</i> | Non-Formulary | Non FDA Exclusion |
| ZICLOPRO THERAPY PACK 1.5 & 0.025 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| *Antineoplastic Alkylating Agents - Topical*** | | |
| VALCHLOR GEL 0.016 % EXTERNAL | Tier 4 | PA; Specialty; QL |
| *Antineoplastic Antimetabolites - Topical*** | | |
| CARAC CREAM 0.5 % EXTERNAL | 2 | |
| EFUDEX CREAM 5 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| FLUROPLEX CREAM 1 % EXTERNAL | 3 | |
| <i>fluorouracil cream 0.5 % external</i> | 1 | Mony Code (MONY Code) |
| <i>fluorouracil cream 5 % external</i> | 1 | |
| <i>fluorouracil solution 2 % external</i> | 1 | Mony Code (MONY Code) |
| <i>fluorouracil solution 5 % external</i> | 1 | Mony Code (MONY Code) |
| TOLAK CREAM 4 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| *Antineoplastic Or Premalignant Lesion Agent - Comb*** | | |
| <i>kazuri gel 5-1-0.05 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>keraxa gel 3-4 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>kerida gel 5-30-0.1 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>kynara gel 5-1-2 % external</i> | Non-Formulary | Non FDA Exclusion |
| ORMECA KIT 3 & 46-0.4-1.1 % & MG COMBINATION | Non-Formulary | Non FDA Exclusion |
| <i>quidroxzar gel 5-30-0.1 % external</i> | Non-Formulary | Non FDA Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|---------------------------|
| <i>quihoxaxia gel 5-1-2 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>quihoxvar gel 5-1-0.05 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>quitar gel 5-0.025 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>roaoxia gel 3-4 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>solaravix therapy pack 3 % external</i> | Non-Formulary | Non FDA Exclusion |
| *Antineoplastic Or Premalignant Lesions - Topical Misc.*** | | |
| PICATO GEL 0.015 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| PICATO GEL 0.05 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| *Antineoplastic Or Premalignant Lesions - Topical Nsaid's*** | | |
| <i>diclofenac sodium gel 3 % external</i> | 1 | PA; QL |
| <i>diclofenac sodium gel 3 % external</i> | Non-Formulary | PA; Non FDA Exclusion; QL |
| *Antineoplastic Retinoids - Topical*** | | |
| PANRETIN GEL 0.1 % EXTERNAL | 3 | |
| *Antipruritics - Topical*** | | |
| <i>doxepin hcl cream 5 % external</i> | 1 | |
| PRUDOXIN CREAM 5 % EXTERNAL | 3 | |
| ZONALON CREAM 5 % EXTERNAL | 3 | |
| *Antipsoriatic Combinations*** | | |
| <i>calsodore kit 0.005 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>calsodore therapy pack 0.005-5 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>diooxia cream 0.005-4 % external</i> | Non-Formulary | Non FDA Exclusion |
| NUDERMRXPAK 120 THERAPY PACK 0.005-5 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| NUDERMRXPAK 60 THERAPY PACK 0.005-5 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| TRIONEX KIT 0.005 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| *Antipsoriatics - Systemic*** | | |
| <i>acitretin capsule 10 mg oral</i> | 1 | QL |
| <i>acitretin capsule 17.5 mg oral</i> | 1 | QL |
| <i>acitretin capsule 25 mg oral</i> | 1 | QL |
| COSENTYX (300 MG DOSE) SOLUTION PREFILLED SYRINGE 150 MG/ML SUBCUTANEOUS | Tier 4 | PA; Specialty |
| COSENTYX SENSOREADY (300 MG) SOLUTION AUTO-INJECTOR 150 MG/ML SUBCUTANEOUS | Tier 4 | PA; Specialty |

| Drug Name | Tier | Notes |
|---|---------------|------------------------------------|
| COSENTYX SENSOREADY PEN SOLUTION AUTO-INJECTOR 150 MG/ML SUBCUTANEOUS | Tier 4 | PA; Specialty |
| COSENTYX SOLUTION 125 MG/5ML INTRAVENOUS | Tier 4 | PA; Specialty |
| COSENTYX SOLUTION PREFILLED SYRINGE 150 MG/ML SUBCUTANEOUS | Tier 4 | PA; Specialty |
| COSENTYX SOLUTION PREFILLED SYRINGE 75 MG/0.5ML SUBCUTANEOUS | Tier 4 | PA; Specialty |
| COSENTYX UNOREADY SOLUTION AUTO-INJECTOR 300 MG/2ML SUBCUTANEOUS | Tier 4 | PA; Specialty |
| ILUMYA SOLUTION PREFILLED SYRINGE 100 MG/ML SUBCUTANEOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| <i>methoxsalen rapid capsule 10 mg oral</i> | 1 | PA |
| <i>methoxsalen rapid capsule 10 mg oral</i> | 1 | PA; Mony Code (MONY Code) |
| OXSORALEN ULTRA CAPSULE 10 MG ORAL | Non-Formulary | PA; Formulary Exclusion |
| SILIQ SOLUTION PREFILLED SYRINGE 210 MG/1.5ML SUBCUTANEOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| SKYRIZI (150 MG DOSE) PREFILLED SYRINGE KIT 75 MG/0.83ML SUBCUTANEOUS | Tier 4 | PA; Specialty |
| SKYRIZI PEN SOLUTION AUTO-INJECTOR 150 MG/ML SUBCUTANEOUS | Tier 4 | PA; Specialty |
| SKYRIZI SOLUTION PREFILLED SYRINGE 150 MG/ML SUBCUTANEOUS | Tier 4 | PA; Specialty |
| SORIATANE CAPSULE 10 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| SORIATANE CAPSULE 25 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| SOTYKTU TABLET 6 MG ORAL | Tier 4 | PA; Specialty; QL |
| SPEVIGO SOLUTION 450 MG/7.5ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| STELARA SOLUTION 45 MG/0.5ML SUBCUTANEOUS | Tier 4 | PA; Specialty |
| STELARA SOLUTION PREFILLED SYRINGE 45 MG/0.5ML SUBCUTANEOUS | Tier 4 | PA; Specialty |
| STELARA SOLUTION PREFILLED SYRINGE 90 MG/ML SUBCUTANEOUS | Tier 4 | PA; Specialty |
| TALTZ SOLUTION AUTO-INJECTOR 80 MG/ML SUBCUTANEOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| TALTZ SOLUTION PREFILLED SYRINGE 20 MG/0.25ML SUBCUTANEOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| TALTZ SOLUTION PREFILLED SYRINGE 40 MG/0.5ML SUBCUTANEOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|------------------------------------|
| TALTZ SOLUTION PREFILLED SYRINGE 80 MG/ML SUBCUTANEOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| TREMFYA SOLUTION 200 MG/20ML INTRAVENOUS | Tier 4 | PA; Specialty |
| TREMFYA SOLUTION AUTO-INJECTOR 100 MG/ML SUBCUTANEOUS | Tier 4 | PA; Specialty |
| TREMFYA SOLUTION AUTO-INJECTOR 200 MG/2ML SUBCUTANEOUS | Tier 4 | PA; Specialty |
| TREMFYA SOLUTION PREFILLED SYRINGE 100 MG/ML SUBCUTANEOUS | Tier 4 | PA; Specialty |
| TREMFYA SOLUTION PREFILLED SYRINGE 200 MG/2ML SUBCUTANEOUS | Tier 4 | PA; Specialty |
| *Antipsoriatics*** | | |
| <i>calcipotriene cream 0.005 % external</i> | 1 | |
| <i>calcipotriene foam 0.005 % external</i> | 1 | Mony Code (MONY Code) |
| <i>calcipotriene ointment 0.005 % external</i> | 1 | |
| <i>calcipotriene solution 0.005 % external</i> | 1 | |
| <i>calcipotriene solution 0.005 % external</i> | 1 | Mony Code (MONY code issue) |
| CALCITRENE OINTMENT 0.005 % EXTERNAL | 1 | |
| <i>calcitriol ointment 3 mcg/gm external</i> | 3 | |
| <i>calcitriol ointment 3 mcg/gm external</i> | 1 | Mony Code (MONY Code) |
| DOVONEX CREAM 0.005 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| DRITHO-CREME HP CREAM 1 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| SORILUX FOAM 0.005 % EXTERNAL | 3 | |
| <i>tazarotene cream 0.05 % external</i> | 1 | |
| <i>tazarotene cream 0.1 % external</i> | 1 | |
| <i>tazarotene gel 0.05 % external</i> | 1 | |
| <i>tazarotene gel 0.1 % external</i> | 1 | |
| TAZORAC CREAM 0.05 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| TAZORAC CREAM 0.1 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| TAZORAC GEL 0.05 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| TAZORAC GEL 0.1 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| VECTICAL OINTMENT 3 MCG/GM EXTERNAL | 3 | |
| VTAMA CREAM 1 % EXTERNAL | 3 | PA |
| ZITHRANOL SHAMPOO 1 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| ZORYVE CREAM 0.3 % EXTERNAL | Non-Formulary | PA; Formulary Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|-------------------------|
| *Antiseborrheic Combinations*** | | |
| <i>haxchlo shampoo 0.77-0.05 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>haxchlodrex shampoo 0.77-0.05-3 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>haxdrax shampoo 0.77-2 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>micuraderm emulsion external</i> | Non-Formulary | Non FDA Exclusion |
| NUTRASEB CREAM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| PROMISEB CREAM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| <i>sodium sulfacetamide-bakuchiol liquid 10 % external</i> | Non-Formulary | Formulary Exclusion |
| *Antiseborrheic Products*** | | |
| <i>glycolic acid solution 70 % (rx)</i> | Non-Formulary | Non FDA Exclusion |
| OVACE PLUS CREAM 10 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| OVACE PLUS FOAM 9.8 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| OVACE PLUS LOTION 9.8 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| OVACE PLUS SHAMPOO 10 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| OVACE PLUS WASH GEL 10 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| OVACE PLUS WASH LIQUID 10 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| OVACE WASH LIQUID 10 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| PLEXION NS SHAMPOO 9.8 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| <i>selenium sulfide lotion 2.5 % external</i> | 1 | |
| <i>selenium sulfide shampoo 2.25 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>selenium sulfide shampoo 2.3 % external</i> | Non-Formulary | Non FDA Exclusion |
| SELRX SHAMPOO 2.3 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| <i>sodium sulfacetamide shampoo 10 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>sodium sulfacetamide shampoo 9.8 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>sodium sulfacetamide wash liquid 10 % external</i> | 1 | |
| <i>sodium sulfacetamide wash liquid 10 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>sulfacetamide sodium (cleans) gel 10 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>sulfacetamide sodium liquid 10 % external</i> | Non-Formulary | Non FDA Exclusion |
| ZORYVE FOAM 0.3 % EXTERNAL | Non-Formulary | PA; Formulary Exclusion |
| *Antiviral Topical Combinations*** | | |
| XERESE CREAM 5-1 % EXTERNAL | 3 | |
| *Antivirals - Topical*** | | |
| <i>acyclovir cream 5 % external</i> | 1 | |
| <i>acyclovir ointment 5 % external</i> | 1 | |
| DENAVIR CREAM 1 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| <i>penciclovir cream 1 % external</i> | 1 | |

| Drug Name | Tier | Notes |
|--|---------------|--|
| ZOVIRAX CREAM 5 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| ZOVIRAX OINTMENT 5 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| *Astringents*** | | |
| XERAC AC SOLUTION 6.25 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| XERAC AC SOLUTION 6.25 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| *Atopic Dermatitis - Janus Kinase (Jak) Inhibitors*** | | |
| CIBINQO TABLET 100 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion; QL |
| CIBINQO TABLET 200 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion; QL |
| CIBINQO TABLET 50 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion; QL |
| OPZELURA CREAM 1.5 % EXTERNAL | Non-Formulary | PA; Formulary Exclusion; QL |
| *Atopic Dermatitis - Monoclonal Antibodies*** | | |
| ADBRY SOLUTION AUTO-INJECTOR 300 MG/2ML SUBCUTANEOUS | Tier 4 | PA; Specialty |
| ADBRY SOLUTION PREFILLED SYRINGE 150 MG/ML SUBCUTANEOUS | Tier 4 | PA; Specialty |
| DUPIXENT SOLUTION AUTO-INJECTOR 200 MG/1.14ML SUBCUTANEOUS | Tier 4 | PA; Specialty |
| DUPIXENT SOLUTION AUTO-INJECTOR 300 MG/2ML SUBCUTANEOUS | Tier 4 | PA; Specialty |
| DUPIXENT SOLUTION PREFILLED SYRINGE 100 MG/0.67ML SUBCUTANEOUS | Tier 4 | PA; Specialty |
| DUPIXENT SOLUTION PREFILLED SYRINGE 200 MG/1.14ML SUBCUTANEOUS | Tier 4 | PA; Specialty |
| DUPIXENT SOLUTION PREFILLED SYRINGE 300 MG/2ML SUBCUTANEOUS | Tier 4 | PA; Specialty |
| EBGLYSS SOLUTION AUTO-INJECTOR 250 MG/2ML SUBCUTANEOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| EBGLYSS SOLUTION PREFILLED SYRINGE 250 MG/2ML SUBCUTANEOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| *Burn Product Combinations*** | | |
| <i>rayasore kit kit 1 & 10 % external</i> | Non-Formulary | Non FDA Exclusion |
| *Burn Products*** | | |
| <i>mafenide acetate packet 5 % external</i> | Non-Formulary | Non FDA Exclusion |
| SILVADENE CREAM 1 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| <i>silver sulfadiazine cream 1 % external</i> | 1 | |
| SSD CREAM 1 % EXTERNAL | 1 | |

| Drug Name | Tier | Notes |
|--|---------------|--|
| SULFAMYLON CREAM 85 MG/GM EXTERNAL | 3 | |
| SULFAMYLON PACKET 5 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| *Cauterizing Agent Combinations*** | | |
| ARZOL SILVER NIT APPLICATORS 75-25 % EXTERNAL | Non-Formulary | Non FDA Exclusion; Mony Code (MONY Code) |
| <i>grafco silver nit applicator 75-25 % external</i> | Non-Formulary | Non FDA Exclusion; Mony Code (MONY code issue) |
| *Cauterizing Agents*** | | |
| <i>silver nitrate solution 0.5 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>silver nitrate solution 10 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>silver nitrate solution 25 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>silver nitrate solution 50 % external</i> | Non-Formulary | Non FDA Exclusion |
| TRI-CHLOR LIQUID 80 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| *Corticosteroids - Topical*** | | |
| ADVANCED ALLERGY COLLECTION KIT 2.5 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| ALA SCALP LOTION 2 % EXTERNAL | 1 | Mony Code (MONY Code) |
| ALA SCALP LOTION 2 % EXTERNAL | 1 | |
| <i>ala-cort cream 1 % external</i> | 1 | |
| <i>ala-cort cream 2.5 % external</i> | 1 | |
| <i>alclometasone dipropionate cream 0.05 % external</i> | 1 | |
| <i>alclometasone dipropionate ointment 0.05 % external</i> | 1 | |
| <i>amcinonide cream 0.1 % external</i> | 3 | |
| <i>amcinonide lotion 0.1 % external</i> | 3 | |
| <i>amcinonide ointment 0.1 % external</i> | 1 | Mony Code (MONY code issue) |
| <i>amcinonide ointment 0.1 % external</i> | 1 | |
| APEXICON E CREAM 0.05 % EXTERNAL | 3 | |
| BESER LOTION 0.05 % EXTERNAL | 1 | |
| <i>betamethasone dipropionate aug cream 0.05 % external</i> | 1 | |
| <i>betamethasone dipropionate aug gel 0.05 % external</i> | 1 | Mony Code (MONY Code) |
| <i>betamethasone dipropionate aug lotion 0.05 % external</i> | 1 | |
| <i>betamethasone dipropionate aug ointment 0.05 % external</i> | 1 | |
| <i>betamethasone dipropionate cream 0.05 % external</i> | 1 | |

| Drug Name | Tier | Notes |
|---|---------------|---------------------|
| <i>betamethasone dipropionate lotion 0.05 % external</i> | 1 | |
| <i>betamethasone dipropionate ointment 0.05 % external</i> | 1 | |
| <i>betamethasone valerate cream 0.1 % external</i> | 1 | |
| <i>betamethasone valerate foam 0.12 % external</i> | 1 | |
| <i>betamethasone valerate lotion 0.1 % external</i> | 1 | |
| <i>betamethasone valerate ointment 0.1 % external</i> | 1 | |
| BRYHALI LOTION 0.01 % EXTERNAL | 3 | |
| CAPEX SHAMPOO 0.01 % EXTERNAL | 3 | |
| <i>clobetasol prop emollient base cream 0.05 % external</i> | 1 | |
| <i>clobetasol propionate cream 0.05 % external</i> | 1 | |
| <i>clobetasol propionate e cream 0.05 % external</i> | 1 | |
| <i>clobetasol propionate emulsion foam 0.05 % external</i> | 1 | |
| <i>clobetasol propionate foam 0.05 % external</i> | 1 | |
| <i>clobetasol propionate gel 0.05 % external</i> | 1 | |
| <i>clobetasol propionate liquid 0.05 % external</i> | 1 | |
| <i>clobetasol propionate lotion 0.05 % external</i> | 1 | |
| <i>clobetasol propionate ointment 0.05 % external</i> | 1 | |
| <i>clobetasol propionate shampoo 0.05 % external</i> | 1 | |
| <i>clobetasol propionate solution 0.05 % external</i> | 1 | |
| CLOBEX LOTION 0.05 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| CLOBEX SHAMPOO 0.05 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| CLOBEX SPRAY LIQUID 0.05 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| <i>clocortolone pivalate cream 0.1 % external</i> | 1 | |
| CLODRAN SHAMPOO 0.05 % EXTERNAL | 1 | |
| CLODERM CREAM 0.1 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| CORDRAN CREAM 0.025 % EXTERNAL | 3 | |
| CORDRAN CREAM 0.05 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| CORDRAN LOTION 0.05 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| CORDRAN OINTMENT 0.05 % EXTERNAL | 3 | |
| CORDRAN TAPE 4 MCG/SQCM EXTERNAL | 3 | |
| CUTIVATE LOTION 0.05 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| DERMA-SMOOTH/FS BODY OIL 0.01 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| DERMA-SMOOTH/FS SCALP OIL 0.01 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| DESONATE GEL 0.05 % EXTERNAL | Non-Formulary | Formulary Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|-----------------------------|
| <i>desonide cream 0.05 % external</i> | 1 | |
| <i>desonide gel 0.05 % external</i> | 1 | |
| <i>desonide gel 0.05 % external</i> | 1 | Mony Code (MONY code issue) |
| <i>desonide lotion 0.05 % external</i> | 1 | |
| <i>desonide ointment 0.05 % external</i> | 1 | |
| DESOWEN CREAM 0.05 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| <i>desoximetasone cream 0.05 % external</i> | 1 | |
| <i>desoximetasone cream 0.05 % external</i> | 1 | Mony Code (MONY Code) |
| <i>desoximetasone cream 0.25 % external</i> | 1 | |
| <i>desoximetasone gel 0.05 % external</i> | 1 | |
| <i>desoximetasone liquid 0.25 % external</i> | 1 | |
| <i>desoximetasone ointment 0.05 % external</i> | 1 | |
| <i>desoximetasone ointment 0.25 % external</i> | 1 | |
| DESRX GEL 0.05 % EXTERNAL | 1 | |
| <i>diflorasone diacetate cream 0.05 % external</i> | 3 | |
| <i>diflorasone diacetate ointment 0.05 % external</i> | 1 | |
| DIPROLENE AF CREAM 0.05 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| DIPROLENE OINTMENT 0.05 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| <i>fluocinolone acetonide body oil 0.01 % external</i> | 1 | |
| <i>fluocinolone acetonide cream 0.01 % external</i> | 1 | |
| <i>fluocinolone acetonide cream 0.01 % external</i> | 1 | Mony Code (MONY code issue) |
| <i>fluocinolone acetonide cream 0.025 % external</i> | 1 | |
| <i>fluocinolone acetonide ointment 0.025 % external</i> | 1 | |
| <i>fluocinolone acetonide scalp oil 0.01 % external</i> | 1 | |
| <i>fluocinolone acetonide solution 0.01 % external</i> | 1 | |
| <i>fluocinonide cream 0.05 % external</i> | 1 | |
| <i>fluocinonide cream 0.1 % external</i> | 1 | |
| <i>fluocinonide emulsified base cream 0.05 % external</i> | 1 | |
| <i>fluocinonide gel 0.05 % external</i> | 1 | |
| <i>fluocinonide gel 0.05 % external</i> | 1 | Mony Code (MONY code issue) |
| <i>fluocinonide ointment 0.05 % external</i> | 1 | |
| <i>fluocinonide solution 0.05 % external</i> | 1 | |
| <i>flurandrenolide cream 0.05 % external</i> | 1 | |
| <i>flurandrenolide cream 0.05 % external</i> | 1 | Mony Code (MONY code issue) |
| <i>flurandrenolide lotion 0.05 % external</i> | 1 | |
| <i>flurandrenolide lotion 0.05 % external</i> | 1 | Mony Code (MONY code issue) |
| <i>flurandrenolide ointment 0.05 % external</i> | 1 | |

| Drug Name | Tier | Notes |
|--|---------------|-----------------------------|
| <i>fluticasone propionate cream 0.05 % external</i> | 1 | |
| <i>fluticasone propionate lotion 0.05 % external</i> | 1 | |
| <i>fluticasone propionate lotion 0.05 % external</i> | 1 | Mony Code (MONY code issue) |
| <i>fluticasone propionate ointment 0.005 % external</i> | 1 | |
| <i>halcinonide cream 0.1 % external</i> | 1 | |
| <i>halobetasol propionate cream 0.05 % external</i> | 1 | |
| <i>halobetasol propionate foam 0.05 % external</i> | 1 | |
| <i>halobetasol propionate foam 0.05 % external</i> | 1 | Mony Code (MONY code issue) |
| <i>halobetasol propionate ointment 0.05 % external</i> | 1 | |
| HALOG CREAM 0.1 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| HALOG OINTMENT 0.1 % EXTERNAL | 3 | |
| HALOG SOLUTION 0.1 % EXTERNAL | 3 | |
| <i>hydrocort lotion complete kit therapy pack 2 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>hydrocortisone butyr lipo base cream 0.1 % external</i> | 1 | |
| <i>hydrocortisone butyr lipo base cream 0.1 % external</i> | 1 | Mony Code (MONY code issue) |
| <i>hydrocortisone butyrate cream 0.1 % external</i> | 1 | Mony Code (MONY Code) |
| <i>hydrocortisone butyrate lotion 0.1 % external</i> | 1 | |
| <i>hydrocortisone butyrate ointment 0.1 % external</i> | 1 | |
| <i>hydrocortisone butyrate ointment 0.1 % external</i> | 1 | Mony Code (MONY code issue) |
| <i>hydrocortisone butyrate solution 0.1 % external</i> | 1 | Mony Code (MONY Code) |
| <i>hydrocortisone complete kit therapy pack 2 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>hydrocortisone cream 1 % external (rx)</i> | 1 | |
| <i>hydrocortisone cream 2.5 % external</i> | 1 | |
| <i>hydrocortisone lotion 2 % external</i> | 1 | Mony Code (MONY code issue) |
| <i>hydrocortisone lotion 2.5 % external</i> | 1 | |
| <i>hydrocortisone lotion 2.5 % external</i> | 1 | Mony Code (MONY code issue) |
| <i>hydrocortisone ointment 1 % external (rx)</i> | 1 | |
| <i>hydrocortisone ointment 2.5 % external</i> | 1 | |
| <i>hydrocortisone valerate cream 0.2 % external</i> | 1 | |
| <i>hydrocortisone valerate ointment 0.2 % external</i> | 1 | |
| HYDROXATE GEL 2 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| HYDROXYM CREAM 2 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| HYDROXYM GEL 2 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| IMPEKLO LOTION 0.15 MG/ACT (0.05%) EXTERNAL | 3 | |

| Drug Name | Tier | Notes |
|--|---------------|-----------------------|
| IMPOYZ CREAM 0.025 % EXTERNAL | 3 | |
| KENALOG AEROSOL SOLUTION 0.147 MG/GM EXTERNAL | Non-Formulary | Formulary Exclusion |
| LEXETTE FOAM 0.05 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| LOCOID LIPOCREAM CREAM 0.1 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| LOCOID LOTION 0.1 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| LUXIQ FOAM 0.12 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| <i>mometasone furoate cream 0.1 % external</i> | 1 | |
| <i>mometasone furoate ointment 0.1 % external</i> | 1 | |
| <i>mometasone furoate solution 0.1 % external</i> | 1 | |
| NOLIX CREAM 0.05 % EXTERNAL | 1 | |
| NOLIX LOTION 0.05 % EXTERNAL | 1 | |
| NUCORT LOTION 2 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| OLUX FOAM 0.05 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| OLUX-E FOAM 0.05 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| PANDEL CREAM 0.1 % EXTERNAL | 3 | |
| <i>prednicarbate ointment 0.1 % external</i> | 1 | Mony Code (MONY Code) |
| SERNIVO EMULSION 0.05 % EXTERNAL | 3 | |
| SYNALAR CREAM 0.025 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| SYNALAR OINTMENT 0.025 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| SYNALAR SOLUTION 0.01 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| TASOPROL KIT 0.05 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| TEMOVATE CREAM 0.05 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| TEMOVATE OINTMENT 0.05 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| TEXACORT SOLUTION 2.5 % EXTERNAL | 3 | |
| TOPICORT CREAM 0.05 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| TOPICORT CREAM 0.25 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| TOPICORT GEL 0.05 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| TOPICORT OINTMENT 0.05 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| TOPICORT OINTMENT 0.25 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| TOPICORT SPRAY LIQUID 0.25 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| TOVET FOAM 0.05 % EXTERNAL | 1 | |
| TOVET KIT 0.05 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| <i>triamcinolone acetonide aerosol solution 0.147 mg/gm external</i> | 1 | |
| <i>triamcinolone acetonide cream 0.025 % external</i> | 1 | |
| <i>triamcinolone acetonide cream 0.1 % external</i> | 1 | |

| Drug Name | Tier | Notes |
|--|---------------|--|
| <i>triamcinolone acetonide cream 0.5 % external</i> | 1 | |
| <i>triamcinolone acetonide lotion 0.025 % external</i> | 1 | |
| <i>triamcinolone acetonide lotion 0.1 % external</i> | 1 | |
| <i>triamcinolone acetonide ointment 0.025 % external</i> | 1 | |
| <i>triamcinolone acetonide ointment 0.05 % external</i> | 1 | |
| <i>triamcinolone acetonide ointment 0.1 % external</i> | 1 | |
| <i>triamcinolone acetonide ointment 0.5 % external</i> | 1 | |
| <i>triamcinolone acetonide ointment 0.5 % external</i> | 1 | Mony Code (MONY Code) |
| <i>triamcinolone in absorbase ointment 0.05 % external</i> | 1 | |
| TRIANEX OINTMENT 0.05 % EXTERNAL | 1 | |
| TRIDERM CREAM 0.1 % EXTERNAL | 1 | |
| TRIDERM CREAM 0.5 % EXTERNAL | 1 | |
| TRIDESILON CREAM 0.05 % EXTERNAL | Non-Formulary | Non FDA Exclusion; Mony Code (MONY Code) |
| TRITOCIN OINTMENT 0.05 % EXTERNAL | 1 | |
| ULTRAVATE LOTION 0.05 % EXTERNAL | 3 | |
| VANOS CREAM 0.1 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| VERDESO FOAM 0.05 % EXTERNAL | 3 | |
| *Depigmenting Agents*** | | |
| BLANCHE CREAM 4 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| <i>hydroquinone cream 4 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>kaxm emulsion 4 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>keido emulsion 6 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>kexm emulsion 6 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>kutea emulsion 8 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>kuxm emulsion 8 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>medorfa emulsion 6 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>medorfa lp emulsion 4 % external</i> | Non-Formulary | Non FDA Exclusion |
| *Depigmenting Combinations*** | | |
| <i>kataraxap emulsion 4-0.025-0.025 % external</i> | Non-Formulary | Non FDA Exclusion |
| KATARVIA EMULSION 4-0.025 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| <i>katarya emulsion 4-0.5-0.025 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>kataryaxn emulsion 4-0.5-0.025 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>ketarya emulsion 6-0.5-0.025 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>kevaraxap emulsion 6-0.05-0.025 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>kevartia emulsion 6-0.05 % external</i> | Non-Formulary | Non FDA Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|---|
| <i>kevarya emulsion 6-0.5-0.05 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>keya emulsion 6-0.5 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>kotaraxap emulsion 5-0.025-0.025 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>kutar emulsion 8-0.025 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>kutarvia emulsion 8-0.025 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>kutaryaxm emulsion 8-0.5-0.025 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>kutaryaxmpa emulsion 8-0.5-0.025 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>kuvarya emulsion 8-0.5-0.05 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>kuvarye emulsion 8-1-0.05 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>prooxia cream 10-4 % external</i> | Non-Formulary | Non FDA Exclusion |
| TRI-LUMA CREAM 0.01-4-0.05 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| <i>yaxatarxyn emulsion 4-0.5-0.025 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>yokatar emulsion 4-2.5-0.025 % external</i> | Non-Formulary | Non FDA Exclusion |
| *Emollient Combinations*** | | |
| <i>lactic acid e cream 10-3500 %-unt/30gm external (rx)</i> | Non-Formulary | Mony Code (MONY Code); Formulary Exclusion |
| *Emollient/Keratolytic Agents*** | | |
| CEM-UREA SOLUTION 45 % EXTERNAL | Non-Formulary | Mony Code (MONY Code); Formulary Exclusion |
| CEROVEL LOTION 40 % EXTERNAL | Non-Formulary | Mony Code (MONY Code); Formulary Exclusion |
| DERMACINRX UREA CREAM 41 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| HYDRO 40 FOAM 40 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| KERALAC CREAM 47 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| <i>protexa cream 42 % external</i> | Non-Formulary | Non FDA Exclusion |
| UMECTA MOUSSE FOAM 40 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| URAMAXIN GEL 45 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| <i>urea cream 20 % external (rx)</i> | Non-Formulary | Non FDA Exclusion |
| <i>urea cream 39 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>urea cream 39 % external</i> | Non-Formulary | Formulary Exclusion |
| <i>urea cream 39.5 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>urea cream 40 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>urea cream 40 % external</i> | Non-Formulary | Formulary Exclusion |
| <i>urea cream 41 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>urea cream 41 % external</i> | Non-Formulary | Non FDA Exclusion; Mony Code (MONY Code) |
| <i>urea cream 45 % external</i> | Non-Formulary | Mony Code (MONY Code); Formulary Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|--|
| <i>urea cream 47 % external</i> | Non-Formulary | Non FDA Exclusion; Mony Code (MONY code issue) |
| <i>urea cream 47 % external</i> | Non-Formulary | Mony Code (MONY Code); Formulary Exclusion |
| <i>urea foam 35 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>urea lotion 40 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>urea lotion 40 % external</i> | Non-Formulary | Formulary Exclusion |
| <i>urea nail gel 45 % external</i> | Non-Formulary | Formulary Exclusion |
| UREDEB CREAM 39 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| <i>uremez-40 cream 40 % external</i> | Non-Formulary | Non FDA Exclusion |
| URESOL CREAM 42.5 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| UTOPIC CREAM 41 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| <i>xurea cream 39 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>*Emollient/Keratolytic Combinations***</i> | | |
| PRONAL GEL 40-10 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| <i>urea hydrating foam 35 % external</i> | Non-Formulary | Mony Code (MONY Code); Formulary Exclusion |
| <i>*Emollients***</i> | | |
| <i>ammonium lactate cream 12 % external (rx)</i> | 1 | |
| <i>ammonium lactate lotion 12 % external (rx)</i> | 1 | |
| <i>lactic acid lotion 10 % external</i> | Non-Formulary | Mony Code (MONY Code); Formulary Exclusion |
| <i>vitamin c brightening serum liquid external</i> | Non-Formulary | Non FDA Exclusion |
| <i>*Enzymes - Topical***</i> | | |
| NEXOBRID GEL 8.8 % EXTERNAL | Non-Formulary | Medical Only Exclusion |
| SANTYL OINTMENT 250 UNIT/GM EXTERNAL | 3 | QL |
| <i>*Eyelid Cleansers & Lubricants***</i> | | |
| ACUICYN SOLUTION EXTERNAL | Non-Formulary | Non FDA Exclusion |
| AVENOVA SOLUTION 0.01 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| HYPOCYN SOLUTION EXTERNAL | Non-Formulary | Non FDA Exclusion |
| <i>*Glabellar Lines (Frown Lines) Agents***</i> | | |
| BOTOX COSMETIC SOLUTION RECONSTITUTED 100 UNIT INTRAMUSCULAR | Non-Formulary | Formulary Exclusion |
| BOTOX COSMETIC SOLUTION RECONSTITUTED 50 UNIT INTRAMUSCULAR | Non-Formulary | Formulary Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|------------------------------------|
| DAXXIFY SOLUTION RECONSTITUTED 100 UNIT INTRAMUSCULAR | Non-Formulary | PA; Specialty; Formulary Exclusion |
| JEUVEAU SOLUTION RECONSTITUTED 100 UNIT INTRAMUSCULAR | Non-Formulary | Formulary Exclusion |
| *Hair Growth Agent - Combinations*** | | |
| <i>finapid solution 0.1-5 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>finapod solution 0.1-7 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>finapodtar solution 0.1-7-0.025 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>flyprogpitar solution 0.1-0.1-5-0.025 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>harisis solution 0.1-0.1-5-0.025 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>harviva hp solution 0.1-7 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>harviva solution 0.1-5 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>hemtara hp solution 0.05-7 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>hemtara solution 0.05-5 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>hentis hp solution 7-0.1-0.025 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>hentis solution 5-0.1-0.025 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>hesmilla solution 0.05-5-2-0.5 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>hevona solution 0.01-5-0.025 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>holixia solution 0.1-7 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>holizar solution 7-0.025 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>honista solution 0.1-7-0.025 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>hovitra solution 7-4 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>oxopid solution 0.05-5 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>oxopidaxiaqup solution 0.05-5-2-0.5 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>oxopod solution 0.05-7 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>pidprogtar solution 5-0.1-0.025 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>podoxia solution 7-4 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>podprog solution 0.1-7 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>podprogtar solution 7-0.1-0.025 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>podtar solution 7-0.025 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>tetpidtar solution 0.01-5-0.025 % external</i> | Non-Formulary | Non FDA Exclusion |
| *Imidazole-Related Antifungals - Topical*** | | |
| <i>clotrimazole cream 1 % external (rx)</i> | 1 | |
| <i>clotrimazole solution 1 % external (rx)</i> | 1 | |
| <i>econazole nitrate cream 1 % external</i> | 1 | |
| ECOZA FOAM 1 % EXTERNAL | 3 | |
| ERTACZO CREAM 2 % EXTERNAL | 3 | |
| EXELDERM CREAM 1 % EXTERNAL | 3 | |

| Drug Name | Tier | Notes |
|--|---------------|---------------------------------------|
| EXELDERM SOLUTION 1 % EXTERNAL | 3 | |
| EXTINA FOAM 2 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| JUBLIA SOLUTION 10 % EXTERNAL | 2 | |
| <i>ketoconazole cream 2 % external</i> | 1 | |
| <i>ketoconazole foam 2 % external</i> | 1 | |
| <i>ketoconazole shampoo 2 % external</i> | 1 | |
| KETODAN FOAM 2 % EXTERNAL | 1 | |
| KETODAN KIT 2 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| <i>luliconazole cream 1 % external</i> | 3 | |
| LUZU CREAM 1 % EXTERNAL | 3 | |
| <i>oxiconazole nitrate cream 1 % external</i> | 1 | |
| OXISTAT CREAM 1 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| OXISTAT LOTION 1 % EXTERNAL | 3 | |
| <i>sulconazole nitrate cream 1 % external</i> | 3 | |
| <i>sulconazole nitrate solution 1 % external</i> | 3 | |
| XOLEGEL GEL 2 % EXTERNAL | 3 | |
| <i>*Immunomodulators</i> | | |
| <i>Imidazoquinolinamines - Topical***</i> | | |
| ALDARA CREAM 5 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| <i>imiquimod cream 3.75 % external</i> | 1 | |
| <i>imiquimod cream 5 % external</i> | 1 | |
| <i>imiquimod pump cream 3.75 % external</i> | 1 | |
| <i>imiquimod pump cream 3.75 % external</i> | 1 | Mony Code (MONY Code) |
| ZYCLARA CREAM 3.75 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| ZYCLARA PUMP CREAM 2.5 % EXTERNAL | 2 | |
| ZYCLARA PUMP CREAM 3.75 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| <i>*Immunosuppressive Agents - Topical</i> | | |
| <i>Combinations***</i> | | |
| <i>oxianuji ointment 4-0.03 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>oxianujo cream 4-0.1 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>oxianujo ointment 4-0.1 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>*Interleukin-31 Receptor Antagonists -</i> | | |
| <i>Systemic***</i> | | |
| NEMLUVIO AUTO-INJECTOR 30 MG SUBCUTANEOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| <i>*Keratolytic/Antimitotic/Vesicant</i> | | |
| <i>Agents***</i> | | |
| ACNESIC GEL 0.5 % EXTERNAL | Non-Formulary | Non FDA Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|---|
| <i>bensal hp ointment 3 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>cantharidin solution 0.7 % external</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| CONDYLOX GEL 0.5 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| KERALYT GEL 6 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| KERALYT SCALP KIT 6 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| KERALYT SHAMPOO 6 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| PODOCON-25 SOLUTION 25 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| <i>podofilox gel 0.5 % external</i> | 1 | |
| <i>podofilox solution 0.5 % external</i> | 1 | |
| <i>podofilox solution 0.5 % external</i> | 1 | Mony Code (MONY code issue) |
| <i>rayasal cream 5.9 % external</i> | Non-Formulary | Non FDA Exclusion |
| SALEX SHAMPOO 6 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| SALICATE LIQUID 10 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| <i>salicylic acid er solution 28.5 % external</i> | Non-Formulary | Non FDA Exclusion; Mony Code (MONY Code) |
| <i>salicylic acid foam 6 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>salicylic acid gel 6 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>salicylic acid ointment 3 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>salicylic acid shampoo 6 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>salicylic acid solution 26 % external</i> | Non-Formulary | Non FDA Exclusion; Mony Code (MONY Code) |
| <i>salicylic acid wart remover liquid 27.5 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>salicylic acid-cleanser kit 6 % cream external</i> | Non-Formulary | Non FDA Exclusion |
| <i>salimez cream 6 % external</i> | Non-Formulary | Non FDA Exclusion; Mony Code (MONY Code) |
| <i>salimez forte cream 10 % external</i> | Non-Formulary | Non FDA Exclusion |
| SALVAX FOAM 6 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| SALYCIM CREAM 6 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| <i>salynta gel 6 % external</i> | Non-Formulary | Non FDA Exclusion |
| ULTRASAL-ER SOLUTION 28.5 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| VIRASAL LIQUID 27.5 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| XALIX SOLUTION 28 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| YCANTH SOLUTION 0.7 % EXTERNAL | Non-Formulary | Medical Only Exclusion |
| *Keratolytic/Antimitotic/Vesicant Combinations*** | | |
| <i>geametdray gel 5-2-17 % external</i> | Non-Formulary | Non FDA Exclusion |
| GORDOFILM SOLUTION 16.7-16.7 % EXTERNAL | Non-Formulary | Non FDA Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|----------------------------|
| <i>guanendrux cream 10-5-40 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>pyrogalllic acid ointment 25-2 % external</i> | Non-Formulary | Non FDA Exclusion |
| SALVAX DUO PLUS KIT 6 & 35 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| UREA-SALICYLIC ACID CREAM 39.5-2 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| *Liniment Combinations*** | | |
| <i>fordagel kit 4-10-30 % external</i> | Non-Formulary | Non FDA Exclusion |
| *Liniments*** | | |
| <i>methyl salicylate liquid external</i> | Non-Formulary | Formulary Exclusion |
| <i>turpentine spirit external</i> | Non-Formulary | Formulary Exclusion |
| *Local Anesthetics - Topical*** | | |
| 7T LIDO GEL 2 % EXTERNAL | Non-Formulary | Non FDA Exclusion; QL |
| ANACAINE OINTMENT 10 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| ASTERO GEL 4 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| BRUSELIX CREAM 3.88 % EXTERNAL | Non-Formulary | Non FDA Exclusion; QL |
| BRUSELIX GEL 3.88 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| DERMACINRX LIDOGEL GEL 2.8 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| <i>dyclopro solution 0.5 % external</i> | 3 | |
| <i>eha lotion 4 % external (rx)</i> | Non-Formulary | Non FDA Exclusion; QL |
| <i>enovarx-lidocaine hcl cream 10 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>enovarx-lidocaine hcl cream 5 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>gen7t lotion 3.5 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>gen7t patch 3.5 % external</i> | Non-Formulary | Non FDA Exclusion |
| GLYDO PREFILLED SYRINGE 2 % EXTERNAL | Non-Formulary | Medical Only Exclusion; QL |
| LDO PLUS GEL 4 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| <i>lidocaine hcl cream 3 % external (rx)</i> | Non-Formulary | Non FDA Exclusion; QL |
| <i>lidocaine hcl cream 4.12 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>lidocaine hcl lotion 3 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>lidocaine hcl solution 4 % external</i> | 1 | QL |
| <i>lidocaine hcl urethral/mucosal gel 2 % external</i> | Non-Formulary | Medical Only Exclusion; QL |
| <i>lidocaine hcl urethral/mucosal prefilled syringe 2 % external</i> | Non-Formulary | Medical Only Exclusion; QL |
| <i>lidocaine ointment 5 % external</i> | 1 | QL |
| <i>lidocaine ointment 5 % external</i> | Non-Formulary | Non FDA Exclusion; QL |
| <i>lidocaine patch 5 % external</i> | 1 | QL |
| LIDOCAN PATCH 5 % EXTERNAL | 1 | QL |

| Drug Name | Tier | Notes |
|---|---------------|--|
| LIDOCAN PATCH 5 % EXTERNAL | Non-Formulary | Non FDA Exclusion; QL |
| <i>lidocanna patch 4 % external</i> | Non-Formulary | Non FDA Exclusion |
| LIDODERM PATCH 5 % EXTERNAL | Non-Formulary | Formulary Exclusion; QL |
| <i>lidopin cream 3 % external</i> | Non-Formulary | Non FDA Exclusion; QL |
| <i>lidopin cream 3.25 % external</i> | Non-Formulary | Non FDA Exclusion; QL |
| LIDOREX GEL 2.8 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| <i>lidorx gel 3 % external</i> | Non-Formulary | Non FDA Exclusion |
| LIDO-SORB LOTION 3 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| LIDOTRAL 1 PATCH 4.88 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| LIDOTRAL CREAM 3.88 % EXTERNAL | Non-Formulary | Non FDA Exclusion; QL |
| LIDOTRAL GEL 3.88 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| LIDOTRAL GEL 5 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| LIDOTRAL LIQUID 2 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| LIDOTRAL ROLL-ON GEL 5 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| LIDOTRAL SOLUTION 5 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| LIDOTRAN CREAM 3.88 % EXTERNAL | Non-Formulary | Non FDA Exclusion; QL |
| LIDTOPIC CREAM 7.5 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| LIDTOPIC MAX CREAM 10 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| LYDEXA CREAM 4.12 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| NEUROZYL CREAM 4.12 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| PRAMOX GEL 1 % EXTERNAL | Non-Formulary | Non FDA Exclusion; Mony Code (MONY Code) |
| <i>premium lidocaine ointment 5 % external</i> | Non-Formulary | Non FDA Exclusion; QL |
| PROXIVOL GEL 2 % EXTERNAL | Non-Formulary | Non FDA Exclusion; QL |
| QUTENZA (2 PATCH) KIT 8 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| QUTENZA (4 PATCH) KIT 8 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| QUTENZA KIT 8 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| TRIDACAINE II PATCH 5 % EXTERNAL | 1 | QL |
| TRIDACAINE III PATCH 5 % EXTERNAL | 1 | QL |
| TRIDACAINE PATCH 5 % EXTERNAL | 1 | QL |
| TRILOCAINE CREAM 4.12 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| <i>zionodil 100 lotion 3 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>zionodil lotion 3 % external</i> | Non-Formulary | Non FDA Exclusion |
| ZTLIDO PATCH 1.8 % EXTERNAL | 3 | |
| ZYLOTROL-L KIT 4 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| *Macrolide Immunosuppressants - Topical*** | | |
| ELIDEL CREAM 1 % EXTERNAL | Non-Formulary | Formulary Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|------------------------|
| <i>hovyn solution 0.1 % external</i> | Non-Formulary | Non FDA Exclusion |
| HYFTOR GEL 0.2 % EXTERNAL | 3 | PA |
| <i>nujo solution 0.1 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>nuju cream 0.1 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>pimecrolimus cream 1 % external</i> | 1 | ST |
| PROTOPIC OINTMENT 0.03 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| PROTOPIC OINTMENT 0.1 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| <i>tacrolimus ointment 0.03 % external</i> | 1 | ST |
| <i>tacrolimus ointment 0.1 % external</i> | 1 | ST |
| *Melanocortin Receptor Agonists (Uv Protective)*** | | |
| SCENESSE IMPLANT 16 MG SUBCUTANEOUS | Non-Formulary | Medical Only Exclusion |
| *Microtubule Inhibitors - Topical*** | | |
| KLISYRI (250 MG) OINTMENT 1 % EXTERNAL | 3 | |
| KLISYRI (350 MG) OINTMENT 1 % EXTERNAL | 3 | |
| *Misc. Dermatological Products*** | | |
| ALADERM PLUS EMULSION EXTERNAL | Non-Formulary | Non FDA Exclusion |
| <i>alevamax cream external</i> | Non-Formulary | Non FDA Exclusion |
| ALEVICYN ANTIPRURITIC GEL EXTERNAL | Non-Formulary | Non FDA Exclusion |
| ALEVICYN ANTIPRURITIC SG GEL EXTERNAL | Non-Formulary | Non FDA Exclusion |
| <i>atopaderm cream external</i> | Non-Formulary | Non FDA Exclusion |
| ATOPICLAIR CREAM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| CERACADE EMULSION EXTERNAL | Non-Formulary | Non FDA Exclusion |
| CERAMAX CREAM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| CERAMAX LOTION EXTERNAL | Non-Formulary | Non FDA Exclusion |
| DERMASO PLUS CREAM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| DEXERYL CREAM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| ELESTONE CREAM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| EMULSION SB EMULSION EXTERNAL | Non-Formulary | Non FDA Exclusion |
| ENTTY SPRAY EMULSION EXTERNAL | Non-Formulary | Non FDA Exclusion |
| EPICERAM EMULSION EXTERNAL | Non-Formulary | Non FDA Exclusion |
| GENADUR KIT COMBINATION | Non-Formulary | Non FDA Exclusion |
| GENADUR LIQUID EXTERNAL | Non-Formulary | Non FDA Exclusion |
| HALUCORT GEL EXTERNAL | Non-Formulary | Non FDA Exclusion |
| HPR PLUS CREAM EXTERNAL | Non-Formulary | Non FDA Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|-------------------|
| HPR PLUS FOAM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| HPR PLUS HYDROGEL KIT EXTERNAL | Non-Formulary | Non FDA Exclusion |
| HYLAGUARD CREAM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| HYLATOPIC PLUS CREAM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| HYLATOPIC PLUS LOTION EXTERNAL | Non-Formulary | Non FDA Exclusion |
| <i>iliderm emulsion external</i> | Non-Formulary | Non FDA Exclusion |
| KAMDOY EMULSION EXTERNAL | Non-Formulary | Non FDA Exclusion |
| KIVIK EMULSION EXTERNAL | Non-Formulary | Non FDA Exclusion |
| LEVICYN GEL EXTERNAL | Non-Formulary | Non FDA Exclusion |
| LOYON SOLUTION EXTERNAL | Non-Formulary | Non FDA Exclusion |
| MIMYX CREAM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| NEOSALUS CREAM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| NEOSALUS FOAM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| NEOSALUS LOTION EXTERNAL | Non-Formulary | Non FDA Exclusion |
| NUVAIL SOLUTION EXTERNAL | Non-Formulary | Non FDA Exclusion |
| PENLEN EMULSION EXTERNAL | Non-Formulary | Non FDA Exclusion |
| PHLAG SPRAY EMULSION EXTERNAL | Non-Formulary | Non FDA Exclusion |
| PR CREAM KIT EXTERNAL | Non-Formulary | Non FDA Exclusion |
| PRESERA FOAM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| PRUCLAIR CREAM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| PRUMYX CREAM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| <i>remigen cream external</i> | Non-Formulary | Non FDA Exclusion |
| SEBUDERM GEL EXTERNAL | Non-Formulary | Non FDA Exclusion |
| STRATA CTX GEL EXTERNAL | Non-Formulary | Non FDA Exclusion |
| STRATA MARK GEL EXTERNAL | Non-Formulary | Non FDA Exclusion |
| STRATA XRT GEL EXTERNAL | Non-Formulary | Non FDA Exclusion |
| <i>suvicort emulsion external</i> | Non-Formulary | Non FDA Exclusion |
| SYNERDERM EMULSION EXTERNAL | Non-Formulary | Non FDA Exclusion |
| TETRIX CREAM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| XERALUX CREAM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| *Misc. Topical Combinations*** | | |
| DERMACINRX CLORHEXACIN KIT 4 & 2 & 5 % (OINT) EXTERNAL | Non-Formulary | Non FDA Exclusion |
| <i>dermacinrx surgical combopak kit external</i> | Non-Formulary | Non FDA Exclusion |
| NUSURGEPAK SURGICAL PREP/CARE KIT 4 & 2 & 5 % (OINT) EXTERNAL | Non-Formulary | Non FDA Exclusion |
| PRE & POST SX POUCH THERAPY PACK 4 & 2 & 5 % EXTERNAL | Non-Formulary | Non FDA Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|-----------------------------|
| *Misc. Topical*** | | |
| <i>arnica flower tincture</i> | Non-Formulary | Formulary Exclusion |
| <i>boric acid granules external (rx)</i> | Non-Formulary | Formulary Exclusion |
| DRYSOL SOLUTION 20 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| PROSILK GEL EXTERNAL | Non-Formulary | Non FDA Exclusion |
| QBREXZA PAD 2.4 % EXTERNAL | 3 | |
| SOFDRA GEL 12.45 % EXTERNAL | Non-Formulary | PA; Formulary Exclusion |
| *Ornithine Decarboxylase (Odc) Inhibitors - Topical*** | | |
| VANIQA CREAM 13.9 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| *Oxaborole-Related Antifungals - Topical*** | | |
| KERYDIN SOLUTION 5 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| <i>tavaborole solution 5 % external</i> | Non-Formulary | Formulary Exclusion |
| *Phosphodiesterase 4 (Pde4) Inhibitors - Topical*** | | |
| EUCRISA OINTMENT 2 % EXTERNAL | 2 | ST |
| ZORYVE CREAM 0.15 % EXTERNAL | Non-Formulary | PA; Formulary Exclusion |
| *Photodynamic Therapy Agents - Topical*** | | |
| AMELUZ GEL 10 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| LEVULAN KERASTICK SOLUTION RECONSTITUTED 20 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| *Prostaglandins - Topical*** | | |
| <i>bimatoprost solution 0.03 % external</i> | Non-Formulary | Formulary Exclusion |
| LATISSE SOLUTION 0.03 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| *Rosacea Agents*** | | |
| <i>azelaic acid gel 15 % external</i> | 1 | |
| <i>brimonidine tartrate gel 0.33 % external</i> | 1 | |
| <i>dazomon gel 0.25 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>doxycycline capsule delayed release 40 mg oral</i> | 1 | |
| <i>doxycycline capsule delayed release 40 mg oral</i> | 1 | Mony Code (MONY code issue) |
| FINACEA FOAM 15 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| FINACEA GEL 15 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| <i>ivermectin cream 1 % external</i> | 1 | |
| METROCREAM CREAM 0.75 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| METROGEL GEL 1 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| METROLOTION LOTION 0.75 % EXTERNAL | Non-Formulary | Formulary Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|-----------------------|
| <i>metronidazole cream 0.75 % external</i> | 1 | |
| <i>metronidazole gel 0.75 % external</i> | 1 | |
| <i>metronidazole gel 1 % external</i> | 1 | |
| <i>metronidazole lotion 0.75 % external</i> | Non-Formulary | Formulary Exclusion |
| MIRVASO GEL 0.33 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| NORITATE CREAM 1 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| ORACEA CAPSULE DELAYED RELEASE 40 MG ORAL | 2 | |
| RHOFADE CREAM 1 % EXTERNAL | 3 | |
| ROSADAN CREAM 0.75 % EXTERNAL | 1 | |
| ROSADAN GEL 0.75 % EXTERNAL | 1 | |
| ROSADAN KIT 0.75 % CREAM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| ROSADAN KIT 0.75 % GEL EXTERNAL | Non-Formulary | Non FDA Exclusion |
| SOOLANTRA CREAM 1 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| ZILXI FOAM 1.5 % EXTERNAL | 2 | |
| *Rosacea Combinations*** | | |
| <i>aveida gel 1-1 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>aveidaoxia gel 1-1-4 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>dazaveidaoxia gel 0.25-1-1-4 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>idaoxia gel 1-4 % external</i> | Non-Formulary | Non FDA Exclusion |
| *Scabicides & Pediculicides*** | | |
| CROTAN LOTION 10 % EXTERNAL | 1 | Mony Code (MONY Code) |
| ELIMITE CREAM 5 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| <i>ivermectin lotion 0.5 % external (rx)</i> | 1 | Mony Code (MONY Code) |
| <i>lindane shampoo 1 % external</i> | 1 | Mony Code (MONY Code) |
| <i>malathion lotion 0.5 % external</i> | 1 | |
| NATROBA SUSPENSION 0.9 % EXTERNAL | 3 | |
| OVIDE LOTION 0.5 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| <i>permethrin cream 5 % external</i> | 1 | |
| SKLICE LOTION 0.5 % EXTERNAL (RX) | Non-Formulary | Formulary Exclusion |
| <i>spinosad suspension 0.9 % external</i> | 3 | |
| <i>spinosad suspension 0.9 % external</i> | 1 | Mony Code (MONY Code) |
| <i>sulfurated lime solution external</i> | Non-Formulary | Non FDA Exclusion |
| *Scar Treatment Products - Combinations*** | | |
| <i>silipac kit external</i> | Non-Formulary | Non FDA Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|--|
| <i>*Scar Treatment Products***</i> | | |
| <i>beau rx gel external</i> | Non-Formulary | Non FDA Exclusion; Mony Code (MONY Code) |
| CELACYN GEL EXTERNAL | Non-Formulary | Non FDA Exclusion |
| COPASIL GEL EXTERNAL | Non-Formulary | Non FDA Exclusion |
| DERMELLE GEL EXTERNAL | Non-Formulary | Non FDA Exclusion |
| JUVAZIN GEL EXTERNAL | Non-Formulary | Non FDA Exclusion |
| KELARX GEL EXTERNAL | Non-Formulary | Non FDA Exclusion |
| RECEDO GEL EXTERNAL | Non-Formulary | Non FDA Exclusion |
| RECEDO GEL EXTERNAL | Non-Formulary | Non FDA Exclusion; Mony Code (MONY Code) |
| <i>scarcin gel external</i> | Non-Formulary | Non FDA Exclusion; Mony Code (MONY Code) |
| <i>scarcin liquid external</i> | Non-Formulary | Non FDA Exclusion |
| <i>scarsilk gel external</i> | Non-Formulary | Non FDA Exclusion |
| STRATA TRIZ GEL EXTERNAL | Non-Formulary | Non FDA Exclusion |
| <i>*Seborrheic Keratosis Products**</i> | | |
| ESKATA SOLUTION 40 % EXTERNAL | Non-Formulary | Medical Only Exclusion |
| <i>*Skin Cleansers***</i> | | |
| EPICYN SOLUTION EXTERNAL | Non-Formulary | Non FDA Exclusion |
| HYCLODEX SOLUTION 0.012 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| HYPOCYN ANTIPRURITIC GEL 0.012 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| HYPOCYN SOLUTION 0.012 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| <i>*Skin Protectants***</i> | | |
| <i>benzoin compound tincture external (rx)</i> | Non-Formulary | Formulary Exclusion |
| <i>benzoin tincture external (rx)</i> | Non-Formulary | Formulary Exclusion |
| SCARTRATE CREAM 5-2.25 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| <i>*Steroid-Local Anesthetic Combinations***</i> | | |
| CORTANE-B LOTION 10-10-1 MG/ML EXTERNAL | Non-Formulary | Formulary Exclusion |
| EPIFOAM FOAM 1-1 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| HYDROCAINE CREAM 3-0.5 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| <i>hydrocortisone ace-pramoxine cream 2.5-1 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>hydrocortisone ace-pramoxine cream 2.5-1 % external</i> | Non-Formulary | Mony Code (MONY code issue); Formulary Exclusion |
| <i>lidocaine-hydrocortisone ace cream 1-1 % external</i> | Non-Formulary | Non FDA Exclusion; Mony Code (MONY Code) |

| Drug Name | Tier | Notes |
|---|---------------|---------------------|
| LIDOTRAL + HYDROCORTISONE CREAM 3.88-1 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| LIDOTRAL + HYDROCORTISONE CREAM 5-1 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| LIDOTRAL + HYDROCORTISONE LOTION 3.88-1 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| LIDOTRAL + HYDROCORTISONE LOTION 5-1 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| NOVACORT GEL 1-2 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| PRAMOSONE CREAM 1-1 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| PRAMOSONE CREAM 1-2.5 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| PRAMOSONE LOTION 1-1 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| PRAMOSONE LOTION 1-2.5 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| PRAMOSONE OINTMENT 1-1 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| PRAMOSONE OINTMENT 1-2.5 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| <i>pramoxine-hc cream 1-2.35 % external</i> | Non-Formulary | Non FDA Exclusion |
| RADIAURA CREAM 3-0.5 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| <i>*Tar Products***</i> | | |
| <i>coal tar solution 20 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>*Tissue Replacements***</i> | | |
| AFFINITY SHEET 1.5 CM X 1.5 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| AFFINITY SHEET 2.5 CM X 2.5 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| AMNIOCORE AMNIOTIC MEMBRANE SHEET 2 CM X 12 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| AMNIOCORE AMNIOTIC MEMBRANE SHEET 2 CM X 3 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| AMNIOCORE AMNIOTIC MEMBRANE SHEET 3 CM X 3 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| AMNIOCORE AMNIOTIC MEMBRANE SHEET 4 CM X 3 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| AMNIOCORE AMNIOTIC MEMBRANE SHEET 4 CM X 4 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| AMNIOCORE AMNIOTIC MEMBRANE SHEET 4 CM X 6 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| AMNIOCORE AMNIOTIC MEMBRANE SHEET 4 CM X 8 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| AMNIOCORE AMNIOTIC MEMBRANE SHEET 6 CM X 16 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|---|
| AMNIOCORE AMNIOTIC MEMBRANE SHEET 6 CM X 6 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| AMNIOCORE AMNIOTIC MEMBRANE SHEET 6 CM X 9 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| AMNIOCORE AMNIOTIC MEMBRANE SHEET 9 CM X 20 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| AMNIOCORE HUMAN TISSUE SHEET 9 CM X 20 CM EXTERNAL | Non-Formulary | Formulary Exclusion |
| AMNIOFIX SUSPENSION RECONSTITUTED 100 MG INJECTION | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| AMNIOFIX SUSPENSION RECONSTITUTED 160 MG INJECTION | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| AMNIOFIX SUSPENSION RECONSTITUTED 20 MG INJECTION | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| AMNIOFIX SUSPENSION RECONSTITUTED 40 MG INJECTION | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| AMNIOTEXT SHEET 1 CM X 1 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| AMNIOTEXT SHEET 10 CM X 10 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| AMNIOTEXT SHEET 2 CM X 2 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| AMNIOTEXT SHEET 2 CM X 3 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| AMNIOTEXT SHEET 3 CM X 3 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| AMNIOTEXT SHEET 4 CM X 3 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| AMNIOTEXT SHEET 4 CM X 4 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| AMNIOTEXT SHEET 4 CM X 6 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| AMNIOTEXT SHEET 4 CM X 8 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| AMNIOTEXT SHEET 8 CM X 8 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| <i>amphenol-40 suspension reconstituted 40 mg injection</i> | Non-Formulary | Medical Only Exclusion |
| APLIGRAF DISK EXTERNAL | Non-Formulary | Medical Only Exclusion |
| BIOVANCE SHEET 1 CM X 2 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| BIOVANCE SHEET 2 CM X 3 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| BIOVANCE SHEET 4 CM X 4 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| BIOVANCE SHEET 6 CM X 6 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|---|
| CORETEXT SUSPENSION 1 ML INJECTION | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| CORETEXT SUSPENSION 2 ML INJECTION | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| CYGNUS DUAL SHEET 2 CM X 3 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| CYGNUS DUAL SHEET 4 CM X 4 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| CYGNUS DUAL SHEET 4 CM X 6 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| EPICORD SHEET 2 CM X 3 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| EPICORD SHEET 3 CM X 5 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| EPIFIX DISK 14 MM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| EPIFIX DISK 18 MM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| EPIFIX DISK 24 MM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| EPIFIX MICRONIZED SUSPENSION RECONSTITUTED 100 MG INJECTION | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| EPIFIX MICRONIZED SUSPENSION RECONSTITUTED 160 MG INJECTION | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| EPIFIX MICRONIZED SUSPENSION RECONSTITUTED 40 MG INJECTION | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| EPIFIX SHEET 2 CM X 2 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| EPIFIX SHEET 2 CM X 3 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| EPIFIX SHEET 2 CM X 4 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| EPIFIX SHEET 3 CM X 3 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| EPIFIX SHEET 3 CM X 5 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| EPIFIX SHEET 3.5 CM X 3.5 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| EPIFIX SHEET 4 CM X 3 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| EPIFIX SHEET 4 CM X 4 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| EPIFIX SHEET 4 CM X 4.5 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| EPIFIX SHEET 4 CM X 6 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| EPIFIX SHEET 5 CM X 5.5 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| EPIFIX SHEET 5 CM X 6 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| EPIFIX SHEET 7 CM X 7 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| GRAFIX CORE 1.5CM X 2CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| GRAFIX CORE 16MM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| GRAFIX CORE 2CM X 3CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| GRAFIX CORE 3CM X 4CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| GRAFIX CORE 5CM X 5CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| GRAFIX PRIME 1.5CM X 2CM EXTERNAL | Non-Formulary | Non FDA Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|---|
| GRAFIX PRIME 16MM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| GRAFIX PRIME 2CM X 3CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| GRAFIX PRIME 3CM X 4CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| GRAFIX PRIME 5CM X 5CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| GRAFIX XC 7.5CM X 15CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| KARDIAMEMBRANE SHEET 4 CM X 8 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| KARDIAMEMBRANE SHEET 6 CM X 8 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| KARDIAMEMBRANE SHEET 8 CM X 8 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| NEOX 100 SHEET 2 CM X 2 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| NEOX 100 SHEET 3 CM X 3 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| NEOX 100 SHEET 4 CM X 4 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| NEOX 100 SHEET 7 CM X 7 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| NEOX CORD 1K SHEET 1 CM X 2 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| NEOX CORD 1K SHEET 1.5 CM X 1.5 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| NEOX CORD 1K SHEET 2 CM X 2 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| NEOX CORD 1K SHEET 2 CM X 3 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| NEOX CORD 1K SHEET 2.5 CM X 2.5 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| NEOX CORD 1K SHEET 3 CM X 3 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| NEOX CORD 1K SHEET 4 CM X 3 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| NEOX CORD 1K SHEET 6 CM X 3 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| NEOX CORD 1K SHEET 8 CM X 3 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| NOVACHOR SHEET 1.5 CM X 2.75 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| NOVACHOR SHEET 2.5 CM X 2.5 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| NUCEL INJECTABLE 0.5 ML INJECTION | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| NUCEL INJECTABLE 1 ML INJECTION | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|---|
| NUCEL INJECTABLE 2 ML INJECTION | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| NUCEL INJECTABLE 2.5 ML INJECTION | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| NUSHIELD DISK 1.6 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| NUSHIELD SHEET 2 CM X 3 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| NUSHIELD SHEET 2 CM X 4 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| NUSHIELD SHEET 3.2 CM X 3.2 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| NUSHIELD SHEET 4 CM X 3 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| NUSHIELD SHEET 4 CM X 4 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| NUSHIELD SHEET 4 CM X 6 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| NUSHIELD SHEET 6 CM X 6 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| OSTEOCONDUCTIVE MATRIX PLUS INJECTABLE 10 ML INJECTION | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| OSTEOCONDUCTIVE MATRIX PLUS INJECTABLE 2 ML INJECTION | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| OSTEOCONDUCTIVE MATRIX PLUS INJECTABLE 5 ML INJECTION | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| PALINGEN FLOW INJECTABLE 0.25 ML INJECTION | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| PALINGEN FLOW INJECTABLE 0.5 ML INJECTION | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| PALINGEN FLOW INJECTABLE 1 ML INJECTION | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| PALINGEN FLOW INJECTABLE 2 ML INJECTION | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| PALINGEN FLOW INJECTABLE 4 ML INJECTION | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| PALINGEN HYDROMEMBRANE SHEET 1 CM X 1 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| PALINGEN HYDROMEMBRANE SHEET 1 CM X 2 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| PALINGEN HYDROMEMBRANE SHEET 2 CM X 2 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| PALINGEN HYDROMEMBRANE SHEET 2 CM X 3 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| PALINGEN HYDROMEMBRANE SHEET 2 CM X 4 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| PALINGEN HYDROMEMBRANE SHEET 2 CM X 6 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| PALINGEN HYDROMEMBRANE SHEET 2 CM X 9 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|---|
| PALINGEN HYDROMEMBRANE SHEET 4 CM X 4 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| PALINGEN HYDROMEMBRANE SHEET 4 CM X 6 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| PALINGEN HYDROMEMBRANE SHEET 4 CM X 8 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| PALINGEN HYDROMEMBRANE SHEET 8 CM X 8 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| PALINGEN INOVOFLO INJECTABLE 0.25 ML INJECTION | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| PALINGEN INOVOFLO INJECTABLE 0.5 ML INJECTION | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| PALINGEN INOVOFLO INJECTABLE 1 ML INJECTION | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| PALINGEN INOVOFLO INJECTABLE 2 ML INJECTION | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| PALINGEN MEMBRANE SHEET 1 CM X 1 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| PALINGEN MEMBRANE SHEET 1 CM X 2 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| PALINGEN MEMBRANE SHEET 2 CM X 2 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| PALINGEN MEMBRANE SHEET 2 CM X 3 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| PALINGEN MEMBRANE SHEET 2 CM X 4 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| PALINGEN MEMBRANE SHEET 2 CM X 6 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| PALINGEN MEMBRANE SHEET 2 CM X 9 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| PALINGEN MEMBRANE SHEET 4 CM X 4 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| PALINGEN MEMBRANE SHEET 4 CM X 6 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| PALINGEN MEMBRANE SHEET 4 CM X 8 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| PALINGEN MEMBRANE SHEET 8 CM X 8 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| PALINGEN XPLUS HYDROMEMBRANE SHEET 1 CM X 1 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| PALINGEN XPLUS HYDROMEMBRANE SHEET 1 CM X 2 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| PALINGEN XPLUS HYDROMEMBRANE SHEET 2 CM X 2 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|---|
| PALINGEN XPLUS HYDROMEMBRANE SHEET 2 CM X 3 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| PALINGEN XPLUS HYDROMEMBRANE SHEET 2 CM X 4 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| PALINGEN XPLUS HYDROMEMBRANE SHEET 2 CM X 6 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| PALINGEN XPLUS HYDROMEMBRANE SHEET 2 CM X 9 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| PALINGEN XPLUS HYDROMEMBRANE SHEET 4 CM X 4 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| PALINGEN XPLUS HYDROMEMBRANE SHEET 4 CM X 6 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| PALINGEN XPLUS HYDROMEMBRANE SHEET 4 CM X 8 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| PALINGEN XPLUS HYDROMEMBRANE SHEET 8 CM X 8 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| PALINGEN XPLUS MEMBRANE SHEET 1 CM X 1 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| PALINGEN XPLUS MEMBRANE SHEET 1 CM X 2 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| PALINGEN XPLUS MEMBRANE SHEET 2 CM X 2 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| PALINGEN XPLUS MEMBRANE SHEET 2 CM X 3 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| PALINGEN XPLUS MEMBRANE SHEET 2 CM X 4 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| PALINGEN XPLUS MEMBRANE SHEET 2 CM X 6 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| PALINGEN XPLUS MEMBRANE SHEET 2 CM X 9 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| PALINGEN XPLUS MEMBRANE SHEET 4 CM X 4 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| PALINGEN XPLUS MEMBRANE SHEET 4 CM X 6 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| PALINGEN XPLUS MEMBRANE SHEET 4 CM X 8 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| PALINGEN XPLUS MEMBRANE SHEET 8 CM X 8 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| PROTEXT SUSPENSION 0.25 ML INJECTION | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| PROTEXT SUSPENSION 0.5 ML INJECTION | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| PROTEXT SUSPENSION 1 ML INJECTION | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|---|
| PROTEXT SUSPENSION 2 ML INJECTION | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| STRATAGRAFT SHEET EXTERNAL | Non-Formulary | Medical Only Exclusion |
| STRAVIX SHEET 2 CM X 4 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| STRAVIX SHEET 6 CM X 3 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| TRANSCYTE SHEET EXTERNAL | Non-Formulary | Formulary Exclusion |
| TRUSKIN SHEET 2 CM X 4 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| TRUSKIN SHEET 4 CM X 8 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| <i>*Topical Anesthetic Combinations***</i> | | |
| 1ST MEDX-PATCH/ LIDOCAINE PATCH 4-0.0375-5-20 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| ACCUCAINE KIT 1 % COMBINATION | Non-Formulary | Medical Only Exclusion |
| <i>agoneaze kit 2.5-2.5 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>anodyne lpt kit 2.5-2.5 % external</i> | Non-Formulary | Non FDA Exclusion |
| APRIZIO PAK II KIT 2.5-2.5 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| APRIZIO PAK KIT 2.5-2.5 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| CADIRAMD KIT 2.5-2.5 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| CETACAINE AEROSOL 2-2-14 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| CETACAINE GEL 2-2-14 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| CETACAINE LIQUID 2-2-14 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| DERMACINRX PHN THERAPY PACK 5 & 5 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| DERMACINRX ZRM THERAPY PACK 5 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| <i>dermalid therapy pack 5 % external</i> | Non-Formulary | Non FDA Exclusion |
| ELEMAR PATCH KIT 5-6 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| EMPRICAINE-II KIT 2.5-2.5 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| <i>emreal kit 2.5-2.5 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>enznonuty ointment 20-10-10 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>gen7t plus lotion 3.5-7 % external</i> | Non-Formulary | Non FDA Exclusion |
| GEN7T PLUS PATCH 3.5-7 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| <i>l.e.t. (racepinephrine) gel 4-0.05-0.5 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>l.e.t. (racepinephrine) solution 4-0.05-0.5 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>l.e.t. gel 4-0.05-0.5 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>l.e.t. solution 4-0.05-0.5 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>levatio patch 0.03-5 % external</i> | Non-Formulary | Non FDA Exclusion |
| LIDO BDK KIT 2.5-2.5 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| <i>lidocaine-prilocaine cream 2.5-2.5 % external</i> | 1 | QL |

| Drug Name | Tier | Notes |
|--|---------------|--|
| <i>lidocaine-prilocaine kit 2.5-2.5 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>lidocaine-tetracaine cream 7-7 % external</i> | 3 | QL |
| <i>lido-epinephrine-tetracaine solution 4-0.05-0.5 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>lidolite kit 5 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>lidopac kit 5 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>lidopril kit 2.5-2.5 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>lidopril xr kit 2.5-2.5 % external</i> | Non-Formulary | Non FDA Exclusion |
| LIDO-PRILO CAINE PACK KIT 2.5-2.5 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| LIDOPURE PATCH KIT 5 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| <i>lido-racepinephrine-tetracaine gel 4-0.05-0.5 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>lido-racepinephrine-tetracaine solution 4-0.05-0.5 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>lidosol kit 5 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>lidosol-50 kit 5 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>lidostream kit 5 & 10 % external</i> | Non-Formulary | Non FDA Exclusion |
| LIDOTHOL GEL 4.5-5 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| LIDOTHOL PATCH 4.5-5 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| LIDOTHOL PATCH 4-1 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| LIDOTOR KIT 2.5-2.5 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| LIDOTRAL-MENTHOL LIQUID 5-3 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| <i>lidovix l kit 5 % external</i> | Non-Formulary | Non FDA Exclusion; Mony Code (MONY code issue) |
| LIVIXIL PAK KIT 2.5-2.5 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| LM PLUS RELIEF PATCH 3.5-7 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| LMR PLUS KIT 5 & 0.5-0.5 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| MOXICAINE KIT 5 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| <i>nendrux gel 5-40 % external</i> | Non-Formulary | Non FDA Exclusion |
| NUVAKAAN-II KIT 2.5-2.5 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| <i>nynutey cream 23-7 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>paingo kft kit 2.5-2.5-10-30 % external</i> | Non-Formulary | Non FDA Exclusion |
| PLIAGLIS CREAM 7-7 % EXTERNAL | 3 | QL |
| PLIAGLIS KIT 7-7 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| <i>premium scar patch 2-4-30 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>prepiv supply kit 2.5-2.5 & 0.9 % combination</i> | Non-Formulary | Non FDA Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|-------------------|
| PRILO PATCH II KIT 2.5-2.5 & 5 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| PRILO PATCH KIT 2.5-2.5 & 5 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| <i>priloheal plus 30 kit 2.5-2.5 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>prilolid kit 2.5-2.5 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>prilovix kit 2.5-2.5 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>prilovix lite kit 2.5-2.5 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>prilovix lite plus kit 2.5-2.5 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>prilovix plus kit 2.5-2.5 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>prilovix ultralite kit 2.5-2.5 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>prilovix ultralite plus kit 2.5-2.5 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>prilovixil kit 2.5-2.5 % external</i> | Non-Formulary | Non FDA Exclusion |
| PRIZOPAK II KIT 2.5-2.5 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| PRIZOTRAL-II KIT 2.5-2.5 & 3.88 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| REAL HEAL-I KIT 2.5-2.5 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| RELADOR PAK KIT 2.5-2.5 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| RELADOR PAK PLUS KIT 2.5-2.5 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| SKYADERM-LP KIT 2.5-2.5 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| SOOTHEE PATCH 0.5-0.0375-5-2 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| STERILE TOPICAL L.E.T. GEL GEL 4-0.18-0.5 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| SX1 MEDICATED POST-OPERATIVE KIT 2 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| SYNERA PATCH 70-70 MG EXTERNAL | 3 | |
| <i>topical l.e.t. gel 4-0.09-0.5 % external</i> | Non-Formulary | Non FDA Exclusion |
| TRUBREXA PATCH 4.75-0.025 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| <i>valladerm-90 kit 2.5-2.5 % external</i> | Non-Formulary | Non FDA Exclusion |
| VENIPUNCTURE PX1 PHLEBOTOMY KIT 2 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| <i>vexatrol kit 2.5-2.5 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>wpr plus wound healing system therapy pack 4 & 10-30 % external</i> | Non-Formulary | Non FDA Exclusion |
| XYLIDERM KIT 5 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| <i>zeruvia patch 4-1 % external</i> | Non-Formulary | Non FDA Exclusion |
| ZILACAINE PATCH THERAPY PACK 5 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| <i>ziloval kit 5 % external</i> | Non-Formulary | Non FDA Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|--|
| *Topical Anesthetic Gases*** | | |
| CRYODOSE TA AEROSOL EXTERNAL | Non-Formulary | Non FDA Exclusion |
| <i>ethyl chloride aerosol external</i> | Non-Formulary | Non FDA Exclusion |
| GEBAUERS PAIN EASE AEROSOL EXTERNAL | Non-Formulary | Non FDA Exclusion |
| GEBAUERS SPRAY AND STRETCH AEROSOL EXTERNAL | Non-Formulary | Non FDA Exclusion |
| *Topical Selective Retinoid X Receptor Agonists*** | | |
| <i>bexarotene gel 1 % external</i> | Tier 4 | PA; Specialty; QL |
| TARGRETIN GEL 1 % EXTERNAL | Non-Formulary | PA; Specialty; Formulary Exclusion; QL |
| *Topical Steroid Combinations*** | | |
| <i>acioxia gel 0.5-0.1 % external</i> | Non-Formulary | Non FDA Exclusion |
| BESER KIT 0.05 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| <i>calcipotriene-betameth diprop ointment 0.005-0.064 % external</i> | 1 | |
| <i>calcipotriene-betameth diprop suspension 0.005-0.064 % external</i> | 1 | |
| <i>chlohux shampoo 0.05-2 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>chlooxia cream 0.05-4 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>chlooxia ointment 0.05-4 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>chlooxia solution 0.05-4 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>clobetavix kit 0.05 % external</i> | Non-Formulary | Non FDA Exclusion |
| CLODAN KIT 0.05 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| <i>diochloy solution 0.005-0.05 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>domela cream 0.01-4 % external</i> | Non-Formulary | Non FDA Exclusion |
| DUOBRII LOTION 0.01-0.045 % EXTERNAL | 3 | |
| ENSTILAR FOAM 0.005-0.064 % EXTERNAL | 2 | |
| FLUOPAR KIT 0.1 & 5 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| <i>fluovix plus therapy pack 0.1 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>fluovix therapy pack 0.1 % external</i> | Non-Formulary | Non FDA Exclusion |
| MOMETACURE THERAPY PACK 0.1 & 5 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| NUTRIARX CREAMPAK KIT 0.1 & 5 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| <i>oxiachlo solution 0.05-4 % external</i> | Non-Formulary | Non FDA Exclusion |
| QUINIXIL THERAPY PACK 0.1 & 5 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| <i>sanadermr skin repair kit 0.1 & 5 % external</i> | Non-Formulary | Non FDA Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|---------------------|
| SCALACORT DK KIT 2 & 2-2 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| SCARZEN SKIN REPAIR KIT 0.1 & 5 % (LOTION) EXTERNAL | Non-Formulary | Non FDA Exclusion |
| SILA III THERAPY PACK 0.1 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| SYNALAR (CREAM) KIT 0.025 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| SYNALAR (OINTMENT) KIT 0.025 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| SYNALAR TS KIT 0.01 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| TACLONEX OINTMENT 0.005-0.064 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| TACLONEX SUSPENSION 0.005-0.064 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| <i>tetoxia cream 0.01-4 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>triadime kit 0.1 & 5 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>triadime-80 kit 5-0.1 % external</i> | Non-Formulary | Non FDA Exclusion |
| TRIASIL THERAPY PACK 0.1 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| <i>triheal-80 kit 0.1 & 5 % external</i> | Non-Formulary | Non FDA Exclusion |
| TRILOCICLO KIT 0.1 & 8 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| TRIVIX KIT 0.1 & 5 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| WYNZORA CREAM 0.005-0.064 % EXTERNAL | Non-Formulary | Formulary Exclusion |
| <i>*Type II 5-Alpha Reductase Inhibitors***</i> | | |
| <i>finasteride tablet 1 mg oral</i> | Non-Formulary | Formulary Exclusion |
| PROPECIA TABLET 1 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>*Wound Care - Growth Factor Agents***</i> | | |
| REGANEX GEL 0.01 % EXTERNAL | 3 | |
| <i>*Wound Care Combinations***</i> | | |
| <i>b & c ointment external</i> | Non-Formulary | Non FDA Exclusion |
| <i>balsam peru-castor oil ointment external</i> | Non-Formulary | Non FDA Exclusion |
| <i>bpc0 ointment external</i> | Non-Formulary | Non FDA Exclusion |
| LIDOTREX (ALOE VERA) GEL 2 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| REGENECARE GEL 2 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| REXASIL PATCH & VITAMIN E LIQ KIT EXTERNAL | Non-Formulary | Non FDA Exclusion |
| SCARCARE GEL-PAD KIT/LARGE KIT EXTERNAL | Non-Formulary | Non FDA Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|--|
| VENELEX OINTMENT EXTERNAL | Non-Formulary | Non FDA Exclusion |
| XEROFORM OCCLUSIVE GAUZE PATCH PAD 3 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| XEROFORM OCCLUSIVE GAUZE PATCH PAD EXTERNAL | Non-Formulary | Non FDA Exclusion |
| XEROFORM OCCLUSIVE GAUZE STRIP PAD EXTERNAL | Non-Formulary | Non FDA Exclusion |
| XEROFORM OIL EMULSION 2"X2" PAD EXTERNAL | Non-Formulary | Non FDA Exclusion |
| XEROFORM OIL EMULSION GAUZE PAD EXTERNAL | Non-Formulary | Non FDA Exclusion |
| XEROFORM OIL EMULSION STRIP EXTERNAL | Non-Formulary | Non FDA Exclusion |
| XEROFORM OIL ROLL 4"X9' 3 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| XEROFORM PETROLAT GAUZE 1"X8" EXTERNAL | Non-Formulary | Non FDA Exclusion |
| XEROFORM PETROLAT GAUZE 5"X9" EXTERNAL | Non-Formulary | Non FDA Exclusion |
| XEROFORM PETROLAT PATCH 2"X2" PAD EXTERNAL | Non-Formulary | Non FDA Exclusion |
| XEROFORM PETROLAT PATCH 4"X4" PAD EXTERNAL | Non-Formulary | Non FDA Exclusion |
| <i>xeroform petrolatum dres 4"x4" pad 3 % external</i> | Non-Formulary | Non FDA Exclusion |
| <i>xeroform petrolatum dres 5"x9" pad 3 % external</i> | Non-Formulary | Non FDA Exclusion |
| XEROFORM PETROLATUM ROLL 4"X9' EXTERNAL | Non-Formulary | Non FDA Exclusion |
| <i>*Wound Cleansers/Decubitus Ulcer Therapy***</i> | | |
| ALEVICYN DERMAL SPRAY SOLUTION EXTERNAL | Non-Formulary | Non FDA Exclusion; Mony Code (MONY Code) |
| ATRAPRO DERMAL SPRAY LIQUID EXTERNAL | Non-Formulary | Non FDA Exclusion |
| DELUO SOLUTION EXTERNAL | Non-Formulary | Non FDA Exclusion; Mony Code (MONY Code) |
| <i>lavare wound wash gel external</i> | Non-Formulary | Non FDA Exclusion |
| LEVICYN DERMAL SPRAY SOLUTION EXTERNAL | Non-Formulary | Non FDA Exclusion; Mony Code (MONY Code) |
| MICROCYN GEL EXTERNAL | Non-Formulary | Non FDA Exclusion |
| MICROCYN LIQUID 0.023 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| MICROCYN SKIN AND WOUND GEL EXTERNAL | Non-Formulary | Non FDA Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|--|
| VASHE CLEANSING SOLUTION EXTERNAL (RX) | Non-Formulary | Non FDA Exclusion; Mony Code (MONY Code) |
| VASHE WOUND SOLUTION 0.033 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| VASHE WOUND THERAPY SOLUTION EXTERNAL | Non-Formulary | Non FDA Exclusion |
| <i>*Wound Dressings***</i> | | |
| <i>abravo emulsion external</i> | Non-Formulary | Non FDA Exclusion |
| <i>aceso ag pad 4"x4" external</i> | Non-Formulary | Non FDA Exclusion |
| ACTICOAT 7 PAD 2"X2" EXTERNAL | Non-Formulary | Non FDA Exclusion |
| ACTICOAT 7 PAD 4"X5" EXTERNAL | Non-Formulary | Non FDA Exclusion |
| ACTICOAT 7 SHEET 6"X6" EXTERNAL | Non-Formulary | Non FDA Exclusion |
| ACTICOAT ANTIMICROBIAL PAD 2"X2" EXTERNAL | Non-Formulary | Non FDA Exclusion |
| ACTICOAT ANTIMICROBIAL PAD 4"X4" EXTERNAL | Non-Formulary | Non FDA Exclusion |
| ACTICOAT FLEX 3 4"X4" PAD EXTERNAL | Non-Formulary | Non FDA Exclusion |
| ACTICOAT FLEX 3 SHEET 16"X16" EXTERNAL | Non-Formulary | Non FDA Exclusion |
| ACTICOAT FLEX 3 SHEET 2"X2" EXTERNAL | Non-Formulary | Non FDA Exclusion |
| ACTICOAT FLEX 3 SHEET 4"X48" EXTERNAL | Non-Formulary | Non FDA Exclusion |
| ACTICOAT FLEX 3 SHEET 4"X8" EXTERNAL | Non-Formulary | Non FDA Exclusion |
| ACTICOAT FLEX 3 SHEET 8"X16" EXTERNAL | Non-Formulary | Non FDA Exclusion |
| ACTICOAT FLEX 7 SHEET 1"X24" EXTERNAL | Non-Formulary | Non FDA Exclusion |
| ACTICOAT FLEX 7 SHEET 16"X16" EXTERNAL | Non-Formulary | Non FDA Exclusion |
| ACTICOAT FLEX 7 SHEET 2"X2" EXTERNAL | Non-Formulary | Non FDA Exclusion |
| ACTICOAT FLEX 7 SHEET 4"X5" EXTERNAL | Non-Formulary | Non FDA Exclusion |
| ACTICOAT FLEX 7 SHEET 6"X6" EXTERNAL | Non-Formulary | Non FDA Exclusion |
| ACTICOAT FLEX 7 SHEET 8"X16" EXTERNAL | Non-Formulary | Non FDA Exclusion |
| ACTICOAT SHEET 16"X16" EXTERNAL | Non-Formulary | Non FDA Exclusion |
| ACTICOAT SHEET 4"X4" EXTERNAL | Non-Formulary | Non FDA Exclusion |
| ACTICOAT SHEET 4"X48" EXTERNAL | Non-Formulary | Non FDA Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|-------------------|
| ACTICOAT SHEET 4"X8" EXTERNAL | Non-Formulary | Non FDA Exclusion |
| ACTICOAT SHEET 5"X5" EXTERNAL | Non-Formulary | Non FDA Exclusion |
| ACTICOAT SHEET 8"X16" EXTERNAL | Non-Formulary | Non FDA Exclusion |
| ACTICOAT SURGICAL PAD 4"X10" EXTERNAL | Non-Formulary | Non FDA Exclusion |
| ACTICOAT SURGICAL PAD 4"X13-3/4" EXTERNAL | Non-Formulary | Non FDA Exclusion |
| ACTICOAT SURGICAL PAD 4"X4-3/4" EXTERNAL | Non-Formulary | Non FDA Exclusion |
| ACTICOAT SURGICAL PAD 4"X8" EXTERNAL | Non-Formulary | Non FDA Exclusion |
| ALLEVYN AG ADHESIVE PAD 12.5X12.5CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| ALLEVYN AG ADHESIVE PAD 17.5X17.5CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| ALLEVYN AG ADHESIVE PAD 7.5X7.5CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| ALLEVYN AG GENTLE BORDER PAD 12.5X12.5CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| ALLEVYN AG GENTLE BORDER PAD 17.5X17.5CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| ALLEVYN AG GENTLE BORDER PAD 7.5X7.5CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| ALLEVYN AG GENTLE PAD 2"X2" EXTERNAL | Non-Formulary | Non FDA Exclusion |
| ALLEVYN AG GENTLE PAD 4"X4" EXTERNAL | Non-Formulary | Non FDA Exclusion |
| ALLEVYN AG GENTLE PAD 6"X6" EXTERNAL | Non-Formulary | Non FDA Exclusion |
| ALLEVYN AG GENTLE PAD 8"X8" EXTERNAL | Non-Formulary | Non FDA Exclusion |
| ALLEVYN AG NON-ADHESIVE PAD 2"X2" EXTERNAL | Non-Formulary | Non FDA Exclusion |
| ALLEVYN AG NON-ADHESIVE PAD 4"X4" EXTERNAL | Non-Formulary | Non FDA Exclusion |
| ALLEVYN AG NON-ADHESIVE PAD 6"X6" EXTERNAL | Non-Formulary | Non FDA Exclusion |
| ALLEVYN AG NON-ADHESIVE PAD 8"X8" EXTERNAL | Non-Formulary | Non FDA Exclusion |
| ALLEVYN AG SACRUM 6-3/4" EXTERNAL | Non-Formulary | Non FDA Exclusion |
| ALLEVYN AG SACRUM 9"X9" EXTERNAL | Non-Formulary | Non FDA Exclusion |
| ALLEVYN GENTLE PAD EXTERNAL (RX) | Non-Formulary | Non FDA Exclusion |
| AQUACEL AG BURN PAD 4"X5" EXTERNAL | Non-Formulary | Non FDA Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|-------------------|
| AQUACEL AG FOAM PAD 12.5X12.5CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| AQUACEL AG FOAM PAD 17.5X17.5CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| ARIDA GEL EXTERNAL | Non-Formulary | Non FDA Exclusion |
| <i>atopavo emulsion external</i> | Non-Formulary | Non FDA Exclusion |
| ATRAPRO CP KIT EXTERNAL | Non-Formulary | Non FDA Exclusion |
| ATRAPRO HYDROGEL GEL EXTERNAL | Non-Formulary | Non FDA Exclusion |
| AVO CREAM EMULSION EXTERNAL | Non-Formulary | Non FDA Exclusion |
| AZADROX GEL EXTERNAL | Non-Formulary | Non FDA Exclusion |
| BASADROX GEL EXTERNAL | Non-Formulary | Non FDA Exclusion |
| BIAFINE EMULSION EXTERNAL | Non-Formulary | Non FDA Exclusion |
| <i>bilayer matrix wound dressing sheet 5 cm x 5 cm external</i> | Non-Formulary | Non FDA Exclusion |
| BIONECT CREAM 0.2 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| BIONECT FOAM 0.2 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| BIONECT GEL 0.2 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| BIOSTEP AG SHEET 2"X2" EXTERNAL | Non-Formulary | Non FDA Exclusion |
| BIOSTEP AG SHEET 4"X4" EXTERNAL | Non-Formulary | Non FDA Exclusion |
| BIOSTEP SHEET 2"X2" EXTERNAL | Non-Formulary | Non FDA Exclusion |
| BIOSTEP SHEET 4"X4" EXTERNAL | Non-Formulary | Non FDA Exclusion |
| COLLANEX POWDER EXTERNAL | Non-Formulary | Non FDA Exclusion |
| COLLATYL GEL EXTERNAL | Non-Formulary | Non FDA Exclusion |
| CURAFOAM AG FOAM DRESSING PAD 4"X4" EXTERNAL | Non-Formulary | Non FDA Exclusion |
| CURITY HYPERTONIC NACL STRIP EXTERNAL (RX) | Non-Formulary | Non FDA Exclusion |
| CURITY NACL DRESSING 6"X6-3/4" PAD EXTERNAL | Non-Formulary | Non FDA Exclusion |
| DERPIXA GEL EXTERNAL | Non-Formulary | Non FDA Exclusion |
| DURAFIBER AG PAD 2"X2" EXTERNAL | Non-Formulary | Non FDA Exclusion |
| DURAFIBER AG PAD 3/4"X18" EXTERNAL | Non-Formulary | Non FDA Exclusion |
| DURAFIBER AG PAD 4"X4" EXTERNAL | Non-Formulary | Non FDA Exclusion |
| DURAFIBER AG PAD 4"X4-3/4" EXTERNAL | Non-Formulary | Non FDA Exclusion |
| DURAFIBER AG PAD 6"X6" EXTERNAL | Non-Formulary | Non FDA Exclusion |
| DURAFIBER AG PAD 8"X11-3/4" EXTERNAL | Non-Formulary | Non FDA Exclusion |
| DURAFIBER PAD 4"X4-3/4" EXTERNAL | Non-Formulary | Non FDA Exclusion |
| DYNAFOAM AG FOAM DRESSING PAD 4"X4" EXTERNAL | Non-Formulary | Non FDA Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|-------------------|
| DYNAGINATE AG CA ALG ROPE 30CM 1/4" X 12" EXTERNAL | Non-Formulary | Non FDA Exclusion |
| DYNAGINATE AG SILVER CAL 2"X2" PAD 2"X2" EXTERNAL | Non-Formulary | Non FDA Exclusion |
| DYNAGINATE AG SILVER CAL 4"X5" PAD 4"X5" EXTERNAL | Non-Formulary | Non FDA Exclusion |
| DYNAGINATE AG SILVER CAL 4"X8" PAD 4"X8" EXTERNAL | Non-Formulary | Non FDA Exclusion |
| ENDOFORM DERMAL TEMPLATE SHEET 10X12.7CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| ENDOFORM DERMAL TEMPLATE SHEET 5X5CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| ENDOFORM DERMAL/FENESTRATED SHEET 10X12.7CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| ENDOFORM DERMAL/FENESTRATED SHEET 5X5CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| <i>foraxa emulsion external</i> | Non-Formulary | Non FDA Exclusion |
| <i>haproderm gel external</i> | Non-Formulary | Non FDA Exclusion |
| HYDROFERA BLUE 4"X4" PAD EXTERNAL | Non-Formulary | Non FDA Exclusion |
| HYDROFERA BLUE 6"X6" PAD EXTERNAL | Non-Formulary | Non FDA Exclusion |
| HYDROFERA BLUE FOAM DRESSING PAD EXTERNAL | Non-Formulary | Non FDA Exclusion |
| HYDROFERA BLUE FOAM/TUNNELING PAD EXTERNAL | Non-Formulary | Non FDA Exclusion |
| HYDROFERA BLUE MRF DRESSING PAD EXTERNAL | Non-Formulary | Non FDA Exclusion |
| HYDROFERA BLUE READY FOAM PAD EXTERNAL | Non-Formulary | Non FDA Exclusion |
| <i>hygel gel 2.5 % external</i> | Non-Formulary | Non FDA Exclusion |
| INNOVAMATRIX AC DISK 15 MM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| INNOVAMATRIX AC SHEET 2 CM X 2 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| INNOVAMATRIX AC SHEET 2"X2" EXTERNAL | Non-Formulary | Non FDA Exclusion |
| INNOVAMATRIX AC SHEET 4 CM X 4 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| INNOVAMATRIX AC SHEET 4 CM X 6 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| KENDALL ALGINATE 12" ROPE EXTERNAL | Non-Formulary | Non FDA Exclusion |
| KENDALL ALGINATE DRESS 2"X2" PAD EXTERNAL | Non-Formulary | Non FDA Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|--|
| KENDALL ALGINATE DRESS 4"X8" PAD EXTERNAL | Non-Formulary | Non FDA Exclusion |
| KENDALL AMORPHOUS WOUND GEL EXTERNAL | Non-Formulary | Non FDA Exclusion |
| KENDALL HYDROGEL GAUZE 2"X2" PAD EXTERNAL | Non-Formulary | Non FDA Exclusion |
| KENDALL HYDROGEL GAUZE 4"X4" PAD EXTERNAL | Non-Formulary | Non FDA Exclusion |
| KENDALL HYDROGEL GAUZE 4"X8" PAD EXTERNAL | Non-Formulary | Non FDA Exclusion |
| KENDALL HYDROGEL WOUND DRESS EXTERNAL | Non-Formulary | Non FDA Exclusion |
| KENDALL ZINC CA ALGINATE 4"X4" PAD EXTERNAL | Non-Formulary | Non FDA Exclusion |
| KERAGEL GEL EXTERNAL | Non-Formulary | Non FDA Exclusion |
| KERAGELT GEL EXTERNAL | Non-Formulary | Non FDA Exclusion |
| KERAMATRIX REPLICINE 10CMX10CM SHEET EXTERNAL | Non-Formulary | Non FDA Exclusion |
| KERAMATRIX REPLICINE 2CMX3CM SHEET EXTERNAL | Non-Formulary | Non FDA Exclusion |
| KERAMATRIX REPLICINE 5CMX5CM SHEET EXTERNAL | Non-Formulary | Non FDA Exclusion |
| KERASTAT CREAM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| KERASTAT GEL 5 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| L-MESITRAN SOFT WOUND GEL EXTERNAL | Non-Formulary | Non FDA Exclusion |
| LUXAMEND CREAM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| LUXAMEND CREAM EXTERNAL | Non-Formulary | Non FDA Exclusion; Mony Code (MONY Code) |
| MEDIHONEY CA ALGINATE 2"X2" PAD EXTERNAL | Non-Formulary | Non FDA Exclusion |
| MEDIHONEY CA ALGINATE 4"X5" PAD EXTERNAL | Non-Formulary | Non FDA Exclusion |
| MEDIHONEY WOUND & BURN DRESSING PASTE EXTERNAL | Non-Formulary | Non FDA Exclusion |
| MEDIHONEY WOUND/BURN DRESSING GEL EXTERNAL | Non-Formulary | Non FDA Exclusion |
| MEDIHONEY WOUND/BURN DRESSING PAD EXTERNAL | Non-Formulary | Non FDA Exclusion |
| MEDIHONEY WOUND/BURN DRESSING PASTE EXTERNAL | Non-Formulary | Non FDA Exclusion |
| MEPILEX AG PAD 4"X4" EXTERNAL | Non-Formulary | Non FDA Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|-------------------|
| MICROMATRIX WOUND POWDER POWDER EXTERNAL | Non-Formulary | Non FDA Exclusion |
| MIRO3D WOUND MATRIX 10 X 5 X 2 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| MIRO3D WOUND MATRIX 2 X 2 X 2 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| MIRO3D WOUND MATRIX 3 X 3 X 2 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| MIRO3D WOUND MATRIX 4 X 4 X 2 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| MIRO3D WOUND MATRIX 5 X 5 X 2 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| MIRO3D WOUND MATRIX 7 X 5 X 2 CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| MIRODERM BIO MATRIX FENESTRAT SHEET 2X2CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| MIRODERM BIO MATRIX FENESTRAT SHEET 2X3CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| MIRODERM BIO MATRIX FENESTRAT SHEET 3X3CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| MIRODERM BIO MATRIX FENESTRAT SHEET 3X7CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| MIRODERM BIO MATRIX FENESTRAT SHEET 4X4CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| MIRODERM BIO MATRIX FENESTRAT SHEET 5X5CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| MIRODERM BIO MATRIX FENESTRAT SHEET 7X10CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| MIRODERM BIO MATRIX FENESTRAT SHEET 8X15CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| MIRODERM BIO MATRIX FENESTRAT SHEET 8X8CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| MIRODERM BIO MATRIX FENESTRAT+ SHEET 3X3CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| MIRODERM BIO MATRIX FENESTRAT+ SHEET 3X7CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| MIRODERM BIO MATRIX FENESTRAT+ SHEET 4X4CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| MIRODERM BIO MATRIX FENESTRAT+ SHEET 5X5CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| MIRODERM BIO MATRIX FENESTRAT+ SHEET 7X10CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| MIRODERM BIO MATRIX FENESTRAT+ SHEET 8X15CM EXTERNAL | Non-Formulary | Non FDA Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|-------------------|
| MIRODERM BIO MATRIX FENESTRAT+ SHEET 8X8CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| MIROTRACT WOUND MATRIX DEVICE 3 MM X 5 CM | Non-Formulary | Non FDA Exclusion |
| MIROTRACT WOUND MATRIX DEVICE 3 MM X 9 CM | Non-Formulary | Non FDA Exclusion |
| MIROTRACT WOUND MATRIX DEVICE 5 MM X 5 CM | Non-Formulary | Non FDA Exclusion |
| MIROTRACT WOUND MATRIX DEVICE 5 MM X 9 CM | Non-Formulary | Non FDA Exclusion |
| NORMLGEL AG GEL EXTERNAL | Non-Formulary | Non FDA Exclusion |
| OASIS ULTRA MATRIX FENESTRATED SHEET 3X3.5CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| OASIS ULTRA MATRIX FENESTRATED SHEET 3X7CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| OASIS ULTRA TRI-LAYER MATRIX SHEET 5X7CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| OASIS ULTRA TRI-LAYER MATRIX SHEET 7X10CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| OASIS ULTRA TRI-LAYER MATRIX SHEET 7X20CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| OASIS WOUND MATRIX FENESTRATED SHEET 3X3.5CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| OASIS WOUND MATRIX FENESTRATED SHEET 3X7CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| OMEZA COLLAGEN MATRIX LIQUID 1.6 GM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| PETROLEUM GAUZE NON-WOVEN 3X9" EXTERNAL | Non-Formulary | Non FDA Exclusion |
| PROTYL AG GEL 1 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| PURAPLY 1.6CM DISK EXTERNAL | Non-Formulary | Non FDA Exclusion |
| PURAPLY ANTIMICRO 3.76X3.76CM SHEET EXTERNAL | Non-Formulary | Non FDA Exclusion |
| PURAPLY ANTIMICROBIAL 2X2CM SHEET EXTERNAL | Non-Formulary | Non FDA Exclusion |
| PURAPLY ANTIMICROBIAL 2X4CM SHEET EXTERNAL | Non-Formulary | Non FDA Exclusion |
| PURAPLY ANTIMICROBIAL 3.02CM SHEET EXTERNAL | Non-Formulary | Non FDA Exclusion |
| PURAPLY ANTIMICROBIAL 3X4CM SHEET EXTERNAL | Non-Formulary | Non FDA Exclusion |
| PURAPLY ANTIMICROBIAL 4X4CM SHEET EXTERNAL | Non-Formulary | Non FDA Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|-------------------|
| PURAPLY ANTIMICROBIAL 5X5CM SHEET EXTERNAL | Non-Formulary | Non FDA Exclusion |
| PURAPLY ANTIMICROBIAL 6X9CM SHEET EXTERNAL | Non-Formulary | Non FDA Exclusion |
| PURAPLY ANTIMICROBIAL 8X16CM SHEET EXTERNAL | Non-Formulary | Non FDA Exclusion |
| PURAPLY SHEET 2X4CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| PURAPLY SHEET 5X5CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| PURAPLY SHEET 6X9CM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| PURAPLY XT ANTIMICROBIAL 5X5CM SHEET 0.1 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| PURAPLY XT ANTIMICROBIAL 6X9CM SHEET 0.1 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| PURAPLY XT ANTIMICROBIAL SHEET EXTERNAL | Non-Formulary | Non FDA Exclusion |
| RADIAPLEXRX GEL EXTERNAL | Non-Formulary | Non FDA Exclusion |
| RESTORE SILVER DRESSING PAD 2"X2" EXTERNAL | Non-Formulary | Non FDA Exclusion |
| RESTORE SILVER DRESSING PAD 4"X4" EXTERNAL | Non-Formulary | Non FDA Exclusion |
| RESTORE SILVER DRESSING PAD 4"X4.75" EXTERNAL | Non-Formulary | Non FDA Exclusion |
| RESTORE SILVER DRESSING PAD 4"X5" EXTERNAL | Non-Formulary | Non FDA Exclusion |
| RESTORE SILVER DRESSING PAD 6"X8" EXTERNAL | Non-Formulary | Non FDA Exclusion |
| RTD WOUND CARE DRESSING PAD EXTERNAL | Non-Formulary | Non FDA Exclusion |
| SILIGENTLE AG FOAM DRESSING PAD 2"X2" EXTERNAL | Non-Formulary | Non FDA Exclusion |
| SILIGENTLE AG SILVER FOAM DRES PAD 2"X2" EXTERNAL | Non-Formulary | Non FDA Exclusion |
| SILIGENTLE AG SILVER FOAM DRES PAD 4"X4" EXTERNAL | Non-Formulary | Non FDA Exclusion |
| SILIGENTLE AG SILVER FOAM DRES PAD 4"X5" EXTERNAL | Non-Formulary | Non FDA Exclusion |
| SILIGENTLE AG SILVER FOAM DRES PAD 6"X6" EXTERNAL | Non-Formulary | Non FDA Exclusion |
| SILVERSEAL HYDROGEL DRESSING PAD 2"X3" EXTERNAL | Non-Formulary | Non FDA Exclusion |
| SILVERSEAL HYDROGEL DRESSING PAD 4"X5" EXTERNAL | Non-Formulary | Non FDA Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|------------------------|
| SILVRSTAT WOUND DRESSING GEL EXTERNAL | Non-Formulary | Non FDA Exclusion |
| SOLOX GEL EXTERNAL | Non-Formulary | Non FDA Exclusion |
| SONAFINE EMULSION EXTERNAL | Non-Formulary | Non FDA Exclusion |
| STRATA GRT GEL EXTERNAL | Non-Formulary | Non FDA Exclusion |
| TEGADERM AG MESH PAD 2"X2" EXTERNAL | Non-Formulary | Non FDA Exclusion |
| TEGADERM AG MESH PAD 4"X5" EXTERNAL | Non-Formulary | Non FDA Exclusion |
| TEGADERM AG MESH PAD 4"X8" EXTERNAL | Non-Formulary | Non FDA Exclusion |
| TEGADERM AG MESH PAD 8"X8" EXTERNAL | Non-Formulary | Non FDA Exclusion |
| <i>vexasyn gel external</i> | Non-Formulary | Non FDA Exclusion |
| WOUNDGELHA MATRIX GEL 2.5 % EXTERNAL | Non-Formulary | Non FDA Exclusion |
| XCELLISTEM WOUND POWDER POWDER EXTERNAL | Non-Formulary | Non FDA Exclusion |
| <i>zanabin hydrogel gel external</i> | Non-Formulary | Non FDA Exclusion |
| <i>zenifiber ag pad 2"x2" external</i> | Non-Formulary | Non FDA Exclusion |
| <i>zenifiber ag pad 4"x5" external</i> | Non-Formulary | Non FDA Exclusion |
| <i>zenifiber ag pad 6"x6" external</i> | Non-Formulary | Non FDA Exclusion |
| <i>zenifiber ag pad 8"x8" external</i> | Non-Formulary | Non FDA Exclusion |
| <i>zenifoam ag pad 2"x2" external</i> | Non-Formulary | Non FDA Exclusion |
| <i>zenifoam ag pad 4"x5" external</i> | Non-Formulary | Non FDA Exclusion |
| <i>zenphor wound gel gel external</i> | Non-Formulary | Non FDA Exclusion |
| <i>zenphor wound pad pad external</i> | Non-Formulary | Non FDA Exclusion |
| *Wound Treatment - Gene Therapy*** | | |
| VYJUVEK GEL 5000000000 PFU/2.5ML EXTERNAL | Non-Formulary | Medical Only Exclusion |
| *DIAGNOSTIC PRODUCTS* | | |
| *Diagnostic Biologicals*** | | |
| <i>almond (diagnostic) solution 1:10 injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>almond (diagnostic) solution 1:20 injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>alternaria alternat (diagnost) solution 1:20 injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>american elm (diagnostic) solution 1:20 injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>american lobster (diagnostic) solution 1:20 injection</i> | Non-Formulary | Medical Only Exclusion |
| APLISOL SOLUTION 5 UNIT/0.1ML INTRADERMAL | Non-Formulary | Medical Only Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|--|
| <i>apple (diagnostic) solution 1:10 injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>apple (diagnostic) solution 1:40 injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>aspergillus fumigat (diagnost) solution 1:20 injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>aspergillus fumigatus solution 1:20 intradermal</i> | Non-Formulary | Medical Only Exclusion |
| <i>atlantic cod (diagnostic) solution 1:20 injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>atlantic salmon (diagnostic) solution 1:20 injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>atlantic/eastern oyster(diagn) solution 1:20 injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>aureobasidium pullulans solution 1:20 intradermal</i> | Non-Formulary | Medical Only Exclusion |
| <i>avocado (diagnostic) solution 1:10 injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>banana (diagnostic) solution 1:10 injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>banana (diagnostic) solution 1:40 injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>beef (diagnostic) solution 1:10 injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>beef (diagnostic) solution 1:20 injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>bipolaris sorokin (diagnostic) solution 1:20 injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>black walnut (diagnostic) solution 1:20 injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>black willow (diagnostic) solution 1:20 injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>blue crab (diagnostic) solution 1:20 injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>botrytis cinerea (diagnostic) solution 1:20 intradermal</i> | Non-Formulary | Medical Only Exclusion |
| <i>brazil nut (diagnostic) solution 1:20 injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>brown shrimp (diagnostic) solution 1:20 injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>candida albicans skn tst antgn solution 1:10 injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>candida albicans skn tst antgn solution intradermal</i> | Non-Formulary | Medical Only Exclusion; Mony Code (MONYCODE ISSUE) |
| CANDIN SOLUTION INTRADERMAL | Non-Formulary | Medical Only Exclusion |
| <i>cantaloupe (diagnostic) solution 1:10 injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>casein (diagnostic) solution 1:100 injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>cashew nut (diagnostic) solution 1:20 injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>celery (diagnostic) solution 1:40 injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>chicken meat (diagnostic) solution 1:10 injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>chicken meat (diagnostic) solution 1:20 injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>cladosporium sphaer (diagnost) solution 1:20 injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>cocoa bean (diagnostic) solution 1:10 injection</i> | Non-Formulary | Medical Only Exclusion |

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

| Drug Name | Tier | Notes |
|--|---------------|------------------------|
| <i>pistachio nut (diagnostic) solution 1:10 injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>pork (diagnostic) solution 1:10 injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>pork (diagnostic) solution 1:20 injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>red maple (diagnostic) solution 1:20 injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>red oak (diagnostic) solution 1:20 injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>rice (diagnostic) solution 1:10 injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>rice (diagnostic) solution 1:20 injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>saccharomyces cerevisiae solution 1:20 intradermal</i> | Non-Formulary | Medical Only Exclusion |
| <i>sagebrush (diagnostic) solution 1:20 injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>sea scallops (diagnostic) solution 1:20 injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>sesame seed (diagnostic) solution 1:10 injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>sesame seed (diagnostic) solution 1:20 injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>shrimp (diagnostic) solution 1:10 injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>soybean (diagnostic) solution 1:10 injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>soybean (diagnostic) solution 1:40 injection</i> | Non-Formulary | Medical Only Exclusion |
| SPHERUSOL SOLUTION 127 MCG/0.1ML INTRADERMAL | Non-Formulary | Medical Only Exclusion |
| <i>strawberry (diagnostic) solution 1:10 injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>strawberry (diagnostic) solution 1:40 injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>sweet cherry (diagnostic) solution 1:20 injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>sweet corn (diagnostic) solution 1:10 injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>tomato (diagnostic) solution 1:10 injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>tomato (diagnostic) solution 1:40 injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>trichophyton mentag (diagnost) solution 1:20 subcutaneous</i> | Non-Formulary | Medical Only Exclusion |
| TUBERSOL SOLUTION 5 UNIT/0.1ML INTRADERMAL | Non-Formulary | Medical Only Exclusion |
| <i>western juniper (diagnostic) solution 1:40 injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>white alder (diagnostic) solution 1:20 injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>white ash (diagnostic) solution 1:20 injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>white birch (diagnostic) solution 1:20 injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>white potato (diagnostic) solution 1:20 injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>whole egg (diagnostic) solution 1:100 injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>whole grain barley(diagnostic) solution 1:20 injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>whole wheat (diagnostic) solution 1:20 injection</i> | Non-Formulary | Medical Only Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|---|
| <i>*Diagnostic Drugs***</i> | | |
| <i>adenosine (diagnostic) solution 3 mg/ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>adenosine solution 3 mg/ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| ARIDOL KIT 0 & 5 & 10 & 20 & 40 MG INHALATION | Non-Formulary | Formulary Exclusion |
| BLUDIGO SOLUTION 8 MG/ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| CHIRHOSTIM SOLUTION RECONSTITUTED 16 MCG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| CORTROSYN SOLUTION RECONSTITUTED 0.25 MG INJECTION | Non-Formulary | Medical Only Exclusion |
| <i>cosyntropin solution reconstituted 0.25 mg injection</i> | Non-Formulary | Medical Only Exclusion |
| CYSVIEW SOLUTION RECONSTITUTED 100 MG INTRAVESICAL | Non-Formulary | Medical Only Exclusion |
| CYTALUX SOLUTION 3.2 MG/1.6ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>dipyridamole solution 5 mg/ml intravenous</i> | Non-Formulary | Medical Only Exclusion; Mony Code (MONY CODE ISSUE) |
| <i>d-xylose powder (rx)</i> | Non-Formulary | Formulary Exclusion |
| GLEOLAN SOLUTION RECONSTITUTED 1.5 GM ORAL | Non-Formulary | Medical Only Exclusion |
| GLUCAGEN DIAGNOSTIC SOLUTION RECONSTITUTED 1 MG INJECTION | Non-Formulary | Medical Only Exclusion |
| <i>glucagon hcl (diagnostic) solution reconstituted 1 mg injection</i> | Non-Formulary | Medical Only Exclusion |
| HISTATROL SOLUTION 0.275 MG/ML INTRADERMAL | Non-Formulary | Medical Only Exclusion |
| HISTATROL SOLUTION 2.75 MG/ML INJECTION | Non-Formulary | Medical Only Exclusion |
| IC GREEN SOLUTION RECONSTITUTED 25 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>indigo carmine solution 8 mg/ml injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>indocyanine green solution reconstituted 25 mg intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>indocyanine green solution reconstituted 25 mg intravenous</i> | Non-Formulary | Medical Only Exclusion; Mony Code (MONY CODE ISSUE) |
| <i>isosulfan blue solution 1 % subcutaneous</i> | Non-Formulary | Medical Only Exclusion |
| KINEVAC SOLUTION RECONSTITUTED 5 MCG INJECTION | Non-Formulary | Medical Only Exclusion |
| LEXISCAN SOLUTION 0.4 MG/5ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|------------------------|
| LUMISIGHT SOLUTION RECONSTITUTED 39 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| MACRILEN PACKET 60 MG ORAL | Non-Formulary | Medical Only Exclusion |
| <i>methacholine chloride kit inhalation</i> | Non-Formulary | Non FDA Exclusion |
| METOPIRONE CAPSULE 250 MG ORAL | Non-Formulary | Formulary Exclusion |
| PRE-PEN SOLUTION 0.25 ML INTRADERMAL | Non-Formulary | Medical Only Exclusion |
| PROVOCHOLINE KIT INHALATION | 3 | |
| PROVOCHOLINE SOLUTION RECONSTITUTED 100 MG INHALATION | Non-Formulary | Formulary Exclusion |
| <i>regadenoson solution 0.4 mg/5ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| R-GENE 10 SOLUTION 10 % INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| SECREFLO SOLUTION RECONSTITUTED 16 MCG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>sincalide solution reconstituted 5 mcg injection</i> | Non-Formulary | Medical Only Exclusion |
| SPY AGENT GREEN SOLUTION RECONSTITUTED 25 MG INJECTION | Non-Formulary | Medical Only Exclusion |
| SPY- MIS KIT SOLUTION RECONSTITUTED 25 MG INJECTION | Non-Formulary | Medical Only Exclusion |
| SPY-PHI KIT SOLUTION RECONSTITUTED 25 MG INJECTION | Non-Formulary | Medical Only Exclusion |
| THYROGEN SOLUTION RECONSTITUTED 0.9 MG INTRAMUSCULAR | Non-Formulary | Medical Only Exclusion |
| VUEBLU SOLUTION 50 MG/10ML INJECTION | Non-Formulary | Medical Only Exclusion |
| <i>*Diagnostic Infection Test Combinations***</i> | | |
| BD VERITOR SARS-COV-2/FLU A+B KIT IN VITRO | Non-Formulary | Non FDA Exclusion |
| COBAS LIAT SARS-COV-2-AB ASSAY KIT IN VITRO | Non-Formulary | Non FDA Exclusion |
| COBAS LIAT SARS-COV-2-AB CNTRL KIT IN VITRO | Non-Formulary | Non FDA Exclusion |
| LUCIRA COVID-19 & FLU TEST KIT IN VITRO | Non-Formulary | Non FDA Exclusion |
| SOFIA2 FLU+SARS ANTIGEN FIA KIT IN VITRO | Non-Formulary | Non FDA Exclusion |
| STATUS COVID-19/FLU A&B KIT IN VITRO | Non-Formulary | Non FDA Exclusion |
| <i>*Diagnostic Products, Misc.***</i> | | |
| BREEZA FOR ORAL IODINATED CONT SOLUTION ORAL | Non-Formulary | Non FDA Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|------------------------|
| BREEZA NEUTRAL ABD/PELVIC IMAG SOLUTION ORAL | Non-Formulary | Non FDA Exclusion |
| *Diagnostic Radiopharmaceuticals - Brain*** | | |
| AMYVID SOLUTION 500-1900 MBQ/ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| DATSCAN SOLUTION 185 MBQ/2.5ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>fluorodopa f 18 solution 37-1480 mbq/ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| NEURACEQ SOLUTION 1.4-135 MCI/ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| TAUVID SOLUTION 300-1900 MBQ/ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| TAUVID SOLUTION 300-3700 MBQ/ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| VIZAMYL SOLUTION 4.05 MCI/ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| *Diagnostic Radiopharmaceuticals - Cardiac*** | | |
| <i>ammonia n 13 solution 3.75-37.5 mci/ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| CARDIOGEN-82 SOLUTION RECONSTITUTED INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| CARDIOLITE KIT INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| MYOVIEW 30ML KIT INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| MYOVIEW KIT INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>technetium tc 99m sestamibi kit intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>thallous chloride tl 201 solution 2 mci/ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| *Diagnostic Radiopharmaceuticals - Endocrine*** | | |
| ADREVIEW SOLUTION 10 MCI/5ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| DETECTNET SOLUTION 1 MCI/ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| DOTATOC GA 68 SOLUTION 0.5-4 MCI/ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>indium in 111 dtpa solution intrathecal</i> | Non-Formulary | Medical Only Exclusion |
| NETSPOT KIT INTRAVENOUS | Non-Formulary | Medical Only Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|------------------------|
| <i>*Diagnostic Radiopharmaceuticals - Gases***</i> | | |
| <i>xenon xe 133 gas 10 mci inhalation</i> | Non-Formulary | Medical Only Exclusion |
| <i>xenon xe 133 gas 20 mci inhalation</i> | Non-Formulary | Medical Only Exclusion |
| <i>*Diagnostic Radiopharmaceuticals - Hepatobiliary***</i> | | |
| CHOLETEC KIT INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>technetium tc 99m mebrofenin kit intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>*Diagnostic Radiopharmaceuticals - Lymphatic System**</i> | | |
| LYMPHOSEEK KIT INJECTION | Non-Formulary | Medical Only Exclusion |
| <i>*Diagnostic Radiopharmaceuticals - Miscellaneous***</i> | | |
| CERIANNA SOLUTION 4-100 MCI/ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>fludeoxyglucose f 18 solution 20-200 mci/ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>fludeoxyglucose f 18 solution 20-300 mci/ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>fludeoxyglucose f 18 solution 20-500 mci/ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>gallium citrate ga 67 solution 2 mci/ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| LEU TECHNELITE KIT COMBINATION | Non-Formulary | Medical Only Exclusion |
| NEUROLITE KIT INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| TECHNELITE KIT COMBINATION | Non-Formulary | Medical Only Exclusion |
| <i>technet tc 99m sulfur colloid kit combination</i> | Non-Formulary | Medical Only Exclusion |
| <i>technetium tc 99m pyrophos kit intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>volumex solution prefilled syringe 25 mcci/ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>*Diagnostic Radiopharmaceuticals - Prostatic***</i> | | |
| AXUMIN SOLUTION 9-221 MCI/ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>gallium ga 68 gozetotide solution 0.5-5 mci/ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| ILLUCCIX CONFIGURATION A KIT 25 MCG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ILLUCCIX CONFIGURATION B KIT 25 MCG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| LOCAMETZ KIT 25 MCG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|-------------------------|
| POSLUMA SOLUTION 296-5846 MBQ/ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| PYLARIFY SOLUTION PREFILLED SYRINGE 9 MCI INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| *Diagnostic Radiopharmaceuticals - Renal*** | | |
| <i>dmsa kit intravenous</i> | 3 | |
| *Diagnostic Radiopharmaceuticals - Skeletal*** | | |
| <i>sodium fluoride f 18 solution 10-200 mci/ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>technetium tc 99m medronate kit intravenous</i> | Non-Formulary | Medical Only Exclusion |
| *Diagnostic Radiopharmaceuticals- Immune Cell Radiolabeling** | | |
| CERETEC KIT INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>indium in 111 oxyquinoline solution 1 mci/ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| *Diagnostic Supplies*** | | |
| <i>cervical specimen collection swab</i> | Non-Formulary | Non FDA Exclusion |
| <i>ultrasound gel gel external</i> | Non-Formulary | Non FDA Exclusion |
| *Diagnostic Tests*** | | |
| 12-PANEL POC TOXICOLOGY SYSTEM KIT IN VITRO | Non-Formulary | Medical Only Exclusion |
| ACCU-CHEK AVIVA PLUS STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| ACCU-CHEK GUIDE TEST STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| ACCU-CHEK SMARTVIEW STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| ACCUTREND GLUCOSE STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| ADVANCE INTUITION TEST STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| ADVANCE MICRO-DRAW TEST STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| ADVOCATE REDI-CODE STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| ADVOCATE REDI-CODE+ TEST STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| ADVOCATE TEST STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| AGAMATRIX AMP TEST STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| AGAMATRIX JAZZ TEST STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| AGAMATRIX KEYNOTE TEST STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |

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

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

| Drug Name | Tier | Notes |
|---|---------------|-------------------------|
| EMBRACE EVO BLOOD GLUCOSE TEST STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| EMBRACE PRO GLUCOSE TEST STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| EMBRACE TALK GLUCOSE TEST STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| EMBRACE WAVE BLOOD GLUCOSE STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| <i>eq blood glucose test strip in vitro</i> | Non-Formulary | Formulary Exclusion; QL |
| EVENCARE + BLOOD GLUCOSE TEST STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| EVENCARE BLOOD GLUCOSE TEST STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| EVENCARE G2 TEST STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| EVENCARE G3 TEST STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| EVENCARE MINI GLUCOSE TEST STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| EVENCARE PROVIEW GLUCOSE TEST STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| EVOLUTION AUTOCODE STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| EXACTECH R-S-G TEST STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| EXACTECH TEST STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| FIFTY50 GLUCOSE TEST 2.0 STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| FORA 6 CONNECT STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| FORA 6 CONNECT/GTEL TEST STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| FORA BLOOD GLUCOSE TEST STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| FORA D15G BLOOD GLUCOSE TEST STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| FORA D20 BLOOD GLUCOSE TEST STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| FORA D40/G31 BLOOD GLUCOSE STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| FORA G20 BLOOD GLUCOSE TEST STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| FORA G30/PREM V10 GLUCOSE TEST STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| FORA GD20 TEST STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| FORA GD50 BLOOD GLUCOSE TEST STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |

| Drug Name | Tier | Notes |
|--|---------------|-------------------------|
| FORA GTEL BLOOD GLUCOSE TEST STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| FORA TN'G ADVANCE PRO STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| FORA TN'G/TN'G VOICE STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| FORA V10 BLOOD GLUCOSE TEST STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| FORA V12 BLOOD GLUCOSE TEST STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| FORA V20 BLOOD GLUCOSE TEST STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| FORA V30A BLOOD GLUCOSE TEST STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| FORACARE GD40 TEST STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| FORACARE PREMIUM V10 TEST STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| FORACARE TEST N GO TEST STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| FORTISCARE G1 TEST STRIP STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| FORTISCARE TEST STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| FREESTYLE INSULINX TEST STRIP IN VITRO | 2 | QL |
| FREESTYLE LITE TEST STRIP IN VITRO | 2 | QL |
| FREESTYLE PRECISION NEO TEST STRIP IN VITRO | 2 | QL |
| FREESTYLE TEST STRIP IN VITRO | 2 | QL |
| <i>ge100 blood glucose test strip in vitro</i> | Non-Formulary | Formulary Exclusion; QL |
| GENULTIMATE TEST STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| <i>ght test strip in vitro</i> | Non-Formulary | Formulary Exclusion; QL |
| GLUCO PERFECT 3 TEST STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| GLUCOCARD 01 SENSOR PLUS STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| GLUCOCARD EXPRESSION TEST STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| GLUCOCARD SHINE TEST STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| GLUCOCARD VITAL TEST STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| GLUCOCARD X-SENSOR STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| GLUCOCOM TEST STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| GLUCONAVII BLOOD GLUCOSE TEST STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| <i>glucose meter test strip in vitro</i> | Non-Formulary | Formulary Exclusion; QL |

| Drug Name | Tier | Notes |
|---|---------------|---|
| <i>gnp easy touch glucose test strip in vitro</i> | Non-Formulary | Formulary Exclusion; QL |
| GNP TRUE METRIX GLUCOSE STRIPS STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| GNP TRUETRACK SMART SYSTEM STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| GNP TRUETRACK TEST STRIPS STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| GOJJI BLOOD GLUCOSE TEST STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| GOJJI BLOOD TEST STRIP/LANCETS STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| <i>goodsense blood glucose strip in vitro</i> | Non-Formulary | Formulary Exclusion; QL |
| HARMONY BLOOD GLUCOSE TEST STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| <i>home pap kit kit 2.5 % in vitro</i> | Non-Formulary | Medical Only Exclusion |
| HW EMBRACE PRO GLUCOSE TEST STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| HW EMBRACE TALK GLUCOSE TEST STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| IGLUCOSE TEST STRIPS STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| IHEALTH BLOOD GLUCOSE TEST STRIP IN VITRO | Non-Formulary | ST; Formulary Exclusion; QL |
| IN TOUCH BLOOD GLUCOSE TEST STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| INFINITY BLOOD GLUCOSE TEST STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| INFINITY VOICE STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| <i>groger blood glucose test strip in vitro</i> | Non-Formulary | Formulary Exclusion; QL |
| KROGER HEALTHPRO GLUCOSE TEST STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| <i>groger premium glucose test strip in vitro</i> | Non-Formulary | Formulary Exclusion; QL |
| <i>groger test strip in vitro</i> | Non-Formulary | Formulary Exclusion; QL |
| LIBERTY NEXT GENERATION TEST STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| <i>liberty test strip in vitro</i> | Non-Formulary | Formulary Exclusion; QL |
| <i>medicated dna collection 2 kit combination</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>medicated dna collection kit combination</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>medicated dna collection kit combination</i> | Non-Formulary | Medical Only Exclusion |
| <i>meijer blood glucose test strip in vitro</i> | Non-Formulary | Formulary Exclusion; QL |
| <i>meijer essential glucose test strip in vitro</i> | Non-Formulary | Formulary Exclusion; QL |

| Drug Name | Tier | Notes |
|---|---------------|-------------------------|
| <i>meijer premium glucose test strip in vitro</i> | Non-Formulary | Formulary Exclusion; QL |
| MEIJER TRUETEST TEST STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| MEIJER TRUETRACK TEST STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| MICRODOT TEST STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| MM BLULINK GLUCOSE TEST STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| MM EASY TOUCH GLUCOSE STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| MYGLUCOHEALTH TEST STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| NEUTEK 2TEK TEST STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| NOVA MAX GLUCOSE TEST STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| ON CALL EXPRESS BLOOD GLUCOSE STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| ON CALL PLUS BLOOD GLUCOSE STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| ON CALL VIVID BLOOD GLUCOSE STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| <i>one drop test strip in vitro</i> | Non-Formulary | Formulary Exclusion; QL |
| ONETOUCH ULTRA BLUE TEST STRIP IN VITRO | 2 | QL |
| ONETOUCH ULTRA STRIP IN VITRO | 2 | QL |
| ONETOUCH ULTRA TEST STRIP IN VITRO | 2 | QL |
| ONETOUCH VERIO STRIP IN VITRO | 2 | QL |
| OPTIUM TEST STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| OPTIUMEZ TEST STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| OPTUMRX BLOOD GLUCOSE TEST STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| <i>ph strips diagnostic test in vitro</i> | 3 | |
| PHARMACIST CHOICE AUTOCODE STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| <i>pharmacist choice no coding strip in vitro</i> | Non-Formulary | Formulary Exclusion; QL |
| PIP BLOOD GLUCOSE TEST STRIP STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| POCKETCHEM EZ TEST STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| POGO AUTOMATIC TEST CARTRIDGES DIAGNOSTIC TEST IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| PRECISION XTRA BLOOD GLUCOSE STRIP IN VITRO | 2 | QL |
| <i>premium blood glucose test strip in vitro</i> | Non-Formulary | Formulary Exclusion; QL |

| Drug Name | Tier | Notes |
|--|---------------|-------------------------|
| PRO DNA COLLECTION KIT 2 % COMBINATION | Non-Formulary | Medical Only Exclusion |
| <i>pro voice v8/v9 glucose strip in vitro</i> | Non-Formulary | Formulary Exclusion; QL |
| PRODIGY NO CODING BLOOD GLUC STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| <i>professional dna collection kit combination</i> | Non-Formulary | Medical Only Exclusion |
| PTS PANELS EGLU TEST STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| PTS PANELS GLUCOSE TEST STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| PTS PANELS LIPID PANEL+EGLU STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| QUICKTEK TEST STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| QUINTET AC BLOOD GLUCOSE TEST STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| QUINTET BLOOD GLUCOSE TEST STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| REFUAH PLUS BLOOD GLUCOSE TEST STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| RELION BLOOD GLUCOSE TEST STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| RELION CONFIRM/MICRO TEST STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| RELION GLUCOSE TEST STRIPS STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| RELION PREMIER TEST STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| RELION PRIME TEST STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| RELION TRUE METRIX TEST STRIPS STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| RELION ULTIMA TEST STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| REVEAL BLOOD GLUCOSE TEST STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| REXALL BLOOD GLUCOSE TEST STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| RIGHTEST GS100 BLOOD GLUCOSE STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| RIGHTEST GS300 BLOOD GLUCOSE STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| RIGHTEST GS550 BLOOD GLUCOSE STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| RIGHTEST GT333 BLOOD GLUCOSE STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| RIGHTEST GT333 GLUCOSE TEST STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |

| Drug Name | Tier | Notes |
|--|---------------|-------------------------|
| SMART SENSE PREMIUM TEST STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| SMART SENSE VALUE TEST STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| SMARTEST BLOOD GLUCOSE TEST STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| SOLUS V2 TEST STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| SUPREME TEST STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| SURE EDGE TEST STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| SURECHEK BLOOD GLUCOSE TEST STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| SURE-TEST EASYPLUS MINI TEST STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| <i>tgt blood glucose test strip in vitro</i> | Non-Formulary | Formulary Exclusion; QL |
| TOXICOLOGY MED COLLECTION SYS KIT IN VITRO | Non-Formulary | Medical Only Exclusion |
| <i>true focus blood glucose strip strip in vitro</i> | Non-Formulary | Formulary Exclusion; QL |
| TRUE METRIX BLOOD GLUCOSE TEST STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| TRUETEST TEST STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| TRUETRACK TEST STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| <i>udsx medicated system kit 20 mg combination</i> | Non-Formulary | Non FDA Exclusion |
| <i>udsxmp medicated system kit 20 mg combination</i> | Non-Formulary | Non FDA Exclusion |
| ULTRATRAK PRO TEST STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| ULTRATRAK ULTIMATE TEST STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| UNISTRIP1 GENERIC STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| <i>verasens blood glucose test strip in vitro</i> | Non-Formulary | Formulary Exclusion; QL |
| VIVAGUARD INO TEST STRIPS STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| VOCAL POINT BLOOD GLUCOSE TEST STRIP IN VITRO | Non-Formulary | Formulary Exclusion; QL |
| <i>*Digital Diagnostic Aids***</i> | | |
| CANVAS DX DIAGNOSIS AID AUTISM | Non-Formulary | Non FDA Exclusion |
| <i>*Infection Tests***</i> | | |
| ACCUA SARS-COV-2 KIT IN VITRO | Non-Formulary | Non FDA Exclusion |
| BD VERITOR SYSTEM GROUP A STRP KIT IN VITRO | Non-Formulary | Non FDA Exclusion |
| BD VERITOR SYSTEM SARS-COV-2 KIT IN VITRO | Non-Formulary | Non FDA Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|-------------------|
| BINAXNOW COVID-19 AG CARD KIT IN VITRO | Non-Formulary | Non FDA Exclusion |
| COBAS LIAT SARS-COV-2 ASSAY KIT IN VITRO | Non-Formulary | Non FDA Exclusion |
| COBAS LIAT SARS-COV-2 CONTROL KIT IN VITRO | Non-Formulary | Non FDA Exclusion |
| <i>covid-19 otc antigen 1-pack kit in vitro</i> | Non-Formulary | Non FDA Exclusion |
| <i>covid-19 otc antigen 2-pack kit in vitro</i> | Non-Formulary | Non FDA Exclusion |
| <i>covid-19 specimen collection kit</i> | Non-Formulary | Non FDA Exclusion |
| CUE COVID-19 TEST CARTRIDGE IN VITRO | Non-Formulary | Non FDA Exclusion |
| CUE HEALTH MONITORING SYSTEM IN VITRO | Non-Formulary | Non FDA Exclusion |
| DXTERITY COVID-19 HOME TEST KIT IN VITRO | Non-Formulary | Non FDA Exclusion |
| ECOTEST COVID-19 RAPID TEST KIT IN VITRO | Non-Formulary | Non FDA Exclusion |
| EVERLYWELL COVID-19 HOME TEST KIT IN VITRO | Non-Formulary | Non FDA Exclusion |
| FASTEP COVID-19 RAPID TEST KIT IN VITRO | Non-Formulary | Non FDA Exclusion |
| ID NOW COVID-19 2.0 TEST KIT IN VITRO | Non-Formulary | Non FDA Exclusion |
| ID NOW COVID-19 CONTROL KIT IN VITRO | Non-Formulary | Non FDA Exclusion |
| ID NOW COVID-19 KIT IN VITRO | Non-Formulary | Non FDA Exclusion |
| ID NOW INFLUENZA A & B 2 CONTR KIT IN VITRO | Non-Formulary | Non FDA Exclusion |
| ID NOW INFLUENZA A & B 2 KIT IN VITRO | Non-Formulary | Non FDA Exclusion |
| ID NOW RSV CONTROL SWAB KIT IN VITRO | Non-Formulary | Non FDA Exclusion |
| ID NOW RSV KIT IN VITRO | Non-Formulary | Non FDA Exclusion |
| ID NOW STREP A2 CONTROL SWAB KIT IN VITRO | Non-Formulary | Non FDA Exclusion |
| ID NOW STREP A2 KIT IN VITRO | Non-Formulary | Non FDA Exclusion |
| LUCIRA CHECK IT COVID-19 TEST KIT IN VITRO | Non-Formulary | Non FDA Exclusion |
| LUCIRA COVID-19 ALL-IN-ONE KIT IN VITRO | Non-Formulary | Non FDA Exclusion |
| LYRA DIRECT SARS-COV-2 ASSAY KIT IN VITRO | Non-Formulary | Non FDA Exclusion |
| LYRA SARS-COV-2 ASSAY KIT IN VITRO | Non-Formulary | Non FDA Exclusion |
| PIXEL COVID-19 PCR HOME TEST KIT IN VITRO | Non-Formulary | Non FDA Exclusion |
| QUICKVUE + STREP A TEST KIT IN VITRO | Non-Formulary | Non FDA Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|------------------------|
| QUICKVUE DIPSTICK STREP A TEST KIT IN VITRO | Non-Formulary | Non FDA Exclusion |
| QUICKVUE INFLUENZA A+B TEST KIT IN VITRO | Non-Formulary | Non FDA Exclusion |
| QUICKVUE IN-LINE STREP A TEST KIT IN VITRO | Non-Formulary | Non FDA Exclusion |
| QUICKVUE SARS ANTIGEN TEST KIT IN VITRO | Non-Formulary | Non FDA Exclusion |
| SIMPLICITY COVID-19 AT-HOME KIT IN VITRO | Non-Formulary | Non FDA Exclusion |
| SOFIA INFLUENZA A+B FIA KIT IN VITRO | Non-Formulary | Non FDA Exclusion |
| SOFIA SARS ANTIGEN FIA KIT IN VITRO | Non-Formulary | Non FDA Exclusion |
| SOFIA STREP A FIA KIT IN VITRO | Non-Formulary | Non FDA Exclusion |
| SOFIA STREP A+ FIA KIT IN VITRO | Non-Formulary | Non FDA Exclusion |
| SOFIA2 SARS ANTIGEN FIA KIT IN VITRO | Non-Formulary | Non FDA Exclusion |
| XPERT XPRESS SARS-COV-2 KIT IN VITRO | Non-Formulary | Non FDA Exclusion |
| <i>*Miscellaneous Contrast Media Combinations***</i> | | |
| BL-CONTRAST KIT INJECTION | Non-Formulary | Non FDA Exclusion |
| <i>*Miscellaneous Contrast Media***</i> | | |
| CLARISCAN SOLUTION 10 MMOL/20ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| CLARISCAN SOLUTION 2.5 MMOL/5ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| CLARISCAN SOLUTION 5 MMOL/10ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| CLARISCAN SOLUTION 50 MMOL/100ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| CLARISCAN SOLUTION 7.5 MMOL/15ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| CLARISCAN SOLUTION PREFILLED SYRINGE 10 MMOL/20ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| CLARISCAN SOLUTION PREFILLED SYRINGE 5 MMOL/10ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| CLARISCAN SOLUTION PREFILLED SYRINGE 7.5 MMOL/15ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| DEFINITY RT SUSPENSION 6.52 MG/ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| DEFINITY SUSPENSION 6.52 MG/ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| DOTAREM SOLUTION 10 MMOL/20ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|------------------------|
| DOTAREM SOLUTION 2.5 MMOL/5ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| DOTAREM SOLUTION 5 MMOL/10ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| DOTAREM SOLUTION 50 MMOL/100ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| DOTAREM SOLUTION 7.5 MMOL/15ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| DOTAREM SOLUTION PREFILLED SYRINGE 10 MMOL/20ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| DOTAREM SOLUTION PREFILLED SYRINGE 5 MMOL/10ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| DOTAREM SOLUTION PREFILLED SYRINGE 7.5 MMOL/15ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ELUCIREM SOLUTION 0.5 MMOL/ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| EOVIST SOLUTION 0.25 MMOL/ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| EXEM FOAM 10 ML INTRAUTERINE | Non-Formulary | Medical Only Exclusion |
| GDAVIST SOLUTION 1 MMOL/ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| GDAVIST SOLUTION PREFILLED SYRINGE 10 MMOL/10ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| GDAVIST SOLUTION PREFILLED SYRINGE 15 MMOL/15ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| GDAVIST SOLUTION PREFILLED SYRINGE 7.5 MMOL/7.5ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>gadobutrol solution 1 mmol/ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>gadoterate meglumine solution 10 mmol/20ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>gadoterate meglumine solution 2.5 mmol/5ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>gadoterate meglumine solution 5 mmol/10ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>gadoterate meglumine solution 50 mmol/100ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>gadoterate meglumine solution 7.5 mmol/15ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| LUMASON SUSPENSION RECONSTITUTED 60.7-25 MG INJECTION | Non-Formulary | Medical Only Exclusion |
| MULTIHANCE SOLUTION 529 MG/ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|------------------------|
| OMNISCAN INJECTABLE 287 MG/ML INJECTION | Non-Formulary | Medical Only Exclusion |
| OMNISCAN SOLUTION 287 MG/ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| OPTISON SUSPENSION INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| PROHANCE SOLUTION 279.3 MG/ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| VUEWAY SOLUTION 0.5 MMOL/ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| XENOVIEW GAS 1 % INHALATION | Non-Formulary | Medical Only Exclusion |
| <i>*Multiple Skin Tests***</i> | | |
| <i>cockroach mixed (diagnostic) solution 1:20 injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>sheep sorrel-dock (diagostic) solution 1:20 injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>short-giant ragweed (diagnost) solution 1:20 injection</i> | Non-Formulary | Medical Only Exclusion |
| T.R.U.E. TEST DIAGNOSTIC TEST EXTERNAL | Non-Formulary | Formulary Exclusion |
| <i>*Radiographic Contrast Media - Barium***</i> | | |
| <i>barium sulfate powder (rx)</i> | Non-Formulary | Formulary Exclusion |
| ENTERO VU SUSPENSION 24 % ORAL | Non-Formulary | Formulary Exclusion |
| E-Z-DISK TABLET 700 MG ORAL | Non-Formulary | Formulary Exclusion |
| E-Z-HD SUSPENSION RECONSTITUTED 98 % ORAL | Non-Formulary | Formulary Exclusion |
| LIQUID E-Z-PAQUE SUSPENSION 60 % ORAL | Non-Formulary | Formulary Exclusion |
| LIQUID POLIBAR PLUS SUSPENSION 105 % COMBINATION | Non-Formulary | Non FDA Exclusion |
| NEULUMEX SUSPENSION 0.1 % ORAL | Non-Formulary | Formulary Exclusion |
| READI-CAT 2 SUSPENSION 2 % ORAL | Non-Formulary | Formulary Exclusion |
| SITZMARKS CAPSULE ORAL (RX) | Non-Formulary | Non FDA Exclusion |
| SITZMARKS COMBO PACKAGE CAPSULE THERAPY PACK ORAL | Non-Formulary | Non FDA Exclusion |
| SITZMARKS FOR KIDS CAPSULE ORAL | Non-Formulary | Non FDA Exclusion |
| TAGITOL V SUSPENSION 40 % ORAL | Non-Formulary | Formulary Exclusion |
| VANILLA SILQ SUSPENSION 2.1 % COMBINATION | Non-Formulary | Non FDA Exclusion |
| VARIBAR NECTAR SUSPENSION 40 % ORAL | Non-Formulary | Formulary Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|------------------------|
| VARIBAR THIN LIQUID SUSPENSION RECONSTITUTED 40 % ORAL | Non-Formulary | Formulary Exclusion |
| *Radiographic Contrast Media - Iodinated*** | | |
| CONRAY SOLUTION 60 % INJECTION | Non-Formulary | Medical Only Exclusion |
| CYSTO-CONRAY II SOLUTION 17.2 % URETHRAL | Non-Formulary | Medical Only Exclusion |
| CYSTOGRAFIN SOLUTION 30 % URETHRAL | Non-Formulary | Medical Only Exclusion |
| CYSTOGRAFIN-DILUTE SOLUTION 18 % URETHRAL | Non-Formulary | Medical Only Exclusion |
| <i>diatrizoate meglumine & sodium solution 66-10 % oral</i> | Non-Formulary | Formulary Exclusion |
| GASTROGRAFIN SOLUTION 66-10 % ORAL | Non-Formulary | Formulary Exclusion |
| <i>iodixanol solution 270 mg/ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>iodixanol solution 320 mg/ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>iohexol solution 240 mg/ml epidural</i> | Non-Formulary | Non FDA Exclusion |
| <i>iohexol solution 300 mg/ml epidural</i> | Non-Formulary | Non FDA Exclusion |
| <i>iopamidol solution 41 % injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>iopamidol solution 41 % intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>iopamidol solution 51 % intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>iopamidol solution 61 % injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>iopamidol solution 61 % intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>iopamidol solution 76 % intravenous</i> | Non-Formulary | Medical Only Exclusion |
| ISOVUE-200 SOLUTION 41 % INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ISOVUE-250 SOLUTION 51 % INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ISOVUE-300 SOLUTION 61 % INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ISOVUE-370 SOLUTION 76 % INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ISOVUE-M 200 SOLUTION 41 % INJECTION | Non-Formulary | Medical Only Exclusion |
| ISOVUE-M 300 SOLUTION 61 % INJECTION | Non-Formulary | Medical Only Exclusion |
| LIPIODOL OIL 480 MG/ML INJECTION | Non-Formulary | Medical Only Exclusion |
| OMNIPAQUE SOLUTION 12 MG/ML ORAL | Non-Formulary | Formulary Exclusion |
| OMNIPAQUE SOLUTION 140 MG/ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| OMNIPAQUE SOLUTION 180 MG/ML INJECTION | Non-Formulary | Medical Only Exclusion |
| OMNIPAQUE SOLUTION 240 MG/ML INJECTION | Non-Formulary | Medical Only Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|---|
| OMNIPAQUE SOLUTION 300 MG/ML COMBINATION | Non-Formulary | Medical Only Exclusion |
| OMNIPAQUE SOLUTION 300 MG/ML INJECTION | Non-Formulary | Medical Only Exclusion |
| OMNIPAQUE SOLUTION 350 MG/ML COMBINATION | Non-Formulary | Medical Only Exclusion |
| OMNIPAQUE SOLUTION 350 MG/ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| OMNIPAQUE SOLUTION 9 MG/ML ORAL | Non-Formulary | Formulary Exclusion |
| ULTRAVIST SOLUTION 62 % INJECTION | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| ULTRAVIST SOLUTION 62 % INJECTION | Non-Formulary | Medical Only Exclusion |
| ULTRAVIST SOLUTION 77 % INJECTION | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| ULTRAVIST SOLUTION 77 % INJECTION | Non-Formulary | Medical Only Exclusion |
| VISIPAQUE SOLUTION 270 MG/ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| VISIPAQUE SOLUTION 320 MG/ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| *DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS* | | |
| <i>*Dietary Management Product Combinations***</i> | | |
| ASTAMED MYO CAPSULE ORAL | Non-Formulary | Non FDA Exclusion |
| AXONA PACKET ORAL | Non-Formulary | Non FDA Exclusion |
| CEREFOLIN NAC TABLET 6-90.314-2-600 MG ORAL | Non-Formulary | Non FDA Exclusion |
| CEREFOLIN TABLET 6-1-50-5 MG ORAL | Non-Formulary | Non FDA Exclusion |
| DEPLIN 15 CAPSULE 15-90.314 MG ORAL | Non-Formulary | Non FDA Exclusion |
| DEPLIN 7.5 CAPSULE 7.5-90.314 MG ORAL | Non-Formulary | Non FDA Exclusion |
| ELFOLATE PLUS TABLET 3-35-2 MG ORAL | Non-Formulary | Non FDA Exclusion |
| ENLYTE CAPSULE ORAL | Non-Formulary | Non FDA Exclusion |
| FOLBIC RF TABLET 1.13-25-2 MG ORAL | Non-Formulary | Non FDA Exclusion |
| FOLTANX RF CAPSULE 3-90.314-2-35 MG ORAL | Non-Formulary | Non FDA Exclusion |
| FOLTANX TABLET 3-35-2 MG ORAL | Non-Formulary | Non FDA Exclusion |
| FOLTANX TABLET 1.13-25-2 MG ORAL | Non-Formulary | Non FDA Exclusion |
| FOSTEUM CAPSULE 27-20-200 MG-MG-UNIT ORAL | Non-Formulary | Non FDA Exclusion |
| FOSTEUM PLUS CAPSULE ORAL | Non-Formulary | Non FDA Exclusion |
| LDL CARE POWDER ORAL | Non-Formulary | Non FDA Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|-------------------|
| LIMBREL250 CAPSULE 250-50 MG ORAL | Non-Formulary | Non FDA Exclusion |
| LIMBREL500 CAPSULE 500-50 MG ORAL | Non-Formulary | Non FDA Exclusion |
| <i>l-methylfolate ca me-cbl nac tablet 6-90.314-2-600 mg oral</i> | Non-Formulary | Non FDA Exclusion |
| <i>l-methylfolate forte capsule 15-90.314 mg oral</i> | Non-Formulary | Non FDA Exclusion |
| <i>l-methylfolate forte capsule 7.5-90.314 mg oral</i> | Non-Formulary | Non FDA Exclusion |
| <i>l-methylfolate-algae capsule 15-90.314 mg oral</i> | Non-Formulary | Non FDA Exclusion |
| <i>l-methylfolate-algae-b12-b6 capsule 3-90.314-2-35 mg oral</i> | Non-Formulary | Non FDA Exclusion |
| <i>l-methylfolate-b6-b12 tablet 3-35-2 mg oral</i> | Non-Formulary | Non FDA Exclusion |
| <i>l-methyl-mc nac tablet 6-2-600 mg oral</i> | Non-Formulary | Non FDA Exclusion |
| <i>l-methyl-mc tablet 6-1-50-5 mg oral</i> | Non-Formulary | Non FDA Exclusion |
| <i>lormate capsule oral</i> | Non-Formulary | Non FDA Exclusion |
| <i>medactiv tablet oral</i> | Non-Formulary | Non FDA Exclusion |
| METAFOLBIC PLUS RF TABLET 6-90.314-2-600 MG ORAL | Non-Formulary | Non FDA Exclusion |
| METAFOLBIC PLUS TABLET 6-2-600 MG ORAL | Non-Formulary | Non FDA Exclusion |
| METAFOLBIC TABLET 6-1-50-5 MG ORAL | Non-Formulary | Non FDA Exclusion |
| METANX CAPSULE 3-90.314-2-35 MG ORAL | Non-Formulary | Non FDA Exclusion |
| METANX FC CAPSULE 3-35-2 MG ORAL | Non-Formulary | Non FDA Exclusion |
| <i>methaver capsule oral</i> | Non-Formulary | Non FDA Exclusion |
| <i>methylfol-algae-b12-acetylcyst tablet 6-90.314-2-600 mg oral</i> | Non-Formulary | Non FDA Exclusion |
| <i>neoke bhb powder oral</i> | Non-Formulary | Non FDA Exclusion |
| NICAPRIN TABLET ORAL | Non-Formulary | Non FDA Exclusion |
| <i>nicazyme tablet oral</i> | Non-Formulary | Non FDA Exclusion |
| <i>omnivex tablet oral</i> | Non-Formulary | Non FDA Exclusion |
| PODIAPN CAPSULE ORAL | Non-Formulary | Non FDA Exclusion |
| <i>pro-critic packet oral</i> | Non-Formulary | Non FDA Exclusion |
| PROLEEVA CAPSULE ORAL | Non-Formulary | Non FDA Exclusion |
| <i>proleva tablet oral</i> | Non-Formulary | Non FDA Exclusion |
| PROTEOLIN TABLET ORAL | Non-Formulary | Non FDA Exclusion |
| RHEUMATE CAPSULE ORAL | Non-Formulary | Non FDA Exclusion |
| <i>ribozel capsule oral</i> | Non-Formulary | Non FDA Exclusion |
| TOBAKIENT CAPSULE ORAL | Non-Formulary | Non FDA Exclusion |
| VASCULERA TABLET ORAL | Non-Formulary | Non FDA Exclusion |
| <i>vb6 p5p powder oral</i> | Non-Formulary | Non FDA Exclusion |
| <i>westab max tablet 2.5-25-2 mg oral</i> | Non-Formulary | Non FDA Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|--|
| <i>xyzbac tablet oral</i> | Non-Formulary | Non FDA Exclusion |
| <i>zyvexol tablet oral</i> | Non-Formulary | Non FDA Exclusion |
| *Dietary Management Products*** | | |
| AVAILNEX TABLET CHEWABLE 750 MG ORAL | Non-Formulary | Non FDA Exclusion |
| DEPLIN FC CAPSULE 15 MG ORAL | Non-Formulary | Non FDA Exclusion |
| DEPLIN FC CAPSULE 7.5 MG ORAL | Non-Formulary | Non FDA Exclusion |
| ELFOLATE TABLET 15 MG ORAL | Non-Formulary | Non FDA Exclusion |
| ELFOLATE TABLET 7.5 MG ORAL | Non-Formulary | Non FDA Exclusion |
| ENTERAGAM PACKET 5 GM ORAL | Non-Formulary | Non FDA Exclusion |
| GALAXTRA POWDER ORAL (RX) | Non-Formulary | Non FDA Exclusion |
| LIMBREL CAPSULE 250 MG ORAL | Non-Formulary | Non FDA Exclusion |
| LIMBREL CAPSULE 500 MG ORAL | Non-Formulary | Non FDA Exclusion |
| <i>l-methylfolate calcium tablet 15 mg oral</i> | Non-Formulary | Non FDA Exclusion |
| <i>l-methylfolate calcium tablet 15 mg oral</i> | Non-Formulary | Non FDA Exclusion; Mony Code (MONY Code) |
| <i>l-methylfolate calcium tablet 7.5 mg oral</i> | Non-Formulary | Non FDA Exclusion |
| <i>l-methylfolate tablet 15 mg oral</i> | Non-Formulary | Non FDA Exclusion |
| <i>l-methylfolate tablet 15 mg oral</i> | Non-Formulary | Non FDA Exclusion; Mony Code (MONY Code) |
| <i>l-methylfolate tablet 7.5 mg oral</i> | Non-Formulary | Non FDA Exclusion |
| VASCAZEN CAPSULE 1 GM ORAL | Non-Formulary | Non FDA Exclusion |
| XAQUIL XR TABLET EXTENDED RELEASE 25.5 MG ORAL | Non-Formulary | Non FDA Exclusion |
| *Nutritional Supplements - Diet Aids*** | | |
| APP SLIM RMS CAPSULE ORAL | Non-Formulary | Non FDA Exclusion |
| *Nutritional Supplements*** | | |
| AMINOPMRMS CAPSULE ORAL | Non-Formulary | Non FDA Exclusion |
| ASILNASALRMS CAPSULE ORAL | Non-Formulary | Non FDA Exclusion |
| CAMINO PRO COMPLETE/GLYTACTIN BAR ORAL | Non-Formulary | Non FDA Exclusion |
| ENU NUTRITIONAL SHAKE LIQUID ORAL (RX) | Non-Formulary | Non FDA Exclusion |
| ENU PRO3 PLUS POWDER ORAL | Non-Formulary | Non FDA Exclusion |
| <i>equacare jr powder oral</i> | Non-Formulary | Non FDA Exclusion |
| ESSENTIAL CARE JR POWDER ORAL | Non-Formulary | Non FDA Exclusion |
| FIBERSOURCE HN LIQUID ORAL | Non-Formulary | Non FDA Exclusion |
| GLYTACTIN BETTERMILK 15 PACKET ORAL | Non-Formulary | Non FDA Exclusion |

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

| Drug Name | Tier | Notes |
|---|---------------|---------------------|
| PKU EASY MICROTABS TABLET DELAYED RELEASE ORAL (RX) | Non-Formulary | Non FDA Exclusion |
| PKU EASY TABLET ORAL | Non-Formulary | Non FDA Exclusion |
| PKU EXPRESS 15 PLUS+ PACKET ORAL | Non-Formulary | Non FDA Exclusion |
| PKU EXPRESS 20 PLUS+ PACKET ORAL | Non-Formulary | Non FDA Exclusion |
| PKU GO PACKET ORAL | Non-Formulary | Non FDA Exclusion |
| <i>thrivacin 30 liquid oral</i> | Non-Formulary | Non FDA Exclusion |
| <i>thrivacin detox liquid oral</i> | Non-Formulary | Non FDA Exclusion |
| TYLACTIN BUILD 20PE TYR PACKET ORAL | Non-Formulary | Non FDA Exclusion |
| TYLACTIN COMPLETE 15 PE BAR ORAL | Non-Formulary | Non FDA Exclusion |
| TYLACTIN RESTORE 10 LIQUID ORAL | Non-Formulary | Non FDA Exclusion |
| TYLACTIN RESTORE 5PE PACKET ORAL | Non-Formulary | Non FDA Exclusion |
| TYLACTIN RTD 15 LIQUID ORAL (RX) | Non-Formulary | Non FDA Exclusion |
| TYR EASY TABLET ORAL | Non-Formulary | Non FDA Exclusion |
| TYR EXPRESS 15 PLUS+ PACKET ORAL | Non-Formulary | Non FDA Exclusion |
| TYR EXPRESS 20 PLUS+ PACKET ORAL | Non-Formulary | Non FDA Exclusion |
| VILACTIN AA PLUS LIQUID ORAL | Non-Formulary | Non FDA Exclusion |
| VILACTIN AA PLUS PACKET ORAL | Non-Formulary | Non FDA Exclusion |
| *Sweeteners*** | | |
| <i>sodium saccharin granules (rx)</i> | Non-Formulary | Formulary Exclusion |
| <i>sodium saccharin powder (rx)</i> | Non-Formulary | Formulary Exclusion |
| *DIGESTIVE AIDS* | | |
| *Digestive Enzyme Combinations*** | | |
| <i>enzadyne capsule oral</i> | Non-Formulary | Non FDA Exclusion |
| *Digestive Enzymes*** | | |
| CREON CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT ORAL | 2 | |
| CREON CAPSULE DELAYED RELEASE PARTICLES 24000-76000 UNIT ORAL | 2 | |
| CREON CAPSULE DELAYED RELEASE PARTICLES 3000-9500 UNIT ORAL | 2 | |
| CREON CAPSULE DELAYED RELEASE PARTICLES 36000-114000 UNIT ORAL | 2 | |
| CREON CAPSULE DELAYED RELEASE PARTICLES 6000-19000 UNIT ORAL | 2 | |
| PANCREAZE CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT ORAL | Non-Formulary | Formulary Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|---------------------|
| PANCREAZE CAPSULE DELAYED RELEASE PARTICLES 16800-56800 UNIT ORAL | Non-Formulary | Formulary Exclusion |
| PANCREAZE CAPSULE DELAYED RELEASE PARTICLES 21000-54700 UNIT ORAL | Non-Formulary | Formulary Exclusion |
| PANCREAZE CAPSULE DELAYED RELEASE PARTICLES 2600-8800 UNIT ORAL | Non-Formulary | Formulary Exclusion |
| PANCREAZE CAPSULE DELAYED RELEASE PARTICLES 37000-97300 UNIT ORAL | Non-Formulary | Formulary Exclusion |
| PANCREAZE CAPSULE DELAYED RELEASE PARTICLES 4200-14200 UNIT ORAL | Non-Formulary | Formulary Exclusion |
| PERTZYE CAPSULE DELAYED RELEASE PARTICLES 16000-57500 UNIT ORAL | Non-Formulary | Formulary Exclusion |
| PERTZYE CAPSULE DELAYED RELEASE PARTICLES 24000-86250 UNIT ORAL | Non-Formulary | Formulary Exclusion |
| PERTZYE CAPSULE DELAYED RELEASE PARTICLES 4000-14375 UNIT ORAL | Non-Formulary | Formulary Exclusion |
| PERTZYE CAPSULE DELAYED RELEASE PARTICLES 8000-28750 UNIT ORAL | Non-Formulary | Formulary Exclusion |
| VIOKACE TABLET 10440-39150 UNIT ORAL | Non-Formulary | Formulary Exclusion |
| VIOKACE TABLET 20880-78300 UNIT ORAL | Non-Formulary | Formulary Exclusion |
| ZENPEP CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT ORAL | 2 | |
| ZENPEP CAPSULE DELAYED RELEASE PARTICLES 15000-47000 UNIT ORAL | 2 | |
| ZENPEP CAPSULE DELAYED RELEASE PARTICLES 20000-63000 UNIT ORAL | 2 | |
| ZENPEP CAPSULE DELAYED RELEASE PARTICLES 25000-79000 UNIT ORAL | 2 | |
| ZENPEP CAPSULE DELAYED RELEASE PARTICLES 3000-10000 UNIT ORAL | 2 | |
| ZENPEP CAPSULE DELAYED RELEASE PARTICLES 40000-126000 UNIT ORAL | 2 | |
| ZENPEP CAPSULE DELAYED RELEASE PARTICLES 5000-24000 UNIT ORAL | 2 | |
| ZENPEP CAPSULE DELAYED RELEASE PARTICLES 60000-189600 UNIT ORAL | 2 | |

| Drug Name | Tier | Notes |
|--|---------------|------------------------------------|
| *DIURETICS* | | |
| <i>*Carbonic Anhydrase Inhibitors***</i> | | |
| <i>acetazolamide er capsule extended release 12 hour 500 mg oral</i> | 1 | |
| <i>acetazolamide sodium solution reconstituted 500 mg injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>acetazolamide tablet 125 mg oral</i> | 1 | |
| <i>acetazolamide tablet 125 mg oral</i> | 1 | Mony Code (MONY Code) |
| <i>acetazolamide tablet 250 mg oral</i> | 1 | |
| <i>dichlorphenamide tablet 50 mg oral</i> | Tier 4 | PA; Specialty |
| KEVEYIS TABLET 50 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion |
| <i>methazolamide tablet 25 mg oral</i> | 1 | |
| <i>methazolamide tablet 50 mg oral</i> | 1 | |
| ORMALVI TABLET 50 MG ORAL | Tier 4 | PA; Specialty |
| <i>*Diuretic Combinations***</i> | | |
| ALDACTAZIDE TABLET 25-25 MG ORAL | Non-Formulary | Formulary Exclusion |
| ALDACTAZIDE TABLET 50-50 MG ORAL | 3 | |
| <i>amiloride-hydrochlorothiazide tablet 5-50 mg oral</i> | 1 | |
| <i>amiloride-hydrochlorothiazide tablet 5-50 mg oral</i> | 1 | Mony Code (MONY code issue) |
| DYAZIDE CAPSULE 37.5-25 MG ORAL | Non-Formulary | Formulary Exclusion |
| MAXZIDE TABLET 75-50 MG ORAL | Non-Formulary | Formulary Exclusion |
| MAXZIDE-25 TABLET 37.5-25 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>spironolactone-hctz tablet 25-25 mg oral</i> | 1 | |
| <i>triamterene-hctz capsule 37.5-25 mg oral</i> | 1 | |
| <i>triamterene-hctz tablet 37.5-25 mg oral</i> | 1 | |
| <i>triamterene-hctz tablet 75-50 mg oral</i> | 1 | |
| <i>*Loop Diuretics***</i> | | |
| <i>bumetanide solution 0.25 mg/ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>bumetanide tablet 0.5 mg oral</i> | 1 | |
| <i>bumetanide tablet 1 mg oral</i> | 1 | |
| <i>bumetanide tablet 2 mg oral</i> | 1 | |
| BUMEX TABLET 0.5 MG ORAL | Non-Formulary | Formulary Exclusion |
| BUMEX TABLET 1 MG ORAL | Non-Formulary | Formulary Exclusion |
| BUMEX TABLET 2 MG ORAL | Non-Formulary | Formulary Exclusion |
| EDECIN TABLET 25 MG ORAL | Non-Formulary | Formulary Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|---|
| <i>ethacrynate sodium solution reconstituted 50 mg intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>ethacrynic acid tablet 25 mg oral</i> | 1 | |
| FUROSCIX CARTRIDGE KIT 80 MG/10ML SUBCUTANEOUS | Non-Formulary | PA; Formulary Exclusion; QL |
| <i>furosemide in sodium chloride solution 100-0.9 mg/100ml-% intravenous</i> | Non-Formulary | Formulary Exclusion |
| <i>furosemide solution 10 mg/ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>furosemide solution 10 mg/ml oral</i> | 1 | |
| <i>furosemide solution 8 mg/ml oral</i> | 3 | |
| <i>furosemide tablet 20 mg oral</i> | 1 | |
| <i>furosemide tablet 40 mg oral</i> | 1 | |
| <i>furosemide tablet 80 mg oral</i> | 1 | |
| LASIX TABLET 20 MG ORAL | Non-Formulary | Formulary Exclusion |
| LASIX TABLET 40 MG ORAL | Non-Formulary | Formulary Exclusion |
| LASIX TABLET 80 MG ORAL | Non-Formulary | Formulary Exclusion |
| SOAANZ TABLET 20 MG ORAL | Non-Formulary | Formulary Exclusion |
| SOAANZ TABLET 40 MG ORAL | Non-Formulary | Formulary Exclusion |
| SOAANZ TABLET 60 MG ORAL | Non-Formulary | Formulary Exclusion |
| SODIUM EDECRIN SOLUTION RECONSTITUTED 50 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>torseamide tablet 10 mg oral</i> | 1 | |
| <i>torseamide tablet 100 mg oral (rx)</i> | 1 | |
| <i>torseamide tablet 20 mg oral</i> | 2 | |
| <i>torseamide tablet 20 mg oral</i> | 1 | |
| <i>torseamide tablet 5 mg oral</i> | 1 | |
| *Osmotic Diuretics*** | | |
| <i>mannitol solution 20 % intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>mannitol solution 25 % intravenous</i> | Non-Formulary | Medical Only Exclusion |
| OSMITROL SOLUTION 10 % INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| OSMITROL SOLUTION 15 % INTRAVENOUS | Non-Formulary | Medical Only Exclusion; Mony Code (MONY Code) |
| OSMITROL SOLUTION 20 % INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| *Potassium Sparing Diuretics*** | | |
| ALDACTONE TABLET 100 MG ORAL | Non-Formulary | Formulary Exclusion |
| ALDACTONE TABLET 25 MG ORAL | Non-Formulary | Formulary Exclusion |
| ALDACTONE TABLET 50 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>amiloride hcl tablet 5 mg oral</i> | 1 | |
| CAROSPIR SUSPENSION 25 MG/5ML ORAL | Non-Formulary | Formulary Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|------------------------|
| DYRENIUM CAPSULE 100 MG ORAL | Non-Formulary | Formulary Exclusion |
| DYRENIUM CAPSULE 50 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>spironolactone suspension 25 mg/5ml oral</i> | 1 | |
| <i>spironolactone tablet 100 mg oral</i> | 1 | |
| <i>spironolactone tablet 25 mg oral</i> | 1 | |
| <i>spironolactone tablet 50 mg oral</i> | 1 | |
| <i>triamterene capsule 100 mg oral</i> | 1 | |
| <i>triamterene capsule 50 mg oral</i> | 1 | |
| *Thiazides And Thiazide-Like Diuretics*** | | |
| <i>chlorothiazide sodium solution reconstituted 500 mg intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>chlorthalidone tablet 25 mg oral</i> | 1 | |
| <i>chlorthalidone tablet 25 mg oral</i> | 1 | Mony Code (MONY Code) |
| <i>chlorthalidone tablet 50 mg oral</i> | 1 | |
| <i>chlorthalidone tablet 50 mg oral</i> | 1 | Mony Code (MONY Code) |
| DIURIL SUSPENSION 250 MG/5ML ORAL | 3 | |
| <i>hydrochlorothiazide capsule 12.5 mg oral</i> | 1 | |
| <i>hydrochlorothiazide tablet 12.5 mg oral</i> | 1 | |
| <i>hydrochlorothiazide tablet 25 mg oral</i> | 1 | |
| <i>hydrochlorothiazide tablet 50 mg oral</i> | 1 | |
| <i>indapamide tablet 1.25 mg oral</i> | 1 | |
| <i>indapamide tablet 2.5 mg oral</i> | 1 | |
| <i>metolazone tablet 10 mg oral</i> | 1 | |
| <i>metolazone tablet 2.5 mg oral</i> | 1 | |
| <i>metolazone tablet 5 mg oral</i> | 1 | |
| SODIUM DIURIL SOLUTION RECONSTITUTED 500 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| THALITONE TABLET 15 MG ORAL | 3 | |
| *ENDOCRINE AND METABOLIC AGENTS - MISC.* | | |
| *Abortifacient - Progesterone Receptor Antagonists*** | | |
| MIFEPREX TABLET 200 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>mifepristone tablet 200 mg oral</i> | Non-Formulary | Formulary Exclusion |
| *Acid Sphingomyelinase Deficiency (Asmd) - Agents*** | | |
| XENPOZYME SOLUTION RECONSTITUTED 20 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|---------------------------------|
| XENPOZYME SOLUTION RECONSTITUTED 4 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| *Adenosine Deaminase Scid Treatment - Agents*** | | |
| REVCovi SOLUTION 2.4 MG/1.5ML INTRAMUSCULAR | Tier 4 | PA; Specialty |
| *Alpha-Mannosidosis Treatment - Agents*** | | |
| LAMZEDE SOLUTION RECONSTITUTED 10 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| *Bisphosphonates*** | | |
| ACTONEL TABLET 150 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| ACTONEL TABLET 35 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| <i>alendronate sodium solution 70 mg/75ml oral</i> | 1 | Mony Code (MONY code issue); QL |
| <i>alendronate sodium solution 70 mg/75ml oral</i> | 1 | QL |
| <i>alendronate sodium tablet 10 mg oral</i> | 1 | QL |
| <i>alendronate sodium tablet 35 mg oral</i> | 1 | QL |
| <i>alendronate sodium tablet 5 mg oral</i> | 1 | Mony Code (MONY Code); QL |
| <i>alendronate sodium tablet 70 mg oral</i> | 1 | QL |
| AELVIA TABLET DELAYED RELEASE 35 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| BINOSTO TABLET EFFERVESCENT 70 MG ORAL | 3 | QL |
| BONIVA TABLET 150 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| FOSAMAX PLUS D TABLET 70-2800 MG-UNIT ORAL | 3 | QL |
| FOSAMAX PLUS D TABLET 70-5600 MG-UNIT ORAL | 3 | QL |
| FOSAMAX TABLET 70 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| <i>ibandronate sodium solution 3 mg/3ml intravenous</i> | 1 | |
| <i>ibandronate sodium tablet 150 mg oral</i> | 1 | QL |
| <i>pamidronate disodium solution 30 mg/10ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>pamidronate disodium solution 6 mg/ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>pamidronate disodium solution 90 mg/10ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>risedronate sodium tablet 150 mg oral</i> | 1 | QL |
| <i>risedronate sodium tablet 30 mg oral</i> | 1 | QL |

| Drug Name | Tier | Notes |
|---|---------------|-------------------------|
| <i>risedronate sodium tablet 35 mg oral</i> | 1 | QL |
| <i>risedronate sodium tablet 5 mg oral</i> | 1 | QL |
| <i>risedronate sodium tablet delayed release 35 mg oral</i> | Non-Formulary | Formulary Exclusion; QL |
| <i>zoledronic acid concentrate 4 mg/5ml intravenous</i> | Tier 4 | PA; Specialty |
| <i>zoledronic acid solution 5 mg/100ml intravenous</i> | Tier 4 | PA; Specialty; QL |
| *Calcimimetic Agents*** | | |
| <i>cinacalcet hcl tablet 30 mg oral</i> | 1 | QL |
| <i>cinacalcet hcl tablet 60 mg oral</i> | 1 | QL |
| <i>cinacalcet hcl tablet 90 mg oral</i> | 1 | QL |
| PARSABIV SOLUTION 10 MG/2ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| PARSABIV SOLUTION 2.5 MG/0.5ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| PARSABIV SOLUTION 5 MG/ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| SENSIPAR TABLET 30 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| SENSIPAR TABLET 60 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| SENSIPAR TABLET 90 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| *Calcitonins*** | | |
| <i>calcitonin (salmon) solution 200 unit/act nasal</i> | 1 | QL |
| <i>calcitonin (salmon) solution 200 unit/ml injection</i> | 1 | QL |
| MIACALCIN SOLUTION 200 UNIT/ML INJECTION | Non-Formulary | Formulary Exclusion; QL |
| *Carnitine Replenisher - Agents*** | | |
| CARNITOR SF SOLUTION 1 GM/10ML ORAL | Non-Formulary | Formulary Exclusion |
| CARNITOR SOLUTION 1 GM/10ML ORAL | Non-Formulary | Formulary Exclusion |
| CARNITOR SOLUTION 200 MG/ML INTRAVENOUS | 3 | |
| CARNITOR TABLET 330 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>levocarnitine sf solution 1 gm/10ml oral</i> | 1 | |
| <i>levocarnitine solution 1 gm/10ml oral</i> | 1 | |
| <i>levocarnitine solution 200 mg/ml intravenous</i> | 1 | |
| <i>levocarnitine solution 500 mg/ml injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>levocarnitine tablet 330 mg oral</i> | 1 | |
| *Ckd Agent-Sodium/Hydrogen Exchanger 3 (Nhe3) Inhibitor*** | | |
| XPHOZAH TABLET 20 MG ORAL | Non-Formulary | PA; Formulary Exclusion |
| XPHOZAH TABLET 30 MG ORAL | Non-Formulary | PA; Formulary Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|--|
| *Cortisol Synthesis Inhibitors*** | | |
| RECORLEV TABLET 150 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion; QL |
| *Dopamine Receptor Agonists*** | | |
| <i>cabergoline tablet 0.5 mg oral</i> | 1 | |
| *Fabry Disease - Agents*** | | |
| ELFABRIO SOLUTION 20 MG/10ML INTRAVENOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| ELFABRIO SOLUTION 5 MG/2.5ML INTRAVENOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| *Gaa Deficiency Treatment - Agents*** | | |
| NEXVIAZYME SOLUTION RECONSTITUTED 100 MG INTRAVENOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| OPFOLDA CAPSULE 65 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion |
| POMBILITI SOLUTION RECONSTITUTED 105 MG INTRAVENOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| *Gnrh/Lhrh Antagonists*** | | |
| <i>cetrotide acetate kit 0.25 mg subcutaneous</i> | Non-Formulary | PA; Specialty; Formulary Exclusion |
| CETROTIDE KIT 0.25 MG SUBCUTANEOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| FYREMADEL SOLUTION PREFILLED SYRINGE 250 MCG/0.5ML SUBCUTANEOUS | Tier 4 | PA; Specialty |
| <i>ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous</i> | Non-Formulary | PA; Specialty; Formulary Exclusion |
| <i>ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous</i> | Tier 4 | PA; Specialty |
| ORLISSA TABLET 150 MG ORAL | 2 | PA; QL |
| ORLISSA TABLET 200 MG ORAL | 2 | PA; QL |
| *Growth Hormone Releasing Hormones (Ghrh)*** | | |
| EGRIFTA SV SOLUTION RECONSTITUTED 2 MG SUBCUTANEOUS | 3 | QL |
| *Growth Hormones*** | | |
| GENOTROPIN CARTRIDGE 12 MG SUBCUTANEOUS | Tier 4 | PA; Specialty |
| GENOTROPIN CARTRIDGE 5 MG SUBCUTANEOUS | Tier 4 | PA; Specialty |
| GENOTROPIN MINIQUICK PREFILLED SYRINGE 0.2 MG SUBCUTANEOUS | Tier 4 | PA; Specialty |

| Drug Name | Tier | Notes |
|--|---------------|------------------------------------|
| GENOTROPIN MINIQUICK PREFILLED SYRINGE 0.4 MG SUBCUTANEOUS | Tier 4 | PA; Specialty |
| GENOTROPIN MINIQUICK PREFILLED SYRINGE 0.6 MG SUBCUTANEOUS | Tier 4 | PA; Specialty |
| GENOTROPIN MINIQUICK PREFILLED SYRINGE 0.8 MG SUBCUTANEOUS | Tier 4 | PA; Specialty |
| GENOTROPIN MINIQUICK PREFILLED SYRINGE 1 MG SUBCUTANEOUS | Tier 4 | PA; Specialty |
| GENOTROPIN MINIQUICK PREFILLED SYRINGE 1.2 MG SUBCUTANEOUS | Tier 4 | PA; Specialty |
| GENOTROPIN MINIQUICK PREFILLED SYRINGE 1.4 MG SUBCUTANEOUS | Tier 4 | PA; Specialty |
| GENOTROPIN MINIQUICK PREFILLED SYRINGE 1.6 MG SUBCUTANEOUS | Tier 4 | PA; Specialty |
| GENOTROPIN MINIQUICK PREFILLED SYRINGE 1.8 MG SUBCUTANEOUS | Tier 4 | PA; Specialty |
| GENOTROPIN MINIQUICK PREFILLED SYRINGE 2 MG SUBCUTANEOUS | Tier 4 | PA; Specialty |
| HUMATROPE CARTRIDGE 12 MG INJECTION | Non-Formulary | PA; Specialty; Formulary Exclusion |
| HUMATROPE CARTRIDGE 24 MG INJECTION | Non-Formulary | PA; Specialty; Formulary Exclusion |
| HUMATROPE CARTRIDGE 6 MG INJECTION | Non-Formulary | PA; Specialty; Formulary Exclusion |
| HUMATROPE SOLUTION RECONSTITUTED 5 MG INJECTION | Non-Formulary | PA; Specialty; Formulary Exclusion |
| NGENLA SOLUTION PEN-INJECTOR 24 MG/1.2ML SUBCUTANEOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| NGENLA SOLUTION PEN-INJECTOR 60 MG/1.2ML SUBCUTANEOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| NORDITROPIN FLEXPPO SOLUTION PEN-INJECTOR 10 MG/1.5ML SUBCUTANEOUS | Tier 4 | PA; Specialty |
| NORDITROPIN FLEXPPO SOLUTION PEN-INJECTOR 15 MG/1.5ML SUBCUTANEOUS | Tier 4 | PA; Specialty |
| NORDITROPIN FLEXPPO SOLUTION PEN-INJECTOR 30 MG/3ML SUBCUTANEOUS | Tier 4 | PA; Specialty |
| NORDITROPIN FLEXPPO SOLUTION PEN-INJECTOR 5 MG/1.5ML SUBCUTANEOUS | Tier 4 | PA; Specialty |
| NUTROPIN AQ NUSPIN 10 SOLUTION PEN-INJECTOR 10 MG/2ML SUBCUTANEOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| NUTROPIN AQ NUSPIN 20 SOLUTION PEN-INJECTOR 20 MG/2ML SUBCUTANEOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| NUTROPIN AQ NUSPIN 5 SOLUTION PEN-INJECTOR 5 MG/2ML SUBCUTANEOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|------------------------------------|
| SAIZEN SOLUTION RECONSTITUTED 5 MG INJECTION | Non-Formulary | PA; Specialty; Formulary Exclusion |
| SAIZEN SOLUTION RECONSTITUTED 8.8 MG INJECTION | Non-Formulary | PA; Specialty; Formulary Exclusion |
| SAIZENPREP SOLUTION RECONSTITUTED 8.8 MG INJECTION | Non-Formulary | PA; Specialty; Formulary Exclusion |
| SEROSTIM SOLUTION RECONSTITUTED 4 MG SUBCUTANEOUS | Non-Formulary | PA; Formulary Exclusion |
| SEROSTIM SOLUTION RECONSTITUTED 5 MG SUBCUTANEOUS | Non-Formulary | PA; Formulary Exclusion |
| SEROSTIM SOLUTION RECONSTITUTED 6 MG SUBCUTANEOUS | Non-Formulary | PA; Formulary Exclusion |
| SKYTROFA CARTRIDGE 11 MG SUBCUTANEOUS | Tier 4 | PA; Specialty |
| SKYTROFA CARTRIDGE 13.3 MG SUBCUTANEOUS | Tier 4 | PA; Specialty |
| SKYTROFA CARTRIDGE 3 MG SUBCUTANEOUS | Tier 4 | PA; Specialty |
| SKYTROFA CARTRIDGE 3.6 MG SUBCUTANEOUS | Tier 4 | PA; Specialty |
| SKYTROFA CARTRIDGE 4.3 MG SUBCUTANEOUS | Tier 4 | PA; Specialty |
| SKYTROFA CARTRIDGE 5.2 MG SUBCUTANEOUS | Tier 4 | PA; Specialty |
| SKYTROFA CARTRIDGE 6.3 MG SUBCUTANEOUS | Tier 4 | PA; Specialty |
| SKYTROFA CARTRIDGE 7.6 MG SUBCUTANEOUS | Tier 4 | PA; Specialty |
| SKYTROFA CARTRIDGE 9.1 MG SUBCUTANEOUS | Tier 4 | PA; Specialty |
| SOGROYA SOLUTION PEN-INJECTOR 10 MG/1.5ML SUBCUTANEOUS | Tier 4 | PA; Specialty |
| SOGROYA SOLUTION PEN-INJECTOR 15 MG/1.5ML SUBCUTANEOUS | Tier 4 | PA; Specialty |
| SOGROYA SOLUTION PEN-INJECTOR 5 MG/1.5ML SUBCUTANEOUS | Tier 4 | PA; Specialty |
| ZOMACTON (FOR ZOMA-JET 10) SOLUTION RECONSTITUTED 10 MG SUBCUTANEOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| ZOMACTON SOLUTION RECONSTITUTED 10 MG SUBCUTANEOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| ZOMACTON SOLUTION RECONSTITUTED 5 MG SUBCUTANEOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| ZORBTIVE SOLUTION RECONSTITUTED 8.8 MG SUBCUTANEOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|--|
| *Hereditary Tyrosinemia Type 1 (Ht-1) Treatment - Agents*** | | |
| <i>nitisinone capsule 10 mg oral</i> | Tier 4 | PA; Specialty |
| <i>nitisinone capsule 2 mg oral</i> | Tier 4 | PA; Specialty |
| <i>nitisinone capsule 20 mg oral</i> | Tier 4 | PA; Specialty |
| <i>nitisinone capsule 5 mg oral</i> | Tier 4 | PA; Specialty |
| NITYR TABLET 10 MG ORAL | Tier 4 | PA; Specialty |
| NITYR TABLET 2 MG ORAL | Tier 4 | PA; Specialty |
| NITYR TABLET 5 MG ORAL | Tier 4 | PA; Specialty |
| ORFADIN CAPSULE 10 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion |
| ORFADIN CAPSULE 2 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion |
| ORFADIN CAPSULE 20 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion |
| ORFADIN CAPSULE 5 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion |
| ORFADIN SUSPENSION 4 MG/ML ORAL | Tier 4 | PA; Specialty |
| *Homocystinuria Treatment - Agents*** | | |
| <i>betaine powder oral</i> | 1 | PA |
| <i>betaine powder oral</i> | Non-Formulary | PA; Non FDA Exclusion |
| CYSTADANE POWDER ORAL | Non-Formulary | PA; Formulary Exclusion |
| *Hyperammonemia Treatment - Agents*** | | |
| CARBAGLU TABLET SOLUBLE 200 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion |
| <i>carglumic acid tablet soluble 200 mg oral</i> | Tier 4 | PA; Specialty |
| *Hyperparathyroid Treatment - Vitamin D Analogs*** | | |
| <i>calcitriol capsule 0.25 mcg oral</i> | 1 | |
| <i>calcitriol capsule 0.5 mcg oral</i> | 1 | |
| <i>calcitriol solution 1 mcg/ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>calcitriol solution 1 mcg/ml intravenous</i> | Non-Formulary | Medical Only Exclusion; Mony Code (MONY Code) |
| <i>calcitriol solution 1 mcg/ml oral</i> | Non-Formulary | Formulary Exclusion |
| <i>doxercalciferol capsule 0.5 mcg oral</i> | Non-Formulary | Formulary Exclusion |
| <i>doxercalciferol capsule 0.5 mcg oral</i> | Non-Formulary | Mony Code (MONY code issue); Formulary Exclusion |
| <i>doxercalciferol capsule 1 mcg oral</i> | Non-Formulary | Formulary Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|---|
| <i>doxercalciferol capsule 1 mcg oral</i> | Non-Formulary | Mony Code (MONY code issue); Formulary Exclusion |
| <i>doxercalciferol capsule 2.5 mcg oral</i> | Non-Formulary | Formulary Exclusion |
| <i>doxercalciferol capsule 2.5 mcg oral</i> | Non-Formulary | Mony Code (MONY code issue); Formulary Exclusion |
| <i>doxercalciferol solution 4 mcg/2ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| HECTOROL SOLUTION 4 MCG/2ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>paricalcitol capsule 1 mcg oral</i> | Non-Formulary | Formulary Exclusion |
| <i>paricalcitol capsule 2 mcg oral</i> | Non-Formulary | Formulary Exclusion |
| <i>paricalcitol capsule 4 mcg oral</i> | Non-Formulary | Formulary Exclusion |
| <i>paricalcitol solution 2 mcg/ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>paricalcitol solution 5 mcg/ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| RAYALDEE CAPSULE EXTENDED RELEASE 30 MCG ORAL | 3 | |
| ROCALTROL CAPSULE 0.25 MCG ORAL | Non-Formulary | Formulary Exclusion |
| ROCALTROL CAPSULE 0.5 MCG ORAL | Non-Formulary | Formulary Exclusion |
| ROCALTROL SOLUTION 1 MCG/ML ORAL | Non-Formulary | Formulary Exclusion |
| ZEMPLAR CAPSULE 1 MCG ORAL | Non-Formulary | Formulary Exclusion |
| ZEMPLAR CAPSULE 2 MCG ORAL | Non-Formulary | Formulary Exclusion |
| ZEMPLAR SOLUTION 2 MCG/ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ZEMPLAR SOLUTION 5 MCG/ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>*Hypophosphatasia (Hpp) Agents***</i> | | |
| STRENSIQ SOLUTION 18 MG/0.45ML SUBCUTANEOUS | Tier 4 | PA; Specialty |
| STRENSIQ SOLUTION 28 MG/0.7ML SUBCUTANEOUS | Tier 4 | PA; Specialty |
| STRENSIQ SOLUTION 40 MG/ML SUBCUTANEOUS | Tier 4 | PA; Specialty |
| STRENSIQ SOLUTION 80 MG/0.8ML SUBCUTANEOUS | Tier 4 | PA; Specialty |
| <i>*Insulin-Like Growth Factor-1 Receptor Inhibitors(Igf-1R)***</i> | | |
| TEPEZZA SOLUTION RECONSTITUTED 500 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>*Insulin-Like Growth Factors (Somatomedins)***</i> | | |
| INCRELEX SOLUTION 40 MG/4ML SUBCUTANEOUS | Tier 4 | PA; Specialty |

| Drug Name | Tier | Notes |
|---|---------------|--|
| <i>*Lhrh/Gnrh Agonist Analog Pituitary Suppressants***</i> | | |
| FENSOLVI (6 MONTH) KIT 45 MG SUBCUTANEOUS | Non-Formulary | PA; Specialty; Formulary Exclusion; QL |
| FENSOLVI (6 MONTH) KIT 45 MG SUBCUTANEOUS | Non-Formulary | PA; Specialty; Formulary Exclusion; QL with criteria |
| LUPRON DEPOT-PED (1-MONTH) KIT 11.25 MG INTRAMUSCULAR | Tier 4 | PA; Specialty; QL |
| LUPRON DEPOT-PED (1-MONTH) KIT 15 MG INTRAMUSCULAR | Tier 4 | PA; Specialty; QL |
| LUPRON DEPOT-PED (1-MONTH) KIT 7.5 MG INTRAMUSCULAR | Tier 4 | PA; Specialty; QL |
| LUPRON DEPOT-PED (3-MONTH) KIT 11.25 MG INTRAMUSCULAR | Tier 4 | PA; Specialty; QL |
| LUPRON DEPOT-PED (3-MONTH) KIT 30 MG INTRAMUSCULAR | Tier 4 | PA; Specialty; QL |
| LUPRON DEPOT-PED (6-MONTH) KIT 45 MG INTRAMUSCULAR | Tier 4 | PA; Specialty; QL |
| TRIPTODUR SUSPENSION RECONSTITUTED ER 22.5 MG INTRAMUSCULAR | Non-Formulary | PA; Specialty; Formulary Exclusion; QL |
| <i>*Lysosomal Acid Lipase (Lal) Deficiency - Agents***</i> | | |
| KANUMA SOLUTION 20 MG/10ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>*Mucopolysaccharidosis I (Mps I) - Agents***</i> | | |
| ALDURAZYME SOLUTION 2.9 MG/5ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>*Mucopolysaccharidosis Iv (Mps Iv) - Agents***</i> | | |
| VIMIZIM SOLUTION 5 MG/5ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>*Mucopolysaccharidosis Vi (Mps Vi) - Agents***</i> | | |
| NAGLAZYME SOLUTION 1 MG/ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>*Mucopolysaccharidosis Vii (Mps Vii) - Agents***</i> | | |
| MEPSEVII SOLUTION 10 MG/5ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|---|
| <i>*Neurokinin 3 (Nk3) Receptor Antagonists***</i> | | |
| VEOZAH TABLET 45 MG ORAL | 3 | |
| <i>*Non-Steroidal Mineralocorticoid Receptor Antagonists***</i> | | |
| KERENDIA TABLET 10 MG ORAL | Non-Formulary | PA; Formulary Exclusion; QL |
| KERENDIA TABLET 20 MG ORAL | Non-Formulary | PA; Formulary Exclusion; QL |
| <i>*Ovulation Stimulants-Gonadotropins***</i> | | |
| <i>chorionic gonadotropin solution reconstituted 10000 unit intramuscular</i> | Non-Formulary | PA; Mony Code (MONY code issue); Specialty; Formulary Exclusion |
| FOLLISTIM AQ SOLUTION 300 UNT/0.36ML SUBCUTANEOUS | Tier 4 | PA; Specialty |
| FOLLISTIM AQ SOLUTION 600 UNT/0.72ML SUBCUTANEOUS | Tier 4 | PA; Specialty |
| FOLLISTIM AQ SOLUTION 900 UNT/1.08ML SUBCUTANEOUS | Tier 4 | PA; Specialty |
| GONAL-F RFF REDIJECT SOLUTION PEN-INJECTOR 300 UNIT/0.5ML SUBCUTANEOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| GONAL-F RFF REDIJECT SOLUTION PEN-INJECTOR 450 UNT/0.75ML SUBCUTANEOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| GONAL-F RFF REDIJECT SOLUTION PEN-INJECTOR 900 UNIT/1.5ML SUBCUTANEOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| GONAL-F RFF SOLUTION RECONSTITUTED 75 UNIT SUBCUTANEOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| GONAL-F SOLUTION RECONSTITUTED 1050 UNIT INJECTION | Non-Formulary | PA; Specialty; Formulary Exclusion |
| GONAL-F SOLUTION RECONSTITUTED 450 UNIT INJECTION | Non-Formulary | PA; Specialty; Formulary Exclusion |
| NOVAREL SOLUTION RECONSTITUTED 10000 UNIT INTRAMUSCULAR | Non-Formulary | PA; Mony Code (MONY code issue); Specialty; Formulary Exclusion |
| NOVAREL SOLUTION RECONSTITUTED 5000 UNIT INTRAMUSCULAR | Non-Formulary | PA; Specialty; Formulary Exclusion |
| OVIDREL SOLUTION PREFILLED SYRINGE 250 MCG/0.5ML SUBCUTANEOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| PREGNYL SOLUTION RECONSTITUTED 10000 UNIT INTRAMUSCULAR | Tier 4 | PA; Specialty |

| Drug Name | Tier | Notes |
|---|---------------|---|
| PREGNYL SOLUTION RECONSTITUTED 10000 UNIT INTRAMUSCULAR | Tier 4 | PA; Mony Code (MONY Code); Specialty |
| *Ovulation Stimulants-Synthetic*** | | |
| CLOMID TABLET 50 MG ORAL | 2 | PA |
| <i>clomiphene citrate tablet 50 mg oral</i> | 1 | PA; Mony Code (MONY Code) |
| *Parathyroid Hormone And Derivatives*** | | |
| FORTEO SOLUTION PEN-INJECTOR 600 MCG/2.4ML SUBCUTANEOUS | Non-Formulary | PA; Specialty; Formulary Exclusion; QL |
| <i>teriparatide solution pen-injector 600 mcg/2.4ml subcutaneous</i> | Tier 4 | PA; Specialty; QL |
| <i>teriparatide solution pen-injector 620 mcg/2.48ml subcutaneous</i> | Non-Formulary | PA; Specialty; Formulary Exclusion; QL |
| TYMLOS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML SUBCUTANEOUS | Tier 4 | PA; Specialty; QL |
| *Phenylketonuria Treatment - Agents*** | | |
| JAVYGTOR PACKET 100 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion |
| JAVYGTOR PACKET 500 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion |
| JAVYGTOR TABLET 100 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion |
| KUVAN PACKET 100 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion |
| KUVAN PACKET 500 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion |
| KUVAN TABLET 100 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion |
| <i>sapropterin dihydrochloride packet 100 mg oral</i> | Tier 4 | PA; Specialty |
| <i>sapropterin dihydrochloride packet 500 mg oral</i> | Tier 4 | PA; Specialty |
| <i>sapropterin dihydrochloride tablet 100 mg oral</i> | Tier 4 | PA; Specialty |
| *Rank Ligand (Rankl) Inhibitors*** | | |
| PROLIA SOLUTION PREFILLED SYRINGE 60 MG/ML SUBCUTANEOUS | Tier 4 | PA; Specialty; QL |
| PROLIA SOLUTION PREFILLED SYRINGE 60 MG/ML SUBCUTANEOUS | Tier 4 | PA; Specialty; QL with criteria |
| *Sclerostin Inhibitors*** | | |
| EVENITY SOLUTION PREFILLED SYRINGE 105 MG/1.17ML SUBCUTANEOUS | Non-Formulary | PA; Specialty; Formulary Exclusion; QL |
| EVENITY SOLUTION PREFILLED SYRINGE 105 MG/1.17ML SUBCUTANEOUS | Non-Formulary | PA; Specialty; Formulary Exclusion; QL with criteria |

| Drug Name | Tier | Notes |
|--|---------------|--|
| *Selective Estrogen Receptor Modulators (Serms)*** | | |
| EVISTA TABLET 60 MG ORAL | Non-Formulary | Formulary Exclusion |
| OSPHENA TABLET 60 MG ORAL | 3 | |
| *Selective Vasopressin V2-Receptor Antagonists*** | | |
| SAMSCA TABLET 15 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion; QL |
| SAMSCA TABLET 30 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion; QL |
| <i>tolvaptan tablet 15 mg oral</i> | Tier 4 | PA; Specialty; QL |
| <i>tolvaptan tablet 30 mg oral</i> | Tier 4 | PA; Specialty; QL |
| *Somatostatic Agents*** | | |
| BYNFEZIA PEN SOLUTION PEN-INJECTOR 2500 MCG/ML SUBCUTANEOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| <i>lanreotide acetate solution 120 mg/0.5ml subcutaneous</i> | Non-Formulary | PA; Specialty; Formulary Exclusion |
| <i>lanreotide acetate solution 120 mg/0.5ml subcutaneous</i> | Tier 4 | PA; Specialty |
| <i>octreotide acetate kit 20 mg intramuscular</i> | Tier 4 | PA; Specialty |
| <i>octreotide acetate kit 30 mg intramuscular</i> | Tier 4 | PA; Specialty |
| <i>octreotide acetate solution 100 mcg/ml injection</i> | Tier 4 | PA; Specialty |
| <i>octreotide acetate solution 1000 mcg/ml injection</i> | Tier 4 | PA; Specialty |
| <i>octreotide acetate solution 200 mcg/ml injection</i> | Tier 4 | PA; Specialty |
| <i>octreotide acetate solution 50 mcg/ml injection</i> | Tier 4 | PA; Specialty |
| <i>octreotide acetate solution 500 mcg/ml injection</i> | Tier 4 | PA; Specialty |
| <i>octreotide acetate solution prefilled syringe 100 mcg/ml subcutaneous</i> | Tier 4 | PA; Specialty |
| <i>octreotide acetate solution prefilled syringe 50 mcg/ml subcutaneous</i> | Tier 4 | PA; Specialty |
| <i>octreotide acetate solution prefilled syringe 500 mcg/ml subcutaneous</i> | Tier 4 | PA; Specialty |
| SANDOSTATIN LAR DEPOT KIT 10 MG INTRAMUSCULAR | Non-Formulary | PA; Specialty; Formulary Exclusion |
| SANDOSTATIN LAR DEPOT KIT 20 MG INTRAMUSCULAR | Non-Formulary | PA; Specialty; Formulary Exclusion |
| SANDOSTATIN LAR DEPOT KIT 30 MG INTRAMUSCULAR | Non-Formulary | PA; Specialty; Formulary Exclusion |
| SANDOSTATIN SOLUTION 100 MCG/ML INJECTION | Non-Formulary | PA; Specialty; Formulary Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|------------------------------------|
| SANDOSTATIN SOLUTION 50 MCG/ML INJECTION | Non-Formulary | PA; Specialty; Formulary Exclusion |
| SANDOSTATIN SOLUTION 500 MCG/ML INJECTION | Non-Formulary | PA; Specialty; Formulary Exclusion |
| SIGNIFOR LAR SUSPENSION RECONSTITUTED ER 10 MG INTRAMUSCULAR | Non-Formulary | PA; Specialty; Formulary Exclusion |
| SIGNIFOR LAR SUSPENSION RECONSTITUTED ER 20 MG INTRAMUSCULAR | Non-Formulary | PA; Specialty; Formulary Exclusion |
| SIGNIFOR LAR SUSPENSION RECONSTITUTED ER 30 MG INTRAMUSCULAR | Non-Formulary | PA; Specialty; Formulary Exclusion |
| SIGNIFOR LAR SUSPENSION RECONSTITUTED ER 40 MG INTRAMUSCULAR | Non-Formulary | PA; Specialty; Formulary Exclusion |
| SIGNIFOR LAR SUSPENSION RECONSTITUTED ER 60 MG INTRAMUSCULAR | Non-Formulary | PA; Specialty; Formulary Exclusion |
| SOMATULINE DEPOT SOLUTION 120 MG/0.5ML SUBCUTANEOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| SOMATULINE DEPOT SOLUTION 60 MG/0.2ML SUBCUTANEOUS | Tier 4 | PA; Specialty |
| SOMATULINE DEPOT SOLUTION 90 MG/0.3ML SUBCUTANEOUS | Tier 4 | PA; Specialty |
| <i>*Tripeptidyl Peptidase 1 Deficiency Treatment - Agents***</i> | | |
| BRINEURA KIT 2 X 150 MG/5ML | Non-Formulary | Medical Only Exclusion |
| <i>*Urea Cycle Disorder - Agents***</i> | | |
| AMMONUL SOLUTION 10-10 % INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| BUPHENYL POWDER 3 GM/TSP ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion |
| BUPHENYL TABLET 500 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion |
| <i>citrulline easy tablet extended release 1 gm oral (rx)</i> | Non-Formulary | Non FDA Exclusion |
| OLPRUVA (2 GM DOSE) THERAPY PACK 2 GM ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion |
| OLPRUVA (3 GM DOSE) THERAPY PACK 3 GM ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion |
| OLPRUVA (4 GM DOSE) THERAPY PACK 2 & 2 GM ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|------------------------------------|
| OLPRUVA (5 GM DOSE) THERAPY PACK 2 & 3 GM ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion |
| OLPRUVA (6 GM DOSE) THERAPY PACK 3 & 3 GM ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion |
| OLPRUVA (6.67 GM DOSE) THERAPY PACK 3 & 3.67 GM ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion |
| RAVICTI LIQUID 1.1 GM/ML ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion |
| <i>sod benz-sod phenylacet solution 10-10 % intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>sodium phenylbutyrate powder 3 gm/tsp oral</i> | Tier 4 | PA; Specialty |
| <i>sodium phenylbutyrate tablet 500 mg oral</i> | Tier 4 | PA; Specialty |
| *V1a/V2-Arginine Vasopressin (Avp) Receptor Antagonists*** | | |
| VAPRISOL SOLUTION 20-5 MG/100ML-% INTRAVENOUS | 3 | |
| *Vasopressin*** | | |
| DDAVP PF SOLUTION 4 MCG/ML INJECTION | Non-Formulary | Formulary Exclusion |
| DDAVP SOLUTION 0.01 % NASAL | Non-Formulary | Formulary Exclusion |
| DDAVP SOLUTION 4 MCG/ML INJECTION | Non-Formulary | Formulary Exclusion |
| DDAVP TABLET 0.1 MG ORAL | Non-Formulary | Formulary Exclusion |
| DDAVP TABLET 0.2 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>desmopressin ace spray refrig solution 0.01 % nasal</i> | 1 | |
| <i>desmopressin acetate pf solution 4 mcg/ml injection</i> | 1 | |
| <i>desmopressin acetate solution 1.5 mg/ml nasal</i> | Non-Formulary | PA; Non FDA Exclusion |
| <i>desmopressin acetate solution 4 mcg/ml injection</i> | 1 | |
| <i>desmopressin acetate spray solution 0.01 % nasal</i> | 1 | |
| <i>desmopressin acetate tablet 0.1 mg oral</i> | 1 | |
| <i>desmopressin acetate tablet 0.2 mg oral</i> | 1 | |
| NOCDURNA TABLET SUBLINGUAL 27.7 MCG SUBLINGUAL | 3 | |
| NOCDURNA TABLET SUBLINGUAL 55.3 MCG SUBLINGUAL | 3 | |
| STIMATE SOLUTION 1.5 MG/ML NASAL | 2 | PA |
| TERLIVAZ SOLUTION RECONSTITUTED 0.85 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>vasopressin +rfid solution 20 unit/ml intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>vasopressin solution 20 unit/ml intravenous</i> | 1 | |

| Drug Name | Tier | Notes |
|--|---------------|---|
| <i>vasopressin solution 20 unit/ml intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>vasopressin solution prefilled syringe 5 unit/5ml intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>vasopressin-dextrose solution 20-5 ut/100ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>vasopressin-dextrose solution 50-5 ut/50ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>vasopressin-dextrose solution prefilled syringe 5-5 unit/5ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>vasopressin-sodium chloride solution 20-0.9 ut/100ml-% intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>vasopressin-sodium chloride solution 20-0.9 ut/100ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>vasopressin-sodium chloride solution 40-0.9 ut/100ml-% intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>vasopressin-sodium chloride solution 40-0.9 ut/100ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>vasopressin-sodium chloride solution prefilled syringe 2-0.9 unit/2ml-% injection</i> | Non-Formulary | Non FDA Exclusion |
| VASOSTRICT SOLUTION 20 UNIT/ML INTRAVENOUS | 3 | |
| VASOSTRICT SOLUTION 20-5 UT/100ML-% INTRAVENOUS | 3 | |
| VASOSTRICT SOLUTION 40-5 UT/100ML-% INTRAVENOUS | 3 | |
| *ESTROGENS* | | |
| <i>*Estrogen & Androgen***</i> | | |
| COVARYX HS TABLET 0.625-1.25 MG ORAL | Non-Formulary | Formulary Exclusion |
| COVARYX TABLET 1.25-2.5 MG ORAL | Non-Formulary | Formulary Exclusion |
| EEMT HS TABLET 0.625-1.25 MG ORAL | Non-Formulary | Formulary Exclusion |
| EEMT TABLET 1.25-2.5 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>est estrogens-methyltest ds tablet 1.25-2.5 mg oral</i> | Non-Formulary | Formulary Exclusion |
| <i>est estrogens-methyltest hs tablet 0.625-1.25 mg oral</i> | Non-Formulary | Formulary Exclusion |
| <i>est estrogens-methyltest tablet 0.625-1.25 mg oral</i> | Non-Formulary | Formulary Exclusion |
| <i>est estrogens-methyltest tablet 1.25-2.5 mg oral</i> | Non-Formulary | Formulary Exclusion |
| ESTRATEST F.S. TABLET 1.25-2.5 MG ORAL | Non-Formulary | Formulary Exclusion |
| ESTRATEST H.S. TABLET 0.625-1.25 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>*Estrogen & Progestin***</i> | | |
| ACTIVELLA TABLET 1-0.5 MG ORAL | Non-Formulary | Formulary Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|---------------------|
| AMABELZ TABLET 0.5-0.1 MG ORAL | 1 | |
| AMABELZ TABLET 1-0.5 MG ORAL | 1 | |
| ANGELIQ TABLET 0.25-0.5 MG ORAL | 3 | |
| ANGELIQ TABLET 0.5-1 MG ORAL | 3 | |
| BIJUVA CAPSULE 0.5-100 MG ORAL | 2 | |
| BIJUVA CAPSULE 1-100 MG ORAL | 2 | |
| CLIMARA PRO PATCH WEEKLY 0.045-0.015 MG/DAY TRANSDERMAL | 2 | |
| COMBIPATCH PATCH TWICE WEEKLY 0.05-0.14 MG/DAY TRANSDERMAL | 3 | |
| COMBIPATCH PATCH TWICE WEEKLY 0.05-0.25 MG/DAY TRANSDERMAL | 3 | |
| <i>estradiol-norethindrone acet tablet 0.5-0.1 mg oral</i> | 1 | |
| <i>estradiol-norethindrone acet tablet 1-0.5 mg oral</i> | 1 | |
| FEMHRT TABLET 0.5-2.5 MG-MCG ORAL | Non-Formulary | Formulary Exclusion |
| FYAVOLV TABLET 0.5-2.5 MG-MCG ORAL | 1 | |
| FYAVOLV TABLET 1-5 MG-MCG ORAL | 1 | |
| JINTELI TABLET 1-5 MG-MCG ORAL | 1 | |
| MIMVEY TABLET 1-0.5 MG ORAL | 1 | |
| <i>norethindrone-eth estradiol tablet 0.5-2.5 mg-mcg oral</i> | 1 | |
| <i>norethindrone-eth estradiol tablet 1-5 mg-mcg oral</i> | 1 | |
| PREFEST TABLET 1/1-0.09 MG (15/15) ORAL | 3 | |
| PREMPHASE TABLET 0.625-5 MG ORAL | 2 | |
| PREMPRO TABLET 0.3-1.5 MG ORAL | 2 | |
| PREMPRO TABLET 0.45-1.5 MG ORAL | 2 | |
| PREMPRO TABLET 0.625-2.5 MG ORAL | 2 | |
| PREMPRO TABLET 0.625-5 MG ORAL | 2 | |
| *Estrogen-Progestin-Gnrh Antagonist*** | | |
| MYFEMBREE TABLET 40-1-0.5 MG ORAL | 2 | PA |
| ORIAHNN CAPSULE THERAPY PACK 300-1-0.5 & 300 MG ORAL | 2 | PA |
| *Estrogens*** | | |
| ALORA PATCH TWICE WEEKLY 0.025 MG/24HR TRANSDERMAL | 3 | |
| ALORA PATCH TWICE WEEKLY 0.05 MG/24HR TRANSDERMAL | 3 | |

| Drug Name | Tier | Notes |
|---|---------------|---------------------|
| ALORA PATCH TWICE WEEKLY 0.075 MG/24HR TRANSDERMAL | 3 | |
| ALORA PATCH TWICE WEEKLY 0.1 MG/24HR TRANSDERMAL | 3 | |
| CLIMARA PATCH WEEKLY 0.025 MG/24HR TRANSDERMAL | Non-Formulary | Formulary Exclusion |
| CLIMARA PATCH WEEKLY 0.0375 MG/24HR TRANSDERMAL | Non-Formulary | Formulary Exclusion |
| CLIMARA PATCH WEEKLY 0.05 MG/24HR TRANSDERMAL | Non-Formulary | Formulary Exclusion |
| CLIMARA PATCH WEEKLY 0.06 MG/24HR TRANSDERMAL | Non-Formulary | Formulary Exclusion |
| CLIMARA PATCH WEEKLY 0.075 MG/24HR TRANSDERMAL | Non-Formulary | Formulary Exclusion |
| CLIMARA PATCH WEEKLY 0.1 MG/24HR TRANSDERMAL | Non-Formulary | Formulary Exclusion |
| DELESTROGEN OIL 10 MG/ML INTRAMUSCULAR | Non-Formulary | Formulary Exclusion |
| DELESTROGEN OIL 20 MG/ML INTRAMUSCULAR | Non-Formulary | Formulary Exclusion |
| DELESTROGEN OIL 40 MG/ML INTRAMUSCULAR | Non-Formulary | Formulary Exclusion |
| DEPO-ESTRADIOL OIL 5 MG/ML INTRAMUSCULAR | 3 | |
| DIVIGEL GEL 0.25 MG/0.25GM TRANSDERMAL | Non-Formulary | Formulary Exclusion |
| DIVIGEL GEL 0.5 MG/0.5GM TRANSDERMAL | Non-Formulary | Formulary Exclusion |
| DIVIGEL GEL 0.75 MG/0.75GM TRANSDERMAL | Non-Formulary | Formulary Exclusion |
| DIVIGEL GEL 1 MG/GM TRANSDERMAL | Non-Formulary | Formulary Exclusion |
| DIVIGEL GEL 1.25 MG/1.25GM TRANSDERMAL | Non-Formulary | Formulary Exclusion |
| DOTTI PATCH TWICE WEEKLY 0.025 MG/24HR TRANSDERMAL | 1 | |
| DOTTI PATCH TWICE WEEKLY 0.0375 MG/24HR TRANSDERMAL | 1 | |
| DOTTI PATCH TWICE WEEKLY 0.05 MG/24HR TRANSDERMAL | 1 | |
| DOTTI PATCH TWICE WEEKLY 0.075 MG/24HR TRANSDERMAL | 1 | |
| DOTTI PATCH TWICE WEEKLY 0.1 MG/24HR TRANSDERMAL | 1 | |

| Drug Name | Tier | Notes |
|--|---------------|---------------------|
| <i>ec-rx estradiol cream 0.4 % transdermal</i> | Non-Formulary | Non FDA Exclusion |
| <i>ec-rx estradiol cream 0.6 % transdermal</i> | Non-Formulary | Non FDA Exclusion |
| ELESTRIN GEL 0.52 MG/0.87 GM (0.06%) TRANSDERMAL | 3 | |
| ESTRACE TABLET 0.5 MG ORAL | Non-Formulary | Formulary Exclusion |
| ESTRACE TABLET 1 MG ORAL | Non-Formulary | Formulary Exclusion |
| ESTRACE TABLET 2 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>estradiol gel 0.25 mg/0.25gm transdermal</i> | 1 | |
| <i>estradiol gel 0.5 mg/0.5gm transdermal</i> | 1 | |
| <i>estradiol gel 0.75 mg/0.75gm transdermal</i> | 1 | |
| <i>estradiol gel 0.75 mg/1.25 gm (0.06%) transdermal</i> | 1 | |
| <i>estradiol gel 1 mg/gm transdermal</i> | 1 | |
| <i>estradiol gel 1.25 mg/1.25gm transdermal</i> | 1 | |
| <i>estradiol patch twice weekly 0.025 mg/24hr transdermal</i> | 1 | |
| <i>estradiol patch twice weekly 0.0375 mg/24hr transdermal</i> | 1 | |
| <i>estradiol patch twice weekly 0.05 mg/24hr transdermal</i> | 1 | |
| <i>estradiol patch twice weekly 0.075 mg/24hr transdermal</i> | 1 | |
| <i>estradiol patch twice weekly 0.1 mg/24hr transdermal</i> | 1 | |
| <i>estradiol patch weekly 0.025 mg/24hr transdermal</i> | 1 | |
| <i>estradiol patch weekly 0.0375 mg/24hr transdermal</i> | 1 | |
| <i>estradiol patch weekly 0.05 mg/24hr transdermal</i> | 1 | |
| <i>estradiol patch weekly 0.06 mg/24hr transdermal</i> | 1 | |
| <i>estradiol patch weekly 0.075 mg/24hr transdermal</i> | 1 | |
| <i>estradiol patch weekly 0.1 mg/24hr transdermal</i> | 1 | |
| <i>estradiol pellet 6 mg implant</i> | Non-Formulary | Non FDA Exclusion |
| <i>estradiol tablet 0.5 mg oral</i> | 1 | |
| <i>estradiol tablet 1 mg oral</i> | 1 | |
| <i>estradiol tablet 2 mg oral</i> | 1 | |
| <i>estradiol valerate oil 10 mg/ml intramuscular</i> | 1 | |
| <i>estradiol valerate oil 20 mg/ml intramuscular</i> | 1 | |
| <i>estradiol valerate oil 40 mg/ml intramuscular</i> | 1 | |

| Drug Name | Tier | Notes |
|--|---------------|------------------------|
| ESTROGEL GEL 0.75 MG/1.25 GM (0.06%) TRANSDERMAL | Non-Formulary | Formulary Exclusion |
| EVAMIST SOLUTION 1.53 MG/SPRAY TRANSDERMAL | 3 | |
| LYLLANA PATCH TWICE WEEKLY 0.025 MG/24HR TRANSDERMAL | 1 | |
| LYLLANA PATCH TWICE WEEKLY 0.0375 MG/24HR TRANSDERMAL | 1 | |
| LYLLANA PATCH TWICE WEEKLY 0.05 MG/24HR TRANSDERMAL | 1 | |
| LYLLANA PATCH TWICE WEEKLY 0.075 MG/24HR TRANSDERMAL | 1 | |
| LYLLANA PATCH TWICE WEEKLY 0.1 MG/24HR TRANSDERMAL | 1 | |
| MENEST TABLET 0.3 MG ORAL | 3 | |
| MENEST TABLET 0.625 MG ORAL | 3 | |
| MENEST TABLET 1.25 MG ORAL | 3 | |
| MENEST TABLET 2.5 MG ORAL | 3 | |
| MENOSTAR PATCH WEEKLY 14 MCG/24HR TRANSDERMAL | 3 | |
| MINIVELLE PATCH TWICE WEEKLY 0.025 MG/24HR TRANSDERMAL | Non-Formulary | Formulary Exclusion |
| MINIVELLE PATCH TWICE WEEKLY 0.0375 MG/24HR TRANSDERMAL | Non-Formulary | Formulary Exclusion |
| MINIVELLE PATCH TWICE WEEKLY 0.05 MG/24HR TRANSDERMAL | Non-Formulary | Formulary Exclusion |
| MINIVELLE PATCH TWICE WEEKLY 0.075 MG/24HR TRANSDERMAL | Non-Formulary | Formulary Exclusion |
| MINIVELLE PATCH TWICE WEEKLY 0.1 MG/24HR TRANSDERMAL | Non-Formulary | Formulary Exclusion |
| PREMARIN SOLUTION RECONSTITUTED 25 MG INJECTION | Non-Formulary | Medical Only Exclusion |
| PREMARIN TABLET 0.3 MG ORAL | 2 | |
| PREMARIN TABLET 0.45 MG ORAL | 2 | |
| PREMARIN TABLET 0.625 MG ORAL | 2 | |
| PREMARIN TABLET 0.9 MG ORAL | 2 | |
| PREMARIN TABLET 1.25 MG ORAL | 2 | |
| VIVELLE-DOT PATCH TWICE WEEKLY 0.025 MG/24HR TRANSDERMAL | Non-Formulary | Formulary Exclusion |
| VIVELLE-DOT PATCH TWICE WEEKLY 0.0375 MG/24HR TRANSDERMAL | Non-Formulary | Formulary Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|---|
| VIVELLE-DOT PATCH TWICE WEEKLY 0.05 MG/24HR TRANSDERMAL | Non-Formulary | Formulary Exclusion |
| VIVELLE-DOT PATCH TWICE WEEKLY 0.075 MG/24HR TRANSDERMAL | Non-Formulary | Formulary Exclusion |
| VIVELLE-DOT PATCH TWICE WEEKLY 0.1 MG/24HR TRANSDERMAL | Non-Formulary | Formulary Exclusion |
| *Estrogen-Selective Estrogen Receptor Modulator Comb*** | | |
| DUAVEE TABLET 0.45-20 MG ORAL | 2 | |
| *FLUOROQUINOLONES* | | |
| *Fluoroquinolones*** | | |
| BAXDELA SOLUTION RECONSTITUTED 300 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| BAXDELA TABLET 450 MG ORAL | 3 | QL |
| CIPRO SUSPENSION RECONSTITUTED 250 MG/5ML (5%) ORAL | 3 | |
| CIPRO SUSPENSION RECONSTITUTED 500 MG/5ML (10%) ORAL | 3 | |
| CIPRO TABLET 250 MG ORAL | Non-Formulary | Formulary Exclusion |
| CIPRO TABLET 500 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>ciprofloxacin hcl tablet 100 mg oral</i> | 1 | Mony Code (MONY Code) |
| <i>ciprofloxacin hcl tablet 250 mg oral</i> | 1 | |
| <i>ciprofloxacin hcl tablet 500 mg oral</i> | 1 | |
| <i>ciprofloxacin hcl tablet 750 mg oral</i> | 1 | |
| <i>ciprofloxacin in d5w solution 200 mg/100ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>ciprofloxacin in d5w solution 400 mg/200ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>ciprofloxacin suspension reconstituted 250 mg/5ml (5%) oral</i> | 1 | |
| <i>ciprofloxacin suspension reconstituted 500 mg/5ml (10%) oral</i> | 1 | |
| <i>levofloxacin in d5w solution 250 mg/50ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>levofloxacin in d5w solution 500 mg/100ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>levofloxacin in d5w solution 750 mg/150ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>levofloxacin solution 25 mg/ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>levofloxacin solution 25 mg/ml intravenous</i> | Non-Formulary | Medical Only Exclusion; Mony Code (MONY CODE ISSUE) |

| Drug Name | Tier | Notes |
|--|---------------|---|
| <i>levofloxacin solution 25 mg/ml oral</i> | 1 | Mony Code (MONY Code) |
| <i>levofloxacin solution 25 mg/ml oral</i> | 1 | |
| <i>levofloxacin solution 25 mg/ml oral</i> | 1 | Mony Code (MONY CODE ISSUE) |
| <i>levofloxacin tablet 250 mg oral</i> | 1 | |
| <i>levofloxacin tablet 500 mg oral</i> | 1 | |
| <i>levofloxacin tablet 750 mg oral</i> | 1 | |
| <i>moxifloxacin hcl in nacl solution 400 mg/250ml intravenous</i> | Non-Formulary | Medical Only Exclusion; Mony Code (MONY CODE ISSUE) |
| <i>moxifloxacin hcl solution 400 mg/250ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>moxifloxacin hcl tablet 400 mg oral</i> | 1 | |
| <i>ofloxacin tablet 300 mg oral</i> | 1 | Mony Code (MONY Code) |
| <i>ofloxacin tablet 400 mg oral</i> | 1 | |
| *GASTROINTESTINAL AGENTS - MISC.* | | |
| <i>*5-Ht4 Receptor Agonists***</i> | | |
| MOTEGRITY TABLET 1 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| MOTEGRITY TABLET 2 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>*Cic Agents - Guanylate Cyclase-C (Gc-C) Agonists***</i> | | |
| TRULANCE TABLET 3 MG ORAL | 2 | |
| <i>*Gallstone Solubilizing Agents***</i> | | |
| ACTIGALL CAPSULE 300 MG ORAL | Non-Formulary | Formulary Exclusion |
| CHENODAL TABLET 250 MG ORAL | Tier 4 | PA; Specialty |
| RELTONE CAPSULE 200 MG ORAL | 3 | |
| RELTONE CAPSULE 400 MG ORAL | 3 | |
| URSO 250 TABLET 250 MG ORAL | Non-Formulary | Formulary Exclusion |
| URSO FORTE TABLET 500 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>ursodiol capsule 200 mg oral</i> | 3 | |
| <i>ursodiol capsule 300 mg oral</i> | 1 | |
| <i>ursodiol capsule 400 mg oral</i> | 3 | |
| <i>ursodiol tablet 250 mg oral</i> | 1 | |
| <i>ursodiol tablet 500 mg oral</i> | 1 | |
| URSODIOL+SYRSPEND SF SUSPENSION 30 MG/ML ORAL | Non-Formulary | Non FDA Exclusion |
| <i>*Gastrointestinal Antiallergy Agents***</i> | | |
| <i>cromolyn sodium concentrate 100 mg/5ml oral</i> | 1 | |

| Drug Name | Tier | Notes |
|---|---------------|-------------------------|
| GASTROCROM CONCENTRATE 100 MG/5ML ORAL | Non-Formulary | Formulary Exclusion |
| *Gastrointestinal Chloride Channel Activators*** | | |
| AMITIZA CAPSULE 24 MCG ORAL | Non-Formulary | Formulary Exclusion; QL |
| AMITIZA CAPSULE 8 MCG ORAL | Non-Formulary | Formulary Exclusion; QL |
| <i>lubiprostone capsule 24 mcg oral</i> | 1 | QL |
| <i>lubiprostone capsule 8 mcg oral</i> | 1 | QL |
| *Gastrointestinal Stimulants*** | | |
| <i>dexpanthenol solution 250 mg/ml injection</i> | Non-Formulary | Non FDA Exclusion |
| GIMOTI SOLUTION 15 MG/ACT NASAL | 3 | |
| <i>metoclopramide hcl solution 10 mg/10ml oral</i> | 1 | |
| <i>metoclopramide hcl solution 5 mg/5ml oral</i> | 1 | |
| <i>metoclopramide hcl solution 5 mg/ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>metoclopramide hcl tablet 10 mg oral</i> | 1 | |
| <i>metoclopramide hcl tablet 5 mg oral</i> | 1 | |
| <i>metoclopramide hcl tablet dispersible 10 mg oral</i> | 3 | |
| <i>metoclopramide hcl tablet dispersible 5 mg oral</i> | 3 | |
| REGLAN TABLET 10 MG ORAL | Non-Formulary | Formulary Exclusion |
| REGLAN TABLET 5 MG ORAL | Non-Formulary | Formulary Exclusion |
| *Ibs Agent - 5-Ht4 Receptor Partial Agonists*** | | |
| ZELNORM TABLET 6 MG ORAL | Non-Formulary | PA; Formulary Exclusion |
| *Ibs Agent - Guanylate Cyclase-C (Gc-C) Agonists*** | | |
| LINZESS CAPSULE 145 MCG ORAL | 2 | QL |
| LINZESS CAPSULE 290 MCG ORAL | 2 | QL |
| LINZESS CAPSULE 72 MCG ORAL | 2 | QL |
| *Ibs Agent - Mu-Opioid Receptor Agonists*** | | |
| VIBERZI TABLET 100 MG ORAL | 2 | QL |
| VIBERZI TABLET 75 MG ORAL | 2 | QL |
| *Ibs Agent - Selective 5-Ht3 Receptor Antagonists*** | | |
| <i>alosetron hcl tablet 0.5 mg oral</i> | 1 | |
| <i>alosetron hcl tablet 1 mg oral</i> | 1 | |
| LOTRONEX TABLET 0.5 MG ORAL | Non-Formulary | Formulary Exclusion |
| LOTRONEX TABLET 1 MG ORAL | Non-Formulary | Formulary Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|-----------------------------|
| *Ibs Agent - Sodium/Hydrogen Exchanger 3 (Nhe3) Inhibitor*** | | |
| IBSRELA TABLET 50 MG ORAL | Non-Formulary | Formulary Exclusion |
| *Inflammatory Bowel Agents*** | | |
| APRISO CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM ORAL | Non-Formulary | Formulary Exclusion |
| ASACOL HD TABLET DELAYED RELEASE 800 MG ORAL | Non-Formulary | Formulary Exclusion |
| AZULFIDINE EN-TABS TABLET DELAYED RELEASE 500 MG ORAL | Non-Formulary | Formulary Exclusion |
| AZULFIDINE TABLET 500 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>balsalazide disodium capsule 750 mg oral</i> | 1 | |
| CANASA SUPPOSITORY 1000 MG RECTAL | Non-Formulary | Formulary Exclusion |
| COLAZAL CAPSULE 750 MG ORAL | Non-Formulary | Formulary Exclusion |
| DELZICOL CAPSULE DELAYED RELEASE 400 MG ORAL | Non-Formulary | Formulary Exclusion |
| DIPENTUM CAPSULE 250 MG ORAL | 3 | |
| LIALDA TABLET DELAYED RELEASE 1.2 GM ORAL | Non-Formulary | Formulary Exclusion |
| <i>mesalamine capsule delayed release 400 mg oral</i> | 1 | |
| <i>mesalamine enema 4 gm rectal</i> | 1 | |
| <i>mesalamine er capsule extended release 24 hour 0.375 gm oral</i> | 1 | |
| <i>mesalamine er capsule extended release 500 mg oral</i> | 1 | |
| <i>mesalamine suppository 1000 mg rectal</i> | 1 | |
| <i>mesalamine tablet delayed release 1.2 gm oral</i> | 1 | |
| <i>mesalamine tablet delayed release 800 mg oral</i> | 1 | |
| <i>mesalamine tablet delayed release 800 mg oral</i> | 1 | Mony Code (MONY code issue) |
| <i>mesalamine tablet delayed release 800 mg oral</i> | 1 | Mony Code (MONY Code) |
| <i>mesalamine-cleanser kit 4 gm rectal</i> | 1 | |
| PENTASA CAPSULE EXTENDED RELEASE 250 MG ORAL | 3 | |
| PENTASA CAPSULE EXTENDED RELEASE 500 MG ORAL | Non-Formulary | Formulary Exclusion |
| ROWASA KIT 4 GM RECTAL | 3 | |
| SFROWASA ENEMA 4 GM/60ML RECTAL | 3 | |
| <i>sulfasalazine tablet 500 mg oral</i> | 1 | |
| <i>sulfasalazine tablet delayed release 500 mg oral</i> | 1 | |

| Drug Name | Tier | Notes |
|--|---------------|--|
| <i>*Integrin Receptor Antagonists***</i> | | |
| ENTYVIO SOLUTION RECONSTITUTED 300 MG INTRAVENOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| <i>*Interleukin Antagonists***</i> | | |
| OMVOH SOLUTION 300 MG/15ML INTRAVENOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| OMVOH SOLUTION AUTO-INJECTOR 100 MG/ML SUBCUTANEOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| OMVOH SOLUTION PREFILLED SYRINGE 100 MG/ML SUBCUTANEOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| SKYRIZI SOLUTION 600 MG/10ML INTRAVENOUS | Tier 4 | PA; Specialty; QL |
| SKYRIZI SOLUTION CARTRIDGE 180 MG/1.2ML SUBCUTANEOUS | Tier 4 | PA; Specialty; QL |
| SKYRIZI SOLUTION CARTRIDGE 360 MG/2.4ML SUBCUTANEOUS | Tier 4 | PA; Specialty; QL |
| STELARA SOLUTION 130 MG/26ML INTRAVENOUS | Tier 4 | PA; Specialty |
| <i>*Intestinal Acidifiers***</i> | | |
| <i>enulose solution 10 gm/15ml oral</i> | 1 | |
| <i>generlac solution 10 gm/15ml oral</i> | 1 | |
| <i>lactulose encephalopathy solution 10 gm/15ml oral</i> | 1 | |
| <i>*Live Fecal Microbiota (Human)**</i> | | |
| REBYOTA SUSPENSION 150 ML RECTAL | Non-Formulary | Medical Only Exclusion |
| VOWST CAPSULE ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion; QL with criteria |
| <i>*Peripheral Opioid Receptor Antagonists***</i> | | |
| MOVANTIK TABLET 12.5 MG ORAL | 2 | |
| MOVANTIK TABLET 25 MG ORAL | 2 | |
| RELISTOR SOLUTION 12 MG/0.6ML SUBCUTANEOUS | Non-Formulary | PA; Formulary Exclusion |
| RELISTOR SOLUTION 8 MG/0.4ML SUBCUTANEOUS | Non-Formulary | PA; Formulary Exclusion |
| RELISTOR TABLET 150 MG ORAL | Non-Formulary | PA; Formulary Exclusion |
| SYMPROIC TABLET 0.2 MG ORAL | 2 | |
| <i>*Phosphate Binder Agents***</i> | | |
| AURYXIA TABLET 1 GM 210 MG(FE) ORAL | 3 | PA |
| <i>calcium acetate (phos binder) capsule 667 mg oral</i> | 1 | PA |

| Drug Name | Tier | Notes |
|---|---------------|--|
| <i>calcium acetate (phos binder) tablet 667 mg oral (rx)</i> | 1 | PA |
| <i>calcium acetate tablet 667 mg oral</i> | 1 | PA |
| FOSRENOL PACKET 1000 MG ORAL | 3 | PA |
| FOSRENOL PACKET 750 MG ORAL | 3 | PA |
| FOSRENOL TABLET CHEWABLE 1000 MG ORAL | Non-Formulary | PA; Formulary Exclusion |
| FOSRENOL TABLET CHEWABLE 500 MG ORAL | Non-Formulary | PA; Formulary Exclusion |
| FOSRENOL TABLET CHEWABLE 750 MG ORAL | Non-Formulary | PA; Formulary Exclusion |
| <i>lanthanum carbonate tablet chewable 1000 mg oral</i> | 1 | PA |
| <i>lanthanum carbonate tablet chewable 500 mg oral</i> | 1 | PA |
| <i>lanthanum carbonate tablet chewable 750 mg oral</i> | 1 | PA |
| PHOSLYRA SOLUTION 667 MG/5ML ORAL | 3 | PA |
| RENAGEL TABLET 800 MG ORAL | Non-Formulary | PA; Formulary Exclusion |
| RENVELA PACKET 0.8 GM ORAL | Non-Formulary | PA; Formulary Exclusion |
| RENVELA PACKET 2.4 GM ORAL | Non-Formulary | PA; Formulary Exclusion |
| RENVELA TABLET 800 MG ORAL | Non-Formulary | Formulary Exclusion |
| RENVELA TABLET 800 MG ORAL | Non-Formulary | PA; Formulary Exclusion |
| <i>sevelamer carbonate packet 0.8 gm oral</i> | 1 | PA |
| <i>sevelamer carbonate packet 2.4 gm oral</i> | 1 | PA |
| <i>sevelamer carbonate tablet 800 mg oral</i> | 1 | PA |
| <i>sevelamer hcl tablet 400 mg oral</i> | 1 | PA |
| <i>sevelamer hcl tablet 400 mg oral</i> | 1 | PA; Mony Code (MONY code issue) |
| <i>sevelamer hcl tablet 800 mg oral</i> | 1 | PA |
| VELPHORO TABLET CHEWABLE 500 MG ORAL | 2 | PA |
| *Sphingosine 1-Phosphate (S1p) Receptor Modulators (Gi)*** | | |
| VELSIPITY TABLET 2 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion; QL |
| *Tumor Necrosis Factor Alpha Blockers*** | | |
| AVSOLA SOLUTION RECONSTITUTED 100 MG INTRAVENOUS | Tier 4 | PA; Specialty |

| Drug Name | Tier | Notes |
|--|---------------|---|
| CIMZIA KIT 2 X 200 MG SUBCUTANEOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| INFLECTRA SOLUTION RECONSTITUTED 100 MG INTRAVENOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| <i>infliximab solution reconstituted 100 mg intravenous</i> | Non-Formulary | PA; Specialty; Formulary Exclusion |
| REMICADE SOLUTION RECONSTITUTED 100 MG INTRAVENOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| RENFLEXIS SOLUTION RECONSTITUTED 100 MG INTRAVENOUS | Tier 4 | PA; Specialty |
| ZYMFENTRA (1 PEN) AUTO-INJECTOR KIT 120 MG/ML SUBCUTANEOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| ZYMFENTRA (2 PEN) AUTO-INJECTOR KIT 120 MG/ML SUBCUTANEOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| ZYMFENTRA (2 SYRINGE) PREFILLED SYRINGE KIT 120 MG/ML SUBCUTANEOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| *GENERAL ANESTHETICS* | | |
| *Anesthetics - Misc.*** | | |
| AMIDATE SOLUTION 2 MG/ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>anesthesia s/i-40a kit 200 mg/20ml intravenous</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>anesthesia s/i-40h kit 200 mg/20ml intravenous</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>anesthesia s/i-40s kit 200 mg/20ml intravenous</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| DIPRIVAN EMULSION 100 MG/10ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| DIPRIVAN EMULSION 1000 MG/100ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| DIPRIVAN EMULSION 200 MG/20ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| DIPRIVAN EMULSION 500 MG/50ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>etomidate solution 2 mg/ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>fresenius propoven emulsion 1000 mg/100ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>fresenius propoven emulsion 200 mg/20ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>fresenius propoven emulsion 2000 mg/100ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>fresenius propoven emulsion 500 mg/50ml intravenous</i> | Non-Formulary | Medical Only Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|---|
| KETALAR SOLUTION 10 MG/ML INJECTION | Non-Formulary | Medical Only Exclusion |
| KETALAR SOLUTION 100 MG/ML INJECTION | Non-Formulary | Medical Only Exclusion |
| KETALAR SOLUTION 50 MG/ML INJECTION | Non-Formulary | Medical Only Exclusion |
| <i>ketamine hcl solution 0.6 mg/ml injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>ketamine hcl solution 1 mg/ml injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>ketamine hcl solution 10 mg/ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>ketamine hcl solution 10 mg/ml injection</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>ketamine hcl solution 100 mg/100ml intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>ketamine hcl solution 100 mg/ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>ketamine hcl solution 50 mg/ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>ketamine hcl solution prefilled syringe 100 mg/2ml injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>ketamine hcl solution prefilled syringe 100 mg/2ml intravenous</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>ketamine hcl solution prefilled syringe 20 mg/2ml injection</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>ketamine hcl solution prefilled syringe 30 mg/3ml injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>ketamine hcl solution prefilled syringe 30 mg/3ml intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>ketamine hcl solution prefilled syringe 300 mg/30ml injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>ketamine hcl solution prefilled syringe 50 mg/5ml injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>ketamine hcl solution prefilled syringe 50 mg/5ml intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>ketamine hcl solution prefilled syringe 50 mg/ml injection</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>ketamine hcl solution prefilled syringe 50 mg/ml intravenous</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>ketamine hcl troche 100 mg sublingual</i> | Non-Formulary | Non FDA Exclusion |
| <i>ketamine hcl-sodium chloride solution 1000-0.65 mg/100ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>ketamine hcl-sodium chloride solution 1000-0.9 mg/100ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>ketamine hcl-sodium chloride solution 1250-0.9 mg/250ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>ketamine hcl-sodium chloride solution 2500-0.9 mg/250ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|---|
| <i>ketamine hcl-sodium chloride solution 500-0.8 mg/100ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>ketamine hcl-sodium chloride solution 500-0.9 mg/250ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>ketamine hcl-sodium chloride solution prefilled syringe 10-0.9 mg/ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>ketamine hcl-sodium chloride solution prefilled syringe 100-0.9 mg/10ml-% injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>ketamine hcl-sodium chloride solution prefilled syringe 100-0.9 mg/10ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>ketamine hcl-sodium chloride solution prefilled syringe 20-0.9 mg/2ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>ketamine hcl-sodium chloride solution prefilled syringe 50-0.9 mg/5ml-% injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>ketamine hcl-sodium chloride solution prefilled syringe 50-0.9 mg/5ml-% intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>ketamine hcl-sodium chloride solution prefilled syringe 50-0.9 mg/5ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>propofol emulsion 1000 mg/100ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>propofol emulsion 200 mg/20ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>propofol emulsion 500 mg/50ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>propofol-lipuro emulsion 1000 mg/100ml intravenous</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| *Barbiturate Anesthetics*** | | |
| BREVITAL SODIUM SOLUTION RECONSTITUTED 500 MG INJECTION | Non-Formulary | Medical Only Exclusion |
| <i>methohexital sodium solution prefilled syringe 100 mg/10ml intravenous</i> | Non-Formulary | Non FDA Exclusion |
| *Volatile Anesthetics*** | | |
| <i>desflurane solution inhalation</i> | Non-Formulary | Formulary Exclusion |
| FORANE SOLUTION INHALATION | Non-Formulary | Formulary Exclusion |
| <i>isoflurane solution inhalation</i> | Non-Formulary | Formulary Exclusion |
| <i>sevoflurane solution inhalation</i> | Non-Formulary | Formulary Exclusion |
| SUPRANE SOLUTION INHALATION | Non-Formulary | Formulary Exclusion |
| TERRELL SOLUTION INHALATION | Non-Formulary | Formulary Exclusion |
| ULTANE SOLUTION INHALATION | Non-Formulary | Formulary Exclusion |
| *GENITOURINARY AGENTS - MISCELLANEOUS* | | |
| *5-Alpha Reductase Inhibitors*** | | |
| AVODART CAPSULE 0.5 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>dutasteride capsule 0.5 mg oral</i> | 1 | |

| Drug Name | Tier | Notes |
|---|---------------|---|
| <i>finasteride tablet 5 mg oral</i> | 1 | |
| PROSCAR TABLET 5 MG ORAL | Non-Formulary | Formulary Exclusion |
| *Alpha 1-Adrenoceptor Antagonists*** | | |
| <i>alfuzosin hcl er tablet extended release 24 hour 10 mg oral</i> | 1 | |
| CARDURA XL TABLET EXTENDED RELEASE 24 HOUR 4 MG ORAL | 3 | |
| CARDURA XL TABLET EXTENDED RELEASE 24 HOUR 8 MG ORAL | 3 | |
| FLOMAX CAPSULE 0.4 MG ORAL | Non-Formulary | Formulary Exclusion |
| RAPAFLO CAPSULE 4 MG ORAL | Non-Formulary | Formulary Exclusion |
| RAPAFLO CAPSULE 8 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>silodosin capsule 4 mg oral</i> | 1 | |
| <i>silodosin capsule 8 mg oral</i> | 1 | |
| <i>tamsulosin hcl capsule 0.4 mg oral</i> | 1 | |
| UROXATRAL TABLET EXTENDED RELEASE 24 HOUR 10 MG ORAL | Non-Formulary | Formulary Exclusion |
| *Anti-Infective Genitourinary Irrigants*** | | |
| <i>neomycin-polymyxin b gu solution 40-200000 irrigation</i> | Non-Formulary | Mony Code (MONY Code); Formulary Exclusion |
| *Citrates*** | | |
| <i>cytra k crystals packet 3300-1002 mg oral</i> | Non-Formulary | Mony Code (MONY Code); Formulary Exclusion |
| <i>cytra-2 solution 500-334 mg/5ml oral</i> | 1 | |
| ORACIT SOLUTION 490-640 MG/5ML ORAL | Non-Formulary | Formulary Exclusion |
| <i>oral citrate solution 490-640 mg/5ml oral</i> | Non-Formulary | Formulary Exclusion |
| <i>pot & sod cit-cit ac solution 550-500-334 mg/5ml oral</i> | 1 | |
| <i>pot & sod cit-cit ac solution 550-500-334 mg/5ml oral</i> | Non-Formulary | Mony Code (MONY Code); Formulary Exclusion |
| <i>potassium citrate er tablet extended release 10 meq (1080 mg) oral</i> | 1 | |
| <i>potassium citrate er tablet extended release 15 meq (1620 mg) oral</i> | 1 | |
| <i>potassium citrate er tablet extended release 5 meq (540 mg) oral</i> | 1 | |
| <i>potassium citrate-citric acid solution 1100-334 mg/5ml oral</i> | Non-Formulary | Formulary Exclusion |
| <i>potassium citrate-citric acid solution 1100-334 mg/5ml oral</i> | Non-Formulary | Non FDA Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|---|
| <i>sod citrate-citric acid solution 1.5-1 gm/15ml oral</i> | Non-Formulary | Non FDA Exclusion |
| <i>sod citrate-citric acid solution 3-2 gm/30ml oral</i> | Non-Formulary | Non FDA Exclusion |
| <i>sod citrate-citric acid solution 500-334 mg/5ml oral (rx)</i> | 1 | |
| <i>sod citrate-citric acid solution 500-334 mg/5ml oral (rx)</i> | Non-Formulary | Non FDA Exclusion |
| <i>tricitrates solution 550-500-334 mg/5ml oral</i> | Non-Formulary | Non FDA Exclusion |
| <i>tricitrates solution 550-500-334 mg/5ml oral</i> | Non-Formulary | Mony Code (MONY Code); Formulary Exclusion |
| UROCIT-K 10 TABLET EXTENDED RELEASE 10 MEQ (1080 MG) ORAL | Non-Formulary | Formulary Exclusion |
| UROCIT-K 15 TABLET EXTENDED RELEASE 15 MEQ (1620 MG) ORAL | Non-Formulary | Formulary Exclusion |
| UROCIT-K 5 TABLET EXTENDED RELEASE 5 MEQ (540 MG) ORAL | Non-Formulary | Formulary Exclusion |
| *Cystinosis Agents*** | | |
| CYSTAGON CAPSULE 150 MG ORAL | Tier 4 | PA; Specialty |
| CYSTAGON CAPSULE 50 MG ORAL | Tier 4 | PA; Specialty |
| *Genitourinary Irrigants*** | | |
| <i>acetic acid solution 0.25 % irrigation</i> | Non-Formulary | Formulary Exclusion |
| ARGYLE STERILE SALINE SOLUTION 0.9 % IRRIGATION | Non-Formulary | Non FDA Exclusion |
| CURITY STERILE SALINE SOLUTION 0.9 % IRRIGATION | Non-Formulary | Non FDA Exclusion |
| <i>glycine solution 1.5 % irrigation</i> | Non-Formulary | Formulary Exclusion |
| <i>glycine urologic solution 1.5 % irrigation</i> | Non-Formulary | Formulary Exclusion |
| RENACIDIN SOLUTION IRRIGATION | Non-Formulary | Formulary Exclusion |
| <i>sodium chloride solution 0.9 % irrigation</i> | Non-Formulary | Non FDA Exclusion |
| <i>sodium chloride solution 0.9 % irrigation</i> | Non-Formulary | Formulary Exclusion |
| <i>sorbitol solution 3 % irrigation</i> | Non-Formulary | Formulary Exclusion |
| <i>sorbitol-mannitol solution 2.7-0.54 gm/100ml irrigation</i> | Non-Formulary | Formulary Exclusion |
| *Interstitial Cystitis Agents*** | | |
| ELMIRON CAPSULE 100 MG ORAL | 3 | |
| <i>pentosan polysulfate sodium capsule delayed release 150 mg oral</i> | Non-Formulary | Non FDA Exclusion |
| <i>pentosan polysulfate sodium capsule delayed release 200 mg oral</i> | Non-Formulary | Non FDA Exclusion |
| RIMSO-50 SOLUTION 50 % INTRAVESICAL | Non-Formulary | Formulary Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|-------------------------|
| *Phosphates*** | | |
| K-PHOS NO 2 TABLET 305-700 MG ORAL | 2 | |
| *Prostatic Hypertrophy Agent Combinations*** | | |
| <i>dutasteride-tamsulosin hcl capsule 0.5-0.4 mg oral</i> | Non-Formulary | Formulary Exclusion |
| ENTADFI CAPSULE 5-5 MG ORAL | Non-Formulary | PA; Formulary Exclusion |
| JALYN CAPSULE 0.5-0.4 MG ORAL | Non-Formulary | Formulary Exclusion |
| *Small Interfering Ribonucleic Acid Agents (Sirna)*** | | |
| OXLUMO SOLUTION 94.5 MG/0.5ML SUBCUTANEOUS | Non-Formulary | Medical Only Exclusion |
| *Urinary Analgesics*** | | |
| PHENAZO TABLET 200 MG ORAL | 1 | |
| <i>phenazopyridine hcl tablet 100 mg oral</i> | Non-Formulary | Non FDA Exclusion |
| <i>phenazopyridine hcl tablet 100 mg oral</i> | 1 | |
| <i>phenazopyridine hcl tablet 200 mg oral</i> | Non-Formulary | Non FDA Exclusion |
| <i>phenazopyridine hcl tablet 200 mg oral</i> | 1 | |
| PYRIDIUM TABLET 100 MG ORAL | 3 | |
| PYRIDIUM TABLET 200 MG ORAL | 3 | |
| *Urinary Stone Agents*** | | |
| LITHOSTAT TABLET 250 MG ORAL | 3 | |
| THIOLA EC TABLET DELAYED RELEASE 100 MG ORAL | Non-Formulary | PA; Formulary Exclusion |
| THIOLA EC TABLET DELAYED RELEASE 300 MG ORAL | Non-Formulary | PA; Formulary Exclusion |
| THIOLA TABLET 100 MG ORAL | Non-Formulary | PA; Formulary Exclusion |
| <i>tiopronin tablet 100 mg oral</i> | 1 | PA |
| <i>tiopronin tablet delayed release 100 mg oral</i> | 1 | PA |
| <i>tiopronin tablet delayed release 300 mg oral</i> | 1 | PA |
| *Vesicoureteral Reflux (Vur) Agent Combinations*** | | |
| DEFLUX PREFILLED SYRINGE 50-15 MG/ML INJECTION | Non-Formulary | Medical Only Exclusion |
| *GOUT AGENTS* | | |
| *Gout Agent Combinations*** | | |
| <i>colchicine-probenecid tablet 0.5-500 mg oral</i> | 1 | |

| Drug Name | Tier | Notes |
|---|---------------|-----------------------------|
| *Gout Agents*** | | |
| <i>allopurinol sodium solution reconstituted 500 mg intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>allopurinol tablet 100 mg oral</i> | 1 | |
| <i>allopurinol tablet 200 mg oral</i> | Non-Formulary | Formulary Exclusion |
| <i>allopurinol tablet 300 mg oral</i> | 1 | |
| ALOPRIM SOLUTION RECONSTITUTED 500 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>colchicine capsule 0.6 mg oral</i> | 1 | |
| <i>colchicine capsule 0.6 mg oral</i> | 1 | Mony Code (MONY code issue) |
| <i>colchicine tablet 0.6 mg oral</i> | 1 | |
| <i>colchicine tablet 0.6 mg oral</i> | 1 | Mony Code (MONY Code) |
| <i>colchicine tablet 0.6 mg oral</i> | 1 | Mony Code (MONY Code Issue) |
| COLCRYS TABLET 0.6 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>febuxostat tablet 40 mg oral</i> | 1 | |
| <i>febuxostat tablet 80 mg oral</i> | 1 | |
| GLOPERBA SOLUTION 0.6 MG/5ML ORAL | 3 | |
| KRYSTEXXA SOLUTION 8 MG/ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion; QL |
| MITIGARE CAPSULE 0.6 MG ORAL | Non-Formulary | Formulary Exclusion |
| ULORIC TABLET 40 MG ORAL | Non-Formulary | Formulary Exclusion |
| ULORIC TABLET 80 MG ORAL | Non-Formulary | Formulary Exclusion |
| ZYLOPRIM TABLET 100 MG ORAL | Non-Formulary | Formulary Exclusion |
| ZYLOPRIM TABLET 300 MG ORAL | Non-Formulary | Formulary Exclusion |
| *Uricosurics*** | | |
| <i>probenecid tablet 500 mg oral</i> | 1 | |
| *HEMATOLOGICAL AGENTS - MISC.* | | |
| *Aminolevulinate Synthase 1-Directed Sirna*** | | |
| GIVLAARI SOLUTION 189 MG/ML SUBCUTANEOUS | Non-Formulary | Medical Only Exclusion |
| *Antihemophilic Products - Gene Therapy Agents*** | | |
| BEQVEZ SUSPENSION THERAPY PACK 4 X 1 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| BEQVEZ SUSPENSION THERAPY PACK 5 X 1 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| BEQVEZ SUSPENSION THERAPY PACK 6 X 1 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|------------------------|
| BEQVEZ SUSPENSION THERAPY PACK 7 X 1 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| HEMGENIX SUSPENSION THERAPY PACK 10 X 10 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| HEMGENIX SUSPENSION THERAPY PACK 11 X 10 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| HEMGENIX SUSPENSION THERAPY PACK 12 X 10 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| HEMGENIX SUSPENSION THERAPY PACK 13 X 10 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| HEMGENIX SUSPENSION THERAPY PACK 14 X 10 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| HEMGENIX SUSPENSION THERAPY PACK 15 X 10 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| HEMGENIX SUSPENSION THERAPY PACK 16 X 10 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| HEMGENIX SUSPENSION THERAPY PACK 17 X 10 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| HEMGENIX SUSPENSION THERAPY PACK 18 X 10 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| HEMGENIX SUSPENSION THERAPY PACK 19 X 10 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| HEMGENIX SUSPENSION THERAPY PACK 20 X 10 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| HEMGENIX SUSPENSION THERAPY PACK 21 X 10 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| HEMGENIX SUSPENSION THERAPY PACK 22 X 10 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| HEMGENIX SUSPENSION THERAPY PACK 23 X 10 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| HEMGENIX SUSPENSION THERAPY PACK 24 X 10 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| HEMGENIX SUSPENSION THERAPY PACK 25 X 10 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| HEMGENIX SUSPENSION THERAPY PACK 26 X 10 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| HEMGENIX SUSPENSION THERAPY PACK 27 X 10 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| HEMGENIX SUSPENSION THERAPY PACK 28 X 10 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| HEMGENIX SUSPENSION THERAPY PACK 29 X 10 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| HEMGENIX SUSPENSION THERAPY PACK 30 X 10 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|------------------------|
| HEMGENIX SUSPENSION THERAPY PACK 31 X 10 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| HEMGENIX SUSPENSION THERAPY PACK 32 X 10 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| HEMGENIX SUSPENSION THERAPY PACK 33 X 10 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| HEMGENIX SUSPENSION THERAPY PACK 34 X 10 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| HEMGENIX SUSPENSION THERAPY PACK 35 X 10 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| HEMGENIX SUSPENSION THERAPY PACK 36 X 10 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| HEMGENIX SUSPENSION THERAPY PACK 37 X 10 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| HEMGENIX SUSPENSION THERAPY PACK 38 X 10 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| HEMGENIX SUSPENSION THERAPY PACK 39 X 10 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| HEMGENIX SUSPENSION THERAPY PACK 40 X 10 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| HEMGENIX SUSPENSION THERAPY PACK 41 X 10 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| HEMGENIX SUSPENSION THERAPY PACK 42 X 10 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| HEMGENIX SUSPENSION THERAPY PACK 43 X 10 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| HEMGENIX SUSPENSION THERAPY PACK 44 X 10 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| HEMGENIX SUSPENSION THERAPY PACK 45 X 10 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| HEMGENIX SUSPENSION THERAPY PACK 46 X 10 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| HEMGENIX SUSPENSION THERAPY PACK 47 X 10 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| HEMGENIX SUSPENSION THERAPY PACK 48 X 10 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ROCTAVIAN SUSPENSION 2000000000000000 VG/ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>*Antihemophilic Products - Monoclonal Antibodies***</i> | | |
| HEMLIBRA SOLUTION 105 MG/0.7ML SUBCUTANEOUS | Tier 4 | PA; Specialty |

| Drug Name | Tier | Notes |
|---|-------------------|---------------|
| HEMLIBRA SOLUTION 12 MG/0.4ML SUBCUTANEOUS | Tier 4 | PA; Specialty |
| HEMLIBRA SOLUTION 150 MG/ML SUBCUTANEOUS | Tier 4 | PA; Specialty |
| HEMLIBRA SOLUTION 30 MG/ML SUBCUTANEOUS | Tier 4 | PA; Specialty |
| HEMLIBRA SOLUTION 300 MG/2ML SUBCUTANEOUS | Tier 4 | PA; Specialty |
| HEMLIBRA SOLUTION 60 MG/0.4ML SUBCUTANEOUS | Tier 4 | PA; Specialty |
| *Antihemophilic Products*** | | |
| ADVATE SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| ADVATE SOLUTION RECONSTITUTED 1500 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| ADVATE SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| ADVATE SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| ADVATE SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| ADVATE SOLUTION RECONSTITUTED 4000 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| ADVATE SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| <i>adynovate solution reconstituted 1000 unit intravenous</i> | Benefit Exclusion | PA; Specialty |
| <i>adynovate solution reconstituted 1500 unit intravenous</i> | Benefit Exclusion | PA; Specialty |
| <i>adynovate solution reconstituted 2000 unit intravenous</i> | Benefit Exclusion | PA; Specialty |
| <i>adynovate solution reconstituted 250 unit intravenous</i> | Benefit Exclusion | PA; Specialty |
| <i>adynovate solution reconstituted 3000 unit intravenous</i> | Benefit Exclusion | PA; Specialty |
| <i>adynovate solution reconstituted 500 unit intravenous</i> | Benefit Exclusion | PA; Specialty |
| <i>adynovate solution reconstituted 750 unit intravenous</i> | Benefit Exclusion | PA; Specialty |
| AFSTYLA KIT 1000 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| AFSTYLA KIT 1500 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| AFSTYLA KIT 2000 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| AFSTYLA KIT 250 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |

| Drug Name | Tier | Notes |
|---|-------------------|---------------|
| AFSTYLA KIT 2500 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| AFSTYLA KIT 3000 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| AFSTYLA KIT 500 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| ALPHANATE SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| ALPHANATE SOLUTION RECONSTITUTED 1500 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| ALPHANATE SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| ALPHANATE SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| ALPHANATE SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| ALPHANINE SD SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| ALPHANINE SD SOLUTION RECONSTITUTED 1500 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| ALPHANINE SD SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| ALPROLIX SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| ALPROLIX SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| ALPROLIX SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| ALPROLIX SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| ALPROLIX SOLUTION RECONSTITUTED 4000 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| ALPROLIX SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| ALTUVIIIIO SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| ALTUVIIIIO SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| ALTUVIIIIO SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| ALTUVIIIIO SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| ALTUVIIIIO SOLUTION RECONSTITUTED 4000 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |

| Drug Name | Tier | Notes |
|---|-------------------|------------------------|
| ALTUVIIIIO SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| ALTUVIIIIO SOLUTION RECONSTITUTED 750 UNIT INTRAVENOUS | Tier 4 | PA; Specialty |
| BALFAXAR SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| BALFAXAR SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| BENEFIX KIT 1000 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| BENEFIX KIT 2000 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| BENEFIX KIT 250 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| BENEFIX KIT 3000 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| BENEFIX KIT 500 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| COAGADEX SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| COAGADEX SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| CORIFACT KIT 1000-1600 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| ELOCTATE SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| ELOCTATE SOLUTION RECONSTITUTED 1500 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| ELOCTATE SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| ELOCTATE SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| ELOCTATE SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| ELOCTATE SOLUTION RECONSTITUTED 4000 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| ELOCTATE SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| ELOCTATE SOLUTION RECONSTITUTED 5000 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| ELOCTATE SOLUTION RECONSTITUTED 6000 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| ELOCTATE SOLUTION RECONSTITUTED 750 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| ESPEROCT SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| ESPEROCT SOLUTION RECONSTITUTED 1500 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |

| Drug Name | Tier | Notes |
|--|-------------------|------------------------|
| ESPEROCT SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| ESPEROCT SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| ESPEROCT SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| FEIBA SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| FEIBA SOLUTION RECONSTITUTED 2500 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| FEIBA SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| FIBRYGA SOLUTION RECONSTITUTED INTRAVENOUS | Benefit Exclusion | Medical Only Exclusion |
| HEMOFIL M SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| HEMOFIL M SOLUTION RECONSTITUTED 1700 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| HEMOFIL M SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| HEMOFIL M SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| HUMATE-P SOLUTION RECONSTITUTED 1000-2400 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| HUMATE-P SOLUTION RECONSTITUTED 250-600 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| HUMATE-P SOLUTION RECONSTITUTED 500-1200 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| IDELVION SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| IDELVION SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| IDELVION SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| IDELVION SOLUTION RECONSTITUTED 3500 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| IDELVION SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| IXINITY SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| IXINITY SOLUTION RECONSTITUTED 1500 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| IXINITY SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |

| Drug Name | Tier | Notes |
|--|-------------------|------------------------|
| IXINITY SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| IXINITY SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| IXINITY SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| JIVI SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| JIVI SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| JIVI SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| JIVI SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS | Tier 4 | PA; Specialty |
| JIVI SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| KCENTRA KIT 1000 UNIT INTRAVENOUS | Benefit Exclusion | Medical Only Exclusion |
| KCENTRA KIT 500 UNIT INTRAVENOUS | Benefit Exclusion | Medical Only Exclusion |
| KOATE SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| KOATE SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| KOATE SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| KOATE-DVI SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| KOATE-DVI SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| KOGENATE FS KIT 1000 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| KOGENATE FS KIT 2000 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| KOGENATE FS KIT 250 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| KOGENATE FS KIT 3000 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| KOGENATE FS KIT 500 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| KOVALTRY SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| KOVALTRY SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |

| Drug Name | Tier | Notes |
|--|-------------------|---------------|
| KOVALTRY SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| KOVALTRY SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| KOVALTRY SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| MONONINE SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| NOVOEIGHT SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| NOVOEIGHT SOLUTION RECONSTITUTED 1500 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| NOVOEIGHT SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| NOVOEIGHT SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| NOVOEIGHT SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| NOVOEIGHT SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| NOVOSEVEN RT SOLUTION RECONSTITUTED 1 MG INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| NOVOSEVEN RT SOLUTION RECONSTITUTED 2 MG INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| NOVOSEVEN RT SOLUTION RECONSTITUTED 5 MG INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| NOVOSEVEN RT SOLUTION RECONSTITUTED 8 MG INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| NUWIQ KIT 1000 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| NUWIQ KIT 1500 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| NUWIQ KIT 2000 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| NUWIQ KIT 250 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| NUWIQ KIT 2500 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| NUWIQ KIT 3000 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| NUWIQ KIT 4000 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| NUWIQ KIT 500 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| NUWIQ SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| NUWIQ SOLUTION RECONSTITUTED 1500 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| NUWIQ SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |

| Drug Name | Tier | Notes |
|---|-------------------|------------------------|
| NUWIQ SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| NUWIQ SOLUTION RECONSTITUTED 2500 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| NUWIQ SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| NUWIQ SOLUTION RECONSTITUTED 4000 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| NUWIQ SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| <i>obizur solution reconstituted 500 unit intravenous</i> | Benefit Exclusion | PA; Specialty |
| PROFILNINE SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| PROFILNINE SOLUTION RECONSTITUTED 1500 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| PROFILNINE SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| REBINYN SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| REBINYN SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| REBINYN SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| REBINYN SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| RECOMBINATE SOLUTION RECONSTITUTED 1241-1800 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| RECOMBINATE SOLUTION RECONSTITUTED 1801-2400 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| RECOMBINATE SOLUTION RECONSTITUTED 220-400 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| RECOMBINATE SOLUTION RECONSTITUTED 401-800 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| RECOMBINATE SOLUTION RECONSTITUTED 801-1240 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| RIASTAP SOLUTION RECONSTITUTED INTRAVENOUS | Benefit Exclusion | Medical Only Exclusion |
| <i>rixubis solution reconstituted 1000 unit intravenous</i> | Benefit Exclusion | PA; Specialty |

| Drug Name | Tier | Notes |
|--|-------------------|------------------------------------|
| <i>rixubis solution reconstituted 2000 unit intravenous</i> | Benefit Exclusion | PA; Specialty |
| <i>rixubis solution reconstituted 250 unit intravenous</i> | Benefit Exclusion | PA; Specialty |
| <i>rixubis solution reconstituted 3000 unit intravenous</i> | Benefit Exclusion | PA; Specialty |
| <i>rixubis solution reconstituted 500 unit intravenous</i> | Benefit Exclusion | PA; Specialty |
| SEVENFACT SOLUTION RECONSTITUTED 1 MG INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| SEVENFACT SOLUTION RECONSTITUTED 5 MG INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| TRETTEN SOLUTION RECONSTITUTED 2500 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| VONVENDI SOLUTION RECONSTITUTED 1300 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| VONVENDI SOLUTION RECONSTITUTED 650 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| WILATE KIT 1000-1000 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| WILATE KIT 500-500 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| XYNTHA KIT 1000 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| XYNTHA KIT 2000 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| XYNTHA KIT 250 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| XYNTHA KIT 500 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| XYNTHA SOLOFUSE KIT 1000 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| XYNTHA SOLOFUSE KIT 2000 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| XYNTHA SOLOFUSE KIT 250 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| XYNTHA SOLOFUSE KIT 3000 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| XYNTHA SOLOFUSE KIT 500 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| <i>*Bradykinin B2 Receptor Antagonists***</i> | | |
| FIRAZYR SOLUTION PREFILLED SYRINGE 30 MG/3ML SUBCUTANEOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| <i>icatibant acetate solution prefilled syringe 30 mg/3ml subcutaneous</i> | Tier 4 | PA; Specialty |
| SAJAZIR SOLUTION PREFILLED SYRINGE 30 MG/3ML SUBCUTANEOUS | Tier 4 | PA; Specialty |

| Drug Name | Tier | Notes |
|---|-------------------|------------------------|
| <i>*C1 Esterase Inhibitors***</i> | | |
| BERINERT KIT 500 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| CINRYZE SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| HAEGARDA SOLUTION RECONSTITUTED 2000 UNIT SUBCUTANEOUS | Benefit Exclusion | PA; Specialty |
| HAEGARDA SOLUTION RECONSTITUTED 3000 UNIT SUBCUTANEOUS | Benefit Exclusion | PA; Specialty |
| RUCONEST SOLUTION RECONSTITUTED 2100 UNIT INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| <i>*Complement C1 Inhibitors***</i> | | |
| ENJAYMO SOLUTION 1100 MG/22ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>*Complement C3 Inhibitors***</i> | | |
| EMPAVELI SOLUTION 1080 MG/20ML SUBCUTANEOUS | Tier 4 | PA; Specialty; QL |
| <i>*Complement C5 Inhibitors***</i> | | |
| PIASKY SOLUTION 340 MG/2ML INJECTION | Non-Formulary | Medical Only Exclusion |
| SOLIRIS SOLUTION 300 MG/30ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ULTOMIRIS SOLUTION 1100 MG/11ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ULTOMIRIS SOLUTION 300 MG/3ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| VEOPOZ SOLUTION 400 MG/2ML INJECTION | Non-Formulary | Medical Only Exclusion |
| <i>*Complement C5a Inhibitors***</i> | | |
| <i>gohibic solution 200 mg/20ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>*Complement Factor B Inhibitors***</i> | | |
| FABHALTA CAPSULE 200 MG ORAL | Tier 4 | PA; Specialty |
| <i>*Direct-Acting P2y12 Inhibitors***</i> | | |
| BRILINTA TABLET 60 MG ORAL | 2 | |
| BRILINTA TABLET 90 MG ORAL | 2 | |
| KENGREAL SOLUTION RECONSTITUTED 50 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>*Glycoprotein Iib/Iiia Receptor Inhibitors***</i> | | |
| AGGRASTAT CONCENTRATE 3.75 MG/15ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| AGGRASTAT SOLUTION 12.5-0.9 MG/250ML-% INTRAVENOUS | Non-Formulary | Medical Only Exclusion |

| Drug Name | Tier | Notes |
|---|-------------------|------------------------|
| AGGRASTAT SOLUTION 5-0.9 MG/100ML-% INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>eptifibatide solution 20 mg/10ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>eptifibatide solution 200 mg/100ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>eptifibatide solution 75 mg/100ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>tirofiban hcl in nacl solution 12.5-0.9 mg/250ml-% intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>tirofiban hcl in nacl solution 5-0.9 mg/100ml-% intravenous</i> | Non-Formulary | Medical Only Exclusion |
| *Hematorheologic Agents*** | | |
| <i>pentoxifylline er tablet extended release 400 mg oral</i> | 1 | |
| *Hemin*** | | |
| PANHEMATIN SOLUTION RECONSTITUTED 350 MG INTRAVENOUS | Benefit Exclusion | Medical Only Exclusion |
| *Human Protein C*** | | |
| CEPROTIN SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS | Benefit Exclusion | Medical Only Exclusion |
| CEPROTIN SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS | Benefit Exclusion | Medical Only Exclusion |
| *Phosphodiesterase Iii Inhibitors*** | | |
| <i>cilostazol tablet 100 mg oral</i> | 1 | |
| <i>cilostazol tablet 50 mg oral</i> | 1 | |
| *Plasma Expanders*** | | |
| HESPAN SOLUTION 6-0.9 % INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>hetastarch-nacl solution 6-0.9 % intravenous</i> | Non-Formulary | Medical Only Exclusion |
| HEXTEND SOLUTION 6 % INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| LMD IN D5W SOLUTION 10-5 % INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| LMD IN NAACL SOLUTION 10-0.9 % INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| *Plasma Kallikrein Inhibitors - Monoclonal Antibodies*** | | |
| TAKHZYRO SOLUTION 300 MG/2ML SUBCUTANEOUS | Tier 4 | PA; Specialty |
| TAKHZYRO SOLUTION PREFILLED SYRINGE 150 MG/ML SUBCUTANEOUS | Tier 4 | PA; Specialty |
| TAKHZYRO SOLUTION PREFILLED SYRINGE 300 MG/2ML SUBCUTANEOUS | Tier 4 | PA; Specialty |

| Drug Name | Tier | Notes |
|---|-------------------|---|
| <i>*Plasma Kallikrein Inhibitors***</i> | | |
| ORLADEYO CAPSULE 110 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion; QL |
| ORLADEYO CAPSULE 150 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion; QL |
| <i>*Plasma Proteins***</i> | | |
| ALBUKED 25 SOLUTION 25 % INTRAVENOUS | Benefit Exclusion | Medical Only Exclusion; Mony Code (MONY Code) |
| ALBUKED 5 SOLUTION 5 % INTRAVENOUS | Benefit Exclusion | Medical Only Exclusion; Mony Code (MONY Code) |
| <i>albumin human solution 25 % intravenous</i> | Benefit Exclusion | Medical Only Exclusion; Mony Code (MONY Code) |
| <i>albumin human solution 5 % intravenous</i> | Benefit Exclusion | Medical Only Exclusion; Mony Code (MONY Code) |
| ALBUMINEX SOLUTION 25 % INTRAVENOUS | Benefit Exclusion | Medical Only Exclusion |
| ALBUMINEX SOLUTION 5 % INTRAVENOUS | Benefit Exclusion | Medical Only Exclusion |
| <i>albumin-zlb solution 25 % intravenous</i> | Benefit Exclusion | Medical Only Exclusion; Mony Code (MONY Code) |
| <i>albumin-zlb solution 5 % intravenous</i> | Benefit Exclusion | Medical Only Exclusion; Mony Code (MONY Code) |
| <i>alburx solution 5 % intravenous</i> | Benefit Exclusion | Medical Only Exclusion; Mony Code (MONY Code) |
| ALBUTEIN SOLUTION 25 % INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ALBUTEIN SOLUTION 25 % INTRAVENOUS | Benefit Exclusion | Medical Only Exclusion; Mony Code (MONY Code) |
| ALBUTEIN SOLUTION 5 % INTRAVENOUS | Benefit Exclusion | Medical Only Exclusion |
| ALBUTEIN SOLUTION 5 % INTRAVENOUS | Benefit Exclusion | Medical Only Exclusion; Mony Code (MONY Code) |
| FLEXBUMIN SOLUTION 25 % INTRAVENOUS | Benefit Exclusion | Medical Only Exclusion |
| FLEXBUMIN SOLUTION 25 % INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| FLEXBUMIN SOLUTION 25 % INTRAVENOUS | Benefit Exclusion | Medical Only Exclusion; Mony Code (MONY Code) |
| FLEXBUMIN SOLUTION 5 % INTRAVENOUS | Benefit Exclusion | Medical Only Exclusion |
| FLEXBUMIN SOLUTION 5 % INTRAVENOUS | Benefit Exclusion | Medical Only Exclusion; Mony Code (MONY Code) |
| HUMAN ALBUMIN GRIFOLS SOLUTION 25 % INTRAVENOUS | Benefit Exclusion | Medical Only Exclusion; Mony Code (MONY Code) |

| Drug Name | Tier | Notes |
|--|-------------------|---|
| <i>kedbumin solution 25 % intravenous</i> | Benefit Exclusion | Medical Only Exclusion; Mony Code (MONY Code) |
| OCTAPLAS BLOOD GROUP A SOLUTION INTRAVENOUS | Benefit Exclusion | Medical Only Exclusion |
| OCTAPLAS BLOOD GROUP AB SOLUTION INTRAVENOUS | Benefit Exclusion | Medical Only Exclusion |
| OCTAPLAS BLOOD GROUP B SOLUTION INTRAVENOUS | Benefit Exclusion | Medical Only Exclusion |
| OCTAPLAS BLOOD GROUP O SOLUTION INTRAVENOUS | Benefit Exclusion | Medical Only Exclusion |
| PLASBUMIN-25 SOLUTION 25 % INTRAVENOUS | Benefit Exclusion | Medical Only Exclusion; Mony Code (MONY Code) |
| PLASBUMIN-5 SOLUTION 5 % INTRAVENOUS | Benefit Exclusion | Medical Only Exclusion; Mony Code (MONY Code) |
| PLASMANATE SOLUTION 5 % INTRAVENOUS | Benefit Exclusion | Medical Only Exclusion |
| RYPLAZIM SOLUTION RECONSTITUTED 68.8 MG INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| THROMBATE III SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS | Benefit Exclusion | Medical Only Exclusion |
| THROMBATE III SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS | Benefit Exclusion | Medical Only Exclusion |
| <i>*Platelet Aggregation Inhibitor Combinations***</i> | | |
| AGGRENOX CAPSULE EXTENDED RELEASE 12 HOUR 25-200 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>aspirin-dipyridamole er capsule extended release 12 hour 25-200 mg oral</i> | 1 | |
| <i>aspirin-omeprazole tablet delayed release 325-40 mg oral</i> | 3 | |
| <i>aspirin-omeprazole tablet delayed release 81-40 mg oral</i> | 3 | |
| YOSPRALA TABLET DELAYED RELEASE 325-40 MG ORAL | 3 | |
| YOSPRALA TABLET DELAYED RELEASE 81-40 MG ORAL | 3 | |
| <i>*Platelet Aggregation Inhibitors***</i> | | |
| <i>dipyridamole tablet 25 mg oral</i> | 1 | |
| <i>dipyridamole tablet 50 mg oral</i> | 1 | |
| <i>dipyridamole tablet 75 mg oral</i> | 1 | |
| DURLAZA CAPSULE EXTENDED RELEASE 24 HOUR 162.5 MG ORAL | 3 | |

| Drug Name | Tier | Notes |
|--|---------------|---|
| *Protamine*** | | |
| <i>protamine sulfate solution 10 mg/ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| *Protease-Activated Receptor-1 (Par-1) Antagonists*** | | |
| ZONTIVITY TABLET 2.08 MG ORAL | 3 | |
| *Quinazoline Agents*** | | |
| AGRYLIN CAPSULE 0.5 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>anagrelide hcl capsule 0.5 mg oral</i> | 1 | |
| <i>anagrelide hcl capsule 1 mg oral</i> | 1 | |
| *Spleen Tyrosine Kinase (Syk) Inhibitors*** | | |
| TAVALISSE TABLET 100 MG ORAL | Tier 4 | PA; Specialty; QL |
| TAVALISSE TABLET 150 MG ORAL | Tier 4 | PA; Specialty; QL |
| *Thienopyridine Derivatives*** | | |
| <i>clopidogrel bisulfate tablet 300 mg oral</i> | 1 | |
| <i>clopidogrel bisulfate tablet 75 mg oral</i> | 1 | |
| EFFIENT TABLET 10 MG ORAL | Non-Formulary | Formulary Exclusion |
| EFFIENT TABLET 5 MG ORAL | Non-Formulary | Formulary Exclusion |
| PLAVIX TABLET 75 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>prasugrel hcl tablet 10 mg oral</i> | 1 | |
| <i>prasugrel hcl tablet 5 mg oral</i> | 1 | |
| *Thrombolytic Agent - Misc*** | | |
| DEFITELIO SOLUTION 200 MG/2.5ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| *Tissue Plasminogen Activators*** | | |
| ACTIVASE SOLUTION RECONSTITUTED 100 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ACTIVASE SOLUTION RECONSTITUTED 50 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| CATHFLO ACTIVASE SOLUTION RECONSTITUTED 2 MG INJECTION | Non-Formulary | Medical Only Exclusion |
| RETAVASE HALF-KIT KIT 1 X 10 UNIT INTRAVENOUS | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| RETAVASE KIT 2 X 10 UNIT INTRAVENOUS | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| TNKASE KIT 50 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| *HEMATOPOIETIC AGENTS* | | |
| *Agents For Gaucher Disease*** | | |
| CERDELGA CAPSULE 84 MG ORAL | Tier 4 | PA; Specialty; QL |

| Drug Name | Tier | Notes |
|---|---------------|--|
| CEREZYME SOLUTION RECONSTITUTED 400 UNIT INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ELELYSO SOLUTION RECONSTITUTED 200 UNIT INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>miglustat capsule 100 mg oral</i> | Tier 4 | PA; Specialty |
| VPRIV SOLUTION RECONSTITUTED 400 UNIT INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| YARGESA CAPSULE 100 MG ORAL | Tier 4 | PA; Specialty |
| ZAVESCA CAPSULE 100 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion |
| *Agents For Sickle Cell Disease - Autologous Gene Therapy*** | | |
| CASGEVY SUSPENSION INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| LYFGENIA SUSPENSION INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| *Amino Acids*** | | |
| ENDARI PACKET 5 GM ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion; QL |
| <i>l-glutamine packet 5 gm oral</i> | Tier 4 | PA; Specialty; QL |
| *Cobalamin Combinations*** | | |
| ABANEU-SL TABLET SUBLINGUAL 600-600 MCG SUBLINGUAL | 1 | |
| BIOPAR DELTA-FORTE CAPSULE ORAL | Non-Formulary | Non FDA Exclusion |
| FOLTRATE TABLET 500-1 MCG-MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>lipo-b solution intramuscular</i> | Non-Formulary | Non FDA Exclusion |
| <i>neurin-sl tablet sublingual 600-600 mcg sublingual</i> | Non-Formulary | Formulary Exclusion |
| <i>vit b12-methionine-inos-chol solution intramuscular</i> | Non-Formulary | Non FDA Exclusion |
| *Cobalamins*** | | |
| <i>cyanocobalamin solution 1000 mcg/ml injection</i> | 1 | |
| <i>cyanocobalamin solution 2000 mcg/ml injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>cyanocobalamin solution 500 mcg/0.1ml nasal</i> | 1 | |
| DODEX SOLUTION 1000 MCG/ML INJECTION | 1 | |
| <i>hydroxocobalamin acetate solution 1000 mcg/ml intramuscular</i> | 3 | |
| <i>methylcobalamin solution 150 mg/30ml injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>methylcobalamin solution 30 mg/30ml injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>methylcobalamin solution 300 mg/30ml injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>methylcobalamin solution reconstituted 10000 mcg injection</i> | Non-Formulary | Non FDA Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|---|
| <i>methylcobalamin solution reconstituted 50000 mcg injection</i> | Non-Formulary | Non FDA Exclusion |
| NASCOBAL SOLUTION 500 MCG/0.1ML NASAL | Non-Formulary | Formulary Exclusion |
| <i>physicians ez use b-12 kit 1000 mcg/ml injection</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>vitamin deficiency system-b12 kit 1000 mcg/ml injection</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| *Cxcr4 Receptor Antagonist*** | | |
| APHEXDA SOLUTION RECONSTITUTED 62 MG SUBCUTANEOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| MOZOBIL SOLUTION 24 MG/1.2ML SUBCUTANEOUS | Tier 4 | PA; Specialty |
| <i>plerixafor solution 24 mg/1.2ml subcutaneous</i> | Tier 4 | PA; Specialty |
| *Cytotoxic Agents*** | | |
| DROXIA CAPSULE 200 MG ORAL | 3 | |
| DROXIA CAPSULE 300 MG ORAL | 3 | |
| DROXIA CAPSULE 400 MG ORAL | 3 | |
| SIKLOS TABLET 100 MG ORAL | 3 | |
| SIKLOS TABLET 1000 MG ORAL | 3 | |
| *Erythroid Maturation Agents*** | | |
| REBLOZYL SOLUTION RECONSTITUTED 25 MG SUBCUTANEOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| REBLOZYL SOLUTION RECONSTITUTED 75 MG SUBCUTANEOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| *Erythropoiesis-Stimulating Agents (Esas)*** | | |
| ARANESP (ALBUMIN FREE) SOLUTION 100 MCG/ML INJECTION | Tier 4 | PA; Specialty |
| ARANESP (ALBUMIN FREE) SOLUTION 200 MCG/ML INJECTION | Tier 4 | PA; Specialty |
| ARANESP (ALBUMIN FREE) SOLUTION 25 MCG/ML INJECTION | Tier 4 | PA; Specialty |
| ARANESP (ALBUMIN FREE) SOLUTION 40 MCG/ML INJECTION | Tier 4 | PA; Specialty |
| ARANESP (ALBUMIN FREE) SOLUTION 60 MCG/ML INJECTION | Tier 4 | PA; Specialty |
| ARANESP (ALBUMIN FREE) SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML INJECTION | Tier 4 | PA; Specialty |

| Drug Name | Tier | Notes |
|---|---------------|---------------------------------------|
| ARANESP (ALBUMIN FREE) SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML INJECTION | Tier 4 | PA; Specialty |
| ARANESP (ALBUMIN FREE) SOLUTION PREFILLED SYRINGE 150 MCG/0.3ML INJECTION | Tier 4 | PA; Specialty |
| ARANESP (ALBUMIN FREE) SOLUTION PREFILLED SYRINGE 200 MCG/0.4ML INJECTION | Tier 4 | PA; Specialty |
| ARANESP (ALBUMIN FREE) SOLUTION PREFILLED SYRINGE 25 MCG/0.42ML INJECTION | Tier 4 | PA; Specialty |
| ARANESP (ALBUMIN FREE) SOLUTION PREFILLED SYRINGE 300 MCG/0.6ML INJECTION | Tier 4 | PA; Specialty |
| ARANESP (ALBUMIN FREE) SOLUTION PREFILLED SYRINGE 40 MCG/0.4ML INJECTION | Tier 4 | PA; Specialty |
| ARANESP (ALBUMIN FREE) SOLUTION PREFILLED SYRINGE 500 MCG/ML INJECTION | Tier 4 | PA; Specialty |
| ARANESP (ALBUMIN FREE) SOLUTION PREFILLED SYRINGE 60 MCG/0.3ML INJECTION | Tier 4 | PA; Specialty |
| EPOGEN SOLUTION 10000 UNIT/ML INJECTION | Non-Formulary | PA; Specialty; Formulary Exclusion |
| EPOGEN SOLUTION 2000 UNIT/ML INJECTION | Non-Formulary | PA; Specialty; Formulary Exclusion |
| EPOGEN SOLUTION 20000 UNIT/ML INJECTION | Non-Formulary | PA; Specialty; Formulary Exclusion |
| EPOGEN SOLUTION 3000 UNIT/ML INJECTION | Non-Formulary | PA; Specialty; Formulary Exclusion |
| EPOGEN SOLUTION 4000 UNIT/ML INJECTION | Non-Formulary | PA; Specialty; Formulary Exclusion |
| MIRCERA SOLUTION PREFILLED SYRINGE 100 MCG/0.3ML INJECTION | Non-Formulary | Medical Only Exclusion |
| MIRCERA SOLUTION PREFILLED SYRINGE 120 MCG/0.3ML INJECTION | Non-Formulary | Medical Only Exclusion |
| MIRCERA SOLUTION PREFILLED SYRINGE 150 MCG/0.3ML INJECTION | Non-Formulary | Medical Only Exclusion |
| MIRCERA SOLUTION PREFILLED SYRINGE 200 MCG/0.3ML INJECTION | Non-Formulary | Medical Only Exclusion |
| MIRCERA SOLUTION PREFILLED SYRINGE 30 MCG/0.3ML INJECTION | Non-Formulary | Medical Only Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|--|
| MIRCERA SOLUTION PREFILLED SYRINGE 50 MCG/0.3ML INJECTION | Non-Formulary | Medical Only Exclusion |
| MIRCERA SOLUTION PREFILLED SYRINGE 75 MCG/0.3ML INJECTION | Non-Formulary | Medical Only Exclusion |
| PROCRIT SOLUTION 10000 UNIT/ML INJECTION | Non-Formulary | PA; Specialty; Formulary Exclusion |
| PROCRIT SOLUTION 2000 UNIT/ML INJECTION | Non-Formulary | PA; Specialty; Formulary Exclusion |
| PROCRIT SOLUTION 20000 UNIT/ML INJECTION | Non-Formulary | PA; Specialty; Formulary Exclusion |
| PROCRIT SOLUTION 3000 UNIT/ML INJECTION | Non-Formulary | PA; Specialty; Formulary Exclusion |
| PROCRIT SOLUTION 4000 UNIT/ML INJECTION | Non-Formulary | PA; Specialty; Formulary Exclusion |
| PROCRIT SOLUTION 40000 UNIT/ML INJECTION | Non-Formulary | PA; Specialty; Formulary Exclusion |
| RETACRIT SOLUTION 10000 UNIT/ML INJECTION | Tier 4 | PA; Specialty |
| RETACRIT SOLUTION 2000 UNIT/ML INJECTION | Tier 4 | PA; Specialty |
| RETACRIT SOLUTION 20000 UNIT/ML INJECTION | Tier 4 | PA; Specialty |
| RETACRIT SOLUTION 3000 UNIT/ML INJECTION | Tier 4 | PA; Specialty |
| RETACRIT SOLUTION 4000 UNIT/ML INJECTION | Tier 4 | PA; Specialty |
| RETACRIT SOLUTION 40000 UNIT/ML INJECTION | Tier 4 | PA; Specialty |
| *Folic Acid/Folate Combinations*** | | |
| ANIMI-3 CAPSULE 1 MG ORAL | Non-Formulary | Formulary Exclusion |
| ANIMI-3/VITAMIN D CAPSULE 1 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>b-6 folic acid capsule 8.333-100-1 mg oral</i> | Non-Formulary | Formulary Exclusion |
| <i>bp vit 3 capsule 1 mg oral</i> | Non-Formulary | Non FDA Exclusion; Mony Code (MONY Code) |
| CENFOL TABLET 2.3-24.5-2 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>cholecal df tablet 1-3800 mg-unit oral</i> | Non-Formulary | Non FDA Exclusion |
| CIFEREX CAPSULE 1-3775 MG-UNIT ORAL | Non-Formulary | Non FDA Exclusion |
| DERMACINRX DOTREMIN TABLET 1-10000 MG-UNIT ORAL | Non-Formulary | Non FDA Exclusion |
| DERMACINRX FOLTAMIN TABLET 125-1 MCG-MG ORAL | Non-Formulary | Non FDA Exclusion |
| DERMACINRX PUREFOLIX TABLET 1-5000 MG-UNIT ORAL | Non-Formulary | Non FDA Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|--|
| <i>fabb tablet 2.2-25-1 mg oral</i> | Non-Formulary | Non FDA Exclusion |
| FOLDITAM TABLET 1-10000 MG-UNIT ORAL | Non-Formulary | Non FDA Exclusion |
| FOLGARD RX TABLET 2.2-25-1 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>folic d3 capsule 1-3775 mg-unit oral</i> | Non-Formulary | Non FDA Exclusion |
| FOLI-D TABLET 1-2000 MG-UNIT ORAL | Non-Formulary | Non FDA Exclusion |
| <i>folite tablet oral</i> | Non-Formulary | Non FDA Exclusion |
| FOLIXAPURE TABLET 1-5000 MG-UNIT ORAL | Non-Formulary | Non FDA Exclusion |
| FOLIXATE TABLET 1-125 MG-MCG ORAL | Non-Formulary | Non FDA Exclusion |
| FOLTREXYL TABLET 1-5000 MG-UNIT ORAL | Non-Formulary | Non FDA Exclusion |
| FOLVITE-D TABLET 1-3775 MG-UNIT ORAL | Non-Formulary | Non FDA Exclusion |
| GENICIN VITA-D TABLET 1-3775 MG-UNIT ORAL | Non-Formulary | Non FDA Exclusion |
| <i>ortho df capsule 1-3775 mg-unit oral</i> | Non-Formulary | Non FDA Exclusion |
| <i>ostachol tablet 1-3800 mg-unit oral</i> | Non-Formulary | Non FDA Exclusion |
| OVEEZA CAPSULE 0.5 MG ORAL | Non-Formulary | Non FDA Exclusion |
| <i>revesta capsule 1-5750 mg-unit oral</i> | Non-Formulary | Non FDA Exclusion |
| TALIVA CAPSULE 1 MG ORAL | Non-Formulary | Non FDA Exclusion |
| VITAMEZ CAPSULE 1 MG ORAL | Non-Formulary | Non FDA Exclusion; Mony Code (MONY Code) |
| <i>westab mini tablet 2.2-25-1 mg oral</i> | Non-Formulary | Non FDA Exclusion |
| *Folic Acid/Folates*** | | |
| <i>folic acid solution 5 mg/ml injection</i> | Non-Formulary | Medical Only Exclusion |
| *Granulocyte Colony-Stimulating Factors (G-Csf)*** | | |
| FULPHILA SOLUTION PREFILLED SYRINGE 6 MG/0.6ML SUBCUTANEOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| GRANIX SOLUTION 300 MCG/ML SUBCUTANEOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| GRANIX SOLUTION 480 MCG/1.6ML SUBCUTANEOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| GRANIX SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML SUBCUTANEOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| GRANIX SOLUTION PREFILLED SYRINGE 480 MCG/0.8ML SUBCUTANEOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| NEULASTA ONPRO PREFILLED SYRINGE KIT 6 MG/0.6ML SUBCUTANEOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| NEULASTA SOLUTION PREFILLED SYRINGE 6 MG/0.6ML SUBCUTANEOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|------------------------------------|
| NEUPOGEN SOLUTION 300 MCG/ML INJECTION | Non-Formulary | PA; Specialty; Formulary Exclusion |
| NEUPOGEN SOLUTION 480 MCG/1.6ML INJECTION | Non-Formulary | PA; Specialty; Formulary Exclusion |
| NEUPOGEN SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML INJECTION | Non-Formulary | PA; Specialty; Formulary Exclusion |
| NEUPOGEN SOLUTION PREFILLED SYRINGE 480 MCG/0.8ML INJECTION | Non-Formulary | PA; Specialty; Formulary Exclusion |
| NIVESTYM SOLUTION 300 MCG/ML INJECTION | Tier 4 | PA; Specialty |
| NIVESTYM SOLUTION 480 MCG/1.6ML INJECTION | Tier 4 | PA; Specialty |
| NIVESTYM SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML INJECTION | Tier 4 | PA; Specialty |
| NIVESTYM SOLUTION PREFILLED SYRINGE 480 MCG/0.8ML INJECTION | Tier 4 | PA; Specialty |
| NYVEPRIA SOLUTION PREFILLED SYRINGE 6 MG/0.6ML SUBCUTANEOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| RELEUKO SOLUTION 300 MCG/ML INJECTION | Non-Formulary | PA; Specialty; Formulary Exclusion |
| <i>releuko solution 480 mcg/1.6ml injection</i> | Non-Formulary | PA; Specialty; Formulary Exclusion |
| <i>releuko solution prefilled syringe 300 mcg/0.5ml subcutaneous</i> | Non-Formulary | PA; Specialty; Formulary Exclusion |
| <i>releuko solution prefilled syringe 480 mcg/0.8ml subcutaneous</i> | Non-Formulary | PA; Specialty; Formulary Exclusion |
| ROLVEDON SOLUTION PREFILLED SYRINGE 13.2 MG/0.6ML SUBCUTANEOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| STIMUFEND SOLUTION PREFILLED SYRINGE 6 MG/0.6ML SUBCUTANEOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| UDENYCA SOLUTION AUTO-INJECTOR 6 MG/0.6ML SUBCUTANEOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| UDENYCA SOLUTION PREFILLED SYRINGE 6 MG/0.6ML SUBCUTANEOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| ZARXIO SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML INJECTION | Tier 4 | PA; Specialty |
| ZARXIO SOLUTION PREFILLED SYRINGE 480 MCG/0.8ML INJECTION | Tier 4 | PA; Specialty |
| ZIEXTENZO SOLUTION PREFILLED SYRINGE 6 MG/0.6ML SUBCUTANEOUS | Tier 4 | PA; Specialty |
| <i>*Hematopoietic Autologous Cellular Gene Therapy**</i> | | |
| ZYNTEGLO SUSPENSION INTRAVENOUS | Non-Formulary | Medical Only Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|-----------------------------|
| <i>*Hemoglobin S (Hbs) Polymerization Inhibitors***</i> | | |
| OXBRYTA TABLET 300 MG ORAL | Non-Formulary | Non FDA Exclusion; QL |
| OXBRYTA TABLET 500 MG ORAL | Non-Formulary | Non FDA Exclusion; QL |
| OXBRYTA TABLET SOLUBLE 300 MG ORAL | Non-Formulary | Non FDA Exclusion; QL |
| <i>*Hypoxia-Inducible Factor Prolyl Hydroxylase Inhibitors***</i> | | |
| JESDUVROQ TABLET 1 MG ORAL | 3 | PA; QL |
| JESDUVROQ TABLET 2 MG ORAL | 3 | PA; QL |
| JESDUVROQ TABLET 4 MG ORAL | 3 | PA; QL |
| JESDUVROQ TABLET 6 MG ORAL | 3 | PA; QL |
| JESDUVROQ TABLET 8 MG ORAL | 3 | PA; QL |
| VAFSEO TABLET 150 MG ORAL | Non-Formulary | PA; Formulary Exclusion; QL |
| VAFSEO TABLET 300 MG ORAL | Non-Formulary | PA; Formulary Exclusion; QL |
| <i>*Iron Combinations***</i> | | |
| <i>active fe tablet 75-1.25 mg oral</i> | Non-Formulary | Non FDA Exclusion |
| CENTRATEX CAPSULE 106-1 MG ORAL | Non-Formulary | Formulary Exclusion |
| CHROMAGEN CAPSULE ORAL | Non-Formulary | Non FDA Exclusion |
| CORVITA 150 TABLET 150-1.25 MG ORAL | Non-Formulary | Formulary Exclusion |
| CORVITE 150 TABLET 150-1.25 MG ORAL | Non-Formulary | Formulary Exclusion |
| CORVITE 150 TABLET ORAL | Non-Formulary | Non FDA Exclusion |
| <i>corvite fe tablet oral</i> | Non-Formulary | Non FDA Exclusion |
| <i>feonyx tablet oral</i> | Non-Formulary | Non FDA Exclusion |
| FERIVAFA CAPSULE 110-1 MG ORAL | Non-Formulary | Non FDA Exclusion |
| <i>ferocon capsule oral</i> | 1 | |
| <i>ferotrinsic capsule oral</i> | 1 | |
| FERROCITE PLUS TABLET 106-1 MG ORAL | 1 | |
| FERRO-PLEX TABLET 115-1 MG ORAL | Non-Formulary | Non FDA Exclusion |
| FOLIVANE-PLUS CAPSULE ORAL | Non-Formulary | Formulary Exclusion |
| <i>foltrin capsule oral</i> | 1 | |
| FUSION PLUS CAPSULE ORAL | Non-Formulary | Formulary Exclusion |
| <i>hematinic plus vit/minerals tablet 106-1 mg oral</i> | 1 | Mony Code (MONY code issue) |
| HEMATOGEN FA CAPSULE 200-250-0.01-1 MG ORAL | Non-Formulary | Formulary Exclusion |
| HEMATRON-AF (WITH DOCUSATE) TABLET 150-1 MG ORAL | Non-Formulary | Formulary Exclusion |
| HEMOCYTE PLUS CAPSULE 106-1 MG ORAL | Non-Formulary | Formulary Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|---------------------|
| ICAR-C PLUS TABLET 100-250-0.025-1 MG ORAL | Non-Formulary | Formulary Exclusion |
| IFEREX 150 FORTE CAPSULE 150-25-1 MG-MCG-MG ORAL | 1 | |
| INTEGRA PLUS CAPSULE ORAL | Non-Formulary | Formulary Exclusion |
| <i>iron folate plus capsule oral</i> | Non-Formulary | Non FDA Exclusion |
| <i>iron folate-f capsule 125-1 mg oral</i> | Non-Formulary | Non FDA Exclusion |
| IROSPAN 24/6 ORAL | Non-Formulary | Non FDA Exclusion |
| K-TAN PLUS CAPSULE 162-115.2-1 MG ORAL | 1 | |
| MULTIGEN FOLIC TABLET 70-150-2-1 MG ORAL | Non-Formulary | Formulary Exclusion |
| MULTIGEN PLUS TABLET 50-101-1 MG ORAL | Non-Formulary | Formulary Exclusion |
| MULTIGEN TABLET 70 MG ORAL | Non-Formulary | Formulary Exclusion |
| NEPHRON FA TABLET ORAL | Non-Formulary | Formulary Exclusion |
| NIFEREX TABLET ORAL | Non-Formulary | Non FDA Exclusion |
| NUFERA TABLET ORAL | Non-Formulary | Non FDA Exclusion |
| <i>poly-iron 150 forte capsule 150-25-1 mg-mcg-mg oral</i> | 1 | |
| <i>polysaccharide iron forte capsule 150-25-1 mg-mcg-mg oral</i> | 1 | |
| <i>purevit dualfe plus capsule 162-115.2-1 mg oral</i> | Non-Formulary | Formulary Exclusion |
| <i>se-tan plus capsule 162-115.2-1 mg oral</i> | 1 | |
| TANDEM PLUS CAPSULE 162-115.2-1 MG ORAL | Non-Formulary | Non FDA Exclusion |
| <i>taron forte capsule oral</i> | Non-Formulary | Formulary Exclusion |
| <i>tl-hem 150 tablet 150-1 mg oral</i> | 1 | |
| TRICON CAPSULE ORAL | 1 | |
| <i>trigels-f forte capsule 460-60-0.01-1 mg oral</i> | 1 | |
| <i>virt-fefa plus capsule oral</i> | Non-Formulary | Non FDA Exclusion |
| *Iron W/ Folic Acid*** | | |
| BENTIVITE TABLET 35-1 MG ORAL | Non-Formulary | Non FDA Exclusion |
| FOLIVANE-F CAPSULE 125-1 MG ORAL | Non-Formulary | Formulary Exclusion |
| INTEGRA F CAPSULE 125-1 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>tulivite tablet 35-1 mg oral</i> | Non-Formulary | Non FDA Exclusion |
| *Iron*** | | |
| ACCRUFER CAPSULE 30 MG ORAL | 3 | QL |
| BPROTECTED PEDIA IRON SOLUTION 75 (15 FE) MG/ML ORAL | 1 | |

| Drug Name | Tier | Notes |
|---|---------------|------------------------|
| FERAHEME SOLUTION 510 MG/17ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| FERRLECIT SOLUTION 12.5 MG/ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>ferrous sulfate solution 220 (44 fe) mg/5ml oral</i> | 1 | |
| <i>ferrous sulfate solution 300 (60 fe) mg/5ml oral</i> | 1 | |
| <i>ferrous sulfate solution 300 mg/6.8ml oral</i> | 1 | |
| <i>ferrous sulfate solution 75 (15 fe) mg/ml oral</i> | 1 | |
| <i>ferumoxitol solution 510 mg/17ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>fe-vite iron solution 75 (15 fe) mg/ml oral</i> | 1 | |
| INFED SOLUTION 50 MG/ML INJECTION | Non-Formulary | Medical Only Exclusion |
| INJECTAFER SOLUTION 100 MG/2ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| INJECTAFER SOLUTION 750 MG/15ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>iron (ferrous sulfate) solution 75 (15 fe) mg/ml oral</i> | 1 | |
| <i>iron infant & toddler solution 75 (15 fe) mg/ml oral</i> | 1 | |
| <i>iron infant/toddler solution 75 (15 fe) mg/ml oral</i> | 1 | |
| <i>iron supplement childrens solution 75 (15 fe) mg/ml oral</i> | 1 | |
| <i>iron supplement solution 15 mg/ml oral</i> | 1 | |
| <i>iron supplement solution 220 (44 fe) mg/5ml oral</i> | 1 | |
| MONOFERRIC SOLUTION 1000 MG/10ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>na ferric gluc cplx in sucrose solution 12.5 mg/ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>pc pediatric iron drops solution 75 (15 fe) mg/ml oral</i> | 1 | |
| TRIFERIC AVNU SOLUTION 6.75 MG/4.5ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| TRIFERIC PACKET 272 MG HEMODIALYSIS | Non-Formulary | Medical Only Exclusion |
| TRIFERIC SOLUTION 27.2 MG/5ML HEMODIALYSIS | Non-Formulary | Medical Only Exclusion |
| VENOFER SOLUTION 20 MG/ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| *Iron-B12-Folate*** | | |
| FERIVA 21/7 TABLET 75-1 MG ORAL | Non-Formulary | Non FDA Exclusion |
| FERRALET 90 TABLET 90-1 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>ferraplus 90 tablet 90-1 mg oral</i> | Non-Formulary | Formulary Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|---------------------------------|
| <i>*Selectin Blockers***</i> | | |
| ADAKVEO SOLUTION 100 MG/10ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>*Thrombopoietin (Tpo) Receptor Agonists***</i> | | |
| DOPTELET TABLET 20 MG ORAL | Tier 4 | PA; Specialty |
| MULPLETA TABLET 3 MG ORAL | Tier 4 | PA; Specialty; QL with criteria |
| PROMACTA PACKET 25 MG ORAL | Tier 4 | PA; Specialty; QL |
| PROMACTA TABLET 12.5 MG ORAL | Tier 4 | PA; Specialty; QL |
| PROMACTA TABLET 25 MG ORAL | Tier 4 | PA; Specialty; QL |
| PROMACTA TABLET 50 MG ORAL | Tier 4 | PA; Specialty; QL |
| PROMACTA TABLET 75 MG ORAL | Tier 4 | PA; Specialty; QL |
| <i>*HEMOSTATICS*</i> | | |
| <i>*Hemostatic Combinations - Topical***</i> | | |
| ARTISS KIT 10 ML EXTERNAL | Non-Formulary | Medical Only Exclusion |
| ARTISS KIT 2 ML EXTERNAL | Non-Formulary | Medical Only Exclusion |
| ARTISS KIT 4 ML EXTERNAL | Non-Formulary | Medical Only Exclusion |
| ARTISS SOLUTION EXTERNAL | Non-Formulary | Medical Only Exclusion |
| GEL-FLOW KIT EXTERNAL | Non-Formulary | Non FDA Exclusion |
| GELFOAM-JMI POWDER KIT EXTERNAL | Non-Formulary | Non FDA Exclusion |
| GELFOAM-JMI SPONGE KIT EXTERNAL | Non-Formulary | Non FDA Exclusion |
| TISSEEL KIT 10 ML EXTERNAL | Non-Formulary | Medical Only Exclusion |
| TISSEEL KIT 2 ML EXTERNAL | Non-Formulary | Medical Only Exclusion |
| TISSEEL KIT 4 ML EXTERNAL | Non-Formulary | Medical Only Exclusion |
| TISSEEL SOLUTION EXTERNAL | Non-Formulary | Medical Only Exclusion |
| <i>*Hemostatics - Systemic***</i> | | |
| AMICAR SOLUTION 0.25 GM/ML ORAL | Non-Formulary | Formulary Exclusion |
| AMICAR TABLET 1000 MG ORAL | Non-Formulary | Formulary Exclusion |
| AMICAR TABLET 500 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>aminocaproic acid solution 0.25 gm/ml oral</i> | 1 | |
| <i>aminocaproic acid solution 250 mg/ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>aminocaproic acid tablet 1000 mg oral</i> | 1 | |
| <i>aminocaproic acid tablet 500 mg oral</i> | 1 | |
| CYKLOKAPRON SOLUTION 1000 MG/10ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| LYSTEDA TABLET 650 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>tranexamic acid solution 1000 mg/10ml intravenous</i> | Non-Formulary | Medical Only Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|------------------------|
| <i>tranexamic acid tablet 650 mg oral</i> | 1 | |
| <i>tranexamic acid-nacl solution 1000-0.7 mg/100ml-% intravenous</i> | Non-Formulary | Medical Only Exclusion |
| *Hemostatics - Topical*** | | |
| ASTRINGYN SOLUTION 259 MG/GM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| RECOTHROM SOLUTION RECONSTITUTED 20000 UNIT EXTERNAL | Non-Formulary | Medical Only Exclusion |
| RECOTHROM SOLUTION RECONSTITUTED 5000 UNIT EXTERNAL | Non-Formulary | Medical Only Exclusion |
| RECOTHROM SPRAY KIT SOLUTION RECONSTITUTED 20000 UNIT EXTERNAL | Non-Formulary | Medical Only Exclusion |
| SURGICEL SNOW 1"X2" PAD EXTERNAL | Non-Formulary | Formulary Exclusion |
| SURGICEL SNOW 2"X4" PAD EXTERNAL | Non-Formulary | Formulary Exclusion |
| SURGICEL SNOW 4"X4" PAD EXTERNAL | Non-Formulary | Formulary Exclusion |
| SURGIFOAM POWDER | Non-Formulary | Non FDA Exclusion |
| THROMBIN-JMI EPISTAXIS KIT 5000 UNIT EXTERNAL | Non-Formulary | Medical Only Exclusion |
| THROMBIN-JMI KIT 20000 UNIT EXTERNAL | Non-Formulary | Medical Only Exclusion |
| THROMBIN-JMI KIT 5000 UNIT EXTERNAL | Non-Formulary | Medical Only Exclusion |
| THROMBIN-JMI SOLUTION RECONSTITUTED 20000 UNIT EXTERNAL | Non-Formulary | Medical Only Exclusion |
| THROMBIN-JMI SOLUTION RECONSTITUTED 5000 UNIT EXTERNAL | Non-Formulary | Medical Only Exclusion |
| THROMBOGEN KIT 10000 UNIT EXTERNAL | Non-Formulary | Non FDA Exclusion |
| THROMBOGEN SOLUTION RECONSTITUTED 1000 UNIT EXTERNAL | Non-Formulary | Non FDA Exclusion |
| THROMBOGEN SOLUTION RECONSTITUTED 10000 UNIT EXTERNAL | Non-Formulary | Non FDA Exclusion |
| *HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS* | | |
| *Barbiturate Hypnotics*** | | |
| AMYTAL SODIUM SOLUTION RECONSTITUTED 500 MG INJECTION | Non-Formulary | Non FDA Exclusion |
| NEMBUTAL SOLUTION 50 MG/ML INJECTION | Non-Formulary | Medical Only Exclusion |
| <i>pentobarbital sodium solution 50 mg/ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>phenobarbital elixir 20 mg/5ml oral</i> | 1 | |
| <i>phenobarbital sodium solution 130 mg/ml injection</i> | Non-Formulary | Medical Only Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|---|
| <i>phenobarbital sodium solution 130 mg/ml injection</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>phenobarbital sodium solution 130 mg/ml injection</i> | Non-Formulary | Medical Only Exclusion; Mony Code (MONY Code) |
| <i>phenobarbital sodium solution 65 mg/ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>phenobarbital tablet 100 mg oral</i> | 1 | |
| <i>phenobarbital tablet 100 mg oral</i> | 1 | Mony Code (MONY Code) |
| <i>phenobarbital tablet 15 mg oral</i> | 1 | |
| <i>phenobarbital tablet 15 mg oral</i> | 1 | Mony Code (MONY Code Issue) |
| <i>phenobarbital tablet 16.2 mg oral</i> | 1 | |
| <i>phenobarbital tablet 30 mg oral</i> | 1 | |
| <i>phenobarbital tablet 32.4 mg oral</i> | 1 | |
| <i>phenobarbital tablet 60 mg oral</i> | 1 | |
| <i>phenobarbital tablet 60 mg oral</i> | 1 | Mony Code (MONY Code) |
| <i>phenobarbital tablet 64.8 mg oral</i> | 1 | |
| <i>phenobarbital tablet 97.2 mg oral</i> | 1 | |
| SEZABY SOLUTION RECONSTITUTED 100 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| *Benzodiazepine Hypnotics*** | | |
| BYFAVO SOLUTION RECONSTITUTED 20 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| DORAL TABLET 15 MG ORAL | 3 | |
| <i>estazolam tablet 1 mg oral</i> | 1 | |
| <i>estazolam tablet 2 mg oral</i> | 1 | |
| <i>flurazepam hcl capsule 15 mg oral</i> | 2 | QL |
| <i>flurazepam hcl capsule 15 mg oral</i> | 3 | QL |
| <i>flurazepam hcl capsule 15 mg oral</i> | 1 | Mony Code (MONY Code); QL |
| <i>flurazepam hcl capsule 30 mg oral</i> | 2 | QL |
| <i>flurazepam hcl capsule 30 mg oral</i> | 3 | QL |
| <i>flurazepam hcl capsule 30 mg oral</i> | 1 | Mony Code (MONY Code); QL |
| HALCION TABLET 0.25 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>midazolam hcl (pf) solution 10 mg/2ml injection</i> | 1 | |
| <i>midazolam hcl (pf) solution 2 mg/2ml injection</i> | 1 | |
| <i>midazolam hcl (pf) solution 5 mg/5ml injection</i> | 1 | |
| <i>midazolam hcl (pf) solution 5 mg/ml injection</i> | 1 | |
| <i>midazolam hcl solution 10 mg/10ml injection</i> | 1 | |
| <i>midazolam hcl solution 10 mg/2ml injection</i> | 1 | |
| <i>midazolam hcl solution 150 mg/30ml intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>midazolam hcl solution 2 mg/2ml injection</i> | 1 | |

| Drug Name | Tier | Notes |
|--|---------------|---------------------|
| <i>midazolam hcl solution 25 mg/5ml injection</i> | 1 | |
| <i>midazolam hcl solution 5 mg/5ml injection</i> | 1 | |
| <i>midazolam hcl solution 5 mg/ml injection</i> | 1 | |
| <i>midazolam hcl solution 50 mg/10ml injection</i> | 1 | |
| <i>midazolam hcl solution prefilled syringe 150 mg/30ml intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>midazolam hcl syrup 2 mg/ml oral</i> | Non-Formulary | Formulary Exclusion |
| <i>midazolam hcl-sodium chloride solution 100-0.8 mg/100ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>midazolam hcl-sodium chloride solution 100-0.9 mg/100ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>midazolam hcl-sodium chloride solution 50-0.8 mg/50ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>midazolam hcl-sodium chloride solution 50-0.9 mg/50ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>midazolam hcl-sodium chloride solution prefilled syringe 2-0.9 mg/2ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>midazolam hcl-sodium chloride solution prefilled syringe 30-0.9 mg/30ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>midazolam hcl-sodium chloride solution prefilled syringe 5-0.9 mg/5ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>midazolam hcl-sodium chloride solution prefilled syringe 50-0.9 mg/50ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>midazolam hcl-sodium chloride solution prefilled syringe 55-0.9 mg/55ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>midazolam hcl-sodium chloride solution prefilled syringe 60-0.9 mg/30ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>midazolam solution 100 mg/100ml intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>midazolam solution 50 mg/50ml intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>midazolam solution prefilled syringe 2 mg/2ml injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>midazolam solution prefilled syringe 2 mg/2ml intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>midazolam solution prefilled syringe 25 mg/25ml intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>midazolam solution prefilled syringe 3 mg/3ml injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>midazolam solution prefilled syringe 30 mg/30ml intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>midazolam solution prefilled syringe 5 mg/5ml injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>midazolam solution prefilled syringe 50 mg/50ml intravenous</i> | Non-Formulary | Non FDA Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|---|
| MIDAZOLAM+SYRSPEND SF SUSPENSION 1 MG/ML ORAL | Non-Formulary | Non FDA Exclusion |
| <i>midazolam-sodium chloride (pf) solution 100-0.8 mg/100ml-% intravenous</i> | 3 | |
| <i>midazolam-sodium chloride solution 100-0.9 mg/100ml-% intravenous</i> | 1 | |
| <i>midazolam-sodium chloride solution 100-0.9 mg/100ml-% intravenous</i> | 3 | |
| <i>midazolam-sodium chloride solution 100-0.9 mg/100ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>midazolam-sodium chloride solution 50-0.9 mg/50ml-% intravenous</i> | 1 | |
| <i>midazolam-sodium chloride solution 50-0.9 mg/50ml-% intravenous</i> | 3 | |
| <i>midazolam-sodium chloride solution 50-0.9 mg/50ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>quazepam tablet 15 mg oral</i> | 1 | Mony Code (MONY Code) |
| <i>quazepam tablet 15 mg oral</i> | 3 | |
| RESTORIL CAPSULE 15 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| RESTORIL CAPSULE 22.5 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| RESTORIL CAPSULE 30 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| RESTORIL CAPSULE 7.5 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| <i>temazepam capsule 15 mg oral</i> | 1 | QL |
| <i>temazepam capsule 22.5 mg oral</i> | 1 | QL |
| <i>temazepam capsule 30 mg oral</i> | 1 | QL |
| <i>temazepam capsule 7.5 mg oral</i> | 1 | QL |
| <i>triazolam tablet 0.125 mg oral</i> | Non-Formulary | Formulary Exclusion |
| <i>triazolam tablet 0.125 mg oral</i> | Non-Formulary | Mony Code (MONY Code); Formulary Exclusion |
| <i>triazolam tablet 0.25 mg oral</i> | Non-Formulary | Formulary Exclusion |
| *Hypnotic Combinations*** | | |
| <i>mko melt dose pack troche 3-25-2 mg sublingual</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| *Hypnotics - Tricyclic Agents*** | | |
| <i>doxepin hcl tablet 3 mg oral</i> | Non-Formulary | Formulary Exclusion; QL |
| <i>doxepin hcl tablet 6 mg oral</i> | Non-Formulary | Formulary Exclusion; QL |
| SILENOR TABLET 3 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| SILENOR TABLET 6 MG ORAL | Non-Formulary | Formulary Exclusion; QL |

| Drug Name | Tier | Notes |
|--|---------------|---------------------------------|
| *Non-Benzodiazepine - Gaba-Receptor Modulators*** | | |
| AMBIEN CR TABLET EXTENDED RELEASE 12.5 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| AMBIEN CR TABLET EXTENDED RELEASE 6.25 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| AMBIEN TABLET 10 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| AMBIEN TABLET 5 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| EDLUAR TABLET SUBLINGUAL 10 MG SUBLINGUAL | 3 | QL |
| EDLUAR TABLET SUBLINGUAL 5 MG SUBLINGUAL | 3 | QL |
| <i>eszopiclone tablet 1 mg oral</i> | 1 | QL |
| <i>eszopiclone tablet 2 mg oral</i> | 1 | QL |
| <i>eszopiclone tablet 3 mg oral</i> | 1 | QL |
| INTERMEZZO TABLET SUBLINGUAL 1.75 MG SUBLINGUAL | Non-Formulary | Formulary Exclusion; QL |
| LUNESTA TABLET 1 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| LUNESTA TABLET 2 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| LUNESTA TABLET 3 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| <i>zaleplon capsule 10 mg oral</i> | 1 | QL |
| <i>zaleplon capsule 5 mg oral</i> | 1 | QL |
| <i>zolpidem tartrate capsule 7.5 mg oral</i> | Non-Formulary | Formulary Exclusion; QL |
| <i>zolpidem tartrate er tablet extended release 12.5 mg oral</i> | 1 | QL |
| <i>zolpidem tartrate er tablet extended release 6.25 mg oral</i> | 1 | QL |
| <i>zolpidem tartrate tablet 10 mg oral</i> | 1 | QL |
| <i>zolpidem tartrate tablet 5 mg oral</i> | 1 | QL |
| <i>zolpidem tartrate tablet sublingual 1.75 mg sublingual</i> | 1 | QL |
| <i>zolpidem tartrate tablet sublingual 1.75 mg sublingual</i> | 1 | Mony Code (MONY code issue); QL |
| <i>zolpidem tartrate tablet sublingual 3.5 mg sublingual</i> | 1 | QL |
| <i>zolpidem tartrate tablet sublingual 3.5 mg sublingual</i> | 1 | Mony Code (MONY code issue); QL |
| ZOLPIMIST SOLUTION 5 MG/ACT ORAL | 3 | QL |
| *Orexin Receptor Antagonists*** | | |
| BELSOMRA TABLET 10 MG ORAL | 2 | QL |
| BELSOMRA TABLET 15 MG ORAL | 2 | QL |

| Drug Name | Tier | Notes |
|---|---------------|---|
| BELSOMRA TABLET 20 MG ORAL | 2 | QL |
| BELSOMRA TABLET 5 MG ORAL | 2 | QL |
| DAYVIGO TABLET 10 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| DAYVIGO TABLET 5 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| QUVIVIQ TABLET 25 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| QUVIVIQ TABLET 50 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| <i>*Selective Alpha2-Adrenoreceptor Agonist Sedatives***</i> | | |
| <i>dexmedetomidine hcl in nacl solution 200 mcg/50ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>dexmedetomidine hcl in nacl solution 200-0.9 mcg/50ml-% intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>dexmedetomidine hcl in nacl solution 200-0.9 mcg/50ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>dexmedetomidine hcl in nacl solution 400 mcg/100ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>dexmedetomidine hcl in nacl solution 400 mcg/100ml intravenous</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>dexmedetomidine hcl in nacl solution 80 mcg/20ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>dexmedetomidine hcl in nacl solution prefilled syringe 20-0.9 mcg/5ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>dexmedetomidine hcl in nacl solution prefilled syringe 40-0.9 mcg/10ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>dexmedetomidine hcl solution 1000 mcg/10ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>dexmedetomidine hcl solution 200 mcg/2ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>dexmedetomidine hcl solution 400 mcg/4ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>dexmedetomidine hcl-dextrose solution 200mcg/50ml -5% intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>dexmedetomidine hcl-dextrose solution 400mcg/100ml -5% intravenous</i> | Non-Formulary | Medical Only Exclusion |
| IGALMI FILM 120 MCG SUBLINGUAL | Non-Formulary | Medical Only Exclusion |
| IGALMI FILM 180 MCG SUBLINGUAL | Non-Formulary | Medical Only Exclusion |
| PRECEDEX SOLUTION 1000 MCG/250ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| PRECEDEX SOLUTION 200 MCG/2ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| PRECEDEX SOLUTION 200 MCG/50ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|--|
| PRECEDEX SOLUTION 400 MCG/100ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| PRECEDEX SOLUTION 80 MCG/20ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| *Selective Melatonin Receptor Agonists*** | | |
| HETLIOZ CAPSULE 20 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion; QL |
| <i>ramelteon tablet 8 mg oral</i> | Non-Formulary | Formulary Exclusion |
| ROZEREM TABLET 8 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>tasimelteon capsule 20 mg oral</i> | Tier 4 | PA; Specialty; QL |
| *LAXATIVES* | | |
| *Bowel Evacuant Combinations*** | | |
| CLENPIQ SOLUTION 10-3.5-12 MG-GM - GM/160ML ORAL | Non-Formulary | Formulary Exclusion |
| CLENPIQ SOLUTION 10-3.5-12 MG-GM - GM/175ML ORAL | Non-Formulary | Formulary Exclusion |
| GOLYTELY SOLUTION RECONSTITUTED 236 GM ORAL | Non-Formulary | Formulary Exclusion |
| MOVIPREP SOLUTION RECONSTITUTED 100 GM ORAL | Non-Formulary | Formulary Exclusion |
| NULYTELY LEMON-LIME SOLUTION RECONSTITUTED 420 GM ORAL | Non-Formulary | Formulary Exclusion |
| NULYTELY WITH FLAVOR PACKS SOLUTION RECONSTITUTED 420 GM ORAL | Non-Formulary | Formulary Exclusion |
| <i>peg-3350/electrolytes/ascorbat solution reconstituted 100 gm oral</i> | Non-Formulary | Formulary Exclusion |
| <i>peg-kcl-nacl-nasulf-na asc-c solution reconstituted 100 gm oral</i> | Non-Formulary | Formulary Exclusion |
| PLENVU SOLUTION RECONSTITUTED 140 GM ORAL | Non-Formulary | Formulary Exclusion |
| SUFLAVE SOLUTION RECONSTITUTED 178.7 GM ORAL | Non-Formulary | Formulary Exclusion |
| SUPREP BOWEL PREP KIT SOLUTION 17.5-3.13-1.6 GM/177ML ORAL | Non-Formulary | Formulary Exclusion |
| SUTAB TABLET 1479-225-188 MG ORAL | Non-Formulary | Formulary Exclusion |
| *Laxatives - Miscellaneous*** | | |
| <i>constulose solution 10 gm/15ml oral</i> | 1 | |
| GIALAX KIT ORAL | Non-Formulary | Non FDA Exclusion |
| KRISTALOSE PACKET 10 GM ORAL | 3 | |
| KRISTALOSE PACKET 20 GM ORAL | 3 | |

| Drug Name | Tier | Notes |
|---|---------------|------------------------|
| <i>lactulose packet 10 gm oral</i> | 3 | |
| <i>lactulose solution 10 gm/15ml oral</i> | 1 | |
| <i>lactulose solution 20 gm/30ml oral</i> | 1 | |
| VIBRANT CAPSULE ORAL | Non-Formulary | Non FDA Exclusion |
| VIBRANT STARTER KIT KIT ORAL | Non-Formulary | Non FDA Exclusion |
| *Lubricant Laxatives*** | | |
| <i>mineral oil heavy oil oral (rx)</i> | Non-Formulary | Formulary Exclusion |
| *Saline Laxative Mixtures*** | | |
| OSMOPREP TABLET 1.102-0.398 GM ORAL | Non-Formulary | Formulary Exclusion |
| *LOCAL ANESTHETICS-PARENTERAL* | | |
| *Local Anesthetic & Sympathomimetic*** | | |
| ARTICADENT DENTAL SOLUTION CARTRIDGE 4 %-1:100000 INJECTION | Non-Formulary | Medical Only Exclusion |
| <i>bupivacaine-epinephrine (pf) solution 0.25% - 1:200000 injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>bupivacaine-epinephrine (pf) solution 0.5% - 1:200000 injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>bupivacaine-epinephrine solution 0.25% - 1:200000 injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>bupivacaine-epinephrine solution 0.5% - 1:200000 injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>lets kit</i> | Non-Formulary | Non FDA Exclusion |
| <i>lidocaine(bufferd)-epinephrine solution prefilled syringe 0.5 %-1:100000 injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>lidocaine(bufferd)-epinephrine solution prefilled syringe 1 %-1:100000 injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>lidocaine-epinephrine (3 ml) solution prefilled syringe 0.5 %-1:100000 injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>lidocaine-epinephrine (pf) solution 1 %-1:100000 injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>lidocaine-epinephrine (pf) solution 1.5 %- 1:200000 injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>lidocaine-epinephrine (pf) solution 2 %-1:200000 injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>lidocaine-epinephrine solution 0.5 %-1:200000 injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>lidocaine-epinephrine solution 1 %-1:100000 injection</i> | Non-Formulary | Medical Only Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|---|
| <i>lidocaine-epinephrine solution 2 %-1:100000 injection</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>lidocaine-epinephrine solution 2 %-1:100000 injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>lidocaine-epinephrine solution 2 %-1:50000 injection</i> | Non-Formulary | Medical Only Exclusion; Mony Code (MONY CODE ISSUE) |
| MARCAINE/EPINEPHRINE PF SOLUTION 0.25% -1:200000 INJECTION | Non-Formulary | Medical Only Exclusion |
| MARCAINE/EPINEPHRINE PF SOLUTION 0.25-1:200000 % INJECTION | Non-Formulary | Medical Only Exclusion |
| MARCAINE/EPINEPHRINE PF SOLUTION 0.5% -1:200000 INJECTION | Non-Formulary | Medical Only Exclusion |
| MARCAINE/EPINEPHRINE SOLUTION 0.25%-1:200000 INJECTION | Non-Formulary | Medical Only Exclusion |
| MARCAINE/EPINEPHRINE SOLUTION 0.25-1:200000 % INJECTION | Non-Formulary | Medical Only Exclusion |
| MARCAINE/EPINEPHRINE SOLUTION 0.5% -1:200000 INJECTION | Non-Formulary | Medical Only Exclusion |
| ORABLOC SOLUTION CARTRIDGE 4 %-1:100000 INJECTION | Non-Formulary | Medical Only Exclusion; Mony Code (MONY CODE ISSUE) |
| ORABLOC SOLUTION CARTRIDGE 4 %-1:200000 INJECTION | Non-Formulary | Medical Only Exclusion; Mony Code (MONY CODE ISSUE) |
| <i>reck solution prefilled syringe 123-0.25-0.04- 15 mg/50ml</i> | Non-Formulary | Non FDA Exclusion |
| <i>ropiv-clonidine-ketorolac solution prefilled syringe 123-0.04-15 mg/50ml</i> | Non-Formulary | Non FDA Exclusion |
| SENSORCAINE/EPINEPHRINE SOLUTION 0.25% -1:200000 INJECTION | Non-Formulary | Medical Only Exclusion |
| SENSORCAINE/EPINEPHRINE SOLUTION 0.5% -1:200000 INJECTION | Non-Formulary | Medical Only Exclusion |
| SENSORCAINE-MPF/EPINEPHRINE SOLUTION 0.25% -1:200000 INJECTION | Non-Formulary | Medical Only Exclusion |
| SENSORCAINE-MPF/EPINEPHRINE SOLUTION 0.5% -1:200000 INJECTION | Non-Formulary | Medical Only Exclusion; Mony Code (MONY CODE ISSUE) |
| SENSORCAINE-MPF/EPINEPHRINE SOLUTION 0.75-1:200000 % INJECTION | Non-Formulary | Medical Only Exclusion |
| XYLOCAINE/EPINEPHRINE SOLUTION 0.5 %-1:200000 INJECTION | Non-Formulary | Medical Only Exclusion |
| XYLOCAINE/EPINEPHRINE SOLUTION 1 %-1:100000 INJECTION | Non-Formulary | Medical Only Exclusion |
| XYLOCAINE/EPINEPHRINE SOLUTION 2 %-1:100000 INJECTION | Non-Formulary | Medical Only Exclusion |
| XYLOCAINE-MPF/EPINEPHRINE SOLUTION 1 %-1:200000 INJECTION | Non-Formulary | Medical Only Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|---|
| XYLOCAINE-MPF/EPINEPHRINE SOLUTION 1.5 %-1:200000 INJECTION | Non-Formulary | Medical Only Exclusion |
| XYLOCAINE-MPF/EPINEPHRINE SOLUTION 2 %-1:200000 INJECTION | Non-Formulary | Medical Only Exclusion |
| *Local Anesthetic Combinations*** | | |
| <i>active injection lm-2 kit 1 & 0.25 % injection</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>lidocaine hcl-tetracaine hcl solution 0.4-0.2 % injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>lidocaine-sodium bicarbonate solution prefilled syringe 1-8.4 % injection</i> | Non-Formulary | Non FDA Exclusion |
| LIDOMAR SOLUTION 50-18.75 MG/5ML INJECTION | Non-Formulary | Non FDA Exclusion |
| <i>marlido kit 2 & 0.5 % injection</i> | Non-Formulary | Non FDA Exclusion |
| MARLIDO-25 KIT 1 & 0.25 % INJECTION | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| MARVONA SUIK KIT 0.5 % COMBINATION | Non-Formulary | Non FDA Exclusion |
| POINT OF CARE LM-2.2 KIT 1 & 0.25 % INJECTION | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| POINT OF CARE LM-2.5 KIT 1 & 0.25 % INJECTION | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| READYSHARP-A KIT 1 & 0.5 % INJECTION | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| *Local Anesthetics - Amides*** | | |
| <i>bupivacaine fisiopharma solution 2.5 mg/ml injection</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>bupivacaine fisiopharma solution 5 mg/ml injection</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>bupivacaine hcl (pf) solution 0.25 % injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>bupivacaine hcl (pf) solution 0.5 % injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>bupivacaine hcl (pf) solution 0.75 % injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>bupivacaine hcl solution 0.125 % injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>bupivacaine hcl solution 0.25 % injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>bupivacaine hcl solution 0.5 % injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>bupivacaine hcl solution prefilled syringe 0.125 % (50 ml) injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>bupivacaine hcl solution prefilled syringe 0.25 % (10 ml) injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>bupivacaine hcl-nacl solution 0.125-0.9 % epidural</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>bupivacaine hcl-nacl solution prefilled syringe 0.25-0.9 % epidural</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|---|
| <i>bupivacaine in dextrose solution 0.75-8.25 % intrathecal</i> | Non-Formulary | Medical Only Exclusion |
| <i>bupivacaine spinal solution 0.75-8.25 % intrathecal</i> | Non-Formulary | Medical Only Exclusion |
| CARBOCAINE SOLUTION 1 % INJECTION | Non-Formulary | Medical Only Exclusion |
| EXPAREL SUSPENSION 1.3 % INJECTION | Non-Formulary | Medical Only Exclusion |
| <i>lidocaine hcl (buffered) solution prefilled syringe 100 mg/10ml injection</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>lidocaine hcl (pf) solution 0.5 % injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>lidocaine hcl (pf) solution 1 % injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>lidocaine hcl (pf) solution 1.5 % injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>lidocaine hcl (pf) solution 2 % injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>lidocaine hcl (pf) solution 4 % injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>lidocaine hcl (pf) solution 4 % injection</i> | Non-Formulary | Medical Only Exclusion; Mony Code (MONY Code) |
| <i>lidocaine hcl jet-injector 0.5 mg intradermal</i> | Non-Formulary | Medical Only Exclusion |
| <i>lidocaine hcl solution 0.5 % injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>lidocaine hcl solution 1 % injection</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>lidocaine hcl solution 1 % injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>lidocaine hcl solution 2 % injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>lidocaine hcl solution prefilled syringe 10 mg/ml injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>lidocaine hcl solution prefilled syringe 10 mg/ml intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>lidocaine hcl solution prefilled syringe 100 mg/10ml injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>lidocaine hcl solution prefilled syringe 100 mg/5ml injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>lidocaine hcl solution prefilled syringe 100 mg/5ml intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>lidocaine hcl solution prefilled syringe 200 mg/10ml injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>lidocaine hcl solution prefilled syringe 60 mg/3ml injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>lidocaine hcl solution prefilled syringe 9 mg/ml injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>lidomark 1/5 kit 1 % injection</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>lidomark 2/5 kit 2 % injection</i> | Non-Formulary | Non FDA Exclusion |
| MARCAINE PRESERVATIVE FREE SOLUTION 0.25 % INJECTION | Non-Formulary | Medical Only Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|---|
| MARCAINE PRESERVATIVE FREE SOLUTION 0.5 % INJECTION | Non-Formulary | Medical Only Exclusion |
| MARCAINE SOLUTION 0.25 % INJECTION | Non-Formulary | Medical Only Exclusion |
| MARCAINE SOLUTION 0.5 % INJECTION | Non-Formulary | Medical Only Exclusion |
| MARCAINE SOLUTION 0.75 % INJECTION | Non-Formulary | Medical Only Exclusion |
| MARCAINE SPINAL SOLUTION 0.75-8.25 % INTRATHECAL | Non-Formulary | Medical Only Exclusion |
| MONOJECT BONE MARROW BIOPSY KIT 1 % INJECTION | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| NAROPIN SOLUTION 10 MG/ML INJECTION | Non-Formulary | Medical Only Exclusion |
| NAROPIN SOLUTION 2 MG/ML INJECTION | Non-Formulary | Medical Only Exclusion |
| NAROPIN SOLUTION 2 MG/ML INJECTION | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| NAROPIN SOLUTION 5 MG/ML INJECTION | Non-Formulary | Medical Only Exclusion |
| NAROPIN SOLUTION 7.5 MG/ML INJECTION | Non-Formulary | Medical Only Exclusion |
| POLOCAINE SOLUTION 1 % INJECTION | Non-Formulary | Medical Only Exclusion |
| POLOCAINE SOLUTION 1 % INJECTION | Non-Formulary | Medical Only Exclusion; Mony Code (MONY code issue) |
| POLOCAINE SOLUTION 2 % INJECTION | Non-Formulary | Medical Only Exclusion |
| POLOCAINE SOLUTION 2 % INJECTION | Non-Formulary | Medical Only Exclusion; Mony Code (MONY CODE ISSUE) |
| POLOCAINE-MPF SOLUTION 1 % INJECTION | Non-Formulary | Medical Only Exclusion; Mony Code (MONY code issue) |
| POLOCAINE-MPF SOLUTION 1.5 % INJECTION | Non-Formulary | Medical Only Exclusion |
| POLOCAINE-MPF SOLUTION 1.5 % INJECTION | Non-Formulary | Medical Only Exclusion; Mony Code (MONY code issue) |
| POLOCAINE-MPF SOLUTION 2 % INJECTION | Non-Formulary | Medical Only Exclusion; Mony Code (MONY code issue) |
| POSIMIR SOLUTION 660 MG/5ML INJECTION | Non-Formulary | Medical Only Exclusion |
| READYSHARP LIDOCAINE KIT 1 % INJECTION | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>ropivacaine hcl solution 0.2 % epidural</i> | Non-Formulary | Non FDA Exclusion |
| <i>ropivacaine hcl solution 10 mg/ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>ropivacaine hcl solution 2 mg/ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>ropivacaine hcl solution 2 mg/ml injection</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>ropivacaine hcl solution 5 mg/ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>ropivacaine hcl solution 7.5 mg/ml injection</i> | Non-Formulary | Medical Only Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|---|
| <i>ropivacaine hcl solution prefilled syringe 0.2 % injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>ropivacaine hcl solution prefilled syringe 0.5 % injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>ropivacaine hcl-nacl solution 0.15-0.9 % epidural</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>ropivacaine hcl-nacl solution 0.2-0.9 % epidural</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>ropivacaine hcl-nacl solution 0.2-0.9 % injection</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| SENSORCAINE SOLUTION 0.25 % INJECTION | Non-Formulary | Medical Only Exclusion |
| SENSORCAINE SOLUTION 0.5 % INJECTION | Non-Formulary | Medical Only Exclusion |
| SENSORCAINE-MPF SOLUTION 0.25 % INJECTION | Non-Formulary | Medical Only Exclusion |
| SENSORCAINE-MPF SOLUTION 0.5 % INJECTION | Non-Formulary | Medical Only Exclusion |
| SENSORCAINE-MPF SOLUTION 0.75 % INJECTION | Non-Formulary | Medical Only Exclusion |
| XARACOLL IMPLANT 3 X 100 MG IMPLANT | Non-Formulary | Medical Only Exclusion |
| XYLOCAINE SOLUTION 0.5 % INJECTION | Non-Formulary | Medical Only Exclusion |
| XYLOCAINE SOLUTION 1 % INJECTION | Non-Formulary | Medical Only Exclusion |
| XYLOCAINE SOLUTION 2 % INJECTION | Non-Formulary | Medical Only Exclusion |
| XYLOCAINE-MPF SOLUTION 0.5 % INJECTION | Non-Formulary | Medical Only Exclusion |
| XYLOCAINE-MPF SOLUTION 1 % INJECTION | Non-Formulary | Medical Only Exclusion |
| XYLOCAINE-MPF SOLUTION 1.5 % INJECTION | Non-Formulary | Medical Only Exclusion |
| XYLOCAINE-MPF SOLUTION 2 % INJECTION | Non-Formulary | Medical Only Exclusion |
| ZINGO JET-INJECTOR 0.5 MG INTRADERMAL | Non-Formulary | Medical Only Exclusion |
| <i>*Local Anesthetics - Esters***</i> | | |
| <i>chloroprocaine hcl (pf) solution 2 % injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>chloroprocaine hcl (pf) solution 3 % injection</i> | Non-Formulary | Medical Only Exclusion |
| CLOROTEKAL SOLUTION 50 MG/5ML INTRATHECAL | Non-Formulary | Medical Only Exclusion |
| NESACAINE SOLUTION 1 % INJECTION | Non-Formulary | Medical Only Exclusion |
| NESACAINE SOLUTION 2 % INJECTION | Non-Formulary | Medical Only Exclusion |
| NESACAINE-MPF SOLUTION 2 % INJECTION | Non-Formulary | Medical Only Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|--|
| NESACAINE-MPF SOLUTION 3 % INJECTION | Non-Formulary | Medical Only Exclusion |
| <i>tetracaine hcl solution 1 % injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>tetracaine hcl solution 1 % injection</i> | Non-Formulary | Non FDA Exclusion; Mony Code (MONY Code) |
| *MACROLIDES* | | |
| *Azithromycin*** | | |
| <i>azithromycin packet 1 gm oral</i> | 2 | |
| <i>azithromycin solution reconstituted 500 mg intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>azithromycin suspension reconstituted 100 mg/5ml oral</i> | 1 | |
| <i>azithromycin suspension reconstituted 200 mg/5ml oral</i> | 1 | |
| <i>azithromycin tablet 250 mg oral</i> | 1 | |
| <i>azithromycin tablet 500 mg oral</i> | 1 | |
| <i>azithromycin tablet 600 mg oral</i> | 1 | |
| ZITHROMAX PACKET 1 GM ORAL | 3 | |
| ZITHROMAX SOLUTION RECONSTITUTED 500 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ZITHROMAX SUSPENSION RECONSTITUTED 100 MG/5ML ORAL | Non-Formulary | Formulary Exclusion |
| ZITHROMAX SUSPENSION RECONSTITUTED 200 MG/5ML ORAL | Non-Formulary | Formulary Exclusion |
| ZITHROMAX TABLET 250 MG ORAL | Non-Formulary | Formulary Exclusion |
| ZITHROMAX TABLET 500 MG ORAL | Non-Formulary | Formulary Exclusion |
| ZITHROMAX TRI-PAK TABLET 500 MG ORAL | Non-Formulary | Formulary Exclusion |
| ZITHROMAX Z-PAK TABLET 250 MG ORAL | Non-Formulary | Formulary Exclusion |
| *Clarithromycin*** | | |
| <i>clarithromycin er tablet extended release 24 hour 500 mg oral</i> | 1 | |
| <i>clarithromycin suspension reconstituted 125 mg/5ml oral</i> | 1 | Mony Code (MONY Code) |
| <i>clarithromycin suspension reconstituted 250 mg/5ml oral</i> | 1 | Mony Code (MONY Code) |
| <i>clarithromycin tablet 250 mg oral</i> | 1 | |
| <i>clarithromycin tablet 500 mg oral</i> | 1 | |
| *Erythromycins*** | | |
| E.E.S. 400 TABLET 400 MG ORAL | 3 | |

| Drug Name | Tier | Notes |
|---|---------------|-----------------------------|
| E.E.S. GRANULES SUSPENSION RECONSTITUTED 200 MG/5ML ORAL | Non-Formulary | Formulary Exclusion |
| ERYPED 200 SUSPENSION RECONSTITUTED 200 MG/5ML ORAL | Non-Formulary | Formulary Exclusion |
| ERYPED 400 SUSPENSION RECONSTITUTED 400 MG/5ML ORAL | Non-Formulary | Formulary Exclusion |
| ERY-TAB TABLET DELAYED RELEASE 250 MG ORAL | 1 | |
| ERY-TAB TABLET DELAYED RELEASE 333 MG ORAL | 1 | |
| ERY-TAB TABLET DELAYED RELEASE 500 MG ORAL | 1 | |
| ERYTHROCIN LACTOBIONATE SOLUTION RECONSTITUTED 500 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ERYTHROCIN STEARATE TABLET 250 MG ORAL | 2 | |
| <i>erythromycin base capsule delayed release particles 250 mg oral</i> | 3 | |
| <i>erythromycin base capsule delayed release particles 250 mg oral</i> | 1 | Mony Code (MONY code issue) |
| <i>erythromycin base tablet 250 mg oral</i> | 1 | |
| <i>erythromycin base tablet 250 mg oral</i> | 1 | Mony Code (MONY Code) |
| <i>erythromycin base tablet 500 mg oral</i> | 1 | |
| <i>erythromycin base tablet 500 mg oral</i> | 1 | Mony Code (MONY Code) |
| <i>erythromycin base tablet delayed release 250 mg oral</i> | 1 | |
| <i>erythromycin base tablet delayed release 333 mg oral</i> | 1 | |
| <i>erythromycin base tablet delayed release 500 mg oral</i> | 1 | |
| <i>erythromycin ethylsuccinate suspension reconstituted 200 mg/5ml oral</i> | 1 | |
| <i>erythromycin ethylsuccinate suspension reconstituted 400 mg/5ml oral</i> | 1 | |
| <i>erythromycin ethylsuccinate tablet 400 mg oral</i> | 3 | |
| <i>erythromycin lactobionate solution reconstituted 500 mg intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>erythromycin tablet delayed release 250 mg oral</i> | 1 | |
| <i>erythromycin tablet delayed release 333 mg oral</i> | 1 | |
| <i>erythromycin tablet delayed release 500 mg oral</i> | 1 | |

| Drug Name | Tier | Notes |
|--|---------------|---------------------|
| <i>*Fidaxomicin***</i> | | |
| DIFICID SUSPENSION RECONSTITUTED 40 MG/ML ORAL | 2 | |
| DIFICID TABLET 200 MG ORAL | 2 | |
| *MEDICAL DEVICES AND SUPPLIES* | | |
| <i>*Adhesive Bandages***</i> | | |
| CURITY WOUND CLOSURE 1/2"X4" | Non-Formulary | Non FDA Exclusion |
| CURITY WOUND CLOSURE 1/4"X1.5" | Non-Formulary | Non FDA Exclusion |
| CURITY WOUND CLOSURE 1/4"X3" | Non-Formulary | Non FDA Exclusion |
| CURITY WOUND CLOSURE 1/4"X4" | Non-Formulary | Non FDA Exclusion |
| CURITY WOUND CLOSURE 1/8"X3" | Non-Formulary | Non FDA Exclusion |
| <i>*Catheters***</i> | | |
| <i>apogee ic catheter 14fr/16"</i> | Non-Formulary | Formulary Exclusion |
| <i>vapro plus catheter 12fr/16"</i> | Non-Formulary | Formulary Exclusion |
| <i>*Elastic Bandages & Supports***</i> | | |
| SKINEEZ TED STOCKINGS (RX) | Non-Formulary | Non FDA Exclusion |
| <i>*Embolization Supplies***</i> | | |
| ONCOZENE 100 MICROMETER (2 ML) PREFILLED SYRINGE INJECTION | Non-Formulary | Non FDA Exclusion |
| ONCOZENE 100 MICROMETER (3 ML) PREFILLED SYRINGE INJECTION | Non-Formulary | Non FDA Exclusion |
| ONCOZENE 40 MICROMETER (2 ML) PREFILLED SYRINGE INJECTION | Non-Formulary | Non FDA Exclusion |
| ONCOZENE 40 MICROMETER (3 ML) PREFILLED SYRINGE INJECTION | Non-Formulary | Non FDA Exclusion |
| ONCOZENE 75 MICROMETER (2 ML) PREFILLED SYRINGE INJECTION | Non-Formulary | Non FDA Exclusion |
| ONCOZENE 75 MICROMETER (3 ML) PREFILLED SYRINGE INJECTION | Non-Formulary | Non FDA Exclusion |
| <i>*Feeding Tubes***</i> | | |
| KANGAROO FEEDING SET/ENFIT | Non-Formulary | Formulary Exclusion |
| <i>*Foot Care Products***</i> | | |
| BIOFREQUENCY INSOLES | Non-Formulary | Non FDA Exclusion |
| <i>*Gauze Pads & Dressings***</i> | | |
| AMD FOAM DRESSING PAD 3-1/2"X3" | Non-Formulary | Non FDA Exclusion |
| AMD FOAM DRESSING PAD 4"X4" | Non-Formulary | Non FDA Exclusion |
| AMD FOAM DRESSING PAD 6"X6" | Non-Formulary | Non FDA Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|---------------------|
| AMD FOAM DRESSING TOPSHEET PAD 4"X4" | Non-Formulary | Non FDA Exclusion |
| BIOGUARD GAUZE SPONGES PAD 2"X2" | Non-Formulary | Non FDA Exclusion |
| BIOGUARD GAUZE SPONGES PAD 4"X4" | Non-Formulary | Non FDA Exclusion |
| BIOGUARD ISLAND DRESSINGS PAD 4"X10" | Non-Formulary | Non FDA Exclusion |
| BIOGUARD ISLAND DRESSINGS PAD 4"X14" | Non-Formulary | Non FDA Exclusion |
| BIOGUARD ISLAND DRESSINGS PAD 4"X5" | Non-Formulary | Non FDA Exclusion |
| BIOGUARD NON-ADHERENT DRESSING PAD 3"X4" | Non-Formulary | Non FDA Exclusion |
| BIOGUARD NON-ADHERENT DRESSING PAD 3"X8" | Non-Formulary | Non FDA Exclusion |
| CURITY AMD ANTIMICROBIAL SPNGE PAD 4"X4" | Non-Formulary | Non FDA Exclusion |
| CURITY AMD ANTIMICROBIAL STRIP | Non-Formulary | Non FDA Exclusion |
| CURITY IODOFORM PACKING STRIP (RX) | Non-Formulary | Non FDA Exclusion |
| EXCILON AMD DRAIN SPONGES PAD 4"X4" | Non-Formulary | Non FDA Exclusion |
| KERLIX AMD ANTIMICROBIAL | Non-Formulary | Non FDA Exclusion |
| KERLIX AMD SUPER SPONGES PAD 6"X6-3/4" | Non-Formulary | Non FDA Exclusion |
| TELFA AMD ISLAND DRESSING PAD 4"X5" | Non-Formulary | Non FDA Exclusion |
| TELFA AMD ISLAND DRESSING PAD 4"X8" | Non-Formulary | Non FDA Exclusion |
| TELFA AMD NON-ADHERENT PAD 3"X8" | Non-Formulary | Non FDA Exclusion |
| <i>*Glucose Monitor & Blood Pressure Monitor Combinations***</i> | | |
| ADVOCATE DUO DEVICE | Non-Formulary | Formulary Exclusion |
| <i>cardiometabolic solution kit</i> | Non-Formulary | Non FDA Exclusion |
| <i>care activation solution kit</i> | Non-Formulary | Non FDA Exclusion |
| CLEVER CHEK AUTO-CODE DEVICE | Non-Formulary | Formulary Exclusion |
| DUO-CARE DEVICE | Non-Formulary | Formulary Exclusion |
| FORA D10 2-IN-1 MONITOR DEVICE | Non-Formulary | Formulary Exclusion |
| FORA D15G 2-IN-1 MONITOR DEVICE | Non-Formulary | Formulary Exclusion |
| FORA D20 2-IN-1 MONITOR DEVICE | Non-Formulary | Formulary Exclusion |
| FORA D40 GLUCOSE/PRESSURE DEVICE | Non-Formulary | Formulary Exclusion |
| FORA D40G GLUCOSE/PRESSURE DEVICE | Non-Formulary | Formulary Exclusion |
| <i>*Glucose Monitor & Cholesterol Monitor Combinations***</i> | | |
| ACCUTREND PLUS DEVICE | 3 | |

| Drug Name | Tier | Notes |
|--|---------------|---------------------|
| <i>*Glucose Monitoring Test Supplies***</i> | | |
| <i>Ist tier unilet comfortouch</i> | 2 | |
| ACCU-CHEK AVIVA PLUS KIT W/DEVICE | Non-Formulary | Formulary Exclusion |
| ACCU-CHEK FASTCLIX LANCET KIT | 2 | |
| ACCU-CHEK FASTCLIX LANCETS | 2 | |
| ACCU-CHEK GUIDE KIT W/DEVICE | Non-Formulary | Formulary Exclusion |
| ACCU-CHEK GUIDE ME KIT W/DEVICE | Non-Formulary | Formulary Exclusion |
| ACCU-CHEK SAFE-T PRO LANCETS | 2 | |
| ACCU-CHEK SOFTCLIX LANCET DEV KIT | 2 | |
| ACCU-CHEK SOFTCLIX LANCETS | 2 | |
| <i>acti-lance 28g</i> | 2 | |
| <i>acti-lance lite lancets 28g</i> | 2 | |
| <i>acti-lance special lancets 17g</i> | 2 | |
| <i>acti-lance universal 23g</i> | 2 | |
| <i>adjustable lancing device</i> | 2 | |
| ADVANCE INTUITION METER DEVICE | Non-Formulary | Formulary Exclusion |
| ADVANCE INTUITION MONITOR KIT | Non-Formulary | Formulary Exclusion |
| ADVANCE MICRO-DRAW METER DEVICE | Non-Formulary | Formulary Exclusion |
| <i>advanced mobile lancet</i> | 2 | |
| ADVOCATE BLOOD GLUCOSE MONITOR DEVICE | Non-Formulary | Formulary Exclusion |
| ADVOCATE BLOOD GLUCOSE SYSTEM KIT W/DEVICE | Non-Formulary | Formulary Exclusion |
| ADVOCATE LANCETS | 2 | |
| ADVOCATE LANCETS 30G | 2 | |
| ADVOCATE REDI-CODE DEVICE | Non-Formulary | Formulary Exclusion |
| ADVOCATE REDI-CODE KIT W/DEVICE | Non-Formulary | Formulary Exclusion |
| ADVOCATE REDI-CODE+ DEVICE | Non-Formulary | Formulary Exclusion |
| ADVOCATE SAFETY LANCETS | 2 | |
| ADVOCATE SAFETY LANCETS 26G | 2 | |
| AGAMATRIX AMP DEVICE | Non-Formulary | Formulary Exclusion |
| AGAMATRIX JAZZ WIRELESS 2 KIT W/DEVICE | Non-Formulary | Formulary Exclusion |
| AGAMATRIX PRESTO KIT W/DEVICE | Non-Formulary | Formulary Exclusion |
| AGAMATRIX PRESTO PRO METER DEVICE | Non-Formulary | Formulary Exclusion |
| AGAMATRIX ULTRA-THIN LANCETS | 2 | |
| <i>aimsco twist lancets 32g</i> | 2 | |
| AIMSCO TWIST LANCETS 33G | 2 | |
| AQUALANCE LANCETS 30G | 2 | |

| Drug Name | Tier | Notes |
|---|---------------|---------------------|
| ASSURE 3 METER KIT | Non-Formulary | Formulary Exclusion |
| ASSURE 4 METER DEVICE | Non-Formulary | Formulary Exclusion |
| <i>assure comfort lancets 28g</i> | 2 | |
| ASSURE HAEMOLANCE PLUS HIGH | 2 | |
| ASSURE HAEMOLANCE PLUS LOW | 2 | |
| ASSURE HAEMOLANCE PLUS MICRO | 2 | |
| ASSURE HAEMOLANCE PLUS NORMAL | 2 | |
| ASSURE HAEMOLANCE PLUS PED | 2 | |
| ASSURE LANCE LANCETS | 2 | |
| ASSURE LANCE LANCETS 21G | 2 | |
| ASSURE LANCE PLUS SAFETY 25G | 2 | |
| ASSURE LANCE PLUS SAFETY 30G | 2 | |
| ASSURE LANCE SAFETY LANCET 28G | 2 | |
| ASSURE PLATINUM METER DEVICE | Non-Formulary | Formulary Exclusion |
| ASSURE PRISM MULTI METER DEVICE | Non-Formulary | Formulary Exclusion |
| ASSURE PRO BLOOD GLUCOSE METER DEVICE | Non-Formulary | Formulary Exclusion |
| <i>aurora lancet super thin 30g</i> | 2 | |
| <i>aurora lancet thin 23g</i> | 2 | |
| AUTOLET II CLINISAFE KIT | 2 | |
| AUTOLET LANCING DEVICE | 2 | |
| AUTOLET LITE CLINISAFE KIT | 2 | |
| AUTOLET LITE STARTER PACK KIT | 2 | |
| AUTOLET MINI | 2 | |
| AUTOLET PLATFORMS | 2 | |
| AUTOLET PLUS | 2 | |
| BD LANCET ULTRAFINE 30G | 2 | |
| BD LANCET ULTRAFINE 33G | 2 | |
| BD LATITUDE DIABETES KIT | Non-Formulary | Formulary Exclusion |
| BD LOGIC BLOOD GLUCOSE MONITOR KIT W/DEVICE | Non-Formulary | Formulary Exclusion |
| BD MAGNI-GUIDE MAGNIFIER | Non-Formulary | Formulary Exclusion |
| BD MICROTAINER LANCETS (OTC) | 2 | |
| BD MICROTAINER LANCETS (RX) | 2 | |
| BIGFOOT UNITY PROGRAM KIT | Non-Formulary | Formulary Exclusion |
| BIOTEL CARE BLOOD GLUCOSE KIT W/DEVICE | Non-Formulary | Formulary Exclusion |
| BIOTEL CARE BLOOD GLUCOSE SYST KIT W/DEVICE | Non-Formulary | Formulary Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|---------------------|
| <i>blood glucose monitor system kit w/device</i> | Non-Formulary | Formulary Exclusion |
| <i>blood glucose system pak kit</i> | Non-Formulary | Formulary Exclusion |
| BLUESTAR DEVICE (OTC) | Non-Formulary | Formulary Exclusion |
| BLUESTAR DEVICE (RX) | Non-Formulary | Non FDA Exclusion |
| BLULINK GLUCOSE MONITORING SYS DEVICE | Non-Formulary | Formulary Exclusion |
| CARDIOCOM LANCING DEVICE | 2 | |
| <i>careone advanced lancing dev</i> | 2 | |
| CAREONE BLOOD GLUCOSE SYSTEM KIT W/DEVICE | Non-Formulary | Formulary Exclusion |
| CAREONE LANCET SUPER THIN 30G | 2 | |
| <i>careone lancet thin 23g</i> | 2 | |
| CARESENS LANCETS | 2 | |
| CARESENS LANCETS 30G | 2 | |
| CARESENS N FELIZ BT DEVICE | Non-Formulary | Formulary Exclusion |
| CARESENS N GLUCOSE SYSTEM DEVICE | Non-Formulary | Formulary Exclusion |
| CARESENS N VOICE SYSTEM DEVICE | Non-Formulary | Formulary Exclusion |
| CARETOUCH LANCING/EJECTOR | 2 | |
| CARETOUCH MONITOR SYSTEM KIT W/DEVICE | Non-Formulary | Formulary Exclusion |
| CARETOUCH SAFETY LANCETS | 2 | |
| CARETOUCH SAFETY LANCETS 26G | 2 | |
| CARETOUCH TWIST LANCETS 28G | 2 | |
| CARETOUCH TWIST LANCETS 30G | 2 | |
| CARETOUCH TWIST LANCETS 33G | 2 | |
| CARETOUCH TWIST MC LANCETS 30G | 2 | |
| CHEMSTRIP BG LOG BOOK | Non-Formulary | Formulary Exclusion |
| CHOSEN LANCETS 30G | 2 | |
| CHOSEN SAFETY LANCETS 28G | 2 | |
| CLEANLET LANCETS 28G | 2 | |
| CLEVER CHEK AUTO-CODE SYSTEM DEVICE | Non-Formulary | Formulary Exclusion |
| CLEVER CHEK AUTO-CODE VOICE DEVICE | Non-Formulary | Formulary Exclusion |
| CLEVER CHEK LANCETS | 2 | |
| CLEVER CHEK SYSTEM KIT W/DEVICE | Non-Formulary | Formulary Exclusion |
| CLEVER CHOICE AUTO-CODE SYSTEM DEVICE | Non-Formulary | Formulary Exclusion |
| CLEVER CHOICE COMFORT EZ | 2 | |
| CLEVER CHOICE LANCETS 21G | 2 | |

| Drug Name | Tier | Notes |
|---|---------------|---------------------|
| CLEVER CHOICE LANCETS 23G | 2 | |
| CLEVER CHOICE LANCETS 28G | 2 | |
| CLEVER CHOICE MICRO SYSTEM KIT W/DEVICE | Non-Formulary | Formulary Exclusion |
| CLEVER CHOICE MINI SYSTEM DEVICE | Non-Formulary | Formulary Exclusion |
| CLEVER CHOICE TALK SYSTEM DEVICE | Non-Formulary | Formulary Exclusion |
| COAGUCHEK LANCETS | 2 | |
| <i>comfort assured lancets 28g</i> | 2 | |
| <i>comfort assured lancets 33g</i> | 2 | |
| <i>comfort lancets</i> | 2 | |
| COMFORT TOUCH LANCETS 31G | 2 | |
| COMFORT TOUCH PLUS LANCETS 28G | 2 | |
| COMFORT TOUCH PLUS LANCETS 30G | 2 | |
| COMFORT TOUCH TWIST LANCET 30G | 2 | |
| CONTOUR CONTROL LIQUID HIGH IN VITRO | Non-Formulary | Formulary Exclusion |
| CONTOUR CONTROL LIQUID LOW IN VITRO | Non-Formulary | Formulary Exclusion |
| CONTOUR CONTROL LIQUID NORMAL IN VITRO | Non-Formulary | Formulary Exclusion |
| CONTOUR MONITOR DEVICE | Non-Formulary | Formulary Exclusion |
| CONTOUR NEXT CONTROL SOLUTION LOW IN VITRO | Non-Formulary | Formulary Exclusion |
| CONTOUR NEXT CONTROL SOLUTION NORMAL IN VITRO | Non-Formulary | Formulary Exclusion |
| CONTOUR NEXT EZ KIT W/DEVICE | Non-Formulary | Formulary Exclusion |
| CONTOUR NEXT GEN MONITOR KIT W/DEVICE | Non-Formulary | Formulary Exclusion |
| CONTOUR NEXT LINK KIT W/DEVICE | Non-Formulary | Formulary Exclusion |
| CONTOUR NEXT MONITOR KIT W/DEVICE | Non-Formulary | Formulary Exclusion |
| CONTOUR NEXT ONE DEVICE | Non-Formulary | Formulary Exclusion |
| CONTOUR NEXT ONE KIT | Non-Formulary | Formulary Exclusion |
| CONTOUR PLUS BLUE KIT W/DEVICE | Non-Formulary | Formulary Exclusion |
| COOL MONITOR DEVICE | Non-Formulary | Formulary Exclusion |
| COOL MONITOR KIT KIT W/DEVICE | Non-Formulary | Formulary Exclusion |
| CVS BLOOD GLUCOSE METER KIT W/DEVICE | Non-Formulary | Formulary Exclusion |
| <i>cvs lancets 21g</i> | 2 | |
| <i>cvs lancets micro thin 33g</i> | 2 | |
| <i>cvs lancets original</i> | 2 | |

| Drug Name | Tier | Notes |
|--|---------------|-------------------------|
| <i>cvs lancets thin 26g</i> | 2 | |
| <i>cvs lancets ultra thin 30g</i> | 2 | |
| <i>cvs lancets ultra-thin 30g</i> | 2 | |
| <i>cvs lancing device</i> | 2 | |
| <i>cvs ultra thin lancets</i> | 2 | |
| D-CARE GLUCOMETER KIT W/DEVICE | Non-Formulary | Formulary Exclusion |
| DEXCOM G4 PLAT PED RCV/SHARE DEVICE | Non-Formulary | Formulary Exclusion; QL |
| DEXCOM G4 PLAT PED RECEIVER DEVICE | Non-Formulary | Formulary Exclusion; QL |
| DEXCOM G4 PLATINUM RCV/SHARE DEVICE | Non-Formulary | Formulary Exclusion; QL |
| DEXCOM G4 PLATINUM RECEIVER DEVICE | Non-Formulary | Formulary Exclusion; QL |
| DEXCOM G4 PLATINUM TRANSMITTER | Non-Formulary | Formulary Exclusion; QL |
| DEXCOM G5 MOB/G4 PLAT SENSOR | 2 | QL |
| DEXCOM G5 MOBILE RECEIVER DEVICE | 2 | QL |
| DEXCOM G5 MOBILE TRANSMITTER | 2 | QL |
| DEXCOM G5 RECEIVER KIT DEVICE | 2 | QL |
| DEXCOM G6 RECEIVER DEVICE | 2 | QL |
| DEXCOM G6 SENSOR | 2 | QL |
| DEXCOM G6 TRANSMITTER | 2 | QL |
| DEXCOM G7 RECEIVER DEVICE | 2 | QL |
| DEXCOM G7 SENSOR | 2 | QL |
| <i>diabetes care kit</i> | Non-Formulary | Formulary Exclusion |
| DIATHRIVE BLOOD GLUCOSE METER DEVICE | Non-Formulary | Formulary Exclusion |
| DIATHRIVE LANCET ULTRA THIN 30 | 2 | |
| DIATHRIVE LANCETS | 2 | |
| DIATHRIVE+ GLUCOSE MONITOR DEVICE | Non-Formulary | Formulary Exclusion |
| <i>diatrue plus blood glucose device</i> | Non-Formulary | Formulary Exclusion |
| DROPLET GENTEEL LANCING DEVICE | 2 | |
| DROPLET LANCETS ULTRA THIN 30G | 2 | |
| DROPLET LANCING DEVICE | 2 | |
| DROPLET PERSONAL LANCETS 30G | 2 | |
| <i>drug mart lancets thin 26g</i> | 2 | |
| DRUG MART LANCING DEVICE | 2 | |
| DRUG MART ON-THE-GO LANCET 30G | 2 | |
| DRUG MART UNILET LANCETS 28G | 2 | |
| DRUG MART UNILET LANCETS 30G | 2 | |

| Drug Name | Tier | Notes |
|--|---------------|---------------------|
| DRUG MART UNILET LANCETS 33G | 2 | |
| <i>easy comfort lancets</i> | 2 | |
| <i>easy comfort lancets twist top</i> | 2 | |
| EASY MAX T1 GLUCOSE SYSTEM KIT W/DEVICE | Non-Formulary | Formulary Exclusion |
| <i>easy plus ii glucose system device</i> | Non-Formulary | Formulary Exclusion |
| EASY STEP GLUCOSE MONITOR DEVICE | Non-Formulary | Formulary Exclusion |
| <i>easy talk blood glucose system device</i> | Non-Formulary | Formulary Exclusion |
| EASY TOUCH GLUCOSE SYSTEM KIT W/DEVICE | Non-Formulary | Formulary Exclusion |
| EASY TOUCH LANCETS 21G | 2 | |
| EASY TOUCH LANCETS 23G | 2 | |
| EASY TOUCH LANCETS 26G | 2 | |
| EASY TOUCH LANCETS 28G | 2 | |
| EASY TOUCH LANCETS 28G/TWIST | 2 | |
| EASY TOUCH LANCETS 30G | 2 | |
| EASY TOUCH LANCETS 30G/TWIST | 2 | |
| EASY TOUCH LANCETS 32G | 2 | |
| EASY TOUCH LANCETS 32G/TWIST | 2 | |
| EASY TOUCH LANCETS 33G/TWIST | 2 | |
| EASY TOUCH LANCING DEVICE | 2 | |
| EASY TOUCH SAFETY LANCETS 21G | 2 | |
| EASY TOUCH SAFETY LANCETS 23G | 2 | |
| EASY TOUCH SAFETY LANCETS 26G | 2 | |
| EASY TOUCH SAFETY LANCETS 28G | 2 | |
| <i>easy trak blood glucose system device</i> | Non-Formulary | Formulary Exclusion |
| <i>easy trak ii blood glucose sys device</i> | Non-Formulary | Formulary Exclusion |
| EASYGLUCO KIT | Non-Formulary | Formulary Exclusion |
| EASYMAX NG BLOOD GLUCOSE DEVICE | Non-Formulary | Formulary Exclusion |
| EASYMAX NG BLOOD GLUCOSE KIT W/DEVICE | Non-Formulary | Formulary Exclusion |
| EASYMAX V BLOOD GLUCOSE DEVICE | Non-Formulary | Formulary Exclusion |
| EASYPRO BLOOD GLUCOSE MONITOR KIT W/DEVICE | Non-Formulary | Formulary Exclusion |
| EASYPRO PLUS KIT W/DEVICE | Non-Formulary | Formulary Exclusion |
| ELEMENT AUTOCODE SYSTEM KIT W/DEVICE | Non-Formulary | Formulary Exclusion |
| <i>element compact glucose system device</i> | Non-Formulary | Formulary Exclusion |
| <i>element compact v glucose sys device</i> | Non-Formulary | Formulary Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|--|
| ELEMENT PLUS DEVICE | Non-Formulary | Formulary Exclusion |
| EMBRACE BLOOD GLUCOSE MONITOR DEVICE | Non-Formulary | Formulary Exclusion |
| EMBRACE EVO GLUCOSE MONITOR DEVICE | Non-Formulary | Formulary Exclusion |
| EMBRACE EVO GLUCOSE MONITORING KIT W/DEVICE | Non-Formulary | Formulary Exclusion |
| EMBRACE LANCETS ULTRA THIN 30G | 2 | |
| EMBRACE PRESSURE ACTIVATED 21G | 2 | |
| EMBRACE PRESSURE ACTIVATED 28G | 2 | |
| EMBRACE PRO GLUCOSE METER DEVICE | Non-Formulary | Formulary Exclusion |
| EMBRACE TALK BLOOD GLUCOSE DEVICE | Non-Formulary | Formulary Exclusion |
| EMBRACE TALK MONITORING SYSTEM KIT W/DEVICE | Non-Formulary | Formulary Exclusion |
| ENLITE GLUCOSE SENSOR | Non-Formulary | Formulary Exclusion; QL |
| <i>eql color lancets 21g</i> | 2 | |
| <i>eql color lancets micro 33g</i> | 2 | |
| <i>eql super thin lancets 30g</i> | 2 | |
| <i>eql thin lancets 26g</i> | 2 | |
| EVERSENSE 365 SENSOR/HOLDER | Non-Formulary | New to Market Exclusion; Formulary Exclusion; QL |
| EVERSENSE 365 SMART TRANSMIT | Non-Formulary | New to Market Exclusion; Formulary Exclusion; QL |
| EVERSENSE SENSOR/HOLDER | Non-Formulary | Formulary Exclusion; QL |
| EVERSENSE SMART TRANSMITTER | Non-Formulary | Formulary Exclusion; QL |
| EVOLUTION AUTOCODE DEVICE | Non-Formulary | Formulary Exclusion |
| E-Z JECT LANCET MICRO-THIN 33G | 2 | |
| E-Z JECT LANCET SUPER THIN 30G | 2 | |
| E-Z JECT LANCETS | 2 | |
| E-Z JECT LANCETS 21G | 2 | |
| E-Z JECT LANCETS THIN 26G | 2 | |
| EZ-LETS LANCETS 21G | 2 | |
| EZ-LETS LANCETS 26G | 2 | |
| EZ-LETS LANCETS 28G | 2 | |
| EZ-LETS LANCETS 30G | 2 | |
| FIFTY50 GLUCOSE METER 2.0 KIT W/DEVICE | Non-Formulary | Formulary Exclusion |
| FIFTY50 SAFETY SEAL LANCETS | 2 | |
| FIFTY50 UNILET LANCETS 33G | 2 | |

| Drug Name | Tier | Notes |
|---|---------------|---------------------|
| FINE 30 | 2 | |
| FINGERSTIX LANCETS | 2 | |
| FORA G20 BLOOD GLUCOSE SYSTEM KIT W/DEVICE | Non-Formulary | Formulary Exclusion |
| FORA G30A BLOOD GLUCOSE SYSTEM DEVICE | Non-Formulary | Formulary Exclusion |
| FORA GD20 BLOOD GLUCOSE SYSTEM DEVICE | Non-Formulary | Formulary Exclusion |
| FORA GD50 BLOOD GLUCOSE SYSTEM DEVICE | Non-Formulary | Formulary Exclusion |
| FORA GTEL BLOOD GLUCOSE SYSTEM DEVICE | Non-Formulary | Formulary Exclusion |
| FORA LANCETS | 2 | |
| FORA PREMIUM V10 BLE SYSTEM DEVICE | Non-Formulary | Formulary Exclusion |
| FORA TEST N' GO MONITOR DEVICE | Non-Formulary | Formulary Exclusion |
| FORA TN'G VOICE KIT W/DEVICE | Non-Formulary | Formulary Exclusion |
| FORA V10 BLOOD GLUCOSE SYSTEM DEVICE | Non-Formulary | Formulary Exclusion |
| FORA V10/V12/D10/D20 TEST KIT | Non-Formulary | Formulary Exclusion |
| FORA V12 BLOOD GLUCOSE SYSTEM DEVICE | Non-Formulary | Formulary Exclusion |
| FORA V20 BLOOD GLUCOSE SYSTEM DEVICE | Non-Formulary | Formulary Exclusion |
| FORA V30A BLOOD GLUCOSE SYSTEM DEVICE | Non-Formulary | Formulary Exclusion |
| FORA V30A BLOOD GLUCOSE SYSTEM KIT W/DEVICE | Non-Formulary | Formulary Exclusion |
| FORACARE GD40 MONITOR DEVICE | Non-Formulary | Formulary Exclusion |
| FORACARE PREMIUM V10 DEVICE | Non-Formulary | Formulary Exclusion |
| FORACARE TEST N GO MONITOR DEVICE | Non-Formulary | Formulary Exclusion |
| FORTISCARE T1 GLUCOSE SYSTEM DEVICE | Non-Formulary | Formulary Exclusion |
| <i>freds pharmacy autolet lancing</i> | 2 | |
| <i>freds pharmacy unilet lanc 28g</i> | 2 | |
| <i>freds pharmacy unilet lanc 30g</i> | 2 | |
| FREESTYLE FREEDOM LITE KIT W/DEVICE | Non-Formulary | Formulary Exclusion |
| FREESTYLE LANCETS | 2 | |
| FREESTYLE LIBRE 14 DAY READER DEVICE | 2 | QL |
| FREESTYLE LIBRE 14 DAY SENSOR | 2 | QL |
| FREESTYLE LIBRE 2 PLUS SENSOR | 2 | QL |

| Drug Name | Tier | Notes |
|--|---------------|---------------------|
| FREESTYLE LIBRE 2 READER DEVICE | 2 | QL |
| FREESTYLE LIBRE 2 SENSOR | 2 | QL |
| FREESTYLE LIBRE 3 PLUS SENSOR | 2 | QL |
| FREESTYLE LIBRE 3 READER DEVICE | 2 | QL |
| FREESTYLE LIBRE 3 SENSOR | 2 | QL |
| FREESTYLE LIBRE READER DEVICE | 2 | QL |
| FREESTYLE LIBRE SENSOR SYSTEM | 2 | QL |
| FREESTYLE LITE DEVICE | Non-Formulary | Formulary Exclusion |
| FREESTYLE LITE KIT W/DEVICE | Non-Formulary | Formulary Exclusion |
| FREESTYLE PRECISION NEO SYSTEM KIT W/DEVICE | Non-Formulary | Formulary Exclusion |
| FREESTYLE UNISTICK II LANCETS | 2 | |
| <i>ge100 blood glucose system device</i> | Non-Formulary | Formulary Exclusion |
| <i>ge100 blood glucose system kit w/device</i> | Non-Formulary | Formulary Exclusion |
| GENTEEL BUTTERFLY TOUCH LANCET | 2 | |
| GENTLE-LET GP LANCETS | 2 | |
| GENTLE-LET LANCETS | 2 | |
| GENTLE-LET PLATFORMS | 2 | |
| <i>ght blood glucose monitor kit w/device</i> | Non-Formulary | Formulary Exclusion |
| <i>global inject ease lancets 28g</i> | 2 | |
| <i>global inject ease lancets 30g</i> | 2 | |
| GLUCO PERFECT 3 METER DEVICE | Non-Formulary | Formulary Exclusion |
| GLUCOCARD 01 BLOOD GLUCOSE DEVICE | Non-Formulary | Formulary Exclusion |
| GLUCOCARD 01 BLOOD GLUCOSE KIT W/DEVICE | Non-Formulary | Formulary Exclusion |
| GLUCOCARD 01-MINI GLUCOSE KIT W/DEVICE | Non-Formulary | Formulary Exclusion |
| GLUCOCARD EXPRESSION MONITOR KIT W/DEVICE | Non-Formulary | Formulary Exclusion |
| GLUCOCARD SHINE CONNEX KIT W/DEVICE | Non-Formulary | Formulary Exclusion |
| GLUCOCARD SHINE DEVICE | Non-Formulary | Formulary Exclusion |
| GLUCOCARD SHINE EXPRESS KIT W/DEVICE | Non-Formulary | Formulary Exclusion |
| GLUCOCARD SHINE KIT W/DEVICE | Non-Formulary | Formulary Exclusion |
| GLUCOCARD SHINE XL DEVICE | Non-Formulary | Formulary Exclusion |
| GLUCOCARD VITAL MONITOR KIT W/DEVICE | Non-Formulary | Formulary Exclusion |
| GLUCOCARD X-METER KIT W/DEVICE | Non-Formulary | Formulary Exclusion |
| GLUCOCOM AUTOLINK TELEMONITOR | Non-Formulary | Formulary Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|-------------------------|
| GLUCOCOM BLOOD GLUCOSE MONITOR DEVICE | Non-Formulary | Formulary Exclusion |
| GLUCOCOM LANCETS 28G | 2 | |
| GLUCOCOM LANCETS 30G | 2 | |
| GLUCOCOM LANCETS 33G | 2 | |
| GLUCOCOM MONITOR KIT W/DEVICE | Non-Formulary | Formulary Exclusion |
| GLUCONAVII BLOOD GLUCOSE SYS KIT W/DEVICE | Non-Formulary | Formulary Exclusion |
| GNP EASY TOUCH GLUCOSE METER DEVICE | Non-Formulary | Formulary Exclusion |
| <i>gnp lancets 21g</i> | 2 | |
| <i>gnp lancets thin 26g</i> | 2 | |
| <i>gnp sterile lancets 28g</i> | 2 | |
| <i>gnp sterile lancets 30g</i> | 2 | |
| <i>gnp sterile lancets 33g</i> | 2 | |
| GNP TRUE METRIX AIR METER KIT W/DEVICE | Non-Formulary | Formulary Exclusion |
| GNP TRUE METRIX GLUCOSE METER KIT W/DEVICE | Non-Formulary | Formulary Exclusion |
| GOJJI STERILE LANCETS | 2 | |
| <i>goodsense blood glucose kit w/device</i> | Non-Formulary | Formulary Exclusion |
| <i>goodsense color lancets 33g</i> | 2 | |
| <i>goodsense lancets 26g univ</i> | 2 | |
| <i>goodsense lancets 30g</i> | 2 | |
| <i>goodsense lancets 30g univ</i> | 2 | |
| <i>goodsense lancets 33g</i> | 2 | |
| <i>goodsense lancets 33g univ</i> | 2 | |
| GUARDIAN 4 GLUCOSE SENSOR | Non-Formulary | Formulary Exclusion; QL |
| GUARDIAN 4 TRANSMITTER | Non-Formulary | Formulary Exclusion; QL |
| GUARDIAN CONNECT TRANSMITTER | Non-Formulary | Formulary Exclusion; QL |
| GUARDIAN LINK 3 TRANSMITTER | Non-Formulary | Formulary Exclusion; QL |
| GUARDIAN REAL-TIME CHARGER | Non-Formulary | Formulary Exclusion |
| GUARDIAN REAL-TIME REPLACE PED DEVICE | Non-Formulary | Formulary Exclusion; QL |
| GUARDIAN REAL-TIME TEST PLUG | Non-Formulary | Formulary Exclusion |
| GUARDIAN SENSOR (3) | Non-Formulary | Formulary Exclusion; QL |
| <i>guardian sensor 3</i> | Non-Formulary | Formulary Exclusion; QL |
| HAEMOLANCE PLUS | 2 | |
| HAEMOLANCE PLUS HIGH FLOW | 2 | |
| HAEMOLANCE PLUS LOW FLOW | 2 | |

| Drug Name | Tier | Notes |
|--|---------------|---------------------|
| HAEMOLANCE PLUS MAX FLOW | 2 | |
| HAEMOLANCE PLUS PEDIATRIC FLOW | 2 | |
| HEALTH CARE LANCING DEVICE | 2 | |
| HEALTHPRO BLOOD GLUCOSE MONITO KIT W/DEVICE | Non-Formulary | Formulary Exclusion |
| <i>healthy accents lancing device</i> | 2 | |
| <i>healthy accents unilet lancets</i> | 2 | |
| <i>h-e-b incontrol adv lancing</i> | 2 | |
| <i>h-e-b incontrol lancets 28g</i> | 2 | |
| <i>h-e-b incontrol lancets 30g</i> | 2 | |
| <i>h-e-b incontrol lancets 33g</i> | 2 | |
| HM EMBRACE TALK SYSTEM KIT W/DEVICE | Non-Formulary | Formulary Exclusion |
| HW EMBRACE PRO GLUCOSE METER DEVICE | Non-Formulary | Formulary Exclusion |
| HW EMBRACE TALK BLOOD GLUCOSE DEVICE | Non-Formulary | Formulary Exclusion |
| HYPOLANCE AST LANCING KIT | 2 | |
| HY-VEE LANCETS | 2 | |
| <i>hy-vee thin lancets</i> | 2 | |
| IGLUCOSE MONITORING SYSTEM KIT W/DEVICE | Non-Formulary | Formulary Exclusion |
| IHEALTH GLUCO+ KIT 10 KIT | Non-Formulary | Formulary Exclusion |
| IHEALTH GLUCO+ KIT 100 KIT | Non-Formulary | Formulary Exclusion |
| IN TOUCH | Non-Formulary | Formulary Exclusion |
| IN TOUCH DEVICE | Non-Formulary | Formulary Exclusion |
| IN TOUCH STERILE LANCETS 30G | 2 | |
| INFINITY BLOOD GLUCOSE SYSTEM KIT W/DEVICE | Non-Formulary | Formulary Exclusion |
| INFINITY VOICE KIT W/DEVICE | Non-Formulary | Formulary Exclusion |
| INSUL-TOTE | Non-Formulary | Formulary Exclusion |
| INSUL-TOTE JR | Non-Formulary | Formulary Exclusion |
| INSUL-TOTE SUPPLIES | Non-Formulary | Formulary Exclusion |
| <i>kinney lancets</i> | 2 | |
| <i>kinney thin lancets</i> | 2 | |
| KROGER AUTOLET LANCING DEVICE | 2 | |
| <i>kroger blood glucose kit w/device</i> | Non-Formulary | Formulary Exclusion |
| KROGER HEALTHPRO LANCET 26G | 2 | |
| <i>kroger lancets</i> | 2 | |
| <i>kroger lancets 21g</i> | 2 | |

| Drug Name | Tier | Notes |
|---|---------------|---------------------|
| <i> Kroger lancets micro thin 33g</i> | 2 | |
| <i> Kroger lancets super thin</i> | 2 | |
| <i> Kroger lancets thin</i> | 2 | |
| <i> Kroger lancets thin 26g</i> | 2 | |
| <i> Kroger lancets ultrathin 30g</i> | 2 | |
| <i> Kroger lancing device</i> | 2 | |
| <i> Kroger premium blood glucose kit w/device</i> | Non-Formulary | Formulary Exclusion |
| <i> lancet device with ejector</i> | 2 | |
| <i> lancet transporter case</i> | 2 | |
| <i> lancets</i> | 2 | |
| <i> lancets 28g</i> | 2 | |
| <i> lancets 30g</i> | 2 | |
| <i> lancets 33g</i> | 2 | |
| <i> lancets micro thin 33g</i> | 2 | |
| LANCETS SUPER THIN | 2 | |
| <i> lancets super thin 28g</i> | 2 | |
| <i> lancets thin</i> | 2 | |
| LANCETS ULTRA THIN | 2 | |
| <i> lancets ultra thin 30g</i> | 2 | |
| <i> lancing device</i> | 2 | |
| LANZO | 2 | |
| <i> leader advanced lancing device</i> | 2 | |
| <i> liberty blood glucose meter device</i> | Non-Formulary | Formulary Exclusion |
| LIBERTY MEDICAL LANCETS | 2 | |
| LIBERTY MINI LANCING DEVICE | 2 | |
| LIBERTY NXT GENERATION MONITOR DEVICE | Non-Formulary | Formulary Exclusion |
| LIFESCAN UNISTIK 2 | 2 | |
| LIFESCAN UNISTIK II LANCETS | 2 | |
| <i> lite touch lancets</i> | 2 | |
| LITETOUCH LANCETS | 2 | |
| <i> live better adv lancing device</i> | 2 | |
| <i> live better lancet super thin</i> | 2 | |
| <i> live better lancet ultra thin</i> | 2 | |
| <i> longs lancets standard</i> | 2 | |
| <i> longs lancets thin</i> | 2 | |
| <i> longs lancets ultra thin</i> | 2 | |
| <i> medichoice safety lancet</i> | 2 | |

| Drug Name | Tier | Notes |
|--|---------------|-------------------------|
| <i>medichoice safety lancet extra</i> | 2 | |
| <i>medichoice safety lancet norm</i> | 2 | |
| MEDISENSE THIN LANCETS | 2 | |
| MEDLANCE EXTRA 21G | 2 | |
| MEDLANCE LITE 25G | 2 | |
| MEDLANCE PLUS EXTRA 21G | 2 | |
| MEDLANCE PLUS LANCETS | 2 | |
| MEDLANCE PLUS LITE 25G | 2 | |
| MEDLANCE PLUS SPECIAL 0.8MM | 2 | |
| MEDLANCE PLUS SUPERLITE 30G | 2 | |
| MEDLANCE PLUS UNIVERSAL 21G | 2 | |
| MEDLANCE UNIVERSAL 21G | 2 | |
| <i>meijer blood glucose kit w/device</i> | Non-Formulary | Formulary Exclusion |
| <i>meijer essential blood glucose kit w/device</i> | Non-Formulary | Formulary Exclusion |
| MEIJER LANCETS | 2 | |
| MEIJER LANCETS THIN | 2 | |
| MEIJER LANCETS UNIVERSAL 21G | 2 | |
| MEIJER LANCETS UNIVERSAL 30G | 2 | |
| MEIJER LANCETS UNIVERSAL 33G | 2 | |
| <i>meijer premium blood glucose kit w/device</i> | Non-Formulary | Formulary Exclusion |
| MEIJER SUPER THIN LANCETS | 2 | |
| MEIJER TRUE2GO BLOOD GLUCOSE KIT W/DEVICE | Non-Formulary | Formulary Exclusion |
| MEIJER TRUERESULT GLUCOSE SYS KIT W/DEVICE | Non-Formulary | Formulary Exclusion |
| MEIJER TRUETRACK GLUCOSE SYS KIT W/DEVICE | Non-Formulary | Formulary Exclusion |
| MICRODOT BLOOD GLUCOSE SYSTEM KIT W/DEVICE | Non-Formulary | Formulary Exclusion |
| MICROLET LANCETS | 2 | |
| MICROLET NEXT LANCING DEVICE | 2 | |
| <i>mini lancing device</i> | 2 | |
| MINILINK REAL-TIME TRANSMITTER | Non-Formulary | Formulary Exclusion; QL |
| MINIMED 630G GUARDIAN PRESS | Non-Formulary | Formulary Exclusion; QL |
| MM BLOOD GLUCOSE SYSTEM KIT W/DEVICE | Non-Formulary | Formulary Exclusion |
| MM BLOOD GLUCOSE SYSTEM REFILL KIT | Non-Formulary | Formulary Exclusion |
| MM BLULINK GLUCOSE MONIT SYS DEVICE | Non-Formulary | Formulary Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|---------------------|
| MM EASY TOUCH GLUCOSE METER KIT W/DEVICE | Non-Formulary | Formulary Exclusion |
| MM TWIST LANCETS | 2 | |
| MONOLET LANCETS | 2 | |
| MONOLET OPD LANCETS | 2 | |
| MONOLETTOR SAFETY LANCETS | 2 | |
| <i>mpd safety lancet 21g</i> | 2 | |
| <i>mpd safety lancet 23g</i> | 2 | |
| <i>mpd safety lancet 28g</i> | 2 | |
| <i>mpd safety lancet 30g</i> | 2 | |
| <i>multi-lancet device</i> | 2 | |
| MULTI-LANCET DEVICE 2 KIT | 2 | |
| MYGLUCOHEALTH BLOOD GLUCOSE KIT W/DEVICE | Non-Formulary | Formulary Exclusion |
| MYGLUCOHEALTH LANCETS 30G | 2 | |
| NOVA MAX BLOOD GLUCOSE SYSTEM DEVICE | Non-Formulary | Formulary Exclusion |
| NOVA MAX BLOOD GLUCOSE SYSTEM KIT W/DEVICE | Non-Formulary | Formulary Exclusion |
| NOVA SAFETY LANCETS 23G | 2 | |
| NOVA SAFETY LANCETS 28G | 2 | |
| NOVA SUREFLEX LANCETS | 2 | |
| NOVA SUREFLEX LANCING DEVICE | 2 | |
| ON CALL LANCETS | 2 | |
| ON CALL LANCING DEVICE | 2 | |
| ON CALL PLUS LANCETS | 2 | |
| ON CALL PLUS LANCING DEVICE | 2 | |
| <i>one drop blood glucose monitor kit w/device</i> | Non-Formulary | Formulary Exclusion |
| ONETOUCH CLUB LANCETS FINE PT | 2 | |
| ONETOUCH DELICA LANCETS 30G | 2 | |
| ONETOUCH DELICA LANCETS 33G | 2 | |
| ONETOUCH DELICA PLUS LANCET30G | 2 | |
| ONETOUCH DELICA PLUS LANCET33G | 2 | |
| ONETOUCH DELICA PLUS LANCING | 2 | |
| ONETOUCH DELICA SAFETY LANCING | 2 | |
| ONETOUCH FINEPOINT LANCETS | 2 | |
| ONETOUCH ULTRA 2 KIT W/DEVICE | Non-Formulary | Formulary Exclusion |
| ONETOUCH ULTRA CONTROL LIQUID IN VITRO | 3 | |

| Drug Name | Tier | Notes |
|---|---------------|-------------------------|
| ONETOUCH ULTRA LIQUID IN VITRO | 3 | |
| ONETOUCH ULTRA MINI KIT W/DEVICE | Non-Formulary | Formulary Exclusion |
| ONETOUCH ULTRASOFT 2 LANCETS | 2 | |
| ONETOUCH ULTRASOFT LANCETS | 2 | |
| ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE | Non-Formulary | Formulary Exclusion |
| ONETOUCH VERIO LIQUID HIGH IN VITRO | 3 | |
| ONETOUCH VERIO LIQUID IN VITRO | 3 | |
| ONETOUCH VERIO REFLECT KIT W/DEVICE | Non-Formulary | Formulary Exclusion |
| <i>oval tape</i> | 3 | |
| PARADIGM REAL-TIME TRANSMITTER | Non-Formulary | Formulary Exclusion; QL |
| <i>pc lancets super thin 30g</i> | 2 | |
| PENLET II BLOOD SAMPLER KIT | 2 | |
| PENLET II REPLACEMENT CAP | 2 | |
| PERFECT LANCETS 28G | 2 | |
| PERFECT LANCETS 30G | 2 | |
| PERFECT POINT SAFETY LANCETS | 2 | |
| PHARMACIST CHOICE AUTOCODE SYS KIT W/DEVICE | Non-Formulary | Formulary Exclusion |
| PHARMACIST CHOICE LANCETS | 2 | |
| PHARMACIST CHOICE MINI SYSTEM DEVICE | Non-Formulary | Formulary Exclusion |
| PHARMACY COUNTER LANCETS | 2 | |
| <i>pip lancets 28g</i> | 2 | |
| <i>pip lancets 30g</i> | 2 | |
| POCKETCHEM EZ SYSTEM KIT W/DEVICE | Non-Formulary | Formulary Exclusion |
| POGO AUTOMATIC BLOOD GLUCOSE DEVICE | Non-Formulary | Formulary Exclusion |
| PRECISION THINS GP LANCETS | 2 | |
| PRECISION XTRA KIT W/DEVICE | Non-Formulary | Formulary Exclusion |
| <i>preferred plus lancets colored</i> | 2 | |
| <i>preferred plus lancets thin</i> | 2 | |
| <i>pressure activat safety lancet</i> | 2 | |
| <i>pro comfort lancets 30g</i> | 2 | |
| <i>pro comfort lancets 31g</i> | 2 | |
| <i>pro comfort safety lancets 30g</i> | 2 | |
| <i>pro voice v8 glucose system device</i> | Non-Formulary | Formulary Exclusion |
| <i>pro voice v9 glucose system device</i> | Non-Formulary | Formulary Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|---------------------|
| PRODIGY AUTOCODE BLOOD GLUCOSE DEVICE | Non-Formulary | Formulary Exclusion |
| PRODIGY AUTOCODE BLOOD GLUCOSE KIT W/DEVICE | Non-Formulary | Formulary Exclusion |
| PRODIGY LANCETS 28G | 2 | |
| PRODIGY LANCING DEVICE | 2 | |
| PRODIGY NO CODING BLOOD GLUC KIT W/DEVICE | Non-Formulary | Formulary Exclusion |
| PRODIGY POCKET BLOOD GLUCOSE KIT W/DEVICE | Non-Formulary | Formulary Exclusion |
| PRODIGY SAFETY LANCETS 26G | 2 | |
| PRODIGY TWIST TOP LANCETS 28G | 2 | |
| PRODIGY VOICE BLOOD GLUCOSE KIT W/DEVICE | Non-Formulary | Formulary Exclusion |
| PSS SELECT GP LANCETS | 2 | |
| PSS SELECT PLATFORMS | 2 | |
| PSS SELECT SAFETY LANCETS | 2 | |
| <i>pure comfort lancets 30g</i> | 2 | |
| <i>push button safety lancets</i> | 2 | |
| <i>px advanced lancing device</i> | 2 | |
| <i>px lancets microthin 33g</i> | 2 | |
| <i>px lancets ultra thin</i> | 2 | |
| <i>px lancets ultra thin 28g</i> | 2 | |
| <i>qc advanced lancing device</i> | 2 | |
| <i>qc lancets super thin 30g</i> | 2 | |
| <i>qc lancets ultra thin</i> | 2 | |
| <i>qc unilet lancets 28g</i> | 2 | |
| <i>qc unilet lancets micro thin</i> | 2 | |
| QUICKTEK KIT | Non-Formulary | Formulary Exclusion |
| QUICKTEK/METER KIT | Non-Formulary | Formulary Exclusion |
| RA E-ZJECT LANCETS 28G | 2 | |
| RA E-ZJECT LANCETS THIN 26G | 2 | |
| RA E-ZJECT LANCETS THIN 28G | 2 | |
| RA E-ZJECT LANCETS ULTRA THIN | 2 | |
| READYLANCE SAFETY LANCETS | 2 | |
| <i>reality lancets</i> | 2 | |
| <i>reality trigger lancets</i> | 2 | |
| REFUAH PLUS MONITORING SYSTEM KIT W/DEVICE | Non-Formulary | Formulary Exclusion |
| RELION ALL-IN-ONE DEVICE | Non-Formulary | Formulary Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|---------------------|
| RELION CONFIRM GLUCOSE MONITOR KIT W/DEVICE | Non-Formulary | Formulary Exclusion |
| RELION LANCETS | 2 | |
| RELION LANCETS MICRO-THIN 33G | 2 | |
| RELION LANCETS THIN 26G | 2 | |
| RELION LANCETS ULTRA-THIN 30G | 2 | |
| RELION LANCING DEVICE KIT | 2 | |
| RELION MICRO KIT W/DEVICE | Non-Formulary | Formulary Exclusion |
| RELION PREMIER BLU MONITOR DEVICE | Non-Formulary | Formulary Exclusion |
| RELION PREMIER CLASSIC DEVICE | Non-Formulary | Formulary Exclusion |
| RELION PREMIER COMPACT SYSTEM KIT W/DEVICE | Non-Formulary | Formulary Exclusion |
| RELION PREMIER VOICE MONITOR DEVICE | Non-Formulary | Formulary Exclusion |
| RELION PRIME MONITOR DEVICE | Non-Formulary | Formulary Exclusion |
| RELION TRUE MET AIR GLUC METER KIT W/DEVICE | Non-Formulary | Formulary Exclusion |
| RELION ULTIMA GLUCOSE SYSTEM KIT W/DEVICE | Non-Formulary | Formulary Exclusion |
| RELION ULTRA THIN LANCETS 30G | 2 | |
| RELION ULTRA THIN PLUS LANCETS | 2 | |
| REXALL BLOOD GLUCOSE SYSTEM KIT W/DEVICE | Non-Formulary | Formulary Exclusion |
| REXALL LANCETS ULTRA THIN 30G | 2 | |
| RIGHTEST ALTERNATE SITE ADAPT | 2 | |
| RIGHTEST GD500 LANCING DEVICE | 2 | |
| RIGHTEST GL300 LANCETS | 2 | |
| RIGHTEST GM100 BLOOD GLUCOSE KIT W/DEVICE | Non-Formulary | Formulary Exclusion |
| RIGHTEST GM300 BLOOD GLUCOSE KIT W/DEVICE | Non-Formulary | Formulary Exclusion |
| RIGHTEST GM550 BLOOD GLUCOSE KIT W/DEVICE | Non-Formulary | Formulary Exclusion |
| RIGHTEST GT333 BLOOD GLUCOSE DEVICE | Non-Formulary | Formulary Exclusion |
| SAFE-T-LANCE | 2 | |
| SAFE-T-LANCE PLUS | 2 | |
| <i>safety lancet 21g/pressure act</i> | 2 | |
| <i>safety lancet 28g/pressure act</i> | 2 | |
| <i>safety lancet 30g/pressure act</i> | 2 | |
| SAFETY LANCETS | 2 | |

| Drug Name | Tier | Notes |
|--|---------------|---------------------|
| SAFETY LANCETS 21G | 2 | |
| SAFETY LANCETS 23G | 2 | |
| <i>safety lancets 28g</i> | 2 | |
| <i>saps health plus lancets</i> | 2 | |
| <i>saps health twist top lancets</i> | 2 | |
| <i>saps twist top lancets</i> | 2 | |
| <i>saps care twist top lancets</i> | 2 | |
| <i>sb lancets thin</i> | 2 | |
| <i>sb lancets ultra thin</i> | 2 | |
| SHOPKO AUTOLET LANCING DEVICE | 2 | |
| SHOPKO ON-THE-GO LANCETS 30G | 2 | |
| SHOPKO UNILET LANCETS 28G | 2 | |
| SHOPKO UNILET LANCETS 30G | 2 | |
| <i>side button safety lancet</i> | 2 | |
| SINGLE-LET | 2 | |
| <i>sm lancets 33g</i> | 2 | |
| SMART DIABETES VANTAGE LANCING | 2 | |
| SMART SENSE COLOR LANCETS 33G | 2 | |
| SMART SENSE PREMIUM SYSTEM KIT W/DEVICE | Non-Formulary | Formulary Exclusion |
| SMART SENSE STANDARD LANCETS | 2 | |
| SMART SENSE SUPER THIN LANCETS | 2 | |
| SMART SENSE THIN LANCETS 26G | 2 | |
| SMART SENSE VALUE GLUCOSE SYS KIT W/DEVICE | Non-Formulary | Formulary Exclusion |
| SMARTEST EJECT DEVICE | Non-Formulary | Formulary Exclusion |
| SMARTEST EJECT STARTER KIT W/DEVICE | Non-Formulary | Formulary Exclusion |
| SMARTEST LANCETS 28G | 2 | |
| SMARTEST PERSONA STARTER KIT W/DEVICE | Non-Formulary | Formulary Exclusion |
| SMARTEST PRONTO STARTER KIT W/DEVICE | Non-Formulary | Formulary Exclusion |
| SMARTEST PROTEGE DEVICE | Non-Formulary | Formulary Exclusion |
| SMARTEST PROTEGE STARTER KIT W/DEVICE | Non-Formulary | Formulary Exclusion |
| SOLUS V2 BLOOD GLUCOSE SYSTEM DEVICE | Non-Formulary | Formulary Exclusion |
| SOLUS V2 BLOOD GLUCOSE SYSTEM KIT W/DEVICE | Non-Formulary | Formulary Exclusion |
| SOLUS V2 LANCETS 28G | 2 | |

| Drug Name | Tier | Notes |
|--|---------------|---------------------|
| SOLUS V2 LANCING DEVICE | 2 | |
| SOLUS V2 TWIST LANCETS 30G | 2 | |
| STERILANCE PA | 2 | |
| STERILANCE TL | 2 | |
| <i>super thin lancets</i> | 2 | |
| <i>sure comfort lancets 18g</i> | 2 | |
| <i>sure comfort lancets 21g</i> | 2 | |
| <i>sure comfort lancets 23g</i> | 2 | |
| <i>sure comfort lancets 28g</i> | 2 | |
| <i>sure comfort lancets 30g</i> | 2 | |
| SURE-LANCE FLAT LANCETS | 2 | |
| SURE-LANCE LANCETS 26G | 2 | |
| SURE-LANCE THIN LANCETS 28G | 2 | |
| SURE-LANCE ULTRA THIN LANCETS | 2 | |
| SURELITE LANCETS | 2 | |
| SURESTEP PRO LINEARITY KIT | Non-Formulary | Formulary Exclusion |
| SURE-TOUCH LANCETS UNIVERSAL | 2 | |
| TECHLITE AST LANCETS | 2 | |
| TECHLITE LANCETS | 2 | |
| TECHLITE LANCETS 26G | 2 | |
| TECHLITE LANCETS 30G | 2 | |
| TEMPO REFILL KIT | Non-Formulary | Formulary Exclusion |
| TEMPO SMART BUTTON | Non-Formulary | Formulary Exclusion |
| TEMPO WELCOME KIT W/DEVICE | Non-Formulary | Formulary Exclusion |
| <i>tgt blood glucose monitoring kit w/device</i> | Non-Formulary | Formulary Exclusion |
| <i>tgt lancet micro thin 33g</i> | 2 | |
| <i>tgt lancet thin 26g</i> | 2 | |
| <i>tgt lancet ultra thin 30g</i> | 2 | |
| <i>tgt lancing device</i> | 2 | |
| THINLETS GP LANCETS | 2 | |
| <i>todays health lancing device</i> | 2 | |
| <i>todays health thin lancets 28g</i> | 2 | |
| <i>todays health thin lancets 30g</i> | 2 | |
| <i>topcare lancets micro-thin 33g</i> | 2 | |
| TRACER II 3 VOLT BATTERY | Non-Formulary | Formulary Exclusion |
| <i>travel lancets</i> | 2 | |
| TRAVEL LANCETS ADVANCED 28G | 2 | |
| <i>true comfort safety lancets</i> | 2 | |

| Drug Name | Tier | Notes |
|--|---------------|---------------------|
| <i>true comfort twist top lancets</i> | 2 | |
| TRUE FOCUS BLOOD GLUCOSE METER DEVICE | Non-Formulary | Formulary Exclusion |
| TRUE METRIX AIR GLUCOSE METER DEVICE | Non-Formulary | Formulary Exclusion |
| TRUE METRIX AIR GLUCOSE METER KIT W/DEVICE | Non-Formulary | Formulary Exclusion |
| TRUE METRIX GO GLUCOSE METER KIT W/DEVICE | Non-Formulary | Formulary Exclusion |
| TRUE METRIX METER DEVICE | Non-Formulary | Formulary Exclusion |
| TRUE METRIX METER KIT W/DEVICE | Non-Formulary | Formulary Exclusion |
| TRUEDRAW LANCING DEVICE | 2 | |
| TRUEPLUS LANCETS 26G | 2 | |
| TRUEPLUS LANCETS 28G | 2 | |
| TRUEPLUS LANCETS 30G | 2 | |
| TRUEPLUS LANCETS 33G | 2 | |
| TRUEPLUS SAFETY LANCETS 28G | 2 | |
| TRUERESULT BLOOD GLUCOSE KIT W/DEVICE | Non-Formulary | Formulary Exclusion |
| TRUETRACK BLOOD GLUCOSE DEVICE | Non-Formulary | Formulary Exclusion |
| TRUETRACK BLOOD GLUCOSE KIT W/DEVICE | Non-Formulary | Formulary Exclusion |
| TRUETRACK SMART SYSTEM KIT | Non-Formulary | Formulary Exclusion |
| <i>twist top lancets 30g</i> | 2 | |
| ULTILET CLASSIC LANCETS | 2 | |
| ULTILET LANCETS | 2 | |
| ULTILET SAFETY LANCETS | 2 | |
| ULTILET SAFETY LANCETS 23G | 2 | |
| <i>ultra thin lancets 31g</i> | 2 | |
| <i>ultra-care lancets 30g</i> | 2 | |
| ULTRALANCE | 2 | |
| ULTRA-THIN II AUTO LANCET | 2 | |
| UNILET COMFORTOUCH LANCET | 2 | |
| UNILET EXCELITE | 2 | |
| UNILET EXCELITE II | 2 | |
| UNILET G.P. LANCET | 2 | |
| UNILET G.P. SUPERLITE LANCET | 2 | |
| UNILET GP 28 ULTRA THIN | 2 | |
| UNILET LANCET | 2 | |
| UNILET MICRO-THIN 33G | 2 | |

| Drug Name | Tier | Notes |
|---|---------------|---------------------|
| UNILET SUPERLITE LANCET | 2 | |
| UNILET SUPER-THIN 30G | 2 | |
| UNILET ULTRA-THIN 28G | 2 | |
| UNISTIK 1 | 2 | |
| UNISTIK 2 | 2 | |
| UNISTIK 2 COMFORT | 2 | |
| UNISTIK 2 EXTRA | 2 | |
| UNISTIK 2 NEONATAL | 2 | |
| UNISTIK 2 NORMAL | 2 | |
| UNISTIK 2 SUPER | 2 | |
| UNISTIK 3 | 2 | |
| UNISTIK 3 COMFORT | 2 | |
| UNISTIK 3 EXTRA | 2 | |
| UNISTIK 3 GENTLE | 2 | |
| UNISTIK 3 NEONATAL | 2 | |
| UNISTIK 3 NORMAL | 2 | |
| UNISTIK CZT COMFORT | 2 | |
| UNISTIK CZT NORMAL | 2 | |
| UNISTIK NORMAL | 2 | |
| UNISTIK PRO SAFETY LANCET | 2 | |
| UNISTIK SAFETY LANCETS 28G | 2 | |
| UNISTIK SAFETY LANCETS 30G | 2 | |
| UNISTIK TOUCH SAFETY LANC 21G | 2 | |
| UNISTIK TOUCH SAFETY LANC 23G | 2 | |
| UNISTIK TOUCH SAFETY LANC 28G | 2 | |
| UNISTIK TOUCH SAFETY LANC 30G | 2 | |
| UNIVERSAL 1 LANCETS THIN 26G | 2 | |
| UNIVERSAL 1 LANCETS THIN 33G | 2 | |
| UNIVERSAL 1 LANCETS ULTRA THIN | 2 | |
| <i>value plus lancet standard 21g</i> | 2 | |
| <i>value plus lancets super thin</i> | 2 | |
| <i>value plus lancets thin 26g</i> | 2 | |
| <i>valumark lancet super thin 30g</i> | 2 | |
| <i>valumark lancet ultra thin 28g</i> | 2 | |
| <i>verasens blood glucose meter device</i> | Non-Formulary | Formulary Exclusion |
| <i>verasens blood glucose system kit w/device</i> | Non-Formulary | Formulary Exclusion |
| VERIFINE SAFE LANCET MINI 21G | 2 | |
| VERIFINE SAFE LANCET MINI 23G | 2 | |

| Drug Name | Tier | Notes |
|---|---------------|---------------------|
| VERIFINE SAFE LANCET MINI 28G | 2 | |
| VERIFINE SAFE LANCET MINI 30G | 2 | |
| VERIFINE UNIVERSAL LANCETS 28G | 2 | |
| VERIFINE UNIVERSAL LANCETS 30G | 2 | |
| VERIFINE UNIVERSAL LANCETS 33G | 2 | |
| VIDA MIA AUTOLET LANCING DEV | 2 | |
| VIDA MIA UNILET LANCETS 28G | 2 | |
| VIDA MIA UNILET LANCETS 30G | 2 | |
| VIVAGUARD INO GLUCOSE METER DEVICE | Non-Formulary | Formulary Exclusion |
| VIVAGUARD INO GLUCOSE METER KIT | Non-Formulary | Formulary Exclusion |
| VIVAGUARD INO SMART GLUC METER DEVICE | Non-Formulary | Formulary Exclusion |
| VIVAGUARD LANCETS | 2 | |
| VIVAGUARD LANCETS 30G | 2 | |
| VIVAGUARD SAFETY LANCETS 28G | 2 | |
| <i>walgreens adv travel lancets</i> | 2 | |
| WALGREENS LANCETS | 2 | |
| <i>walgreens lancets micro thin</i> | 2 | |
| <i>walgreens lancets super thin</i> | 2 | |
| WALGREENS THIN LANCETS | 2 | |
| WALGREENS ULTRA THIN LANCETS | 2 | |
| WAVESENSE AMP KIT W/DEVICE | Non-Formulary | Formulary Exclusion |
| <i>zevrx twist top lancets 30g</i> | 2 | |
| <i>*Glucose/Ketone Monitoring Test Supplies***</i> | | |
| FORA TEST N' GO ADVANCE DEVICE | Non-Formulary | Formulary Exclusion |
| FORA TN'G ADVANCE PRO DEVICE | Non-Formulary | Formulary Exclusion |
| GOJJI MULTI-FUNCTIONAL SYSTEM DEVICE | Non-Formulary | Formulary Exclusion |
| GOJJI MULTI-FUNCTIONAL SYSTEM KIT W/DEVICE | Non-Formulary | Formulary Exclusion |
| PRECISION XTRA-GLUCOSE/KETONE DEVICE | Non-Formulary | Formulary Exclusion |
| <i>*Incontinence Supplies***</i> | | |
| URESTA STARTER KIT | Non-Formulary | Non FDA Exclusion |
| <i>*Insulin Administration Supplies***</i> | | |
| ACCU-CHEK LINKASSIST | Non-Formulary | Formulary Exclusion |
| AUTOSOFT 30 INFUSION SET | Non-Formulary | Formulary Exclusion |

| Drug Name | Tier | Notes |
|--------------------------------------|---------------|-------------------------|
| AUTOSOFT XC INFUSION SET | Non-Formulary | Formulary Exclusion |
| BIGFOOT UNITY PEN CAP/ADMELOG | Non-Formulary | Formulary Exclusion |
| BIGFOOT UNITY PEN CAP/APIDRA | Non-Formulary | Formulary Exclusion |
| BIGFOOT UNITY PEN CAP/ASPART | Non-Formulary | Formulary Exclusion |
| BIGFOOT UNITY PEN CAP/BASAGLAR | Non-Formulary | Formulary Exclusion |
| BIGFOOT UNITY PEN CAP/FIASP | Non-Formulary | Formulary Exclusion |
| BIGFOOT UNITY PEN CAP/HUMALOG | Non-Formulary | Formulary Exclusion |
| BIGFOOT UNITY PEN CAP/LANTUS | Non-Formulary | Formulary Exclusion |
| BIGFOOT UNITY PEN CAP/LISPRO | Non-Formulary | Formulary Exclusion |
| BIGFOOT UNITY PEN CAP/LYUMJEV | Non-Formulary | Formulary Exclusion |
| BIGFOOT UNITY PEN CAP/NOVOLOG | Non-Formulary | Formulary Exclusion |
| BIGFOOT UNITY PEN CAP/TOUJEO | Non-Formulary | Formulary Exclusion |
| BIGFOOT UNITY PEN CAP/TOUJEO M | Non-Formulary | Formulary Exclusion |
| BIGFOOT UNITY PEN CAP/TRESIBA | Non-Formulary | Formulary Exclusion |
| <i>extended infusion set 23"/6mm</i> | Non-Formulary | Formulary Exclusion |
| <i>extended infusion set 23"/9mm</i> | Non-Formulary | Formulary Exclusion |
| <i>extended infusion set 32"/6mm</i> | Non-Formulary | Formulary Exclusion |
| <i>extended infusion set 32"/9mm</i> | Non-Formulary | Formulary Exclusion |
| EXTENDED RESERVOIR 3ML | Non-Formulary | Formulary Exclusion |
| ILET CONTACT DETACH 23" 6MM | Non-Formulary | Formulary Exclusion |
| ILET INFUSION-INSET 23" 6MM | Non-Formulary | Formulary Exclusion |
| ILET INFUSION-INSET 32" 6MM | Non-Formulary | Formulary Exclusion |
| ILET INFUSION-INSET 32" 6MM | Non-Formulary | New to Market Exclusion |
| <i>ilet insulin pump device</i> | Non-Formulary | Formulary Exclusion |
| ILET STARTER - CONTACT DETACH | Non-Formulary | New to Market Exclusion |
| ILET STARTER KIT - INSET 23" | Non-Formulary | New to Market Exclusion |
| ILET STARTER KIT - INSET 32" | Non-Formulary | New to Market Exclusion |
| MINIMED 770G INSULIN PUMP SYS KIT | Non-Formulary | Formulary Exclusion |
| MINIMED 780G INSULIN PUMP KIT | Non-Formulary | Formulary Exclusion |
| MINIMED MIO ADVANCE INFUSE SET | Non-Formulary | Formulary Exclusion |
| MINIMED MIO INFUSION SET (RX) | Non-Formulary | Formulary Exclusion |
| MINIMED QUICK SET INF SET 18" | Non-Formulary | Formulary Exclusion |
| MINIMED QUICK SET INF SET 23" | Non-Formulary | Formulary Exclusion |
| MINIMED QUICK SET INF SET 32" | Non-Formulary | Formulary Exclusion |
| MINIMED QUICK SET INF SET 43" | Non-Formulary | Formulary Exclusion |
| MOBI 2ML CARTRIDGE | Non-Formulary | Formulary Exclusion |
| OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT | Non-Formulary | |
| OMNIPOD 5 DEXG7G6 PODS GEN 5 | Non-Formulary | |

| Drug Name | Tier | Notes |
|---------------------------------------|-------------------|---------------------|
| OMNIPOD 5 G7 INTRO (GEN 5) KIT | Benefit Exclusion | |
| OMNIPOD 5 G7 PODS (GEN 5) | Benefit Exclusion | |
| OMNIPOD 5 LIBRE2 PLUS G6 KIT | Non-Formulary | |
| OMNIPOD 5 LIBRE2 PLUS G6 PODS | Non-Formulary | |
| OMNIPOD CLASSIC PDM (GEN 3) KIT | Non-Formulary | Formulary Exclusion |
| OMNIPOD CLASSIC PODS (GEN 3) | Non-Formulary | |
| OMNIPOD DASH INTRO (GEN 4) KIT | Non-Formulary | |
| OMNIPOD DASH PODS (GEN 4) | Non-Formulary | |
| OMNIPOD GO KIT 10 UNIT/24HR | 2 | |
| OMNIPOD GO KIT 15 UNIT/24HR | 2 | |
| OMNIPOD GO KIT 20 UNIT/24HR | Benefit Exclusion | |
| OMNIPOD GO KIT 25 UNIT/24HR | 2 | |
| OMNIPOD GO KIT 30 UNIT/24HR | Benefit Exclusion | |
| OMNIPOD GO KIT 35 UNIT/24HR | 2 | |
| OMNIPOD GO KIT 40 UNIT/24HR | Benefit Exclusion | |
| OMNIPOD POD PALS | Non-Formulary | |
| SILHOUETTE 23" INFUSION SET | Non-Formulary | Formulary Exclusion |
| SILHOUETTE 43" INFUSION SET | Non-Formulary | Formulary Exclusion |
| SILHOUETTE INFUSION SET 18" | Non-Formulary | Formulary Exclusion |
| SURE T INFUSION SET 18"/6MM | 3 | |
| SURE T INFUSION SET 23"/10MM | Non-Formulary | Formulary Exclusion |
| SURE T INFUSION SET 23"/6MM | Non-Formulary | Formulary Exclusion |
| SURE T INFUSION SET 23"/8MM | Non-Formulary | Formulary Exclusion |
| SURE T INFUSION SET 32"/10MM | Non-Formulary | Formulary Exclusion |
| SURE T INFUSION SET 32"/6MM | Non-Formulary | Formulary Exclusion |
| SURE T INFUSION SET 32"/8MM | Non-Formulary | Formulary Exclusion |
| T: SLIM X2 INS PMP/CONTROL 7.4 DEVICE | Non-Formulary | Formulary Exclusion |
| T:SLIM X2 3ML CARTRIDGE | Non-Formulary | Formulary Exclusion |
| T:SLIM X2 BASAL-IQ PUMP DEVICE | Non-Formulary | Formulary Exclusion |
| T:SLIM X2 CONTROL-IQ 7.7 PUMP DEVICE | Non-Formulary | Formulary Exclusion |
| T:SLIM X2 CONTROL-IQ 7.8 PUMP DEVICE | Non-Formulary | Formulary Exclusion |
| T:SLIM X2 CONTROL-IQ PUMP DEVICE | Non-Formulary | Formulary Exclusion |
| T:SLIM X2 INSULIN PMP BASAL6.4 DEVICE | Non-Formulary | Formulary Exclusion |
| TANDEM MOBI AUTOSOFT 30 KIT | Non-Formulary | Formulary Exclusion |
| TANDEM MOBI AUTOSOFT XC KIT | Non-Formulary | Formulary Exclusion |
| TANDEM MOBI CARTRIDGE 2ML | Non-Formulary | Formulary Exclusion |
| TANDEM MOBI SYSTEM STARTER KIT | Non-Formulary | Formulary Exclusion |
| TANDEM MOBI TRUSTEEL SUPP KIT | Non-Formulary | Formulary Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|-------------------------|
| TRUSTEEL INFUSION SET | Non-Formulary | Formulary Exclusion |
| TWIIST REFILL KIT | Non-Formulary | New to Market Exclusion |
| TWIIST REFILL KIT/INFUSION SET | Non-Formulary | New to Market Exclusion |
| TWIIST STARTER KIT KIT | Non-Formulary | New to Market Exclusion |
| V-GO 20 KIT 20 UNIT/24HR | Non-Formulary | |
| V-GO 30 KIT 30 UNIT/24HR | Non-Formulary | |
| V-GO 40 KIT 40 UNIT/24HR | Non-Formulary | |
| *Masks*** | | |
| SAFE-SENSE EARLOOP FACE MASK | Non-Formulary | Non FDA Exclusion |
| *Misc. Devices*** | | |
| CLEVER CHOICE PULSE OXIMETER | Non-Formulary | Non FDA Exclusion |
| <i>dispenser md pump 0.25ml</i> | Non-Formulary | Non FDA Exclusion |
| <i>dispenser md pump bottle 150ml</i> | Non-Formulary | Non FDA Exclusion |
| <i>face shield full length</i> | Non-Formulary | Non FDA Exclusion |
| <i>face shield full length/clear</i> | Non-Formulary | Non FDA Exclusion |
| MAD NASAL ATOMIZATION DEVICE | Non-Formulary | Non FDA Exclusion |
| <i>powder insufflator-#4 capsules</i> | Non-Formulary | Non FDA Exclusion |
| <i>suppository shells small 1.3ml</i> | Non-Formulary | Non FDA Exclusion |
| <i>vaginal suppository applicator</i> | Non-Formulary | Non FDA Exclusion |
| *Nebulizers*** | | |
| AEROECLIPSE II W/ELBOW ADAPTER | Non-Formulary | Formulary Exclusion |
| AEROECLIPSE II W/UNIV TUBING | Non-Formulary | Formulary Exclusion |
| AEROECLIPSE XL NEBULIZER | Non-Formulary | Formulary Exclusion |
| INNOSPIRE ELEGANCE NEBULIZER | Non-Formulary | Formulary Exclusion |
| MC 300 W/UNIVERSAL TUBING | Non-Formulary | Formulary Exclusion |
| MC 300-MOUTHPIECE | Non-Formulary | Formulary Exclusion |
| <i>neb 200 compressor nebulizer</i> | Non-Formulary | Formulary Exclusion |
| PARI BABY NEBULIZER SET | Non-Formulary | Formulary Exclusion |
| PULMONEB LT | Non-Formulary | Formulary Exclusion |
| *Needles & Syringes*** | | |
| <i>1st tier unifine pentips 29g x 12mm</i> | 2 | |
| <i>1st tier unifine pentips 31g x 5 mm</i> | 2 | |
| <i>1st tier unifine pentips 31g x 6 mm</i> | 2 | |
| <i>1st tier unifine pentips 31g x 8 mm</i> | 2 | |
| <i>1st tier unifine pentips 32g x 4 mm</i> | 2 | |
| <i>1st tier unifine pentips 32g x 6 mm</i> | 2 | |
| <i>1st tier unifine pentips 33g x 4 mm</i> | 2 | |
| <i>1st tier unifine pentips plus 29g x 12mm</i> | 2 | |

| Drug Name | Tier | Notes |
|---|---------------|---------------------|
| <i>1st tier unifine pentips plus 31g x 5 mm</i> | 2 | |
| <i>1st tier unifine pentips plus 31g x 6 mm</i> | 2 | |
| <i>1st tier unifine pentips plus 31g x 8 mm</i> | 2 | |
| <i>1st tier unifine pentips plus 32g x 4 mm</i> | 2 | |
| <i>1st tier unifine pentips plus 33g x 4 mm</i> | 2 | |
| ABOUTTIME PEN NEEDLE 30G X 8 MM | 2 | |
| ABOUTTIME PEN NEEDLE 31G X 5 MM | 2 | |
| ABOUTTIME PEN NEEDLE 31G X 8 MM | 2 | |
| ABOUTTIME PEN NEEDLE 32G X 4 MM | 2 | |
| ADVOCATE INSULIN PEN NEEDLE 32G X 4 MM | Non-Formulary | Formulary Exclusion |
| ADVOCATE INSULIN PEN NEEDLES 29G X 12.7MM | 2 | |
| ADVOCATE INSULIN PEN NEEDLES 31G X 5 MM | 2 | |
| ADVOCATE INSULIN PEN NEEDLES 31G X 8 MM | 2 | |
| ADVOCATE INSULIN PEN NEEDLES 33G X 4 MM | 2 | |
| ADVOCATE INSULIN SYRINGE 29G X 1/2" 0.3 ML | 2 | |
| ADVOCATE INSULIN SYRINGE 29G X 1/2" 0.5 ML | 2 | |
| ADVOCATE INSULIN SYRINGE 29G X 1/2" 1 ML | 2 | |
| ADVOCATE INSULIN SYRINGE 30G X 5/16" 0.3 ML | 2 | |
| ADVOCATE INSULIN SYRINGE 30G X 5/16" 0.5 ML | 2 | |
| ADVOCATE INSULIN SYRINGE 30G X 5/16" 1 ML | 2 | |
| ADVOCATE INSULIN SYRINGE 31G X 5/16" 0.3 ML | 2 | |
| ADVOCATE INSULIN SYRINGE 31G X 5/16" 0.5 ML | 2 | |
| ADVOCATE INSULIN SYRINGE 31G X 5/16" 1 ML | 2 | |
| <i>aq insulin syringe 29g x 1/2" 1 ml</i> | 2 | |
| <i>aq insulin syringe 30g x 5/16" 0.5 ml</i> | 2 | |
| <i>aq insulin syringe 31g x 5/16" 1 ml</i> | 2 | |
| <i>aqinject pen needle 31g x 5 mm</i> | 2 | |
| <i>aqinject pen needle 32g x 4 mm</i> | 2 | |

| Drug Name | Tier | Notes |
|--|-------------|--------------|
| ASSURE ID DUO PRO PEN NEEDLES 31G X 5 MM | 3 | |
| ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 0.5 ML (OTC) | 2 | |
| ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 0.5 ML (RX) | 2 | |
| ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML | 2 | |
| ASSURE ID INSULIN SAFETY SYR 31G X 15/64" 0.5 ML | 2 | |
| ASSURE ID INSULIN SAFETY SYR 31G X 15/64" 1 ML | 2 | |
| ASSURE ID PRO PEN NEEDLES 30G X 5 MM | 3 | |
| ASSURE ID SAFETY PEN NEEDLES 30G X 5 MM | 2 | |
| ASSURE ID SAFETY PEN NEEDLES 30G X 8 MM | 2 | |
| ASSURE ID SAFETY PEN NEEDLES 31G X 5 MM | 2 | |
| <i>aum insulin safety pen needle 31g x 4 mm</i> | 2 | |
| <i>aum insulin safety pen needle 31g x 5 mm</i> | 2 | |
| <i>aum mini insulin pen needle 32g x 4 mm</i> | 2 | |
| <i>aum mini insulin pen needle 32g x 5 mm</i> | 2 | |
| <i>aum mini insulin pen needle 32g x 6 mm</i> | 2 | |
| <i>aum mini insulin pen needle 32g x 8 mm</i> | 2 | |
| <i>aum mini insulin pen needle 33g x 4 mm</i> | 2 | |
| <i>aum mini insulin pen needle 33g x 5 mm</i> | 2 | |
| <i>aum mini insulin pen needle 33g x 6 mm</i> | 2 | |
| <i>aum pen needle 32g x 4 mm</i> | 2 | |
| <i>aum pen needle 32g x 5 mm</i> | 2 | |
| <i>aum pen needle 32g x 6 mm</i> | 2 | |
| <i>aum pen needle 33g x 4 mm</i> | 2 | |
| <i>aum pen needle 33g x 5 mm</i> | 2 | |
| <i>aum pen needle 33g x 6 mm</i> | 2 | |
| AUM READYGARD DUO PEN NEEDLE 32G X 4 MM | 2 | |
| AUM SAFETY PEN NEEDLE 31G X 4 MM | 2 | |
| AUM SAFETY PEN NEEDLE 31G X 5 MM | 2 | |
| <i>aurora pen needles 29g x 12mm</i> | 2 | |
| <i>aurora pen needles 31g x 6 mm</i> | 2 | |
| <i>aurora pen needles 31g x 8 mm</i> | 2 | |

| Drug Name | Tier | Notes |
|--|-------------|--------------|
| <i>aurora unifine pentips 31g x 5 mm</i> | 2 | |
| <i>aurora unifine pentips 32g x 4 mm</i> | 2 | |
| <i>autopen device</i> | 2 | |
| BD ALLERGIST TRAY KIT 27G X 1/2" 1 ML | 2 | |
| BD ALLERGY SYRINGE 27G X 3/8" 1 ML | 2 | |
| BD ALLERGY SYRINGE 28G X 1/2" 1 ML | 2 | |
| BD AUTOSHIELD 29G X 5MM | 2 | |
| BD AUTOSHIELD 29G X 8MM | 2 | |
| BD AUTOSHIELD DUO 30G X 5 MM | 2 | |
| BD DISP NEEDLE 25G X 1" | 2 | |
| BD DISP NEEDLE 27G X 1-1/4" | 2 | |
| BD DISP NEEDLE 30G X 1" | 2 | |
| BD DISP NEEDLES 18G X 1-1/2" | 2 | |
| BD DISP NEEDLES 22G X 1-1/2" | 2 | |
| BD DISP NEEDLES 25G X 5/8" | 2 | |
| BD ECLIPSE LUER-LOK NEEDLE 30G X 1/2" | 2 | |
| BD ECLIPSE NEEDLE 18G X 1-1/2" | 2 | |
| BD ECLIPSE NEEDLE 23G X 1" (RX) | 2 | |
| BD ECLIPSE NEEDLE 25G X 1" | 2 | |
| BD ECLIPSE NEEDLE 25G X 1-1/2" | 2 | |
| BD ECLIPSE NEEDLE 25G X 5/8" | 2 | |
| BD ECLIPSE SHIELDED NEEDLE 18G X 1-1/2" | 2 | |
| BD ECLIPSE SYRINGE 22G X 1-1/2" 3 ML | 2 | |
| BD ECLIPSE SYRINGE 27G X 1/2" 1 ML | 2 | |
| BD ECLIPSE SYRINGE 30G X 1/2" 1 ML | 2 | |
| BD ECLIPSE SYRINGE/NEEDLE 22G X 1" 3 ML | 2 | |
| BD ECLIPSE SYRINGE/NEEDLE 23G X 1-1/2" 3 ML | 2 | |
| BD ECLIPSE SYRINGE/NEEDLE 25G X 5/8" 3 ML | 2 | |
| BD FILTER NEEDLE 18G X 1-1/2" | 2 | |
| BD HYPODERMIC NEEDLE 22G X 1" | 2 | |
| BD HYPODERMIC NEEDLE 23G X 1" | 2 | |
| BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.3 ML | 2 | |
| BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.5 ML | 2 | |
| BD INSULIN SYRINGE 25G X 1" 1 ML | 2 | |

| Drug Name | Tier | Notes |
|---|-------------|--------------|
| BD INSULIN SYRINGE 25G X 5/8" 1 ML | 2 | |
| BD INSULIN SYRINGE 26G X 1/2" 1 ML | 2 | |
| BD INSULIN SYRINGE 27.5G X 5/8" 2 ML | 2 | |
| BD INSULIN SYRINGE 27G X 1/2" 1 ML | 2 | |
| BD INSULIN SYRINGE 29G X 1/2" 0.3 ML | 2 | |
| BD INSULIN SYRINGE 29G X 1/2" 0.5 ML | 2 | |
| BD INSULIN SYRINGE 29G X 1/2" 1 ML | 2 | |
| BD INSULIN SYRINGE HALF-UNIT 31G X 5/16" 0.3 ML | 2 | |
| BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML | 2 | |
| BD INSULIN SYRINGE MICROFINE 28G X 1/2" 0.5 ML | 2 | |
| BD INSULIN SYRINGE MICROFINE 28G X 1/2" 1 ML | 2 | |
| BD INSULIN SYRINGE U/F 1/2UNIT 31G X 5/16" 0.3 ML | 2 | |
| BD INSULIN SYRINGE U/F 30G X 1/2" 0.3 ML | 2 | |
| BD INSULIN SYRINGE U/F 30G X 1/2" 0.5 ML | 2 | |
| BD INSULIN SYRINGE U/F 30G X 1/2" 1 ML | 2 | |
| BD INSULIN SYRINGE U/F 31G X 5/16" 0.3 ML | 2 | |
| BD INSULIN SYRINGE U/F 31G X 5/16" 0.5 ML | 2 | |
| BD INSULIN SYRINGE U/F 31G X 5/16" 1 ML | 2 | |
| BD INSULIN SYRINGE U-100 1 ML | 2 | |
| BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML | 2 | |
| BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.3 ML | 2 | |
| BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.5 ML | 2 | |
| BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 1 ML | 2 | |
| BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 0.3 ML | 2 | |
| BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 0.5 ML | 2 | |
| BD INSULIN SYRINGE ULTRAFINE 31G X 5/16" 0.5 ML | 2 | |
| BD INTEGRA SYRINGE 21G X 1-1/2" 3 ML | 2 | |
| BD INTEGRA SYRINGE 23G X 1" 3 ML | 2 | |

| Drug Name | Tier | Notes |
|--|-------------|--------------|
| BD INTEGRA SYRINGE 25G X 5/8" 3 ML | 2 | |
| BD LUER-LOK SYRINGE 10 ML | 2 | |
| BD LUER-LOK SYRINGE 20G X 1-1/2" 3 ML | 2 | |
| BD LUER-LOK SYRINGE 22G X 3/4" 3 ML | 2 | |
| BD LUER-LOK SYRINGE 23G X 1" 3 ML (RX) | 2 | |
| BD LUER-LOK SYRINGE 23G X 1-1/2" 3 ML | 2 | |
| BD LUER-LOK SYRINGE 25G X 5/8" 3 ML | 2 | |
| BD PEN | 2 | |
| BD PEN MINI | 2 | |
| BD PEN NEEDLE MICRO U/F 32G X 6 MM | 2 | |
| BD PEN NEEDLE MINI U/F 31G X 5 MM | 2 | |
| BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM | 2 | |
| BD PEN NEEDLE NANO U/F 32G X 4 MM (OTC) | 2 | |
| BD PEN NEEDLE NANO U/F 32G X 4 MM (RX) | 2 | |
| BD PEN NEEDLE ORIGINAL U/F 29G X 12.7MM | 2 | |
| BD PEN NEEDLE SHORT U/F 31G X 8 MM | 2 | |
| BD PLASTIPAK SYRINGE 21G X 1" 3 ML | 2 | |
| BD PRECISIONGLIDE NEEDLE 23G X 1-1/2" | 2 | |
| BD SAFETYGLIDE ALLERGY SYRINGE 27G X 1/2" 1 ML | 2 | |
| BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.3 ML | 2 | |
| BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.5 ML | 2 | |
| BD SAFETYGLIDE INSULIN SYRINGE 30G X 5/16" 0.5 ML | 2 | |
| BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 0.3 ML | 2 | |
| BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 0.5 ML | 2 | |
| BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 1 ML | 2 | |
| BD SAFETYGLIDE INSULIN SYRINGE 31G X 5/16" 0.3 ML | 2 | |
| BD SAFETYGLIDE NEEDLE 21G X 1" | 2 | |
| BD SAFETYGLIDE NEEDLE 25G X 1" | 2 | |
| BD SAFETYGLIDE NEEDLE 27G X 5/8" | 2 | |

| Drug Name | Tier | Notes |
|--|------|-------|
| BD SAFETYGLIDE SHIELDED NEEDLE 22G X 1-1/2" | 2 | |
| BD SAFETY-LOK INSULIN SYRINGE 29G X 1/2" 1 ML | 2 | |
| BD SYRINGE LUER SLIP TIP 5 ML | 2 | |
| BD SYRINGE LUER-LOK 10 ML | 2 | |
| BD SYRINGE LUER-LOK 3 ML (RX) | 2 | |
| BD SYRINGE LUER-LOK 30 ML | 2 | |
| BD SYRINGE LUER-LOK 5 ML (OTC) | 2 | |
| BD SYRINGE SLIP TIP 1 ML | 2 | |
| BD SYRINGE SLIP TIP 26G X 5/8" 1 ML | 2 | |
| BD SYRINGE SLIP TIP 3 ML (RX) | 2 | |
| BD SYRINGE/NEEDLE 25G X 5/8" 1 ML | 2 | |
| BD SYRINGE/NEEDLE 25G X 5/8" 3 ML | 2 | |
| BD TB SYRINGE 21G X 1" 1 ML | 2 | |
| BD TB SYRINGE 27G X 1/2" 0.5 ML | 2 | |
| BD TB SYRINGE 27G X 1/2" 1 ML | 2 | |
| BD TB SYRINGE 27G X 3/8" 1 ML | 2 | |
| BD VEO INSULIN SYR U/F 1/2UNIT 31G X 15/64" 0.3 ML | 2 | |
| BD VEO INSULIN SYRINGE U/F 31G X 15/64" 0.3 ML (OTC) | 2 | |
| BD VEO INSULIN SYRINGE U/F 31G X 15/64" 0.5 ML (OTC) | 2 | |
| BD VEO INSULIN SYRINGE U/F 31G X 15/64" 1 ML (OTC) | 2 | |
| CAREFINE PEN NEEDLES 29G X 12MM | 2 | |
| CAREFINE PEN NEEDLES 30G X 8 MM | 2 | |
| CAREFINE PEN NEEDLES 31G X 6 MM | 2 | |
| CAREFINE PEN NEEDLES 31G X 8 MM | 2 | |
| CAREFINE PEN NEEDLES 32G X 4 MM | 2 | |
| CAREFINE PEN NEEDLES 32G X 5 MM | 2 | |
| CAREFINE PEN NEEDLES 32G X 6 MM | 2 | |
| <i>careone insulin syringe 30g x 1/2" 0.3 ml</i> | 2 | |
| <i>careone insulin syringe 30g x 1/2" 0.5 ml</i> | 2 | |
| <i>careone insulin syringe 30g x 1/2" 1 ml</i> | 2 | |
| <i>careone insulin syringe 31g x 5/16" 0.3 ml</i> | 2 | |
| <i>careone insulin syringe 31g x 5/16" 0.5 ml</i> | 2 | |
| <i>careone insulin syringe 31g x 5/16" 1 ml</i> | 2 | |
| <i>careone unifine pentips 29g x 12mm</i> | 2 | |

| Drug Name | Tier | Notes |
|---|-------------|--------------|
| <i>careone unifine pentips 31g x 5 mm</i> | 2 | |
| <i>careone unifine pentips 31g x 6 mm</i> | 2 | |
| <i>careone unifine pentips 31g x 8 mm</i> | 2 | |
| <i>careone unifine pentips 32g x 4 mm</i> | 2 | |
| <i>careone unifine pentips plus 29g x 12mm</i> | 2 | |
| <i>careone unifine pentips plus 31g x 5 mm</i> | 2 | |
| <i>careone unifine pentips plus 31g x 6 mm</i> | 2 | |
| <i>careone unifine pentips plus 31g x 8 mm</i> | 2 | |
| <i>careone unifine pentips plus 32g x 4 mm</i> | 2 | |
| <i>careone unifine pentips plus 33g x 4 mm</i> | 2 | |
| <i>carepoint poly hub needle 18g x 1"</i> | 2 | |
| <i>carepoint poly hub needle 18g x 1-1/2"</i> | 2 | |
| <i>carepoint poly hub needle 20g x 1"</i> | 2 | |
| <i>carepoint poly hub needle 21g x 1"</i> | 2 | |
| <i>carepoint poly hub needle 21g x 1-1/2"</i> | 2 | |
| <i>carepoint poly hub needle 22g x 1"</i> | 2 | |
| <i>carepoint poly hub needle 22g x 1-1/2"</i> | 2 | |
| <i>carepoint poly hub needle 23g x 1"</i> | 2 | |
| <i>carepoint poly hub needle 23g x 1-1/2"</i> | 2 | |
| <i>carepoint poly hub needle 25g x 1"</i> | 2 | |
| <i>carepoint poly hub needle 25g x 1-1/2"</i> | 2 | |
| <i>carepoint poly hub needle 25g x 5/8"</i> | 2 | |
| <i>carepoint poly hub needle 27g x 1/2"</i> | 2 | |
| <i>carepoint poly hub needle 30g x 1/2"</i> | 2 | |
| <i>carepoint safety 1st needle 23g x 1"</i> | 2 | |
| <i>carepoint safety 1st needle 23g x 1-1/2"</i> | 2 | |
| <i>carepoint safety 1st needle 25g x 1"</i> | 2 | |
| <i>carepoint safety 1st needle 25g x 1-1/2"</i> | 2 | |
| <i>carepoint safety 1st needle 25g x 5/8"</i> | 2 | |
| CAREPOINT SAFETY1ST SYR/NEEDLE 23G X 1" 1 ML | 2 | |
| CAREPOINT SAFETY1ST SYR/NEEDLE 23G X 1" 3 ML | 2 | |
| CAREPOINT SAFETY1ST SYR/NEEDLE 25G X 1" 1 ML | 2 | |
| CAREPOINT SAFETY1ST SYR/NEEDLE 25G X 1" 3 ML | 2 | |
| CAREPOINT SAFETY1ST SYR/NEEDLE 25G X 5/8" 3 ML | 2 | |

| Drug Name | Tier | Notes |
|---|-------------|--------------|
| <i>carepoint syringe catheter tip 60 ml</i> | 2 | |
| <i>carepoint syringe luer lock 1 ml</i> | 2 | |
| <i>carepoint syringe luer lock 10 ml</i> | 2 | |
| <i>carepoint syringe luer lock 20 ml</i> | 2 | |
| CAREPOINT SYRINGE LUER LOCK 20G X 1" 3 ML | 2 | |
| CAREPOINT SYRINGE LUER LOCK 20G X 1-1/2" 3 ML | 2 | |
| CAREPOINT SYRINGE LUER LOCK 22G X 1" 3 ML | 2 | |
| CAREPOINT SYRINGE LUER LOCK 22G X 1-1/2" 3 ML | 2 | |
| CAREPOINT SYRINGE LUER LOCK 23G X 1" 3 ML | 2 | |
| CAREPOINT SYRINGE LUER LOCK 23G X 1-1/2" 3 ML | 2 | |
| CAREPOINT SYRINGE LUER LOCK 25G X 1" 3 ML | 2 | |
| <i>carepoint syringe luer lock 3 ml</i> | 2 | |
| <i>carepoint syringe luer lock 30 ml</i> | 2 | |
| <i>carepoint syringe luer lock 5 ml</i> | 2 | |
| <i>carepoint syringe luer lock 60 ml</i> | 2 | |
| <i>carepoint syringe luer slip 1 ml</i> | 2 | |
| <i>carepoint syringe luer slip 60 ml</i> | 2 | |
| <i>carepoint tubercln syr/luer sl 25g x 5/8" 1 ml</i> | 2 | |
| CARETOUCH HYPODERMIC NEEDLE 27G X 1-1/2" | 2 | |
| CARETOUCH INSULIN SYRINGE 28G X 5/16" 1 ML | 2 | |
| CARETOUCH INSULIN SYRINGE 29G X 5/16" 1 ML | 2 | |
| CARETOUCH INSULIN SYRINGE 30G X 5/16" 0.5 ML | 2 | |
| CARETOUCH INSULIN SYRINGE 30G X 5/16" 1 ML | 2 | |
| CARETOUCH INSULIN SYRINGE 31G X 5/16" 0.3 ML | 2 | |
| CARETOUCH INSULIN SYRINGE 31G X 5/16" 0.5 ML | 2 | |
| CARETOUCH INSULIN SYRINGE 31G X 5/16" 1 ML | 2 | |
| CARETOUCH LUER LOCK 10 ML | 2 | |

| Drug Name | Tier | Notes |
|---|-------------|--------------|
| CARETOUCH LUER SLIP 3 ML | 2 | |
| CARETOUCH PEN NEEDLES 29G X 12MM | 2 | |
| CARETOUCH PEN NEEDLES 31G X 5 MM | 2 | |
| CARETOUCH PEN NEEDLES 31G X 6 MM | 2 | |
| CARETOUCH PEN NEEDLES 31G X 8 MM | 2 | |
| CARETOUCH PEN NEEDLES 32G X 4 MM | 2 | |
| CARETOUCH PEN NEEDLES 32G X 5 MM | 2 | |
| CARETOUCH PEN NEEDLES 33G X 4 MM | 2 | |
| CEQR SIMPLICITY 2U DEVICE | 2 | |
| CEQR SIMPLICITY INSERTER | 2 | |
| CEQR SIMPLICITY INSERTER | 3 | |
| CLEVER CHOICE COMFORT EZ 29G X 12MM | 2 | |
| CLEVER CHOICE COMFORT EZ 33G X 4 MM | 2 | |
| CLICKFINE PEN NEEDLES 31G X 5 MM | 2 | |
| CLICKFINE PEN NEEDLES 31G X 6 MM | 2 | |
| <i>clickfine pen needles 31g x 8 mm</i> | 2 | |
| CLICKFINE PEN NEEDLES 32G X 4 MM | 2 | |
| COMFORT ASSIST INSULIN SYRINGE 31G X 5/16" 0.3 ML | 2 | |
| COMFORT EZ INSULIN SYRINGE 28G X 1/2" 0.5 ML | 2 | |
| COMFORT EZ INSULIN SYRINGE 28G X 1/2" 1 ML | 2 | |
| COMFORT EZ INSULIN SYRINGE 29G X 1/2" 0.3 ML | 2 | |
| COMFORT EZ INSULIN SYRINGE 29G X 1/2" 0.5 ML | 2 | |
| COMFORT EZ INSULIN SYRINGE 29G X 1/2" 1 ML | 2 | |
| COMFORT EZ INSULIN SYRINGE 30G X 1/2" 0.3 ML | 2 | |
| COMFORT EZ INSULIN SYRINGE 30G X 1/2" 0.5 ML | 2 | |
| COMFORT EZ INSULIN SYRINGE 30G X 1/2" 1 ML | 2 | |
| COMFORT EZ INSULIN SYRINGE 30G X 5/16" 0.3 ML | 2 | |
| COMFORT EZ INSULIN SYRINGE 30G X 5/16" 0.5 ML | 2 | |

| Drug Name | Tier | Notes |
|--|-------------|--------------|
| COMFORT EZ INSULIN SYRINGE 30G X 5/16" 1 ML | 2 | |
| COMFORT EZ INSULIN SYRINGE 31G X 15/64" 0.3 ML | 2 | |
| COMFORT EZ INSULIN SYRINGE 31G X 15/64" 0.5 ML | 2 | |
| COMFORT EZ INSULIN SYRINGE 31G X 15/64" 1 ML | 2 | |
| COMFORT EZ INSULIN SYRINGE 31G X 5/16" 0.3 ML | 2 | |
| COMFORT EZ INSULIN SYRINGE 31G X 5/16" 0.5 ML | 2 | |
| COMFORT EZ INSULIN SYRINGE 31G X 5/16" 1 ML | 2 | |
| COMFORT EZ MICRO PEN NEEDLES 32G X 4 MM | 2 | |
| COMFORT EZ PEN NEEDLES 31G X 5 MM | 2 | |
| COMFORT EZ PEN NEEDLES 31G X 6 MM | 2 | |
| COMFORT EZ PEN NEEDLES 31G X 8 MM | 2 | |
| COMFORT EZ PEN NEEDLES 32G X 4 MM | 2 | |
| COMFORT EZ PEN NEEDLES 32G X 5 MM | 2 | |
| COMFORT EZ PEN NEEDLES 32G X 6 MM | 2 | |
| COMFORT EZ PEN NEEDLES 32G X 8 MM | 2 | |
| COMFORT EZ PEN NEEDLES 33G X 4 MM | 2 | |
| COMFORT EZ PEN NEEDLES 33G X 5 MM | 2 | |
| COMFORT EZ PEN NEEDLES 33G X 6 MM | 2 | |
| COMFORT EZ PEN NEEDLES 33G X 8 MM | 2 | |
| COMFORT EZ PRO PEN NEEDLES 30G X 8 MM | 2 | |
| COMFORT EZ PRO PEN NEEDLES 31G X 4 MM | 2 | |
| COMFORT EZ PRO PEN NEEDLES 31G X 5 MM | 2 | |
| COMFORT EZ SHORT PEN NEEDLES 31G X 8 MM | 2 | |
| COMFORT TOUCH INSULIN PEN NEED 31G X 4 MM | 2 | |
| COMFORT TOUCH INSULIN PEN NEED 31G X 5 MM | 2 | |
| COMFORT TOUCH INSULIN PEN NEED 31G X 6 MM | 2 | |

| Drug Name | Tier | Notes |
|---|-------------|--------------|
| COMFORT TOUCH INSULIN PEN NEED 31G X 8 MM | 2 | |
| COMFORT TOUCH INSULIN PEN NEED 32G X 4 MM | 2 | |
| COMFORT TOUCH INSULIN PEN NEED 32G X 5 MM | 2 | |
| COMFORT TOUCH INSULIN PEN NEED 32G X 6 MM | 2 | |
| COMFORT TOUCH INSULIN PEN NEED 32G X 8 MM | 2 | |
| COMFORT TOUCH INSULIN PEN NEED 33G X 4 MM | 2 | |
| COMFORT TOUCH INSULIN PEN NEED 33G X 5 MM | 2 | |
| COMFORT TOUCH INSULIN PEN NEED 33G X 6 MM | 2 | |
| DIATHRIVE PEN NEEDLE 31G X 5 MM | 2 | |
| DIATHRIVE PEN NEEDLE 31G X 6 MM | 2 | |
| DIATHRIVE PEN NEEDLE 31G X 8 MM | 2 | |
| DIATHRIVE PEN NEEDLE 32G X 4 MM | 2 | |
| DROPLET INSULIN SYRINGE 29G X 1/2" 0.3 ML | 2 | |
| DROPLET INSULIN SYRINGE 29G X 1/2" 0.5 ML | 2 | |
| DROPLET INSULIN SYRINGE 29G X 1/2" 1 ML | 2 | |
| DROPLET INSULIN SYRINGE 30G X 1/2" 0.3 ML | 2 | |
| DROPLET INSULIN SYRINGE 30G X 1/2" 0.5 ML | 2 | |
| DROPLET INSULIN SYRINGE 30G X 1/2" 1 ML | 2 | |
| DROPLET INSULIN SYRINGE 30G X 15/64" 0.3 ML | 2 | |
| DROPLET INSULIN SYRINGE 30G X 15/64" 0.5 ML | 2 | |
| DROPLET INSULIN SYRINGE 30G X 15/64" 1 ML | 2 | |
| DROPLET INSULIN SYRINGE 30G X 5/16" 0.3 ML | 2 | |
| DROPLET INSULIN SYRINGE 30G X 5/16" 0.5 ML | 2 | |

| Drug Name | Tier | Notes |
|--|-------------|--------------|
| DROPLET INSULIN SYRINGE 30G X 5/16" 1 ML | 2 | |
| DROPLET INSULIN SYRINGE 31G X 15/64" 0.3 ML | 2 | |
| DROPLET INSULIN SYRINGE 31G X 15/64" 0.5 ML | 2 | |
| DROPLET INSULIN SYRINGE 31G X 15/64" 1 ML | 2 | |
| DROPLET INSULIN SYRINGE 31G X 5/16" 0.3 ML | 2 | |
| DROPLET INSULIN SYRINGE 31G X 5/16" 0.5 ML | 2 | |
| DROPLET INSULIN SYRINGE 31G X 5/16" 1 ML | 2 | |
| DROPLET MICRON 34G X 3.5 MM | 2 | |
| DROPLET PEN NEEDLES 29G X 10MM | 2 | |
| DROPLET PEN NEEDLES 29G X 12MM | 2 | |
| DROPLET PEN NEEDLES 30G X 8 MM | 2 | |
| DROPLET PEN NEEDLES 31G X 5 MM | 2 | |
| DROPLET PEN NEEDLES 31G X 6 MM | 2 | |
| DROPLET PEN NEEDLES 31G X 8 MM | 2 | |
| DROPLET PEN NEEDLES 32G X 4 MM | 2 | |
| DROPLET PEN NEEDLES 32G X 5 MM | 2 | |
| DROPLET PEN NEEDLES 32G X 6 MM | 2 | |
| DROPLET PEN NEEDLES 32G X 8 MM | 2 | |
| <i>dropsafe safety pen needles 31g x 5 mm</i> | 2 | |
| <i>dropsafe safety pen needles 31g x 6 mm</i> | 2 | |
| <i>dropsafe safety pen needles 31g x 8 mm</i> | 2 | |
| DROPSAFE SAFETY SYRINGE/NEEDLE 29G X 1/2" 1 ML | 2 | |
| DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 15/64" 0.3 ML | 2 | |
| DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 15/64" 0.5 ML | 2 | |
| DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 15/64" 1 ML | 2 | |
| DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 5/16" 0.3 ML | 2 | |
| DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 5/16" 0.5 ML | 2 | |
| DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 5/16" 1 ML | 2 | |

| Drug Name | Tier | Notes |
|--|-------------|--------------|
| <i>drug mart unifine pentips 29g x 12mm</i> | 2 | |
| <i>drug mart unifine pentips 31g x 5 mm</i> | 2 | |
| <i>drug mart unifine pentips 31g x 6 mm</i> | 2 | |
| <i>drug mart unifine pentips 31g x 8 mm</i> | 2 | |
| <i>drug mart unifine pentips 32g x 4 mm</i> | 2 | |
| <i>drug mart unifine pentips plus 32g x 4 mm</i> | 2 | |
| <i>easy comfort insulin syringe 30g x 1/2" 0.5 ml</i> | 2 | |
| <i>easy comfort insulin syringe 30g x 1/2" 1 ml</i> | 2 | |
| <i>easy comfort insulin syringe 30g x 5/16" 0.5 ml</i> | 2 | |
| <i>easy comfort insulin syringe 30g x 5/16" 1 ml</i> | 2 | |
| <i>easy comfort insulin syringe 31g x 1/2" 0.3 ml</i> | 2 | |
| <i>easy comfort insulin syringe 31g x 5/16" 0.3 ml</i> | 2 | |
| <i>easy comfort insulin syringe 31g x 5/16" 0.5 ml</i> | 2 | |
| <i>easy comfort insulin syringe 31g x 5/16" 1 ml</i> | 2 | |
| <i>easy comfort insulin syringe 32g x 5/16" 0.5 ml</i> | 2 | |
| <i>easy comfort insulin syringe 32g x 5/16" 1 ml</i> | 2 | |
| <i>easy comfort pen needles 31g x 5 mm</i> | 2 | |
| <i>easy comfort pen needles 31g x 5 mm</i> | 3 | |
| <i>easy comfort pen needles 31g x 6 mm</i> | 2 | |
| <i>easy comfort pen needles 31g x 6 mm</i> | 3 | |
| <i>easy comfort pen needles 31g x 8 mm</i> | 2 | |
| <i>easy comfort pen needles 32g x 4 mm</i> | 2 | |
| <i>easy comfort pen needles 32g x 4 mm</i> | 3 | |
| <i>easy comfort pen needles 33g x 4 mm</i> | 2 | |
| <i>easy comfort pen needles 33g x 5 mm</i> | 2 | |
| <i>easy comfort pen needles 33g x 6 mm</i> | 2 | |
| <i>easy glide pen needles 33g x 4 mm</i> | 2 | |
| EASY TOUCH FLIPLOCK INSULIN SY 29G X 1/2" 1 ML | 2 | |
| EASY TOUCH FLIPLOCK INSULIN SY 30G X 1/2" 1 ML | 2 | |
| EASY TOUCH FLIPLOCK INSULIN SY 30G X 5/16" 1 ML | 2 | |
| EASY TOUCH FLIPLOCK INSULIN SY 31G X 5/16" 1 ML | 2 | |
| EASY TOUCH HYPODERMIC NEEDLE 16G X 1" | 2 | |
| EASY TOUCH INSULIN SAFETY SYR 29G X 1/2" 0.5 ML | 2 | |

| Drug Name | Tier | Notes |
|--|-------------|--------------|
| EASY TOUCH INSULIN SAFETY SYR 29G X 1/2" 1 ML | 2 | |
| EASY TOUCH INSULIN SAFETY SYR 30G X 1/2" 1 ML | 2 | |
| EASY TOUCH INSULIN SAFETY SYR 30G X 5/16" 0.5 ML | 2 | |
| EASY TOUCH INSULIN SYRINGE 27G X 1/2" 0.5 ML | 2 | |
| EASY TOUCH INSULIN SYRINGE 27G X 1/2" 1 ML | 2 | |
| EASY TOUCH INSULIN SYRINGE 27G X 5/8" 1 ML | 2 | |
| EASY TOUCH INSULIN SYRINGE 28G X 1/2" 0.5 ML | 2 | |
| EASY TOUCH INSULIN SYRINGE 28G X 1/2" 1 ML | 2 | |
| EASY TOUCH INSULIN SYRINGE 29G X 1/2" 0.5 ML | 2 | |
| EASY TOUCH INSULIN SYRINGE 29G X 1/2" 1 ML | 2 | |
| EASY TOUCH INSULIN SYRINGE 30G X 1/2" 0.3 ML | 2 | |
| EASY TOUCH INSULIN SYRINGE 30G X 1/2" 0.5 ML | 2 | |
| EASY TOUCH INSULIN SYRINGE 30G X 1/2" 1 ML | 2 | |
| EASY TOUCH INSULIN SYRINGE 30G X 5/16" 0.3 ML | 2 | |
| EASY TOUCH INSULIN SYRINGE 30G X 5/16" 0.5 ML | 2 | |
| EASY TOUCH INSULIN SYRINGE 30G X 5/16" 1 ML | 2 | |
| EASY TOUCH INSULIN SYRINGE 31G X 5/16" 0.3 ML | 2 | |
| EASY TOUCH INSULIN SYRINGE 31G X 5/16" 0.5 ML | 2 | |
| EASY TOUCH INSULIN SYRINGE 31G X 5/16" 1 ML | 2 | |
| EASY TOUCH PEN NEEDLES 29G X 12MM | 2 | |
| EASY TOUCH PEN NEEDLES 30G X 5 MM | 2 | |
| EASY TOUCH PEN NEEDLES 30G X 6 MM | 2 | |
| EASY TOUCH PEN NEEDLES 30G X 8 MM | 2 | |
| EASY TOUCH PEN NEEDLES 31G X 5 MM | 2 | |

| Drug Name | Tier | Notes |
|--|-------------|--------------|
| EASY TOUCH PEN NEEDLES 31G X 6 MM | 2 | |
| EASY TOUCH PEN NEEDLES 31G X 8 MM | 2 | |
| EASY TOUCH PEN NEEDLES 32G X 4 MM | 2 | |
| EASY TOUCH PEN NEEDLES 32G X 5 MM | 2 | |
| EASY TOUCH PEN NEEDLES 32G X 6 MM | 2 | |
| EASY TOUCH SAFETY PEN NEEDLES 29G X 5MM | 2 | |
| EASY TOUCH SAFETY PEN NEEDLES 29G X 8MM | 2 | |
| EASY TOUCH SAFETY PEN NEEDLES 30G X 8 MM | 2 | |
| EASY TOUCH SHEATHLOCK SYRINGE 29G X 1/2" 1 ML | 2 | |
| EASY TOUCH SHEATHLOCK SYRINGE 30G X 1/2" 1 ML | 2 | |
| EASY TOUCH SHEATHLOCK SYRINGE 30G X 5/16" 1 ML | 2 | |
| EASY TOUCH SHEATHLOCK SYRINGE 31G X 5/16" 1 ML | 2 | |
| EASY TOUCH SYRINGE BARREL 10ML | 2 | |
| EASY TOUCH SYRINGE BARREL 1ML | 2 | |
| EASY TOUCH SYRINGE BARREL 3ML | 2 | |
| EASY TOUCH SYRINGE BARREL 5ML | 2 | |
| EASYPOINT NEEDLE 23G X 1" (RX) | 2 | |
| EASYPOINT NEEDLE 25G X 1" (RX) | 2 | |
| EASYPOINT NEEDLE 25G X 5/8" (RX) | 2 | |
| EASYPOINT NEEDLE/SYRINGE 18G X 1" 3 ML | 2 | |
| EASYPOINT NEEDLE/SYRINGE 18G X 1-1/2" 3 ML | 2 | |
| EASYPOINT NEEDLE/SYRINGE 23G X 1" 3 ML | 2 | |
| EASYPOINT NEEDLE/SYRINGE 25G X 1" 3 ML | 2 | |
| EASYPOINT NEEDLE/SYRINGE 25G X 5/8" 3 ML | 2 | |
| <i>elite-thin insulin syringe 28g x 1/2" 0.5 ml</i> | 2 | |
| <i>elite-thin insulin syringe 28g x 1/2" 1 ml</i> | 2 | |
| <i>elite-thin insulin syringe 28g x 5/16" 0.5 ml</i> | 2 | |
| <i>elite-thin insulin syringe 28g x 5/16" 1 ml</i> | 2 | |
| <i>elite-thin insulin syringe 29g x 1/2" 0.5 ml</i> | 2 | |

| Drug Name | Tier | Notes |
|--|-------------|--------------|
| <i>elite-thin insulin syringe 29g x 1/2" 1 ml</i> | 2 | |
| <i>elite-thin insulin syringe 29g x 5/16" 0.5 ml</i> | 2 | |
| <i>elite-thin insulin syringe 29g x 5/16" 1 ml</i> | 2 | |
| <i>elite-thin insulin syringe 30g x 5/16" 0.5 ml</i> | 2 | |
| <i>elite-thin insulin syringe 30g x 5/16" 1 ml</i> | 2 | |
| <i>elite-thin insulin syringe 31g x 5/16" 0.3 ml</i> | 2 | |
| <i>elite-thin insulin syringe 31g x 5/16" 0.5 ml</i> | 2 | |
| <i>elite-thin insulin syringe 31g x 5/16" 1 ml</i> | 2 | |
| EMBRACE PEN NEEDLES 30G X 5 MM | 2 | |
| EMBRACE PEN NEEDLES 30G X 8 MM | 2 | |
| EMBRACE PEN NEEDLES 31G X 5 MM | 2 | |
| EMBRACE PEN NEEDLES 31G X 6 MM | 2 | |
| EMBRACE PEN NEEDLES 31G X 8 MM | 2 | |
| EMBRACE PEN NEEDLES 32G X 4 MM | 2 | |
| <i>eql insulin syringe 29g x 1/2" 0.3 ml</i> | 2 | |
| <i>eql insulin syringe 29g x 1/2" 0.5 ml</i> | 2 | |
| <i>eql insulin syringe 29g x 1/2" 1 ml</i> | 2 | |
| <i>eql insulin syringe 30g x 5/16" 0.3 ml</i> | 2 | |
| <i>eql insulin syringe 30g x 5/16" 0.5 ml</i> | 2 | |
| <i>eql insulin syringe 30g x 5/16" 1 ml</i> | 2 | |
| <i>eql insulin syringe 31g x 5/16" 0.3 ml</i> | 2 | |
| <i>eql insulin syringe 31g x 5/16" 0.5 ml</i> | 2 | |
| <i>eql insulin syringe 31g x 5/16" 1 ml</i> | 2 | |
| EXEL COMFORT POINT INSULIN SYR 28G X 1/2" 0.5 ML | 2 | |
| EXEL COMFORT POINT INSULIN SYR 28G X 1/2" 1 ML | 2 | |
| EXEL COMFORT POINT INSULIN SYR 29G X 1/2" 0.3 ML | 2 | |
| EXEL COMFORT POINT INSULIN SYR 29G X 1/2" 0.5 ML | 2 | |
| EXEL COMFORT POINT INSULIN SYR 29G X 1/2" 1 ML | 2 | |
| EXEL COMFORT POINT INSULIN SYR 30G X 5/16" 0.3 ML | 2 | |
| EXEL COMFORT POINT INSULIN SYR 30G X 5/16" 0.5 ML | 2 | |
| EXEL COMFORT POINT INSULIN SYR 30G X 5/16" 1 ML | 2 | |

| Drug Name | Tier | Notes |
|--|-------------|--------------|
| EXEL COMFORT POINT PEN NEEDLE 29G X 12MM | 2 | |
| EXEL COMFORT POINT PEN NEEDLE 31G X 4 MM | 2 | |
| EXEL COMFORT POINT PEN NEEDLE 31G X 6 MM | 2 | |
| EXEL COMFORT POINT PEN NEEDLE 31G X 8 MM | 2 | |
| FIFTY50 PEN NEEDLES 31G X 5 MM | 2 | |
| FIFTY50 PEN NEEDLES 31G X 8 MM | 2 | |
| FIFTY50 PEN NEEDLES 32G X 4 MM | 2 | |
| FIFTY50 PEN NEEDLES 32G X 6 MM | 2 | |
| FIFTY50 SUPERIOR COMFORT SYR 31G X 5/16" 0.3 ML | 2 | |
| FIFTY50 SUPERIOR COMFORT SYR 31G X 5/16" 0.5 ML | 2 | |
| FIFTY50 SUPERIOR COMFORT SYR 31G X 5/16" 1 ML | 2 | |
| <i>freds pharmacy unifine pentip+ 31g x 5 mm</i> | 2 | |
| <i>freds pharmacy unifine pentip+ 31g x 8 mm</i> | 2 | |
| <i>freds pharmacy unifine pentips 32g x 4 mm</i> | 2 | |
| FREESTYLE PRECISION INS SYR 30G X 5/16" 0.5 ML | 2 | |
| FREESTYLE PRECISION INS SYR 30G X 5/16" 1 ML | 2 | |
| FREESTYLE PRECISION INS SYR 31G X 5/16" 0.5 ML | 2 | |
| FREESTYLE PRECISION INS SYR 31G X 5/16" 1 ML | 2 | |
| <i>global ease inject pen needles 29g x 12mm</i> | 2 | |
| <i>global ease inject pen needles 31g x 5 mm</i> | 2 | |
| <i>global ease inject pen needles 31g x 8 mm</i> | 2 | |
| <i>global ease inject pen needles 32g x 4 mm</i> | 2 | |
| <i>global easy glide insulin syr 31g x 15/64" 0.3 ml</i> | 2 | |
| <i>global easy glide insulin syr 31g x 15/64" 0.5 ml</i> | 2 | |
| <i>global easy glide insulin syr 31g x 15/64" 1 ml</i> | 2 | |
| <i>global easy glide insulin syr 31g x 5/16" 0.3 ml</i> | 2 | |
| <i>global easy glide pen needles 32g x 4 mm</i> | 2 | |
| <i>global inject ease insulin syr 28g x 1/2" 0.5 ml</i> | 2 | |
| <i>global inject ease insulin syr 28g x 1/2" 1 ml</i> | 2 | |
| <i>global inject ease insulin syr 29g x 1/2" 0.3 ml</i> | 2 | |

| Drug Name | Tier | Notes |
|--|-------------|--------------|
| <i>global inject ease insulin syr 29g x 1/2" 0.5 ml</i> | 2 | |
| <i>global inject ease insulin syr 29g x 1/2" 1 ml</i> | 2 | |
| <i>global inject ease insulin syr 30g x 1/2" 0.3 ml</i> | 2 | |
| <i>global inject ease insulin syr 30g x 1/2" 0.5 ml</i> | 2 | |
| <i>global inject ease insulin syr 30g x 1/2" 1 ml</i> | 2 | |
| <i>global inject ease insulin syr 30g x 5/16" 0.3 ml</i> | 2 | |
| <i>global inject ease insulin syr 30g x 5/16" 0.5 ml</i> | 2 | |
| <i>global inject ease insulin syr 30g x 5/16" 1 ml</i> | 2 | |
| <i>global inject ease insulin syr 31g x 5/16" 0.3 ml</i> | 2 | |
| <i>global inject ease insulin syr 31g x 5/16" 0.5 ml</i> | 2 | |
| <i>global inject ease insulin syr 31g x 5/16" 1 ml</i> | 2 | |
| <i>global insulin syringes 30g x 1/2" 0.3 ml</i> | 2 | |
| <i>global insulin syringes 30g x 5/16" 0.3 ml</i> | 2 | |
| GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.3 ML | 2 | |
| GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.5 ML | 2 | |
| GLUCOPRO INSULIN SYRINGE 30G X 1/2" 1 ML | 2 | |
| GLUCOPRO INSULIN SYRINGE 30G X 5/16" 0.3 ML | 2 | |
| GLUCOPRO INSULIN SYRINGE 30G X 5/16" 0.5 ML | 2 | |
| GLUCOPRO INSULIN SYRINGE 30G X 5/16" 1 ML | 2 | |
| GLUCOPRO INSULIN SYRINGE 31G X 5/16" 0.3 ML | 2 | |
| GLUCOPRO INSULIN SYRINGE 31G X 5/16" 0.5 ML | 2 | |
| GLUCOPRO INSULIN SYRINGE 31G X 5/16" 1 ML | 2 | |
| <i>gnp clickfine pen needles 31g x 6 mm</i> | 2 | |
| <i>gnp clickfine pen needles 31g x 8 mm</i> | 2 | |
| <i>gnp insulin syringe 28g x 1/2" 0.5 ml</i> | 2 | |
| <i>gnp insulin syringe 29g x 1/2" 0.3 ml</i> | 2 | |
| <i>gnp insulin syringe 29g x 1/2" 0.5 ml</i> | 2 | |
| <i>gnp insulin syringe 29g x 1/2" 1 ml</i> | 2 | |
| <i>gnp insulin syringe 30g x 5/16" 0.3 ml</i> | 2 | |
| <i>gnp insulin syringe 30g x 5/16" 0.5 ml</i> | 2 | |
| <i>gnp insulin syringe 30g x 5/16" 1 ml</i> | 2 | |

| Drug Name | Tier | Notes |
|--|-------------|--------------|
| <i>gnp insulin syringe 31g x 5/16" 0.3 ml</i> | 2 | |
| <i>gnp insulin syringe 31g x 5/16" 0.5 ml</i> | 2 | |
| <i>gnp insulin syringe 31g x 5/16" 1 ml</i> | 2 | |
| <i>gnp insulin syringes 28gx1/2" 28g x 1/2" 1 ml</i> | 2 | |
| <i>gnp insulin syringes 29gx1/2" 29g x 1/2" 0.5 ml</i> | 2 | |
| <i>gnp insulin syringes 29gx1/2" 29g x 1/2" 1 ml</i> | 2 | |
| <i>gnp insulin syringes 30g x 5/16" 1 ml</i> | 2 | |
| <i>gnp insulin syringes 30gx5/16" 30g x 5/16" 0.3 ml</i> | 2 | |
| <i>gnp insulin syringes 31gx5/16" 31g x 5/16" 0.3 ml</i> | 2 | |
| <i>gnp ulticare pen needles 31g x 5 mm</i> | 2 | |
| <i>gnp ulticare pen needles 31g x 8 mm</i> | 2 | |
| <i>gnp ulticare pen needles 32g x 4 mm</i> | 2 | |
| <i>gnp ulticare pen needles 32g x 6 mm</i> | 2 | |
| GNP ULTIGUARD SAFEPACK NEEDLE 31G X 5 MM | 2 | |
| GNP ULTIGUARD SAFEPACK NEEDLE 31G X 8 MM | 2 | |
| GNP ULTIGUARD SAFEPACK NEEDLE 32G X 4 MM | 2 | |
| GNP ULTIGUARD SAFEPACK NEEDLE 32G X 6 MM | 2 | |
| <i>gnp ultra com insulin syringe 28g x 1/2" 1 ml</i> | 2 | |
| <i>goodsense clickfine pen needle 31g x 5 mm</i> | 2 | |
| GOODSENSE PEN NEEDLE PENFINE 31G X 5 MM | 2 | |
| GOODSENSE PEN NEEDLE PENFINE 31G X 8 MM | 2 | |
| GOODSENSE PEN NEEDLE PENFINE 32G X 4 MM | 2 | |
| GOODSENSE PEN NEEDLE PENFINE 32G X 6 MM | 2 | |
| <i>healthwise insulin syr/needle 30g x 5/16" 0.3 ml</i> | 2 | |
| <i>healthwise insulin syr/needle 30g x 5/16" 0.5 ml</i> | 2 | |
| <i>healthwise insulin syr/needle 30g x 5/16" 1 ml</i> | 2 | |
| <i>healthwise insulin syr/needle 31g x 5/16" 0.3 ml</i> | 2 | |
| <i>healthwise insulin syr/needle 31g x 5/16" 0.5 ml</i> | 2 | |
| <i>healthwise insulin syr/needle 31g x 5/16" 1 ml</i> | 2 | |
| <i>healthwise micron pen needles 32g x 4 mm</i> | 2 | |
| <i>healthwise mini pen needles 31g x 6 mm</i> | 2 | |
| <i>healthwise pen needles 29g x 12mm</i> | 2 | |

| Drug Name | Tier | Notes |
|--|-------------|--------------|
| <i>healthwise short pen needles 31g x 5 mm</i> | 2 | |
| <i>healthwise short pen needles 31g x 8 mm</i> | 2 | |
| <i>healthwise unifine pentips 32g x 4 mm</i> | 2 | |
| <i>healthy accents unifine pentip 29g x 12mm</i> | 2 | |
| <i>healthy accents unifine pentip 31g x 5 mm</i> | 2 | |
| <i>healthy accents unifine pentip 31g x 6 mm</i> | 2 | |
| <i>healthy accents unifine pentip 31g x 8 mm</i> | 2 | |
| <i>healthy accents unifine pentip 32g x 4 mm</i> | 2 | |
| <i>h-e-b incontrol pen needles 29g x 12mm</i> | 2 | |
| <i>h-e-b incontrol pen needles 31g x 5 mm</i> | 2 | |
| <i>h-e-b incontrol pen needles 31g x 6 mm</i> | 2 | |
| <i>h-e-b incontrol pen needles 31g x 8 mm</i> | 2 | |
| <i>h-e-b incontrol pen needles 32g x 4 mm</i> | 2 | |
| H-E-B INCONTROL UNIFINE PENTIP 31G X 5 MM | 2 | |
| H-E-B INCONTROL UNIFINE PENTIP 31G X 6 MM | 2 | |
| H-E-B INCONTROL UNIFINE PENTIP 31G X 8 MM | 2 | |
| H-E-B INCONTROL UNIFINE PENTIP 32G X 4 MM | 2 | |
| H-E-B INCONTROL UNIFINE PENTIP 33G X 4 MM | 2 | |
| HM ULTICARE INSULIN SYRINGE 30G X 1/2" 1 ML | 2 | |
| HM ULTICARE INSULIN SYRINGE 31G X 5/16" 0.3 ML | 2 | |
| HM ULTICARE MINI PEN NEEDLES 31G X 5 MM | 2 | |
| HM ULTICARE SHORT PEN NEEDLES 31G X 8 MM | 2 | |
| INCONTROL ULTICARE PEN NEEDLES 31G X 6 MM | 2 | |
| INCONTROL ULTICARE PEN NEEDLES 31G X 8 MM | 2 | |
| INCONTROL ULTICARE PEN NEEDLES 32G X 4 MM | 2 | |
| INPEN 100-BLUE-LILLY-HUMALOG DEVICE | 2 | |
| INPEN 100-BLUE-NOVOLOG-FIASP DEVICE | 2 | |
| INPEN 100-GREY-LILLY-HUMALOG DEVICE | 2 | |

| Drug Name | Tier | Notes |
|--|-------------|--------------|
| INPEN 100-GREY-NOVOLOG-FIASP DEVICE | 2 | |
| INPEN 100-PINK-LILLY-HUMALOG DEVICE | 2 | |
| INPEN 100-PINK-NOVOLOG-FIASP DEVICE | 2 | |
| <i>insulin syringe 28g x 1/2" 0.5 ml</i> | 2 | |
| <i>insulin syringe 29g x 1/2" 0.3 ml</i> | 2 | |
| <i>insulin syringe 29g x 1/2" 0.5 ml</i> | 2 | |
| <i>insulin syringe 29g x 1/2" 1 ml</i> | 2 | |
| <i>insulin syringe 30g x 5/16" 0.3 ml</i> | 2 | |
| <i>insulin syringe 30g x 5/16" 0.5 ml</i> | 2 | |
| <i>insulin syringe 30g x 5/16" 1 ml</i> | 2 | |
| <i>insulin syringe 31g x 5/16" 0.3 ml</i> | 2 | |
| <i>insulin syringe 31g x 5/16" 0.5 ml</i> | 2 | |
| <i>insulin syringe 31g x 5/16" 1 ml</i> | 2 | |
| <i>insulin syringe/needle 27g x 1/2" 0.5 ml</i> | 2 | |
| <i>insulin syringe/needle 28g x 1/2" 0.5 ml</i> | 2 | |
| <i>insulin syringe/needle 28g x 1/2" 1 ml</i> | 2 | |
| <i>insulin syringe-needle u-100 27g x 1/2" 0.5 ml (otc)</i> | 2 | |
| <i>insulin syringe-needle u-100 27g x 1/2" 0.5 ml (rx)</i> | 2 | |
| <i>insulin syringe-needle u-100 27g x 1/2" 1 ml (otc)</i> | 2 | |
| <i>insulin syringe-needle u-100 27g x 1/2" 1 ml (rx)</i> | 2 | |
| <i>insulin syringe-needle u-100 28g x 1/2" 0.5 ml (otc)</i> | 2 | |
| <i>insulin syringe-needle u-100 28g x 1/2" 0.5 ml (rx)</i> | 2 | |
| <i>insulin syringe-needle u-100 28g x 1/2" 1 ml (otc)</i> | 2 | |
| <i>insulin syringe-needle u-100 28g x 1/2" 1 ml (rx)</i> | 2 | |
| <i>insulin syringe-needle u-100 29g x 1/2" 0.5 ml (otc)</i> | 2 | |
| <i>insulin syringe-needle u-100 29g x 1/2" 0.5 ml (rx)</i> | 2 | |
| <i>insulin syringe-needle u-100 29g x 1/2" 1 ml (otc)</i> | 2 | |
| <i>insulin syringe-needle u-100 29g x 1/2" 1 ml (rx)</i> | 2 | |
| <i>insulin syringe-needle u-100 30g x 1/2" 1 ml (otc)</i> | 2 | |
| <i>insulin syringe-needle u-100 30g x 1/2" 1 ml (rx)</i> | 2 | |
| <i>insulin syringe-needle u-100 30g x 5/16" 0.3 ml</i> | 2 | |
| <i>insulin syringe-needle u-100 30g x 5/16" 0.5 ml (otc)</i> | 2 | |

| Drug Name | Tier | Notes |
|--|-------------|--------------|
| <i>insulin syringe-needle u-100 30g x 5/16" 0.5 ml (rx)</i> | 2 | |
| <i>insulin syringe-needle u-100 30g x 5/16" 1 ml</i> | 2 | |
| <i>insulin syringe-needle u-100 31g x 1/4" 0.3 ml</i> | 2 | |
| <i>insulin syringe-needle u-100 31g x 1/4" 0.5 ml</i> | 2 | |
| <i>insulin syringe-needle u-100 31g x 1/4" 1 ml</i> | 2 | |
| <i>insulin syringe-needle u-100 31g x 5/16" 0.3 ml</i> | 2 | |
| <i>insulin syringe-needle u-100 31g x 5/16" 0.5 ml (otc)</i> | 2 | |
| <i>insulin syringe-needle u-100 31g x 5/16" 0.5 ml (rx)</i> | 2 | |
| <i>insulin syringe-needle u-100 31g x 5/16" 1 ml (otc)</i> | 2 | |
| <i>insulin syringe-needle u-100 31g x 5/16" 1 ml (rx)</i> | 2 | |
| <i>insupen pen needles 29g x 12mm</i> | 2 | |
| <i>insupen pen needles 31g x 5 mm</i> | 2 | |
| <i>insupen pen needles 31g x 8 mm</i> | 2 | |
| <i>insupen pen needles 32g x 4 mm</i> | 2 | |
| <i>insupen pen needles 33g x 4 mm</i> | 2 | |
| INSUPEN SENSITIVE 32G X 6 MM | 2 | |
| INSUPEN SENSITIVE 32G X 8 MM | 2 | |
| INSUPEN ULTRAFIN 30G X 8 MM | 2 | |
| INSUPEN ULTRAFIN 31G X 6 MM | 2 | |
| INSUPEN ULTRAFIN 31G X 8 MM | 2 | |
| <i>kinray insulin syringe 29g x 1/2" 0.5 ml</i> | 2 | |
| <i>kinray insulin syringe 31g x 5/16" 0.3 ml</i> | 2 | |
| <i>kinray insulin syringe 31g x 5/16" 0.5 ml</i> | 2 | |
| <i>kinray insulin syringe 31g x 5/16" 1 ml</i> | 2 | |
| <i>kmart valu insulin syringe 29g u-100 0.5 ml</i> | 2 | |
| <i>kmart valu insulin syringe 29g u-100 1 ml</i> | 2 | |
| <i>kmart valu insulin syringe 30g u-100 0.3 ml</i> | 2 | |
| <i>kmart valu insulin syringe 30g u-100 0.5 ml</i> | 2 | |
| <i>kmart valu insulin syringe 30g u-100 1 ml</i> | 2 | |
| <i>croger insulin syringe 29g x 1/2" 0.3 ml</i> | 2 | |
| <i>croger insulin syringe 29g x 1/2" 0.5 ml</i> | 2 | |
| <i>croger insulin syringe 29g x 1/2" 1 ml</i> | 2 | |
| <i>croger insulin syringe 30g x 5/16" 0.3 ml</i> | 2 | |
| <i>croger insulin syringe 30g x 5/16" 0.5 ml</i> | 2 | |
| <i>croger insulin syringe 30g x 5/16" 1 ml</i> | 2 | |

| Drug Name | Tier | Notes |
|--|-------------|--------------|
| <i>croger insulin syringe 31g x 5/16" 0.3 ml</i> | 2 | |
| <i>croger insulin syringe 31g x 5/16" 0.5 ml</i> | 2 | |
| <i>croger insulin syringe 31g x 5/16" 1 ml</i> | 2 | |
| <i>croger pen needles 29g x 12mm</i> | 2 | |
| <i>croger pen needles 31g x 5 mm</i> | 2 | |
| <i>croger pen needles 31g x 6 mm</i> | 2 | |
| <i>croger pen needles 31g x 8 mm</i> | 2 | |
| <i>croger pen needles 32g x 4 mm</i> | 2 | |
| <i>croger pen needles 33g x 4 mm</i> | 2 | |
| <i>leader insulin syringe 28g x 1/2" 0.5 ml</i> | 2 | |
| <i>leader insulin syringe 28g x 1/2" 1 ml</i> | 2 | |
| <i>leader insulin syringe 29g x 1/2" 0.3 ml</i> | 2 | |
| <i>leader insulin syringe 29g x 1/2" 0.5 ml</i> | 2 | |
| <i>leader insulin syringe 29g x 1/2" 1 ml</i> | 2 | |
| <i>leader insulin syringe 30g x 5/16" 0.3 ml</i> | 2 | |
| <i>leader insulin syringe 30g x 5/16" 0.5 ml</i> | 2 | |
| <i>leader insulin syringe 30g x 5/16" 1 ml</i> | 2 | |
| <i>leader insulin syringe 31g x 5/16" 0.3 ml</i> | 2 | |
| <i>leader insulin syringe 31g x 5/16" 0.5 ml</i> | 2 | |
| <i>leader insulin syringe 31g x 5/16" 1 ml</i> | 2 | |
| LEADER UNIFINE PENTIPS 31G X 5 MM | 2 | |
| LEADER UNIFINE PENTIPS 32G X 4 MM | 2 | |
| LEADER UNIFINE PENTIPS PLUS 31G X 5 MM | 2 | |
| LEADER UNIFINE PENTIPS PLUS 31G X 8 MM | 2 | |
| LEADER UNIFINE PENTIPS PLUS 32G X 4 MM | 2 | |
| LITETOUCH INSULIN SYRINGE 28G X 1/2" 0.5 ML | 2 | |
| LITETOUCH INSULIN SYRINGE 28G X 1/2" 1 ML | 2 | |
| LITETOUCH INSULIN SYRINGE 29G X 1/2" 0.3 ML | 2 | |
| LITETOUCH INSULIN SYRINGE 29G X 1/2" 0.5 ML | 2 | |
| LITETOUCH INSULIN SYRINGE 29G X 1/2" 1 ML | 2 | |
| LITETOUCH INSULIN SYRINGE 30G X 5/16" 0.3 ML | 2 | |

| Drug Name | Tier | Notes |
|---|-------------|--------------|
| LITETOUCH INSULIN SYRINGE 30G X 5/16" 0.5 ML | 2 | |
| LITETOUCH INSULIN SYRINGE 30G X 5/16" 1 ML | 2 | |
| LITETOUCH INSULIN SYRINGE 31G X 5/16" 0.3 ML | 2 | |
| LITETOUCH INSULIN SYRINGE 31G X 5/16" 0.5 ML | 2 | |
| LITETOUCH INSULIN SYRINGE 31G X 5/16" 1 ML | 2 | |
| LITETOUCH PEN NEEDLES 29G X 12.7MM | 2 | |
| LITETOUCH PEN NEEDLES 31G X 5 MM | 2 | |
| LITETOUCH PEN NEEDLES 31G X 6 MM | 2 | |
| LITETOUCH PEN NEEDLES 31G X 8 MM | 2 | |
| LITETOUCH PEN NEEDLES 32G X 4 MM | 2 | |
| <i>longs insulin syringe 31g x 5/16" 0.5 ml</i> | 2 | |
| MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 0.3 ML | 2 | |
| MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 0.5 ML | 2 | |
| MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 1 ML | 2 | |
| MAGELLAN INSULIN SAFETY SYR 30G X 5/16" 0.3 ML | 2 | |
| MAGELLAN INSULIN SAFETY SYR 30G X 5/16" 0.5 ML | 2 | |
| MAGELLAN INSULIN SAFETY SYR 30G X 5/16" 1 ML | 2 | |
| MAGELLAN SYRINGE-SAFETY NEEDLE 23G X 1" 1 ML | 2 | |
| MAGELLAN TUBERCULIN SYRINGE 27G X 1/2" 1 ML | 2 | |
| MAGELLAN TUBERCULIN SYRINGE 28G X 1/2" 1 ML | 2 | |
| MARATHON MEDICAL PENTIPS 29G X 12MM | 2 | |
| MARATHON MEDICAL PENTIPS 31G X 5 MM | 2 | |
| MARATHON MEDICAL PENTIPS 31G X 8 MM | 2 | |
| MARATHON MEDICAL PENTIPS 32G X 4 MM | 2 | |

| Drug Name | Tier | Notes |
|---|-------------|--------------|
| MAXICOMFORT II PEN NEEDLE 31G X 6 MM | 2 | |
| MAXI-COMFORT INSULIN SYRINGE 28G X 1/2" 0.5 ML | 2 | |
| MAXI-COMFORT SAFETY PEN NEEDLE 29G X 5MM | 2 | |
| MAXI-COMFORT SAFETY PEN NEEDLE 29G X 8MM | 2 | |
| MAXICOMFORT SYR 27G X 1/2" 27G X 1/2" 0.5 ML | 2 | |
| MAXICOMFORT SYR 27G X 1/2" 27G X 1/2" 1 ML | 2 | |
| <i>medic insulin syringe 30g x 5/16" 0.3 ml</i> | 2 | |
| <i>medic insulin syringe 30g x 5/16" 0.5 ml</i> | 2 | |
| <i>medicine shoppe pen needles 29g x 12mm</i> | 2 | |
| <i>medicine shoppe pen needles 31g x 6 mm</i> | 2 | |
| <i>medicine shoppe pen needles 31g x 8 mm</i> | 2 | |
| <i>meijer pen needles 29g x 12mm</i> | 2 | |
| <i>meijer pen needles 31g x 6 mm</i> | 2 | |
| <i>meijer pen needles 31g x 8 mm</i> | 2 | |
| MICRODOT PEN NEEDLE 31G X 6 MM | 2 | |
| MICRODOT PEN NEEDLE 32G X 4 MM | 2 | |
| MICRODOT PEN NEEDLE 33G X 4 MM | 2 | |
| <i>mm insulin syringe/needle 30g x 5/16" 0.3 ml</i> | 2 | |
| <i>mm insulin syringe/needle 30g x 5/16" 0.5 ml</i> | 2 | |
| <i>mm insulin syringe/needle 30g x 5/16" 1 ml</i> | 2 | |
| <i>mm insulin syringe/needle 31g x 5/16" 0.3 ml</i> | 2 | |
| <i>mm insulin syringe/needle 31g x 5/16" 0.5 ml</i> | 2 | |
| <i>mm insulin syringe/needle 31g x 5/16" 1 ml</i> | 2 | |
| MM PEN NEEDLES 31G X 5 MM | 2 | |
| MM PEN NEEDLES 31G X 6 MM | 2 | |
| MM PEN NEEDLES 31G X 8 MM | 2 | |
| MM PEN NEEDLES 32G X 4 MM | 2 | |
| MONOJECT ALLERGIST TRAY KIT 27G X 1/2" 1 ML | 2 | |
| MONOJECT ALLERGIST TRAY KIT 28G X 1/2" 0.5 ML | 2 | |
| MONOJECT ALLERGIST TRAY KIT 28G X 1/2" 1 ML | 2 | |
| MONOJECT BLUNTIP CANNULA 20G X 1-1/2" | 2 | |

| Drug Name | Tier | Notes |
|--|-------------|--------------|
| MONOJECT BLUNTIP CANNULA 21G X 1" | 2 | |
| MONOJECT BLUNTIP SYR/CANNULA 3 ML | 2 | |
| MONOJECT BLUNTIP SYR/CANNULA 6 ML | 2 | |
| MONOJECT CONTROL SYRINGE 12 ML | 2 | |
| MONOJECT CONTROL SYRINGE 20 ML | 2 | |
| MONOJECT FILTER ASPIRATOR | 2 | |
| MONOJECT FILTER NEEDLE 18G X 1-1/2" | 2 | |
| MONOJECT FILTER NEEDLE 20G X 1-1/2" | 2 | |
| MONOJECT HYPODERMIC NEEDLE 14G X 1" | 2 | |
| MONOJECT HYPODERMIC NEEDLE 14G X 1-1/2" | 2 | |
| MONOJECT HYPODERMIC NEEDLE 14G X 2" | 2 | |
| MONOJECT HYPODERMIC NEEDLE 16G X 1" | 2 | |
| MONOJECT HYPODERMIC NEEDLE 16G X 1-1/2" | 2 | |
| MONOJECT HYPODERMIC NEEDLE 16G X 3/4" | 2 | |
| MONOJECT HYPODERMIC NEEDLE 16G X 5/8" | 2 | |
| MONOJECT HYPODERMIC NEEDLE 18G X 1" (RX) | 2 | |
| MONOJECT HYPODERMIC NEEDLE 18G X 1-1/2" | 2 | |
| MONOJECT HYPODERMIC NEEDLE 19G X 1" (RX) | 2 | |
| MONOJECT HYPODERMIC NEEDLE 19G X 1-1/2" (RX) | 2 | |
| MONOJECT HYPODERMIC NEEDLE 20G X 1" (RX) | 2 | |
| MONOJECT HYPODERMIC NEEDLE 20G X 1-1/2" (RX) | 2 | |
| MONOJECT HYPODERMIC NEEDLE 21G X 1" (RX) | 2 | |
| MONOJECT HYPODERMIC NEEDLE 21G X 1-1/2" (RX) | 2 | |
| MONOJECT HYPODERMIC NEEDLE 21G X 2" | 2 | |
| MONOJECT HYPODERMIC NEEDLE 22G X 1" | 2 | |

| Drug Name | Tier | Notes |
|---|-------------|--------------|
| MONOJECT HYPODERMIC NEEDLE 22G X 1-1/2" | 2 | |
| MONOJECT HYPODERMIC NEEDLE 23G X 1" | 2 | |
| MONOJECT HYPODERMIC NEEDLE 23G X 3/4" | 2 | |
| MONOJECT HYPODERMIC NEEDLE 25G X 1" | 2 | |
| MONOJECT HYPODERMIC NEEDLE 25G X 1-1/2" | 2 | |
| MONOJECT HYPODERMIC NEEDLE 25G X 1-1/4" | 2 | |
| MONOJECT HYPODERMIC NEEDLE 25G X 2" | 2 | |
| MONOJECT HYPODERMIC NEEDLE 25G X 5/8" | 2 | |
| MONOJECT HYPODERMIC NEEDLE 26G X 1/2" | 2 | |
| MONOJECT HYPODERMIC NEEDLE 26G X 1-1/2" | 2 | |
| MONOJECT HYPODERMIC NEEDLE 27G X 1/2" | 2 | |
| MONOJECT HYPODERMIC NEEDLE 27G X 1-1/2" | 2 | |
| MONOJECT HYPODERMIC NEEDLE 27G X 1-1/4" | 2 | |
| MONOJECT HYPODERMIC NEEDLE 30G X 3/4" | 2 | |
| MONOJECT INSULIN SYRINGE 25G X 5/8" 1 ML | 2 | |
| MONOJECT INSULIN SYRINGE 27G X 1/2" 1 ML (OTC) | 2 | |
| MONOJECT INSULIN SYRINGE 27G X 1/2" 1 ML (RX) | 2 | |
| MONOJECT INSULIN SYRINGE 28G X 1/2" 0.5 ML (RX) | 2 | |
| MONOJECT INSULIN SYRINGE 28G X 1/2" 1 ML (OTC) | 2 | |
| MONOJECT INSULIN SYRINGE 28G X 1/2" 1 ML (RX) | 2 | |
| MONOJECT INSULIN SYRINGE 29G X 1/2" 0.3 ML | 2 | |
| MONOJECT INSULIN SYRINGE 29G X 1/2" 0.5 ML | 2 | |

| Drug Name | Tier | Notes |
|--|-------------|--------------|
| MONOJECT INSULIN SYRINGE 29G X 1/2" 1 ML (RX) | 2 | |
| MONOJECT INSULIN SYRINGE 30G X 5/16" 0.3 ML | 2 | |
| MONOJECT INSULIN SYRINGE 30G X 5/16" 0.5 ML (RX) | 2 | |
| MONOJECT INSULIN SYRINGE 30G X 5/16" 1 ML (OTC) | 2 | |
| MONOJECT INSULIN SYRINGE 30G X 5/16" 1 ML (RX) | 2 | |
| MONOJECT INSULIN SYRINGE 31G X 5/16" 1 ML | 2 | |
| MONOJECT INSULIN SYRINGE U-100 1 ML | 2 | |
| MONOJECT INTRODUCER NEEDLE 18G X 1-1/4" | 2 | |
| MONOJECT LIFESHIELD SYRINGE 18G X 1" 12 ML | 2 | |
| MONOJECT LIFESHIELD SYRINGE 18G X 1" 3 ML | 2 | |
| MONOJECT MAGELLAN SAFETY NDL 18G X 1" | 2 | |
| MONOJECT MAGELLAN SAFETY NDL 18G X 1-1/2" | 2 | |
| MONOJECT MAGELLAN SAFETY NDL 19G X 1" | 2 | |
| MONOJECT MAGELLAN SAFETY NDL 19G X 1-1/2" | 2 | |
| MONOJECT MAGELLAN SAFETY NDL 20G X 1" | 2 | |
| MONOJECT MAGELLAN SAFETY NDL 20G X 1-1/2" | 2 | |
| MONOJECT MAGELLAN SAFETY NDL 21G X 1" | 2 | |
| MONOJECT MAGELLAN SAFETY NDL 21G X 1-1/2" | 2 | |
| MONOJECT MAGELLAN SAFETY NDL 21G X 5/8" | 2 | |
| MONOJECT MAGELLAN SAFETY NDL 22G X 1" | 2 | |
| MONOJECT MAGELLAN SAFETY NDL 22G X 1-1/2" | 2 | |
| MONOJECT MAGELLAN SAFETY NDL 23G X 1" | 2 | |

| Drug Name | Tier | Notes |
|--|-------------|--------------|
| MONOJECT MAGELLAN SAFETY NDL 23G X 5/8" | 2 | |
| MONOJECT MAGELLAN SAFETY NDL 25G X 1" | 2 | |
| MONOJECT MAGELLAN SAFETY NDL 25G X 5/8" | 2 | |
| MONOJECT MAGELLAN SYRINGE 18G X 1" 12 ML | 2 | |
| MONOJECT MAGELLAN SYRINGE 18G X 1" 6 ML | 2 | |
| MONOJECT MAGELLAN SYRINGE 20G X 1-1/2" 12 ML | 2 | |
| MONOJECT MAGELLAN SYRINGE 20G X 1-1/2" 3 ML | 2 | |
| MONOJECT MAGELLAN SYRINGE 20G X 1-1/2" 6 ML | 2 | |
| MONOJECT MAGELLAN SYRINGE 21G X 1" 12 ML | 2 | |
| MONOJECT MAGELLAN SYRINGE 21G X 1" 3 ML | 2 | |
| MONOJECT MAGELLAN SYRINGE 21G X 1" 6 ML | 2 | |
| MONOJECT MAGELLAN SYRINGE 21G X 1-1/2" 12 ML | 2 | |
| MONOJECT MAGELLAN SYRINGE 21G X 1-1/2" 3 ML | 2 | |
| MONOJECT MAGELLAN SYRINGE 21G X 1-1/2" 6 ML | 2 | |
| MONOJECT MAGELLAN SYRINGE 22G X 1-1/2" 12 ML | 2 | |
| MONOJECT MAGELLAN SYRINGE 22G X 1-1/2" 3 ML | 2 | |
| MONOJECT MAGELLAN SYRINGE 22G X 1-1/2" 6 ML | 2 | |
| MONOJECT MAGELLAN SYRINGE 23G X 1" 1 ML | 2 | |
| MONOJECT MAGELLAN SYRINGE 23G X 1" 3 ML | 2 | |
| MONOJECT MAGELLAN SYRINGE 25G X 1" 1 ML | 2 | |
| MONOJECT MAGELLAN SYRINGE 25G X 1" 3 ML | 2 | |
| MONOJECT MAGELLAN SYRINGE 25G X 5/8" 1 ML | 2 | |

| Drug Name | Tier | Notes |
|---|-------------|--------------|
| MONOJECT MAGELLAN SYRINGE 25G X 5/8" 3 ML | 2 | |
| MONOJECT PHARMACY TRAY 12 ML | 2 | |
| MONOJECT PHARMACY TRAY 20 ML | 2 | |
| MONOJECT PHARMACY TRAY 3 ML | 2 | |
| MONOJECT PHARMACY TRAY 35 ML | 2 | |
| MONOJECT PHARMACY TRAY 6 ML | 2 | |
| MONOJECT PHARMACY TRAY 60 ML | 2 | |
| MONOJECT PISTON SYRINGE 140 ML | 2 | |
| MONOJECT SYRINGE 12 ML | 2 | |
| MONOJECT SYRINGE 18G X 1" 12 ML (RX) | 2 | |
| MONOJECT SYRINGE 20G X 1" 3 ML | 2 | |
| MONOJECT SYRINGE 20G X 1-1/2" 3 ML | 2 | |
| MONOJECT SYRINGE 20G X 1-1/2" 6 ML | 2 | |
| MONOJECT SYRINGE 20G X 3/4" 3 ML (RX) | 2 | |
| MONOJECT SYRINGE 21G X 1" 3 ML | 2 | |
| MONOJECT SYRINGE 21G X 1" 6 ML | 2 | |
| MONOJECT SYRINGE 21G X 1-1/2" 3 ML | 2 | |
| MONOJECT SYRINGE 21G X 1-1/2" 6 ML | 2 | |
| MONOJECT SYRINGE 22G X 1-1/2" 3 ML | 2 | |
| MONOJECT SYRINGE 22G X 1-1/2" 6 ML | 2 | |
| MONOJECT SYRINGE 23G X 1" 3 ML | 2 | |
| MONOJECT SYRINGE 25G X 1" 3 ML | 2 | |
| MONOJECT SYRINGE 25G X 1-1/4" 3 ML | 2 | |
| MONOJECT SYRINGE 25G X 5/8" 3 ML | 2 | |
| MONOJECT SYRINGE 27G X 1-1/4" 3 ML | 2 | |
| MONOJECT SYRINGE 3 ML | 2 | |
| MONOJECT SYRINGE 6 ML | 2 | |
| MONOJECT SYRINGE CATH TIP 35 ML | 2 | |
| MONOJECT SYRINGE CATH TIP 60 ML (RX) | 2 | |
| MONOJECT SYRINGE ECC LUER 20 ML | 2 | |
| MONOJECT SYRINGE ECC LUER 35 ML | 2 | |
| MONOJECT SYRINGE ECCENTRIC TIP 60 ML | 2 | |
| MONOJECT SYRINGE LUER LOCK 20 ML | 2 | |
| MONOJECT SYRINGE LUER LOCK 35 ML | 2 | |
| MONOJECT SYRINGE LUER LOCK 6 ML | 2 | |
| MONOJECT SYRINGE LUER LOCK 60 ML | 2 | |

| Drug Name | Tier | Notes |
|--|-------------|--------------|
| MONOJECT SYRINGE LUER-LOCK TIP 140 ML | 2 | |
| MONOJECT SYRINGE LUER-LOCK TIP 60 ML | 2 | |
| MONOJECT SYRINGE PHARMACY TRAY 1 ML | 2 | |
| MONOJECT SYRINGE REG LUER 20 ML | 2 | |
| MONOJECT SYRINGE REG LUER 3 ML | 2 | |
| MONOJECT SYRINGE REG LUER 35 ML | 2 | |
| MONOJECT SYRINGE REG LUER 6 ML | 2 | |
| MONOJECT SYRINGE REGULAR TIP 20 ML | 2 | |
| MONOJECT SYRINGE REGULAR TIP 3 ML | 2 | |
| MONOJECT SYRINGE REGULAR TIP 6 ML | 2 | |
| MONOJECT SYRINGE REGULAR TIP 60 ML | 2 | |
| MONOJECT SYRINGE TOOMEY TYPE 60 ML | 2 | |
| MONOJECT TB SAFETY SYRINGE 25G X 5/8" 1 ML | 2 | |
| MONOJECT TB SAFETY SYRINGE 28G X 1/2" 1 ML | 2 | |
| MONOJECT TB SYRINGE 1 ML (RX) | 2 | |
| MONOJECT TB SYRINGE 25G X 5/8" 1 ML (RX) | 2 | |
| MONOJECT TB SYRINGE 26G X 3/8" 1 ML (RX) | 2 | |
| MONOJECT TB SYRINGE 27G X 1/2" 1 ML | 2 | |
| MONOJECT TB SYRINGE 28G X 1/2" 0.5 ML | 2 | |
| MONOJECT TB SYRINGE 28G X 1/2" 1 ML (RX) | 2 | |
| MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML (OTC) | 2 | |
| MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML (RX) | 2 | |
| MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 1 ML (OTC) | 2 | |
| MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 1 ML (RX) | 2 | |
| MONOJECT ULTRA COMFORT SYRINGE 29G X 1/2" 0.3 ML | 2 | |
| MONOJECT ULTRA COMFORT SYRINGE 29G X 1/2" 0.5 ML | 2 | |

| Drug Name | Tier | Notes |
|--|-------------|--------------|
| MONOJECT ULTRA COMFORT SYRINGE 29G X 1/2" 1 ML | 2 | |
| MONOJECT ULTRA COMFORT SYRINGE 30G X 5/16" 0.3 ML (OTC) | 2 | |
| MONOJECT ULTRA COMFORT SYRINGE 30G X 5/16" 0.3 ML (RX) | 2 | |
| MONOJECT ULTRA COMFORT SYRINGE 30G X 5/16" 0.5 ML (OTC) | 2 | |
| MONOJECT ULTRA COMFORT SYRINGE 30G X 5/16" 0.5 ML (RX) | 2 | |
| MONOJECT ULTRA COMFORT SYRINGE 31G X 5/16" 0.3 ML | 2 | |
| MONOJECT ULTRA COMFORT SYRINGE 31G X 5/16" 0.5 ML | 2 | |
| <i>ms insulin syringe 31g x 5/16" 0.3 ml</i> | 2 | |
| <i>ms insulin syringe 31g x 5/16" 0.5 ml</i> | 2 | |
| <i>ms insulin syringe 31g x 5/16" 1 ml</i> | 2 | |
| <i>multi-draw needle 20g x 1"</i> | 2 | |
| <i>multi-draw needle 21g x 1"</i> | 2 | |
| <i>multi-draw needle 22g x 1"</i> | 2 | |
| NORDIPEN 5 INJECTION DEVICE | 2 | |
| NORDIPEN DELIVERY SYSTEM | 2 | |
| NORM-JECT LUER SLIP SYRINGE 1 ML | 2 | |
| NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM | 2 | |
| NOVOFINE PEN NEEDLE 32G X 6 MM | 2 | |
| NOVOFINE PLUS PEN NEEDLE 32G X 4 MM | 2 | |
| NOVOPEN ECHO DEVICE | 2 | |
| NOVOTWIST PEN NEEDLE 32G X 5 MM | 2 | |
| OMNITROPE PEN 5 INJ DEVICE | 2 | |
| <i>pc unifine pentips 29g x 12mm</i> | 2 | |
| <i>pc unifine pentips 31g x 5 mm</i> | 2 | |
| <i>pc unifine pentips 31g x 6 mm</i> | 2 | |
| <i>pc unifine pentips 31g x 8 mm</i> | 2 | |
| <i>pen needle/5-bevel tip 32g x 4 mm</i> | 2 | |
| <i>pen needles 29g x 12mm</i> | 2 | |
| <i>pen needles 30g x 5 mm (otc)</i> | 2 | |
| <i>pen needles 30g x 5 mm (rx)</i> | 2 | |
| <i>pen needles 30g x 8 mm</i> | 2 | |
| <i>pen needles 31g x 5 mm (otc)</i> | 2 | |

| Drug Name | Tier | Notes |
|---|-------------|--------------|
| <i>pen needles 31g x 5 mm (rx)</i> | 2 | |
| <i>pen needles 31g x 6 mm</i> | 2 | |
| <i>pen needles 31g x 8 mm (otc)</i> | 2 | |
| <i>pen needles 31g x 8 mm (rx)</i> | 2 | |
| <i>pen needles 32g x 4 mm (otc)</i> | 2 | |
| <i>pen needles 32g x 4 mm (rx)</i> | 2 | |
| <i>pen needles 32g x 5 mm</i> | 2 | |
| <i>pen needles 32g x 6 mm</i> | 2 | |
| <i>pen needles 33g x 4 mm</i> | 2 | |
| <i>pen needles 5/16" 31g x 8 mm</i> | 2 | |
| PENTIPS 29G X 12MM (OTC) | 2 | |
| PENTIPS 29G X 12MM (RX) | 2 | |
| PENTIPS 31G X 5 MM (OTC) | 2 | |
| PENTIPS 31G X 5 MM (RX) | 2 | |
| PENTIPS 31G X 6 MM | 2 | |
| PENTIPS 31G X 8 MM (OTC) | 2 | |
| PENTIPS 31G X 8 MM (RX) | 2 | |
| PENTIPS 32G X 4 MM (OTC) | 2 | |
| PENTIPS 32G X 4 MM (RX) | 2 | |
| PENTIPS 32G X 6 MM | 2 | |
| PENTIPS GENERIC PEN NEEDLES 29G X 12MM | 2 | |
| PENTIPS GENERIC PEN NEEDLES 31G X 5 MM | 2 | |
| PENTIPS GENERIC PEN NEEDLES 31G X 6 MM | 2 | |
| PENTIPS GENERIC PEN NEEDLES 31G X 8 MM | 2 | |
| PENTIPS GENERIC PEN NEEDLES 32G X 4 MM | 2 | |
| PENTIPS GENERIC PEN NEEDLES 32G X 6 MM | 2 | |
| PERFECT POINT SAFETY NEEDLE 25G X 1" | 2 | |
| <i>pip pen needles 31g x 5mm 31g x 5 mm</i> | 2 | |
| <i>pip pen needles 32g x 4mm 32g x 4 mm</i> | 2 | |
| PRECISION SUREDOSE PLUS SYR 29G X 1/2" 0.3 ML | 2 | |
| PRECISION SUREDOSE PLUS SYR 29G X 1/2" 1 ML | 2 | |

| Drug Name | Tier | Notes |
|--|-------------|--------------|
| PRECISION SURE-DOSE SYRINGE 28G X 1/2" 0.5 ML | 2 | |
| PRECISION SURE-DOSE SYRINGE 28G X 1/2" 1 ML | 2 | |
| PRECISION SURE-DOSE SYRINGE 29G X 1/2" 0.5 ML | 2 | |
| PRECISION SURE-DOSE SYRINGE 30G X 3/8" 0.5 ML | 2 | |
| PRECISION SURE-DOSE SYRINGE 30G X 5/16" 0.3 ML | 2 | |
| <i>preferred plus insulin syringe 28g x 1/2" 0.5 ml</i> | 2 | |
| <i>preferred plus insulin syringe 28g x 1/2" 1 ml</i> | 2 | |
| <i>preferred plus insulin syringe 29g x 1/2" 0.3 ml</i> | 2 | |
| <i>preferred plus insulin syringe 29g x 1/2" 0.5 ml</i> | 2 | |
| <i>preferred plus insulin syringe 29g x 1/2" 1 ml</i> | 2 | |
| <i>preferred plus insulin syringe 30g x 5/16" 0.3 ml</i> | 2 | |
| <i>preferred plus insulin syringe 30g x 5/16" 0.5 ml</i> | 2 | |
| <i>preferred plus insulin syringe 30g x 5/16" 1 ml</i> | 2 | |
| <i>preferred plus unifine pentips 29g x 12mm</i> | 2 | |
| <i>preferred plus unifine pentips 31g x 5 mm</i> | 2 | |
| <i>preferred plus unifine pentips 31g x 6 mm</i> | 2 | |
| <i>preferred plus unifine pentips 31g x 8 mm</i> | 2 | |
| <i>preferred plus unifine pentips 32g x 4 mm</i> | 2 | |
| PREVENT DROPSAFE PEN NEEDLES 31G X 6 MM | 2 | |
| PREVENT DROPSAFE PEN NEEDLES 31G X 8 MM | 2 | |
| PREVENT SAFETY PEN NEEDLES 31G X 6 MM | 2 | |
| PREVENT SAFETY PEN NEEDLES 31G X 8 MM | 2 | |
| PRO COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML | 2 | |
| PRO COMFORT INSULIN SYRINGE 30G X 1/2" 1 ML | 2 | |
| PRO COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML | 2 | |
| PRO COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML | 2 | |
| PRO COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML | 2 | |

| Drug Name | Tier | Notes |
|--|-------------|--------------|
| PRO COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML | 2 | |
| <i>pro comfort pen needles 31g x 8 mm</i> | 2 | |
| <i>pro comfort pen needles 32g x 4 mm</i> | 2 | |
| <i>pro comfort pen needles 32g x 5 mm</i> | 2 | |
| <i>pro comfort pen needles 32g x 6 mm</i> | 2 | |
| PRODIGY INSULIN SYRINGE 28G X 1/2" 1 ML | 2 | |
| PRODIGY INSULIN SYRINGE 31G X 5/16" 0.3 ML | 2 | |
| PRODIGY INSULIN SYRINGE 31G X 5/16" 0.5 ML | 2 | |
| <i>pure comfort pen needle 32g x 4 mm</i> | 2 | |
| <i>pure comfort pen needle 32g x 5 mm</i> | 2 | |
| <i>pure comfort pen needle 32g x 6 mm</i> | 2 | |
| <i>pure comfort pen needle 32g x 8 mm</i> | 2 | |
| <i>pure comfort safety pen needle 31g x 5 mm</i> | 2 | |
| <i>pure comfort safety pen needle 31g x 6 mm</i> | 2 | |
| <i>pure comfort safety pen needle 32g x 4 mm</i> | 2 | |
| <i>px extra short pen needles 31g x 6 mm</i> | 2 | |
| <i>px insulin syringe 30g x 1/2" 0.5 ml</i> | 2 | |
| <i>px mini pen needles 31g x 5 mm</i> | 2 | |
| <i>px pen needle 29g x 12mm</i> | 2 | |
| <i>px pen needle 31g x 8 mm</i> | 2 | |
| <i>px shortlength pen needles 31g x 8 mm</i> | 2 | |
| <i>qc pen needles 29g x 12mm</i> | 2 | |
| <i>qc pen needles 31g x 6 mm</i> | 2 | |
| <i>qc pen needles 31g x 8 mm</i> | 2 | |
| <i>qc unifine pentips 32g x 4 mm</i> | 2 | |
| <i>ra insulin syringe 29g x 1/2" 0.5 ml</i> | 2 | |
| <i>ra insulin syringe 29g x 1/2" 1 ml</i> | 2 | |
| <i>ra insulin syringe 30g x 5/16" 0.5 ml</i> | 2 | |
| <i>ra insulin syringe 30g x 5/16" 1 ml</i> | 2 | |
| <i>ra pen needles 31g x 5 mm</i> | 2 | |
| <i>ra pen needles 31g x 8 mm</i> | 2 | |
| <i>raya sure pen needle 29g x 12mm</i> | 2 | |
| <i>raya sure pen needle 31g x 4 mm</i> | 2 | |
| <i>raya sure pen needle 31g x 5 mm</i> | 2 | |
| <i>raya sure pen needle 31g x 6 mm</i> | 2 | |

| Drug Name | Tier | Notes |
|---|-------------|--------------|
| <i>raya sure pen needle 31g x 8 mm</i> | 2 | |
| <i>reality insulin syringe 28g x 1/2" 0.5 ml</i> | 2 | |
| <i>reality insulin syringe 28g x 1/2" 1 ml</i> | 2 | |
| <i>reality insulin syringe 29g x 1/2" 0.5 ml</i> | 2 | |
| <i>reality insulin syringe 29g x 1/2" 1 ml</i> | 2 | |
| RELION INSULIN SYRINGE 29G X 1/2" 0.5 ML | 2 | |
| RELION INSULIN SYRINGE 31G X 15/64" 0.3 ML | 2 | |
| RELION INSULIN SYRINGE 31G X 15/64" 0.5 ML | 2 | |
| RELION INSULIN SYRINGE 31G X 15/64" 1 ML | 2 | |
| RELION INSULIN SYRINGE 31G X 5/16" 0.3 ML | 2 | |
| RELION INSULIN SYRINGE 31G X 5/16" 0.5 ML | 2 | |
| RELION INSULIN SYRINGE 31G X 5/16" 1 ML | 2 | |
| RELION MINI PEN NEEDLES 31G X 6 MM | 2 | |
| RELION PEN NEEDLES 29G X 12MM | 2 | |
| RELION PEN NEEDLES 31G X 6 MM | 2 | |
| RELION PEN NEEDLES 31G X 8 MM | 2 | |
| RELION PEN NEEDLES 32G X 4 MM | 2 | |
| RELION SHORT PEN NEEDLES 31G X 8 MM | 2 | |
| SAFESNAP INSULIN SYRINGE 28G X 1/2" 1 ML | 2 | |
| SAFESNAP INSULIN SYRINGE 29G X 1/2" 0.5 ML | 2 | |
| SAFESNAP INSULIN SYRINGE 29G X 1/2" 1 ML | 2 | |
| SAFESNAP INSULIN SYRINGE 30G X 5/16" 0.3 ML | 2 | |
| SAFESNAP INSULIN SYRINGE 30G X 5/16" 0.5 ML | 2 | |
| <i>safety insulin syringes 29g x 1/2" 0.5 ml</i> | 2 | |
| <i>safety insulin syringes 29g x 1/2" 1 ml</i> | 2 | |
| <i>safety insulin syringes 30g x 1/2" 1 ml</i> | 2 | |
| <i>safety insulin syringes 30g x 5/16" 0.5 ml</i> | 2 | |
| <i>safety pen needles 30g x 5 mm</i> | 2 | |
| <i>safety pen needles 30g x 8 mm</i> | 2 | |

| Drug Name | Tier | Notes |
|--|-------------|--------------|
| <i>sb insulin syringe 29g x 1/2" 0.5 ml</i> | 2 | |
| <i>sb insulin syringe 29g x 1/2" 1 ml</i> | 2 | |
| <i>sb insulin syringe 30g x 5/16" 0.5 ml</i> | 2 | |
| <i>sb insulin syringe 30g x 5/16" 1 ml</i> | 2 | |
| <i>sb insulin syringe 31g x 5/16" 1 ml</i> | 2 | |
| SECURES SAFE INSULIN SYRINGE 29G X 1/2" 0.5 ML | 2 | |
| SECURES SAFE INSULIN SYRINGE 29G X 1/2" 1 ML | 2 | |
| SECURES SAFE SAFETY PEN NEEDLES 30G X 8 MM | 2 | |
| SHOPKO UNIFINE PENTIPS 29G X 12MM | 2 | |
| SHOPKO UNIFINE PENTIPS 31G X 5 MM | 2 | |
| SHOPKO UNIFINE PENTIPS 31G X 8 MM | 2 | |
| SHOPKO UNIFINE PENTIPS 32G X 4 MM | 2 | |
| SHOPKO UNIFINE PENTIPS PLUS 29G X 12MM | 2 | |
| SHOPKO UNIFINE PENTIPS PLUS 31G X 5 MM | 2 | |
| SHOPKO UNIFINE PENTIPS PLUS 31G X 8 MM | 2 | |
| SHOPKO UNIFINE PENTIPS PLUS 32G X 4 MM | 2 | |
| <i>sure comfort insulin syringe 28g x 1/2" 0.5 ml</i> | 2 | |
| <i>sure comfort insulin syringe 28g x 1/2" 1 ml</i> | 2 | |
| <i>sure comfort insulin syringe 29g x 1/2" 0.3 ml</i> | 2 | |
| <i>sure comfort insulin syringe 29g x 1/2" 0.5 ml</i> | 2 | |
| <i>sure comfort insulin syringe 29g x 1/2" 1 ml</i> | 2 | |
| <i>sure comfort insulin syringe 30g x 1/2" 0.3 ml</i> | 2 | |
| <i>sure comfort insulin syringe 30g x 1/2" 0.5 ml</i> | 2 | |
| <i>sure comfort insulin syringe 30g x 1/2" 1 ml</i> | 2 | |
| <i>sure comfort insulin syringe 30g x 5/16" 0.3 ml</i> | 2 | |
| <i>sure comfort insulin syringe 30g x 5/16" 0.5 ml</i> | 2 | |
| <i>sure comfort insulin syringe 30g x 5/16" 1 ml</i> | 2 | |
| <i>sure comfort insulin syringe 31g x 1/4" 0.3 ml</i> | 2 | |
| <i>sure comfort insulin syringe 31g x 1/4" 0.5 ml</i> | 2 | |
| <i>sure comfort insulin syringe 31g x 1/4" 1 ml</i> | 2 | |
| <i>sure comfort insulin syringe 31g x 5/16" 0.3 ml</i> | 2 | |
| <i>sure comfort insulin syringe 31g x 5/16" 0.5 ml</i> | 2 | |
| <i>sure comfort insulin syringe 31g x 5/16" 1 ml</i> | 2 | |

| Drug Name | Tier | Notes |
|---|-------------|--------------|
| <i>sure comfort pen needles 29g x 12.7mm</i> | 2 | |
| <i>sure comfort pen needles 30g x 8 mm</i> | 2 | |
| <i>sure comfort pen needles 31g x 5 mm</i> | 2 | |
| <i>sure comfort pen needles 31g x 6 mm</i> | 2 | |
| <i>sure comfort pen needles 31g x 8 mm</i> | 2 | |
| <i>sure comfort pen needles 32g x 4 mm (otc)</i> | 2 | |
| <i>sure comfort pen needles 32g x 4 mm (rx)</i> | 2 | |
| <i>sure comfort pen needles 32g x 6 mm</i> | 2 | |
| SURE-FINE PEN NEEDLES 29G X 12.7MM | 2 | |
| SURE-FINE PEN NEEDLES 31G X 5 MM | 2 | |
| SURE-FINE PEN NEEDLES 31G X 8 MM | 2 | |
| SURE-JECT INSULIN SYRINGE 28G X 1/2" 0.5 ML | 2 | |
| SURE-JECT INSULIN SYRINGE 28G X 1/2" 1 ML | 2 | |
| SURE-JECT INSULIN SYRINGE 29G X 1/2" 0.3 ML | 2 | |
| SURE-JECT INSULIN SYRINGE 29G X 1/2" 0.5 ML | 2 | |
| SURE-JECT INSULIN SYRINGE 29G X 1/2" 1 ML | 2 | |
| SURE-JECT INSULIN SYRINGE 30G X 5/16" 0.3 ML | 2 | |
| SURE-JECT INSULIN SYRINGE 30G X 5/16" 0.5 ML | 2 | |
| SURE-JECT INSULIN SYRINGE 30G X 5/16" 1 ML | 2 | |
| SURE-JECT INSULIN SYRINGE 31G X 5/16" 0.3 ML | 2 | |
| SURE-JECT INSULIN SYRINGE 31G X 5/16" 0.5 ML | 2 | |
| SURE-JECT INSULIN SYRINGE 31G X 5/16" 1 ML | 2 | |
| <i>syringe luer lock 30 ml (rx)</i> | 2 | |
| <i>syringe luer slip 1 ml (rx)</i> | 2 | |
| <i>tb syringe 1 ml</i> | 2 | |
| <i>techlite insulin syringe 29g x 1/2" 0.3 ml</i> | 2 | |
| <i>techlite insulin syringe 29g x 1/2" 0.5 ml</i> | 2 | |
| <i>techlite insulin syringe 29g x 1/2" 1 ml</i> | 2 | |
| <i>techlite insulin syringe 30g x 1/2" 0.3 ml</i> | 2 | |
| <i>techlite insulin syringe 30g x 1/2" 0.5 ml</i> | 2 | |

| Drug Name | Tier | Notes |
|---|-------------|--------------|
| <i>techlite insulin syringe 30g x 1/2" 1 ml</i> | 2 | |
| <i>techlite insulin syringe 30g x 5/16" 0.3 ml</i> | 2 | |
| <i>techlite insulin syringe 30g x 5/16" 0.5 ml</i> | 2 | |
| <i>techlite insulin syringe 30g x 5/16" 1 ml</i> | 2 | |
| <i>techlite insulin syringe 31g x 15/64" 0.3 ml</i> | 2 | |
| <i>techlite insulin syringe 31g x 15/64" 0.5 ml</i> | 2 | |
| <i>techlite insulin syringe 31g x 15/64" 1 ml</i> | 2 | |
| <i>techlite insulin syringe 31g x 5/16" 0.3 ml</i> | 2 | |
| <i>techlite insulin syringe 31g x 5/16" 0.5 ml</i> | 2 | |
| <i>techlite insulin syringe 31g x 5/16" 1 ml</i> | 2 | |
| TECHLITE PEN NEEDLES 29G X 10MM | 2 | |
| TECHLITE PEN NEEDLES 29G X 12MM | 2 | |
| TECHLITE PEN NEEDLES 31G X 5 MM | 2 | |
| TECHLITE PEN NEEDLES 31G X 6 MM | 2 | |
| TECHLITE PEN NEEDLES 31G X 8 MM | 2 | |
| TECHLITE PEN NEEDLES 32G X 4 MM | 2 | |
| TECHLITE PEN NEEDLES 32G X 6 MM | 2 | |
| TECHLITE PEN NEEDLES 32G X 8 MM | 2 | |
| TECHLITE PLUS PEN NEEDLES 32G X 4 MM | 2 | |
| <i>today's health mini pen needles 31g x 6 mm</i> | 2 | |
| <i>today's health pen needles 29g x 12mm</i> | 2 | |
| <i>today's health short pen needle 31g x 8 mm</i> | 2 | |
| <i>toomey syringe 70 ml</i> | 2 | |
| <i>topcare clickfine pen needles 31g x 6 mm</i> | 2 | |
| <i>topcare clickfine pen needles 31g x 8 mm</i> | 2 | |
| <i>topcare ultra comfort ins syr 29g x 1/2" 0.3 ml</i> | 2 | |
| <i>topcare ultra comfort ins syr 29g x 1/2" 0.5 ml</i> | 2 | |
| <i>topcare ultra comfort ins syr 29g x 1/2" 1 ml</i> | 2 | |
| <i>topcare ultra comfort ins syr 30g x 5/16" 0.3 ml</i> | 2 | |
| <i>topcare ultra comfort ins syr 30g x 5/16" 0.5 ml</i> | 2 | |
| <i>topcare ultra comfort ins syr 30g x 5/16" 1 ml</i> | 2 | |
| <i>topcare ultra comfort ins syr 31g x 5/16" 0.3 ml</i> | 2 | |
| <i>topcare ultra comfort ins syr 31g x 5/16" 0.5 ml</i> | 2 | |
| <i>topcare ultra comfort ins syr 31g x 5/16" 1 ml</i> | 2 | |
| <i>true comfort insulin syringe 30g x 1/2" 0.5 ml</i> | 3 | |
| <i>true comfort insulin syringe 30g x 1/2" 1 ml</i> | 3 | |
| <i>true comfort insulin syringe 30g x 5/16" 0.5 ml</i> | 3 | |
| <i>true comfort insulin syringe 30g x 5/16" 1 ml</i> | 3 | |

| Drug Name | Tier | Notes |
|--|-------------|--------------|
| <i>true comfort insulin syringe 31g x 5/16" 0.5 ml</i> | 2 | |
| <i>true comfort insulin syringe 31g x 5/16" 0.5 ml</i> | 3 | |
| <i>true comfort insulin syringe 31g x 5/16" 1 ml</i> | 2 | |
| <i>true comfort insulin syringe 31g x 5/16" 1 ml</i> | 3 | |
| <i>true comfort insulin syringe 32g x 5/16" 1 ml</i> | 3 | |
| <i>true comfort pen needles 31g x 5 mm</i> | 2 | |
| <i>true comfort pen needles 31g x 6 mm</i> | 2 | |
| <i>true comfort pen needles 32g x 4 mm</i> | 2 | |
| <i>true comfort pro insulin syr 30g x 1/2" 0.5 ml</i> | 2 | |
| <i>true comfort pro insulin syr 30g x 1/2" 1 ml</i> | 2 | |
| <i>true comfort pro insulin syr 30g x 5/16" 0.5 ml</i> | 2 | |
| <i>true comfort pro insulin syr 30g x 5/16" 1 ml</i> | 2 | |
| <i>true comfort pro insulin syr 31g x 5/16" 0.5 ml</i> | 2 | |
| <i>true comfort pro insulin syr 31g x 5/16" 1 ml</i> | 2 | |
| <i>true comfort pro insulin syr 32g x 5/16" 0.5 ml</i> | 2 | |
| <i>true comfort pro insulin syr 32g x 5/16" 1 ml</i> | 2 | |
| <i>true comfort pro pen needles 31g x 5 mm</i> | 2 | |
| <i>true comfort pro pen needles 31g x 6 mm</i> | 2 | |
| <i>true comfort pro pen needles 31g x 8 mm</i> | 2 | |
| <i>true comfort pro pen needles 32g x 4 mm</i> | 2 | |
| <i>true comfort pro pen needles 32g x 5 mm</i> | 2 | |
| <i>true comfort pro pen needles 32g x 6 mm</i> | 2 | |
| <i>true comfort pro pen needles 33g x 4 mm</i> | 2 | |
| <i>true comfort pro pen needles 33g x 5 mm</i> | 2 | |
| <i>true comfort pro pen needles 33g x 6 mm</i> | 2 | |
| TRUEPLUS 5-BEVEL PEN NEEDLES 29G X 12.7MM | 2 | |
| TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 5 MM | 2 | |
| TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 6 MM | 2 | |
| TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 8 MM | 2 | |
| TRUEPLUS 5-BEVEL PEN NEEDLES 32G X 4 MM | 2 | |
| TRUEPLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML | 2 | |
| TRUEPLUS INSULIN SYRINGE 28G X 1/2" 1 ML | 2 | |

| Drug Name | Tier | Notes |
|--|-------------|--------------|
| TRUEPLUS INSULIN SYRINGE 29G X 1/2" 0.3 ML | 2 | |
| TRUEPLUS INSULIN SYRINGE 29G X 1/2" 0.5 ML | 2 | |
| TRUEPLUS INSULIN SYRINGE 29G X 1/2" 1 ML | 2 | |
| TRUEPLUS INSULIN SYRINGE 30G X 5/16" 0.3 ML | 2 | |
| TRUEPLUS INSULIN SYRINGE 30G X 5/16" 0.5 ML | 2 | |
| TRUEPLUS INSULIN SYRINGE 30G X 5/16" 1 ML | 2 | |
| TRUEPLUS INSULIN SYRINGE 31G X 5/16" 0.3 ML | 2 | |
| TRUEPLUS INSULIN SYRINGE 31G X 5/16" 0.5 ML | 2 | |
| TRUEPLUS INSULIN SYRINGE 31G X 5/16" 1 ML | 2 | |
| TRUEPLUS PEN NEEDLES 29G X 12MM | 2 | |
| TRUEPLUS PEN NEEDLES 31G X 5 MM | 2 | |
| TRUEPLUS PEN NEEDLES 31G X 6 MM | 2 | |
| TRUEPLUS PEN NEEDLES 31G X 8 MM | 2 | |
| TRUEPLUS PEN NEEDLES 32G X 4 MM | 2 | |
| ULTICARE INSULIN SAFETY SYR 29G X 1/2" 0.5 ML | 2 | |
| ULTICARE INSULIN SAFETY SYR 29G X 1/2" 1 ML | 2 | |
| ULTICARE INSULIN SYR 1/2 UNIT 31G X 1/4" 0.3 ML | 2 | |
| ULTICARE INSULIN SYRINGE 28G X 1/2" 0.5 ML | 2 | |
| ULTICARE INSULIN SYRINGE 28G X 1/2" 1 ML | 2 | |
| ULTICARE INSULIN SYRINGE 29G X 1/2" 0.3 ML | 2 | |
| ULTICARE INSULIN SYRINGE 29G X 1/2" 0.5 ML | 2 | |
| ULTICARE INSULIN SYRINGE 29G X 1/2" 1 ML | 2 | |
| ULTICARE INSULIN SYRINGE 30G X 1/2" 0.3 ML | 2 | |
| ULTICARE INSULIN SYRINGE 30G X 1/2" 0.5 ML | 2 | |

| Drug Name | Tier | Notes |
|---|-------------|--------------|
| ULTICARE INSULIN SYRINGE 30G X 1/2" 1 ML | 2 | |
| ULTICARE INSULIN SYRINGE 30G X 5/16" 0.3 ML | 2 | |
| ULTICARE INSULIN SYRINGE 30G X 5/16" 0.5 ML (OTC) | 2 | |
| ULTICARE INSULIN SYRINGE 30G X 5/16" 1 ML | 2 | |
| ULTICARE INSULIN SYRINGE 31G X 1/4" 0.3 ML | 2 | |
| ULTICARE INSULIN SYRINGE 31G X 1/4" 0.5 ML | 2 | |
| ULTICARE INSULIN SYRINGE 31G X 1/4" 1 ML | 2 | |
| ULTICARE INSULIN SYRINGE 31G X 5/16" 0.3 ML (OTC) | 2 | |
| ULTICARE INSULIN SYRINGE 31G X 5/16" 0.5 ML (OTC) | 2 | |
| ULTICARE INSULIN SYRINGE 31G X 5/16" 1 ML | 2 | |
| ULTICARE MICRO PEN NEEDLES 31G X 6 MM | 2 | |
| ULTICARE MICRO PEN NEEDLES 31G X 8 MM | 2 | |
| ULTICARE MICRO PEN NEEDLES 32G X 4 MM | 2 | |
| ULTICARE MINI PEN NEEDLES 30G X 5 MM | 2 | |
| ULTICARE MINI PEN NEEDLES 31G X 6 MM | 2 | |
| ULTICARE MINI PEN NEEDLES 32G X 6 MM | 2 | |
| ULTICARE PEN NEEDLES 29G X 12.7MM (OTC) | 2 | |
| ULTICARE PEN NEEDLES 31G X 5 MM | 2 | |
| ULTICARE SHORT PEN NEEDLES 30G X 8 MM | 2 | |
| ULTICARE SHORT PEN NEEDLES 31G X 8 MM (OTC) | 2 | |
| ULTIGUARD SAFEPACK PEN NEEDLE 29G X 12.7MM | 2 | |
| ULTIGUARD SAFEPACK PEN NEEDLE 31G X 5 MM | 2 | |
| ULTIGUARD SAFEPACK PEN NEEDLE 31G X 6 MM | 2 | |

| Drug Name | Tier | Notes |
|---|-------------|--------------|
| ULTIGUARD SAFEPACK PEN NEEDLE 31G X 8 MM | 2 | |
| ULTIGUARD SAFEPACK PEN NEEDLE 32G X 4 MM | 2 | |
| ULTIGUARD SAFEPACK PEN NEEDLE 32G X 6 MM | 2 | |
| ULTIGUARD SAFEPACK SYR/NEEDLE 30G X 1/2" 0.3 ML | 2 | |
| ULTIGUARD SAFEPACK SYR/NEEDLE 30G X 1/2" 0.5 ML | 2 | |
| ULTIGUARD SAFEPACK SYR/NEEDLE 30G X 1/2" 1 ML | 2 | |
| ULTIGUARD SAFEPACK SYR/NEEDLE 31G X 5/16" 0.3 ML | 2 | |
| ULTIGUARD SAFEPACK SYR/NEEDLE 31G X 5/16" 0.5 ML | 2 | |
| ULTIGUARD SAFEPACK SYR/NEEDLE 31G X 5/16" 1 ML | 2 | |
| ULTILET INSULIN SYRINGE 30G X 1/2" 0.5 ML | 2 | |
| ULTILET INSULIN SYRINGE 30G X 1/2" 1 ML | 2 | |
| ULTILET INSULIN SYRINGE 30G X 5/16" 0.3 ML | 2 | |
| ULTILET INSULIN SYRINGE 30G X 5/16" 0.5 ML | 2 | |
| ULTILET INSULIN SYRINGE 30G X 5/16" 1 ML | 2 | |
| ULTILET INSULIN SYRINGE 31G X 1/4" 0.3 ML | 2 | |
| ULTILET INSULIN SYRINGE 31G X 1/4" 1 ML | 2 | |
| ULTILET INSULIN SYRINGE 31G X 15/64" 0.3 ML (OTC) | 2 | |
| ULTILET INSULIN SYRINGE 31G X 15/64" 0.3 ML (RX) | 2 | |
| ULTILET INSULIN SYRINGE 31G X 15/64" 0.5 ML | 2 | |
| ULTILET INSULIN SYRINGE 31G X 5/16" 0.3 ML | 2 | |
| ULTILET INSULIN SYRINGE 31G X 5/16" 1 ML | 2 | |
| ULTILET INSULIN SYRINGE SHORT 30G X 1/2" 0.3 ML | 2 | |

| Drug Name | Tier | Notes |
|---|-------------|--------------|
| ULTILET INSULIN SYRINGE SHORT 30G X 5/16" 0.3 ML | 2 | |
| ULTILET INSULIN SYRINGE SHORT 30G X 5/16" 0.5 ML | 2 | |
| ULTILET INSULIN SYRINGE SHORT 30G X 5/16" 1 ML | 2 | |
| ULTILET INSULIN SYRINGE SHORT 31G X 5/16" 0.3 ML | 2 | |
| ULTILET INSULIN SYRINGE SHORT 31G X 5/16" 0.5 ML | 2 | |
| ULTILET INSULIN SYRINGE SHORT 31G X 5/16" 1 ML | 2 | |
| ULTILET PEN NEEDLE 29G X 12.7MM | 2 | |
| ULTILET PEN NEEDLE 31G X 5 MM | 2 | |
| ULTILET PEN NEEDLE 31G X 8 MM | 2 | |
| ULTILET PEN NEEDLE 32G X 4 MM | 2 | |
| <i>ultra comfort insulin syringe 30g x 5/16" 0.3 ml</i> | 2 | |
| ULTRA FLO INSULIN PEN NEEDLES 29G X 12MM | 2 | |
| ULTRA FLO INSULIN PEN NEEDLES 31G X 5 MM | 2 | |
| ULTRA FLO INSULIN PEN NEEDLES 31G X 8 MM | 2 | |
| ULTRA FLO INSULIN PEN NEEDLES 32G X 4 MM | 2 | |
| ULTRA FLO INSULIN PEN NEEDLES 33G X 4 MM | 2 | |
| ULTRA FLO INSULIN SYR 1/2 UNIT 30G X 1/2" 0.3 ML | 2 | |
| ULTRA FLO INSULIN SYR 1/2 UNIT 30G X 5/16" 0.3 ML | 2 | |
| ULTRA FLO INSULIN SYR 1/2 UNIT 31G X 5/16" 0.3 ML | 2 | |
| ULTRA FLO INSULIN SYRINGE 29G X 1/2" 0.3 ML | 2 | |
| ULTRA FLO INSULIN SYRINGE 29G X 1/2" 0.5 ML | 2 | |
| ULTRA FLO INSULIN SYRINGE 29G X 1/2" 1 ML | 2 | |
| ULTRA FLO INSULIN SYRINGE 30G X 1/2" 0.3 ML | 2 | |
| ULTRA FLO INSULIN SYRINGE 30G X 1/2" 0.5 ML | 2 | |

| Drug Name | Tier | Notes |
|---|-------------|--------------|
| ULTRA FLO INSULIN SYRINGE 30G X 1/2" 1 ML | 2 | |
| ULTRA FLO INSULIN SYRINGE 30G X 5/16" 0.3 ML | 2 | |
| ULTRA FLO INSULIN SYRINGE 30G X 5/16" 0.5 ML | 2 | |
| ULTRA FLO INSULIN SYRINGE 30G X 5/16" 1 ML | 2 | |
| ULTRA FLO INSULIN SYRINGE 31G X 5/16" 0.3 ML | 2 | |
| ULTRA FLO INSULIN SYRINGE 31G X 5/16" 0.5 ML | 2 | |
| ULTRA FLO INSULIN SYRINGE 31G X 5/16" 1 ML | 2 | |
| ULTRA THIN PEN NEEDLES 32G X 4 MM | 2 | |
| <i>ultracare insulin syringe 30g x 1/2" 0.5 ml</i> | 2 | |
| <i>ultracare insulin syringe 30g x 1/2" 1 ml</i> | 2 | |
| <i>ultracare insulin syringe 30g x 5/16" 0.3 ml</i> | 2 | |
| <i>ultracare insulin syringe 30g x 5/16" 0.5 ml</i> | 2 | |
| <i>ultracare insulin syringe 30g x 5/16" 1 ml</i> | 2 | |
| <i>ultracare insulin syringe 31g x 5/16" 0.3 ml</i> | 2 | |
| <i>ultracare insulin syringe 31g x 5/16" 0.5 ml</i> | 2 | |
| <i>ultracare insulin syringe 31g x 5/16" 1 ml</i> | 2 | |
| <i>ultracare pen needles 31g x 5 mm</i> | 2 | |
| <i>ultracare pen needles 31g x 6 mm</i> | 2 | |
| <i>ultracare pen needles 31g x 8 mm</i> | 2 | |
| <i>ultracare pen needles 32g x 4 mm</i> | 2 | |
| <i>ultracare pen needles 32g x 5 mm</i> | 2 | |
| <i>ultracare pen needles 32g x 6 mm</i> | 2 | |
| <i>ultracare pen needles 33g x 4 mm</i> | 2 | |
| ULTRA-THIN II INS SYR SHORT 31G X 5/16" 1 ML | 2 | |
| UNIFINE PEN NEEDLES 32G X 4 MM | 2 | |
| UNIFINE PENTIPS 29G X 12MM | 2 | |
| UNIFINE PENTIPS 30G X 5 MM | 2 | |
| UNIFINE PENTIPS 31G X 5 MM | 2 | |
| UNIFINE PENTIPS 31G X 6 MM | 2 | |
| UNIFINE PENTIPS 31G X 8 MM | 2 | |
| UNIFINE PENTIPS 32G X 4 MM | 2 | |
| UNIFINE PENTIPS 32G X 6 MM | 2 | |

| Drug Name | Tier | Notes |
|---|-------------|--------------|
| UNIFINE PENTIPS 33G X 4 MM | 2 | |
| UNIFINE PENTIPS PLUS 29G X 12MM | 2 | |
| UNIFINE PENTIPS PLUS 30G X 5 MM | 2 | |
| UNIFINE PENTIPS PLUS 31G X 5 MM | 2 | |
| UNIFINE PENTIPS PLUS 31G X 6 MM | 2 | |
| UNIFINE PENTIPS PLUS 31G X 8 MM | 2 | |
| UNIFINE PENTIPS PLUS 32G X 4 MM | 2 | |
| UNIFINE PENTIPS PLUS 33G X 4 MM | 2 | |
| UNIFINE PROTECT PEN NEEDLE 30G X 5 MM | 3 | |
| UNIFINE PROTECT PEN NEEDLE 30G X 8 MM | 3 | |
| UNIFINE PROTECT PEN NEEDLE 32G X 4 MM | 3 | |
| UNIFINE SAFECONTROL PEN NEEDLE 30G X 5 MM | 2 | |
| UNIFINE SAFECONTROL PEN NEEDLE 30G X 8 MM | 2 | |
| UNIFINE SAFECONTROL PEN NEEDLE 31G X 5 MM | 2 | |
| UNIFINE SAFECONTROL PEN NEEDLE 31G X 6 MM | 2 | |
| UNIFINE SAFECONTROL PEN NEEDLE 31G X 8 MM | 2 | |
| UNIFINE SAFECONTROL PEN NEEDLE 32G X 4 MM | 2 | |
| UNIFINE ULTRA PEN NEEDLE 31G X 5 MM | 2 | |
| UNIFINE ULTRA PEN NEEDLE 31G X 6 MM | 2 | |
| UNIFINE ULTRA PEN NEEDLE 31G X 8 MM | 2 | |
| UNIFINE ULTRA PEN NEEDLE 32G X 4 MM | 2 | |
| <i>value health insulin syringe 29g x 1/2" 0.5 ml</i> | 2 | |
| <i>value health insulin syringe 29g x 1/2" 1 ml</i> | 2 | |
| <i>valumark pen needles 29g x 12mm</i> | 2 | |
| <i>valumark pen needles 31g x 6 mm</i> | 2 | |
| <i>valumark pen needles 31g x 8 mm</i> | 2 | |
| VANISHPOINT INSULIN SYRINGE 29G X 1/2" 1 ML | 2 | |
| VANISHPOINT INSULIN SYRINGE 29G X 5/16" 1 ML | 2 | |
| VANISHPOINT INSULIN SYRINGE 30G X 1/2" 0.5 ML | 2 | |

| Drug Name | Tier | Notes |
|--|-------------|--------------|
| VANISHPOINT INSULIN SYRINGE 30G X 3/16" 0.5 ML | 2 | |
| VANISHPOINT INSULIN SYRINGE 30G X 3/16" 1 ML | 2 | |
| VANISHPOINT INSULIN SYRINGE 30G X 5/16" 0.5 ML | 2 | |
| VANISHPOINT INSULIN SYRINGE 30G X 5/16" 1 ML | 2 | |
| VANISHPOINT SAFETY SYRINGE 21G X 1" 5 ML | 2 | |
| VANISHPOINT SAFETY SYRINGE 22G X 1-1/2" 5 ML | 2 | |
| VERIFINE INSULIN PEN NEEDLE 29G X 12MM | 2 | |
| VERIFINE INSULIN PEN NEEDLE 31G X 5 MM | 2 | |
| VERIFINE INSULIN PEN NEEDLE 31G X 8 MM | 2 | |
| VERIFINE INSULIN PEN NEEDLE 32G X 4 MM | 2 | |
| VERIFINE INSULIN PEN NEEDLE 32G X 6 MM | 2 | |
| VERIFINE INSULIN SYRINGE 29G X 1/2" 0.5 ML | 2 | |
| VERIFINE INSULIN SYRINGE 29G X 1/2" 1 ML | 2 | |
| VERIFINE INSULIN SYRINGE 31G X 5/16" 0.3 ML | 2 | |
| VERIFINE INSULIN SYRINGE 31G X 5/16" 0.5 ML | 2 | |
| VERIFINE INSULIN SYRINGE 31G X 5/16" 1 ML | 2 | |
| VERIFINE PLUS PEN NEEDLE 31G X 5 MM | 2 | |
| VERIFINE PLUS PEN NEEDLE 31G X 8 MM | 2 | |
| VERIFINE PLUS PEN NEEDLE 32G X 4 MM | 2 | |
| VIDA MIA UNIFINE PENTIPS 29G X 12MM | 2 | |
| VIDA MIA UNIFINE PENTIPS 31G X 6 MM | 2 | |
| VIDA MIA UNIFINE PENTIPS 31G X 8 MM | 2 | |
| VIDA MIA UNIFINE PENTIPS 32G X 4 MM | 2 | |
| <i>vp insulin syringe 29g x 1/2" 0.3 ml</i> | 2 | |
| <i>wegmans unifine pentips plus 31g x 5 mm</i> | 2 | |
| <i>wegmans unifine pentips plus 31g x 6 mm</i> | 2 | |

| Drug Name | Tier | Notes |
|---|---------------|------------------------|
| <i>wegmans unifine pentips plus 31g x 8 mm</i> | 2 | |
| <i>wegmans unifine pentips plus 32g x 4 mm</i> | 2 | |
| <i>zevrx insulin syringe 30g x 1/2" 0.5 ml</i> | 2 | |
| <i>zevrx insulin syringe 30g x 1/2" 1 ml</i> | 2 | |
| <i>zevrx insulin syringe 30g x 5/16" 0.5 ml</i> | 2 | |
| <i>zevrx insulin syringe 30g x 5/16" 1 ml</i> | 2 | |
| <i>zevrx pen needles 31g x 5 mm</i> | 2 | |
| <i>zevrx pen needles 31g x 6 mm</i> | 2 | |
| <i>zevrx pen needles 31g x 8 mm</i> | 2 | |
| <i>zevrx pen needles 32g x 4 mm</i> | 2 | |
| *Nerve Stimulators*** | | |
| GAMMACORE DEVICE | Non-Formulary | Non FDA Exclusion |
| GAMMACORE SAPPHIRE 31-DAY DEVICE | Non-Formulary | Non FDA Exclusion |
| GAMMACORE SAPPHIRE D DEVICE | Non-Formulary | Non FDA Exclusion |
| GAMMACORE SAPPHIRE DEVICE | Non-Formulary | Non FDA Exclusion |
| GAMMACORE SAPPHIRE REFILL KIT | Non-Formulary | Non FDA Exclusion |
| NERIVIO DEVICE | Non-Formulary | Non FDA Exclusion |
| PONS MOUTHPIECE | Non-Formulary | Non FDA Exclusion |
| PONS SYSTEM DEVICE | Non-Formulary | Non FDA Exclusion |
| S.T. GENESIS NERVE STIMULATOR DEVICE | Non-Formulary | Non FDA Exclusion |
| *Ocular Implants*** | | |
| SUSVIMO OCULAR IMPLANT IMPLANT INTRAVITREAL | Non-Formulary | Medical Only Exclusion |
| *Peak Flow Meters*** | | |
| STRIVE DUAL ZONE PEAK FLOW MTR DEVICE | Non-Formulary | Formulary Exclusion |
| *Respiratory Therapy Supplies*** | | |
| ACE AEROSOL CLOUD ENHANCER | Non-Formulary | Formulary Exclusion |
| <i>adult mask device</i> | 2 | |
| AEROBIKA DEVICE (RX) | 2 | |
| AEROBIKA OPEP W/MANOMETER KIT | Non-Formulary | Formulary Exclusion |
| AEROECLIPSE EZ TWIST TUBING | Non-Formulary | Formulary Exclusion |
| AEROECLIPSE MASK LARGE | Non-Formulary | Formulary Exclusion |
| AEROECLIPSE MASK MEDIUM | Non-Formulary | Formulary Exclusion |
| AEROECLIPSE MASK SMALL | Non-Formulary | Formulary Exclusion |
| ALL FLOW 1000 PFT FILTER DEVICE | 2 | |
| ALL FLOW 2000 PFT FILTER DEVICE | 2 | |

| Drug Name | Tier | Notes |
|--------------------------------------|---------------|---------------------|
| ALL FLOW 3000 PFT FILTER DEVICE | 2 | |
| ALL FLOW 4000 PFT FILTER DEVICE | 2 | |
| ALL FLOW 5000 PFT FILTER DEVICE | 2 | |
| ALL FLOW 6000 PFT FILTER DEVICE | 2 | |
| ALL FLOW 7000 PFT FILTER DEVICE | 2 | |
| <i>co monitor device</i> | 2 | |
| IN-CHECK DIAL FLOW TRAINER DEVICE | 2 | |
| IN-CHECK INSPIRATORY FLOW MTR DEVICE | 2 | |
| <i>nebulizer mask adult</i> | Non-Formulary | Formulary Exclusion |
| <i>nebulizer mask child</i> | Non-Formulary | Formulary Exclusion |
| OMBRA COMPRESSOR ADULT KIT | Non-Formulary | Formulary Exclusion |
| OMBRA COMPRESSOR CHILD KIT | Non-Formulary | Formulary Exclusion |
| OMBRA TABLE TOP COMPRESSOR DEVICE | 2 | |
| ONE FLOW SPIROMETER DEVICE | 2 | |
| PARI MANUAL INTERRUPTER DEVICE | 2 | |
| PARI TREK S COMBO PACK DEVICE | 2 | |
| QUAKE DEVICE | 2 | |
| REUSABLE COMFORTSEAL MASK-LRG | Non-Formulary | Formulary Exclusion |
| REUSABLE COMFORTSEAL MASK-MED | Non-Formulary | Formulary Exclusion |
| REUSABLE COMFORTSEAL MASK-SML | Non-Formulary | Formulary Exclusion |
| <i>silicone mask/adult</i> | Non-Formulary | Formulary Exclusion |
| <i>silicone mask/infant</i> | Non-Formulary | Formulary Exclusion |
| <i>silicone mask/pediatric</i> | Non-Formulary | Formulary Exclusion |
| <i>spiro pd device</i> | 2 | |
| THRESHOLD PEP DEVICE | 2 | |
| VERSAPAP DEVICE | Non-Formulary | Formulary Exclusion |
| VERSAPAP W/UNIVERSAL TUBING DEVICE | Non-Formulary | Formulary Exclusion |
| *Scar Treatments*** | | |
| <i>cellpad sheet</i> | Non-Formulary | Non FDA Exclusion |
| CICASIL SHEET | Non-Formulary | Non FDA Exclusion |
| <i>coatamax patch sheet</i> | Non-Formulary | Non FDA Exclusion |
| KELOTOP SHEET | Non-Formulary | Non FDA Exclusion |
| NUVA III SHEET | Non-Formulary | Non FDA Exclusion |
| NUVAGEL SHEET | Non-Formulary | Non FDA Exclusion |
| NUVAZIL II SHEET | Non-Formulary | Non FDA Exclusion |
| NUVAZIL SHEET | Non-Formulary | Non FDA Exclusion |
| <i>polytoza patch sheet</i> | Non-Formulary | Non FDA Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|-------------------|
| PROSILK SHEET | Non-Formulary | Non FDA Exclusion |
| <i>realsil-6 sheet</i> | Non-Formulary | Non FDA Exclusion |
| <i>realsil-8 sheet</i> | Non-Formulary | Non FDA Exclusion |
| <i>scarcin pad plus sheet</i> | Non-Formulary | Non FDA Exclusion |
| <i>scarcinpad sheet</i> | Non-Formulary | Non FDA Exclusion |
| <i>scarheal sheet</i> | Non-Formulary | Non FDA Exclusion |
| <i>scarsilk sheet</i> | Non-Formulary | Non FDA Exclusion |
| SILADERM SHEET | Non-Formulary | Non FDA Exclusion |
| <i>siladone scar patch sheet</i> | Non-Formulary | Non FDA Exclusion |
| <i>silinoin 8 day supply sheet</i> | Non-Formulary | Non FDA Exclusion |
| <i>silivex sheet</i> | Non-Formulary | Non FDA Exclusion |
| SILTREX SHEET | Non-Formulary | Non FDA Exclusion |
| <i>skarlite sheet</i> | Non-Formulary | Non FDA Exclusion |
| SZOSIL 15 DAY SUPPLY SHEET | Non-Formulary | Non FDA Exclusion |
| SZOSIL 8 DAY SUPPLY SHEET | Non-Formulary | Non FDA Exclusion |
| <i>*Spacer/Aerosol-Holding Chambers & Supplies***</i> | | |
| AEROCHAMBER HOLDING CHAMBER DEVICE | 2 | |
| AEROCHAMBER MINI CHAMBER DEVICE | 2 | |
| AEROCHAMBER MV | 2 | |
| AEROCHAMBER PLS FLOVU MTHPIECE DEVICE | 2 | |
| AEROCHAMBER PLUS FLO-VU | 2 | |
| AEROCHAMBER PLUS FLO-VU INTERM DEVICE (RX) | 2 | |
| AEROCHAMBER PLUS FLO-VU LARGE | 2 | |
| AEROCHAMBER PLUS FLO-VU LARGE DEVICE | 2 | |
| AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE | 2 | |
| AEROCHAMBER PLUS FLO-VU SMALL | 2 | |
| AEROCHAMBER PLUS FLO-VU SMALL DEVICE | 2 | |
| AEROCHAMBER PLUS FLO-VU W/MASK | 2 | |
| AEROCHAMBER Z-STAT PLUS | 2 | |
| AEROCHAMBER Z-STAT PLUS CHAMBR | 2 | |
| AEROCHAMBER Z-STAT PLUS/LARGE | 2 | |
| AEROCHAMBER Z-STAT PLUS/MEDIUM | 2 | |
| AEROCHAMBER Z-STAT PLUS/SMALL | 2 | |

| Drug Name | Tier | Notes |
|--|-------------|--------------|
| AEROVENT PLUS DEVICE | 2 | |
| <i>breathe comfort chamber/adult device</i> | 2 | |
| <i>breathe comfort chamber/child device</i> | 2 | |
| <i>breathe ease large device</i> | 2 | |
| <i>breathe ease medium device</i> | 2 | |
| <i>breathe ease small device</i> | 2 | |
| BREATHERITE | 2 | |
| BREATHERITE COLL SPACER ADULT | 2 | |
| BREATHERITE COLL SPACER CHILD | 2 | |
| BREATHERITE COLL SPACER INFANT | 2 | |
| BREATHERITE RIGID SPACER/MASK | 2 | |
| BREATHERITE SPACER NEONATE | 2 | |
| BREATHERITE SPACER SMALL CHILD | 2 | |
| BREATHERITE VALVED MDI CHAMBER DEVICE | 2 | |
| BREATHERITE/LARGE MASK | 2 | |
| BREATHERITE/MEDIUM MASK | 2 | |
| BREATHERITE/SMALL MASK | 2 | |
| CLEVER CHOICE HOLDING CHAMBER DEVICE (OTC) | 2 | |
| CLEVER CHOICE HOLDING CHAMBER DEVICE (RX) | 2 | |
| COMPACT SPACE CHAMBER DEVICE | 2 | |
| COMPACT SPACE CHAMBER/LG MASK DEVICE | 2 | |
| COMPACT SPACE CHAMBER/MED MASK DEVICE | 2 | |
| COMPACT SPACE CHAMBER/SM MASK DEVICE | 2 | |
| EASIVENT | 2 | |
| EASIVENT MASK LARGE | 2 | |
| EASIVENT MASK MEDIUM | 2 | |
| EASIVENT MASK SMALL | 2 | |
| <i>eq space chamber anti-static device</i> | 2 | |
| <i>eq space chamber anti-static l device</i> | 2 | |
| <i>eq space chamber anti-static m device</i> | 2 | |
| <i>eq space chamber anti-static s device</i> | 2 | |
| FLEXICHAMBER ADULT MASK/SMALL | 2 | |
| FLEXICHAMBER CHILD MASK/LARGE | 2 | |
| FLEXICHAMBER CHILD MASK/SMALL | 2 | |

| Drug Name | Tier | Notes |
|---|-------------|--------------|
| FLEXICHAMBER DEVICE | 2 | |
| INSPIRACHAMBER/LARGE DEVICE | 2 | |
| INSPIRACHAMBER/MEDIUM DEVICE | 2 | |
| INSPIRACHAMBER/MOUTHPIECE DEVICE | 2 | |
| INSPIRACHAMBER/SMALL DEVICE | 2 | |
| INSPIREASE | 2 | |
| INSPIREASE RESERVOIR BAGS | 2 | |
| LITEAIRE DEVICE | 2 | |
| MASK VORTEX/CHILD/FROG | 2 | |
| MASK VORTEX/TODDLER/LADYBUG | 2 | |
| MICROCHAMBER | 2 | |
| MICROCHAMBER DEVICE | 2 | |
| MICROSPACER | 2 | |
| OPTICHAMBER ADVANTAGE | 2 | |
| OPTICHAMBER ADVANTAGE-LG MASK | 2 | |
| OPTICHAMBER ADVANTAGE-MED MASK | 2 | |
| OPTICHAMBER ADVANTAGE-SM MASK | 2 | |
| OPTICHAMBER DIAMOND | 2 | |
| OPTICHAMBER DIAMOND DEVICE | 2 | |
| OPTICHAMBER DIAMOND-LG MASK DEVICE | 2 | |
| OPTICHAMBER DIAMOND-MD MASK | 2 | |
| OPTICHAMBER DIAMOND-SM MASK | 2 | |
| OPTICHAMBER FACE MASK-LARGE | 2 | |
| OPTICHAMBER FACE MASK-MEDIUM | 2 | |
| OPTICHAMBER FACE MASK-SMALL | 2 | |
| OPTIHALER | 2 | |
| OPTIHALER DEVICE | 2 | |
| PANDA MASK LARGE | 2 | |
| PANDA MASK MEDIUM | 2 | |
| PANDA MASK SMALL | 2 | |
| PEDIATRIC PANDA MASK | 2 | |
| POCKET CHAMBER DEVICE | 2 | |
| POCKET SPACER DEVICE | 2 | |
| <i>pro comfort spacer adult</i> | 2 | |
| <i>pro comfort spacer child</i> | 2 | |
| <i>pro comfort spacer infant device</i> | 2 | |
| <i>procare spacer/adult mask device</i> | 2 | |

| Drug Name | Tier | Notes |
|---|---------------|-----------------------------|
| <i>procare spacer/child mask device</i> | 2 | |
| <i>prochamber vhc device</i> | 2 | |
| <i>pure comfort spacer chamber device</i> | 2 | |
| RITEFLO DEVICE | 2 | |
| VORTEX HOLD CHMBR/MASK/CHILD DEVICE | 2 | |
| VORTEX HOLD CHMBR/MASK/TODDLER DEVICE | 2 | |
| VORTEX VALVED HOLDING CHAMBER DEVICE | 2 | |
| WATCHHALER DEVICE | 2 | |
| <i>*Transcranial Magnetic Stimulators***</i> | | |
| SAVI DUAL DEVICE | Non-Formulary | Formulary Exclusion |
| <i>*Tumor Treating Fields Products (Ttfields)***</i> | | |
| OPTUNE DEVICE | Non-Formulary | Non FDA Exclusion |
| OPTUNE LUA DEVICE | Non-Formulary | Non FDA Exclusion |
| *MIGRAINE PRODUCTS* | | |
| <i>*Calcitonin Gene-Related Peptide Receptor Antag (Cgrp)***</i> | | |
| NURTEC TABLET DISPERSIBLE 75 MG ORAL | 2 | PA; QL |
| QULIPTA TABLET 10 MG ORAL | 2 | PA; QL |
| QULIPTA TABLET 30 MG ORAL | 2 | PA; QL |
| QULIPTA TABLET 60 MG ORAL | 2 | PA; QL |
| UBRELVY TABLET 100 MG ORAL | 2 | PA; QL |
| UBRELVY TABLET 50 MG ORAL | 2 | PA; QL |
| ZAVZPRET SOLUTION 10 MG/ACT NASAL | Non-Formulary | PA; Formulary Exclusion; QL |
| <i>*Cgrp Receptor Antagonists - Monocolonal Antibodies***</i> | | |
| AIMOVIG SOLUTION AUTO-INJECTOR 140 MG/ML SUBCUTANEOUS | 2 | PA; QL |
| AIMOVIG SOLUTION AUTO-INJECTOR 70 MG/ML SUBCUTANEOUS | 2 | PA; QL |
| AJOVY SOLUTION AUTO-INJECTOR 225 MG/1.5ML SUBCUTANEOUS | 2 | PA; QL |
| AJOVY SOLUTION PREFILLED SYRINGE 225 MG/1.5ML SUBCUTANEOUS | 2 | PA; QL |

| Drug Name | Tier | Notes |
|--|---------------|---|
| EMGALITY (300 MG DOSE) SOLUTION PREFILLED SYRINGE 100 MG/ML SUBCUTANEOUS | 2 | PA |
| EMGALITY SOLUTION AUTO-INJECTOR 120 MG/ML SUBCUTANEOUS | 2 | PA |
| EMGALITY SOLUTION PREFILLED SYRINGE 120 MG/ML SUBCUTANEOUS | 2 | PA |
| VYEPTI SOLUTION 100 MG/ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| *Ergot Combinations*** | | |
| CAFERGOT TABLET 1-100 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>ergotamine-caffeine tablet 1-100 mg oral</i> | Non-Formulary | Formulary Exclusion |
| <i>ergotamine-caffeine tablet 1-100 mg oral</i> | Non-Formulary | Mony Code (MONY code issue); Formulary Exclusion |
| MIGERGOT SUPPOSITORY 2-100 MG RECTAL | 3 | PA |
| *Migraine Combinations*** | | |
| MIGRAINE PACK THERAPY PACK 50 MG COMBINATION | Non-Formulary | Non FDA Exclusion |
| MIGRANOW THERAPY PACK 50 & 4-10 MG & % COMBINATION | Non-Formulary | Non FDA Exclusion |
| SUMANSETRON TABLET THERAPY PACK 50 & 4 MG ORAL | Non-Formulary | Non FDA Exclusion |
| *Migraine Products - Cyclooxygenase 2 (Cox-2) Inhibitors*** | | |
| ELYXYB SOLUTION 120 MG/4.8ML ORAL | 3 | |
| *Migraine Products - Nsaids*** | | |
| CAMBIA PACKET 50 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>diclofenac potassium(migraine) packet 50 mg oral</i> | 1 | |
| *Migraine Products*** | | |
| D.H.E. 45 SOLUTION 1 MG/ML INJECTION | Non-Formulary | Formulary Exclusion |
| <i>dihydroergotamine mesylate solution 1 mg/ml injection</i> | 1 | |
| <i>dihydroergotamine mesylate solution 4 mg/ml nasal</i> | 1 | PA |
| ERGOMAR TABLET SUBLINGUAL 2 MG SUBLINGUAL | 3 | PA |
| MIGRANAL SOLUTION 4 MG/ML NASAL | Non-Formulary | PA; Formulary Exclusion |
| TRUDHESA AEROSOL SOLUTION 0.725 MG/ACT NASAL | Non-Formulary | PA; Formulary Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|-------------------------|
| *Selective Serotonin Agonist-Nsaid Combinations*** | | |
| <i>sumatriptan-naproxen sodium tablet 85-500 mg oral</i> | 1 | QL |
| TREXIMET TABLET 85-500 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| *Selective Serotonin Agonists 5-Ht(1)*** | | |
| <i>almotriptan malate tablet 12.5 mg oral</i> | 1 | QL |
| <i>almotriptan malate tablet 6.25 mg oral</i> | 1 | QL |
| AMERGE TABLET 1 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| AMERGE TABLET 2.5 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| <i>eletriptan hydrobromide tablet 20 mg oral</i> | 1 | QL |
| <i>eletriptan hydrobromide tablet 40 mg oral</i> | 1 | QL |
| FROVA TABLET 2.5 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| <i>frovatriptan succinate tablet 2.5 mg oral</i> | 1 | QL |
| IMITREX SOLUTION 20 MG/ACT NASAL | Non-Formulary | Formulary Exclusion; QL |
| IMITREX SOLUTION 5 MG/ACT NASAL | Non-Formulary | Formulary Exclusion; QL |
| IMITREX SOLUTION 6 MG/0.5ML SUBCUTANEOUS | Non-Formulary | Formulary Exclusion; QL |
| IMITREX STATDOSE REFILL SOLUTION CARTRIDGE 4 MG/0.5ML SUBCUTANEOUS | Non-Formulary | Formulary Exclusion; QL |
| IMITREX STATDOSE REFILL SOLUTION CARTRIDGE 6 MG/0.5ML SUBCUTANEOUS | Non-Formulary | Formulary Exclusion; QL |
| IMITREX STATDOSE SYSTEM SOLUTION AUTO-INJECTOR 4 MG/0.5ML SUBCUTANEOUS | Non-Formulary | Formulary Exclusion; QL |
| IMITREX STATDOSE SYSTEM SOLUTION AUTO-INJECTOR 6 MG/0.5ML SUBCUTANEOUS | Non-Formulary | Formulary Exclusion; QL |
| IMITREX TABLET 100 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| IMITREX TABLET 25 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| IMITREX TABLET 50 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| MAXALT TABLET 10 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| MAXALT-MLT TABLET DISPERSIBLE 10 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| <i>naratriptan hcl tablet 1 mg oral</i> | 1 | QL |
| <i>naratriptan hcl tablet 2.5 mg oral</i> | 1 | QL |
| ONZETRA XSAIL EXHALER POWDER 11 MG/NOSEPC NASAL | 3 | QL |
| RELPAZ TABLET 20 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| RELPAZ TABLET 40 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| <i>rizatriptan benzoate tablet 10 mg oral</i> | 1 | QL |

| Drug Name | Tier | Notes |
|---|---------------|------------------------------------|
| <i>rizatriptan benzoate tablet 5 mg oral</i> | 1 | QL |
| <i>rizatriptan benzoate tablet dispersible 10 mg oral</i> | 1 | QL |
| <i>rizatriptan benzoate tablet dispersible 5 mg oral</i> | 1 | QL |
| <i>sumatriptan solution 20 mg/act nasal</i> | 1 | QL |
| <i>sumatriptan solution 5 mg/act nasal</i> | 1 | QL |
| <i>sumatriptan succinate refill solution cartridge 4 mg/0.5ml subcutaneous</i> | 1 | QL |
| <i>sumatriptan succinate refill solution cartridge 4 mg/0.5ml subcutaneous</i> | 1 | Mony Code (MONY code issue); QL |
| <i>sumatriptan succinate refill solution cartridge 6 mg/0.5ml subcutaneous</i> | 1 | QL |
| <i>sumatriptan succinate refill solution cartridge 6 mg/0.5ml subcutaneous</i> | 1 | Mony Code (MONY code issue); QL |
| <i>sumatriptan succinate solution 6 mg/0.5ml subcutaneous</i> | 1 | QL |
| <i>sumatriptan succinate solution auto-injector 4 mg/0.5ml subcutaneous</i> | 1 | QL |
| <i>sumatriptan succinate solution auto-injector 6 mg/0.5ml subcutaneous</i> | 1 | QL |
| <i>sumatriptan succinate solution prefilled syringe 6 mg/0.5ml subcutaneous</i> | 2 | QL |
| <i>sumatriptan succinate tablet 100 mg oral</i> | 1 | QL |
| <i>sumatriptan succinate tablet 25 mg oral</i> | 1 | QL |
| <i>sumatriptan succinate tablet 50 mg oral</i> | 1 | QL |
| TOSYMRA SOLUTION 10 MG/ACT NASAL | 3 | |
| ZEMBRACE SYMTOUCH SOLUTION AUTO-INJECTOR 3 MG/0.5ML SUBCUTANEOUS | 3 | PA; QL |
| <i>zolmitriptan solution 2.5 mg nasal</i> | 3 | QL |
| <i>zolmitriptan solution 5 mg nasal</i> | 1 | QL |
| <i>zolmitriptan tablet 2.5 mg oral</i> | 1 | QL |
| <i>zolmitriptan tablet 5 mg oral</i> | 1 | QL |
| <i>zolmitriptan tablet dispersible 2.5 mg oral</i> | Non-Formulary | Formulary Exclusion; QL |
| <i>zolmitriptan tablet dispersible 5 mg oral</i> | Non-Formulary | Formulary Exclusion; QL |
| ZOMIG SOLUTION 2.5 MG NASAL | 3 | QL |
| ZOMIG SOLUTION 5 MG NASAL | Non-Formulary | Formulary Exclusion; QL |
| ZOMIG TABLET 2.5 MG ORAL | 1 | QL |
| ZOMIG TABLET 2.5 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| ZOMIG TABLET 5 MG ORAL | 1 | QL |
| ZOMIG TABLET 5 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| ZOMIG ZMT TABLET DISPERSIBLE 2.5 MG ORAL | Non-Formulary | Formulary Exclusion; QL |

| Drug Name | Tier | Notes |
|---|---------------|---|
| ZOMIG ZMT TABLET DISPERSIBLE 5 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| *Selective Serotonin Agonists 5-Ht(1F)*** | | |
| REYVOW TABLET 100 MG ORAL | 2 | PA; QL |
| REYVOW TABLET 50 MG ORAL | 2 | PA; QL |
| *MINERALS & ELECTROLYTES* | | |
| *Bicarbonates*** | | |
| <i>sodium acetate solution 2 meq/ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>sodium acetate solution 2 meq/ml intravenous</i> | Non-Formulary | Medical Only Exclusion; Mony Code (MONY Code) |
| <i>sodium acetate solution 4 meq/ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>sodium acetate solution 4 meq/ml intravenous</i> | Non-Formulary | Medical Only Exclusion; Mony Code (MONY Code) |
| <i>sodium bicarbonate solution 4.2 % intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>sodium bicarbonate solution 7.5 % intravenous</i> | Non-Formulary | Medical Only Exclusion; Mony Code (MONY CODE ISSUE) |
| <i>sodium bicarbonate solution 8.4 % intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>sodium bicarbonate solution 8.4 % intravenous</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>sodium bicarbonate-dextrose solution 150-5 meq/l-% intravenous</i> | Non-Formulary | Formulary Exclusion |
| <i>sodium bicarbonate-dextrose solution 150-5 meq/l-% intravenous</i> | Non-Formulary | Non FDA Exclusion |
| THAM SOLUTION 30 MEQ/100ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>tromethamine solution 30 meq/100ml intravenous</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| *Calcium Combinations*** | | |
| CALCIFOL WAFER 1342-1.6 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>calcium gluconate-nacl solution 1-0.675 gm/50ml-% intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>calcium gluconate-nacl solution 1-0.8 gm/100ml-% intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>calcium gluconate-nacl solution 1-0.9 gm/100ml-% intravenous</i> | Non-Formulary | Formulary Exclusion |
| <i>calcium gluconate-nacl solution 2-0.675 gm/100ml-% intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>calcium gluconate-nacl solution 2-0.9 gm/100ml-% intravenous</i> | Non-Formulary | Formulary Exclusion |
| <i>calcium-folic acid plus d wafer 1342-1 mg oral</i> | Non-Formulary | Formulary Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|---|
| LIQUICAL PLUS LIQUID 84-24-0.7-10 MG-MCG/5ML ORAL | Non-Formulary | Non FDA Exclusion |
| *Calcium*** | | |
| <i>calcium chloride solution 10 % intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>calcium gluconate solution 10 % intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>calcium gluconate solution 10 % intravenous</i> | Non-Formulary | Medical Only Exclusion; Mony Code (MONY Code) |
| <i>calcium gluconate solution prefilled syringe 1000 mg/10ml intravenous</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| *Electrolytes & Dextrose*** | | |
| <i>dextrose 5%/electrolyte #48 solution intravenous</i> | 3 | |
| <i>dextrose in lactated ringers solution 5 % intravenous</i> | 1 | |
| <i>dextrose-sodium chloride solution 10-0.2 % intravenous</i> | 3 | |
| <i>dextrose-sodium chloride solution 10-0.45 % intravenous</i> | 2 | |
| <i>dextrose-sodium chloride solution 2.5-0.45 % intravenous</i> | 1 | |
| <i>dextrose-sodium chloride solution 2.5-0.45 % intravenous</i> | 1 | Mony Code (MONY CODE ISSUE) |
| <i>dextrose-sodium chloride solution 5-0.2 % intravenous</i> | 1 | |
| <i>dextrose-sodium chloride solution 5-0.225 % intravenous</i> | 1 | |
| <i>dextrose-sodium chloride solution 5-0.225 % intravenous</i> | 1 | Mony Code (MONY Code) |
| <i>dextrose-sodium chloride solution 5-0.3 % intravenous</i> | 1 | |
| <i>dextrose-sodium chloride solution 5-0.3 % intravenous</i> | 1 | Mony Code (MONY Code) |
| <i>dextrose-sodium chloride solution 5-0.3 % intravenous</i> | 3 | |
| <i>dextrose-sodium chloride solution 5-0.33 % intravenous</i> | 1 | |
| <i>dextrose-sodium chloride solution 5-0.33 % intravenous</i> | 1 | Mony Code (MONY code issue) |
| <i>dextrose-sodium chloride solution 5-0.45 % intravenous</i> | 1 | |
| <i>dextrose-sodium chloride solution 5-0.9 % intravenous</i> | 1 | |
| ELLIOTTS B SOLUTION INTRATHECAL | Non-Formulary | Medical Only Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|--|
| IONOSOL-MB IN D5W SOLUTION INTRAVENOUS | 3 | |
| ISOLYTE-P IN D5W SOLUTION INTRAVENOUS | 3 | |
| <i>kcl in dextrose-nacl solution 10-5-0.45 meq/l-%- % intravenous</i> | 1 | |
| <i>kcl in dextrose-nacl solution 20-5-0.2 meq/l-%- % intravenous</i> | 1 | |
| <i>kcl in dextrose-nacl solution 20-5-0.225 meq/l-%- % intravenous</i> | 1 | |
| <i>kcl in dextrose-nacl solution 20-5-0.225 meq/l-%- % intravenous</i> | 3 | |
| <i>kcl in dextrose-nacl solution 20-5-0.45 meq/l-%- % intravenous</i> | 1 | |
| <i>kcl in dextrose-nacl solution 20-5-0.9 meq/l-%- % intravenous</i> | 1 | |
| <i>kcl in dextrose-nacl solution 30-5-0.45 meq/l-%- % intravenous</i> | 1 | |
| <i>kcl in dextrose-nacl solution 40-5-0.45 meq/l-%- % intravenous</i> | 1 | |
| <i>kcl in dextrose-nacl solution 40-5-0.9 meq/l-%- % intravenous</i> | 1 | |
| <i>kcl in dextrose-nacl solution 40-5-0.9 meq/l-%- % intravenous</i> | 3 | |
| <i>kcl-lactated ringers-d5w solution 20 meq/l intravenous</i> | 3 | |
| NORMOSOL-M IN D5W SOLUTION INTRAVENOUS | 3 | |
| NORMOSOL-R IN D5W SOLUTION INTRAVENOUS | 3 | |
| <i>potassium cl in dextrose 5% solution 10 meq/l intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>potassium cl in dextrose 5% solution 20 meq/l intravenous</i> | Non-Formulary | Medical Only Exclusion |
| *Electrolytes Parenteral*** | | |
| HYPERLYTE-CR CONCENTRATE INTRAVENOUS | Non-Formulary | Medical Only Exclusion; Mony Code (MONY Code) |
| ISOLYTE-S PH 7.4 SOLUTION INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ISOLYTE-S SOLUTION INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>kcl (0.149%) in nacl solution 20-0.45 meq/l-% intravenous</i> | Non-Formulary | Medical Only Exclusion; Mony Code (MONY code issue) |

| Drug Name | Tier | Notes |
|--|---------------|---|
| <i>kcl (0.149%) in nacl solution 20-0.9 meq/l-% intravenous</i> | Non-Formulary | Medical Only Exclusion; Mony Code (MONY code issue) |
| <i>kcl (0.298%) in nacl solution 40-0.9 meq/l-% intravenous</i> | Non-Formulary | Medical Only Exclusion; Mony Code (MONY code issue) |
| <i>kcl (in nacl 0.9%) solution 40 meq/500ml intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>kcl-lidocaine-nacl solution 10-10 meq-mg /100ml intravenous</i> | Non-Formulary | Formulary Exclusion |
| <i>kcl-lidocaine-nacl solution 10-10 meq-mg /100ml intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>lactated ringers solution intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>lactated ringers solution intravenous</i> | Non-Formulary | Medical Only Exclusion; Mony Code (MONY Code) |
| <i>multiple electro type 1 ph 5.5 solution intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>multiple electro type 1 ph 7.4 solution intravenous</i> | Non-Formulary | Medical Only Exclusion |
| NORMOSOL-R PH 7.4 SOLUTION INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| NORMOSOL-R SOLUTION INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| PLASMA-LYTE 148 SOLUTION INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| PLASMA-LYTE A SOLUTION INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>potassium chloride in nacl solution 20 meq/250ml intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>potassium chloride in nacl solution 20-0.45 meq/l-% intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>potassium chloride in nacl solution 20-0.45 meq/l-% intravenous</i> | Non-Formulary | Medical Only Exclusion; Mony Code (MONY Code) |
| <i>potassium chloride in nacl solution 20-0.9 meq/l-% intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>potassium chloride in nacl solution 20-0.9 meq/l-% intravenous</i> | Non-Formulary | Medical Only Exclusion; Mony Code (MONY code issue) |
| <i>potassium chloride in nacl solution 40-0.9 meq/l-% intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>potassium chloride in nacl solution 40-0.9 meq/l-% intravenous</i> | Non-Formulary | Medical Only Exclusion; Mony Code (MONY CODE ISSUE) |
| <i>ringers solution intravenous</i> | Non-Formulary | Medical Only Exclusion |
| TPN ELECTROLYTES CONCENTRATE INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| TPN ELECTROLYTES CONCENTRATE INTRAVENOUS | Non-Formulary | Medical Only Exclusion; Mony Code (MONY Code) |

| Drug Name | Tier | Notes |
|---|---------------|---|
| *Fluoride Combinations*** | | |
| FLORIVA LIQUID 0.25-400 MG-UNIT/ML ORAL | 3 | |
| *Iodine Products*** | | |
| <i>iodine strong solution 5 % oral</i> | Non-Formulary | Formulary Exclusion |
| *Magnesium*** | | |
| <i>magnesium chloride solution 200 mg/ml injection</i> | Non-Formulary | Mony Code (MONY Code); Formulary Exclusion |
| <i>magnesium sulfate in d5w solution 1-5 gm/100ml-% intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>magnesium sulfate solution 2 gm/50ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>magnesium sulfate solution 20 gm/500ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>magnesium sulfate solution 4 gm/100ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>magnesium sulfate solution 4 gm/50ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>magnesium sulfate solution 40 gm/1000ml intravenous</i> | Non-Formulary | Medical Only Exclusion; Mony Code (MONY code issue) |
| <i>magnesium sulfate solution 40 gm/1000ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>magnesium sulfate solution 50 % injection</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>magnesium sulfate solution 50 % injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>magnesium sulfate-nacl solution 2-0.9 gm/50ml-% intravenous</i> | Non-Formulary | Formulary Exclusion |
| *Manganese*** | | |
| <i>manganese chloride solution 0.1 mg/ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| *Phosphate*** | | |
| GLYCOPHOS SOLUTION 1 MMOLE/ML INTRAVENOUS | Non-Formulary | Formulary Exclusion |
| K-PHOS TABLET 500 MG ORAL | Non-Formulary | Formulary Exclusion |
| K-PHOS-NEUTRAL TABLET 155-852-130 MG ORAL | Non-Formulary | Formulary Exclusion |
| PHOSPHA 250 NEUTRAL TABLET 155-852-130 MG ORAL | 1 | |
| <i>phosphorous tablet 155-852-130 mg oral</i> | 1 | |
| PHOSPHO-TRIN 250 NEUTRAL TABLET 155-852-130 MG ORAL | 1 | |

| Drug Name | Tier | Notes |
|--|---------------|---|
| PHOSPHO-TRIN K500 TABLET 500 MG ORAL | 1 | |
| <i>potassium phosphates solution 15 mmole/5ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>potassium phosphates solution 15 mmole/5ml intravenous</i> | Non-Formulary | Medical Only Exclusion; Mony Code (MONY code issue) |
| <i>potassium phosphates solution 150 mmole/50ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>potassium phosphates solution 150 mmole/50ml intravenous</i> | Non-Formulary | Medical Only Exclusion; Mony Code (MONY code issue) |
| <i>potassium phosphates solution 45 mmole/15ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>potassium phosphates(66 meq k) solution 45 mmole/15ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>potassium phosphates(66 meq k) solution 45 mmole/15ml intravenous</i> | Non-Formulary | Medical Only Exclusion; Mony Code (MONY code issue) |
| <i>potassium phosphates(71 meq k) solution 45 mmole/15ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>potassium phosphates-nacl solution 15 mmol/250ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>potassium phosphates-nacl solution 15 mmol/250ml intravenous</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>sodium phosphates solution 15 mmole/5ml intravenous</i> | 1 | |
| <i>sodium phosphates solution 15 mmole/5ml intravenous</i> | Non-Formulary | Formulary Exclusion |
| <i>sodium phosphates solution 150 mmole/50ml intravenous</i> | 1 | |
| <i>sodium phosphates solution 45 mmole/15ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>virt-phos 250 neutral tablet 155-852-130 mg oral</i> | 1 | |
| <i>wes-phos 250 neutral tablet 155-852-130 mg oral</i> | 1 | |
| *Potassium Combinations*** | | |
| EFFER-K TABLET EFFERVESCENT 10 MEQ ORAL | Non-Formulary | Formulary Exclusion |
| EFFER-K TABLET EFFERVESCENT 20 MEQ ORAL | Non-Formulary | Non FDA Exclusion |
| EFFER-K TABLET EFFERVESCENT 20 MEQ ORAL | Non-Formulary | Formulary Exclusion |
| *Potassium*** | | |
| EFFER-K TABLET EFFERVESCENT 25 MEQ ORAL | Non-Formulary | Formulary Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|---|
| KLOR-CON 10 TABLET EXTENDED RELEASE 10 MEQ ORAL | 1 | |
| KLOR-CON M10 TABLET EXTENDED RELEASE 10 MEQ ORAL | 1 | |
| KLOR-CON M15 TABLET EXTENDED RELEASE 15 MEQ ORAL | 1 | |
| KLOR-CON M20 TABLET EXTENDED RELEASE 20 MEQ ORAL | 1 | |
| KLOR-CON PACKET 20 MEQ ORAL | 1 | |
| KLOR-CON TABLET EXTENDED RELEASE 8 MEQ ORAL | 1 | |
| KLOR-CON/EF TABLET EFFERVESCENT 25 MEQ ORAL | Non-Formulary | Formulary Exclusion |
| K-PRIME TABLET EFFERVESCENT 25 MEQ ORAL | Non-Formulary | Formulary Exclusion |
| K-TAB TABLET EXTENDED RELEASE 10 MEQ ORAL | Non-Formulary | Formulary Exclusion |
| K-TAB TABLET EXTENDED RELEASE 20 MEQ ORAL | Non-Formulary | Formulary Exclusion |
| K-TAB TABLET EXTENDED RELEASE 8 MEQ ORAL | 3 | |
| POKONZA PACKET 10 MEQ ORAL | 3 | |
| <i>potassium acetate solution 2 meq/ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>potassium acetate solution 2 meq/ml intravenous</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>potassium chloride crys er tablet extended release 10 meq oral</i> | 1 | |
| <i>potassium chloride crys er tablet extended release 15 meq oral</i> | 1 | |
| <i>potassium chloride crys er tablet extended release 20 meq oral</i> | 1 | |
| <i>potassium chloride er capsule extended release 10 meq oral</i> | 1 | |
| <i>potassium chloride er capsule extended release 8 meq oral</i> | 1 | |
| <i>potassium chloride er tablet extended release 10 meq oral</i> | 1 | |
| <i>potassium chloride er tablet extended release 15 meq oral</i> | 3 | |
| <i>potassium chloride er tablet extended release 20 meq oral</i> | 1 | |
| <i>potassium chloride er tablet extended release 20 meq oral</i> | 1 | Mony Code (MONY Code) |

| Drug Name | Tier | Notes |
|---|---------------|---|
| <i>potassium chloride er tablet extended release 8 meq oral</i> | 1 | |
| <i>potassium chloride er tablet extended release 8 meq oral</i> | 1 | Mony Code (MONY Code) |
| <i>potassium chloride packet 20 meq oral</i> | 1 | |
| <i>potassium chloride solution 10 % oral</i> | 1 | |
| <i>potassium chloride solution 10 meq/100ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>potassium chloride solution 10 meq/100ml intravenous</i> | Non-Formulary | Medical Only Exclusion; Mony Code (MONY Code) |
| <i>potassium chloride solution 10 meq/50ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>potassium chloride solution 2 meq/ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>potassium chloride solution 20 meq/100ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>potassium chloride solution 20 meq/100ml intravenous</i> | Non-Formulary | Medical Only Exclusion; Mony Code (MONY Code) |
| <i>potassium chloride solution 20 meq/15ml (10%) oral</i> | 1 | |
| <i>potassium chloride solution 20 meq/50ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>potassium chloride solution 20 meq/50ml intravenous</i> | Non-Formulary | Medical Only Exclusion; Mony Code (MONY Code) |
| <i>potassium chloride solution 40 meq/100ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>potassium chloride solution 40 meq/100ml intravenous</i> | Non-Formulary | Medical Only Exclusion; Mony Code (MONY Code) |
| <i>potassium chloride solution 40 meq/15ml (20%) oral</i> | 1 | |
| <i>potassium chloride solution 40 meq/15ml (20%) oral</i> | 1 | Mony Code (MONY Code) |
| <i>potassium chloride solution prefilled syringe 100 meq/50ml intravenous</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| *Sodium*** | | |
| AQUASTAT SFR SOLUTION 0.9 % INTRAVENOUS | Non-Formulary | Formulary Exclusion |
| AQUASTAT SOLUTION 0.9 % INTRAVENOUS | Non-Formulary | Formulary Exclusion |
| BD POSIFLUSH SAFESCRUB SOLUTION 0.9 % INTRAVENOUS | Non-Formulary | Formulary Exclusion |
| BD POSIFLUSH SOLUTION 0.9 % INTRAVENOUS | Non-Formulary | Formulary Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|-----------------------------|
| MONOJECT FLUSH SYRINGE SOLUTION 0.9 % INTRAVENOUS | Non-Formulary | Formulary Exclusion |
| MONOJECT SODIUM CHLORIDE FLUSH SOLUTION 0.9 % INTRAVENOUS | Non-Formulary | Formulary Exclusion |
| <i>normal saline flush solution 0.9 % intravenous</i> | Non-Formulary | Formulary Exclusion |
| <i>saline flush solution 0.9 % intravenous</i> | Non-Formulary | Formulary Exclusion |
| <i>sodium chloride (pf) solution 0.9 % injection</i> | 1 | |
| <i>sodium chloride flush solution 0.9 % intravenous</i> | Non-Formulary | Formulary Exclusion |
| <i>sodium chloride flush solution 0.9 % intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>sodium chloride solution 0.45 % intravenous</i> | 1 | |
| <i>sodium chloride solution 0.9 % intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>sodium chloride solution 0.9 % intravenous</i> | 1 | |
| <i>sodium chloride solution 0.9 % intravenous</i> | 1 | Mony Code (MONY code issue) |
| <i>sodium chloride solution 2.5 meq/ml injection</i> | 1 | |
| <i>sodium chloride solution 3 % intravenous</i> | 1 | |
| <i>sodium chloride solution 4 meq/ml intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>sodium chloride solution 4 meq/ml intravenous</i> | 1 | |
| <i>sodium chloride solution 5 % intravenous</i> | 1 | |
| <i>*Trace Mineral Combinations***</i> | | |
| MULTITRACE-4 NEONATAL SOLUTION 100-25-1500 MCG/ML INTRAVENOUS | Non-Formulary | Formulary Exclusion |
| MULTITRACE-4 PEDIATRIC SOLUTION 1-100-25-1000 MCG/ML INTRAVENOUS | Non-Formulary | Formulary Exclusion |
| MULTRYS SOLUTION 60-3-6-1000 MCG/ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| THE LIQUILIFT TRACE KIT 10-1000-500-60 MCG/ML INTRAVENOUS | Non-Formulary | Non FDA Exclusion |
| TRACE ELEMENTS 4/PEDIATRIC SOLUTION 1-100-30-500 MCG/ML INTRAVENOUS | Non-Formulary | Formulary Exclusion |
| TRALEMENT SOLUTION 300-55-60-3000 MCG/ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>*Trace Minerals***</i> | | |
| <i>chromic chloride solution 40 mcg/10ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>cupric chloride solution 0.4 mg/ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>selenious acid solution 12 mcg/2ml intravenous</i> | Non-Formulary | Formulary Exclusion |
| <i>selenious acid solution 40 mcg/ml intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>selenious acid solution 60 mcg/ml intravenous</i> | Non-Formulary | Medical Only Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|---|
| *Zinc*** | | |
| GALZIN CAPSULE 25 MG ORAL | 3 | |
| GALZIN CAPSULE 50 MG ORAL | 3 | |
| WILZIN CAPSULE 25 MG ORAL | Non-Formulary | Non FDA Exclusion |
| <i>zinc chloride solution 1 mg/ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>zinc sulfate solution 1 mg/ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>zinc sulfate solution 3 mg/ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>zinc sulfate solution 5 mg/ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| *MISCELLANEOUS THERAPEUTIC CLASSES* | | |
| <i>*Allogeneic Thymus Tissue***</i> | | |
| RETHYMIC IMPLANT INTRAMUSCULAR | Non-Formulary | Medical Only Exclusion |
| <i>*Antileptics***</i> | | |
| THALOMID CAPSULE 100 MG ORAL | Tier 4 | PA; Specialty |
| THALOMID CAPSULE 150 MG ORAL | Tier 4 | PA; Specialty |
| THALOMID CAPSULE 200 MG ORAL | Tier 4 | PA; Specialty |
| THALOMID CAPSULE 50 MG ORAL | Tier 4 | PA; Specialty |
| <i>*Chelating Agents***</i> | | |
| CLOVIQUE CAPSULE 250 MG ORAL | Tier 4 | PA; Specialty |
| CUPRIMINE CAPSULE 250 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion |
| CUVRIOR TABLET 300 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion |
| DEPEN TITRATABS TABLET 250 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion |
| <i>edetate disodium solution 150 mg/ml intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>penicillamine capsule 250 mg oral</i> | Non-Formulary | PA; Specialty; Formulary Exclusion |
| <i>penicillamine tablet 250 mg oral</i> | Tier 4 | PA; Specialty |
| SYPRINE CAPSULE 250 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion |
| <i>trientine hcl capsule 250 mg oral</i> | Tier 4 | PA; Specialty |
| <i>*Continuous Renal Replacement Therapy (Crrt) Solutions***</i> | | |
| <i>phoxillum b22k4/0 solution 22-4-1 meq-mmol/l extracorporeal</i> | 3 | |
| PRISMASOL BGK 4/0/1.2 SOLUTION 32-4-1.2 MEQ/L EXTRACORPOREAL | Non-Formulary | Medical Only Exclusion |
| REGIOCIT SOLUTION 0.529 % EXTRACORPOREAL | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|------------------------|
| <i>trisodium citrate/crrt solution extracorporeal</i> | Non-Formulary | Non FDA Exclusion |
| <i>*Cyclosporine Analogs***</i> | | |
| <i>cyclosporine capsule 100 mg oral</i> | 1 | |
| <i>cyclosporine capsule 25 mg oral</i> | 1 | |
| <i>cyclosporine modified capsule 100 mg oral</i> | 1 | |
| <i>cyclosporine modified capsule 25 mg oral</i> | 1 | |
| <i>cyclosporine modified capsule 50 mg oral</i> | 1 | |
| <i>cyclosporine modified capsule 50 mg oral</i> | 1 | Mony Code (MONY Code) |
| <i>cyclosporine modified solution 100 mg/ml oral</i> | 1 | |
| <i>cyclosporine solution 50 mg/ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| GENGRAF CAPSULE 100 MG ORAL | 1 | |
| GENGRAF CAPSULE 25 MG ORAL | 1 | |
| GENGRAF SOLUTION 100 MG/ML ORAL | 1 | |
| NEORAL CAPSULE 100 MG ORAL | 3 | |
| NEORAL CAPSULE 25 MG ORAL | 3 | |
| NEORAL SOLUTION 100 MG/ML ORAL | 3 | |
| SANDIMMUNE CAPSULE 100 MG ORAL | 3 | |
| SANDIMMUNE CAPSULE 25 MG ORAL | 3 | |
| SANDIMMUNE SOLUTION 100 MG/ML ORAL | 3 | |
| SANDIMMUNE SOLUTION 50 MG/ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>*Digital Therapy Application - Behavior & Mental Health***</i> | | |
| ENDEAVORRX | Non-Formulary | Non FDA Exclusion |
| MODIA | Non-Formulary | Non FDA Exclusion |
| REJOYN | Non-Formulary | Non FDA Exclusion |
| RESET | Non-Formulary | Non FDA Exclusion |
| RESET FOR IOS OR ANDROID APP | Non-Formulary | Non FDA Exclusion |
| RESET NON-MONETARY CM | Non-Formulary | Non FDA Exclusion |
| RESET-O | Non-Formulary | Non FDA Exclusion |
| RESET-O FOR IOS OR ANDROID APP | Non-Formulary | Non FDA Exclusion |
| RESET-O NON-MONETARY CM | Non-Formulary | Non FDA Exclusion |
| SOMRYST | Non-Formulary | Non FDA Exclusion |
| VORVIDA | Non-Formulary | Non FDA Exclusion |
| <i>*Digital Therapy Application - Gastrointestinal***</i> | | |
| MAHANA IBS | Non-Formulary | Non FDA Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|------------------------|
| *Digital Therapy Application - Genitourinary*** | | |
| LEVA PELVIC HEALTH SYSTEM KIT | Non-Formulary | Non FDA Exclusion |
| *Digital Therapy Application - Musculoskeletal*** | | |
| RELIEVRX KIT | Non-Formulary | Non FDA Exclusion |
| *Digital Therapy Application - Type 2 Diabetes*** | | |
| ASPYRERX | Non-Formulary | Non FDA Exclusion |
| *Digital Therapy Application - Visual*** | | |
| LUMINOPIA | Non-Formulary | Non FDA Exclusion |
| *Enzymes*** | | |
| AMPHADASE SOLUTION 150 UNIT/ML INJECTION | Non-Formulary | Medical Only Exclusion |
| HYLENEX SOLUTION 150 UNIT/ML INJECTION | Non-Formulary | Medical Only Exclusion |
| VITRASE SOLUTION 200 UNIT/ML INJECTION | Non-Formulary | Medical Only Exclusion |
| *Farnesyltransferase Inhibitors*** | | |
| ZOKINVY CAPSULE 50 MG ORAL | Tier 4 | PA; Specialty |
| ZOKINVY CAPSULE 75 MG ORAL | Tier 4 | PA; Specialty |
| *Fecal Incontinence Bulking Agent - Combinations*** | | |
| SOLESTA GEL 50-15 MG/ML INJECTION | Non-Formulary | Medical Only Exclusion |
| *Homeopathic Products*** | | |
| ACUNOL TABLET ORAL | Non-Formulary | Non FDA Exclusion |
| <i>bhi uri-control tablet oral</i> | Non-Formulary | Non FDA Exclusion |
| COLCIGEL GEL EXTERNAL | Non-Formulary | Non FDA Exclusion |
| ECZEMOL TABLET ORAL | Non-Formulary | Non FDA Exclusion |
| HYLAFEM SUPPOSITORY VAGINAL | Non-Formulary | Non FDA Exclusion |
| <i>morcin cream external</i> | Non-Formulary | Non FDA Exclusion |
| PSORIZIDE FORTE TABLET 30-1-15 MG ORAL | Non-Formulary | Non FDA Exclusion |
| PSORIZIDE ULTRA TABLET ORAL | Non-Formulary | Non FDA Exclusion |
| SPEEDGEL RX GEL EXTERNAL | Non-Formulary | Non FDA Exclusion |
| <i>streptococcinum 30c pellet sublingual</i> | Non-Formulary | Non FDA Exclusion |
| TRANZGEL GEL EXTERNAL | Non-Formulary | Non FDA Exclusion |
| TRAUMEEL OINTMENT EXTERNAL (RX) | Non-Formulary | Non FDA Exclusion |
| TRAUMEEL TABLET ORAL (RX) | Non-Formulary | Non FDA Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|------------------------|
| WELLMIND VERTIGO TABLET ORAL (RX) | Non-Formulary | Non FDA Exclusion |
| *Immune Globulin Immunosuppressants*** | | |
| ATGAM SOLUTION 50 MG/ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| THYMOGLOBULIN SOLUTION RECONSTITUTED 25 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| *Immunomodulators - Combinations*** | | |
| VYVGART HYTRULO SOLUTION 180-2000 MG-UNIT/ML SUBCUTANEOUS | Non-Formulary | Medical Only Exclusion |
| *Immunomodulators For Myelodysplastic Syndromes*** | | |
| <i>lenalidomide capsule 10 mg oral</i> | Tier 4 | PA; Specialty |
| <i>lenalidomide capsule 15 mg oral</i> | Tier 4 | PA; Specialty |
| <i>lenalidomide capsule 2.5 mg oral</i> | Tier 4 | PA; Specialty |
| <i>lenalidomide capsule 20 mg oral</i> | Tier 4 | PA; Specialty |
| <i>lenalidomide capsule 25 mg oral</i> | Tier 4 | PA; Specialty |
| <i>lenalidomide capsule 5 mg oral</i> | Tier 4 | PA; Specialty |
| REVLIMID CAPSULE 10 MG ORAL | Tier 4 | PA; Specialty |
| REVLIMID CAPSULE 15 MG ORAL | Tier 4 | PA; Specialty |
| REVLIMID CAPSULE 2.5 MG ORAL | Tier 4 | PA; Specialty |
| REVLIMID CAPSULE 20 MG ORAL | Tier 4 | PA; Specialty |
| REVLIMID CAPSULE 25 MG ORAL | Tier 4 | PA; Specialty |
| REVLIMID CAPSULE 5 MG ORAL | Tier 4 | PA; Specialty |
| *Inosine Monophosphate Dehydrogenase Inhibitors*** | | |
| CELLCEPT CAPSULE 250 MG ORAL | 3 | |
| CELLCEPT INTRAVENOUS SOLUTION RECONSTITUTED 500 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| CELLCEPT SUSPENSION RECONSTITUTED 200 MG/ML ORAL | 3 | |
| CELLCEPT TABLET 500 MG ORAL | 3 | |
| <i>mycophenolate mofetil capsule 250 mg oral</i> | 1 | |
| <i>mycophenolate mofetil hcl solution reconstituted 500 mg intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>mycophenolate mofetil solution reconstituted 500 mg intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>mycophenolate mofetil suspension reconstituted 200 mg/ml oral</i> | 1 | |
| <i>mycophenolate mofetil tablet 500 mg oral</i> | 1 | |

| Drug Name | Tier | Notes |
|--|---------------|------------------------|
| <i>mycophenolate sodium tablet delayed release 180 mg oral</i> | 1 | |
| <i>mycophenolate sodium tablet delayed release 360 mg oral</i> | 1 | |
| <i>mycophenolic acid tablet delayed release 180 mg oral</i> | 1 | |
| <i>mycophenolic acid tablet delayed release 360 mg oral</i> | 1 | |
| MYFORTIC TABLET DELAYED RELEASE 180 MG ORAL | 3 | |
| MYFORTIC TABLET DELAYED RELEASE 360 MG ORAL | 3 | |
| MYHIBBIN SUSPENSION 200 MG/ML ORAL | 3 | PA; QL |
| <i>*Interleukin-6 (Il-6) Antagonists***</i> | | |
| SYLVANT SOLUTION RECONSTITUTED 100 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| SYLVANT SOLUTION RECONSTITUTED 400 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>*Irrigation Solutions***</i> | | |
| PHYSIOLYTE SOLUTION IRRIGATION | Non-Formulary | Medical Only Exclusion |
| PHYSIOSOL IRRIGATION SOLUTION IRRIGATION | Non-Formulary | Medical Only Exclusion |
| <i>sterile water for irrigation solution irrigation</i> | Non-Formulary | Formulary Exclusion |
| <i>*Macrolide Immunosuppressants***</i> | | |
| ASTAGRAF XL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG ORAL | 3 | |
| ASTAGRAF XL CAPSULE EXTENDED RELEASE 24 HOUR 1 MG ORAL | 3 | |
| ASTAGRAF XL CAPSULE EXTENDED RELEASE 24 HOUR 5 MG ORAL | 3 | |
| ENVARUS XR TABLET EXTENDED RELEASE 24 HOUR 0.75 MG ORAL | 3 | |
| ENVARUS XR TABLET EXTENDED RELEASE 24 HOUR 1 MG ORAL | 3 | |
| ENVARUS XR TABLET EXTENDED RELEASE 24 HOUR 4 MG ORAL | 3 | |
| <i>everolimus tablet 0.25 mg oral</i> | 1 | |
| <i>everolimus tablet 0.5 mg oral</i> | 1 | |
| <i>everolimus tablet 0.75 mg oral</i> | 1 | |
| <i>everolimus tablet 1 mg oral</i> | 1 | |
| PROGRAF CAPSULE 0.5 MG ORAL | 3 | |
| PROGRAF CAPSULE 1 MG ORAL | 3 | |

| Drug Name | Tier | Notes |
|--|---------------|------------------------|
| PROGRAF CAPSULE 5 MG ORAL | 3 | |
| PROGRAF PACKET 0.2 MG ORAL | 3 | |
| PROGRAF PACKET 1 MG ORAL | 3 | |
| PROGRAF SOLUTION 5 MG/ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| RAPAMUNE SOLUTION 1 MG/ML ORAL | 3 | |
| RAPAMUNE TABLET 0.5 MG ORAL | 3 | |
| RAPAMUNE TABLET 1 MG ORAL | 3 | |
| RAPAMUNE TABLET 2 MG ORAL | 3 | |
| <i>sirolimus solution 1 mg/ml oral</i> | 1 | |
| <i>sirolimus tablet 0.5 mg oral</i> | 1 | |
| <i>sirolimus tablet 1 mg oral</i> | 1 | |
| <i>sirolimus tablet 2 mg oral</i> | 1 | |
| <i>tacrolimus capsule 0.5 mg oral</i> | 1 | |
| <i>tacrolimus capsule 1 mg oral</i> | 1 | |
| <i>tacrolimus capsule 5 mg oral</i> | 1 | |
| ZORTRESS TABLET 0.25 MG ORAL | 3 | |
| ZORTRESS TABLET 0.5 MG ORAL | 3 | |
| ZORTRESS TABLET 0.75 MG ORAL | 3 | |
| ZORTRESS TABLET 1 MG ORAL | 3 | |
| *Misc Natural Products*** | | |
| <i>azalgia capsule oral</i> | Non-Formulary | Non FDA Exclusion |
| BRUSELIX TABLET ORAL | Non-Formulary | Non FDA Exclusion |
| <i>ultra hers rx capsule oral</i> | Non-Formulary | Non FDA Exclusion |
| <i>ultra his capsule oral</i> | Non-Formulary | Non FDA Exclusion |
| <i>ultra pcos capsule oral</i> | Non-Formulary | Non FDA Exclusion |
| <i>xyzmune capsule oral</i> | Non-Formulary | Non FDA Exclusion |
| *Miscellaneous Therapeutic Classes*** | | |
| NEXAVIR SOLUTION 25.5 MG/ML INJECTION | Non-Formulary | Medical Only Exclusion |
| <i>phenol solution 6 % injection</i> | Non-Formulary | Non FDA Exclusion |
| *Monoclonal Antibodies*** | | |
| GAMIFANT SOLUTION 10 MG/2ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| GAMIFANT SOLUTION 100 MG/20ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| GAMIFANT SOLUTION 50 MG/10ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|---|
| SIMULECT SOLUTION RECONSTITUTED 10 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| SIMULECT SOLUTION RECONSTITUTED 20 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| UPLIZNA SOLUTION 100 MG/10ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| *Neonatal Fc Receptor (FcRn) Antagonists*** | | |
| RYSTIGGO SOLUTION 280 MG/2ML SUBCUTANEOUS | Non-Formulary | Medical Only Exclusion |
| RYSTIGGO SOLUTION 420 MG/3ML SUBCUTANEOUS | Non-Formulary | Medical Only Exclusion |
| RYSTIGGO SOLUTION 560 MG/4ML SUBCUTANEOUS | Non-Formulary | Medical Only Exclusion |
| RYSTIGGO SOLUTION 840 MG/6ML SUBCUTANEOUS | Non-Formulary | Medical Only Exclusion |
| VYVGART SOLUTION 400 MG/20ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| *Patient Assessment Services - No Drug Dispensed*** | | |
| <i>eva patient assessment</i> | 3 | |
| *Peritoneal Dialysis Solutions*** | | |
| DELFLX-LC/1.5% DEXTROSE SOLUTION 344 MOSM/L INTRAPERITONEAL | Non-Formulary | Medical Only Exclusion; Mony Code (MONY code issue) |
| DELFLX-LC/2.5% DEXTROSE SOLUTION 394 MOSM/L INTRAPERITONEAL | Non-Formulary | Medical Only Exclusion |
| DELFLX-LC/4.25% DEXTROSE SOLUTION 483 MOSM/L INTRAPERITONEAL | Non-Formulary | Medical Only Exclusion |
| DELFLX-SM/1.5% DEXTROSE SOLUTION 347 MOSM/L INTRAPERITONEAL | Non-Formulary | Medical Only Exclusion |
| DELFLX-SM/2.5% DEXTROSE SOLUTION 398 MOSM/L INTRAPERITONEAL | Non-Formulary | Medical Only Exclusion |
| DIANEAL LOW CALCIUM/1.5% DEX SOLUTION 344 MOSM/L INTRAPERITONEAL | Non-Formulary | Medical Only Exclusion |
| DIANEAL LOW CALCIUM/2.5% DEX SOLUTION 395 MOSM/L INTRAPERITONEAL | Non-Formulary | Medical Only Exclusion |
| DIANEAL LOW CALCIUM/4.25% DEX SOLUTION 483 MOSM/L INTRAPERITONEAL | Non-Formulary | Medical Only Exclusion |
| DIANEAL PD-2/1.5% DEXTROSE SOLUTION 346 MOSM/L INTRAPERITONEAL | Non-Formulary | Medical Only Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|-------------------------|
| DIANEAL PD-2/2.5% DEXTROSE SOLUTION 396 MOSM/L INTRAPERITONEAL | Non-Formulary | Medical Only Exclusion |
| DIANEAL PD-2/4.25% DEXTROSE SOLUTION 485 MOSM/L INTRAPERITONEAL | Non-Formulary | Medical Only Exclusion |
| EXTRANEAL SOLUTION 7.5 % INTRAPERITONEAL | Non-Formulary | Medical Only Exclusion |
| ULTRABAG/DIANEAL PD-2/1.5% DEX SOLUTION 346 MOSM/L INTRAPERITONEAL | Non-Formulary | Medical Only Exclusion |
| ULTRABAG/DIANEAL PD-2/2.5% DEX SOLUTION 396 MOSM/L INTRAPERITONEAL | Non-Formulary | Medical Only Exclusion |
| ULTRABAG/DIANEAL PD-2/4.25%DEX SOLUTION 485 MOSM/L INTRAPERITONEAL | Non-Formulary | Medical Only Exclusion |
| ULTRABAG/DIANEAL/2.5% DEXTROSE SOLUTION 395 MOSM/L INTRAPERITONEAL | Non-Formulary | Medical Only Exclusion |
| ULTRABAG/DIANEAL/4.25% DEX SOLUTION 483 MOSM/L INTRAPERITONEAL | Non-Formulary | Medical Only Exclusion |
| <i>*Pik3ca-Related Overgrowth Spectrum Agents - Pi3k Inhib***</i> | | |
| VIJOICE PACKET 50 MG ORAL | Tier 4 | PA; Specialty |
| VIJOICE TABLET THERAPY PACK 125 MG ORAL | Tier 4 | PA; Specialty |
| VIJOICE TABLET THERAPY PACK 200 & 50 MG ORAL | Tier 4 | PA; Specialty |
| VIJOICE TABLET THERAPY PACK 50 MG ORAL | Tier 4 | PA; Specialty |
| <i>*Potassium Removing Agents***</i> | | |
| KIONEX SUSPENSION 15 GM/60ML COMBINATION | 1 | |
| LOKELMA PACKET 10 GM ORAL | 2 | |
| LOKELMA PACKET 5 GM ORAL | 2 | |
| <i>sodium polystyrene sulfonate powder oral</i> | 1 | |
| SPS (SODIUM POLYSTYRENE SULF) SUSPENSION 15 GM/60ML COMBINATION | 1 | Mony Code (MONY Code) |
| SPS (SODIUM POLYSTYRENE SULF) SUSPENSION 30 GM/120ML RECTAL | 1 | Mony Code (MONY Code) |
| VELTASSA PACKET 1 GM ORAL | Non-Formulary | New to Market Exclusion |
| VELTASSA PACKET 16.8 GM ORAL | 2 | |

| Drug Name | Tier | Notes |
|--|---------------|------------------------------------|
| VELTASSA PACKET 25.2 GM ORAL | 2 | |
| VELTASSA PACKET 8.4 GM ORAL | 2 | |
| <i>*Prostaglandins***</i> | | |
| <i>alprostadil solution 500 mcg/ml injection</i> | 1 | |
| PROSTIN VR SOLUTION 500 MCG/ML INJECTION | 3 | |
| <i>*Purine Analogs***</i> | | |
| AZASAN TABLET 100 MG ORAL | 1 | |
| AZASAN TABLET 75 MG ORAL | 1 | |
| <i>azathioprine sodium solution reconstituted 100 mg injection</i> | Non-Formulary | Formulary Exclusion |
| <i>azathioprine tablet 100 mg oral</i> | 1 | |
| <i>azathioprine tablet 50 mg oral</i> | 1 | |
| <i>azathioprine tablet 75 mg oral</i> | 1 | |
| IMURAN TABLET 50 MG ORAL | 3 | |
| <i>*Sclerosing Agents***</i> | | |
| ASCLERA SOLUTION 0.5 % INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ASCLERA SOLUTION 1 % INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ETHAMOLIN SOLUTION 5 % INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>polidocanol solution 5 % intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>sodium tetradecyl sulfate solution 3 % intravenous</i> | Non-Formulary | Medical Only Exclusion |
| SOTRADECOL SOLUTION 1 % INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| SOTRADECOL SOLUTION 3 % INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| VARITHENA FOAM 180 MG/18ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>*Selective T-Cell Costimulation Blockers***</i> | | |
| NULOJIX SOLUTION RECONSTITUTED 250 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>*Type I Interferon (Ifn) Receptor Antagonists***</i> | | |
| SAPHNELO SOLUTION 300 MG/2ML INTRAVENOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| <i>*Uremic Pruritus Agents***</i> | | |
| KORSUVA SOLUTION 65 MCG/1.3ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|---|
| *MOUTH/THROAT/DENTAL AGENTS* | | |
| *Anesthetics Topical Oral - Combinations*** | | |
| FIRST-MOUTHWASH BLM SUSPENSION MOUTH/THROAT | 3 | |
| *Anesthetics Topical Oral*** | | |
| <i>lidocaine hcl solution 4 % mouth/throat</i> | Non-Formulary | Mony Code (MONY Code); Formulary Exclusion |
| <i>lidocaine viscous hcl solution 2 % mouth/throat</i> | 1 | |
| *Anti-Infectives - Throat*** | | |
| <i>clotrimazole troche 10 mg mouth/throat</i> | 1 | |
| <i>nystatin suspension 100000 unit/ml mouth/throat</i> | 1 | |
| <i>nystatin suspension 100000 unit/ml mouth/throat</i> | Non-Formulary | Formulary Exclusion |
| ORAVIG TABLET 50 MG BUCCAL | 3 | |
| *Antiseptic Combinations - Mouth/Throat*** | | |
| DEBACTEROL SOLUTION 30-50 % MOUTH/THROAT | Non-Formulary | Non FDA Exclusion |
| *Antiseptics - Mouth/Throat*** | | |
| <i>chlorhexidine gluconate solution 0.12 % mouth/throat</i> | 1 | |
| PERIDEX SOLUTION 0.12 % MOUTH/THROAT | Non-Formulary | Formulary Exclusion |
| PERIOGARD SOLUTION 0.12 % MOUTH/THROAT | 1 | |
| *Dental Products - Combinations*** | | |
| <i>denta 5000 plus sensitive gel 1.1-5 % dental</i> | 2 | |
| FLUORIDEX SENSITIVITY RELIEF GEL 1.1-5 % DENTAL | 1 | Mony Code (MONY code issue) |
| FLUORIMAX 5000 SENSITIVE GEL 1.1-5 % DENTAL | 3 | |
| <i>fraiche 5000 previ gel 1.1-3 % dental</i> | Non-Formulary | Non FDA Exclusion |
| <i>fraiche 5000 sensitive gel 1.1-4.5 % dental</i> | Non-Formulary | Non FDA Exclusion |
| NAFRINSE DAILY ACIDULATED SOLUTION RECONSTITUTED 1 MG/5ML MOUTH/THROAT | 3 | |
| PREVIDENT 5000 ENAMEL PROTECT GEL 1.1-5 % DENTAL | Non-Formulary | Formulary Exclusion |
| PREVIDENT 5000 SENSITIVE GEL 1.1-5 % DENTAL | Non-Formulary | Formulary Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|-----------------------------|
| <i>sod fluoride-potassium nitrate gel 1.1-5 % dental</i> | 1 | Mony Code (MONY code issue) |
| <i>sodium fluoride 5000 enamel gel 1.1-5 % dental</i> | 1 | Mony Code (MONY code issue) |
| <i>sodium fluoride 5000 sensitive gel 1.1-5 % dental</i> | 1 | Mony Code (MONY code issue) |
| <i>*Dry Mouth Agents And Artificial Saliva***</i> | | |
| AQUORAL SOLUTION MOUTH/THROAT | Non-Formulary | Non FDA Exclusion |
| BOCASAL PACKET MOUTH/THROAT | Non-Formulary | Non FDA Exclusion |
| CAPHOSOL SOLUTION MOUTH/THROAT (RX) | Non-Formulary | Non FDA Exclusion |
| MUCOSITISRX PACKET MOUTH/THROAT | Non-Formulary | Non FDA Exclusion |
| NEUTRASAL PACKET MOUTH/THROAT | Non-Formulary | Non FDA Exclusion |
| NUMOISYN LIQUID MOUTH/THROAT | Non-Formulary | Formulary Exclusion |
| NUMOISYN LOZENGE MOUTH/THROAT | Non-Formulary | Formulary Exclusion |
| SALIVAMAX PACKET MOUTH/THROAT | Non-Formulary | Non FDA Exclusion |
| XEROSTOMIA RELIEF SPRAY SOLUTION MOUTH/THROAT | Non-Formulary | Non FDA Exclusion |
| <i>*Fluoride Dental Products***</i> | | |
| EASYGEL GEL 0.4 % DENTAL (OTC) | 1 | |
| EASYGEL GEL 0.4 % DENTAL (RX) | 1 | |
| FLUORIDEX DAILY RENEWAL CONCENTRATE 0.63 % MOUTH/THROAT | 1 | |
| JUST FOR KIDS GEL 0.4 % DENTAL | 1 | |
| PERIOMED CONCENTRATE 0.63 % MOUTH/THROAT | 1 | |
| PREVIDENT 5000 BOOSTER PLUS PASTE 1.1 % DENTAL | Non-Formulary | Formulary Exclusion |
| PREVIDENT 5000 DRY MOUTH GEL 1.1 % DENTAL | Non-Formulary | Formulary Exclusion |
| PREVIDENT 5000 KIDS PASTE 1.1 % DENTAL | Non-Formulary | Formulary Exclusion |
| PREVIDENT 5000 ORTHO DEFENSE PASTE 1.1 % DENTAL | Non-Formulary | Formulary Exclusion |
| PREVIDENT 5000 PLUS CREAM 1.1 % DENTAL | Non-Formulary | Formulary Exclusion |
| PREVIDENT GEL 1.1 % DENTAL | Non-Formulary | Formulary Exclusion |
| VANISH LIQUID EXTENDED RELEASE 5 % DENTAL | Non-Formulary | Non FDA Exclusion |
| <i>*Periodontal Anti-Infectives***</i> | | |
| ARESTIN 1 MG DENTAL | Non-Formulary | Medical Only Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|---|
| *Protectants - Mouth/Throat*** | | |
| EPISIL LIQUID MOUTH/THROAT | Non-Formulary | Formulary Exclusion |
| GELCLAIR GEL MOUTH/THROAT | Non-Formulary | Non FDA Exclusion |
| GELX GEL MOUTH/THROAT | Non-Formulary | Non FDA Exclusion |
| MUCOTROL WAFER MOUTH/THROAT | Non-Formulary | Formulary Exclusion |
| MUGARD LIQUID MOUTH/THROAT | Non-Formulary | Formulary Exclusion |
| ORAFATE PASTE 10 % MOUTH/THROAT | Non-Formulary | Non FDA Exclusion |
| ORAMAGICRX SUSPENSION RECONSTITUTED MOUTH/THROAT | Non-Formulary | Formulary Exclusion |
| ORAPEUTIC GEL MOUTH/THROAT | Non-Formulary | Non FDA Exclusion |
| PROTHELIAL PASTE 10 % MOUTH/THROAT | Non-Formulary | Non FDA Exclusion |
| <i>silatrix gel 10 % mouth/throat</i> | Non-Formulary | Non FDA Exclusion |
| *Saliva Stimulants*** | | |
| <i>cevimeline hcl capsule 30 mg oral</i> | 1 | |
| EVOXAC CAPSULE 30 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>pilocarpine hcl tablet 5 mg oral</i> | 1 | |
| <i>pilocarpine hcl tablet 7.5 mg oral</i> | 1 | |
| SALAGEN TABLET 5 MG ORAL | Non-Formulary | Formulary Exclusion |
| SALAGEN TABLET 7.5 MG ORAL | Non-Formulary | Formulary Exclusion |
| *Steroid Combinations - Mouth/Throat/Dental*** | | |
| <i>acyclonine mum aerosol powder 36.7-16.7-3.33 % mouth/throat</i> | Non-Formulary | Non FDA Exclusion |
| *Steroids - Mouth/Throat/Dental*** | | |
| KOURZEQ PASTE 0.1 % MOUTH/THROAT | 1 | |
| ORALONE PASTE 0.1 % MOUTH/THROAT | 1 | |
| <i>triamcinolone acetone paste 0.1 % mouth/throat</i> | 1 | |
| *MULTIVITAMINS* | | |
| *B-Complex Vitamins*** | | |
| <i>b-complex solution injection</i> | Non-Formulary | Non FDA Exclusion |
| EB-N3 DR CAPSULE DELAYED RELEASE ORAL | Non-Formulary | Non FDA Exclusion |
| <i>vitamin b complex 100 solution injection</i> | Non-Formulary | Formulary Exclusion |
| <i>vitamin b complex-hydroxocobal solution injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>vitamin b-complex 100 solution injection</i> | Non-Formulary | Mony Code (MONY Code); Formulary Exclusion |
| *B-Complex W/ C & Folic Acid*** | | |
| <i>activite tablet 1 mg oral</i> | Non-Formulary | Non FDA Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|---|
| <i>b-plex tablet oral</i> | Non-Formulary | Formulary Exclusion |
| DEXIFOL TABLET 5 MG ORAL | Non-Formulary | Non FDA Exclusion |
| DIALYVITE TABLET ORAL | Non-Formulary | Formulary Exclusion |
| <i>folbee plus tablet oral</i> | Non-Formulary | Formulary Exclusion |
| GENICIN VITA-S TABLET 1 MG ORAL | Non-Formulary | Non FDA Exclusion |
| <i>hylavite tablet oral</i> | Non-Formulary | Non FDA Exclusion |
| MYNEPHRON CAPSULE 1 MG ORAL | Non-Formulary | Non FDA Exclusion |
| NEPHRONEX TABLET ORAL | Non-Formulary | Formulary Exclusion |
| NEPHRO-VITE RX TABLET 1 MG ORAL | Non-Formulary | Formulary Exclusion |
| RENAL CAPSULE 1 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>reno caps capsule 1 mg oral</i> | Non-Formulary | Formulary Exclusion |
| <i>tm-vite rx tablet 1 mg oral</i> | Non-Formulary | Non FDA Exclusion |
| <i>triphrocaps capsule 1 mg oral</i> | Non-Formulary | Formulary Exclusion |
| <i>tronvite tablet 1 mg oral</i> | Non-Formulary | Non FDA Exclusion |
| <i>virt-caps capsule 1 mg oral</i> | Non-Formulary | Formulary Exclusion |
| <i>vitasure tablet 1 mg oral</i> | Non-Formulary | Non FDA Exclusion |
| <i>vp-vite rx tablet 1 mg oral</i> | Non-Formulary | Formulary Exclusion |
| <i>wescaps capsule 1 mg oral</i> | Non-Formulary | Formulary Exclusion |
| <i>xvite tablet 1 mg oral</i> | Non-Formulary | Non FDA Exclusion |
| <i>*B-Complex W/ C-Biotin-D-Zinc & Folic Acid***</i> | | |
| VITAL-D RX TABLET 1 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>*B-Complex W/ C-Biotin-E & Folic Acid***</i> | | |
| RENATABS TABLET 1 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>*B-Complex W/ C-Biotin-E-Folic Acid & Iron***</i> | | |
| RENATABS WITH IRON 1 & 100 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>*B-Complex W/ C-Biotin-E-Minerals & Folic Acid***</i> | | |
| DIALYVITE 3000 TABLET 3 MG ORAL | Non-Formulary | Formulary Exclusion |
| DIALYVITE 5000 TABLET 5 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>*B-Complex W/ C-Biotin-Minerals & Folic Acid***</i> | | |
| FOLBEE PLUS CZ TABLET 5 MG ORAL | Non-Formulary | Mony Code (MONY Code); Formulary Exclusion |
| <i>*B-Complex W/ C-Zn & Folic Acid***</i> | | |
| DIALYVITE/ZINC TABLET ORAL | Non-Formulary | Formulary Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|---|
| NEPHPLEX RX TABLET ORAL | Non-Formulary | Formulary Exclusion |
| *B-Complex W/ E & Folic Acid*** | | |
| <i>folic-k capsule 1 mg oral</i> | Non-Formulary | Non FDA Exclusion |
| *B-Complex W/ Lysine-Min-Fe & Folic Acid*** | | |
| NUTRIVIT LIQUID ORAL | Non-Formulary | Formulary Exclusion |
| *B-Complex W/ Lysine-Zn & Folic Acid*** | | |
| SUPERVITE LIQUID ORAL | Non-Formulary | Formulary Exclusion |
| *Bioflavonoid Products*** | | |
| ADRENAL C FORMULA TABLET ORAL | Non-Formulary | Formulary Exclusion |
| *Iron W/ Vitamins*** | | |
| VITAFOL TABLET ORAL | Non-Formulary | Formulary Exclusion |
| *Multiple Vitamins W/ Iron*** | | |
| DAVIMET-IRON TABLET CHEWABLE ORAL | Non-Formulary | Non FDA Exclusion |
| *Multiple Vitamins W/ Minerals & Calcium-Folic Acid*** | | |
| FOLGARD OS TABLET 500-1.1 MG ORAL | Non-Formulary | Formulary Exclusion |
| *Multiple Vitamins W/ Minerals & Fluoride-Iron-Folic Acid*** | | |
| QUFLORA FE TABLET CHEWABLE 0.25 MG ORAL | Non-Formulary | Formulary Exclusion |
| *Multiple Vitamins W/ Minerals*** | | |
| BACMIN TABLET ORAL | Non-Formulary | Formulary Exclusion |
| <i>biocel tablet oral</i> | Non-Formulary | Formulary Exclusion |
| <i>b-plex plus tablet oral</i> | Non-Formulary | Formulary Exclusion |
| CORVITA TABLET ORAL | Non-Formulary | Mony Code (MONY Code); Formulary Exclusion |
| <i>dayavite tablet oral</i> | Non-Formulary | Non FDA Exclusion |
| DERMACINRX MULTITAM TABLET ORAL | Non-Formulary | Non FDA Exclusion |
| DERMACINRX RIBOTIN-E TABLET ORAL | Non-Formulary | Non FDA Exclusion |
| DERMACINRX ZINTREXYL-C TABLET ORAL | Non-Formulary | Non FDA Exclusion |
| DEXATRAN CAPSULE ORAL | Non-Formulary | Non FDA Exclusion |
| DIALYVITE SUPREME D TABLET ORAL | Non-Formulary | Formulary Exclusion |
| DIATROL TABLET ORAL | Non-Formulary | Non FDA Exclusion |
| FINAZOL TABLET ORAL | Non-Formulary | Non FDA Exclusion |
| FLORRAVITE TABLET ORAL | Non-Formulary | Non FDA Exclusion |

| Drug Name | Tier | Notes |
|---------------------------------|---------------|---------------------|
| <i>folamax tablet oral</i> | Non-Formulary | Non FDA Exclusion |
| <i>folamed dha capsule oral</i> | Non-Formulary | Non FDA Exclusion |
| <i>folaprime tablet oral</i> | Non-Formulary | Non FDA Exclusion |
| FOLIFLEX TABLET ORAL | Non-Formulary | Non FDA Exclusion |
| FOLITIN-Z TABLET ORAL | Non-Formulary | Non FDA Exclusion |
| <i>hylazinc tablet oral</i> | Non-Formulary | Non FDA Exclusion |
| <i>keyfolic tablet oral</i> | Non-Formulary | Non FDA Exclusion |
| KEYLOSA TABLET ORAL | Non-Formulary | Non FDA Exclusion |
| LIVITA ADULTS LIQUID ORAL | Non-Formulary | Non FDA Exclusion |
| LYSIPLEX PLUS TABLET ORAL | Non-Formulary | Formulary Exclusion |
| <i>medi tab tablet oral</i> | Non-Formulary | Non FDA Exclusion |
| MENATROL CAPSULE ORAL | Non-Formulary | Non FDA Exclusion |
| <i>multipro capsule oral</i> | Non-Formulary | Non FDA Exclusion |
| MULTITOL-M TABLET ORAL | Non-Formulary | Non FDA Exclusion |
| <i>neovite tablet oral</i> | Non-Formulary | Formulary Exclusion |
| NICADAN TABLET ORAL | Non-Formulary | Formulary Exclusion |
| NICAZEL FORTE TABLET ORAL | Non-Formulary | Formulary Exclusion |
| NICAZEL TABLET ORAL | Non-Formulary | Formulary Exclusion |
| NUTRICAP TABLET ORAL | Non-Formulary | Formulary Exclusion |
| NUTRIFAC ZX TABLET ORAL | Non-Formulary | Formulary Exclusion |
| OCUVEL CAPSULE ORAL | Non-Formulary | Formulary Exclusion |
| <i>onevite tablet oral</i> | Non-Formulary | Formulary Exclusion |
| <i>profola tablet oral</i> | Non-Formulary | Non FDA Exclusion |
| REMEDIENT CAPSULE ORAL | Non-Formulary | Non FDA Exclusion |
| REQ 49+ TABLET ORAL | Non-Formulary | Formulary Exclusion |
| SIDEROL TABLET ORAL | Non-Formulary | Non FDA Exclusion |
| STROVITE FORTE SYRUP ORAL | Non-Formulary | Formulary Exclusion |
| STROVITE FORTE TABLET ORAL | Non-Formulary | Formulary Exclusion |
| STROVITE ONE TABLET ORAL | Non-Formulary | Formulary Exclusion |
| <i>support liquid oral (rx)</i> | Non-Formulary | Non FDA Exclusion |
| <i>thrivite 19 tablet oral</i> | Non-Formulary | Formulary Exclusion |
| UDAMIN SP TABLET ORAL | Non-Formulary | Formulary Exclusion |
| <i>v-c forte capsule oral</i> | Non-Formulary | Formulary Exclusion |
| VENEXA FE TABLET ORAL | Non-Formulary | Non FDA Exclusion |
| VENEXA TABLET ORAL | Non-Formulary | Non FDA Exclusion |
| VENTRIXYL FE TABLET ORAL | Non-Formulary | Non FDA Exclusion |
| VENTRIXYL TABLET ORAL | Non-Formulary | Non FDA Exclusion |
| VIC-FORTE CAPSULE ORAL | Non-Formulary | Formulary Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|---|
| VITA S FORTE TABLET ORAL | Non-Formulary | Formulary Exclusion |
| VITACEL TABLET ORAL | Non-Formulary | Formulary Exclusion |
| VITAROCA PLUS TABLET ORAL | Non-Formulary | Formulary Exclusion |
| VITRAMYN TABLET ORAL | Non-Formulary | Non FDA Exclusion |
| VITRANOL FE TABLET ORAL | Non-Formulary | Non FDA Exclusion |
| VITRANOL TABLET ORAL | Non-Formulary | Non FDA Exclusion |
| VITREXATE FE TABLET ORAL | Non-Formulary | Non FDA Exclusion |
| VITREXATE TABLET ORAL | Non-Formulary | Non FDA Exclusion |
| VITREXYL + IRON TABLET ORAL | Non-Formulary | Non FDA Exclusion |
| VITREXYL TABLET ORAL | Non-Formulary | Non FDA Exclusion |
| <i>wellfola tablet oral</i> | Non-Formulary | Non FDA Exclusion |
| <i>zyvana capsule oral</i> | Non-Formulary | Non FDA Exclusion |
| *Multivitamins*** | | |
| <i>altrixa tablet oral</i> | Non-Formulary | Non FDA Exclusion |
| AMLADEX TABLET ORAL | Non-Formulary | Non FDA Exclusion |
| DAVIMET-M TABLET CHEWABLE ORAL | Non-Formulary | Non FDA Exclusion |
| DERMACINRX DAVIMET TABLET CHEWABLE ORAL | Non-Formulary | Non FDA Exclusion |
| FOLCYTEINE TABLET ORAL | Non-Formulary | Non FDA Exclusion |
| GENICIN VITA-Q TABLET ORAL | Non-Formulary | Non FDA Exclusion |
| INFUVITE ADULT SOLUTION INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| INFUVITE ADULT SOLUTION INTRAVENOUS | Non-Formulary | Medical Only Exclusion; Mony Code (MONY Code) |
| <i>novite capsule oral</i> | Non-Formulary | Non FDA Exclusion |
| VITLIPID N ADULT EMULSION INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| *Niacinamide W/ Zinc-Copper & Folic Acid*** | | |
| NICOMIDE TABLET 750-27-2-0.5 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>nicotinamide tablet 750-27-2-0.5 mg oral</i> | Non-Formulary | Non FDA Exclusion |
| *Ped Multi Vitamins W/Fl & Fe*** | | |
| <i>multi-vitamin/fluoride/iron solution 0.25-10 mg/ml oral</i> | Non-Formulary | Formulary Exclusion |
| POLY-VI-FLOR/IRON SUSPENSION 0.25-7 MG/ML ORAL (OTC) | Non-Formulary | Formulary Exclusion |
| POLY-VI-FLOR/IRON SUSPENSION 0.25-7 MG/ML ORAL (RX) | Non-Formulary | Formulary Exclusion |
| POLY-VI-FLOR/IRON TABLET CHEWABLE 0.5-10 MG ORAL | Non-Formulary | Formulary Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|---|
| QUFLORA FE PEDIATRIC LIQUID 0.25-9.5 MG/ML ORAL | Non-Formulary | Formulary Exclusion |
| <i>*Ped Multiple Vitamins W/ Minerals***</i> | | |
| LIVITA CHILDREN LIQUID ORAL | Non-Formulary | Non FDA Exclusion |
| <i>*Ped Mv W/ Fluoride***</i> | | |
| DAVIMET-FLUORIDE TABLET CHEWABLE 0.75 MG ORAL | Non-Formulary | Non FDA Exclusion |
| FLORAFOL PEDIATRIC TABLET CHEWABLE 0.5 MG ORAL | Non-Formulary | Non FDA Exclusion |
| FLORAFOL PEDIATRIC TABLET CHEWABLE 1 MG ORAL | Non-Formulary | Non FDA Exclusion |
| FLORIVA PLUS SOLUTION 0.25 MG/ML ORAL | Non-Formulary | Formulary Exclusion |
| <i>multivitamin w/fluoride tablet chewable 0.25 mg oral</i> | Non-Formulary | Formulary Exclusion |
| <i>multivitamin w/fluoride tablet chewable 0.25 mg oral</i> | Non-Formulary | Non FDA Exclusion |
| <i>multivitamin w/fluoride tablet chewable 0.5 mg oral</i> | Non-Formulary | Formulary Exclusion |
| <i>multivitamin w/fluoride tablet chewable 0.5 mg oral</i> | Non-Formulary | Non FDA Exclusion |
| <i>multivitamin w/fluoride tablet chewable 1 mg oral</i> | Non-Formulary | Formulary Exclusion |
| <i>multivitamin w/fluoride tablet chewable 1 mg oral</i> | Non-Formulary | Non FDA Exclusion |
| <i>multi-vitamin/fluoride solution 0.25 mg/ml oral</i> | Non-Formulary | Mony Code (MONY code issue); Formulary Exclusion |
| <i>multi-vitamin/fluoride solution 0.5 mg/ml oral</i> | Non-Formulary | Mony Code (MONY code issue); Formulary Exclusion |
| <i>multivitamin/fluoride tablet chewable 0.25 mg oral (rx)</i> | Non-Formulary | Formulary Exclusion |
| <i>multivitamin/fluoride tablet chewable 0.25 mg oral (rx)</i> | Non-Formulary | Mony Code (MONY Code); Formulary Exclusion |
| <i>multivitamin/fluoride tablet chewable 0.5 mg oral (rx)</i> | Non-Formulary | Formulary Exclusion |
| <i>multivitamin/fluoride tablet chewable 0.5 mg oral (rx)</i> | Non-Formulary | Mony Code (MONY Code); Formulary Exclusion |
| <i>multivitamin/fluoride tablet chewable 1 mg oral (rx)</i> | Non-Formulary | Formulary Exclusion |
| <i>multivitamin/fluoride tablet chewable 1 mg oral (rx)</i> | Non-Formulary | Mony Code (MONY Code); Formulary Exclusion |
| MULTI-VIT-FLOR TABLET CHEWABLE 0.25 MG ORAL | Non-Formulary | Formulary Exclusion |
| MULTI-VIT-FLOR TABLET CHEWABLE 0.5 MG ORAL | Non-Formulary | Formulary Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|---|
| MULTI-VIT-FLOR TABLET CHEWABLE 1 MG ORAL | Non-Formulary | Formulary Exclusion |
| POLY-VI-FLOR SUSPENSION 0.25 MG/ML ORAL | Non-Formulary | Formulary Exclusion |
| POLY-VI-FLOR TABLET CHEWABLE 0.25 MG ORAL | Non-Formulary | Formulary Exclusion |
| POLY-VI-FLOR TABLET CHEWABLE 0.5 MG ORAL | Non-Formulary | Formulary Exclusion |
| POLY-VI-FLOR TABLET CHEWABLE 1 MG ORAL | Non-Formulary | Formulary Exclusion |
| QUFLORA GUMMIES TABLET CHEWABLE 0.125 MG ORAL | Non-Formulary | Formulary Exclusion |
| QUFLORA PEDIATRIC SOLUTION 0.25 MG/ML ORAL | Non-Formulary | Mony Code (MONY Code); Formulary Exclusion |
| QUFLORA PEDIATRIC SOLUTION 0.5 MG/ML ORAL | Non-Formulary | Mony Code (MONY Code); Formulary Exclusion |
| QUFLORA PEDIATRIC TABLET CHEWABLE 0.25 MG ORAL | Non-Formulary | Mony Code (MONY Code); Formulary Exclusion |
| QUFLORA PEDIATRIC TABLET CHEWABLE 0.5 MG ORAL | Non-Formulary | Mony Code (MONY Code); Formulary Exclusion |
| QUFLORA PEDIATRIC TABLET CHEWABLE 1 MG ORAL | Non-Formulary | Mony Code (MONY Code); Formulary Exclusion |
| <i>*Ped Vitamins Acd & Fa W/ Fluoride***</i> | | |
| TRI-VI-FLOR SUSPENSION 0.25 MG/ML ORAL | Non-Formulary | Formulary Exclusion |
| TRI-VI-FLOR SUSPENSION 0.5 MG/ML ORAL | Non-Formulary | Formulary Exclusion |
| <i>tri-vi-floro suspension 0.25 mg/ml oral</i> | Non-Formulary | Formulary Exclusion |
| <i>tri-vi-floro suspension 0.5 mg/ml oral</i> | Non-Formulary | Formulary Exclusion |
| <i>*Ped Vitamins Acd W/ Fluoride***</i> | | |
| <i>tri-vite/fluoride solution 0.25 mg/ml oral</i> | Non-Formulary | Mony Code (MONY code issue); Formulary Exclusion |
| <i>tri-vite/fluoride solution 0.5 mg/ml oral</i> | Non-Formulary | Mony Code (MONY code issue); Formulary Exclusion |
| <i>vitamins acd-fluoride solution 0.25 mg/ml oral (otc)</i> | Non-Formulary | Mony Code (MONY code issue); Formulary Exclusion |
| <i>vitamins acd-fluoride solution 0.5 mg/ml oral</i> | Non-Formulary | Mony Code (MONY code issue); Formulary Exclusion |
| <i>*Pediatric Multiple Vitamins & Minerals W/ Fluoride***</i> | | |
| FLORIVA TABLET CHEWABLE 0.25 MG ORAL | Non-Formulary | Formulary Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|---|
| FLORIVA TABLET CHEWABLE 0.5 MG ORAL | Non-Formulary | Formulary Exclusion |
| FLORIVA TABLET CHEWABLE 1 MG ORAL | Non-Formulary | Formulary Exclusion |
| *Pediatric Multiple Vitamins*** | | |
| INFUVITE PEDIATRIC SOLUTION INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| INFUVITE PEDIATRIC SOLUTION INTRAVENOUS | Non-Formulary | Medical Only Exclusion; Mony Code (MONY CODE ISSUE) |
| VITALIPID N INFANT EMULSION INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| VITLIPID N INFANT EMULSION INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| *Prenatal Mv & Min W/Fe-Fa*** | | |
| <i>azesco tablet 13-1 mg oral</i> | Non-Formulary | Non FDA Exclusion |
| <i>jenliva prenatal/postnatal capsule 1 mg oral</i> | Non-Formulary | Non FDA Exclusion |
| <i>m-natal plus tablet 27-1 mg oral</i> | Non-Formulary | Non FDA Exclusion |
| <i>multi-mac tablet 15-0.75-1 mg oral</i> | Non-Formulary | Non FDA Exclusion |
| <i>natal pnv tablet 6-0.5 mg oral</i> | Non-Formulary | Non FDA Exclusion |
| NEONATAL PLUS TABLET 27-1 MG ORAL | Non-Formulary | Non FDA Exclusion |
| <i>pnv tabs 20-1 tablet 20-1 mg oral</i> | Non-Formulary | Non FDA Exclusion |
| <i>pregenna tablet 20-1 mg oral</i> | Non-Formulary | Non FDA Exclusion |
| <i>prenara capsule 15-1 mg oral</i> | Non-Formulary | Non FDA Exclusion |
| PRENATOL-M TABLET 27-1.2 MG ORAL | Non-Formulary | Non FDA Exclusion |
| PRENATRIX TABLET 27-1 MG ORAL | Non-Formulary | Non FDA Exclusion |
| PRENATRYL TABLET 27-1 MG ORAL | Non-Formulary | Non FDA Exclusion |
| <i>trinaz tablet 12-1 mg oral</i> | Non-Formulary | Non FDA Exclusion |
| VITATHELY WITH GINGER TABLET 27-1 MG ORAL | Non-Formulary | Non FDA Exclusion |
| <i>zalvit tablet 13-1 mg oral</i> | Non-Formulary | Non FDA Exclusion |
| <i>ziphex tablet 13-1 mg oral</i> | Non-Formulary | Non FDA Exclusion |
| *Prenatal Mv & Min W/Fe-Fa-Dha*** | | |
| <i>pregen dha capsule 28-1-35 mg oral</i> | Non-Formulary | Non FDA Exclusion |
| TRISTART FREE CAPSULE 33-1 MG ORAL | Non-Formulary | Non FDA Exclusion |
| *Specialty Vitamins Products*** | | |
| INFLAMEX CAPSULE ORAL | Non-Formulary | Non FDA Exclusion |
| <i>nitriuvia capsule oral</i> | Non-Formulary | Non FDA Exclusion |
| <i>pro hers rx capsule oral</i> | Non-Formulary | Non FDA Exclusion |
| <i>pro his rx capsule oral</i> | Non-Formulary | Non FDA Exclusion |
| <i>pro pcos rx capsule oral</i> | Non-Formulary | Non FDA Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|---|
| <i>urosex tablet oral</i> | Non-Formulary | Non FDA Exclusion |
| *Vitamins A & D*** | | |
| <i>cod liver oil oil oral (rx)</i> | Non-Formulary | Formulary Exclusion |
| *MUSCULOSKELETAL THERAPY AGENTS* | | |
| *Articular Cartilage Repair Therapy*** | | |
| MACI SHEET INTRA-ARTICULAR | Non-Formulary | Medical Only Exclusion |
| *Central Muscle Relaxants*** | | |
| AMRIX CAPSULE EXTENDED RELEASE 24 HOUR 15 MG ORAL | Non-Formulary | Formulary Exclusion |
| AMRIX CAPSULE EXTENDED RELEASE 24 HOUR 30 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>baclofen solution 10 mg/20ml intrathecal</i> | Non-Formulary | Medical Only Exclusion |
| <i>baclofen solution 10 mg/5ml oral</i> | 3 | |
| <i>baclofen solution 20000 mcg/20ml intrathecal</i> | Non-Formulary | Medical Only Exclusion |
| <i>baclofen solution 20000 mcg/20ml intrathecal</i> | Non-Formulary | Medical Only Exclusion; Mony Code (MONY Code) |
| <i>baclofen solution 40 mg/20ml intrathecal</i> | Non-Formulary | Medical Only Exclusion |
| <i>baclofen solution 40000 mcg/20ml intrathecal</i> | Non-Formulary | Medical Only Exclusion |
| <i>baclofen solution 5 mg/5ml oral</i> | 3 | |
| <i>baclofen solution prefilled syringe 50 mcg/ml intrathecal</i> | Non-Formulary | Medical Only Exclusion |
| <i>baclofen suspension 25 mg/5ml oral</i> | 1 | |
| <i>baclofen suspension 25 mg/5ml oral</i> | 1 | Mony Code (MONY code issue) |
| <i>baclofen tablet 10 mg oral</i> | 1 | |
| <i>baclofen tablet 15 mg oral</i> | Non-Formulary | Formulary Exclusion |
| <i>baclofen tablet 20 mg oral</i> | 1 | |
| <i>baclofen tablet 5 mg oral</i> | 1 | |
| <i>baclofen tablet 5 mg oral</i> | 1 | Mony Code (MONY Code) |
| <i>carisoprodol tablet 250 mg oral</i> | Non-Formulary | Formulary Exclusion |
| <i>carisoprodol tablet 350 mg oral</i> | Non-Formulary | Formulary Exclusion |
| <i>chlorzoxazone tablet 250 mg oral</i> | 1 | |
| <i>chlorzoxazone tablet 250 mg oral</i> | 1 | Mony Code (MONY Code) |
| <i>chlorzoxazone tablet 375 mg oral</i> | 1 | |
| <i>chlorzoxazone tablet 500 mg oral</i> | 1 | |
| <i>chlorzoxazone tablet 500 mg oral</i> | 1 | Mony Code (MONY Code) |
| <i>chlorzoxazone tablet 750 mg oral</i> | 1 | |
| <i>cyclobenzaprine hcl er capsule extended release 24 hour 15 mg oral</i> | 1 | |

| Drug Name | Tier | Notes |
|---|---------------|------------------------|
| <i>cyclobenzaprine hcl er capsule extended release 24 hour 30 mg oral</i> | 1 | |
| <i>cyclobenzaprine hcl tablet 10 mg oral</i> | 1 | |
| <i>cyclobenzaprine hcl tablet 5 mg oral</i> | 1 | |
| <i>cyclobenzaprine hcl tablet 7.5 mg oral</i> | 1 | |
| CYCLOPHENE RAPIDPAQ CREAM 5 % TRANSDERMAL | Non-Formulary | Non FDA Exclusion |
| <i>enovarx-cyclobenzaprine hcl cream 20 mg/gm transdermal</i> | Non-Formulary | Non FDA Exclusion |
| FEXMID TABLET 7.5 MG ORAL | 1 | |
| FIRST-BACLOFEN SUSPENSION 1 MG/ML ORAL | 3 | |
| FIRST-BACLOFEN SUSPENSION 5 MG/ML ORAL | 3 | |
| FLEQSUVY SUSPENSION 25 MG/5ML ORAL | Non-Formulary | Formulary Exclusion |
| GABLOFEN SOLUTION 10000 MCG/20ML INTRATHECAL | Non-Formulary | Medical Only Exclusion |
| GABLOFEN SOLUTION 20000 MCG/20ML INTRATHECAL | Non-Formulary | Medical Only Exclusion |
| GABLOFEN SOLUTION 40000 MCG/20ML INTRATHECAL | Non-Formulary | Medical Only Exclusion |
| GABLOFEN SOLUTION PREFILLED SYRINGE 10000 MCG/20ML INTRATHECAL | Non-Formulary | Medical Only Exclusion |
| GABLOFEN SOLUTION PREFILLED SYRINGE 20000 MCG/20ML INTRATHECAL | Non-Formulary | Medical Only Exclusion |
| GABLOFEN SOLUTION PREFILLED SYRINGE 40000 MCG/20ML INTRATHECAL | Non-Formulary | Medical Only Exclusion |
| GABLOFEN SOLUTION PREFILLED SYRINGE 50 MCG/ML INTRATHECAL | Non-Formulary | Medical Only Exclusion |
| LIORESAL SOLUTION 0.05 MG/ML INTRATHECAL | Non-Formulary | Medical Only Exclusion |
| LIORESAL SOLUTION 10 MG/20ML INTRATHECAL | Non-Formulary | Medical Only Exclusion |
| LIORESAL SOLUTION 10 MG/5ML INTRATHECAL | Non-Formulary | Medical Only Exclusion |
| LIORESAL SOLUTION 40 MG/20ML INTRATHECAL | Non-Formulary | Medical Only Exclusion |
| LORZONE TABLET 375 MG ORAL | 1 | |
| LORZONE TABLET 750 MG ORAL | 1 | |
| LYVISPAH PACKET 10 MG ORAL | Non-Formulary | Formulary Exclusion |
| LYVISPAH PACKET 20 MG ORAL | Non-Formulary | Formulary Exclusion |
| LYVISPAH PACKET 5 MG ORAL | Non-Formulary | Formulary Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|---|
| <i>metaxalone tablet 400 mg oral</i> | 1 | |
| <i>metaxalone tablet 400 mg oral</i> | 1 | Mony Code (MONY Code) |
| <i>metaxalone tablet 800 mg oral</i> | 1 | |
| <i>methocarbamol solution 1000 mg/10ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>methocarbamol tablet 1000 mg oral</i> | Non-Formulary | Formulary Exclusion |
| <i>methocarbamol tablet 500 mg oral</i> | 1 | |
| <i>methocarbamol tablet 750 mg oral</i> | 1 | |
| <i>orphenadrine citrate er tablet extended release 12 hour 100 mg oral</i> | 1 | |
| <i>orphenadrine citrate solution 30 mg/ml injection</i> | Non-Formulary | Medical Only Exclusion; Mony Code (MONY CODE ISSUE) |
| <i>orphenadrine citrate solution 30 mg/ml injection</i> | Non-Formulary | Medical Only Exclusion |
| OZOBAX SOLUTION 5 MG/5ML ORAL | 3 | |
| ROBAXIN SOLUTION 1000 MG/10ML INJECTION | Non-Formulary | Medical Only Exclusion |
| ROBAXIN-750 TABLET 750 MG ORAL | Non-Formulary | Formulary Exclusion |
| SKELAXIN TABLET 800 MG ORAL | Non-Formulary | Formulary Exclusion |
| SOMA TABLET 250 MG ORAL | Non-Formulary | Formulary Exclusion |
| SOMA TABLET 350 MG ORAL | Non-Formulary | Formulary Exclusion |
| TABRADOL FUSEPAQ SUSPENSION 1 MG/ML ORAL | Non-Formulary | Non FDA Exclusion |
| TABRADOL RAPIDPAQ SUSPENSION 1 MG/ML ORAL | Non-Formulary | Non FDA Exclusion |
| TANLOR TABLET 1000 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>tizanidine hcl capsule 2 mg oral</i> | 1 | |
| <i>tizanidine hcl capsule 4 mg oral</i> | 1 | |
| <i>tizanidine hcl capsule 6 mg oral</i> | 1 | |
| <i>tizanidine hcl tablet 2 mg oral</i> | 1 | |
| <i>tizanidine hcl tablet 4 mg oral</i> | 1 | |
| VANADOM TABLET 350 MG ORAL | Non-Formulary | Formulary Exclusion |
| ZANAFLEX CAPSULE 2 MG ORAL | Non-Formulary | Formulary Exclusion |
| ZANAFLEX CAPSULE 4 MG ORAL | Non-Formulary | Formulary Exclusion |
| ZANAFLEX CAPSULE 6 MG ORAL | Non-Formulary | Formulary Exclusion |
| ZANAFLEX TABLET 4 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>*Direct Muscle Relaxants***</i> | | |
| DANTRIUM CAPSULE 25 MG ORAL | Non-Formulary | Formulary Exclusion |
| DANTRIUM CAPSULE 50 MG ORAL | Non-Formulary | Formulary Exclusion |
| DANTRIUM SOLUTION RECONSTITUTED 20 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>dantrolene sodium capsule 100 mg oral</i> | 1 | |

| Drug Name | Tier | Notes |
|--|---------------|--|
| <i>dantrolene sodium capsule 25 mg oral</i> | 1 | |
| <i>dantrolene sodium capsule 50 mg oral</i> | 1 | |
| <i>dantrolene sodium solution reconstituted 20 mg intravenous</i> | Non-Formulary | Medical Only Exclusion |
| REVONTO SOLUTION RECONSTITUTED 20 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| RYANODEX SUSPENSION RECONSTITUTED 250 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| *Muscle Relaxant Combinations*** | | |
| <i>carisoprodol-aspirin-codeine tablet 200-325-16 mg oral</i> | Non-Formulary | Mony Code (MONY Code); Formulary Exclusion |
| <i>cyclo/gaba 10/300 therapy pack 10-300 mg oral</i> | Non-Formulary | Non FDA Exclusion |
| CYCLOPAK THERAPY PACK 5 & 2.5-2.5 MG & % COMBINATION | Non-Formulary | Non FDA Exclusion |
| METAXALL CP KIT 800 & 0.025 MG & % COMBINATION | Non-Formulary | Non FDA Exclusion |
| <i>norgesic forte tablet 50-770-60 mg oral</i> | Non-Formulary | Formulary Exclusion |
| NORGESIC TABLET 25-385-30 MG ORAL | 1 | |
| <i>orphenadrine-asa-caffeine tablet 50-770-60 mg oral</i> | 1 | |
| <i>orphenadrine-aspirin-caffeine tablet 25-385-30 mg oral</i> | 1 | |
| ORPHENGESIC FORTE TABLET 50-770-60 MG ORAL | 1 | |
| *Muscle Relaxant-Liniments Combinations*** | | |
| NOPIOID-LMC KIT THERAPY PACK 7.5 & 4-4 MG & % COMBINATION | Non-Formulary | Non FDA Exclusion |
| *Viscosupplement Combinations*** | | |
| HYRONAN KIT 1 & 2 % INJECTION | Non-Formulary | Non FDA Exclusion |
| *Viscosupplements*** | | |
| DUROLANE PREFILLED SYRINGE 60 MG/3ML INTRA-ARTICULAR | 2 | PA; QL with criteria |
| EUFLEXXA SOLUTION PREFILLED SYRINGE 20 MG/2ML INTRA-ARTICULAR | 2 | PA; QL with criteria |
| GEL-ONE PREFILLED SYRINGE 30 MG/3ML INTRA-ARTICULAR | Non-Formulary | PA; Formulary Exclusion; QL with criteria |
| GELSYN-3 SOLUTION PREFILLED SYRINGE 16.8 MG/2ML INTRA-ARTICULAR | 2 | PA; QL with criteria |
| GENVISC 850 SOLUTION PREFILLED SYRINGE 25 MG/2.5ML INTRA-ARTICULAR | Non-Formulary | PA; Formulary Exclusion; QL with criteria |

| Drug Name | Tier | Notes |
|--|---------------|---|
| HYALGAN SOLUTION 20 MG/2ML INTRA-ARTICULAR | Non-Formulary | PA; Formulary Exclusion; QL with criteria |
| HYALGAN SOLUTION PREFILLED SYRINGE 20 MG/2ML INTRA-ARTICULAR | Non-Formulary | PA; Formulary Exclusion; QL with criteria |
| HYMOVIS SOLUTION PREFILLED SYRINGE 24 MG/3ML INTRA-ARTICULAR | Non-Formulary | PA; Formulary Exclusion; QL with criteria |
| MONOVISC SOLUTION PREFILLED SYRINGE 88 MG/4ML INTRA-ARTICULAR | Non-Formulary | PA; Formulary Exclusion; QL with criteria |
| ORTHOVISC SOLUTION PREFILLED SYRINGE 30 MG/2ML INTRA-ARTICULAR | Non-Formulary | PA; Formulary Exclusion; QL with criteria |
| SUPARTZ FX SOLUTION PREFILLED SYRINGE 25 MG/2.5ML INTRA-ARTICULAR | 2 | PA; QL with criteria |
| SYNOJOYNT SOLUTION PREFILLED SYRINGE 20 MG/2ML INTRA-ARTICULAR | Non-Formulary | PA; Formulary Exclusion; QL with criteria |
| SYNVISC ONE SOLUTION PREFILLED SYRINGE 48 MG/6ML INTRA-ARTICULAR | Non-Formulary | PA; Formulary Exclusion; QL with criteria |
| SYNVISC SOLUTION PREFILLED SYRINGE 16 MG/2ML INTRA-ARTICULAR | Non-Formulary | PA; Formulary Exclusion; QL with criteria |
| TRILURON SOLUTION PREFILLED SYRINGE 20 MG/2ML INTRA-ARTICULAR | Non-Formulary | PA; Formulary Exclusion; QL with criteria |
| TRIVISC SOLUTION PREFILLED SYRINGE 25 MG/2.5ML INTRA-ARTICULAR | Non-Formulary | PA; Formulary Exclusion; QL with criteria |
| VISCO-3 SOLUTION PREFILLED SYRINGE 25 MG/2.5ML INTRA-ARTICULAR | Non-Formulary | PA; Formulary Exclusion; QL with criteria |
| *NASAL AGENTS - SYSTEMIC AND TOPICAL* | | |
| <i>*Anesthetic Combinations**</i> | | |
| <i>lidocaine hcl-oxymetazoline solution prefilled syringe 2-0.025 % (2 ml) nasal</i> | Non-Formulary | Non FDA Exclusion |
| <i>*Antihistamine-Steroid***</i> | | |
| <i>azelastine-fluticasone suspension 137-50 mcg/act nasal</i> | 1 | |
| DERMACINRX AZENASE PAK THERAPY PACK 137 & 50 MCG/ACT NASAL | Non-Formulary | Non FDA Exclusion |
| DYMISTA SUSPENSION 137-50 MCG/ACT NASAL | Non-Formulary | Formulary Exclusion |
| RYALTRIS SUSPENSION 665-25 MCG/ACT NASAL | Non-Formulary | Formulary Exclusion |
| <i>*Nasal Anesthetics***</i> | | |
| <i>cocaine hcl solution 40 mg/ml nasal</i> | Non-Formulary | Medical Only Exclusion |
| <i>goprelto solution 40 mg/ml nasal</i> | Non-Formulary | Medical Only Exclusion |
| NUMBRINO SOLUTION 40 MG/ML NASAL | Non-Formulary | Medical Only Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|---|
| *Nasal Anticholinergics*** | | |
| <i>ipratropium bromide solution 0.03 % nasal</i> | 1 | |
| <i>ipratropium bromide solution 0.06 % nasal</i> | 1 | |
| *Nasal Antihistamines*** | | |
| <i>azelastine hcl solution 0.1 % nasal</i> | 1 | |
| <i>azelastine hcl solution 0.15 % nasal</i> | 1 | |
| <i>azelastine hcl solution 137 mcg/spray nasal</i> | 1 | |
| <i>olopatadine hcl solution 0.6 % nasal</i> | 1 | |
| PATANASE SOLUTION 0.6 % NASAL | Non-Formulary | Formulary Exclusion |
| *Nasal Steroids*** | | |
| BECONASE AQ SUSPENSION 42 MCG/SPRAY NASAL | 3 | |
| <i>flunisolide solution 25 mcg/act (0.025%) nasal</i> | 1 | |
| <i>flunisolide solution 25 mcg/act (0.025%) nasal</i> | 1 | Mony Code (MONY code issue) |
| <i>fluticasone propionate suspension 50 mcg/act nasal (rx)</i> | 1 | |
| <i>mometasone furoate suspension 50 mcg/act nasal (rx)</i> | 1 | |
| NASONEX SUSPENSION 50 MCG/ACT NASAL | Non-Formulary | Formulary Exclusion |
| OMNARIS SUSPENSION 50 MCG/ACT NASAL | 3 | |
| PROPEL IMPLANT 370 MCG NASAL | Non-Formulary | Medical Only Exclusion |
| PROPEL MINI IMPLANT 370 MCG NASAL | Non-Formulary | Medical Only Exclusion |
| PROPEL MINI SDS IMPLANT 370 MCG NASAL | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| QNASL AEROSOL SOLUTION 80 MCG/ACT NASAL | 3 | |
| QNASL CHILDRENS AEROSOL SOLUTION 40 MCG/ACT NASAL | 3 | |
| SINUVA IMPLANT 1350 MCG NASAL | Non-Formulary | Medical Only Exclusion |
| XHANCE EXHALER SUSPENSION 93 MCG/ACT NASAL | 2 | ST |
| ZETONNA AEROSOL SOLUTION 37 MCG/ACT NASAL | 3 | |
| *Topical Decongestants*** | | |
| ADRENALIN SOLUTION 0.1 % NASAL | Non-Formulary | Non FDA Exclusion |
| <i>epinephrine hcl (nasal) solution 0.1 % nasal</i> | Non-Formulary | Non FDA Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|---|
| *NEUROMUSCULAR AGENTS* | | |
| <i>*Als Agent Combinations***</i> | | |
| RELYVRIO PACKET 3-1 GM ORAL | Non-Formulary | Non FDA Exclusion |
| <i>*Als Agents - Antisense Oligonucleotides***</i> | | |
| QALSODY SOLUTION 100 MG/15ML INTRATHECAL | Non-Formulary | Medical Only Exclusion |
| <i>*Als Agents - Miscellaneous***</i> | | |
| <i>edaravone solution 30 mg/100ml intravenous</i> | Tier 4 | PA; Specialty |
| RADICAVA SOLUTION 30 MG/100ML INTRAVENOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| <i>*Benzathiazoles***</i> | | |
| RILUTEK TABLET 50 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion |
| <i>riluzole tablet 50 mg oral</i> | Tier 4 | PA; Specialty |
| <i>*Depolarizing Muscle Relaxants***</i> | | |
| ANECTINE SOLUTION 20 MG/ML INJECTION | Non-Formulary | Medical Only Exclusion |
| QUELICIN SOLUTION 20 MG/ML INJECTION | Non-Formulary | Medical Only Exclusion |
| <i>succinylcholine chloride solution 20 mg/ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>succinylcholine chloride solution 20 mg/ml injection</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>succinylcholine chloride solution prefilled syringe 100 mg/5ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>succinylcholine chloride solution prefilled syringe 100 mg/5ml injection</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>succinylcholine chloride solution prefilled syringe 100 mg/5ml intravenous</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>succinylcholine chloride solution prefilled syringe 140 mg/7ml injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>succinylcholine chloride solution prefilled syringe 140 mg/7ml intravenous</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>succinylcholine chloride solution prefilled syringe 200 mg/10ml injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>succinylcholine chloride solution prefilled syringe 200 mg/10ml intravenous</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>*Muscular Dystrophy - Gene Therapy Agents***</i> | | |
| <i>amondys 45 solution 100 mg/2ml intravenous</i> | Non-Formulary | Medical Only Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|------------------------|
| ELEVIDYS 10.0-10.4 KG KIT 10 X 10 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ELEVIDYS 10.5-11.4 KG KIT 11 X 10 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ELEVIDYS 11.5-12.4 KG KIT 12 X 10 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ELEVIDYS 12.5-13.4 KG KIT 13 X 10 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ELEVIDYS 13.5-14.4 KG KIT 14 X 10 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ELEVIDYS 14.5-15.4 KG KIT 15 X 10 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ELEVIDYS 15.5-16.4 KG KIT 16 X 10 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ELEVIDYS 16.5-17.4 KG KIT 17 X 10 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ELEVIDYS 17.5-18.4 KG KIT 18 X 10 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ELEVIDYS 18.5-19.4 KG KIT 19 X 10 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ELEVIDYS 19.5-20.4 KG KIT 20 X 10 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ELEVIDYS 20.5-21.4 KG KIT 21 X 10 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ELEVIDYS 21.5-22.4 KG KIT 22 X 10 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ELEVIDYS 22.5-23.4 KG KIT 23 X 10 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ELEVIDYS 23.5-24.4 KG KIT 24 X 10 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ELEVIDYS 24.5-25.4 KG KIT 25 X 10 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ELEVIDYS 25.5-26.4 KG KIT 26 X 10 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ELEVIDYS 26.5-27.4 KG KIT 27 X 10 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ELEVIDYS 27.5-28.4 KG KIT 28 X 10 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ELEVIDYS 28.5-29.4 KG KIT 29 X 10 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ELEVIDYS 29.5-30.4 KG KIT 30 X 10 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ELEVIDYS 30.5-31.4 KG KIT 31 X 10 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|------------------------|
| ELEVIDYS 31.5-32.4 KG KIT 32 X 10 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ELEVIDYS 32.5-33.4 KG KIT 33 X 10 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ELEVIDYS 33.5-34.4 KG KIT 34 X 10 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ELEVIDYS 34.5-35.4 KG KIT 35 X 10 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ELEVIDYS 35.5-36.4 KG KIT 36 X 10 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ELEVIDYS 36.5-37.4 KG KIT 37 X 10 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ELEVIDYS 37.5-38.4 KG KIT 38 X 10 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ELEVIDYS 38.5-39.4 KG KIT 39 X 10 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ELEVIDYS 39.5-40.4 KG KIT 40 X 10 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ELEVIDYS 40.5-41.4 KG KIT 41 X 10 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ELEVIDYS 41.5-42.4 KG KIT 42 X 10 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ELEVIDYS 42.5-43.4 KG KIT 43 X 10 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ELEVIDYS 43.5-44.4 KG KIT 44 X 10 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ELEVIDYS 44.5-45.4 KG KIT 45 X 10 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ELEVIDYS 45.5-46.4 KG KIT 46 X 10 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ELEVIDYS 46.5-47.4 KG KIT 47 X 10 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ELEVIDYS 47.5-48.4 KG KIT 48 X 10 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ELEVIDYS 48.5-49.4 KG KIT 49 X 10 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ELEVIDYS 49.5-50.4 KG KIT 50 X 10 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ELEVIDYS 50.5-51.4 KG KIT 51 X 10 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ELEVIDYS 51.5-52.4 KG KIT 52 X 10 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ELEVIDYS 52.5-53.4 KG KIT 53 X 10 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|------------------------|
| ELEVIDYS 53.5-54.4 KG KIT 54 X 10 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ELEVIDYS 54.5-55.4 KG KIT 55 X 10 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ELEVIDYS 55.5-56.4 KG KIT 56 X 10 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ELEVIDYS 56.5-57.4 KG KIT 57 X 10 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ELEVIDYS 57.5-58.4 KG KIT 58 X 10 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ELEVIDYS 58.5-59.4 KG KIT 59 X 10 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ELEVIDYS 59.5-60.4 KG KIT 60 X 10 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ELEVIDYS 60.5-61.4 KG KIT 61 X 10 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ELEVIDYS 61.5-62.4 KG KIT 62 X 10 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ELEVIDYS 62.5-63.4 KG KIT 63 X 10 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ELEVIDYS 63.5-64.4 KG KIT 64 X 10 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ELEVIDYS 64.5-65.4 KG KIT 65 X 10 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ELEVIDYS 65.5-66.4 KG KIT 66 X 10 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ELEVIDYS 66.5-67.4 KG KIT 67 X 10 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ELEVIDYS 67.5-68.4 KG KIT 68 X 10 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ELEVIDYS 68.5-69.4 KG KIT 69 X 10 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ELEVIDYS 69.5 KG PLUS KIT 70 X 10 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| EXONDYS 51 SOLUTION 100 MG/2ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| EXONDYS 51 SOLUTION 500 MG/10ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| VILTEPSO SOLUTION 250 MG/5ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| VYONDYS 53 SOLUTION 100 MG/2ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|---|
| *Nondepolarizing Muscle Relaxants*** | | |
| <i>atracurium besylate solution 100 mg/10ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>atracurium besylate solution 50 mg/5ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>cisatracurium besylate (pf) solution 10 mg/5ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>cisatracurium besylate (pf) solution 200 mg/20ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>cisatracurium besylate solution 20 mg/10ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| NIMBEX SOLUTION 10 MG/5ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| NIMBEX SOLUTION 20 MG/10ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| NIMBEX SOLUTION 200 MG/20ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>rocuronium bromide solution 10 mg/ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>rocuronium bromide solution 100 mg/10ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>rocuronium bromide solution 50 mg/5ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>rocuronium bromide solution prefilled syringe 100 mg/10ml intravenous</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>rocuronium bromide solution prefilled syringe 50 mg/5ml intravenous</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>rocuronium bromide solution prefilled syringe 75 mg/7.5ml intravenous</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>vecuronium bromide solution prefilled syringe 10 mg/10ml intravenous</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>vecuronium bromide solution reconstituted 10 mg intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>vecuronium bromide solution reconstituted 20 mg intravenous</i> | Non-Formulary | Medical Only Exclusion |
| *Spinal Muscular Atrophy-Antisense Oligonucleotides*** | | |
| SPINRAZA SOLUTION 12 MG/5ML INTRATHECAL | Non-Formulary | Medical Only Exclusion |
| *Spinal Muscular Atrophy-Gene Therapy Agents*** | | |
| ZOLGENSMA 20.6-21.0 KG KIT 14X8.3 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|------------------------|
| ZOLGENSMA 10.1-10.5 KG KIT 7X8.3 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ZOLGENSMA 10.6-11.0 KG KIT 2X5.5ML & 6X8.3ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ZOLGENSMA 11.1-11.5 KG KIT 1X5.5ML & 7X8.3ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ZOLGENSMA 11.6-12.0 KG KIT 8X8.3 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ZOLGENSMA 12.1-12.5 KG KIT 2X5.5ML & 7X8.3ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ZOLGENSMA 12.6-13.0 KG KIT 1X5.5ML & 8X8.3ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ZOLGENSMA 13.1-13.5 KG KIT 9X8.3 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ZOLGENSMA 13.6-14.0 KG KIT 2X5.5ML & 8X8.3ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ZOLGENSMA 14.1-14.5 KG KIT 1X5.5ML & 9X8.3ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ZOLGENSMA 14.6-15.0 KG KIT 10X8.3 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ZOLGENSMA 15.1-15.5 KG KIT 2X5.5ML & 9X8.3ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ZOLGENSMA 15.6-16.0 KG KIT 1X5.5ML & 10X8.3ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ZOLGENSMA 16.1-16.5 KG KIT 11X8.3 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ZOLGENSMA 16.6-17.0 KG KIT 2X5.5ML & 10X8.3ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ZOLGENSMA 17.1-17.5 KG KIT 1X5.5ML & 11X8.3ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ZOLGENSMA 17.6-18.0 KG KIT 12X8.3 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ZOLGENSMA 18.1-18.5 KG KIT 2X5.5ML & 11X8.3ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ZOLGENSMA 18.6-19.0 KG KIT 1X5.5ML & 12X8.3ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ZOLGENSMA 19.1-19.5 KG KIT 13X8.3 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ZOLGENSMA 19.6-20.0 KG KIT 2X5.5ML & 12X8.3ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ZOLGENSMA 2.6-3.0 KG KIT 2X8.3 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ZOLGENSMA 20.1-20.5 KG KIT 1X5.5ML & 13X8.3ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|---|
| ZOLGENSMA 3.1-3.5 KG KIT 2X5.5ML & 1X8.3ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ZOLGENSMA 3.6-4.0 KG KIT 1X5.5ML & 2X8.3ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ZOLGENSMA 4.1-4.5 KG KIT 3X8.3 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ZOLGENSMA 4.6-5.0 KG KIT 2X5.5ML & 2X8.3ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ZOLGENSMA 5.1-5.5 KG KIT 1X5.5ML & 3X8.3ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ZOLGENSMA 5.6-6.0 KG KIT 4X8.3 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ZOLGENSMA 6.1-6.5 KG KIT 2X5.5ML & 3X8.3ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ZOLGENSMA 6.6-7.0 KG KIT 1X5.5ML & 4X8.3ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ZOLGENSMA 7.1-7.5 KG KIT 5X8.3 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ZOLGENSMA 7.6-8.0 KG KIT 2X5.5ML & 4X8.3ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ZOLGENSMA 8.1-8.5 KG KIT 1X5.5ML & 5X8.3ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ZOLGENSMA 8.6-9.0 KG KIT 6X8.3 ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ZOLGENSMA 9.1-9.5 KG KIT 2X5.5ML & 5X8.3ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ZOLGENSMA 9.6-10.0 KG KIT 1X5.5ML & 6X8.3ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| *NUTRIENTS* | | |
| <i>*Amino Acid Mixtures***</i> | | |
| <i>amino acid infusion in d10w solution 2.5 % intravenous</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>amino acid infusion in d10w solution 3 % intravenous</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>amino acid infusion in d10w solution 4 % intravenous</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>amino acid solution 5 % intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>amino acid-calcium-hep in d10w solution 3 % intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>amino acid-calcium-hep in d10w solution 4 % intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>amino acid-calcium-hep in d5w solution 3 % intravenous</i> | Non-Formulary | Non FDA Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|------------------------|
| AMINOAMRMS CAPSULE ORAL | Non-Formulary | Non FDA Exclusion |
| AMINOPROTECT SOLUTION 5 % INTRAVENOUS | Non-Formulary | Non FDA Exclusion |
| AMINORELIEFRMS CAPSULE ORAL | Non-Formulary | Non FDA Exclusion |
| AMINOSYN II SOLUTION 10 % INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| AMINOSYN II SOLUTION 15 % INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| AMINOSYN-PF 7% SOLUTION 7 % INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| AMINOSYN-PF SOLUTION 10 % INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| AMINOSYN-PF SOLUTION 7 % INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| CLINIMIX E/DEXTROSE (2.75/5) SOLUTION 2.75 % INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| CLINIMIX E/DEXTROSE (4.25/10) SOLUTION 4.25 % INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| CLINIMIX E/DEXTROSE (4.25/5) SOLUTION 4.25 % INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| CLINIMIX E/DEXTROSE (5/15) SOLUTION 5 % INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| CLINIMIX E/DEXTROSE (5/20) SOLUTION 5 % INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>clinimix e/dextrose (8/10) solution 8 % intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>clinimix e/dextrose (8/14) solution 8 % intravenous</i> | Non-Formulary | Medical Only Exclusion |
| CLINIMIX/DEXTROSE (4.25/10) SOLUTION 4.25 % INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| CLINIMIX/DEXTROSE (4.25/5) SOLUTION 4.25 % INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| CLINIMIX/DEXTROSE (5/15) SOLUTION 5 % INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| CLINIMIX/DEXTROSE (5/20) SOLUTION 5 % INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>clinimix/dextrose (6/5) solution 6 % intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>clinimix/dextrose (8/10) solution 8 % intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>clinimix/dextrose (8/14) solution 8 % intravenous</i> | Non-Formulary | Medical Only Exclusion |
| CLINISOL SF SOLUTION 15 % INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| FREAMINE III SOLUTION 10 % INTRAVENOUS | Non-Formulary | Medical Only Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|--|
| PLENAMINE SOLUTION 15 % INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| PREMASOL SOLUTION 10 % INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| PROCALAMINE SOLUTION 3 % INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| PROSOL SOLUTION 20 % INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| TRAVASOL SOLUTION 10 % INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| TROPHAMINE SOLUTION 10 % INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| *Amino Acids-Single*** | | |
| <i>arginine hcl solution 6 gm/30ml injection</i> | Non-Formulary | Non FDA Exclusion |
| ELCYS SOLUTION 50 MG/ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>glutathione solution 200 mg/ml injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>glutathione solution 6 gm/30ml injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>glutathione solution 6 gm/30ml intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>glycine solution 50 mg/ml injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>lysine hcl solution 100 mg/ml injection</i> | Non-Formulary | Non FDA Exclusion |
| NEOKE ALCAR POWDER ORAL | Non-Formulary | Non FDA Exclusion |
| <i>taurine solution 50 mg/ml injection</i> | Non-Formulary | Non FDA Exclusion |
| *Carbohydrates*** | | |
| <i>dextrose solution 10 % intravenous</i> | 1 | |
| <i>dextrose solution 20 % intravenous</i> | 3 | |
| <i>dextrose solution 250 mg/ml intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>dextrose solution 250 mg/ml intravenous</i> | 2 | |
| <i>dextrose solution 30 % intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>dextrose solution 40 % intravenous</i> | 3 | |
| <i>dextrose solution 5 % intravenous</i> | 1 | |
| <i>dextrose solution 50 % intravenous</i> | 1 | |
| <i>dextrose solution 50 % intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>dextrose solution 70 % intravenous</i> | 1 | |
| *Lipids*** | | |
| CLINOLIPID EMULSION 20 % INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| INTRALIPID EMULSION 20 % INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| INTRALIPID EMULSION 20 % INTRAVENOUS | Non-Formulary | Medical Only Exclusion; Mony Code (MONY Code) |

| Drug Name | Tier | Notes |
|---|---------------|--|
| INTRALIPID EMULSION 30 % INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| NEOKE MCT70 POWDER 70 GM/100GM ORAL (RX) | Non-Formulary | Non FDA Exclusion |
| NUTRILIPID EMULSION 20 % INTRAVENOUS | Non-Formulary | Medical Only Exclusion; Mony Code (MONY Code) |
| OMEGAVEN EMULSION 10 GM/100ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| OMEGAVEN EMULSION 5 GM/50ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| SMOFLIPID EMULSION 20 % INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| *Lipotropic Combinations*** | | |
| <i>lecithin granules oral (rx)</i> | Non-Formulary | Non FDA Exclusion |
| <i>lipo solution 50-50-25 mg/ml intramuscular</i> | Non-Formulary | Non FDA Exclusion |
| <i>lipo-c solution intramuscular</i> | Non-Formulary | Non FDA Exclusion |
| <i>mic-l-carnitine solution 25-50-50-50 mg/ml injection</i> | Non-Formulary | Non FDA Exclusion |
| *Misc. Nutritional Substances*** | | |
| ALTEMIA EMULSION ORAL | Non-Formulary | Non FDA Exclusion |
| CYTOTINE POWDER ORAL | Non-Formulary | Non FDA Exclusion |
| *Protein Combinations*** | | |
| <i>tri-amino solution 100-100-100 mg/ml injection</i> | Non-Formulary | Non FDA Exclusion |
| *Protein-Carbohydrate-Lipid With Electrolyte Combinations*** | | |
| KABIVEN EMULSION 3.3-10.8-3.9 % INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| PERIKABIVEN EMULSION 2.4-6.8-3.5-0.5 % INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| *OPHTHALMIC AGENTS* | | |
| *Alpha Adrenergic Agonist & Carbonic Anhydrase Inhib Comb*** | | |
| <i>brimonidine-dorzolamide solution 0.1-2 % ophthalmic</i> | Non-Formulary | Non FDA Exclusion |
| <i>brimonidine-dorzolamide solution 0.15-2 % ophthalmic</i> | Non-Formulary | Non FDA Exclusion |
| SIMBRINZA SUSPENSION 1-0.2 % OPHTHALMIC | 2 | |
| *Artificial Tear Inserts*** | | |
| LACRISERT INSERT 5 MG OPHTHALMIC | Non-Formulary | Formulary Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|-----------------------------|
| *Beta-Blockers - Ophthalmic Combinations*** | | |
| <i>bimatoprost-timolol maleate solution 0.01-0.5 % ophthalmic</i> | Non-Formulary | Non FDA Exclusion |
| <i>brimonidine tartrate-timolol solution 0.2-0.5 % ophthalmic</i> | 1 | |
| COMBIGAN SOLUTION 0.2-0.5 % OPTHALMIC | Non-Formulary | Formulary Exclusion |
| COSOPT PF SOLUTION 2-0.5 % OPTHALMIC | Non-Formulary | Formulary Exclusion |
| COSOPT SOLUTION 2-0.5 % OPTHALMIC | Non-Formulary | Formulary Exclusion |
| <i>dorzolamide hcl-timolol mal pf solution 2-0.5 % ophthalmic</i> | 1 | |
| <i>dorzolamide hcl-timolol mal solution 2-0.5 % ophthalmic</i> | 1 | |
| <i>dorzolamide hcl-timolol mal solution 2-0.5 % ophthalmic</i> | Non-Formulary | Non FDA Exclusion |
| <i>latanoprost-timolol maleate solution 0.005-0.5 % ophthalmic</i> | Non-Formulary | Non FDA Exclusion |
| <i>timolol-brimon-dorzol-bimatopr solution 0.5-0.1-2-0.01 % ophthalmic</i> | Non-Formulary | Non FDA Exclusion |
| <i>timolol-brimon-dorzol-bimatopr solution 0.5-0.15-2-0.01 % ophthalmic</i> | Non-Formulary | Non FDA Exclusion |
| <i>timolol-brimon-dorzol-latanopr solution 0.5-0.15-2 -0.005% ophthalmic</i> | Non-Formulary | Non FDA Exclusion |
| <i>timolol-brimonidine-dorzolamid solution 0.5-0.1-2 % ophthalmic</i> | Non-Formulary | Non FDA Exclusion |
| <i>timolol-brimonidine-dorzolamid solution 0.5-0.15-2 % ophthalmic</i> | Non-Formulary | Non FDA Exclusion |
| <i>timolol-dorzolamid-bimatoprost solution 0.5-2-0.01 % ophthalmic</i> | Non-Formulary | Non FDA Exclusion |
| <i>timolol-dorzolamid-latanoprost solution 0.5-0.15-0.005 % ophthalmic</i> | Non-Formulary | Non FDA Exclusion |
| *Beta-Blockers - Ophthalmic*** | | |
| <i>betaxolol hcl solution 0.5 % ophthalmic</i> | 1 | |
| <i>betaxolol hcl solution 0.5 % ophthalmic</i> | 1 | Mony Code (MONY CODE ISSUE) |
| BETIMOL SOLUTION 0.25 % OPTHALMIC | 3 | |
| BETIMOL SOLUTION 0.5 % OPTHALMIC | 3 | |
| BETOPTIC-S SUSPENSION 0.25 % OPTHALMIC | 3 | |
| <i>carteolol hcl solution 1 % ophthalmic</i> | 1 | Mony Code (MONY Code) |

| Drug Name | Tier | Notes |
|--|---------------|-----------------------------|
| ISTALOL SOLUTION 0.5 % OPHTHALMIC | Non-Formulary | Formulary Exclusion |
| <i>levobunolol hcl solution 0.5 % ophthalmic</i> | 1 | Mony Code (MONY Code) |
| <i>timolol maleate (once-daily) solution 0.5 % ophthalmic</i> | 1 | |
| <i>timolol maleate gel forming solution 0.25 % ophthalmic</i> | 1 | |
| <i>timolol maleate gel forming solution 0.25 % ophthalmic</i> | 1 | Mony Code (MONY Code) |
| <i>timolol maleate gel forming solution 0.5 % ophthalmic</i> | 1 | |
| <i>timolol maleate gel forming solution 0.5 % ophthalmic</i> | 1 | Mony Code (MONY Code Issue) |
| <i>timolol maleate gel forming solution 0.5 % ophthalmic</i> | 1 | Mony Code (MONY Code) |
| TIMOLOL MALEATE OCUDOSE SOLUTION 0.5 % OPHTHALMIC | 1 | |
| <i>timolol maleate pf solution 0.25 % ophthalmic</i> | 1 | |
| <i>timolol maleate pf solution 0.5 % ophthalmic</i> | 1 | |
| <i>timolol maleate solution 0.25 % ophthalmic</i> | 1 | |
| <i>timolol maleate solution 0.5 % ophthalmic</i> | 1 | |
| TIMOPTIC OCUDOSE SOLUTION 0.25 % OPHTHALMIC | Non-Formulary | Formulary Exclusion |
| TIMOPTIC OCUDOSE SOLUTION 0.5 % OPHTHALMIC | Non-Formulary | Formulary Exclusion |
| TIMOPTIC SOLUTION 0.25 % OPHTHALMIC | Non-Formulary | Formulary Exclusion |
| TIMOPTIC SOLUTION 0.5 % OPHTHALMIC | Non-Formulary | Formulary Exclusion |
| TIMOPTIC-XE GEL FORMING SOLUTION 0.25 % OPHTHALMIC | Non-Formulary | Formulary Exclusion |
| TIMOPTIC-XE GEL FORMING SOLUTION 0.5 % OPHTHALMIC | Non-Formulary | Formulary Exclusion |
| *Cholinergic Agonists*** | | |
| TYRVAYA SOLUTION 0.03 MG/ACT NASAL | Non-Formulary | Formulary Exclusion |
| *Cycloplegic Mydriatic Combinations*** | | |
| CYCLOMYDRIL SOLUTION 0.2-1 % OPHTHALMIC | 3 | |
| MYDCOMBI SOLUTION CARTRIDGE 1-2.5 % OPHTHALMIC | Non-Formulary | Medical Only Exclusion |
| <i>tropicamide-cyclopentolate-pe solution 1-1-2.5 % ophthalmic</i> | Non-Formulary | Non FDA Exclusion |
| <i>tropicamide-phenylephrine solution 1-2.5 % ophthalmic</i> | Non-Formulary | Non FDA Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|---|
| <i>tropic-cyclopent-pe-ketorolac solution 1-1-10-0.5 % ophthalmic</i> | Non-Formulary | Non FDA Exclusion |
| <i>tropic-cyclopent-pe-ketorolac solution 1-1-2.5-0.5 % ophthalmic</i> | Non-Formulary | Non FDA Exclusion |
| <i>tropic-cyclopent-pe-ketorolac solution prefilled syringe 1-1-10-0.5 % ophthalmic</i> | Non-Formulary | Non FDA Exclusion |
| <i>tropic-cyclopent-pe-ketorolac solution prefilled syringe 1-1-2.5-0.5 % ophthalmic</i> | Non-Formulary | Non FDA Exclusion |
| <i>tropic-cyclop-pe-keto-propar solution prefilled syringe ophthalmic</i> | Non-Formulary | Non FDA Exclusion |
| <i>tropic-proparaca-pe-ketorolac solution 1-0.5-2.5-0.5 % ophthalmic</i> | Non-Formulary | Non FDA Exclusion |
| *Cycloplegic Mydriatics*** | | |
| ALTAFRIN SOLUTION 10 % OPHTHALMIC | 1 | |
| ALTAFRIN SOLUTION 2.5 % OPHTHALMIC | 1 | |
| <i>atropine sulfate ointment 1 % ophthalmic</i> | Non-Formulary | Mony Code (MONY code issue); Formulary Exclusion |
| <i>atropine sulfate ointment 1 % ophthalmic</i> | Non-Formulary | Mony Code (MONY Code); Formulary Exclusion |
| <i>atropine sulfate solution 0.01 % ophthalmic</i> | Non-Formulary | Non FDA Exclusion |
| <i>atropine sulfate solution 0.025 % ophthalmic</i> | Non-Formulary | Non FDA Exclusion |
| <i>atropine sulfate solution 0.05 % ophthalmic</i> | Non-Formulary | Non FDA Exclusion |
| <i>atropine sulfate solution 1 % ophthalmic</i> | 1 | |
| <i>atropine sulfate solution 1 % ophthalmic</i> | 3 | |
| <i>atropine sulfate solution 1 % ophthalmic</i> | Non-Formulary | Mony Code (MONY code issue); Formulary Exclusion |
| CYCLOGYL SOLUTION 0.5 % OPHTHALMIC | Non-Formulary | Formulary Exclusion |
| CYCLOGYL SOLUTION 1 % OPHTHALMIC | Non-Formulary | Formulary Exclusion |
| CYCLOGYL SOLUTION 2 % OPHTHALMIC | Non-Formulary | Formulary Exclusion |
| <i>cyclopentolate hcl solution 0.5 % ophthalmic</i> | 1 | |
| <i>cyclopentolate hcl solution 1 % ophthalmic</i> | 1 | |
| <i>cyclopentolate hcl solution 2 % ophthalmic</i> | 1 | |
| HOMATROPAIRE SOLUTION 5 % OPHTHALMIC | Non-Formulary | Mony Code (MONY Code); Formulary Exclusion |
| ISOPTO ATROPINE SOLUTION 1 % OPHTHALMIC | 3 | |
| MYDRIACYL SOLUTION 1 % OPHTHALMIC | Non-Formulary | Formulary Exclusion |
| <i>phenylephrine hcl solution 10 % ophthalmic</i> | 1 | |
| <i>phenylephrine hcl solution 2.5 % ophthalmic</i> | 1 | |
| <i>phenylephrine hcl solution prefilled syringe 1.5 % intraocular</i> | Non-Formulary | Non FDA Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|-----------------------------|
| <i>tropicamide solution 0.5 % ophthalmic</i> | Non-Formulary | Formulary Exclusion |
| <i>tropicamide solution 1 % ophthalmic</i> | Non-Formulary | Formulary Exclusion |
| *Lymphocyte Function-Associated Antigen-1 (Lfa-1) Antag*** | | |
| XIIDRA SOLUTION 5 % OPHTHALMIC | 2 | |
| *Miotics - Direct Acting*** | | |
| ISOPTO CARPINE SOLUTION 1 % OPHTHALMIC | Non-Formulary | Formulary Exclusion |
| ISOPTO CARPINE SOLUTION 2 % OPHTHALMIC | Non-Formulary | Formulary Exclusion |
| ISOPTO CARPINE SOLUTION 4 % OPHTHALMIC | Non-Formulary | Formulary Exclusion |
| MIOCHOL-E SOLUTION RECONSTITUTED 20 MG INTRAOCULAR | Non-Formulary | Medical Only Exclusion |
| MIOSTAT SOLUTION 0.01 % INTRAOCULAR | Non-Formulary | Medical Only Exclusion |
| <i>pilocarpine hcl solution 1 % ophthalmic</i> | 1 | |
| <i>pilocarpine hcl solution 2 % ophthalmic</i> | 1 | |
| <i>pilocarpine hcl solution 4 % ophthalmic</i> | 1 | |
| VUITY SOLUTION 1.25 % OPHTHALMIC | Non-Formulary | Formulary Exclusion; QL |
| *Ophthalmic - Multiple Receptor Angiogenesis Inhibitors*** | | |
| VABYSMO SOLUTION 6 MG/0.05ML INTRAVITREAL | Non-Formulary | Medical Only Exclusion |
| VABYSMO SOLUTION PREFILLED SYRINGE 6 MG/0.05ML INTRAVITREAL | Non-Formulary | Medical Only Exclusion |
| *Ophthalmic Adrenergic Agents*** | | |
| <i>epinephrine hcl solution prefilled syringe 1 mg/ml intraocular</i> | Non-Formulary | Non FDA Exclusion |
| *Ophthalmic Antiallergic*** | | |
| ALOCRIAL SOLUTION 2 % OPHTHALMIC | 3 | |
| ALOMIDE SOLUTION 0.1 % OPHTHALMIC | 3 | |
| <i>azelastine hcl solution 0.05 % ophthalmic</i> | 1 | |
| <i>bepotastine besilate solution 1.5 % ophthalmic</i> | 1 | |
| BEPREVE SOLUTION 1.5 % OPHTHALMIC | Non-Formulary | Formulary Exclusion |
| <i>cromolyn sodium solution 4 % ophthalmic</i> | 1 | |
| <i>cromolyn sodium solution 4 % ophthalmic</i> | 1 | Mony Code (MONY CODE ISSUE) |
| <i>epinastine hcl solution 0.05 % ophthalmic</i> | 1 | |

| Drug Name | Tier | Notes |
|---|---------------|---|
| LASTACAPT SOLUTION 0.25 % OPHTHALMIC (RX) | 3 | |
| <i>olopatadine hcl solution 0.1 % ophthalmic (rx)</i> | 1 | |
| <i>olopatadine hcl solution 0.2 % ophthalmic (rx)</i> | 1 | |
| PAZEO SOLUTION 0.7 % OPHTHALMIC | 2 | |
| ZERVIATE SOLUTION 0.24 % OPHTHALMIC | 3 | |
| *Ophthalmic Antibiotics*** | | |
| AZASITE SOLUTION 1 % OPHTHALMIC | Non-Formulary | Formulary Exclusion |
| <i>bacitracin ointment 500 unit/gm ophthalmic</i> | 2 | |
| BESIVANCE SUSPENSION 0.6 % OPHTHALMIC | 2 | |
| CILOXAN OINTMENT 0.3 % OPHTHALMIC | Non-Formulary | Formulary Exclusion |
| CILOXAN SOLUTION 0.3 % OPHTHALMIC | Non-Formulary | Formulary Exclusion |
| <i>ciprofloxacin hcl solution 0.3 % ophthalmic</i> | 1 | |
| <i>erythromycin ointment 5 mg/gm ophthalmic</i> | 1 | |
| <i>erythromycin ointment 5 mg/gm ophthalmic</i> | 2 | |
| <i>gatifloxacin solution 0.5 % ophthalmic</i> | 1 | |
| GENTAK OINTMENT 0.3 % OPHTHALMIC | 1 | Mony Code (MONY Code) |
| <i>gentamicin sulfate solution 0.3 % ophthalmic</i> | 1 | |
| KLARITY-A SOLUTION 1 % OPHTHALMIC | Non-Formulary | Non FDA Exclusion |
| <i>levofloxacin solution 0.5 % ophthalmic</i> | 1 | |
| <i>levofloxacin solution 0.5 % ophthalmic</i> | 1 | Mony Code (MONY CODE ISSUE) |
| <i>levofloxacin solution 1.5 % ophthalmic</i> | Non-Formulary | Non FDA Exclusion |
| <i>mitomycin solution prefilled syringe 0.02 % intraocular</i> | Non-Formulary | Non FDA Exclusion |
| <i>mitomycin solution prefilled syringe 0.04 % intraocular</i> | Non-Formulary | Non FDA Exclusion |
| MITOSOL KIT 0.2 MG OPHTHALMIC | Non-Formulary | Formulary Exclusion |
| MOXEZA SOLUTION 0.5 % OPHTHALMIC | Non-Formulary | Formulary Exclusion |
| <i>moxifloxacin hcl (2x day) solution 0.5 % ophthalmic</i> | Non-Formulary | Mony Code (MONY code issue); Formulary Exclusion |
| <i>moxifloxacin hcl solution 0.5 % ophthalmic</i> | 1 | |
| <i>moxifloxacin hcl solution 1 mg/ml intraocular</i> | Non-Formulary | Non FDA Exclusion |
| <i>moxifloxacin hcl solution 5 mg/ml intraocular</i> | Non-Formulary | Non FDA Exclusion |
| <i>moxifloxacin hcl solution prefilled syringe 0.16 % intraocular</i> | Non-Formulary | Non FDA Exclusion |
| <i>moxifloxacin hcl solution prefilled syringe 0.3 mg/0.3ml intraocular</i> | Non-Formulary | Non FDA Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|-----------------------|
| <i>moxifloxacin hcl solution prefilled syringe 0.5 % ophthalmic</i> | Non-Formulary | Non FDA Exclusion |
| OCUFLOX SOLUTION 0.3 % OPHTHALMIC | Non-Formulary | Formulary Exclusion |
| <i>ofloxacin solution 0.3 % ophthalmic</i> | 1 | |
| <i>tobramycin solution 0.3 % ophthalmic</i> | 1 | |
| TOBREX OINTMENT 0.3 % OPHTHALMIC | Non-Formulary | Formulary Exclusion |
| TOBREX SOLUTION 0.3 % OPHTHALMIC | Non-Formulary | Formulary Exclusion |
| <i>vancomycin hcl solution prefilled syringe 10 mg/ml ophthalmic</i> | Non-Formulary | Non FDA Exclusion |
| VIGAMOX SOLUTION 0.5 % OPHTHALMIC | Non-Formulary | Formulary Exclusion |
| ZYMAXID SOLUTION 0.5 % OPHTHALMIC | Non-Formulary | Formulary Exclusion |
| *Ophthalmic Antifungal*** | | |
| NATACYN SUSPENSION 5 % OPHTHALMIC | 2 | |
| *Ophthalmic Anti-Infective Combinations*** | | |
| <i>ak-poly-bac ointment 500-10000 unit/gm ophthalmic</i> | 1 | |
| <i>bacitracin-polymyxin b ointment 500-10000 unit/gm ophthalmic</i> | 1 | |
| <i>moxifloxacin hcl-bss solution 1 mg/ml intravitreal</i> | Non-Formulary | Non FDA Exclusion |
| <i>moxifloxacin-bromfenac solution 0.5-0.075 % ophthalmic</i> | Non-Formulary | Non FDA Exclusion |
| <i>neomycin-bacitracin zn-polymyx ointment 3.5-400-10000 ophthalmic</i> | 1 | |
| <i>neomycin-bacitracin zn-polymyx ointment 5-400-10000 ophthalmic</i> | 1 | |
| <i>neomycin-polymyxin-gramicidin solution 1.75-10000-.025 ophthalmic</i> | 1 | Mony Code (MONY Code) |
| NEO-POLYCIN OINTMENT 3.5-400-10000 OPHTHALMIC | 1 | |
| POLYCIN OINTMENT 500-10000 UNIT/GM OPHTHALMIC | 1 | |
| <i>polymyxin b-trimethoprim solution 10000-0.1 unit/ml-% ophthalmic</i> | 1 | |
| POLYTRIM SOLUTION 10000-0.1 UNIT/ML-% OPHTHALMIC | Non-Formulary | Formulary Exclusion |
| <i>tobramycin-vancomycin hcl solution 1.5-5 % ophthalmic</i> | Non-Formulary | Non FDA Exclusion |
| *Ophthalmic Antiseptics*** | | |
| BETADINE OPHTHALMIC PREP SOLUTION 5 % OPHTHALMIC | Non-Formulary | Formulary Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|--|
| <i>povidone-iodine solution 5 % ophthalmic</i> | Non-Formulary | Non FDA Exclusion |
| *Ophthalmic Antivirals*** | | |
| <i>trifluridine solution 1 % ophthalmic</i> | 1 | Mony Code (MONY Code) |
| ZIRGAN GEL 0.15 % OPHTHALMIC | Non-Formulary | Formulary Exclusion |
| *Ophthalmic Carbonic Anhydrase Inhibitors*** | | |
| AZOPT SUSPENSION 1 % OPHTHALMIC | Non-Formulary | Formulary Exclusion |
| <i>brinzolamide suspension 1 % ophthalmic</i> | 1 | |
| <i>dorzolamide hcl solution 2 % ophthalmic</i> | Non-Formulary | Non FDA Exclusion |
| <i>dorzolamide hcl solution 2 % ophthalmic</i> | 1 | |
| TRUSOPT SOLUTION 2 % OPHTHALMIC | Non-Formulary | Formulary Exclusion |
| *Ophthalmic Complement C3 Inhibitors*** | | |
| SYFOVRE SOLUTION 15 MG/0.1ML INTRAVITREAL | Non-Formulary | Medical Only Exclusion |
| *Ophthalmic Complement C5 Inhibitors*** | | |
| IZERVAY SOLUTION 2 MG/0.1ML INTRAVITREAL | Non-Formulary | Medical Only Exclusion |
| *Ophthalmic Diagnostic Products*** | | |
| <i>ak-fluor solution 10 % intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>ak-fluor solution 25 % intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>altafluor benox solution 0.25-0.4 % ophthalmic</i> | Non-Formulary | Formulary Exclusion |
| BIO GLO STRIP 1 MG OPHTHALMIC | Non-Formulary | Non FDA Exclusion; Mony Code (MONY CODE ISSUE) |
| FLUCAINE SOLUTION 0.25-0.5 % OPHTHALMIC | Non-Formulary | Non FDA Exclusion |
| <i>fluorescein sodium/benoxinate solution 0.3-0.4 % ophthalmic</i> | Non-Formulary | Formulary Exclusion |
| <i>fluorescein solution 10 % intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>fluorescein-benoxinate solution 0.25-0.4 % ophthalmic</i> | 1 | |
| FLUORESCITE SOLUTION 10 % INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| FLUOR-I-STRIPS A.T. STRIP 1 MG OPHTHALMIC | Non-Formulary | Non FDA Exclusion; Mony Code (MONY CODE ISSUE) |
| FLURA-SAFE SOLUTION 0.35-0.4 % OPHTHALMIC | Non-Formulary | Non FDA Exclusion |
| FUL-GLO STRIP 0.6 MG OPHTHALMIC | Non-Formulary | Non FDA Exclusion |
| FUL-GLO STRIP 1 MG OPHTHALMIC | Non-Formulary | Non FDA Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|---|
| GLOSTRIPS STRIP 1 MG OPHTHALMIC | Non-Formulary | Non FDA Exclusion; Mony Code (MONY Code) |
| GREEN GLO LISSAMINE GREEN STRIP 1.5 MG OPHTHALMIC | Non-Formulary | Non FDA Exclusion; Mony Code (MONY Code) |
| PAREMYD SOLUTION 1-0.25 % OPHTHALMIC | Non-Formulary | Formulary Exclusion |
| <i>proparacaine-fluorescein solution 0.5-0.25 % ophthalmic</i> | Non-Formulary | Non FDA Exclusion |
| *Ophthalmic Ectoparasiticide** | | |
| XDEMVY SOLUTION 0.25 % OPHTHALMIC | 3 | PA |
| *Ophthalmic Gene Therapy*** | | |
| LUXTURNA SUSPENSION 5000000000000 VG/ML INTRAOCULAR | Non-Formulary | Medical Only Exclusion |
| *Ophthalmic Immunomodulators*** | | |
| CEQUA SOLUTION 0.09 % OPHTHALMIC | Non-Formulary | Formulary Exclusion |
| <i>cyclosporine emulsion 0.05 % ophthalmic</i> | 1 | |
| KLARITY-C DROPS EMULSION 0.1 % OPHTHALMIC | Non-Formulary | PA; Non FDA Exclusion |
| RESTASIS EMULSION 0.05 % OPHTHALMIC | 2 | |
| RESTASIS MULTIDOSE EMULSION 0.05 % OPHTHALMIC | Non-Formulary | Formulary Exclusion |
| VERKAZIA EMULSION 0.1 % OPHTHALMIC | Non-Formulary | PA; Formulary Exclusion |
| VEVYE SOLUTION 0.1 % OPHTHALMIC | Non-Formulary | Formulary Exclusion |
| *Ophthalmic Irrigation Solutions*** | | |
| <i>balanced salt solution intraocular</i> | Non-Formulary | Medical Only Exclusion |
| BSS PLUS SOLUTION INTRAOCULAR | Non-Formulary | Medical Only Exclusion; Mony Code (MONY Code) |
| BSS SOLUTION INTRAOCULAR | Non-Formulary | Medical Only Exclusion |
| BSS SOLUTION INTRAOCULAR | Non-Formulary | Medical Only Exclusion; Mony Code (MONY Code) |
| *Ophthalmic Kinase Inhibitors - Combinations*** | | |
| ROCKLATAN SOLUTION 0.02-0.005 % OPHTHALMIC | 3 | |
| *Ophthalmic Local Anesthetic - Combinations*** | | |
| <i>bup-lido solution prefilled syringe 0.375-2 % intraocular</i> | Non-Formulary | Non FDA Exclusion |
| <i>lidocaine hcl-bupivacaine hcl solution prefilled syringe 2-0.375 % (10 ml) intraocular</i> | Non-Formulary | Non FDA Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|--|
| <i>lidocaine-epinephrine solution 7.5-0.25 mg/ml intraocular</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>lidocaine-phenylephrine solution 1-1.5 % intraocular</i> | Non-Formulary | Non FDA Exclusion |
| <i>lidocaine-phenylephrine-bss solution prefilled syringe 1-1.5 % (1ml) intraocular</i> | Non-Formulary | Non FDA Exclusion |
| *Ophthalmic Local Anesthetics*** | | |
| AKTEN GEL 3.5 % OPHTHALMIC | Non-Formulary | Medical Only Exclusion |
| ALCAINE SOLUTION 0.5 % OPHTHALMIC | Non-Formulary | Medical Only Exclusion |
| ALTACAINE SOLUTION 0.5 % OPHTHALMIC | 1 | |
| IHEEZO GEL 3 % OPHTHALMIC | Non-Formulary | Medical Only Exclusion |
| <i>proparacaine hcl solution 0.5 % ophthalmic</i> | Non-Formulary | Medical Only Exclusion |
| <i>tetracaine hcl solution 0.5 % ophthalmic</i> | 1 | |
| *Ophthalmic Nonsteroidal Anti-Inflammatory Agents*** | | |
| ACULAR LS SOLUTION 0.4 % OPHTHALMIC | Non-Formulary | Formulary Exclusion |
| ACULAR SOLUTION 0.5 % OPHTHALMIC | Non-Formulary | Formulary Exclusion |
| ACUVAIL SOLUTION 0.45 % OPHTHALMIC | Non-Formulary | Formulary Exclusion |
| <i>bromfenac sodium (once-daily) solution 0.09 % ophthalmic</i> | Non-Formulary | Formulary Exclusion |
| <i>bromfenac sodium (once-daily) solution 0.09 % ophthalmic</i> | Non-Formulary | Mony Code (MONY Code); Formulary Exclusion |
| <i>bromfenac sodium solution 0.07 % ophthalmic</i> | Non-Formulary | Formulary Exclusion |
| <i>bromfenac sodium solution 0.075 % ophthalmic</i> | 1 | |
| BROMSITE SOLUTION 0.075 % OPHTHALMIC | Non-Formulary | Formulary Exclusion |
| <i>diclofenac sodium solution 0.1 % ophthalmic</i> | 1 | |
| <i>flurbiprofen sodium solution 0.03 % ophthalmic</i> | 1 | Mony Code (MONY Code) |
| ILEVRO SUSPENSION 0.3 % OPHTHALMIC | 3 | |
| <i>ketorolac tromethamine solution 0.4 % ophthalmic</i> | 1 | |
| <i>ketorolac tromethamine solution 0.5 % ophthalmic</i> | 1 | |
| NEVANAC SUSPENSION 0.1 % OPHTHALMIC | Non-Formulary | Formulary Exclusion |
| PROLENSA SOLUTION 0.07 % OPHTHALMIC | Non-Formulary | Formulary Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|-----------------------------|
| *Ophthalmic Photodynamic Therapy Agents*** | | |
| VISUDYNE SOLUTION RECONSTITUTED 15 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| *Ophthalmic Photoenhancer Combinations*** | | |
| PHOTREXA VISCOUS SOLUTION PREFILLED SYRINGE 0.146-20 % OPHTHALMIC | Non-Formulary | Medical Only Exclusion |
| PHOTREXA-PHOTREXA VISCOUS KIT SOLUTION PREFILLED SYRINGE 0.146 & 0.146-20 % OPHTHALMIC | Non-Formulary | Medical Only Exclusion |
| *Ophthalmic Rho Kinase Inhibitors*** | | |
| RHOPRESSA SOLUTION 0.02 % OPHTHALMIC | 3 | |
| *Ophthalmic Selective Alpha Adrenergic Agonists*** | | |
| ALPHAGAN P SOLUTION 0.1 % OPHTHALMIC | Non-Formulary | Formulary Exclusion |
| ALPHAGAN P SOLUTION 0.15 % OPHTHALMIC | Non-Formulary | Formulary Exclusion |
| <i>apraclonidine hcl solution 0.5 % ophthalmic</i> | 1 | |
| <i>apraclonidine hcl solution 0.5 % ophthalmic</i> | 1 | Mony Code (MONY CODE ISSUE) |
| <i>brimonidine tartrate solution 0.1 % ophthalmic</i> | 1 | |
| <i>brimonidine tartrate solution 0.15 % ophthalmic</i> | 1 | |
| <i>brimonidine tartrate solution 0.2 % ophthalmic</i> | 1 | |
| IOPIDINE SOLUTION 1 % OPHTHALMIC | Non-Formulary | Formulary Exclusion |
| *Ophthalmic Steroid Combinations*** | | |
| <i>bacitra-neomycin-polymyxin-hc ointment 1 % ophthalmic</i> | 1 | |
| BLEPHAMIDE S.O.P. OINTMENT 10-0.2 % OPHTHALMIC | 3 | |
| BLEPHAMIDE SUSPENSION 10-0.2 % OPHTHALMIC | 3 | |
| <i>dexamethasone-moxifloxacin solution 1-5 mg/ml intraocular</i> | Non-Formulary | Non FDA Exclusion |
| <i>dexameth-moxiflox-ketorolac solution 1-0.5-0.4 mg/ml intraocular</i> | Non-Formulary | Non FDA Exclusion |
| <i>double pm solution reconstituted 1-0.5 % ophthalmic</i> | Non-Formulary | Non FDA Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|-----------------------|
| MAXITROL OINTMENT 3.5-10000-0.1 OPTHALMIC | Non-Formulary | Formulary Exclusion |
| MAXITROL SUSPENSION 0.1 % OPTHALMIC | Non-Formulary | Formulary Exclusion |
| MAXITROL SUSPENSION 3.5-10000-0.1 OPTHALMIC | Non-Formulary | Formulary Exclusion |
| <i>neomycin-polymyxin-dexameth ointment 3.5-10000-0.1 ophthalmic</i> | 1 | |
| <i>neomycin-polymyxin-dexameth suspension 3.5-10000-0.1 ophthalmic</i> | 1 | |
| <i>neomycin-polymyxin-hc suspension 3.5-10000-1 ophthalmic</i> | Non-Formulary | Formulary Exclusion |
| NEO-POLYCIN HC OINTMENT 1 % OPTHALMIC | 1 | |
| PRED-G S.O.P. OINTMENT 0.3-0.6 % OPTHALMIC | 3 | |
| PRED-G SUSPENSION 0.3-1 % OPTHALMIC | 3 | |
| <i>prednisol ace-moxiflox-bromfen suspension 1-0.5-0.075 % ophthalmic</i> | Non-Formulary | Non FDA Exclusion |
| <i>prednisolone acetate-nepafenac suspension 1-0.1 % ophthalmic</i> | Non-Formulary | Non FDA Exclusion |
| <i>prednisolone acet-moxifloxacin suspension 1-0.5 % ophthalmic</i> | Non-Formulary | Non FDA Exclusion |
| <i>prednisolone-bromfenac solution 1-0.075 % ophthalmic</i> | Non-Formulary | Non FDA Exclusion |
| <i>prednisolone-bromfenac suspension 1-0.075 % ophthalmic</i> | Non-Formulary | Non FDA Exclusion |
| <i>prednisolone-gatifloxacin suspension 1-0.5 % ophthalmic</i> | Non-Formulary | Non FDA Exclusion |
| <i>prednisolone-moxifloxacin solution 1-0.5 % ophthalmic</i> | Non-Formulary | Non FDA Exclusion |
| <i>prednisolon-gatiflox-bromfenac solution 1-0.5-0.075 % ophthalmic</i> | Non-Formulary | Non FDA Exclusion |
| <i>prednisolon-gatiflox-bromfenac suspension 1-0.5-0.075 % ophthalmic</i> | Non-Formulary | Non FDA Exclusion |
| <i>prednisolon-moxiflox-bromfenac solution 1-0.5-0.075 % ophthalmic</i> | Non-Formulary | Non FDA Exclusion |
| <i>prednisolon-moxiflox-ketorolac solution 1-0.5-0.5 % ophthalmic</i> | Non-Formulary | Non FDA Exclusion |
| <i>prednisolon-moxiflox-nepafenac suspension 1-0.5-0.1 % ophthalmic</i> | Non-Formulary | Non FDA Exclusion |
| <i>sulfacetamide-prednisolone solution 10-0.23 % ophthalmic</i> | 1 | Mony Code (MONY Code) |

| Drug Name | Tier | Notes |
|---|---------------|------------------------|
| TOBRADEX OINTMENT 0.3-0.1 % OPHTHALMIC | Non-Formulary | Formulary Exclusion |
| TOBRADEX ST SUSPENSION 0.3-0.05 % OPHTHALMIC | 3 | |
| TOBRADEX SUSPENSION 0.3-0.1 % OPHTHALMIC | Non-Formulary | Formulary Exclusion |
| <i>tobramycin-dexamethasone suspension 0.3-0.1 % ophthalmic</i> | 1 | |
| <i>triamcinolone-moxifloxacin suspension 15-1 mg/ml intraocular</i> | Non-Formulary | Non FDA Exclusion |
| TRIMOXI+ SUSPENSION 15-1 MG/ML INTRAOCULAR | Non-Formulary | Non FDA Exclusion |
| <i>triple pmb solution reconstituted 1-0.5-0.09 % ophthalmic</i> | Non-Formulary | Non FDA Exclusion |
| <i>triple pmk solution reconstituted 1-0.5-0.5 % ophthalmic</i> | Non-Formulary | Non FDA Exclusion |
| ZYLET SUSPENSION 0.5-0.3 % OPHTHALMIC | 3 | |
| *Ophthalmic Steroids*** | | |
| ALREX SUSPENSION 0.2 % OPHTHALMIC | Non-Formulary | Formulary Exclusion |
| <i>clobetasol propionate suspension 0.05 % ophthalmic</i> | 3 | ST |
| <i>dexamethasone sodium phosphate solution 0.1 % ophthalmic</i> | 1 | Mony Code (MONY Code) |
| DEXTENZA INSERT 0.4 MG OPHTHALMIC | Non-Formulary | Medical Only Exclusion |
| DEXYCU SUSPENSION 9 % INTRAOCULAR | Non-Formulary | Medical Only Exclusion |
| <i>difluprednate emulsion 0.05 % ophthalmic</i> | 1 | |
| DUREZOL EMULSION 0.05 % OPHTHALMIC | Non-Formulary | Formulary Exclusion |
| EYSUVIS SUSPENSION 0.25 % OPHTHALMIC | 2 | QL |
| FLAREX SUSPENSION 0.1 % OPHTHALMIC | 3 | |
| <i>fluorometholone suspension 0.1 % ophthalmic</i> | 1 | |
| FML FORTE SUSPENSION 0.25 % OPHTHALMIC | Non-Formulary | Formulary Exclusion |
| FML LIQUIFILM SUSPENSION 0.1 % OPHTHALMIC | Non-Formulary | Formulary Exclusion |
| FML OINTMENT 0.1 % OPHTHALMIC | Non-Formulary | Formulary Exclusion |
| ILUVIEN IMPLANT 0.19 MG INTRAVITREAL | Non-Formulary | Medical Only Exclusion |
| INVELTYS SUSPENSION 1 % OPHTHALMIC | Non-Formulary | Formulary Exclusion |
| KLARITY-L EMULSION 0.2 % OPHTHALMIC | Non-Formulary | Non FDA Exclusion |
| KLARITY-L EMULSION 0.5 % OPHTHALMIC | Non-Formulary | Non FDA Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|-----------------------------|
| LOTEMAX GEL 0.5 % OPHTHALMIC | Non-Formulary | Formulary Exclusion |
| LOTEMAX OINTMENT 0.5 % OPHTHALMIC | 2 | |
| LOTEMAX SM GEL 0.38 % OPHTHALMIC | 2 | |
| LOTEMAX SUSPENSION 0.5 % OPHTHALMIC | Non-Formulary | Formulary Exclusion |
| <i>loteprednol etabonate gel 0.5 % ophthalmic</i> | 1 | |
| <i>loteprednol etabonate gel 0.5 % ophthalmic</i> | 1 | Mony Code (MONY CODE ISSUE) |
| <i>loteprednol etabonate suspension 0.2 % ophthalmic</i> | 1 | |
| <i>loteprednol etabonate suspension 0.5 % ophthalmic</i> | 1 | |
| MAXIDEX SUSPENSION 0.1 % OPHTHALMIC | 3 | |
| OZURDEX IMPLANT 0.7 MG INTRAVITREAL | Non-Formulary | Medical Only Exclusion |
| PRED FORTE SUSPENSION 1 % OPHTHALMIC | Non-Formulary | Formulary Exclusion |
| PRED MILD SUSPENSION 0.12 % OPHTHALMIC | Non-Formulary | Formulary Exclusion |
| <i>prednisolone acetate p-f suspension 1 % ophthalmic</i> | Non-Formulary | Non FDA Exclusion |
| <i>prednisolone acetate suspension 1 % ophthalmic</i> | 1 | |
| <i>prednisolone acetate suspension 1 % ophthalmic</i> | 1 | Mony Code (MONY Code) |
| <i>prednisolone sodium phosphate solution 1 % ophthalmic</i> | 3 | |
| RETISERT IMPLANT 0.59 MG INTRAVITREAL | Non-Formulary | Medical Only Exclusion |
| TRIESENCE SUSPENSION 40 MG/ML INTRAOCULAR | Non-Formulary | Medical Only Exclusion |
| XIPERE SUSPENSION 40 MG/ML INTRAOCULAR | Non-Formulary | Medical Only Exclusion |
| YUTIQ IMPLANT 0.18 MG INTRAVITREAL | Non-Formulary | Medical Only Exclusion |
| *Ophthalmic Sulfonamides*** | | |
| BLEPH-10 SOLUTION 10 % OPHTHALMIC | Non-Formulary | Formulary Exclusion |
| <i>sulfacetamide sodium ointment 10 % ophthalmic</i> | 1 | Mony Code (MONY Code) |
| <i>sulfacetamide sodium solution 10 % ophthalmic</i> | 1 | |
| *Ophthalmic Surgical Aids - Combinations*** | | |
| DISCOVISC SOLUTION 40-17 MG/ML INTRAOCULAR | Non-Formulary | Medical Only Exclusion |
| DUOVISC KIT 0.4-0.35 ML INTRAOCULAR | Non-Formulary | Medical Only Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|---|
| DUOVISC KIT 0.55-0.5 ML INTRAOCULAR | Non-Formulary | Medical Only Exclusion |
| DUOVISC KIT 0.85-0.5 ML INTRAOCULAR | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| OMIDRIA SOLUTION 1-0.3 % INTRAOCULAR | Non-Formulary | Medical Only Exclusion |
| VISCOAT SOLUTION PREFILLED SYRINGE 20-15 MG/0.5ML INTRAOCULAR | Non-Formulary | Medical Only Exclusion |
| VISCOAT SOLUTION PREFILLED SYRINGE 30-22.5 MG/0.75ML INTRAOCULAR | Non-Formulary | Medical Only Exclusion |
| <i>*Ophthalmic Surgical Aids***</i> | | |
| AMVISC SOLUTION PREFILLED SYRINGE 9.6 MG/0.8ML INTRAOCULAR | Non-Formulary | Medical Only Exclusion |
| CELLUGEL SOLUTION 2 % INTRAOCULAR | Non-Formulary | Medical Only Exclusion |
| GELFILM FILM OPHTHALMIC | Non-Formulary | Non FDA Exclusion |
| HEALON DUET PRO SOLUTION PREFILLED SYRINGE 1 & 3 % INTRAOCULAR | Non-Formulary | Medical Only Exclusion |
| HEALON GV PRO SOLUTION PREFILLED SYRINGE 15.3 MG/0.85ML INTRAOCULAR | Non-Formulary | Medical Only Exclusion |
| HEALON PRO SOLUTION PREFILLED SYRINGE 5.5 MG/0.55ML INTRAOCULAR | Non-Formulary | Medical Only Exclusion |
| HEALON PRO SOLUTION PREFILLED SYRINGE 8.5 MG/0.85ML INTRAOCULAR | Non-Formulary | Medical Only Exclusion |
| HEALON5 PRO SOLUTION PREFILLED SYRINGE 13.8 MG/0.6ML INTRAOCULAR | Non-Formulary | Medical Only Exclusion |
| MEMBRANEBLUE SOLUTION PREFILLED SYRINGE 0.15 % INTRAOCULAR | Non-Formulary | Formulary Exclusion |
| NUVISC SOLUTION PREFILLED SYRINGE 9.6 MG/0.8ML INTRAOCULAR | Non-Formulary | Medical Only Exclusion |
| PROVISC SOLUTION PREFILLED SYRINGE 4 MG/0.4ML INTRAOCULAR | Non-Formulary | Medical Only Exclusion |
| PROVISC SOLUTION PREFILLED SYRINGE 5.5 MG/0.55ML INTRAOCULAR | Non-Formulary | Medical Only Exclusion |
| PROVISC SOLUTION PREFILLED SYRINGE 8.5 MG/0.85ML INTRAOCULAR | Non-Formulary | Medical Only Exclusion |
| TISSUEBLUE SOLUTION PREFILLED SYRINGE 0.025 % INTRAOCULAR | Non-Formulary | Medical Only Exclusion |
| TOTALVISC SOLUTION PREFILLED SYRINGE 1 & 2.5 % INTRAOCULAR | Non-Formulary | Medical Only Exclusion |
| VISIONBLUE SOLUTION PREFILLED SYRINGE 0.06 % INTRAOCULAR | Non-Formulary | Formulary Exclusion |
| <i>*Ophthalmics - Blepharoptosis Agents**</i> | | |
| UPNEEQ SOLUTION 0.1 % OPHTHALMIC | Non-Formulary | Formulary Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|---|
| *Ophthalmics Misc. - Other*** | | |
| <i>chondroitin sulfate solution 0.25 % ophthalmic</i> | Non-Formulary | Non FDA Exclusion |
| MIEBO SOLUTION 1.338 GM/ML OPTHALMIC | 2 | |
| *Prostaglandins - Ophthalmic*** | | |
| <i>bimatoprost solution 0.03 % ophthalmic</i> | Non-Formulary | Formulary Exclusion |
| <i>bimatoprost solution 0.03 % ophthalmic</i> | Non-Formulary | Mony Code (MONY Code); Formulary Exclusion |
| DURYSTA IMPLANT 10 MCG INTRAOCULAR | Non-Formulary | Medical Only Exclusion |
| IDOSE TR IMPLANT 75 MCG INTRAOCULAR | Non-Formulary | Medical Only Exclusion |
| IYUZEH SOLUTION 0.005 % OPTHALMIC | Non-Formulary | Formulary Exclusion |
| <i>latanoprost solution 0.005 % ophthalmic</i> | Non-Formulary | Non FDA Exclusion |
| <i>latanoprost solution 0.005 % ophthalmic</i> | 1 | |
| LUMIGAN SOLUTION 0.01 % OPTHALMIC | 2 | |
| <i>tafluprost (pf) solution 0.0015 % ophthalmic</i> | 1 | |
| TRAVATAN Z SOLUTION 0.004 % OPTHALMIC | Non-Formulary | Formulary Exclusion |
| <i>travoprost (bak free) solution 0.004 % ophthalmic</i> | 1 | |
| VYZULTA SOLUTION 0.024 % OPTHALMIC | 3 | |
| XALATAN SOLUTION 0.005 % OPTHALMIC | Non-Formulary | Formulary Exclusion |
| XELPROS EMULSION 0.005 % OPTHALMIC | Non-Formulary | Formulary Exclusion |
| ZIOPTAN SOLUTION 0.0015 % OPTHALMIC | Non-Formulary | Formulary Exclusion |
| *Vascular Endothelial Growth Factor (Vegf) Antagonists*** | | |
| BEOVU SOLUTION 6 MG/0.05ML INTRAVITREAL | Non-Formulary | Medical Only Exclusion |
| BEOVU SOLUTION PREFILLED SYRINGE 6 MG/0.05ML INTRAVITREAL | Non-Formulary | Medical Only Exclusion |
| <i>bevacizumab solution prefilled syringe 1.25 mg/0.05ml intravitreal</i> | Non-Formulary | Medical Only Exclusion |
| <i>bevacizumab solution prefilled syringe 1.25 mg/0.05ml intravitreal</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>bevacizumab solution prefilled syringe 2 mg/0.08ml intravitreal</i> | Non-Formulary | Medical Only Exclusion |
| <i>bevacizumab solution prefilled syringe 2.5 mg/0.1ml intravitreal</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|---|
| <i>bevacizumab solution prefilled syringe 2.75 mg/0.11ml intravitreal</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>bevacizumab solution prefilled syringe 3.25 mg/0.13ml intravitreal</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>bevacizumab solution prefilled syringe 3.75 mg/0.15ml intravitreal</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| BYOOVIZ SOLUTION 0.5 MG/0.05ML INTRAVITREAL | Non-Formulary | Medical Only Exclusion |
| CIMERLI SOLUTION 0.3 MG/0.05ML INTRAVITREAL | Non-Formulary | Medical Only Exclusion |
| CIMERLI SOLUTION 0.5 MG/0.05ML INTRAVITREAL | Non-Formulary | Medical Only Exclusion |
| EYLEA HD SOLUTION 8 MG/0.07ML INTRAVITREAL | Non-Formulary | Medical Only Exclusion |
| EYLEA SOLUTION 2 MG/0.05ML INTRAVITREAL | Non-Formulary | Medical Only Exclusion |
| EYLEA SOLUTION PREFILLED SYRINGE 2 MG/0.05ML INTRAVITREAL | Non-Formulary | Medical Only Exclusion |
| LUCENTIS SOLUTION 0.3 MG/0.05ML INTRAVITREAL | Non-Formulary | Medical Only Exclusion |
| LUCENTIS SOLUTION 0.5 MG/0.05ML INTRAVITREAL | Non-Formulary | Medical Only Exclusion |
| LUCENTIS SOLUTION PREFILLED SYRINGE 0.3 MG/0.05ML INTRAVITREAL | Non-Formulary | Medical Only Exclusion |
| LUCENTIS SOLUTION PREFILLED SYRINGE 0.5 MG/0.05ML INTRAVITREAL | Non-Formulary | Medical Only Exclusion |
| PAVBLU SOLUTION 2 MG/0.05ML INTRAVITREAL | Non-Formulary | Medical Only Exclusion |
| PAVBLU SOLUTION PREFILLED SYRINGE 2 MG/0.05ML INTRAVITREAL | Non-Formulary | Medical Only Exclusion |
| SUSVIMO (IMPLANT 1ST FILL) SOLUTION 10 MG/0.1ML INTRAVITREAL | Non-Formulary | Medical Only Exclusion |
| SUSVIMO (IMPLANT REFILL) SOLUTION 10 MG/0.1ML INTRAVITREAL | Non-Formulary | Medical Only Exclusion |
| *OTIC AGENTS* | | |
| <i>*Otic Agents - Miscellaneous***</i> | | |
| <i>acetic acid solution 2 % otic</i> | 1 | |
| <i>*Otic Analgesic Combinations***</i> | | |
| CORTIC-ND SOLUTION 10-10-1 MG/ML OTIC | Non-Formulary | Non FDA Exclusion; Mony Code (MONY Code) |
| PRAMOTIC LIQUID 1-0.1 % OTIC | Non-Formulary | Non FDA Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|--------------------------------|
| *Otic Anti-Infectives*** | | |
| CETRAXAL SOLUTION 0.2 % OTIC | Non-Formulary | Formulary Exclusion |
| <i>ciprofloxacin hcl solution 0.2 % otic</i> | 3 | |
| <i>ofloxacin solution 0.3 % otic</i> | 1 | |
| OTIPRIO SUSPENSION 6 % INTRATYMPANIC | Non-Formulary | Medical Only Exclusion |
| *Otic Steroid-Anti-Infective Combinations*** | | |
| CIPRO HC SUSPENSION 0.2-1 % OTIC | 3 | |
| CIPRODEX SUSPENSION 0.3-0.1 % OTIC | Non-Formulary | Formulary Exclusion |
| <i>ciprofloxacin-dexamethasone suspension 0.3-0.1 % otic</i> | 1 | |
| <i>ciprofloxacin-fluocinolone pf solution 0.3-0.025 % otic</i> | 3 | |
| CORTISPORIN-TC SUSPENSION 3.3-3-10-0.5 MG/ML OTIC | 3 | |
| <i>neomycin-polymyxin-hc solution 1 % otic</i> | 1 | |
| <i>neomycin-polymyxin-hc solution 3.5-10000-1 otic</i> | 1 | |
| <i>neomycin-polymyxin-hc suspension 3.5-10000-1 otic</i> | 1 | |
| OTOVEL SOLUTION 0.3-0.025 % OTIC | 3 | |
| *Otic Steroids*** | | |
| DERMOTIC OIL 0.01 % OTIC | Non-Formulary | Formulary Exclusion |
| DEX24 SOLUTION 24 MG/ML INTRATYMPANIC | Non-Formulary | Non FDA Exclusion |
| FLAC OIL 0.01 % OTIC | 1 | |
| <i>fluocinolone acetonide oil 0.01 % otic</i> | 1 | |
| <i>hydrocortisone-acetic acid solution 1-2 % otic</i> | 1 | |
| <i>hydrocortisone-acetic acid solution 1-2 % otic</i> | Non-Formulary | Formulary Exclusion |
| <i>hydrocortisone-acetic acid solution 1-2 % otic</i> | 1 | Mony Code (MONY CODE ISSUE) |
| *OXYTOCICS* | | |
| *Abortifacient Combinations*** | | |
| MPM PAK THERAPY PACK 200-0.2-8-800 MG ORAL | Non-Formulary | Non FDA Exclusion |
| *Abortifacients/Cervical Ripening - Prostaglandins*** | | |
| <i>carboprost tromethamine solution 250 mcg/ml intramuscular</i> | Non-Formulary | Medical Only Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|------------------------|
| <i>carboprost tromethamine solution prefilled syringe 250 mcg/ml intramuscular</i> | Non-Formulary | Medical Only Exclusion |
| CERVIDIL INSERT 10 MG VAGINAL | 3 | |
| HEMABATE SOLUTION 250 MCG/ML INTRAMUSCULAR | Non-Formulary | Medical Only Exclusion |
| PREPIDIL GEL 0.5 MG/3GM VAGINAL | Non-Formulary | Formulary Exclusion |
| PROSTIN E2 SUPPOSITORY 20 MG VAGINAL | Non-Formulary | Formulary Exclusion |
| *Oxytocics*** | | |
| METHERGINE TABLET 0.2 MG ORAL | 1 | Mony Code (MONY Code) |
| <i>methylergonovine maleate solution 0.2 mg/ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>methylergonovine maleate tablet 0.2 mg oral</i> | 1 | |
| <i>oxytocin solution 10 unit/ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>oxytocin-lactated ringers solution 15 unit/250ml intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>oxytocin-lactated ringers solution 20 unit/l intravenous</i> | Non-Formulary | Formulary Exclusion |
| <i>oxytocin-lactated ringers solution 30 unit/500ml intravenous</i> | Non-Formulary | Formulary Exclusion |
| <i>oxytocin-sodium chloride solution 15-0.9 ut/250ml-% intravenous</i> | Non-Formulary | Formulary Exclusion |
| <i>oxytocin-sodium chloride solution 20-0.9 unit/l-% intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>oxytocin-sodium chloride solution 30-0.9 ut/500ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion |
| PITOCIN SOLUTION 10 UNIT/ML INJECTION | Non-Formulary | Medical Only Exclusion |
| *PASSIVE IMMUNIZING AND TREATMENT AGENTS* | | |
| *Antitoxins-Antivenins*** | | |
| ANASCORP SOLUTION RECONSTITUTED INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ANAVIP SOLUTION RECONSTITUTED INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>antivenin latrodectus mactans kit injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>antivenin micrurus fulvius solution reconstituted intravenous</i> | Non-Formulary | Medical Only Exclusion |
| CROFAB SOLUTION RECONSTITUTED INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| *Antiviral Monoclonal Antibodies*** | | |
| <i>bamlanivimab solution 700 mg/20ml intravenous</i> | Non-Formulary | Medical Only Exclusion |

| Drug Name | Tier | Notes |
|--|-------------------|---|
| <i>bebtelovimab solution 175 mg/2ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>casirivimab solution 1332 mg/11.1ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>casirivimab solution 300 mg/2.5ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>etesevimab solution 700 mg/20ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>imdevimab solution 1332 mg/11.1ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>imdevimab solution 300 mg/2.5ml injection</i> | Non-Formulary | Medical Only Exclusion |
| PEMGARDA SOLUTION 500 MG/4ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>sotrovimab solution 500 mg/8ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>*Bacterial Monoclonal Antibodies***</i> | | |
| ZINPLAVA SOLUTION 1000 MG/40ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion; QL with criteria |
| <i>*Immune Serums***</i> | | |
| ASCENIV SOLUTION 5 GM/50ML INTRAVENOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| BABYBIG SOLUTION RECONSTITUTED 100 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| BIVIGAM SOLUTION 10 GM/100ML INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| BIVIGAM SOLUTION 5 GM/50ML INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| CNJ-016 SOLUTION 50000 UNIT/VIAL INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| CUTAQUIG SOLUTION 1 GM/6ML SUBCUTANEOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| CUTAQUIG SOLUTION 1.65 GM/10ML SUBCUTANEOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| CUTAQUIG SOLUTION 2 GM/12ML SUBCUTANEOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| CUTAQUIG SOLUTION 3.3 GM/20ML SUBCUTANEOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| CUTAQUIG SOLUTION 4 GM/24ML SUBCUTANEOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| CUTAQUIG SOLUTION 8 GM/48ML SUBCUTANEOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| CUVITRU SOLUTION 1 GM/5ML SUBCUTANEOUS | Benefit Exclusion | PA; Specialty; Formulary Exclusion |
| CUVITRU SOLUTION 10 GM/50ML SUBCUTANEOUS | Benefit Exclusion | PA; Specialty; Formulary Exclusion |
| CUVITRU SOLUTION 2 GM/10ML SUBCUTANEOUS | Benefit Exclusion | PA; Specialty; Formulary Exclusion |

| Drug Name | Tier | Notes |
|--|-------------------|---------------------------------------|
| CUVITRU SOLUTION 4 GM/20ML SUBCUTANEOUS | Benefit Exclusion | PA; Specialty; Formulary Exclusion |
| CUVITRU SOLUTION 8 GM/40ML SUBCUTANEOUS | Benefit Exclusion | PA; Specialty; Formulary Exclusion |
| CYTOGAM SOLUTION 50 MG/ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| FLEBOGAMMA DIF SOLUTION 0.5 GM/10ML INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| FLEBOGAMMA DIF SOLUTION 10 GM/100ML INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| FLEBOGAMMA DIF SOLUTION 10 GM/200ML INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| FLEBOGAMMA DIF SOLUTION 2.5 GM/50ML INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| FLEBOGAMMA DIF SOLUTION 20 GM/200ML INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| FLEBOGAMMA DIF SOLUTION 20 GM/400ML INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| FLEBOGAMMA DIF SOLUTION 5 GM/100ML INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| FLEBOGAMMA DIF SOLUTION 5 GM/50ML INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| GAMMAGARD S/D LESS IGA SOLUTION RECONSTITUTED 10 GM INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| GAMMAGARD S/D LESS IGA SOLUTION RECONSTITUTED 5 GM INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| GAMMAGARD SOLUTION 1 GM/10ML INJECTION | Benefit Exclusion | PA; Specialty |
| GAMMAGARD SOLUTION 10 GM/100ML INJECTION | Benefit Exclusion | PA; Specialty |
| GAMMAGARD SOLUTION 2.5 GM/25ML INJECTION | Benefit Exclusion | PA; Specialty |
| GAMMAGARD SOLUTION 20 GM/200ML INJECTION | Benefit Exclusion | PA; Specialty |
| GAMMAGARD SOLUTION 30 GM/300ML INJECTION | Benefit Exclusion | PA; Specialty |
| GAMMAGARD SOLUTION 5 GM/50ML INJECTION | Benefit Exclusion | PA; Specialty |
| GAMMAKED SOLUTION 1 GM/10ML INJECTION | Benefit Exclusion | PA; Specialty; Formulary Exclusion |
| GAMMAKED SOLUTION 10 GM/100ML INJECTION | Benefit Exclusion | PA; Specialty |
| GAMMAKED SOLUTION 20 GM/200ML INJECTION | Benefit Exclusion | PA; Specialty |

| Drug Name | Tier | Notes |
|--|-------------------|------------------------|
| GAMMAKED SOLUTION 5 GM/50ML INJECTION | Benefit Exclusion | PA; Specialty |
| GAMMAPLEX SOLUTION 10 GM/100ML INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| GAMMAPLEX SOLUTION 10 GM/200ML INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| GAMMAPLEX SOLUTION 20 GM/200ML INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| GAMMAPLEX SOLUTION 20 GM/400ML INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| GAMMAPLEX SOLUTION 5 GM/100ML INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| GAMMAPLEX SOLUTION 5 GM/50ML INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| GAMUNEX-C SOLUTION 1 GM/10ML INJECTION | Benefit Exclusion | PA; Specialty |
| GAMUNEX-C SOLUTION 10 GM/100ML INJECTION | Benefit Exclusion | PA; Specialty |
| GAMUNEX-C SOLUTION 2.5 GM/25ML INJECTION | Benefit Exclusion | PA; Specialty |
| GAMUNEX-C SOLUTION 20 GM/200ML INJECTION | Benefit Exclusion | PA; Specialty |
| GAMUNEX-C SOLUTION 40 GM/400ML INJECTION | Benefit Exclusion | PA; Specialty |
| GAMUNEX-C SOLUTION 5 GM/50ML INJECTION | Benefit Exclusion | PA; Specialty |
| HEPAGAM B SOLUTION 312 UNIT/ML INJECTION | Non-Formulary | Medical Only Exclusion |
| HIZENTRA SOLUTION 1 GM/5ML SUBCUTANEOUS | Benefit Exclusion | PA; Specialty |
| HIZENTRA SOLUTION 10 GM/50ML SUBCUTANEOUS | Benefit Exclusion | PA; Specialty |
| HIZENTRA SOLUTION 2 GM/10ML SUBCUTANEOUS | Benefit Exclusion | PA; Specialty |
| HIZENTRA SOLUTION 4 GM/20ML SUBCUTANEOUS | Benefit Exclusion | PA; Specialty |
| HIZENTRA SOLUTION PREFILLED SYRINGE 10 GM/50ML SUBCUTANEOUS | Benefit Exclusion | PA; Specialty |
| HYPERHEP B SOLUTION 220 UNIT/ML INTRAMUSCULAR | Non-Formulary | Medical Only Exclusion |
| HYPERHEP B SOLUTION PREFILLED SYRINGE 110 UNIT/0.5ML INTRAMUSCULAR | Non-Formulary | Medical Only Exclusion |

| Drug Name | Tier | Notes |
|---|-------------------|------------------------|
| HYPERHEP B SOLUTION PREFILLED SYRINGE 220 UNIT/ML INTRAMUSCULAR | Non-Formulary | Medical Only Exclusion |
| HYPERRAB SOLUTION 1500 UNIT/5ML INJECTION | Non-Formulary | Medical Only Exclusion |
| HYPERRAB SOLUTION 300 UNIT/ML INJECTION | Non-Formulary | Medical Only Exclusion |
| HYPERRAB SOLUTION 900 UNIT/3ML INJECTION | Non-Formulary | Medical Only Exclusion |
| HYPERRHO S/D SOLUTION PREFILLED SYRINGE 1500 UNIT INTRAMUSCULAR | 3 | |
| HYPERRHO S/D SOLUTION PREFILLED SYRINGE 250 UNIT INTRAMUSCULAR | 3 | |
| HYPERTET SOLUTION PREFILLED SYRINGE 250 UNIT/ML INTRAMUSCULAR | Non-Formulary | Medical Only Exclusion |
| IMOGAM RABIES-HT SOLUTION 300 UNIT/2ML INJECTION | Non-Formulary | Medical Only Exclusion |
| <i>kedrab solution 1500 unit/10ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>kedrab solution 300 unit/2ml injection</i> | Non-Formulary | Medical Only Exclusion |
| MICRHOGAM ULTRA-FILTERED PLUS SOLUTION PREFILLED SYRINGE 250 UNIT INTRAMUSCULAR | 3 | |
| NABI-HB SOLUTION 312 UNIT/ML INTRAMUSCULAR | Non-Formulary | Medical Only Exclusion |
| OCTAGAM SOLUTION 1 GM/20ML INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| OCTAGAM SOLUTION 10 GM/100ML INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| OCTAGAM SOLUTION 10 GM/200ML INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| OCTAGAM SOLUTION 2 GM/20ML INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| OCTAGAM SOLUTION 2.5 GM/50ML INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| OCTAGAM SOLUTION 20 GM/200ML INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| OCTAGAM SOLUTION 25 GM/500ML INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| OCTAGAM SOLUTION 30 GM/300ML INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| OCTAGAM SOLUTION 5 GM/100ML INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| OCTAGAM SOLUTION 5 GM/50ML INTRAVENOUS | Benefit Exclusion | PA; Specialty |

| Drug Name | Tier | Notes |
|---|-------------------|---------------------------------------|
| PANZYGA SOLUTION 1 GM/10ML INTRAVENOUS | Tier 4 | PA; Specialty |
| PANZYGA SOLUTION 10 GM/100ML INTRAVENOUS | Tier 4 | PA; Specialty |
| PANZYGA SOLUTION 2.5 GM/25ML INTRAVENOUS | Tier 4 | PA; Specialty |
| PANZYGA SOLUTION 20 GM/200ML INTRAVENOUS | Tier 4 | PA; Specialty |
| PANZYGA SOLUTION 30 GM/300ML INTRAVENOUS | Tier 4 | PA; Specialty |
| PANZYGA SOLUTION 5 GM/50ML INTRAVENOUS | Tier 4 | PA; Specialty |
| PRIVIGEN SOLUTION 10 GM/100ML INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| PRIVIGEN SOLUTION 20 GM/200ML INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| PRIVIGEN SOLUTION 40 GM/400ML INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| PRIVIGEN SOLUTION 5 GM/50ML INTRAVENOUS | Benefit Exclusion | PA; Specialty |
| RHOGAM ULTRA-FILTERED PLUS SOLUTION PREFILLED SYRINGE 1500 UNIT INTRAMUSCULAR | 3 | |
| RHOPHYLAC SOLUTION PREFILLED SYRINGE 1500 UNIT/2ML INJECTION | 3 | |
| VARIZIG SOLUTION 125 UNIT/1.2ML INTRAMUSCULAR | Non-Formulary | Medical Only Exclusion |
| WINRHO SDF SOLUTION 1500 UNIT/1.3ML INJECTION | 3 | |
| WINRHO SDF SOLUTION 15000 UNIT/13ML INJECTION | 3 | |
| WINRHO SDF SOLUTION 2500 UNIT/2.2ML INJECTION | 3 | |
| WINRHO SDF SOLUTION 5000 UNIT/4.4ML INJECTION | 3 | |
| XEMBIFY SOLUTION 1 GM/5ML SUBCUTANEOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| XEMBIFY SOLUTION 10 GM/50ML SUBCUTANEOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| XEMBIFY SOLUTION 2 GM/10ML SUBCUTANEOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| XEMBIFY SOLUTION 4 GM/20ML SUBCUTANEOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|------------------------|
| *Monoclonal Antibody - Combinations*** | | |
| EVUSHELD SOLUTION 150 & 150 MG/1.5ML INTRAMUSCULAR | Non-Formulary | Medical Only Exclusion |
| REGEN-COV SOLUTION (4)300 & (4)300 MG/2.5ML INJECTION | Non-Formulary | Medical Only Exclusion |
| REGEN-COV SOLUTION (4)300MG & 1332/ 2.5&11.1ML INJECTION | Non-Formulary | Medical Only Exclusion |
| REGEN-COV SOLUTION 1332 & 1332 MG/11.1ML INJECTION | Non-Formulary | Medical Only Exclusion |
| REGEN-COV SOLUTION 1332 & (4)300MG/ 11.1&2.5ML INJECTION | Non-Formulary | Medical Only Exclusion |
| REGEN-COV SOLUTION 300 & 300 MG/2.5ML INJECTION | Non-Formulary | Medical Only Exclusion |
| REGEN-COV SOLUTION 600-600 MG/10ML INJECTION | Non-Formulary | Medical Only Exclusion |
| *PENICILLINS* | | |
| *Aminopenicillins*** | | |
| <i>amoxicillin capsule 250 mg oral</i> | 1 | |
| <i>amoxicillin capsule 500 mg oral</i> | 1 | |
| <i>amoxicillin suspension reconstituted 125 mg/5ml oral</i> | 1 | |
| <i>amoxicillin suspension reconstituted 200 mg/5ml oral</i> | 1 | |
| <i>amoxicillin suspension reconstituted 250 mg/5ml oral</i> | 1 | |
| <i>amoxicillin suspension reconstituted 400 mg/5ml oral</i> | 3 | |
| <i>amoxicillin suspension reconstituted 400 mg/5ml oral</i> | 1 | |
| <i>amoxicillin tablet 500 mg oral</i> | 1 | |
| <i>amoxicillin tablet 875 mg oral</i> | 1 | |
| <i>amoxicillin tablet chewable 125 mg oral</i> | 3 | |
| <i>amoxicillin tablet chewable 250 mg oral</i> | 1 | Mony Code (MONY Code) |
| <i>ampicillin capsule 500 mg oral</i> | 1 | |
| <i>ampicillin capsule 500 mg oral</i> | 1 | Mony Code (MONY Code) |
| <i>ampicillin sodium solution reconstituted 1 gm injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>ampicillin sodium solution reconstituted 1 gm intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>ampicillin sodium solution reconstituted 10 gm intravenous</i> | Non-Formulary | Medical Only Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|---|
| <i>ampicillin sodium solution reconstituted 125 mg injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>ampicillin sodium solution reconstituted 2 gm injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>ampicillin sodium solution reconstituted 2 gm intravenous</i> | Non-Formulary | Medical Only Exclusion; Mony Code (MONY CODE ISSUE) |
| <i>ampicillin sodium solution reconstituted 250 mg injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>ampicillin sodium solution reconstituted 500 mg injection</i> | Non-Formulary | Medical Only Exclusion |
| *Natural Penicillins*** | | |
| BICILLIN L-A SUSPENSION PREFILLED SYRINGE 1200000 UNIT/2ML INTRAMUSCULAR | 3 | |
| BICILLIN L-A SUSPENSION PREFILLED SYRINGE 2400000 UNIT/4ML INTRAMUSCULAR | Non-Formulary | Medical Only Exclusion |
| BICILLIN L-A SUSPENSION PREFILLED SYRINGE 600000 UNIT/ML INTRAMUSCULAR | 3 | |
| EXTENCILLINE SUSPENSION RECONSTITUTED 1200000 UNIT INTRAMUSCULAR | 3 | |
| EXTENCILLINE SUSPENSION RECONSTITUTED 2400000 UNIT INTRAMUSCULAR | 3 | |
| LENTOCILIN SUSPENSION RECONSTITUTED 1200000 UNIT INTRAMUSCULAR | 3 | |
| <i>penicillin g pot in dextrose solution 20000 unit/ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>penicillin g pot in dextrose solution 40000 unit/ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>penicillin g pot in dextrose solution 60000 unit/ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>penicillin g potassium solution reconstituted 20000000 unit injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>penicillin g potassium solution reconstituted 5000000 unit injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>penicillin g procaine suspension 600000 unit/ml intramuscular</i> | Non-Formulary | Medical Only Exclusion |
| <i>penicillin g sodium solution reconstituted 5000000 unit injection</i> | Non-Formulary | Medical Only Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|---|
| <i>penicillin v potassium solution reconstituted 125 mg/5ml oral</i> | 1 | Mony Code (MONY Code) |
| <i>penicillin v potassium solution reconstituted 250 mg/5ml oral</i> | 1 | Mony Code (MONY Code) |
| <i>penicillin v potassium tablet 250 mg oral</i> | 1 | |
| <i>penicillin v potassium tablet 500 mg oral</i> | 1 | |
| PFIZERPEN SOLUTION RECONSTITUTED 20000000 UNIT INJECTION | Non-Formulary | Medical Only Exclusion |
| PFIZERPEN SOLUTION RECONSTITUTED 5000000 UNIT INJECTION | Non-Formulary | Medical Only Exclusion |
| *Penicillin Combinations*** | | |
| <i>amoxicillin-pot clavulanate er tablet extended release 12 hour 1000-62.5 mg oral</i> | 1 | Mony Code (MONY Code) |
| <i>amoxicillin-pot clavulanate suspension reconstituted 200-28.5 mg/5ml oral</i> | 1 | |
| <i>amoxicillin-pot clavulanate suspension reconstituted 250-62.5 mg/5ml oral</i> | 1 | |
| <i>amoxicillin-pot clavulanate suspension reconstituted 400-57 mg/5ml oral</i> | 1 | |
| <i>amoxicillin-pot clavulanate suspension reconstituted 600-42.9 mg/5ml oral</i> | 1 | |
| <i>amoxicillin-pot clavulanate tablet 250-125 mg oral</i> | 1 | |
| <i>amoxicillin-pot clavulanate tablet 500-125 mg oral</i> | 1 | |
| <i>amoxicillin-pot clavulanate tablet 875-125 mg oral</i> | 1 | |
| <i>amoxicillin-pot clavulanate tablet chewable 200-28.5 mg oral</i> | 1 | Mony Code (MONY Code) |
| <i>amoxicillin-pot clavulanate tablet chewable 400-57 mg oral</i> | 1 | Mony Code (MONY Code) |
| <i>ampicillin-sulbactam sodium solution reconstituted 1.5 (1-0.5) gm injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>ampicillin-sulbactam sodium solution reconstituted 1.5 (1-0.5) gm intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>ampicillin-sulbactam sodium solution reconstituted 1.5 (1-0.5) gm intravenous</i> | Non-Formulary | Medical Only Exclusion; Mony Code (MONY CODE ISSUE) |
| <i>ampicillin-sulbactam sodium solution reconstituted 15 (10-5) gm intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>ampicillin-sulbactam sodium solution reconstituted 3 (2-1) gm injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>ampicillin-sulbactam sodium solution reconstituted 3 (2-1) gm intravenous</i> | Non-Formulary | Medical Only Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|------------------------|
| AUGMENTIN ES-600 SUSPENSION RECONSTITUTED 600-42.9 MG/5ML ORAL | Non-Formulary | Formulary Exclusion |
| AUGMENTIN SUSPENSION RECONSTITUTED 125-31.25 MG/5ML ORAL | 3 | |
| AUGMENTIN SUSPENSION RECONSTITUTED 250-62.5 MG/5ML ORAL | Non-Formulary | Formulary Exclusion |
| AUGMENTIN TABLET 500-125 MG ORAL | Non-Formulary | Formulary Exclusion |
| BICILLIN C-R 900/300 SUSPENSION 900000-300000 UNIT/2ML INTRAMUSCULAR | Non-Formulary | Medical Only Exclusion |
| BICILLIN C-R SUSPENSION 1200000 UNIT/2ML INTRAMUSCULAR | Non-Formulary | Medical Only Exclusion |
| <i>piperacillin sod-tazobactam so solution reconstituted 13.5 (12-1.5) gm intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>piperacillin sod-tazobactam so solution reconstituted 2.25 (2-0.25) gm intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>piperacillin sod-tazobactam so solution reconstituted 3.375 (3-0.375) gm intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>piperacillin sod-tazobactam so solution reconstituted 3-0.375 gm intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>piperacillin sod-tazobactam so solution reconstituted 4.5 (4-0.5) gm intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>piperacillin sod-tazobactam so solution reconstituted 40.5 (36-4.5) gm intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>piperacillin sod-tazobactam so solution reconstituted 4-0.5 gm intravenous</i> | Non-Formulary | Medical Only Exclusion |
| UNASYN SOLUTION RECONSTITUTED 1.5 (1-0.5) GM INJECTION | Non-Formulary | Medical Only Exclusion |
| UNASYN SOLUTION RECONSTITUTED 15 (10-5) GM INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| UNASYN SOLUTION RECONSTITUTED 3 (2-1) GM INJECTION | Non-Formulary | Medical Only Exclusion |
| ZOSYN SOLUTION 2-0.25 GM/50ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ZOSYN SOLUTION 3-0.375 GM/50ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| ZOSYN SOLUTION 4-0.5 GM/100ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| *Penicillinase-Resistant Penicillins*** | | |
| <i>dicloxacillin sodium capsule 250 mg oral</i> | 1 | |
| <i>dicloxacillin sodium capsule 500 mg oral</i> | 1 | |
| <i>nafcillin sodium in dextrose solution 1 gm/50ml intravenous</i> | Non-Formulary | Medical Only Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|------------------------|
| <i>nafcillin sodium in dextrose solution 2 gm/100ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>nafcillin sodium solution reconstituted 1 gm injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>nafcillin sodium solution reconstituted 1 gm intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>nafcillin sodium solution reconstituted 10 gm intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>nafcillin sodium solution reconstituted 2 gm injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>nafcillin sodium solution reconstituted 2 gm intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>oxacillin sodium in dextrose solution 1 gm/50ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>oxacillin sodium in dextrose solution 2 gm/50ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>oxacillin sodium solution reconstituted 1 gm injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>oxacillin sodium solution reconstituted 10 gm intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>oxacillin sodium solution reconstituted 2 gm injection</i> | Non-Formulary | Medical Only Exclusion |
| *PHARMACEUTICAL ADJUVANTS* | | |
| *External Vehicles*** | | |
| FOAMIL LIQUID EXTERNAL | Non-Formulary | Non FDA Exclusion |
| RHEOSPRAY LIQUID EXTERNAL | Non-Formulary | Non FDA Exclusion |
| TRICHOSOL SOLUTION EXTERNAL | Non-Formulary | Non FDA Exclusion |
| *Misc. Vehicles*** | | |
| <i>multi-peptide serum liquid external</i> | Non-Formulary | Formulary Exclusion |
| *Non Gelatin Capsules (Empty)*** | | |
| <i>non gelatin capsules (empty) capsule</i> | Non-Formulary | Non FDA Exclusion |
| *Oral Vehicles*** | | |
| ORAPENN SD ANHYD SWEETENED LIQUID ORAL (RX) | Non-Formulary | Non FDA Exclusion |
| *Parenteral Vehicles*** | | |
| <i>diluent for treprostinil solution intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>saline bacteriostatic solution 0.9 % injection</i> | 1 | |
| <i>saline-phenol solution 0.4-0.9 % injection</i> | 3 | |
| <i>sodium chloride bacteriostatic solution 0.9 % injection</i> | 1 | |

| Drug Name | Tier | Notes |
|---|---------------|---|
| STERILE DILUENT FLOLAN PH 12 SOLUTION INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| STERILE DILUENT FOR REMODULIN SOLUTION INTRAVENOUS | Non-Formulary | Medical Only Exclusion; Mony Code (MONY code issue) |
| <i>sterile diluent/epoprostenol solution intravenous</i> | Non-Formulary | Medical Only Exclusion; Mony Code (MONY Code) |
| <i>sterile water for injection solution injection</i> | 1 | |
| <i>sterile water for injection solution injection</i> | Non-Formulary | Non FDA Exclusion |
| *Semi Solid Vehicles*** | | |
| AUXIPRO VANISHING CREAM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| <i>cream base niosomes cream external</i> | Non-Formulary | Non FDA Exclusion |
| <i>cream-heavy base niosomes cream external</i> | Non-Formulary | Non FDA Exclusion |
| <i>freedom adaptaderm cream external</i> | Non-Formulary | Non FDA Exclusion |
| <i>freedom derma serum cream external</i> | Non-Formulary | Non FDA Exclusion |
| FREEDOM DERMA-D CREAM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| FREEDOM DERMA-N CREAM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| <i>hormone cr heavy base niosomes cream external</i> | Non-Formulary | Non FDA Exclusion |
| <i>hormone cream base niosomes cream external</i> | Non-Formulary | Non FDA Exclusion |
| LIOPEN ABSORPTION ENHANCING CREAM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| <i>multi-phasic penetrating compd cream external</i> | Non-Formulary | Non FDA Exclusion |
| <i>pensomal cream external</i> | Non-Formulary | Non FDA Exclusion |
| PLO GEL - MEDIFLO 30 KIT EXTERNAL | Non-Formulary | Non FDA Exclusion |
| <i>sa3 derm cream external</i> | Non-Formulary | Non FDA Exclusion |
| <i>salt durable cream cream external</i> | Non-Formulary | Non FDA Exclusion |
| SALTSTABLE LO CREAM EXTERNAL (RX) | Non-Formulary | Non FDA Exclusion |
| TDC MAX CREAM EXTERNAL | Non-Formulary | Formulary Exclusion |
| <i>teroderm-plus cream external</i> | Non-Formulary | Non FDA Exclusion |
| VERSAPRO CREAM EXTERNAL | Non-Formulary | Non FDA Exclusion |
| *PROGESTINS* | | |
| *Progestins*** | | |
| AYGESTIN TABLET 5 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>ec-rx progesterone cream 10 % transdermal</i> | Non-Formulary | Non FDA Exclusion |
| <i>ec-rx progesterone cream 20 % transdermal</i> | Non-Formulary | Non FDA Exclusion |
| GALLIFREY TABLET 5 MG ORAL | 1 | |
| <i>hydroxyprogesterone caproate oil 250 mg/ml intramuscular</i> | Non-Formulary | Non FDA Exclusion |
| MAKENA OIL 250 MG/ML INTRAMUSCULAR | Non-Formulary | Non FDA Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|---|
| MAKENA SOLUTION AUTO-INJECTOR 275 MG/1.1ML SUBCUTANEOUS | Non-Formulary | Non FDA Exclusion |
| <i>medroxyprogesterone acetate tablet 10 mg oral</i> | 1 | |
| <i>medroxyprogesterone acetate tablet 2.5 mg oral</i> | 1 | |
| <i>medroxyprogesterone acetate tablet 5 mg oral</i> | 1 | |
| <i>megestrol acetate suspension 625 mg/5ml oral</i> | Non-Formulary | Formulary Exclusion |
| <i>megestrol acetate suspension 625 mg/5ml oral</i> | Non-Formulary | Mony Code (MONY code issue); Formulary Exclusion |
| <i>norethindrone acetate tablet 5 mg oral</i> | 1 | |
| <i>progesterone capsule 100 mg oral</i> | 1 | |
| <i>progesterone capsule 200 mg oral</i> | 1 | |
| <i>progesterone micronized cream 10 % transdermal</i> | Non-Formulary | Non FDA Exclusion |
| <i>progesterone oil 50 mg/ml intramuscular</i> | 1 | |
| PROMETRIUM CAPSULE 100 MG ORAL | Non-Formulary | Formulary Exclusion |
| PROMETRIUM CAPSULE 200 MG ORAL | Non-Formulary | Formulary Exclusion |
| PROVERA TABLET 10 MG ORAL | Non-Formulary | Formulary Exclusion |
| PROVERA TABLET 2.5 MG ORAL | Non-Formulary | Formulary Exclusion |
| PROVERA TABLET 5 MG ORAL | Non-Formulary | Formulary Exclusion |
| *PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.* | | |
| <i>*Agents For Opioid Withdrawal***</i> | | |
| <i>lofexidine hcl tablet 0.18 mg oral</i> | 1 | QL |
| LUCEMYRA TABLET 0.18 MG ORAL | 3 | QL |
| LUCEMYRA TABLET 0.18 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| <i>*Alcohol Deterrents***</i> | | |
| <i>acamprosate calcium tablet delayed release 333 mg oral</i> | 1 | |
| ANTABUSE TABLET 250 MG ORAL | Non-Formulary | Formulary Exclusion |
| ANTABUSE TABLET 500 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>disulfiram tablet 250 mg oral</i> | 1 | |
| <i>disulfiram tablet 500 mg oral</i> | 1 | Mony Code (MONY code issue) |
| <i>disulfiram tablet 500 mg oral</i> | 1 | |
| <i>disulfiram tablet 500 mg oral</i> | 1 | Mony Code (MONY Code) |
| <i>*Alzheimer's Treatment - Anti-Amyloid Antibodies***</i> | | |
| ADUHELM SOLUTION 170 MG/1.7ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|---|
| ADUHELM SOLUTION 300 MG/3ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| KISUNLA SOLUTION 350 MG/20ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| LEQEMBI SOLUTION 200 MG/2ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| LEQEMBI SOLUTION 500 MG/5ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>*Anti-Cataplectic Agents***</i> | | |
| LUMRYZ PACKET 4.5 GM ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion; QL with criteria |
| LUMRYZ PACKET 6 GM ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion; QL with criteria |
| LUMRYZ PACKET 7.5 GM ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion; QL with criteria |
| LUMRYZ PACKET 9 GM ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion; QL with criteria |
| LUMRYZ STARTER PACK THERAPY PACK 4.5 & 6 & 7.5 GM ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion; QL |
| XYREM SOLUTION 500 MG/ML ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion; QL |
| <i>*Antidementia Agent Combinations***</i> | | |
| NAMZARIC CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 & 28 -10 MG ORAL | 3 | |
| NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG ORAL | 3 | |
| NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 21-10 MG ORAL | 3 | |
| NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 28-10 MG ORAL | 3 | |
| NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 7-10 MG ORAL | 3 | |
| <i>*Antisense Oligonucleotide (Aso) Inhibitor Agents***</i> | | |
| WAINUA SOLUTION AUTO-INJECTOR 45 MG/0.8ML SUBCUTANEOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| <i>*Benzodiazepines & Tricyclic Agents***</i> | | |
| <i>chlordiazepoxide-amitriptyline tablet 10-25 mg oral</i> | 1 | Mony Code (MONY Code) |
| <i>chlordiazepoxide-amitriptyline tablet 5-12.5 mg oral</i> | 3 | |

| Drug Name | Tier | Notes |
|--|---------------|-------------------------|
| *Cald - Autologous Cellular Gene Therapy Agents*** | | |
| SKYSONA SUSPENSION INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| *Cholinomimetics - Ache Inhibitors*** | | |
| ADLARITY PATCH WEEKLY 10 MG/DAY TRANSDERMAL | Non-Formulary | Formulary Exclusion; QL |
| ADLARITY PATCH WEEKLY 5 MG/DAY TRANSDERMAL | Non-Formulary | Formulary Exclusion; QL |
| ARICEPT TABLET 10 MG ORAL | Non-Formulary | Formulary Exclusion |
| ARICEPT TABLET 23 MG ORAL | Non-Formulary | Formulary Exclusion |
| ARICEPT TABLET 5 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>donepezil hcl tablet 10 mg oral</i> | 1 | |
| <i>donepezil hcl tablet 23 mg oral</i> | 1 | |
| <i>donepezil hcl tablet 5 mg oral</i> | 1 | |
| <i>donepezil hcl tablet dispersible 10 mg oral</i> | 1 | |
| <i>donepezil hcl tablet dispersible 5 mg oral</i> | 1 | |
| EXELON PATCH 24 HOUR 13.3 MG/24HR TRANSDERMAL | Non-Formulary | Formulary Exclusion |
| EXELON PATCH 24 HOUR 4.6 MG/24HR TRANSDERMAL | Non-Formulary | Formulary Exclusion |
| EXELON PATCH 24 HOUR 9.5 MG/24HR TRANSDERMAL | Non-Formulary | Formulary Exclusion |
| <i>galantamine hydrobromide er capsule extended release 24 hour 16 mg oral</i> | 1 | |
| <i>galantamine hydrobromide er capsule extended release 24 hour 24 mg oral</i> | 1 | |
| <i>galantamine hydrobromide er capsule extended release 24 hour 8 mg oral</i> | 1 | |
| <i>galantamine hydrobromide solution 4 mg/ml oral</i> | 1 | Mony Code (MONY Code) |
| <i>galantamine hydrobromide tablet 12 mg oral</i> | 1 | |
| <i>galantamine hydrobromide tablet 4 mg oral</i> | 1 | |
| <i>galantamine hydrobromide tablet 8 mg oral</i> | 1 | |
| RAZADYNE ER CAPSULE EXTENDED RELEASE 24 HOUR 16 MG ORAL | Non-Formulary | Formulary Exclusion |
| RAZADYNE ER CAPSULE EXTENDED RELEASE 24 HOUR 24 MG ORAL | Non-Formulary | Formulary Exclusion |
| RAZADYNE ER CAPSULE EXTENDED RELEASE 24 HOUR 8 MG ORAL | Non-Formulary | Formulary Exclusion |
| RAZADYNE TABLET 4 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>rivastigmine patch 24 hour 13.3 mg/24hr transdermal</i> | 1 | |

| Drug Name | Tier | Notes |
|---|---------------|------------------------|
| <i>rivastigmine patch 24 hour 4.6 mg/24hr transdermal</i> | 1 | |
| <i>rivastigmine patch 24 hour 9.5 mg/24hr transdermal</i> | 1 | |
| <i>rivastigmine tartrate capsule 1.5 mg oral</i> | 1 | |
| <i>rivastigmine tartrate capsule 3 mg oral</i> | 1 | |
| <i>rivastigmine tartrate capsule 4.5 mg oral</i> | 1 | |
| <i>rivastigmine tartrate capsule 6 mg oral</i> | 1 | |
| *Fibromyalgia Agent - Snris*** | | |
| SAVELLA TABLET 100 MG ORAL | 3 | |
| SAVELLA TABLET 12.5 MG ORAL | 3 | |
| SAVELLA TABLET 25 MG ORAL | 3 | |
| SAVELLA TABLET 50 MG ORAL | 3 | |
| SAVELLA TITRATION PACK 12.5 & 25 & 50 MG ORAL | 3 | |
| *Melanocortin Receptor Agonists*** | | |
| VYLEESI SOLUTION AUTO-INJECTOR 1.75 MG/0.3ML SUBCUTANEOUS | 3 | PA; QL |
| *Mld - Autologous Cellular Gene Therapy Agents*** | | |
| LENMELDY SUSPENSION INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| *Movement Disorder Drug Therapy*** | | |
| AUSTEDO TABLET 12 MG ORAL | Tier 4 | PA; Specialty; QL |
| AUSTEDO TABLET 6 MG ORAL | Tier 4 | PA; Specialty; QL |
| AUSTEDO TABLET 9 MG ORAL | Tier 4 | PA; Specialty; QL |
| AUSTEDO XR PATIENT TITRATION TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG ORAL | Tier 4 | PA; Specialty; QL |
| AUSTEDO XR PATIENT TITRATION TABLET EXTENDED RELEASE THERAPY PACK 6 & 12 & 24 MG ORAL | Tier 4 | PA; Specialty; QL |
| AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 12 MG ORAL | Tier 4 | PA; Specialty; QL |
| AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 18 MG ORAL | Tier 4 | PA; Specialty; QL |
| AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 24 MG ORAL | Tier 4 | PA; Specialty; QL |
| AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 30 MG ORAL | Tier 4 | PA; Specialty; QL |
| AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 36 MG ORAL | Tier 4 | PA; Specialty; QL |

| Drug Name | Tier | Notes |
|---|---------------|--|
| AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 42 MG ORAL | Tier 4 | PA; Specialty; QL |
| AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 48 MG ORAL | Tier 4 | PA; Specialty; QL |
| AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 6 MG ORAL | Tier 4 | PA; Specialty; QL |
| INGREZZA CAPSULE 40 MG ORAL | Tier 4 | PA; Specialty; QL |
| INGREZZA CAPSULE 60 MG ORAL | Tier 4 | PA; Specialty; QL |
| INGREZZA CAPSULE 80 MG ORAL | Tier 4 | PA; Specialty; QL |
| INGREZZA CAPSULE SPRINKLE 40 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion; QL |
| INGREZZA CAPSULE SPRINKLE 60 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion; QL |
| INGREZZA CAPSULE SPRINKLE 80 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion; QL |
| INGREZZA CAPSULE THERAPY PACK 40 & 80 MG ORAL | Tier 4 | PA; Specialty; QL |
| <i>tetrabenazine tablet 12.5 mg oral</i> | Tier 4 | PA; Specialty |
| <i>tetrabenazine tablet 25 mg oral</i> | Tier 4 | PA; Specialty |
| XENAZINE TABLET 12.5 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion |
| XENAZINE TABLET 25 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion |
| <i>*Ms Agents - Pyrimidine Synthesis Inhibitors***</i> | | |
| AUBAGIO TABLET 14 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion; QL |
| AUBAGIO TABLET 7 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion; QL |
| <i>teriflunomide tablet 14 mg oral</i> | Tier 4 | PA; Specialty; QL |
| <i>teriflunomide tablet 7 mg oral</i> | Tier 4 | PA; Specialty; QL |
| <i>*Multiple Sclerosis Agents - Antimetabolites***</i> | | |
| MAVENCLAD (10 TABS) TABLET THERAPY PACK 10 MG ORAL | Tier 4 | PA; Specialty |
| MAVENCLAD (4 TABS) TABLET THERAPY PACK 10 MG ORAL | Tier 4 | PA; Specialty |
| MAVENCLAD (5 TABS) TABLET THERAPY PACK 10 MG ORAL | Tier 4 | PA; Specialty |
| MAVENCLAD (6 TABS) TABLET THERAPY PACK 10 MG ORAL | Tier 4 | PA; Specialty |

| Drug Name | Tier | Notes |
|--|---------------|---|
| MAVENCLAD (7 TABS) TABLET THERAPY PACK 10 MG ORAL | Tier 4 | PA; Specialty |
| MAVENCLAD (8 TABS) TABLET THERAPY PACK 10 MG ORAL | Tier 4 | PA; Specialty |
| MAVENCLAD (9 TABS) TABLET THERAPY PACK 10 MG ORAL | Tier 4 | PA; Specialty |
| <i>*Multiple Sclerosis Agents - Combinations***</i> | | |
| OCREVUS ZUNOVO SOLUTION 920-23000 MG-UT/23ML SUBCUTANEOUS | Non-Formulary | Medical Only Exclusion |
| <i>*Multiple Sclerosis Agents - Interferons***</i> | | |
| AVONEX PEN AUTO-INJECTOR KIT 30 MCG/0.5ML INTRAMUSCULAR | Tier 4 | PA; Specialty; QL |
| AVONEX PREFILLED PREFILLED SYRINGE KIT 30 MCG/0.5ML INTRAMUSCULAR | Tier 4 | PA; Specialty; QL |
| BETASERON KIT 0.3 MG SUBCUTANEOUS | Tier 4 | PA; Specialty; QL |
| EXTAVIA KIT 0.3 MG SUBCUTANEOUS | Non-Formulary | PA; Specialty; Formulary Exclusion; QL |
| PLEGRIDY SOLUTION AUTO-INJECTOR 125 MCG/0.5ML SUBCUTANEOUS | Tier 4 | PA; Specialty; QL |
| PLEGRIDY SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML INTRAMUSCULAR | Tier 4 | PA; Specialty; QL |
| PLEGRIDY SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML SUBCUTANEOUS | Tier 4 | PA; Specialty; QL |
| PLEGRIDY STARTER PACK SOLUTION AUTO-INJECTOR 63 & 94 MCG/0.5ML SUBCUTANEOUS | Tier 4 | PA; Specialty; QL |
| PLEGRIDY STARTER PACK SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML SUBCUTANEOUS | Tier 4 | PA; Specialty; QL |
| REBIF REBIDOSE SOLUTION AUTO- INJECTOR 22 MCG/0.5ML SUBCUTANEOUS | Tier 4 | PA; Specialty; QL |
| REBIF REBIDOSE SOLUTION AUTO- INJECTOR 44 MCG/0.5ML SUBCUTANEOUS | Tier 4 | PA; Specialty; QL |
| REBIF REBIDOSE TITRATION PACK SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG SUBCUTANEOUS | Tier 4 | PA; Specialty; QL |
| REBIF SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML SUBCUTANEOUS | Tier 4 | PA; Specialty; QL |
| REBIF SOLUTION PREFILLED SYRINGE 44 MCG/0.5ML SUBCUTANEOUS | Tier 4 | PA; Specialty; QL |

| Drug Name | Tier | Notes |
|--|---------------|---|
| REBIF TITRATION PACK SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG SUBCUTANEOUS | Tier 4 | PA; Specialty; QL |
| *Multiple Sclerosis Agents - Monoclonal Antibodies*** | | |
| BRIUMVI SOLUTION 150 MG/6ML INTRAVENOUS | Non-Formulary | PA; Specialty; Formulary Exclusion; QL with criteria |
| KESIMPTA SOLUTION AUTO-INJECTOR 20 MG/0.4ML SUBCUTANEOUS | Tier 4 | PA; Specialty |
| OCREVUS SOLUTION 300 MG/10ML INTRAVENOUS | Tier 4 | PA; Specialty; QL |
| TYSABRI CONCENTRATE 300 MG/15ML INTRAVENOUS | Tier 4 | PA; Specialty; QL |
| *Multiple Sclerosis Agents - Nrf2 Pathway Activators*** | | |
| BAFIERTAM CAPSULE DELAYED RELEASE 95 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion; QL |
| <i>dimethyl fumarate capsule delayed release 120 mg oral</i> | Tier 4 | PA; Specialty; QL |
| <i>dimethyl fumarate capsule delayed release 240 mg oral</i> | Tier 4 | PA; Specialty; QL |
| <i>dimethyl fumarate starter pack capsule delayed release therapy pack 120 & 240 mg oral</i> | Tier 4 | PA; Specialty; QL |
| TECFIDERA CAPSULE DELAYED RELEASE 120 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion; QL |
| TECFIDERA CAPSULE DELAYED RELEASE 240 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion; QL |
| TECFIDERA CAPSULE DELAYED RELEASE THERAPY PACK 120 & 240 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion; QL |
| VUMERITY CAPSULE DELAYED RELEASE 231 MG ORAL | Tier 4 | PA; Specialty; QL |
| *Multiple Sclerosis Agents - Potassium Channel Blockers*** | | |
| AMPYRA TABLET EXTENDED RELEASE 12 HOUR 10 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion; QL |
| <i>dalfampridine er tablet extended release 12 hour 10 mg oral</i> | Tier 4 | PA; Specialty; QL |
| *Multiple Sclerosis Agents*** | | |
| COPAXONE SOLUTION PREFILLED SYRINGE 20 MG/ML SUBCUTANEOUS | Non-Formulary | PA; Specialty; Formulary Exclusion; QL |
| COPAXONE SOLUTION PREFILLED SYRINGE 40 MG/ML SUBCUTANEOUS | Tier 4 | PA; Specialty; QL |

| Drug Name | Tier | Notes |
|--|---------------|-----------------------|
| <i>glatiramer acetate solution prefilled syringe 20 mg/ml subcutaneous</i> | Tier 4 | PA; Specialty; QL |
| <i>glatiramer acetate solution prefilled syringe 40 mg/ml subcutaneous</i> | Tier 4 | PA; Specialty; QL |
| GLATOPA SOLUTION PREFILLED SYRINGE 20 MG/ML SUBCUTANEOUS | Tier 4 | PA; Specialty; QL |
| GLATOPA SOLUTION PREFILLED SYRINGE 40 MG/ML SUBCUTANEOUS | Tier 4 | PA; Specialty; QL |
| *N-Methyl-D-Aspartate (Nmda) Receptor Antagonists*** | | |
| <i>memantine hcl er capsule extended release 24 hour 14 mg oral</i> | 1 | |
| <i>memantine hcl er capsule extended release 24 hour 21 mg oral</i> | 1 | |
| <i>memantine hcl er capsule extended release 24 hour 28 mg oral</i> | 1 | |
| <i>memantine hcl er capsule extended release 24 hour 7 mg oral</i> | 1 | |
| <i>memantine hcl solution 10 mg/5ml oral</i> | 1 | |
| <i>memantine hcl solution 2 mg/ml oral</i> | 1 | |
| <i>memantine hcl tablet 10 mg oral</i> | 1 | |
| <i>memantine hcl tablet 28 x 5 mg & 21 x 10 mg oral</i> | 1 | |
| <i>memantine hcl tablet 5 mg oral</i> | 1 | |
| NAMENDA TABLET 10 MG ORAL | Non-Formulary | Formulary Exclusion |
| NAMENDA TABLET 5 MG ORAL | Non-Formulary | Formulary Exclusion |
| NAMENDA TITRATION PAK TABLET 28 X 5 MG & 21 X 10 MG ORAL | Non-Formulary | Formulary Exclusion |
| NAMENDA XR CAPSULE EXTENDED RELEASE 24 HOUR 14 MG ORAL | Non-Formulary | Formulary Exclusion |
| NAMENDA XR CAPSULE EXTENDED RELEASE 24 HOUR 21 MG ORAL | Non-Formulary | Formulary Exclusion |
| NAMENDA XR CAPSULE EXTENDED RELEASE 24 HOUR 28 MG ORAL | Non-Formulary | Formulary Exclusion |
| NAMENDA XR CAPSULE EXTENDED RELEASE 24 HOUR 7 MG ORAL | Non-Formulary | Formulary Exclusion |
| *Phenothiazines & Tricyclic Agents*** | | |
| <i>perphenazine-amitriptyline tablet 2-10 mg oral</i> | 3 | |
| <i>perphenazine-amitriptyline tablet 2-25 mg oral</i> | 1 | Mony Code (MONY Code) |
| <i>perphenazine-amitriptyline tablet 4-10 mg oral</i> | 3 | |
| <i>perphenazine-amitriptyline tablet 4-25 mg oral</i> | 3 | |
| <i>perphenazine-amitriptyline tablet 4-50 mg oral</i> | 3 | |

| Drug Name | Tier | Notes |
|--|---------------|-------------------------|
| <i>*Postherpetic Neuralgia (Phn)/Neuropathic Pain Agents***</i> | | |
| <i>gabapentin (once-daily) tablet 300 mg oral</i> | Non-Formulary | Formulary Exclusion; QL |
| <i>gabapentin (once-daily) tablet 600 mg oral</i> | Non-Formulary | Formulary Exclusion; QL |
| GRALISE TABLET 300 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| GRALISE TABLET 300 MG ORAL | 3 | QL |
| GRALISE TABLET 450 MG ORAL | 3 | QL |
| GRALISE TABLET 600 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| GRALISE TABLET 600 MG ORAL | 3 | QL |
| GRALISE TABLET 750 MG ORAL | 3 | QL |
| GRALISE TABLET 900 MG ORAL | 3 | QL |
| LYRICA CR TABLET EXTENDED RELEASE 24 HOUR 165 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| LYRICA CR TABLET EXTENDED RELEASE 24 HOUR 330 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| LYRICA CR TABLET EXTENDED RELEASE 24 HOUR 82.5 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| <i>pregabalin er tablet extended release 24 hour 165 mg oral</i> | Non-Formulary | Formulary Exclusion; QL |
| <i>pregabalin er tablet extended release 24 hour 330 mg oral</i> | Non-Formulary | Formulary Exclusion; QL |
| <i>pregabalin er tablet extended release 24 hour 82.5 mg oral</i> | Non-Formulary | Formulary Exclusion; QL |
| <i>*Postherpetic Neuralgia(Phn)/Neuropathic Pain Comb Agents***</i> | | |
| CONVENIENCE PAK THERAPY PACK 600 & 5 MG & % COMBINATION | Non-Formulary | Non FDA Exclusion |
| <i>*Premenstrual Dysphoric Disorder (Pmdd) Agents - Ssris***</i> | | |
| <i>fluoxetine hcl (pmdd) tablet 10 mg oral</i> | 3 | |
| <i>fluoxetine hcl (pmdd) tablet 20 mg oral</i> | 3 | |
| SARAFEM TABLET 10 MG ORAL | Non-Formulary | Formulary Exclusion |
| SARAFEM TABLET 20 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>*Pseudobulbar Affect Agent Combinations***</i> | | |
| NUEDEXTA CAPSULE 20-10 MG ORAL | 2 | PA; QL |
| <i>*Psychotherapeutic And Neurological Agents - Misc.***</i> | | |
| AQNEURSA PACKET 1 GM ORAL | Tier 4 | PA; Specialty; QL |

| Drug Name | Tier | Notes |
|---|---------------|---|
| <i>ergoloid mesylates tablet 1 mg oral</i> | Non-Formulary | Mony Code (MONY Code); Formulary Exclusion |
| MIPLYFFA CAPSULE 124 MG ORAL | Tier 4 | PA; Specialty; QL |
| MIPLYFFA CAPSULE 47 MG ORAL | Tier 4 | PA; Specialty; QL |
| MIPLYFFA CAPSULE 62 MG ORAL | Tier 4 | PA; Specialty; QL |
| MIPLYFFA CAPSULE 93 MG ORAL | Tier 4 | PA; Specialty; QL |
| <i>pimozide tablet 1 mg oral</i> | 1 | Mony Code (MONY Code) |
| <i>pimozide tablet 2 mg oral</i> | 1 | Mony Code (MONY Code) |
| <i>*Restless Leg Syndrome (Rls) Agents***</i> | | |
| HORIZANT TABLET EXTENDED RELEASE 300 MG ORAL | 3 | QL |
| HORIZANT TABLET EXTENDED RELEASE 600 MG ORAL | 3 | QL |
| <i>*Serotonin 1A Recept Agonist/Serotonin 2A Recept Antag***</i> | | |
| ADDYI TABLET 100 MG ORAL | 3 | PA |
| <i>*Small Interfering Ribonucleic Acid (Sirna) Agents***</i> | | |
| AMVUTTRA SOLUTION PREFILLED SYRINGE 25 MG/0.5ML SUBCUTANEOUS | Non-Formulary | PA; Specialty; Formulary Exclusion; QL |
| ONPATTRO SOLUTION 10 MG/5ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>*Smoking Deterrents***</i> | | |
| CHANTIX CONTINUING MONTH PAK TABLET 1 MG ORAL | Non-Formulary | Formulary Exclusion |
| CHANTIX TABLET 0.5 MG ORAL | Non-Formulary | Formulary Exclusion |
| CHANTIX TABLET 1 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>*Snris & Anesthetics/Analgesics***</i> | | |
| DULOXICAINE KIT 30 & 4 MG & % COMBINATION | Non-Formulary | Non FDA Exclusion |
| <i>*Sphingosine 1-Phosphate (S1p) Receptor Modulators***</i> | | |
| <i> fingolimod hcl capsule 0.5 mg oral</i> | Tier 4 | PA; Specialty; QL |
| GILENYA CAPSULE 0.5 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion; QL |
| MAYZENT STARTER PACK TABLET THERAPY PACK 12 X 0.25 MG ORAL | Tier 4 | PA; Specialty; QL |
| MAYZENT STARTER PACK TABLET THERAPY PACK 7 X 0.25 MG ORAL | Tier 4 | PA; Specialty; QL with criteria |
| MAYZENT TABLET 0.25 MG ORAL | Tier 4 | PA; Specialty; QL |

| Drug Name | Tier | Notes |
|--|---------------|--|
| MAYZENT TABLET 1 MG ORAL | Tier 4 | PA; Specialty; QL |
| MAYZENT TABLET 2 MG ORAL | Tier 4 | PA; Specialty; QL |
| PONVORY STARTER PACK TABLET THERAPY PACK 2-3-4-5-6-7-8-9 & 10 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion; QL |
| PONVORY TABLET 20 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion; QL |
| TASCENSO ODT TABLET DISPERSIBLE 0.25 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion; QL |
| TASCENSO ODT TABLET DISPERSIBLE 0.5 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion; QL |
| ZEPOSIA 7-DAY STARTER PACK CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG ORAL | Tier 4 | PA; Specialty; QL with criteria |
| ZEPOSIA CAPSULE 0.92 MG ORAL | Tier 4 | PA; Specialty; QL |
| ZEPOSIA STARTER KIT CAPSULE THERAPY PACK 0.23MG & 0.46MG & 0.92MG ORAL | Tier 4 | PA; Specialty; QL |
| ZEPOSIA STARTER KIT CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21) ORAL | Tier 4 | PA; Specialty; QL |
| <i>*Thienbenzodiazepines & Opioid Antagonists***</i> | | |
| LYBALVI TABLET 10-10 MG ORAL | Non-Formulary | Formulary Exclusion |
| LYBALVI TABLET 15-10 MG ORAL | Non-Formulary | Formulary Exclusion |
| LYBALVI TABLET 20-10 MG ORAL | Non-Formulary | Formulary Exclusion |
| LYBALVI TABLET 5-10 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>*Thienbenzodiazepines & Ssrís***</i> | | |
| <i>olanzapine-fluoxetine hcl capsule 12-25 mg oral</i> | 1 | |
| <i>olanzapine-fluoxetine hcl capsule 12-50 mg oral</i> | 1 | |
| <i>olanzapine-fluoxetine hcl capsule 3-25 mg oral</i> | 1 | |
| <i>olanzapine-fluoxetine hcl capsule 6-25 mg oral</i> | 1 | |
| <i>olanzapine-fluoxetine hcl capsule 6-50 mg oral</i> | 1 | |
| SYMBYAX CAPSULE 12-50 MG ORAL | Non-Formulary | Formulary Exclusion |
| SYMBYAX CAPSULE 3-25 MG ORAL | Non-Formulary | Formulary Exclusion |
| SYMBYAX CAPSULE 6-25 MG ORAL | Non-Formulary | Formulary Exclusion |
| SYMBYAX CAPSULE 6-50 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>*Vasomotor Symptom Agents - Ssrís***</i> | | |
| BRISDELLE CAPSULE 7.5 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>paroxetine mesylate capsule 7.5 mg oral</i> | 1 | |

| Drug Name | Tier | Notes |
|--|---------------|---------------------------------------|
| *RESPIRATORY AGENTS - MISC.* | | |
| <i>*Alpha-Proteinase Inhibitor (Human)***</i> | | |
| ARALAST NP SOLUTION RECONSTITUTED 1000 MG INTRAVENOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| ARALAST NP SOLUTION RECONSTITUTED 500 MG INTRAVENOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| PROLASTIN-C SOLUTION 1000 MG/20ML INTRAVENOUS | Tier 4 | PA; Specialty |
| PROLASTIN-C SOLUTION RECONSTITUTED 1000 MG INTRAVENOUS | Tier 4 | PA; Specialty |
| ZEMAIRA SOLUTION RECONSTITUTED 1000 MG INTRAVENOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| ZEMAIRA SOLUTION RECONSTITUTED 4000 MG INTRAVENOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| ZEMAIRA SOLUTION RECONSTITUTED 5000 MG INTRAVENOUS | Non-Formulary | PA; Specialty; Formulary Exclusion |
| <i>*Cftr Potentiators***</i> | | |
| KALYDECO PACKET 13.4 MG ORAL | Tier 4 | PA; Specialty |
| KALYDECO PACKET 25 MG ORAL | Tier 4 | PA; Specialty |
| KALYDECO PACKET 5.8 MG ORAL | Tier 4 | PA; Specialty |
| KALYDECO PACKET 50 MG ORAL | Tier 4 | PA; Specialty |
| KALYDECO PACKET 75 MG ORAL | Tier 4 | PA; Specialty |
| KALYDECO TABLET 150 MG ORAL | Tier 4 | PA; Specialty |
| <i>*Cystic Fibrosis Agent - Combinations***</i> | | |
| SYMDEKO TABLET THERAPY PACK 100- 150 & 150 MG ORAL | Tier 4 | PA; Specialty |
| SYMDEKO TABLET THERAPY PACK 50-75 & 75 MG ORAL | Tier 4 | PA; Specialty |
| TRIKAFTA TABLET THERAPY PACK 100- 50-75 & 150 MG ORAL | Tier 4 | PA; Specialty |
| TRIKAFTA TABLET THERAPY PACK 50-25- 37.5 & 75 MG ORAL | Tier 4 | PA; Specialty |
| TRIKAFTA THERAPY PACK 100-50-75 & 75 MG ORAL | Tier 4 | PA; Specialty |
| TRIKAFTA THERAPY PACK 80-40-60 & 59.5 MG ORAL | Tier 4 | PA; Specialty |
| <i>*Hydrolytic Enzymes***</i> | | |
| PULMOZYME SOLUTION 2.5 MG/2.5ML INHALATION | Tier 4 | PA; Specialty; QL |

| Drug Name | Tier | Notes |
|--|---------------|--|
| *Pleural Sclerosing Agents*** | | |
| SCLEROSOL INTRAPLEURAL AEROSOL POWDER 4 GM INTRAPLEURAL | Non-Formulary | Medical Only Exclusion |
| STERILE TALC POWDER SUSPENSION RECONSTITUTED 5 GM INTRAPLEURAL | Non-Formulary | Medical Only Exclusion |
| STERITALC POWDER 2 GM INTRAPLEURAL | Non-Formulary | Medical Only Exclusion |
| STERITALC POWDER 3 GM INTRAPLEURAL | Non-Formulary | Medical Only Exclusion |
| STERITALC POWDER 4 GM INTRAPLEURAL | Non-Formulary | Medical Only Exclusion |
| *Pulmonary Fibrosis Agents*** | | |
| ESBRIET CAPSULE 267 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion; QL |
| ESBRIET TABLET 267 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion; QL |
| ESBRIET TABLET 801 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion; QL |
| <i>pirfenidone capsule 267 mg oral</i> | Tier 4 | PA; Specialty; QL |
| <i>pirfenidone tablet 267 mg oral</i> | Tier 4 | PA; Specialty; QL |
| <i>pirfenidone tablet 801 mg oral</i> | Tier 4 | PA; Specialty; QL |
| *Respiratory Agents - Misc.*** | | |
| CUROSURF SUSPENSION 120 MG/1.5ML INTRATRACHEAL | Non-Formulary | Medical Only Exclusion |
| CUROSURF SUSPENSION 240 MG/3ML INTRATRACHEAL | Non-Formulary | Medical Only Exclusion |
| INFASURF SUSPENSION 35-0.9 MG/ML-% INTRATRACHEAL | Non-Formulary | Medical Only Exclusion |
| SURVANTA SUSPENSION 25-0.9 MG/ML-% INTRATRACHEAL | Non-Formulary | Medical Only Exclusion |
| *SULFONAMIDES* | | |
| *Sulfonamides*** | | |
| <i>sulfadiazine tablet 500 mg oral</i> | 1 | Monny Code (MONY code issue) |
| <i>sulfadiazine tablet 500 mg oral</i> | 1 | |
| *TETRACYCLINES* | | |
| *Aminomethylcyclines*** | | |
| NUZYRA SOLUTION RECONSTITUTED 100 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion; QL |
| NUZYRA TABLET 150 MG ORAL | 3 | QL |

| Drug Name | Tier | Notes |
|---|---------------|---|
| *Fluorocyclines*** | | |
| XERAVA SOLUTION RECONSTITUTED 100 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| XERAVA SOLUTION RECONSTITUTED 50 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| *Glycylcyclines*** | | |
| <i>tigecycline solution reconstituted 50 mg intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>tigecycline solution reconstituted 50 mg intravenous</i> | Non-Formulary | Medical Only Exclusion; Mony Code (MONY Code) |
| TYGACIL SOLUTION RECONSTITUTED 50 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| *Tetracycline Combinations*** | | |
| AVIDOXY DK KIT 100 MG COMBINATION | Non-Formulary | Non FDA Exclusion |
| BENZODOX THERAPY PACK 30 X 100 MG & 4.4% COMBINATION | Non-Formulary | Non FDA Exclusion |
| BENZODOX THERAPY PACK 60 X 100 MG & 4.4% COMBINATION | Non-Formulary | Non FDA Exclusion |
| *Tetracyclines*** | | |
| ACTICLATE TABLET 150 MG ORAL | Non-Formulary | Formulary Exclusion |
| ACTICLATE TABLET 75 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>avidoxy tablet 100 mg oral</i> | 1 | |
| COREMINO TABLET EXTENDED RELEASE 24 HOUR 135 MG ORAL | Non-Formulary | Non FDA Exclusion |
| COREMINO TABLET EXTENDED RELEASE 24 HOUR 45 MG ORAL | Non-Formulary | Non FDA Exclusion |
| COREMINO TABLET EXTENDED RELEASE 24 HOUR 90 MG ORAL | Non-Formulary | Non FDA Exclusion |
| <i>demeclocycline hcl tablet 150 mg oral</i> | 1 | |
| <i>demeclocycline hcl tablet 300 mg oral</i> | 1 | |
| DORYX MPC TABLET DELAYED RELEASE 120 MG ORAL | Non-Formulary | Formulary Exclusion |
| DORYX MPC TABLET DELAYED RELEASE 60 MG ORAL | Non-Formulary | Formulary Exclusion |
| DORYX TABLET DELAYED RELEASE 200 MG ORAL | Non-Formulary | Formulary Exclusion |
| DORYX TABLET DELAYED RELEASE 50 MG ORAL | Non-Formulary | Formulary Exclusion |
| DORYX TABLET DELAYED RELEASE 80 MG ORAL | Non-Formulary | Formulary Exclusion |
| DOXY 100 SOLUTION RECONSTITUTED 100 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|------------------------|
| <i>doxycycline hyclate capsule 100 mg oral</i> | 1 | |
| <i>doxycycline hyclate capsule 50 mg oral</i> | 1 | |
| <i>doxycycline hyclate solution reconstituted 100 mg intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>doxycycline hyclate tablet 100 mg oral</i> | 1 | |
| <i>doxycycline hyclate tablet 150 mg oral</i> | 1 | |
| <i>doxycycline hyclate tablet 20 mg oral</i> | 1 | |
| <i>doxycycline hyclate tablet 50 mg oral</i> | 1 | |
| <i>doxycycline hyclate tablet 50 mg oral</i> | 1 | Mony Code (MONY Code) |
| <i>doxycycline hyclate tablet 75 mg oral</i> | 1 | |
| <i>doxycycline hyclate tablet delayed release 100 mg oral</i> | 1 | |
| <i>doxycycline hyclate tablet delayed release 150 mg oral</i> | 1 | |
| <i>doxycycline hyclate tablet delayed release 200 mg oral</i> | 1 | |
| <i>doxycycline hyclate tablet delayed release 50 mg oral</i> | 1 | |
| <i>doxycycline hyclate tablet delayed release 75 mg oral</i> | 1 | |
| <i>doxycycline hyclate tablet delayed release 80 mg oral</i> | 3 | |
| <i>doxycycline monohydrate capsule 100 mg oral</i> | 1 | |
| <i>doxycycline monohydrate capsule 150 mg oral</i> | 1 | |
| <i>doxycycline monohydrate capsule 50 mg oral</i> | 1 | |
| <i>doxycycline monohydrate capsule 75 mg oral</i> | 1 | |
| <i>doxycycline monohydrate suspension reconstituted 25 mg/5ml oral</i> | 1 | |
| <i>doxycycline monohydrate tablet 100 mg oral</i> | 1 | |
| <i>doxycycline monohydrate tablet 150 mg oral</i> | 1 | |
| <i>doxycycline monohydrate tablet 50 mg oral</i> | 1 | |
| <i>doxycycline monohydrate tablet 75 mg oral</i> | 1 | |
| LYMEPAK TABLET 100 MG ORAL | 1 | |
| MINOCIN SOLUTION RECONSTITUTED 100 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>minocycline hcl capsule 100 mg oral</i> | 1 | |
| <i>minocycline hcl capsule 50 mg oral</i> | 1 | |
| <i>minocycline hcl capsule 75 mg oral</i> | 1 | |
| <i>minocycline hcl er (biphasic) tablet extended release 24 hour 105 mg oral</i> | Non-Formulary | Formulary Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|-------------------------|
| <i>minocycline hcl er (biphasic) tablet extended release 24 hour 135 mg oral</i> | Non-Formulary | Formulary Exclusion |
| <i>minocycline hcl er capsule extended release 24 hour 135 mg oral</i> | Non-Formulary | Formulary Exclusion |
| <i>minocycline hcl er capsule extended release 24 hour 45 mg oral</i> | Non-Formulary | Formulary Exclusion |
| <i>minocycline hcl er capsule extended release 24 hour 90 mg oral</i> | Non-Formulary | Formulary Exclusion |
| <i>minocycline hcl er tablet extended release 24 hour 105 mg oral</i> | Non-Formulary | Formulary Exclusion |
| <i>minocycline hcl er tablet extended release 24 hour 115 mg oral</i> | 1 | |
| <i>minocycline hcl er tablet extended release 24 hour 135 mg oral</i> | Non-Formulary | Formulary Exclusion |
| <i>minocycline hcl er tablet extended release 24 hour 45 mg oral</i> | 1 | |
| <i>minocycline hcl er tablet extended release 24 hour 45 mg oral</i> | 1 | Mony Code (MONY Code) |
| <i>minocycline hcl er tablet extended release 24 hour 55 mg oral</i> | 1 | |
| <i>minocycline hcl er tablet extended release 24 hour 65 mg oral</i> | 1 | |
| <i>minocycline hcl er tablet extended release 24 hour 80 mg oral</i> | 1 | |
| <i>minocycline hcl er tablet extended release 24 hour 90 mg oral</i> | 1 | |
| <i>minocycline hcl tablet 100 mg oral</i> | 1 | |
| <i>minocycline hcl tablet 50 mg oral</i> | 1 | |
| <i>minocycline hcl tablet 75 mg oral</i> | 1 | |
| MINOLIRA TABLET EXTENDED RELEASE 24 HOUR 105 MG ORAL | Non-Formulary | Formulary Exclusion |
| MINOLIRA TABLET EXTENDED RELEASE 24 HOUR 135 MG ORAL | Non-Formulary | Formulary Exclusion |
| MONDOXYNE NL CAPSULE 100 MG ORAL | 1 | |
| MONDOXYNE NL CAPSULE 75 MG ORAL | 1 | |
| MORGIDOX CAPSULE 100 MG ORAL | 1 | |
| MORGIDOX KIT 1 X 100 MG COMBINATION | Non-Formulary | Non FDA Exclusion |
| MORGIDOX KIT 2 X 100 MG COMBINATION | Non-Formulary | Non FDA Exclusion |
| NUTRIDOX KIT 75 MG ORAL | Non-Formulary | Non FDA Exclusion |
| SEYSARA TABLET 100 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| SEYSARA TABLET 150 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| SEYSARA TABLET 60 MG ORAL | Non-Formulary | Formulary Exclusion; QL |

| Drug Name | Tier | Notes |
|---|---------------|-----------------------------|
| SOLODYN TABLET EXTENDED RELEASE 24 HOUR 105 MG ORAL | Non-Formulary | Formulary Exclusion |
| SOLODYN TABLET EXTENDED RELEASE 24 HOUR 115 MG ORAL | Non-Formulary | Formulary Exclusion |
| SOLODYN TABLET EXTENDED RELEASE 24 HOUR 55 MG ORAL | Non-Formulary | Formulary Exclusion |
| SOLODYN TABLET EXTENDED RELEASE 24 HOUR 65 MG ORAL | Non-Formulary | Formulary Exclusion |
| SOLODYN TABLET EXTENDED RELEASE 24 HOUR 80 MG ORAL | Non-Formulary | Formulary Exclusion |
| TARGADOX TABLET 50 MG ORAL | 1 | |
| <i>tetracycline hcl capsule 250 mg oral</i> | 1 | |
| <i>tetracycline hcl capsule 250 mg oral</i> | 1 | Mony Code (MONY code issue) |
| <i>tetracycline hcl capsule 500 mg oral</i> | 1 | |
| <i>tetracycline hcl capsule 500 mg oral</i> | 1 | Mony Code (MONY Code) |
| <i>tetracycline hcl tablet 250 mg oral</i> | Non-Formulary | Formulary Exclusion |
| <i>tetracycline hcl tablet 500 mg oral</i> | Non-Formulary | Formulary Exclusion |
| VIBRAMYCIN CAPSULE 100 MG ORAL | Non-Formulary | Formulary Exclusion |
| VIBRAMYCIN SUSPENSION RECONSTITUTED 25 MG/5ML ORAL | Non-Formulary | Formulary Exclusion |
| VIBRAMYCIN SYRUP 50 MG/5ML ORAL | Non-Formulary | Formulary Exclusion |
| XIMINO CAPSULE EXTENDED RELEASE 24 HOUR 135 MG ORAL | Non-Formulary | Formulary Exclusion |
| XIMINO CAPSULE EXTENDED RELEASE 24 HOUR 45 MG ORAL | Non-Formulary | Formulary Exclusion |
| XIMINO CAPSULE EXTENDED RELEASE 24 HOUR 90 MG ORAL | Non-Formulary | Formulary Exclusion |
| *THYROID AGENTS* | | |
| <i>*Antithyroid Agents - Radiopharmaceuticals***</i> | | |
| <i>sodium iodide i-131 solution 1000 mci/ml oral</i> | Non-Formulary | Formulary Exclusion |
| <i>*Antithyroid Agents***</i> | | |
| <i>methimazole tablet 10 mg oral</i> | 1 | |
| <i>methimazole tablet 5 mg oral</i> | 1 | |
| <i>propylthiouracil tablet 50 mg oral</i> | 1 | |
| TAPAZOLE TABLET 10 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>*Thyroid Hormones***</i> | | |
| ADTHYZA TABLET 120 MG ORAL | Non-Formulary | Non FDA Exclusion |
| ADTHYZA TABLET 130 MG ORAL | Non-Formulary | Non FDA Exclusion |
| ADTHYZA TABLET 15 MG ORAL | Non-Formulary | Non FDA Exclusion |

| Drug Name | Tier | Notes |
|-----------------------------------|---------------|---------------------|
| ADTHYZA TABLET 16.25 MG ORAL | Non-Formulary | Non FDA Exclusion |
| ADTHYZA TABLET 30 MG ORAL | Non-Formulary | Non FDA Exclusion |
| ADTHYZA TABLET 32.5 MG ORAL | Non-Formulary | Non FDA Exclusion |
| ADTHYZA TABLET 60 MG ORAL | Non-Formulary | Non FDA Exclusion |
| ADTHYZA TABLET 65 MG ORAL | Non-Formulary | Non FDA Exclusion |
| ADTHYZA TABLET 90 MG ORAL | Non-Formulary | Non FDA Exclusion |
| ADTHYZA TABLET 97.5 MG ORAL | Non-Formulary | Non FDA Exclusion |
| ARMOUR THYROID TABLET 120 MG ORAL | 3 | |
| ARMOUR THYROID TABLET 15 MG ORAL | 2 | |
| ARMOUR THYROID TABLET 15 MG ORAL | 3 | |
| ARMOUR THYROID TABLET 180 MG ORAL | 3 | |
| ARMOUR THYROID TABLET 240 MG ORAL | 3 | |
| ARMOUR THYROID TABLET 30 MG ORAL | 3 | |
| ARMOUR THYROID TABLET 300 MG ORAL | 3 | |
| ARMOUR THYROID TABLET 60 MG ORAL | 3 | |
| ARMOUR THYROID TABLET 90 MG ORAL | 3 | |
| CYTOMEL TABLET 25 MCG ORAL | Non-Formulary | Formulary Exclusion |
| CYTOMEL TABLET 5 MCG ORAL | Non-Formulary | Formulary Exclusion |
| CYTOMEL TABLET 50 MCG ORAL | Non-Formulary | Formulary Exclusion |
| ERMEZA SOLUTION 150 MCG/5ML ORAL | 3 | |
| EUTHYROX TABLET 100 MCG ORAL | 1 | |
| EUTHYROX TABLET 112 MCG ORAL | 1 | |
| EUTHYROX TABLET 125 MCG ORAL | 1 | |
| EUTHYROX TABLET 137 MCG ORAL | 1 | |
| EUTHYROX TABLET 150 MCG ORAL | 1 | |
| EUTHYROX TABLET 175 MCG ORAL | 1 | |
| EUTHYROX TABLET 200 MCG ORAL | 1 | |
| EUTHYROX TABLET 25 MCG ORAL | 1 | |
| EUTHYROX TABLET 50 MCG ORAL | 1 | |
| EUTHYROX TABLET 75 MCG ORAL | 1 | |
| EUTHYROX TABLET 88 MCG ORAL | 1 | |
| LEVO-T TABLET 100 MCG ORAL | 1 | |
| LEVO-T TABLET 112 MCG ORAL | 1 | |
| LEVO-T TABLET 125 MCG ORAL | 1 | |
| LEVO-T TABLET 137 MCG ORAL | 1 | |
| LEVO-T TABLET 150 MCG ORAL | 1 | |
| LEVO-T TABLET 175 MCG ORAL | 1 | |
| LEVO-T TABLET 200 MCG ORAL | 1 | |

| Drug Name | Tier | Notes |
|--|---------------|---|
| LEVO-T TABLET 25 MCG ORAL | 1 | |
| LEVO-T TABLET 300 MCG ORAL | 1 | |
| LEVO-T TABLET 50 MCG ORAL | 1 | |
| LEVO-T TABLET 75 MCG ORAL | 1 | |
| LEVO-T TABLET 88 MCG ORAL | 1 | |
| <i>levothyroxine sodium capsule 100 mcg oral</i> | 3 | |
| <i>levothyroxine sodium capsule 112 mcg oral</i> | 3 | |
| <i>levothyroxine sodium capsule 125 mcg oral</i> | 3 | |
| <i>levothyroxine sodium capsule 13 mcg oral</i> | 3 | |
| <i>levothyroxine sodium capsule 137 mcg oral</i> | 3 | |
| <i>levothyroxine sodium capsule 150 mcg oral</i> | 3 | |
| <i>levothyroxine sodium capsule 175 mcg oral</i> | 3 | |
| <i>levothyroxine sodium capsule 200 mcg oral</i> | 3 | |
| <i>levothyroxine sodium capsule 25 mcg oral</i> | 3 | |
| <i>levothyroxine sodium capsule 50 mcg oral</i> | 3 | |
| <i>levothyroxine sodium capsule 75 mcg oral</i> | 3 | |
| <i>levothyroxine sodium capsule 88 mcg oral</i> | 3 | |
| <i>levothyroxine sodium solution 100 mcg/5ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>levothyroxine sodium solution 100 mcg/ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>levothyroxine sodium solution 200 mcg/5ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>levothyroxine sodium solution 500 mcg/5ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>levothyroxine sodium solution reconstituted 100 mcg intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>levothyroxine sodium solution reconstituted 100 mcg intravenous</i> | Non-Formulary | Medical Only Exclusion; Mony Code (MONY code issue) |
| <i>levothyroxine sodium solution reconstituted 100 mcg intravenous</i> | Non-Formulary | Medical Only Exclusion; Mony Code (MONY Code) |
| <i>levothyroxine sodium solution reconstituted 200 mcg intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>levothyroxine sodium solution reconstituted 200 mcg intravenous</i> | Non-Formulary | Medical Only Exclusion; Mony Code (MONY code issue) |
| <i>levothyroxine sodium solution reconstituted 200 mcg intravenous</i> | Non-Formulary | Medical Only Exclusion; Mony Code (MONY Code) |
| <i>levothyroxine sodium solution reconstituted 500 mcg intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>levothyroxine sodium solution reconstituted 500 mcg intravenous</i> | Non-Formulary | Medical Only Exclusion; Mony Code (MONY code issue) |

| Drug Name | Tier | Notes |
|--|---------------|---|
| <i>levothyroxine sodium solution reconstituted 500 mcg intravenous</i> | Non-Formulary | Medical Only Exclusion; Mony Code (MONY Code) |
| <i>levothyroxine sodium tablet 100 mcg oral</i> | 1 | |
| <i>levothyroxine sodium tablet 112 mcg oral</i> | 1 | |
| <i>levothyroxine sodium tablet 125 mcg oral</i> | 1 | |
| <i>levothyroxine sodium tablet 137 mcg oral</i> | 1 | |
| <i>levothyroxine sodium tablet 150 mcg oral</i> | 1 | |
| <i>levothyroxine sodium tablet 175 mcg oral</i> | 1 | |
| <i>levothyroxine sodium tablet 200 mcg oral</i> | 1 | |
| <i>levothyroxine sodium tablet 25 mcg oral</i> | 1 | |
| <i>levothyroxine sodium tablet 300 mcg oral</i> | 1 | |
| <i>levothyroxine sodium tablet 50 mcg oral</i> | 1 | |
| <i>levothyroxine sodium tablet 75 mcg oral</i> | 1 | |
| <i>levothyroxine sodium tablet 88 mcg oral</i> | 1 | |
| LEVOXYL TABLET 100 MCG ORAL | 1 | |
| LEVOXYL TABLET 112 MCG ORAL | 1 | |
| LEVOXYL TABLET 125 MCG ORAL | 1 | |
| LEVOXYL TABLET 137 MCG ORAL | 1 | |
| LEVOXYL TABLET 150 MCG ORAL | 1 | |
| LEVOXYL TABLET 175 MCG ORAL | 1 | |
| LEVOXYL TABLET 200 MCG ORAL | 1 | |
| LEVOXYL TABLET 25 MCG ORAL | 1 | |
| LEVOXYL TABLET 50 MCG ORAL | 1 | |
| LEVOXYL TABLET 75 MCG ORAL | 1 | |
| LEVOXYL TABLET 88 MCG ORAL | 1 | |
| <i>liothyronine sodium solution 10 mcg/ml intravenous</i> | Non-Formulary | Medical Only Exclusion; Mony Code (MONY code issue) |
| <i>liothyronine sodium tablet 25 mcg oral</i> | 1 | |
| <i>liothyronine sodium tablet 5 mcg oral</i> | 1 | |
| <i>liothyronine sodium tablet 50 mcg oral</i> | 1 | |
| <i>niva thyroid tablet 120 mg oral</i> | 3 | |
| <i>niva thyroid tablet 15 mg oral</i> | 3 | |
| <i>niva thyroid tablet 30 mg oral</i> | 3 | |
| <i>niva thyroid tablet 60 mg oral</i> | 3 | |
| <i>niva thyroid tablet 90 mg oral</i> | 3 | |
| NP THYROID TABLET 120 MG ORAL | 1 | Mony Code (MONY code issue) |
| NP THYROID TABLET 15 MG ORAL | 1 | Mony Code (MONY code issue) |
| NP THYROID TABLET 30 MG ORAL | 1 | Mony Code (MONY code issue) |
| NP THYROID TABLET 60 MG ORAL | 1 | Mony Code (MONY code issue) |

| Drug Name | Tier | Notes |
|---------------------------------------|-------------|-----------------------------|
| NP THYROID TABLET 90 MG ORAL | 1 | Mony Code (MONY code issue) |
| SYNTHROID TABLET 100 MCG ORAL | 2 | |
| SYNTHROID TABLET 112 MCG ORAL | 2 | |
| SYNTHROID TABLET 125 MCG ORAL | 2 | |
| SYNTHROID TABLET 137 MCG ORAL | 2 | |
| SYNTHROID TABLET 150 MCG ORAL | 2 | |
| SYNTHROID TABLET 175 MCG ORAL | 2 | |
| SYNTHROID TABLET 200 MCG ORAL | 2 | |
| SYNTHROID TABLET 25 MCG ORAL | 2 | |
| SYNTHROID TABLET 300 MCG ORAL | 2 | |
| SYNTHROID TABLET 50 MCG ORAL | 2 | |
| SYNTHROID TABLET 75 MCG ORAL | 2 | |
| SYNTHROID TABLET 88 MCG ORAL | 2 | |
| THYQUIDITY SOLUTION 100 MCG/5ML ORAL | 3 | |
| <i>thyroid tablet 120 mg oral</i> | 3 | |
| <i>thyroid tablet 15 mg oral</i> | 3 | |
| <i>thyroid tablet 30 mg oral</i> | 3 | |
| <i>thyroid tablet 60 mg oral</i> | 3 | |
| <i>thyroid tablet 90 mg oral</i> | 3 | |
| TIROSINT CAPSULE 100 MCG ORAL | 3 | |
| TIROSINT CAPSULE 112 MCG ORAL | 3 | |
| TIROSINT CAPSULE 125 MCG ORAL | 3 | |
| TIROSINT CAPSULE 13 MCG ORAL | 3 | |
| TIROSINT CAPSULE 137 MCG ORAL | 3 | |
| TIROSINT CAPSULE 150 MCG ORAL | 3 | |
| TIROSINT CAPSULE 175 MCG ORAL | 3 | |
| TIROSINT CAPSULE 200 MCG ORAL | 3 | |
| TIROSINT CAPSULE 25 MCG ORAL | 3 | |
| TIROSINT CAPSULE 37.5 MCG ORAL | 3 | |
| TIROSINT CAPSULE 44 MCG ORAL | 3 | |
| TIROSINT CAPSULE 50 MCG ORAL | 3 | |
| TIROSINT CAPSULE 62.5 MCG ORAL | 3 | |
| TIROSINT CAPSULE 75 MCG ORAL | 3 | |
| TIROSINT CAPSULE 88 MCG ORAL | 3 | |
| TIROSINT-SOL SOLUTION 100 MCG/ML ORAL | 3 | |
| TIROSINT-SOL SOLUTION 112 MCG/ML ORAL | 3 | |

| Drug Name | Tier | Notes |
|---|---------------|------------------------|
| TIROSINT-SOL SOLUTION 125 MCG/ML ORAL | 3 | |
| TIROSINT-SOL SOLUTION 13 MCG/ML ORAL | 3 | |
| TIROSINT-SOL SOLUTION 137 MCG/ML ORAL | 3 | |
| TIROSINT-SOL SOLUTION 150 MCG/ML ORAL | 3 | |
| TIROSINT-SOL SOLUTION 175 MCG/ML ORAL | 3 | |
| TIROSINT-SOL SOLUTION 200 MCG/ML ORAL | 3 | |
| TIROSINT-SOL SOLUTION 25 MCG/ML ORAL | 3 | |
| TIROSINT-SOL SOLUTION 37.5 MCG/ML ORAL | 3 | |
| TIROSINT-SOL SOLUTION 44 MCG/ML ORAL | 3 | |
| TIROSINT-SOL SOLUTION 50 MCG/ML ORAL | 3 | |
| TIROSINT-SOL SOLUTION 62.5 MCG/ML ORAL | 3 | |
| TIROSINT-SOL SOLUTION 75 MCG/ML ORAL | 3 | |
| TIROSINT-SOL SOLUTION 88 MCG/ML ORAL | 3 | |
| TRIOSTAT SOLUTION 10 MCG/ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| UNITHROID TABLET 100 MCG ORAL | 1 | |
| UNITHROID TABLET 112 MCG ORAL | 1 | |
| UNITHROID TABLET 125 MCG ORAL | 1 | |
| UNITHROID TABLET 137 MCG ORAL | 1 | |
| UNITHROID TABLET 150 MCG ORAL | 1 | |
| UNITHROID TABLET 175 MCG ORAL | 1 | |
| UNITHROID TABLET 200 MCG ORAL | 1 | |
| UNITHROID TABLET 25 MCG ORAL | 1 | |
| UNITHROID TABLET 300 MCG ORAL | 1 | |
| UNITHROID TABLET 50 MCG ORAL | 1 | |
| UNITHROID TABLET 75 MCG ORAL | 1 | |
| UNITHROID TABLET 88 MCG ORAL | 1 | |

| Drug Name | Tier | Notes |
|---|---------------|------------------------|
| *ULCER DRUGS/ANTISPASMODICS/ANTICH OLINERGICS* | | |
| *Anticholinergic Combinations*** | | |
| <i>belladonna alkaloids-opium suppository 16.2-30 mg rectal</i> | 3 | |
| <i>belladonna alkaloids-opium suppository 16.2-30 mg rectal</i> | Non-Formulary | Non FDA Exclusion |
| <i>belladonna alkaloids-opium suppository 16.2-60 mg rectal</i> | Non-Formulary | Non FDA Exclusion |
| <i>belladonna alkaloids-opium suppository 16.2-60 mg rectal</i> | 3 | |
| <i>chlordiazepoxide-clidinium capsule 5-2.5 mg oral</i> | Non-Formulary | Formulary Exclusion |
| <i>chlordiazepoxide-clidinium capsule 5-2.5 mg oral</i> | Non-Formulary | Non FDA Exclusion |
| DONNATAL ELIXIR 16.2 MG/5ML ORAL | 3 | |
| DONNATAL ELIXIR 16.2 MG/5ML ORAL | Non-Formulary | Formulary Exclusion |
| DONNATAL TABLET 16.2 MG ORAL | 3 | |
| LIBRAX CAPSULE 5-2.5 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>pb-hyoscy-atropine-scopolamine elixir 16.2 mg/5ml oral</i> | Non-Formulary | Non FDA Exclusion |
| <i>pb-hyoscy-atropine-scopolamine tablet 16.2 mg oral</i> | Non-Formulary | Non FDA Exclusion |
| <i>phenobarbital-belladonna alk elixir 16.2 mg/5ml oral</i> | 1 | |
| <i>phenobarbital-belladonna alk tablet 16.2 mg oral</i> | 1 | |
| PHENOHYTRO ELIXIR 16.2 MG/5ML ORAL | 1 | |
| PHENOHYTRO TABLET 16.2 MG ORAL | 1 | |
| *Antispasmodics*** | | |
| BENTYL SOLUTION 10 MG/ML INTRAMUSCULAR | Non-Formulary | Medical Only Exclusion |
| <i>dicyclomine hcl capsule 10 mg oral</i> | 1 | |
| <i>dicyclomine hcl solution 10 mg/5ml oral</i> | 1 | |
| <i>dicyclomine hcl solution 10 mg/ml intramuscular</i> | Non-Formulary | Medical Only Exclusion |
| <i>dicyclomine hcl tablet 20 mg oral</i> | 1 | |
| *Belladonna Alkaloids*** | | |
| ANASPAZ TABLET DISPERSIBLE 0.125 MG ORAL | 3 | |
| ATROPEN SOLUTION AUTO-INJECTOR 0.25 MG/0.3ML INTRAMUSCULAR | Non-Formulary | Medical Only Exclusion |
| ATROPEN SOLUTION AUTO-INJECTOR 0.5 MG/0.7ML INTRAMUSCULAR | Non-Formulary | Medical Only Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|---|
| ATROPEN SOLUTION AUTO-INJECTOR 1 MG/0.7ML INTRAMUSCULAR | Non-Formulary | Medical Only Exclusion |
| ATROPEN SOLUTION AUTO-INJECTOR 2 MG/0.7ML INTRAMUSCULAR | Non-Formulary | Medical Only Exclusion |
| <i>atropine sulfate (pf) solution 0.4 mg/ml injection</i> | Non-Formulary | Non FDA Exclusion; Mony Code (MONY Code) |
| <i>atropine sulfate (pf) solution 1 mg/ml injection</i> | Non-Formulary | Non FDA Exclusion; Mony Code (MONY Code) |
| <i>atropine sulfate solution 0.4 mg/ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>atropine sulfate solution 1 mg/ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>atropine sulfate solution 8 mg/20ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>atropine sulfate solution 8 mg/20ml injection</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>atropine sulfate solution prefilled syringe 0.25 mg/5ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>atropine sulfate solution prefilled syringe 0.25 mg/5ml injection</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>atropine sulfate solution prefilled syringe 0.4 mg/ml intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>atropine sulfate solution prefilled syringe 0.5 mg/5ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>atropine sulfate solution prefilled syringe 0.5 mg/5ml injection</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>atropine sulfate solution prefilled syringe 0.8 mg/2ml injection</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>atropine sulfate solution prefilled syringe 0.8 mg/2ml intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>atropine sulfate solution prefilled syringe 1 mg/10ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>atropine sulfate solution prefilled syringe 1 mg/10ml injection</i> | Non-Formulary | Medical Only Exclusion; Mony Code (MONY Code) |
| <i>atropine sulfate solution prefilled syringe 1 mg/10ml injection</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>atropine sulfate solution prefilled syringe 1 mg/2.5ml injection</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>atropine sulfate solution prefilled syringe 1 mg/2.5ml intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>atropine sulfate solution prefilled syringe 1.2 mg/3ml intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>ed-spaz tablet dispersible 0.125 mg oral</i> | 1 | |
| <i>hyoscyamine sulfate elixir 0.125 mg/5ml oral</i> | 1 | |
| <i>hyoscyamine sulfate er tablet extended release 12 hour 0.375 mg oral</i> | 1 | |

| Drug Name | Tier | Notes |
|--|---------------|-----------------------------|
| <i>hyoscyamine sulfate solution 0.125 mg/ml oral</i> | 1 | |
| <i>hyoscyamine sulfate solution 0.5 mg/ml injection</i> | 1 | Mony Code (MONY code issue) |
| <i>hyoscyamine sulfate tablet 0.125 mg oral</i> | 1 | |
| <i>hyoscyamine sulfate tablet dispersible 0.125 mg oral</i> | 1 | |
| <i>hyoscyamine sulfate tablet sublingual 0.125 mg sublingual</i> | 1 | |
| <i>hyosyne elixir 0.125 mg/5ml oral</i> | 1 | |
| <i>hyosyne solution 0.125 mg/ml oral</i> | 1 | |
| LEVBIID TABLET EXTENDED RELEASE 12 HOUR 0.375 MG ORAL | 3 | |
| LEVSIN SOLUTION 0.5 MG/ML INJECTION | 3 | |
| LEVSIN TABLET 0.125 MG ORAL | 3 | |
| LEVSIN/SL TABLET SUBLINGUAL 0.125 MG SUBLINGUAL | 3 | |
| NULEV TABLET DISPERSIBLE 0.125 MG ORAL | 1 | |
| <i>oscimin sr tablet extended release 12 hour 0.375 mg oral</i> | 1 | |
| <i>oscimin tablet 0.125 mg oral</i> | 1 | |
| <i>oscimin tablet sublingual 0.125 mg sublingual</i> | 1 | |
| SYMAX DUOTAB TABLET EXTENDED RELEASE 0.375 MG ORAL | Non-Formulary | Formulary Exclusion |
| SYMAX-SL TABLET SUBLINGUAL 0.125 MG SUBLINGUAL | Non-Formulary | Formulary Exclusion |
| SYMAX-SR TABLET EXTENDED RELEASE 12 HOUR 0.375 MG ORAL | Non-Formulary | Formulary Exclusion |
| *H-2 Antagonists*** | | |
| <i>cimetidine hcl solution 300 mg/5ml oral</i> | 1 | |
| <i>cimetidine hcl solution 300 mg/5ml oral</i> | 2 | |
| <i>cimetidine hcl solution 300 mg/5ml oral</i> | 1 | Mony Code (MONY Code Issue) |
| <i>cimetidine hcl solution 300 mg/5ml oral</i> | 1 | Mony Code (MONY code issue) |
| <i>cimetidine hcl solution 400 mg/6.67ml oral</i> | 1 | |
| <i>cimetidine tablet 200 mg oral (rx)</i> | 1 | |
| <i>cimetidine tablet 300 mg oral</i> | 1 | |
| <i>cimetidine tablet 400 mg oral</i> | 1 | |
| <i>cimetidine tablet 800 mg oral</i> | 1 | |
| <i>famotidine (pf) solution 20 mg/2ml intravenous</i> | 1 | |
| <i>famotidine premixed solution 20-0.9 mg/50ml-% intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>famotidine solution 200 mg/20ml intravenous</i> | Non-Formulary | Medical Only Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|---------------------------------------|
| <i>famotidine solution 40 mg/4ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>famotidine suspension reconstituted 40 mg/5ml oral</i> | 1 | |
| <i>famotidine tablet 20 mg oral (rx)</i> | 1 | |
| <i>famotidine tablet 40 mg oral</i> | 1 | |
| <i>nizatidine capsule 150 mg oral</i> | 1 | Mony Code (MONY Code) |
| <i>nizatidine capsule 300 mg oral</i> | 1 | |
| <i>nizatidine capsule 300 mg oral</i> | 3 | |
| <i>nizatidine solution 15 mg/ml oral</i> | 1 | Mony Code (MONY Code) |
| PEPCID TABLET 20 MG ORAL | Non-Formulary | Formulary Exclusion |
| PEPCID TABLET 40 MG ORAL | Non-Formulary | Formulary Exclusion |
| *Misc. Anti-Ulcer*** | | |
| CARAFATE SUSPENSION 1 GM/10ML ORAL | Non-Formulary | Formulary Exclusion |
| CARAFATE TABLET 1 GM ORAL | Non-Formulary | Formulary Exclusion |
| <i>sucralfate suspension 1 gm/10ml oral</i> | 1 | |
| <i>sucralfate tablet 1 gm oral</i> | 1 | |
| *Ppi - Potassium-Competitive Acid Blockers (P-Cab)*** | | |
| VOQUEZNA TABLET 10 MG ORAL | 3 | PA |
| VOQUEZNA TABLET 20 MG ORAL | 3 | PA |
| *Proton Pump Inhibitor-Antacid Combinations*** | | |
| KONVOMEPEP SUSPENSION RECONSTITUTED 2-84 MG/ML ORAL | Non-Formulary | Formulary Exclusion; QL with criteria |
| <i>omeprazole-sodium bicarbonate capsule 20-1100 mg oral (rx)</i> | 1 | QL |
| <i>omeprazole-sodium bicarbonate capsule 40-1100 mg oral</i> | 1 | QL |
| <i>omeprazole-sodium bicarbonate packet 20-1680 mg oral</i> | 1 | |
| <i>omeprazole-sodium bicarbonate packet 40-1680 mg oral</i> | 1 | |
| ZEGERID CAPSULE 20-1100 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| ZEGERID CAPSULE 40-1100 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| ZEGERID PACKET 20-1680 MG ORAL | Non-Formulary | Formulary Exclusion |
| ZEGERID PACKET 40-1680 MG ORAL | Non-Formulary | Formulary Exclusion |
| *Proton Pump Inhibitors*** | | |
| ACIPHEX SPRINKLE CAPSULE SPRINKLE 10 MG ORAL | 3 | QL |

| Drug Name | Tier | Notes |
|--|---------------|-------------------------|
| ACIPHEX SPRINKLE CAPSULE SPRINKLE 5 MG ORAL | 3 | QL |
| ACIPHEX TABLET DELAYED RELEASE 20 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| DEXILANT CAPSULE DELAYED RELEASE 30 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| DEXILANT CAPSULE DELAYED RELEASE 60 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| <i>dexlansoprazole capsule delayed release 30 mg oral</i> | 1 | QL |
| <i>dexlansoprazole capsule delayed release 60 mg oral</i> | 1 | QL |
| <i>esomeprazole magnesium capsule delayed release 20 mg oral (rx)</i> | 1 | QL |
| <i>esomeprazole magnesium capsule delayed release 40 mg oral</i> | 1 | QL |
| <i>esomeprazole magnesium packet 10 mg oral</i> | 1 | QL |
| <i>esomeprazole magnesium packet 20 mg oral</i> | 1 | QL |
| <i>esomeprazole magnesium packet 40 mg oral</i> | 1 | QL |
| <i>esomeprazole sodium solution reconstituted 40 mg intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>esomeprazole strontium capsule delayed release 49.3 mg oral</i> | 3 | QL |
| FIRST PANTOPRAZOLE SUSPENSION 4 MG/ML ORAL | 3 | |
| FIRST-LANSOPRAZOLE SUSPENSION 3 MG/ML ORAL | 3 | |
| FIRST-OMEPRAZOLE SUSPENSION 2 MG/ML ORAL | 1 | Mony Code (MONY Code) |
| <i>lansoprazole capsule delayed release 15 mg oral (rx)</i> | 1 | QL |
| <i>lansoprazole capsule delayed release 30 mg oral</i> | 1 | QL |
| <i>lansoprazole tablet delayed release dispersible 15 mg oral (rx)</i> | 1 | QL |
| <i>lansoprazole tablet delayed release dispersible 30 mg oral</i> | 1 | QL |
| NEXIUM CAPSULE DELAYED RELEASE 20 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| NEXIUM CAPSULE DELAYED RELEASE 40 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| NEXIUM I.V. SOLUTION RECONSTITUTED 40 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| NEXIUM PACKET 10 MG ORAL | Non-Formulary | Formulary Exclusion; QL |

| Drug Name | Tier | Notes |
|--|---------------|---|
| NEXIUM PACKET 2.5 MG ORAL | 2 | QL |
| NEXIUM PACKET 20 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| NEXIUM PACKET 40 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| NEXIUM PACKET 5 MG ORAL | 2 | QL |
| <i>omeprazole capsule delayed release 10 mg oral</i> | 1 | QL |
| <i>omeprazole capsule delayed release 20 mg oral</i> | 1 | QL |
| <i>omeprazole capsule delayed release 40 mg oral</i> | 1 | QL |
| OMEPRAZOLE+SYRSPEND SF ALKA SUSPENSION 2 MG/ML ORAL | Non-Formulary | Non FDA Exclusion; Mony Code (MONY Code) |
| <i>pantoprazole sodium packet 40 mg oral</i> | 1 | |
| <i>pantoprazole sodium solution reconstituted 40 mg intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>pantoprazole sodium tablet delayed release 20 mg oral</i> | 1 | QL |
| <i>pantoprazole sodium tablet delayed release 40 mg oral</i> | 1 | QL |
| <i>pantoprazole sodium-nacl solution 40-0.9 mg/100ml-% intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>pantoprazole sodium-nacl solution 40-0.9 mg/50ml-% intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>pantoprazole sodium-nacl solution 80-0.9 mg/100ml-% intravenous</i> | Non-Formulary | Medical Only Exclusion |
| PREVACID CAPSULE DELAYED RELEASE 15 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| PREVACID CAPSULE DELAYED RELEASE 30 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| PREVACID SOLUTAB TABLET DELAYED RELEASE DISPERSIBLE 15 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| PREVACID SOLUTAB TABLET DELAYED RELEASE DISPERSIBLE 30 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| PRILOSEC PACKET 10 MG ORAL | 3 | |
| PRILOSEC PACKET 2.5 MG ORAL | 3 | |
| PROTONIX PACKET 40 MG ORAL | Non-Formulary | Formulary Exclusion |
| PROTONIX SOLUTION RECONSTITUTED 40 MG INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| PROTONIX TABLET DELAYED RELEASE 20 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| PROTONIX TABLET DELAYED RELEASE 40 MG ORAL | Non-Formulary | Formulary Exclusion; QL |
| <i>rabeprazole sodium capsule sprinkle 10 mg oral</i> | 3 | QL |
| <i>rabeprazole sodium tablet delayed release 20 mg oral</i> | 1 | QL |

| Drug Name | Tier | Notes |
|--|---------------|-----------------------------|
| *Quaternary Anticholinergics*** | | |
| CUVPOSA SOLUTION 1 MG/5ML ORAL | Non-Formulary | Formulary Exclusion |
| DARTISLA ODT TABLET DISPERSIBLE 1.7 MG ORAL | Non-Formulary | Formulary Exclusion |
| GLYCATE TABLET 1.5 MG ORAL | 3 | |
| <i>glycopyrrolate pf solution prefilled syringe 0.2 mg/ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>glycopyrrolate pf solution prefilled syringe 0.4 mg/2ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>glycopyrrolate pf solution prefilled syringe 0.6 mg/3ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>glycopyrrolate solution 0.2 mg/ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>glycopyrrolate solution 0.4 mg/2ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>glycopyrrolate solution 1 mg/5ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>glycopyrrolate solution 1 mg/5ml oral</i> | 1 | |
| <i>glycopyrrolate solution 4 mg/20ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>glycopyrrolate solution prefilled syringe 0.6 mg/3ml injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>glycopyrrolate solution prefilled syringe 0.6 mg/3ml intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>glycopyrrolate solution prefilled syringe 1 mg/5ml injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>glycopyrrolate solution prefilled syringe 1 mg/5ml intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>glycopyrrolate tablet 1 mg oral</i> | 1 | |
| <i>glycopyrrolate tablet 1.5 mg oral</i> | 1 | Mony Code (MONY Code Issue) |
| <i>glycopyrrolate tablet 1.5 mg oral</i> | 3 | |
| <i>glycopyrrolate tablet 2 mg oral</i> | 1 | |
| GLYRX-PF SOLUTION 0.2 MG/ML INJECTION | Non-Formulary | Medical Only Exclusion |
| GLYRX-PF SOLUTION 0.4 MG/2ML INJECTION | Non-Formulary | Medical Only Exclusion |
| GLYRX-PF SOLUTION PREFILLED SYRINGE 0.6 MG/3ML INJECTION | Non-Formulary | Medical Only Exclusion |
| GLYRX-PF SOLUTION PREFILLED SYRINGE 1 MG/5ML INJECTION | Non-Formulary | Medical Only Exclusion |
| <i>methscopolamine bromide tablet 2.5 mg oral</i> | 1 | |
| <i>methscopolamine bromide tablet 2.5 mg oral</i> | 1 | Mony Code (MONY Code) |
| <i>methscopolamine bromide tablet 5 mg oral</i> | 1 | |
| <i>methscopolamine bromide tablet 5 mg oral</i> | 1 | Mony Code (MONY Code) |
| ROBINUL TABLET 1 MG ORAL | Non-Formulary | Formulary Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|-----------------------------|
| ROBINUL-FORTE TABLET 2 MG ORAL | Non-Formulary | Formulary Exclusion |
| *Ulcer Anti-Infective W/ Bismuth Combinations*** | | |
| <i>bis subcit-metronid-tetracyc capsule 140-125-125 mg oral</i> | 1 | |
| <i>bis subcit-metronid-tetracyc capsule 140-125-125 mg oral</i> | Non-Formulary | Formulary Exclusion |
| <i>bismuth/metronidaz/tetracyclin capsule 140-125-125 mg oral</i> | 1 | |
| HELIDAC THERAPY ORAL | Non-Formulary | Formulary Exclusion |
| PYLERA CAPSULE 140-125-125 MG ORAL | Non-Formulary | Formulary Exclusion |
| *Ulcer Anti-Infective W/ Proton Pump Inhibitors*** | | |
| <i>amoxicill-clarithro-lansopraz therapy pack 500 & 500 & 30 mg oral</i> | 1 | |
| <i>amoxicill-clarithro-lansopraz therapy pack 500 & 500 & 30 mg oral</i> | 1 | Mony Code (MONY code issue) |
| OMECLAMOX-PAK 500-500-20 MG ORAL | Non-Formulary | Formulary Exclusion |
| TALICIA CAPSULE DELAYED RELEASE 250-12.5-10 MG ORAL | 2 | QL |
| *Ulcer Anti-Infective-Pcab Combinations*** | | |
| VOQUEZNA DUAL PAK THERAPY PACK 500-20 MG ORAL | Non-Formulary | Formulary Exclusion |
| VOQUEZNA TRIPLE PAK THERAPY PACK 500-500-20 MG ORAL | Non-Formulary | Formulary Exclusion |
| *Ulcer Drugs - Prostaglandins*** | | |
| CYTOTEC TABLET 100 MCG ORAL | Non-Formulary | Formulary Exclusion |
| CYTOTEC TABLET 200 MCG ORAL | Non-Formulary | Formulary Exclusion |
| <i>misoprostol tablet 100 mcg oral</i> | 1 | |
| <i>misoprostol tablet 200 mcg oral</i> | 1 | |
| *URINARY ANTISPASMODICS* | | |
| *Urinary Antispasmodic - Antimuscarinic (Anticholinergic)*** | | |
| <i>darifenacin hydrobromide er tablet extended release 24 hour 15 mg oral</i> | Non-Formulary | Formulary Exclusion |
| <i>darifenacin hydrobromide er tablet extended release 24 hour 7.5 mg oral</i> | Non-Formulary | Formulary Exclusion |
| DETROL LA CAPSULE EXTENDED RELEASE 24 HOUR 2 MG ORAL | Non-Formulary | Formulary Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|---------------------|
| DETROL LA CAPSULE EXTENDED RELEASE 24 HOUR 4 MG ORAL | Non-Formulary | Formulary Exclusion |
| DETROL TABLET 1 MG ORAL | Non-Formulary | Formulary Exclusion |
| DETROL TABLET 2 MG ORAL | Non-Formulary | Formulary Exclusion |
| DITROPAN XL TABLET EXTENDED RELEASE 24 HOUR 10 MG ORAL | Non-Formulary | Formulary Exclusion |
| DITROPAN XL TABLET EXTENDED RELEASE 24 HOUR 5 MG ORAL | Non-Formulary | Formulary Exclusion |
| ENABLEX TABLET EXTENDED RELEASE 24 HOUR 7.5 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>fesoterodine fumarate er tablet extended release 24 hour 4 mg oral</i> | 1 | |
| <i>fesoterodine fumarate er tablet extended release 24 hour 8 mg oral</i> | 1 | |
| GELNIQUE GEL 10 % TRANSDERMAL | Non-Formulary | Formulary Exclusion |
| <i>oxybutynin chloride er tablet extended release 24 hour 10 mg oral</i> | 1 | |
| <i>oxybutynin chloride er tablet extended release 24 hour 15 mg oral</i> | 1 | |
| <i>oxybutynin chloride er tablet extended release 24 hour 5 mg oral</i> | 1 | |
| <i>oxybutynin chloride solution 5 mg/5ml oral</i> | 1 | |
| <i>oxybutynin chloride tablet 2.5 mg oral</i> | Non-Formulary | Formulary Exclusion |
| <i>oxybutynin chloride tablet 5 mg oral</i> | 1 | |
| OXYTROL PATCH TWICE WEEKLY 3.9 MG/24HR TRANSDERMAL | 3 | |
| <i>solifenacin succinate tablet 10 mg oral</i> | 1 | |
| <i>solifenacin succinate tablet 5 mg oral</i> | 1 | |
| <i>tolterodine tartrate er capsule extended release 24 hour 2 mg oral</i> | 1 | |
| <i>tolterodine tartrate er capsule extended release 24 hour 4 mg oral</i> | 1 | |
| <i>tolterodine tartrate tablet 1 mg oral</i> | 1 | |
| <i>tolterodine tartrate tablet 2 mg oral</i> | 1 | |
| TOVIAZ TABLET EXTENDED RELEASE 24 HOUR 4 MG ORAL | Non-Formulary | Formulary Exclusion |
| TOVIAZ TABLET EXTENDED RELEASE 24 HOUR 8 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>tropium chloride er capsule extended release 24 hour 60 mg oral</i> | 1 | |
| <i>tropium chloride tablet 20 mg oral</i> | 1 | |

| Drug Name | Tier | Notes |
|---|---------------|---------------------|
| VESICARE LS SUSPENSION 5 MG/5ML ORAL | Non-Formulary | Formulary Exclusion |
| VESICARE TABLET 10 MG ORAL | Non-Formulary | Formulary Exclusion |
| VESICARE TABLET 5 MG ORAL | Non-Formulary | Formulary Exclusion |
| *Urinary Antispasmodics - Beta-3 Adrenergic Agonists*** | | |
| GEMTESA TABLET 75 MG ORAL | 3 | |
| <i>mirabegron er tablet extended release 24 hour 25 mg oral</i> | 1 | |
| <i>mirabegron er tablet extended release 24 hour 50 mg oral</i> | 1 | |
| MYRBETRIQ SUSPENSION RECONSTITUTED ER 8 MG/ML ORAL | 2 | |
| MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR 25 MG ORAL | 2 | |
| MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR 50 MG ORAL | 2 | |
| *Urinary Antispasmodics - Cholinergic Agonists*** | | |
| <i>bethanechol chloride tablet 10 mg oral</i> | 1 | |
| <i>bethanechol chloride tablet 25 mg oral</i> | 1 | |
| <i>bethanechol chloride tablet 5 mg oral</i> | 1 | |
| <i>bethanechol chloride tablet 50 mg oral</i> | 1 | |
| *Urinary Antispasmodics - Direct Muscle Relaxants*** | | |
| <i>flavoxate hcl tablet 100 mg oral</i> | Non-Formulary | Formulary Exclusion |
| *VACCINES* | | |
| *Bacterial Vaccines*** | | |
| <i>bcg vaccine solution reconstituted 50 mg injection</i> | 3 | |
| BIOTHRAX SUSPENSION INTRAMUSCULAR | 3 | |
| CAPVAXIVE SOLUTION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR | 3 | |
| PENBRAYA SUSPENSION RECONSTITUTED INTRAMUSCULAR | 2 | |
| TYPHIM VI SOLUTION 25 MCG/0.5ML INTRAMUSCULAR | 3 | |
| TYPHIM VI SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML INTRAMUSCULAR | 3 | |
| VAXCHORA SUSPENSION RECONSTITUTED ORAL | 3 | |

| Drug Name | Tier | Notes |
|---|---------------|-------------------------|
| VIVOTIF CAPSULE DELAYED RELEASE ORAL | 3 | |
| <i>*Viral Vaccines***</i> | | |
| ACAM2000 SOLUTION RECONSTITUTED INJECTION | 3 | |
| AFLURIA PRESERVATIVE FREE SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR | 2 | |
| AFLURIA SUSPENSION INTRAMUSCULAR | 2 | |
| AUDENZ EMULSION INTRAMUSCULAR | Non-Formulary | New to Market Exclusion |
| AUDENZ PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR | Non-Formulary | New to Market Exclusion |
| ERVEBO SUSPENSION INTRAMUSCULAR | 3 | |
| FLUARIX SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR | 2 | |
| FLUBLOK SOLUTION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR | 2 | |
| FLUCELVAX SUSPENSION INTRAMUSCULAR | 2 | |
| FLUCELVAX SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR | 2 | |
| FLULAVAL SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR | 2 | |
| FLUMIST LIQUID NASAL | 2 | |
| FLUZONE HIGH-DOSE SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR | 2 | |
| FLUZONE SUSPENSION INTRAMUSCULAR | 2 | |
| FLUZONE SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR | 2 | |
| IMOVAX RABIES SUSPENSION RECONSTITUTED 2.5 UNIT/ML INTRAMUSCULAR | Non-Formulary | Medical Only Exclusion |
| IXCHIQ SOLUTION RECONSTITUTED INTRAMUSCULAR | 3 | |
| IXIARO SUSPENSION INTRAMUSCULAR | 3 | |
| <i>janssen covid-19 vaccine suspension 0.5 ml intramuscular</i> | 3 | |
| JYNNEOS SUSPENSION 0.5 ML SUBCUTANEOUS | 2 | |
| <i>moderna covid-19 bival 6m-5y suspension 10 mcg/0.2ml intramuscular</i> | 3 | |

| Drug Name | Tier | Notes |
|--|-------------|--------------|
| <i>moderna covid-19 bivalent suspension 50 mcg/0.5ml intramuscular</i> | 3 | |
| MODERNA COVID-19 VAC 6M-11Y SUSPENSION PREFILLED SYRINGE 25 MCG/0.25ML INTRAMUSCULAR | 2 | |
| <i>moderna covid-19 vacc 6-11y suspension 50 mcg/0.5ml intramuscular</i> | 3 | |
| <i>moderna covid-19 vacc 6m-5y suspension 25 mcg/0.25ml intramuscular</i> | 3 | |
| <i>moderna covid-19 vaccine suspension 100 mcg/0.5ml intramuscular</i> | 3 | |
| MRESVIA SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML INTRAMUSCULAR | 3 | |
| <i>novavax covid-19 vaccine suspension prefilled syringe 5 mcg/0.5ml intramuscular</i> | 2 | |
| <i>pfizer covid-19 bival 6mo-4yr suspension 3 mcg/0.2ml intramuscular</i> | 3 | |
| <i>pfizer covid-19 vac bival 5-11 suspension 10 mcg/0.2ml intramuscular</i> | 3 | |
| <i>pfizer covid-19 vac bivalent suspension 30 mcg/0.3ml intramuscular</i> | 3 | |
| <i>pfizer covid-19 vac-tris 5-11y suspension 10 mcg/0.2ml intramuscular</i> | 3 | |
| <i>pfizer covid-19 vac-tris 6m-4y suspension 3 mcg/0.2ml intramuscular</i> | 3 | |
| <i>pfizer-biontech covid-19 vacc suspension 30 mcg/0.3ml intramuscular</i> | 3 | |
| RABAVERT SUSPENSION RECONSTITUTED INTRAMUSCULAR | 2 | |
| SPIKEVAX COVID-19 VACCINE SUSPENSION 100 MCG/0.5ML INTRAMUSCULAR | 3 | |
| <i>stamaril suspension reconstituted injection</i> | 3 | |
| TICOVAC SUSPENSION PREFILLED SYRINGE 1.2 MCG/0.25ML INTRAMUSCULAR | 3 | |
| TICOVAC SUSPENSION PREFILLED SYRINGE 2.4 MCG/0.5ML INTRAMUSCULAR | 3 | |
| YF-VAX INJECTABLE SUBCUTANEOUS | 3 | |

| Drug Name | Tier | Notes |
|--|---------------|-----------------------------|
| *VAGINAL AND RELATED PRODUCTS* | | |
| <i>*Imidazole-Related Antifungals***</i> | | |
| GYNAZOLE-1 CREAM 2 % VAGINAL | 3 | |
| <i>miconazole 3 suppository 200 mg vaginal</i> | 3 | |
| <i>terconazole cream 0.4 % vaginal</i> | 1 | |
| <i>terconazole cream 0.8 % vaginal</i> | 1 | |
| <i>terconazole cream 0.8 % vaginal</i> | 1 | Mony Code (MONY Code) |
| <i>terconazole suppository 80 mg vaginal</i> | 1 | |
| <i>*Miscellaneous Vaginal Combinations***</i> | | |
| FEM PH GEL 0.9-0.025 % VAGINAL | Non-Formulary | Non FDA Exclusion |
| TRIMO-SAN GEL 0.025-0.01 % VAGINAL | Non-Formulary | Non FDA Exclusion |
| <i>*Miscellaneous Vaginal Products***</i> | | |
| INTRAROSA INSERT 6.5 MG VAGINAL | 3 | |
| <i>*Vaginal Anti-Infectives***</i> | | |
| CLEOCIN CREAM 2 % VAGINAL | Non-Formulary | Formulary Exclusion |
| CLEOCIN SUPPOSITORY 100 MG VAGINAL | Non-Formulary | Formulary Exclusion |
| <i>clindamycin phosphate cream 2 % vaginal</i> | 1 | |
| CLINDESSE CREAM 2 % VAGINAL | 3 | |
| <i>metronidazole gel 0.75 % vaginal</i> | 1 | |
| NUVESSA GEL 1.3 % VAGINAL | 3 | |
| VANDAZOLE GEL 0.75 % VAGINAL | 1 | Mony Code (MONY code issue) |
| XACIATO GEL 2 % VAGINAL | Non-Formulary | Formulary Exclusion |
| <i>*Vaginal Estrogens***</i> | | |
| ESTRACE CREAM 0.1 MG/GM VAGINAL | Non-Formulary | Formulary Exclusion |
| <i>estradiol cream 0.1 mg/gm vaginal</i> | 1 | |
| <i>estradiol tablet 10 mcg vaginal</i> | 1 | |
| ESTRING RING 2 MG VAGINAL | 2 | |
| ESTRING RING 7.5 MCG/24HR VAGINAL | 2 | |
| FEMRING RING 0.05 MG/24HR VAGINAL | Non-Formulary | Formulary Exclusion |
| FEMRING RING 0.1 MG/24HR VAGINAL | Non-Formulary | Formulary Exclusion |
| IMVEXXY MAINTENANCE PACK INSERT 10 MCG VAGINAL | Non-Formulary | Formulary Exclusion |
| IMVEXXY MAINTENANCE PACK INSERT 4 MCG VAGINAL | Non-Formulary | Formulary Exclusion |
| IMVEXXY STARTER PACK INSERT 10 MCG VAGINAL | Non-Formulary | Formulary Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|---------------------------------------|
| IMVEXXY STARTER PACK INSERT 4 MCG VAGINAL | Non-Formulary | Formulary Exclusion |
| PREMARIN CREAM 0.625 MG/GM VAGINAL | 2 | |
| VAGIFEM TABLET 10 MCG VAGINAL | Non-Formulary | Formulary Exclusion |
| YUVAFEM TABLET 10 MCG VAGINAL | 1 | |
| *Vaginal Progestins*** | | |
| CRINONE GEL 4 % VAGINAL | Non-Formulary | Formulary Exclusion |
| CRINONE GEL 8 % VAGINAL | Non-Formulary | PA; Formulary Exclusion |
| ENDOMETRIN INSERT 100 MG VAGINAL | 2 | PA |
| FIRST-PROGESTERONE VGS SUPPOSITORY 100 MG VAGINAL | 3 | |
| FIRST-PROGESTERONE VGS SUPPOSITORY 200 MG VAGINAL | 3 | |
| *VASOPRESSORS* | | |
| *Anaphylaxis Therapy Agents*** | | |
| ADRENALIN SOLUTION 1 MG/ML INJECTION | 3 | |
| ADRENALIN SOLUTION 30 MG/30ML INJECTION | 3 | |
| AUVI-Q SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML INJECTION | 2 | QL |
| AUVI-Q SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML INJECTION | 2 | QL with criteria |
| AUVI-Q SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML INJECTION | 2 | QL with criteria |
| AUVI-Q SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML INJECTION | 2 | QL |
| AUVI-Q SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML INJECTION | 2 | QL with criteria |
| AUVI-Q SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML INJECTION | 2 | QL |
| <i>epinephrine (anaphylaxis) solution 1 mg/ml injection</i> | Non-Formulary | Formulary Exclusion |
| <i>epinephrine (anaphylaxis) solution 30 mg/30ml injection</i> | 1 | |
| <i>epinephrine professional kit 1 mg/ml injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>epinephrine solution auto-injector 0.15 mg/0.15ml injection</i> | Non-Formulary | Formulary Exclusion; QL with criteria |
| <i>epinephrine solution auto-injector 0.15 mg/0.3ml injection</i> | 1 | QL with criteria |
| <i>epinephrine solution auto-injector 0.3 mg/0.3ml injection</i> | Non-Formulary | Formulary Exclusion; QL with criteria |

| Drug Name | Tier | Notes |
|---|---------------|---|
| <i>epinephrine solution auto-injector 0.3 mg/0.3ml injection</i> | 1 | QL with criteria |
| EPINEPHRINESNAP KIT 1 MG/ML INJECTION | Non-Formulary | Non FDA Exclusion |
| EPINEPHRINESNAP-EMS KIT 1 MG/ML INJECTION | Non-Formulary | Non FDA Exclusion |
| EPINEPHRINESNAP-V KIT 1 MG/ML INJECTION | Non-Formulary | Non FDA Exclusion |
| EPIPEN 2-PAK SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML INJECTION | Non-Formulary | Formulary Exclusion; QL with criteria |
| EPIPEN JR 2-PAK SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML INJECTION | Non-Formulary | Formulary Exclusion; QL with criteria |
| EPISNAP KIT 1 MG/ML INJECTION | Non-Formulary | Non FDA Exclusion |
| NEFFY SOLUTION 2 MG/0.1ML NASAL | 3 | QL |
| SYMJEPI SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML INJECTION | Non-Formulary | Formulary Exclusion; QL with criteria |
| SYMJEPI SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML INJECTION | Non-Formulary | Formulary Exclusion; QL with criteria |
| <i>*Neurogenic Orthostatic Hypotension (Noh) - Agents***</i> | | |
| <i>droxidopa capsule 100 mg oral</i> | Tier 4 | PA; Specialty |
| <i>droxidopa capsule 200 mg oral</i> | Tier 4 | PA; Specialty |
| <i>droxidopa capsule 300 mg oral</i> | Tier 4 | PA; Specialty |
| NORTHERA CAPSULE 100 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion |
| NORTHERA CAPSULE 200 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion |
| NORTHERA CAPSULE 300 MG ORAL | Non-Formulary | PA; Specialty; Formulary Exclusion |
| <i>*Vasopressors***</i> | | |
| ADRENALIN-NACL SOLUTION 4-0.9 MG/250ML-% INTRAVENOUS | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| AKOVAZ SOLUTION 50 MG/ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| AKOVAZ SOLUTION PREFILLED SYRINGE 25 MG/5ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| BIORPHEN SOLUTION 0.5 MG/5ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| EMERPHED SOLUTION 5 MG/ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| EMERPHED SOLUTION PREFILLED SYRINGE 25 MG/5ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |

| Drug Name | Tier | Notes |
|--|---------------|---|
| EMERPHED SOLUTION PREFILLED SYRINGE 50 MG/10ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>ephedrine sulfate (pressors) solution 5 mg/ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>ephedrine sulfate (pressors) solution 50 mg/ml injection</i> | Non-Formulary | Medical Only Exclusion; Mony Code (MONY Code) |
| <i>ephedrine sulfate (pressors) solution 50 mg/ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>ephedrine sulfate (pressors) solution 50 mg/ml intravenous</i> | Non-Formulary | Medical Only Exclusion; Mony Code (MONY Code) |
| <i>ephedrine sulfate (pressors) solution prefilled syringe 25 mg/5ml injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>ephedrine sulfate (pressors) solution prefilled syringe 25 mg/5ml intravenous</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>ephedrine sulfate (pressors) solution prefilled syringe 50 mg/10ml injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>ephedrine sulfate (pressors) solution prefilled syringe 50 mg/5ml injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>ephedrine sulfate-nacl solution prefilled syringe 10-0.9 mg/ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>ephedrine sulfate-nacl solution prefilled syringe 100-0.9 mg/10ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>ephedrine sulfate-nacl solution prefilled syringe 15-0.9 mg/3ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>ephedrine sulfate-nacl solution prefilled syringe 25-0.9 mg/5ml-% intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>ephedrine sulfate-nacl solution prefilled syringe 25-0.9 mg/5ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>ephedrine sulfate-nacl solution prefilled syringe 50-0.9 mg/10ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>ephedrine sulfate-nacl solution prefilled syringe 50-0.9 mg/5ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>epinephrine hcl-dextrose solution 4-5 mg/250ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>epinephrine hcl-nacl solution 4-0.9 mg/250ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>epinephrine hcl-nacl solution 8-0.9 mg/250ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>epinephrine pf solution 1 mg/ml injection</i> | 3 | |
| <i>epinephrine solution 1 mg/10ml intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>epinephrine solution 1 mg/ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>epinephrine solution 10 mg/10ml injection</i> | Non-Formulary | Medical Only Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|--|
| <i>epinephrine solution prefilled syringe 0.1 mg/10ml intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>epinephrine solution prefilled syringe 0.2 mg/0.2ml injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>epinephrine solution prefilled syringe 1 mg/10ml injection</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>epinephrine solution prefilled syringe 1 mg/10ml injection</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion; Mony Code (MONY Code) |
| <i>epinephrine solution prefilled syringe 1 mg/10ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>epinephrine solution prefilled syringe 1 mg/ml injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>epinephrine-dextrose solution 2-5 mg/250ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>epinephrine-dextrose solution 5-5 mg/250ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>epinephrine-dextrose solution prefilled syringe 100-5 mcg/10ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>epinephrine-nacl solution 2-0.9 mg/250ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>epinephrine-nacl solution 4-0.9 mg/250ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>epinephrine-nacl solution 5-0.9 mg/250ml-% intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>epinephrine-nacl solution 5-0.9 mg/250ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>epinephrine-nacl solution 8-0.9 mg/250ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>epinephrine-nacl solution prefilled syringe 1-0.9 mg/10ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion |
| GIAPREZA SOLUTION 0.5 MG/ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| GIAPREZA SOLUTION 2.5 MG/ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| IMMPHENTIV SOLUTION 0.5 MG/5ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| IMMPHENTIV SOLUTION 1 MG/10ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| LEVOPHED SOLUTION 1 MG/ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>midodrine hcl tablet 10 mg oral</i> | 1 | |
| <i>midodrine hcl tablet 2.5 mg oral</i> | 1 | |

| Drug Name | Tier | Notes |
|--|---------------|---|
| <i>midodrine hcl tablet 5 mg oral</i> | 1 | |
| <i>norepinephrine bitartrate solution 1 mg/ml intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>norepinephrine bitartrate solution 2 mg/ml intravenous</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>norepinephrine-dextrose solution 16-5 mg/250ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>norepinephrine-dextrose solution 4-5 mg/250ml-% intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>norepinephrine-dextrose solution 4-5 mg/250ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>norepinephrine-dextrose solution 8-5 mg/250ml-% intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>norepinephrine-dextrose solution 8-5 mg/250ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>norepinephrine-dextrose solution 8-5 mg/500ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>norepinephrine-sodium chloride solution 16-0.9 mg/250ml-% intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>norepinephrine-sodium chloride solution 16-0.9 mg/250ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>norepinephrine-sodium chloride solution 32-0.9 mg/250ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>norepinephrine-sodium chloride solution 4-0.9 mg/250ml-% intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>norepinephrine-sodium chloride solution 4-0.9 mg/250ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>norepinephrine-sodium chloride solution 8-0.9 mg/250ml-% intravenous</i> | Non-Formulary | Medical Only Exclusion |
| <i>norepinephrine-sodium chloride solution 8-0.9 mg/250ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>norepinephrine-sodium chloride solution 8-0.9 mg/500ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>phenylephrine hcl (pressors) solution 0.4 mg/10ml intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>phenylephrine hcl (pressors) solution 0.8 mg/10ml intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>phenylephrine hcl (pressors) solution 10 mg/ml intravenous</i> | 1 | |
| <i>phenylephrine hcl (pressors) solution 10 mg/ml intravenous</i> | 3 | |
| <i>phenylephrine hcl (pressors) solution prefilled syringe 0.4 mg/10ml intravenous</i> | Non-Formulary | Non FDA Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|---|
| <i>phenylephrine hcl (pressors) solution prefilled syringe 0.5 mg/5ml intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>phenylephrine hcl (pressors) solution prefilled syringe 1 mg/10ml intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>phenylephrine hcl solution 1 mg/10ml intravenous</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>phenylephrine hcl solution prefilled syringe 0.8 mg/10ml intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>phenylephrine hcl solution prefilled syringe 1 mg/10ml intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>phenylephrine hcl-nacl solution 10-0.9 mg/250ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>phenylephrine hcl-nacl solution 100-0.9 mg/250ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>phenylephrine hcl-nacl solution 20-0.9 mg/250ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>phenylephrine hcl-nacl solution 200-0.9 mg/250ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>phenylephrine hcl-nacl solution 25-0.9 mg/250ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>phenylephrine hcl-nacl solution 40-0.9 mg/250ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>phenylephrine hcl-nacl solution 50-0.9 mg/250ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>phenylephrine hcl-nacl solution 80-0.9 mg/250ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>phenylephrine hcl-nacl solution prefilled syringe 0.4-0.9 mg/10ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>phenylephrine hcl-nacl solution prefilled syringe 0.4-0.9 mg/5ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>phenylephrine hcl-nacl solution prefilled syringe 0.5-0.9 mg/5ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>phenylephrine hcl-nacl solution prefilled syringe 0.8-0.9 mg/10ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>phenylephrine hcl-nacl solution prefilled syringe 1-0.9 mg/10ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>phenylephrine hcl-nacl solution prefilled syringe 100-0.9 mcg/10ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>phenylephrine hcl-nacl solution prefilled syringe 20-0.9 mg/50ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>phenylephrine hcl-nacl solution prefilled syringe 5-0.9 mg/50ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion |
| REZIPRES SOLUTION 23.5 MG/5ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |

| Drug Name | Tier | Notes |
|---|---------------|--|
| REZIPRES SOLUTION 47 MG/10ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| VAZCULEP SOLUTION 10 MG/ML INTRAVENOUS | 3 | |
| *VITAMINS* | | |
| *Paba*** | | |
| POTABA CAPSULE 500 MG ORAL | Non-Formulary | Formulary Exclusion |
| *Vitamin A*** | | |
| AQUASOL A SOLUTION 50000 UNIT/ML INTRAMUSCULAR | Non-Formulary | Medical Only Exclusion |
| *Vitamin B-1*** | | |
| <i>thiamine hcl solution 100 mg/ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>thiamine hcl solution 200 mg/2ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>thiamine hcl-nacl solution 500-0.9 mg/100ml-% intravenous</i> | Non-Formulary | Non FDA Exclusion |
| *Vitamin B-6*** | | |
| <i>pyridoxal-5 phosphate solution 100 mg/ml injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>pyridoxine hcl solution 100 mg/ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>pyridoxine hcl solution 100 mg/ml injection</i> | Non-Formulary | Non FDA Exclusion; Medical Only Exclusion |
| <i>pyridoxine hcl solution 100 mg/ml injection</i> | Non-Formulary | Medical Only Exclusion; Mony Code (MONY CODE ISSUE) |
| *Vitamin C*** | | |
| ASCOR SOLUTION 25000 MG/50ML INTRAVENOUS | Non-Formulary | Medical Only Exclusion |
| <i>ascorbic acid solution 15000 mg/30ml intravenous</i> | Non-Formulary | Non FDA Exclusion |
| <i>ascorbic acid solution 500 mg/ml injection</i> | Non-Formulary | Non FDA Exclusion |
| <i>ascorbic acid solution 500 mg/ml injection</i> | Non-Formulary | Mony Code (MONY code issue); Formulary Exclusion |
| <i>ascorbic acid solution 500 mg/ml injection</i> | Non-Formulary | Mony Code (MONY Code); Formulary Exclusion |
| *Vitamin D*** | | |
| DRISDOL CAPSULE 1.25 MG (50000 UT) ORAL | Non-Formulary | Formulary Exclusion |
| <i>ergocal capsule 62.5 mcg (2500 ut) oral</i> | Non-Formulary | Formulary Exclusion |
| <i>ergocalciferol capsule 1.25 mg (50000 ut) oral</i> | 1 | |
| <i>vitamin d (ergocalciferol) capsule 1.25 mg (50000 ut) oral</i> | 1 | |
| <i>vitamin d (ergocalciferol) capsule 50000 unit oral</i> | 1 | |

| Drug Name | Tier | Notes |
|---|---------------|------------------------|
| *Vitamin E*** | | |
| <i>wheat germ oil oil oral (rx)</i> | Non-Formulary | Formulary Exclusion |
| *Vitamin K*** | | |
| MEPHYTON TABLET 5 MG ORAL | Non-Formulary | Formulary Exclusion |
| <i>phytonadione solution 1 mg/0.5ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>phytonadione solution 10 mg/ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>vitamin k1 solution 1 mg/0.5ml injection</i> | Non-Formulary | Medical Only Exclusion |
| <i>vitamin k1 solution 10 mg/ml injection</i> | Non-Formulary | Medical Only Exclusion |

INDEX

- 12-PANEL POC
TOXICOLOGY SYSTEM..... 328
1ST MEDX-PATCH/
LIDOCAINE.....306
1st tier unifine pentips..... 448
1st tier unifine pentips plus
.....448, 449
1st tier unilet comfortouch.....424
7T LIDO..... 292
A.A.G.C. KIT IN TERODERM270
abacavir sulfate..... 218
abacavir sulfate-lamivudine..... 214
abacavir-lamivudine-zidovudine
.....214
ABANEU-SL.....397
ABECMA..... 175
ABELCET..... 133
abenor hp..... 261
ABILIFY.....212
ABILIFY ASIMTUFII..... 211
ABILIFY MAINTENA..... 211
ABILIFY MYCITE..... 212
ABILIFY MYCITE
MAINTENANCE KIT..... 211
ABILIFY MYCITE STARTER
KIT.....211, 212
abiraterone acetate..... 166
ABLYSINOL.....241
ABOUTTIME PEN NEEDLE..449
abravo..... 312
ABRAXANE..... 190
ABRILADA (1 PEN).....25
ABRILADA (2 PEN).....25
ABRILADA (2 SYRINGE).....25
ABSORICA..... 267
ABSORICA LD.....267
acacia..... 16
acacia pollen..... 16
ACAM2000..... 610
acamprosate calcium..... 578
ACANYA..... 261
acarbose..... 110, 111
ACCOLATE..... 81
ACCRUFER..... 404
ACCUCAINE.....306
ACCU-CHEK AVIVA PLUS
.....328, 424
ACCU-CHEK FASTCLIX
LANCET.....424
ACCU-CHEK FASTCLIX
LANCETS..... 424
ACCU-CHEK GUIDE.....424
ACCU-CHEK GUIDE ME.....424
ACCU-CHEK GUIDE TEST... 328
ACCU-CHEK LINKASSIST.. 445
ACCU-CHEK SAFE-T PRO
LANCETS..... 424
ACCU-CHEK SMARTVIEW..328
ACCU-CHEK SOFTCLIX
LANCET DEV..... 424
ACCU-CHEK SOFTCLIX
LANCETS..... 424
ACCU-SARS-COV-2.....336
ACCUPRIL.....144
ACCURETIC.....142
ACCU-TANE.....267
ACCU-TREND GLUCOSE..... 328
ACCU-TREND PLUS..... 423
acd formula a..... 88
ACD-A NOCLOT-50..... 88
ACE AEROSOL CLOUD
ENHANCER.....496
acebutolol hcl.....224
aceso ag..... 312
ACETADOTE..... 127
acetaminophen..... 38
acetaminophen-codeine..... 40
acetazolamide..... 348
acetazolamide er..... 348
acetazolamide sodium.....348
acetic acid..... 379, 564
acetylcysteine..... 127, 260
acioxia.....309
acioxiay.....261
ACIPHEX..... 604
ACIPHEX SPRINKLE..... 603, 604
acitretin.....276
ACNESIC..... 290
ACTEMRA..... 31
ACTEMRA ACTPEN..... 31
ACTICLATE..... 591
ACTICOAT..... 312, 313
ACTICOAT 7..... 312
ACTICOAT
ANTIMICROBIAL..... 312
ACTICOAT FLEX 3..... 312
ACTICOAT FLEX 3 4"X4"..... 312
ACTICOAT FLEX 7..... 312
ACTICOAT SURGICAL..... 313
ACTIGALL..... 370
acti-lance 28g..... 424
acti-lance lite lancets 28g..... 424
acti-lance special lancets 17g...424
acti-lance universal 23g.....424
ACTIMMUNE..... 186
ACTIQ..... 42
ACTIVASE.....396
active fe..... 403
active injection blm-1.....255
active injection bm..... 255
active injection d.....248
active injection dl.....255
active injection dlm.....255
active injection ket-1.....31
active injection ketmarc-1.....31
ACTIVE INJECTION KIT L... 255
active injection kl-3.....255
active injection km..... 255
active injection lm-2.....416
active injection lm-dep-2..... 256
active injection m-1.....256
ACTIVELLA..... 364
activite.....525
ACTONEL.....351
ACTOPLUS MET..... 125
ACTOS..... 125
ACUICYN..... 288
ACULAR.....557
ACULAR LS..... 557
ACUNOL.....516
ACUVAIL..... 557
acyclonine mum..... 525
acyclovir.....221, 279
acyclovir sodium..... 221
acyclovir sodium-nacl.....221
acyclovix..... 219
ACZONE..... 260
adainzde.....261
adainzoxia.....261
ADAKVEO.....406
adalimumab-aacf (2 pen).....25
adalimumab-aacf (2 syringe).....25
adalimumab-aacf(cd/uc/hs strt)..25
adalimumab-aacf(ps/uv starter). 25
adalimumab-aaty (1 pen).....25
adalimumab-aaty (2 pen).....25
adalimumab-aaty (2 syringe).....26
adalimumab-adaz..... 26
adalimumab-adbm (2 pen).....26
adalimumab-adbm (2 syringe)....26
*adalimumab-adbm(cd/uc/hs
strt)*.....26

| | | | | | |
|---|----------|-------------------------------------|----------|-------------------------------------|----------|
| <i>adalimumab-adbm(ps/uv starter)</i> | 26 | ADVANCE MICRO-DRAW METER..... | 424 | AEROCHAMBER PLUS FLO-VU MEDIUM..... | 498 |
| <i>adalimumab-fkjp</i> | 26 | ADVANCE MICRO-DRAW TEST..... | 328 | AEROCHAMBER PLUS FLO-VU SMALL..... | 498 |
| <i>adalimumab-fkjp (2 pen)</i> | 26 | ADVANCED ALLERGY COLLECTION..... | 281 | AEROCHAMBER PLUS FLO-VU W/MASK..... | 498 |
| <i>adalimumab-fkjp (2 syringe)</i> | 26 | <i>advanced mobile lancet</i> | 424 | AEROCHAMBER Z-STAT PLUS..... | 498 |
| <i>adalimumab-ryvk (2 pen)</i> | 26 | ADVATE..... | 384 | AEROCHAMBER Z-STAT PLUS CHAMBR..... | 498 |
| <i>adalimumab-ryvk (2 syringe)</i> | 26 | ADVOCATE BLOOD GLUCOSE MONITOR..... | 424 | AEROCHAMBER Z-STAT PLUS/LARGE..... | 498 |
| <i>adalina</i> | 261 | ADVOCATE BLOOD GLUCOSE SYSTEM..... | 424 | AEROCHAMBER Z-STAT PLUS/MEDIUM..... | 498 |
| <i>adapalene</i> | 267 | ADVOCATE DUO..... | 423 | AEROCHAMBER Z-STAT PLUS/SMALL..... | 498 |
| <i>adapalene-benzoyl peroxide</i> | 261 | ADVOCATE INSULIN PEN NEEDLE..... | 449 | AEROECLIPSE EZ TWIST TUBING..... | 496 |
| ADASUVE..... | 209 | ADVOCATE INSULIN PEN NEEDLES..... | 449 | AEROECLIPSE II W/ELBOW ADAPTER..... | 448 |
| ADBRY..... | 280 | ADVOCATE INSULIN SYRINGE..... | 449 | AEROECLIPSE II W/UNIV TUBING..... | 448 |
| ADCETRIS..... | 172 | ADVOCATE LANCETS..... | 424 | AEROECLIPSE MASK LARGE..... | 496 |
| ADCIRCA..... | 240 | ADVOCATE LANCETS 30G..... | 424 | AEROECLIPSE MASK MEDIUM..... | 496 |
| ADDERALL..... | 3 | ADVOCATE REDI-CODE..... | 328, 424 | AEROECLIPSE MASK SMALL..... | 496 |
| ADDERALL XR..... | 3, 4 | ADVOCATE REDI-CODE+..... | 424 | AEROECLIPSE XL NEBULIZER..... | 448 |
| ADDYI..... | 587 | ADVOCATE REDI-CODE+ TEST..... | 328 | AEROVENT PLUS..... | 499 |
| <i>adefovir dipivoxil</i> | 220 | ADVOCATE SAFETY LANCETS..... | 424 | AFFINITY..... | 299 |
| <i>adeinзде</i> | 261 | ADVOCATE SAFETY LANCETS 26G..... | 424 | AFINITOR..... | 180 |
| ADENOCAINE..... | 236 | ADVOCATE TEST..... | 328 | AFINITOR DISPERZ..... | 180 |
| <i>adenosine</i> | 73, 324 | <i>adynovate</i> | 384 | AFLURIA..... | 610 |
| <i>adenosine (diagnostic)</i> | 324 | ADZENYS ER..... | 5 | AFLURIA PRESERVATIVE FREE..... | 610 |
| <i>adermica</i> | 261 | ADZENYS XR-ODT..... | 5 | AFREZZA..... | 115 |
| <i>adermica hp</i> | 261 | AEMCOLO..... | 153 | AFSTYLA..... | 384, 385 |
| ADHANSIA XR..... | 10 | AEROBIKA..... | 496 | AGAMATRIX AMP..... | 424 |
| ADIPEX-P..... | 8 | AEROBIKA OPEP W/MANOMETER..... | 496 | AGAMATRIX AMP TEST..... | 328 |
| <i>adjustable lancing device</i> | 424 | AEROCHAMBER HOLDING CHAMBER..... | 498 | AGAMATRIX JAZZ TEST..... | 328 |
| ADLARITY..... | 580 | AEROCHAMBER MINI CHAMBER..... | 498 | AGAMATRIX JAZZ WIRELESS 2..... | 424 |
| ADLYXIN..... | 120 | AEROCHAMBER MV..... | 498 | AGAMATRIX KEYNOTE TEST..... | 328 |
| ADLYXIN STARTER PACK.. | 120 | AEROCHAMBER PLS FLOVU MTHPIECE..... | 498 | AGAMATRIX PRESTO..... | 424 |
| ADMELOG..... | 115 | AEROCHAMBER PLUS FLO-VU..... | 498 | AGAMATRIX PRESTO PRO METER..... | 424 |
| ADMELOG SOLOSTAR..... | 115 | AEROCHAMBER PLUS FLO-VU INTERM..... | 498 | AGAMATRIX PRESTO TEST..... | 329 |
| <i>admirazol</i> | 261 | AEROCHAMBER PLUS FLO-VU LARGE..... | 498 | AGAMATRIX ULTRA-THIN LANCETS..... | 424 |
| <i>admirazol hp</i> | 262 | | | | |
| ADRENAL C FORMULA..... | 527 | | | | |
| ADRENALIN..... | 538, 613 | | | | |
| ADRENALIN-NACL..... | 614 | | | | |
| ADREVIEW..... | 326 | | | | |
| ADRIAMYCIN..... | 183 | | | | |
| <i>adriamycin</i> | 183 | | | | |
| ADTHYZA..... | 594, 595 | | | | |
| ADUHELM..... | 578, 579 | | | | |
| <i>adult mask</i> | 496 | | | | |
| ADVAIR DISKUS..... | 75 | | | | |
| ADVAIR HFA..... | 76 | | | | |
| ADVANCE INTUITION METER..... | 424 | | | | |
| ADVANCE INTUITION MONITOR..... | 424 | | | | |
| ADVANCE INTUITION TEST..... | 328 | | | | |

| | | | | | |
|--|----------|---------------------------------------|-----|---|----------|
| AGGRASTAT..... | 392, 393 | <i>alevamax</i> | 294 | <i>alomira</i> | 262 |
| AGGRENEX..... | 395 | ALEVICYN ANTIPRURITIC..... | 294 | <i>alomira hp</i> | 262 |
| <i>agoneaze</i> | 306 | ALEVICYN ANTIPRURITIC | | <i>alomira lp</i> | 262 |
| AGRYLIN..... | 396 | SG..... | 294 | ALOPRIM..... | 381 |
| <i>aif #2 drug preparation kit</i> | 273 | ALEVICYN DERMAL SPRAY | | ALORA..... | 365, 366 |
| <i>aif #3 drug preparation kit</i> | 273 | ..... | 311 | <i>alosetron hcl</i> | 371 |
| AIMOVIG..... | 501 | <i>alfentanil hcl</i> | 42 | ALPHAGAN P..... | 558 |
| <i>aimSCO twist lancets 32g</i> | 424 | ALFERON N..... | 186 | <i>alpha-lipoic acid</i> | 22 |
| AIMSCO TWIST LANCETS | | <i>alfuzosin hcl er</i> | 378 | ALPHANATE..... | 385 |
| 33G..... | 424 | ALIMTA..... | 167 | ALPHANINE SD..... | 385 |
| AIRDUO DIGIHALER..... | 76 | ALINIA..... | 154 | <i>alprazolam</i> | 71 |
| AIRDUO RESPICLICK 113/14..... | 76 | ALIQOPA..... | 193 | <i>alprazolam er</i> | 70 |
| AIRDUO RESPICLICK 232/14..... | 76 | <i>aliskiren fumarate</i> | 152 | ALPRAZOLAM INTENSOL..... | 71 |
| AIRDUO RESPICLICK 55/14..... | 76 | <i>alixi</i> | 262 | <i>alprazolam xr</i> | 71 |
| AIRSUPRA..... | 76 | <i>alixi hp</i> | 262 | ALPROLIX..... | 385 |
| AJOVY..... | 501 | ALKERAN..... | 192 | <i>alprostadil</i> | 522 |
| AKEEGA..... | 179 | ALKINDI SPRINKLE..... | 249 | ALREX..... | 560 |
| <i>ak-fluor</i> | 555 | ALL FLOW 1000 PFT FILTER | | ALTABAX..... | 270 |
| AKLIEF..... | 267 | ..... | 496 | ALTACAINE..... | 557 |
| AKOVAZ..... | 614 | ALL FLOW 2000 PFT FILTER | | ALTACE..... | 144 |
| <i>ak-poly-bac</i> | 554 | ..... | 496 | <i>altafluor benox</i> | 555 |
| AKTEN..... | 557 | ALL FLOW 3000 PFT FILTER | | ALTAFRIN..... | 551 |
| AKYNZEO..... | 130 | ..... | 497 | ALTEMIA..... | 548 |
| AKYNZEO (READY-TO-USE)..... | 130 | ALL FLOW 4000 PFT FILTER | | <i>alternaria alternat (diagnost)</i> ... | 320 |
| AKYNZEO (TO-BE-DILUTED)..... | 130 | ..... | 497 | <i>alternaria alternata</i> | 16 |
| ALA SCALP..... | 281 | ALL FLOW 5000 PFT FILTER | | ALTOPREV..... | 139 |
| <i>ala-cort</i> | 281 | ..... | 497 | ALTRENO..... | 267 |
| ALADERM PLUS..... | 294 | ALL FLOW 6000 PFT FILTER | | <i>altrixa</i> | 529 |
| ALA-QUIN..... | 270 | ..... | 497 | ALTUVIHO..... | 385, 386 |
| <i>albendazole</i> | 67 | ALL FLOW 7000 PFT FILTER | | ALUNBRIG..... | 170, 171 |
| ALBENZA..... | 67 | ALLEVYN AG ADHESIVE..... | 313 | <i>aluris</i> | 262 |
| ALBUKED 25..... | 394 | ALLEVYN AG GENTLE..... | 313 | <i>aluris hp</i> | 262 |
| ALBUKED 5..... | 394 | ALLEVYN AG GENTLE | | <i>aluris hp plus</i> | 262 |
| <i>albumin human</i> | 394 | BORDER..... | 313 | <i>aluris lp</i> | 262 |
| ALBUMINEX..... | 394 | ALLEVYN AG NON- | | <i>aluris lp plus</i> | 262 |
| <i>albumin-zlb</i> | 394 | ADHESIVE..... | 313 | <i>aluris plus</i> | 262 |
| <i>alburx</i> | 394 | ALLEVYN AG SACRUM 6- | | <i>aluxof</i> | 262 |
| ALBUTEIN..... | 394 | 3/4"..... | 313 | <i>aluxof hp</i> | 262 |
| <i>albuterol sulfate</i> | 79 | ALLEVYN AG SACRUM | | ALVESCO..... | 82 |
| <i>albuterol sulfate hfa</i> | 79 | 9"X9"..... | 313 | <i>alvox</i> | 262 |
| ALCAINE..... | 557 | ALLEVYN GENTLE..... | 313 | <i>alvox hp</i> | 262 |
| <i>alclometasone dipropionate</i> | 281 | <i>allopurinol</i> | 381 | ALYMSYS..... | 195, 196 |
| ALCORTIN A..... | 270 | <i>allopurinol sodium</i> | 381 | ALYQ..... | 240 |
| ALDACTAZIDE..... | 348 | ALLZITAL..... | 38 | AMABELZ..... | 365 |
| ALDACTONE..... | 349 | <i>almond (diagnostic)</i> | 320 | <i>amantadine hcl</i> | 197 |
| ALDARA..... | 290 | <i>almotriptan malate</i> | 503 | AMARYL..... | 123 |
| <i>alder</i> | 16 | ALOCRIL..... | 552 | AMBIEN..... | 411 |
| ALDURAZYME..... | 358 | <i>alogliptin benzoate</i> | 113 | AMBIEN CR..... | 411 |
| ALECENSA..... | 170 | <i>alogliptin-metformin hcl</i> | 113 | AMBISOME..... | 133 |
| <i>alendronate sodium</i> | 351 | <i>alogliptin-pioglitazone</i> | 115 | <i>ambrisentan</i> | 239 |
| | | ALOMIDE..... | 552 | <i>amcinonide</i> | 281 |
| | | | | AMD FOAM DRESSING..... | 422 |

| | | | | |
|--|---|----------|---|----------|
| AMD FOAM DRESSING | AMNESTEEM..... | 267 | <i>anesthesia s/i-40s</i> | 375 |
| TOPSHEET..... | AMNIOCORE AMNIOTIC | | ANGELIQ..... | 365 |
| AMELUZ..... | MEMBRANE..... | 299, 300 | ANGIOMAX..... | 90 |
| AMERGE..... | AMNIOCORE HUMAN | | ANIMI-3..... | 400 |
| <i>american beech</i> | TISSUE..... | 300 | ANIMI-3/VITAMIN D..... | 400 |
| <i>american beech pollen</i> | AMNIOFIX..... | 300 | ANJESO..... | 33 |
| <i>american cockroach</i> | AMNIOTEXT..... | 300 | ANKTIVA..... | 186 |
| <i>american elm</i> | <i>amondys 45</i> | 539 | ANNOVERA..... | 248 |
| <i>american elm (diagnostic)</i> | <i>amoxapine</i> | 109 | <i>anodyne lpt</i> | 306 |
| <i>american lobster (diagnostic)</i> ... | <i>amoxicill-clarithro-lansopraz</i> ... | 607 | ANORO ELLIPTA..... | 76 |
| <i>american sycamore</i> | <i>amoxicillin</i> | 572 | ANTABUSE..... | 578 |
| AMICAR..... | <i>amoxicillin-pot clavulanate</i> | 574 | ANTARA..... | 138 |
| AMIDATE..... | <i>amoxicillin-pot clavulanate er</i> .. | 574 | <i>anticoagulant sodium citrate</i> | 88 |
| <i>amikacin sulfate</i> | AMPHADASE..... | 516 | <i>antivenin latrodectus mactans</i> .. | 566 |
| <i>amiloride hcl</i> | <i>amphenol-40</i> | 300 | <i>antivenin micrurus fulvius</i> | 566 |
| <i>amiloride-hydrochlorothiazide</i> .. | <i>amphetamine er</i> | 5 | ANTIVERT..... | 130, 131 |
| <i>amino acid</i> | <i>amphetamine sulfate</i> | 5 | <i>anucort-hc</i> | 66 |
| <i>amino acid infusion in d10w</i> | <i>amphetamine-dextroamphet er</i> | 4 | ANUSOL-HC..... | 66 |
| <i>amino acid-calcium-hep in</i> | <i>amphetamine-</i> | | ANZEMET..... | 129 |
| <i>d10w</i> | <i>dextroamphetamine</i> | 4 | APADAZ..... | 60 |
| <i>amino acid-calcium-hep in d5w</i> | <i>amphet-dextroamphet 3-bead er</i> ...4 | | <i>apap-caff-dihydrocodeine</i> | 40 |
| AMINOAMRMS..... | <i>amphotericin b</i> | 133 | APEXICON E..... | 281 |
| <i>aminocaproic acid</i> | <i>amphotericin b liposome</i> | 133 | APHEXDA..... | 398 |
| <i>aminophylline</i> | <i>ampicillin</i> | 572 | <i>aphoria</i> | 262 |
| AMINOPMRMS..... | <i>ampicillin sodium</i> | 572, 573 | APIDRA..... | 115 |
| AMINOPROTECT..... | <i>ampicillin-sulbactam sodium</i> | 574 | APIDRA SOLOSTAR..... | 115 |
| AMINORELIEFRMS..... | AMPYRA..... | 584 | APLENZIN..... | 103 |
| AMINOSYN II..... | AMRIX..... | 533 | APLIGRAF..... | 300 |
| AMINOSYN-PF..... | AMTAGVI..... | 175 | APLISOL..... | 320 |
| AMINOSYN-PF 7%..... | AMVISC..... | 562 | <i>apogee ic catheter 14fr/16"</i> | 422 |
| <i>amiodarone hcl</i> | AMVUTTRA..... | 587 | <i>apomorphine hcl</i> | 200 |
| <i>amiodarone hcl in dextrose</i> | AMYTAL SODIUM..... | 407 | APONVIE..... | 131 |
| AMITIZA..... | AMYVID..... | 326 | <i>aporix</i> | 262 |
| <i>amitriptyline hcl</i> | AMZEEQ..... | 261 | APP SLIM RMS..... | 344 |
| AMJEVITA..... | ANACAINE..... | 292 | <i>apple (diagnostic)</i> | 321 |
| AMJEVITA-PED 10KG TO | ANAFRANIL..... | 109 | <i>apraclonidine hcl</i> | 558 |
| <15KG..... | <i>anagrelide hcl</i> | 396 | <i>aprepitant</i> | 131 |
| AMJEVITA-PED 15KG TO | ANA-LEX..... | 66 | APRETUDE..... | 216 |
| <30KG..... | ANALPRAM HC..... | 66 | APRISO..... | 372 |
| AMLADEX..... | ANALPRAM HC SINGLES..... | 66 | APRIZIO PAK..... | 306 |
| AMLODIPINE | ANALPRAM-HC..... | 66 | APRIZIO PAK II..... | 306 |
| BES+SYRSPEND SF..... | ANASCORP..... | 566 | APTENSIO XR..... | 10 |
| <i>amlodipine besy-benazepril hcl</i> | ANASPAZ..... | 600 | APTIOM..... | 92 |
| ..... | ANAVIP..... | 566 | APTIVUS..... | 217 |
| ..... | ANCOBON..... | 133 | <i>aq insulin syringe</i> | 449 |
| <i>amlodipine besylate</i> | ANDEXXA..... | 127 | <i>aqinject pen needle</i> | 449 |
| <i>amlodipine besylate-valsartan</i> .. | ANDRODERM..... | 63 | AQNEURSA..... | 586 |
| <i>amlodipine-atorvastatin</i> | ANDROGEL..... | 63 | AQUACEL AG BURN..... | 313 |
| ..... | ANDROGEL PUMP..... | 63 | AQUACEL AG FOAM..... | 314 |
| <i>amlodipine-olmesartan</i> | ANECTINE..... | 539 | AQUALANCE LANCETS 30G | |
| <i>amlodipine-valsartan-hctz</i> | <i>anesthesia s/i-40a</i> | 375 | ..... | 424 |
| <i>ammonia n 13</i> | <i>anesthesia s/i-40h</i> | 375 | AQUASOL A..... | 619 |
| <i>ammonium lactate</i> | | | | |
| AMMONUL..... | | | | |

| | | | |
|---|----------|--|--|
| AQUASTAT..... | 512 | ASMANEX (30 METERED | ASSURE PRISM MULTI |
| AQUASTAT SFR..... | 512 | DOSES)..... | TEST..... |
| AQUORAL..... | 524 | ASMANEX (60 METERED | ASSURE PRO BLOOD |
| ARAKODA..... | 162 | DOSES)..... | GLUCOSE METER..... |
| ARALAST NP..... | 589 | ASMANEX HFA..... | ASSURE PRO TEST..... |
| ARANESP (ALBUMIN FREE) | 398, 399 | ASPARLAS..... | ASTAGRAF XL..... |
| ARAVA..... | 37 | <i>aspen pollen</i> | ASTAMED MYO..... |
| ARAZLO..... | 267 | <i>aspergillus fumigat (diagnost)</i> .. | ASTERO..... |
| ARESTIN..... | 524 | <i>aspergillus fumigatus</i> | ASTRINGYN..... |
| <i>arformoterol tartrate</i> | 79 | <i>aspirin-dipyridamole er</i> | AT LAST TEST..... |
| <i>argatroban</i> | 90 | <i>aspirin-omeprazole</i> | ATACAND..... |
| <i>argatroban in sodium chloride</i> .. | 90 | ASPRUZYO SPRINKLE.... | ATACAND HCT..... |
| <i>arginine hcl</i> | 547 | ASPYRERX..... | <i>atazanavir sulfate</i> |
| ARGYLE STERILE SALINE.. | 379 | ASSURE 3 METER..... | ATELVIA..... |
| ARICEPT..... | 580 | ASSURE 3 TEST..... | <i>atenolol</i> |
| ARIDA..... | 314 | ASSURE 4 METER..... | ATENOLOL+SYRSPEND SF.. |
| ARIDOL..... | 324 | ASSURE 4 TEST..... | <i>atenolol-chlorthalidone</i> |
| ARIMIDEX..... | 187 | <i>assure comfort lancets 28g</i> | ATGAM..... |
| <i>aripiprazole</i> | 212 | ASSURE HAEMOLANCE | ATIVAN..... |
| ARISTADA..... | 212 | PLUS HIGH..... | <i>atlantic cod (diagnostic)</i> |
| ARISTADA INITIO..... | 212 | ASSURE HAEMOLANCE | <i>atlantic salmon (diagnostic)</i> |
| ARIXTRA..... | 89, 90 | PLUS LOW..... | <i>atlantic/eastern oyster(diagn)</i> ...321 |
| <i>arizona cypress</i> | 16 | ASSURE HAEMOLANCE | <i>atomoxetine hcl</i> |
| <i>armodafinil</i> | 10, 11 | PLUS MICRO..... | <i>atopaderm</i> |
| ARMONAIR DIGIHALER..... | 82 | ASSURE HAEMOLANCE | <i>atopavo</i> |
| ARMOUR THYROID..... | 595 | PLUS NORMAL..... | ATOPICLAIR..... |
| <i>arnica flower</i> | 296 | ASSURE HAEMOLANCE | ATORVALIQ..... |
| ARNUITY ELLIPTA..... | 82, 83 | PLUS PED..... | <i>atorvastatin calcium</i> |
| AROMASIN..... | 187 | ASSURE ID DUO PRO PEN | <i>atovaquone</i> |
| ARRANON..... | 167 | NEEDLES..... | <i>atovaquone-proguanil hcl</i> |
| <i>arsenic trioxide</i> | 186 | ASSURE ID INSULIN | <i>atracurium besylate</i> |
| <i>artesunate</i> | 162 | SAFETY SYR..... | ATRALIN..... |
| ARTHROTEC..... | 31 | ASSURE ID PRO PEN | ATRAPRO CP..... |
| ARTICADENT DENTAL..... | 414 | NEEDLES..... | ATRAPRO DERMAL SPRAY |
| <i>artilis</i> | 262 | ASSURE ID SAFETY PEN | 311 |
| <i>artilis hp</i> | 262 | NEEDLES..... | ATRAPRO HYDROGEL..... |
| ARTISS..... | 406 | ASSURE II..... | ATRIPLA..... |
| ARYMO ER..... | 43 | ASSURE II CHECK..... | ATROPEN..... |
| ARZERRA..... | 171 | ASSURE LANCE LANCETS.. | <i>atropine sulfate</i> |
| ARZOL SILVER NIT | | ASSURE LANCE LANCETS | <i>atropine sulfate (pf)</i> |
| APPLICATORS..... | 281 | 21G..... | ATROVENT HFA..... |
| ASACOL HD..... | 372 | ASSURE LANCE PLUS | AUBAGIO..... |
| ASCENIV..... | 567 | SAFETY 25G..... | AUDENZ..... |
| ASCLERA..... | 522 | ASSURE LANCE PLUS | AUGMENTIN..... |
| ASCOMP-CODEINE..... | 40 | SAFETY 30G..... | AUGMENTIN ES-600..... |
| ASCOR..... | 619 | ASSURE LANCE SAFETY | AUGTYRO..... |
| <i>ascorbic acid</i> | 619 | LANCET 28G..... | <i>augustil</i> |
| <i>asenapine maleate</i> | 208 | ASSURE PLATINUM..... | <i>aum insulin safety pen needle</i> ...450 |
| ASILNASALRMS..... | 344 | ASSURE PLATINUM METER | <i>aum mini insulin pen needle</i>....450 |
| ASMANEX (120 METERED |  | ..... | <i>aum pen needle</i> |
| DOSES)..... | 83 | ASSURE PRISM MULTI | AUM READYGARD DUO |
| | | METER..... | PEN NEEDLE..... |
| | | | AUM SAFETY PEN NEEDLE |
| | | | 450 |

| | | | | | |
|--|----------|--|----------|-------------------------------------|----------|
| <i>aureobasidium pullulans</i> | 16, 321 | AVSOLA..... | 374 | <i>balsam peru-castor oil</i> | 310 |
| AURLUMYN..... | 238 | AVYCAZ..... | 242 | <i>bamlanivimab</i> | 566 |
| <i>aurora lancet super thin 30g</i> | 425 | <i>awanis</i> | 262 | <i>banana (diagnostic)</i> | 321 |
| <i>aurora lancet thin 23g</i> | 425 | AXONA..... | 342 | BANZEL..... | 92 |
| <i>aurora pen needles</i> | 450 | AXUMIN..... | 327 | BAQSIMI ONE PACK..... | 112 |
| <i>aurora unifine pentips</i> | 451 | AYGESTIN..... | 577 | BAQSIMI TWO PACK..... | 112 |
| AURYXIA..... | 373 | AYVAKIT..... | 181, 182 | BARACLUDGE..... | 220 |
| AUSTEDO..... | 581 | <i>azacitidine</i> | 167 | BARHEMSYS..... | 131 |
| AUSTEDO XR..... | 581, 582 | AZACTAM..... | 160 | <i>barium sulfate</i> | 340 |
| AUSTEDO XR PATIENT | | AZADROX..... | 314 | BARRIGEL..... | 66 |
| TITRATION..... | 581 | <i>azalgia</i> | 519 | BASADROX..... | 314 |
| <i>australian pine</i> | 16 | <i>azalta</i> | 262 | BASAGLAR KWIKPEN..... | 115 |
| AUTOLET II CLINISAFE..... | 425 | <i>azalta hp</i> | 262 | BASAGLAR TEMPO PEN..... | 115 |
| AUTOLET LANCING | | AZASAN..... | 522 | BAVENCIO..... | 174 |
| DEVICE..... | 425 | AZASITE..... | 553 | BAXDELA..... | 369 |
| AUTOLET LITE CLINISAFE..... | 425 | <i>azathioprine</i> | 522 | <i>bayberry (wax myrtle)</i> | 16 |
| AUTOLET LITE STARTER | | <i>azathioprine sodium</i> | 522 | <i>bcg vaccine</i> | 609 |
| PACK..... | 425 | AZEDRA DOSIMETRIC..... | 185 | <i>b-complex</i> | 525 |
| AUTOLET MINI..... | 425 | AZEDRA THERAPEUTIC..... | 185 | BD ALLERGIST TRAY..... | 451 |
| AUTOLET PLATFORMS..... | 425 | <i>azelaic acid</i> | 296 | BD ALLERGY SYRINGE..... | 451 |
| AUTOLET PLUS..... | 425 | <i>azelastine hcl</i> | 538, 552 | BD AUTOSHIELD..... | 451 |
| <i>autopen</i> | 451 | <i>azelastine-fluticasone</i> | 537 | BD AUTOSHIELD DUO..... | 451 |
| AUTOSOFT 30 INFUSION | | AZELEX..... | 267 | BD DISP NEEDLE..... | 451 |
| SET..... | 445 | <i>azesco</i> | 532 | BD DISP NEEDLES..... | 451 |
| AUTOSOFT XC INFUSION | | AZILECT..... | 198 | BD ECLIPSE LUER-LOK | |
| SET..... | 446 | <i>azithromycin</i> | 420 | NEEDLE..... | 451 |
| AUVELITY..... | 103 | AZOPT..... | 555 | BD ECLIPSE NEEDLE..... | 451 |
| AUVI-Q..... | 613 | AZOR..... | 146 | BD ECLIPSE SHIELDED | |
| AUXIPRO VANISHING..... | 577 | AZSTARYS..... | 10 | NEEDLE..... | 451 |
| AVAILNEX..... | 344 | <i>aztreonam</i> | 160 | BD ECLIPSE SYRINGE..... | 451 |
| AVALIDE..... | 147 | AZULFIDINE..... | 372 | BD ECLIPSE | |
| <i>avanafil</i> | 240 | AZULFIDINE EN-TABS..... | 372 | SYRINGE/NEEDLE..... | 451 |
| AVAPRO..... | 148 | <i>b & c</i> | 310 | BD FILTER NEEDLE..... | 451 |
| AVAR CLEANSER..... | 262 | <i>b-6 folic acid</i> | 400 | BD HEPARIN POSIFLUSH..... | 86 |
| AVAR LS CLEANSER..... | 262 | BABYBIG..... | 567 | BD HYPODERMIC NEEDLE..... | 451 |
| AVAR-E EMOLLIENT..... | 262 | BAC..... | 39 | BD INSULIN SYR | |
| AVAR-E GREEN..... | 262 | <i>bacitracin</i> | 153, 553 | ULTRAFINE II..... | 451 |
| AVAR-E LS..... | 262 | <i>bacitracin-polymyxin b</i> | 554 | BD INSULIN SYRINGE..... | 451, 452 |
| AVASTIN..... | 196 | <i>bacitra-neomycin-polymyxin-hc</i> | 558 | BD INSULIN SYRINGE | |
| <i>aveida</i> | 297 | <i>baclofen</i> | 533 | HALF-UNIT..... | 452 |
| <i>aveidaoxia</i> | 297 | <i>baclofen (cmpd kit)</i> | 270 | BD INSULIN SYRINGE | |
| AVENOVA..... | 288 | BACMIN..... | 527 | MICROFINE..... | 452 |
| <i>avidora</i> | 262 | BACTRIM..... | 154 | BD INSULIN SYRINGE U/F.. | 452 |
| <i>avidora hp</i> | 262 | BACTRIM DS..... | 154 | BD INSULIN SYRINGE U/F | |
| <i>avidoxy</i> | 591 | BAFIERTAM..... | 584 | 1/2UNIT..... | 452 |
| AVIDOXY DK..... | 591 | <i>bahia</i> | 16 | BD INSULIN SYRINGE U-500 | |
| AVITA..... | 267 | <i>bal in oil</i> | 127 | ..... | 452 |
| AVO CREAM..... | 314 | <i>balanced salt</i> | 556 | BD INSULIN SYRINGE | |
| <i>avocado (diagnostic)</i> | 321 | BALCOLTRA..... | 247 | ULTRAFINE..... | 452 |
| AVODART..... | 377 | <i>bald cypress</i> | 16 | BD INTEGRA SYRINGE..... | 452, 453 |
| AVONEX PEN..... | 583 | BALFAXAR..... | 386 | BD LANCET ULTRAFINE | |
| AVONEX PREFILLED..... | 583 | <i>balsalazide disodium</i> | 372 | 30G..... | 425 |

| | | | | | |
|--|-----|---|----------|---|----------|
| BD LANCET ULTRAFINE 33G..... | 425 | BD VERITOR SYSTEM SARS-COV-2..... | 336 | BESPONSA..... | 172 |
| BD LATITUDE DIABETES.... | 425 | <i>beau rx</i> | 298 | <i>beta 1 kit</i> | 256 |
| BD LOGIC BLOOD GLUCOSE MONITOR..... | 425 | <i>bebtelovimab</i> | 567 | BETADINE OPHTHALMIC PREP..... | 554 |
| BD LUER-LOK SYRINGE..... | 453 | BECONASE AQ..... | 538 | <i>betaine</i> | 356 |
| BD MAGNI-GUIDE MAGNIFIER..... | 425 | <i>beef (diagnostic)</i> | 321 | BETALIDO..... | 256 |
| BD MICROTAINER LANCETS..... | 425 | BELBUCA..... | 61 | BETALOAN SUIK..... | 256 |
| BD PEN..... | 453 | BELEODAQ..... | 179 | <i>betamethasone combo</i> | 256 |
| BD PEN MINI..... | 453 | <i>belladonna alkaloids-opium</i> | 600 | <i>betamethasone dipropionate</i> | 281, 282 |
| BD PEN NEEDLE MICRO U/F | 453 | BELRAPZO..... | 165 | <i>betamethasone dipropionate</i> <i>aug</i> | 281 |
| BD PEN NEEDLE MINI U/F.. | 453 | BELSOMRA..... | 411, 412 | <i>betamethasone sod phos & acet</i> | 256 |
| BD PEN NEEDLE NANO 2ND GEN..... | 453 | <i>benazepril hcl</i> | 144 | <i>betamethasone sodium</i> <i>phosphate</i> | 249 |
| BD PEN NEEDLE NANO U/F | 453 | <i>benazepril-hydrochlorothiazide</i> | 143 | <i>betamethasone valerate</i> | 282 |
| BD PEN NEEDLE ORIGINAL U/F..... | 453 | <i>bendamustine hcl</i> | 165 | BETAPACE..... | 226 |
| BD PEN NEEDLE SHORT U/F | 453 | BENDEKA..... | 165 | BETAPACE AF..... | 226 |
| BD PLASTIPAK SYRINGE.... | 453 | BENEFIX..... | 386 | BETASERON..... | 583 |
| BD POSIFLUSH..... | 512 | BENICAR..... | 148 | <i>betaxolol hcl</i> | 224, 549 |
| BD POSIFLUSH SAFESCRUB | 512 | BENICAR HCT..... | 147 | <i>bethanechol chloride</i> | 609 |
| BD PRECISIONGLIDE NEEDLE..... | 453 | <i>bensal hp</i> | 291 | BETHKIS..... | 23 |
| BD SAFETYGLIDE ALLERGY SYRINGE..... | 453 | BENTIVITE..... | 404 | BETIMOL..... | 549 |
| BD SAFETYGLIDE INSULIN SYRINGE..... | 453 | BENTYL..... | 600 | BETOPTIC-S..... | 549 |
| BD SAFETYGLIDE NEEDLE | 453 | BENZAC AC WASH..... | 267 | <i>bevacizumab</i> | 563, 564 |
| BD SAFETYGLIDE SHIELDED NEEDLE..... | 454 | BENZAACLIN..... | 262 | BEVESPI AEROSPHERE..... | 76 |
| BD SAFETY-LOK INSULIN SYRINGE..... | 454 | BENZAACLIN WITH PUMP.... | 263 | <i>bexagliflozin</i> | 122 |
| BD SYRINGE LUER SLIP TIP | 454 | <i>benzalkonium chloride</i> | 214 | <i>bexarotene</i> | 194, 309 |
| BD SYRINGE LUER-LOK.... | 454 | BENZAMYCIN..... | 263 | BEYAZ..... | 247 |
| BD SYRINGE SLIP TIP..... | 454 | BENZEPRO..... | 267, 268 | <i>bhi uri-control</i> | 516 |
| BD SYRINGE/NEEDLE..... | 454 | BENZEPRO CREAMY WASH | 267 | BIAFINE..... | 314 |
| BD TB SYRINGE..... | 454 | BENZEPRO FOAMING CLOTHS..... | 268 | <i>bicalutamide</i> | 166 |
| BD VEO INSULIN SYR U/F 1/2UNIT..... | 454 | <i>benzhydrocodone-</i> <i>acetaminophen</i> | 60 | BICILLIN C-R..... | 575 |
| BD VEO INSULIN SYRINGE U/F..... | 454 | <i>benznidazole</i> | 67 | BICILLIN C-R 900/300..... | 575 |
| BD VERITOR SARS-COV- 2/FLU A+B..... | 325 | BENZODOX..... | 591 | BICILLIN L-A..... | 573 |
| BD VERITOR SYSTEM GROUP A STRP..... | 336 | <i>benzoin</i> | 298 | BICNU..... | 193 |
| | | <i>benzoin compound</i> | 298 | BIDIL..... | 237 |
| | | <i>benzonatate</i> | 258 | BIGFOOT UNITY PEN CAP/ADMELOG..... | 446 |
| | | <i>benzoyl perox-hydrocortisone</i> ... | 263 | BIGFOOT UNITY PEN CAP/APIDRA..... | 446 |
| | | <i>benzoyl peroxide</i> | 268 | BIGFOOT UNITY PEN CAP/ASPART..... | 446 |
| | | <i>benzoyl peroxide forte- hc</i> | 263 | BIGFOOT UNITY PEN CAP/BASAGLAR..... | 446 |
| | | <i>benzoyl peroxide-erythromycin</i> | 263 | BIGFOOT UNITY PEN CAP/FIASP..... | 446 |
| | | <i>benzphetamine hcl</i> | 8 | BIGFOOT UNITY PEN CAP/HUMALOG..... | 446 |
| | | <i>benztropine mesylate</i> | 197 | BIGFOOT UNITY PEN CAP/LANTUS..... | 446 |
| | | BEOVU..... | 563 | | |
| | | <i>bepotastine besilate</i> | 552 | | |
| | | BEPREVE..... | 552 | | |
| | | BEQVEZ..... | 381, 382 | | |
| | | BERINERT..... | 392 | | |
| | | <i>bermuda grass</i> | 16 | | |
| | | BESER..... | 281, 309 | | |
| | | BESIVANCE..... | 553 | | |

| | | |
|--|--|---|
| BIGFOOT UNITY PEN | <i>bis subcit-metronid-tetracyc</i> 607 | <i>brazil nut (diagnostic)</i>.....321 |
| CAP/LISPRO.....446 | <i>bismuth/metronidaz/tetracyclin</i> 607 | <i>breathe comfort chamber/adult</i> 499 |
| BIGFOOT UNITY PEN | <i>bisoprolol fumarate</i> 224 | <i>breathe comfort chamber/child</i> .499 |
| CAP/LYUMJEV.....446 | <i>bisoprolol-hydrochlorothiazide</i> 151 | <i>breathe ease large</i>.....499 |
| BIGFOOT UNITY PEN | <i>bivalirudin rtu</i>.....90 | <i>breathe ease medium</i> 499 |
| CAP/NOVOLOG.....446 | <i>bivalirudin trifluoroacetate</i> 90 | <i>breathe ease small</i> 499 |
| BIGFOOT UNITY PEN | BIVIGAM.....567 | BREATHERITE..... 499 |
| CAP/TOUJEO..... 446 | <i>black walnut (diagnostic)</i> 321 | BREATHERITE COLL |
| BIGFOOT UNITY PEN | <i>black walnut pollen</i> 16 | SPACER ADULT.....499 |
| CAP/TOUJEO M.....446 | <i>black walnut pollen (1:10)</i> 16 | BREATHERITE COLL |
| BIGFOOT UNITY PEN | <i>black walnut pollen (1:20)</i> 16 | SPACER CHILD..... 499 |
| CAP/TRESIBA.....446 | <i>black willow</i> 16 | BREATHERITE COLL |
| BIGFOOT UNITY PROGRAM | <i>black willow (diagnostic)</i>.....321 | SPACER INFANT.....499 |
|425 | <i>black/sweet birch pollen</i> 16 | BREATHERITE RIGID |
| <i>biifenac 1000</i> 273 | BLANCHE..... 286 | SPACER/MASK.....499 |
| <i>biifenac 500</i> 273 | BL-CONTRAST..... 338 | BREATHERITE SPACER |
| BIJUVA..... 365 | BLENREP.....171 | NEONATE.....499 |
| BIKTARVY.....214 | <i>bleomycin sulfate</i> 183 | BREATHERITE SPACER |
| <i>bilac</i> 125 | BLEPH-10..... 561 | SMALL CHILD.....499 |
| <i>bilayer matrix wound dressing</i> . 314 | BLEPHAMIDE.....558 | BREATHERITE VALVED |
| BILTRICIDE..... 67 | BLEPHAMIDE S.O.P..... 558 | MDI CHAMBER.....499 |
| <i>bimatoprost</i> 296, 563 | BLINCYTO..... 176 | BREATHERITE/LARGE |
| <i>bimatoprost-timolol maleate</i>.....549 | <i>blood glucose monitor system</i> ...426 | MASK.....499 |
| <i>bi-mix</i> 237 | <i>blood glucose system pak</i>.....426 | BREATHERITE/MEDIUM |
| BINAXNOW COVID-19 AG | <i>blood glucose test</i> 329 | MASK.....499 |
| CARD..... 337 | <i>blood glucose test strips 333</i>.....329 | BREATHERITE/SMALL |
| BINOSTO..... 351 | BLOXIVERZ.....163 | MASK.....499 |
| BIO GLO..... 555 | BLT-25..... 256 | BREEZA FOR ORAL |
| <i>biocel</i>.....527 | BLUDIGO..... 324 | IODINATED CONT.....325 |
| BIOFREQUENCY INSOLES.. 422 | <i>blue crab (diagnostic)</i> 321 | BREEZA NEUTRAL |
| BIOGUARD GAUZE | BLUESTAR.....426 | ABD/PELVIC IMAG..... 326 |
| SPONGES.....423 | BLULINK GLUCOSE | BRENZAVVY..... 122 |
| BIOGUARD ISLAND | MONITORING SYS..... 426 | BREO ELLIPTA..... 76 |
| DRESSINGS.....423 | BLULINK GLUCOSE TEST.. 329 | <i>bretylum tosylate</i>.....75 |
| BIOGUARD NON- | BOCASAL.....524 | BREVIBLOC.....224 |
| ADHERENT DRESSING..... 423 | BONIVA..... 351 | BREVIBLOC IN NACL.....224 |
| BIONECT..... 314 | BONJESTA..... 130 | BREVIBLOC PREMIXED..... 224 |
| BIOPAR DELTA-FORTE.....397 | <i>boric acid</i>.....296 | BREVIBLOC PREMIXED DS 224 |
| BIORPHEN..... 614 | <i>bortezomib</i> 182 | BREVITAL SODIUM.....377 |
| BIOSCANNER GLUCOSE | <i>bosentan</i> 239 | BREXAFEMME..... 133 |
| TEST..... 329 | BOSULIF.....175 | BREYANZI..... 175 |
| BIOSTEP..... 314 | BOTOX COSMETIC..... 288 | BREYNA..... 76 |
| BIOSTEP AG..... 314 | <i>botrytis cinerea</i> 17 | BREZTRI AEROSPHERE..... 77 |
| BIOTEL CARE BLOOD | <i>botrytis cinerea (diagnostic)</i> 321 | BRIDION.....127 |
| GLUCOSE.....425 | <i>box elder pollen</i> 17 | BRILINTA.....392 |
| BIOTEL CARE BLOOD | <i>bp 10-1</i> 263 | <i>brimonidine tartrate</i>.....296, 558 |
| GLUCOSE SYST..... 425 | <i>bp cleansing wash</i> 263 | <i>brimonidine tartrate-timolol</i> 549 |
| BIOTEL CARE TEST STRIPS 329 | <i>bp vit 3</i> 400 | <i>brimonidine-dorzolamide</i> 548 |
| BIOTHRAX.....609 | <i>bpc</i>.....310 | BRINEURA.....362 |
| BIOVANCE.....300 | <i>b-plex</i> 526 | <i>brinzolamide</i> 555 |
| <i>bipolaris sorokin (diagnostic)</i> ...321 | <i>b-plex plus</i>.....527 | BRISDELLE.....588 |
| <i>bipolaris sorokiniana</i> 16 | BPROTECTED PEDIA IRON. 404 | BRIUMVI..... 584 |

| | | | | | |
|--|-------------|--|----------|--|----------|
| BRIVIACT..... | 92 | <i>butorphanol tartrate</i> | 62 | <i>cantharidin</i> | 291 |
| BRIXADI..... | 61 | BUTRANS..... | 62 | CANVAS DX DIAGNOSIS | |
| BRIXADI (WEEKLY)..... | 61 | BYDUREON..... | 120 | AID AUTISM..... | 336 |
| <i>brome</i> | 17 | BYDUREON BCISE..... | 120 | CAPASTAT SULFATE..... | 164 |
| BROMFED DM..... | 260 | BYETTA 10 MCG PEN..... | 120 | <i>capecitabine</i> | 167 |
| <i>bromfenac sodium</i> | 557 | BYETTA 5 MCG PEN..... | 120 | CAPEX..... | 282 |
| <i>bromfenac sodium (once-daily)</i> | 557 | BYFAVO..... | 408 | CAPHOSOL..... | 524 |
| <i>bromocriptine mesylate</i> | 197 | BYNFEZIA PEN..... | 361 | CAPLYTA..... | 203 |
| <i>brompheniramine maleate</i> | 135 | BYOOVIZ..... | 564 | CAPRELSA..... | 181 |
| BROMSITE..... | 557 | BYSTOLIC..... | 224, 225 | <i>capsfenac pak</i> | 274 |
| BROVANA..... | 79 | CABENUVA..... | 214 | <i>capsinac</i> | 274 |
| <i>brown shrimp (diagnostic)</i> | 321 | <i>cabergoline</i> | 353 | <i>captopril</i> | 144 |
| BRUKINSA..... | 177 | CABOMETYX..... | 180 | <i>captopril-hydrochlorothiazide</i> .. | 143 |
| BRUSELIX..... | 292, 519 | CABTREO..... | 263 | CAPVAXIVE..... | 609 |
| BRYHALI..... | 282 | CADIRAMD..... | 306 | CARAC..... | 275 |
| <i>bsp 0820</i> | 256 | CADUET..... | 236 | CARAFATE..... | 603 |
| BSS..... | 556 | CAFECIT..... | 8 | CARBAGLU..... | 356 |
| BSS PLUS..... | 556 | CAFERGOT..... | 502 | <i>carbamazepine</i> | 93 |
| <i>budesonide</i> | 65, 83, 249 | <i>caffeine citrate</i> | 8 | <i>carbamazepine er</i> | 92, 93 |
| <i>budesonide er</i> | 249 | <i>caffeine-sodium benzoate</i> | 8 | CARBATROL..... | 93 |
| <i>budesonide-formoterol fumarate</i> | 77 | CALAN SR..... | 228 | <i>carbidopa</i> | 198 |
| <i>bumetanide</i> | 348 | CALCIFOL..... | 505 | <i>carbidopa-levodopa</i> | 198 |
| BUMEX..... | 348 | <i>calcipotriene</i> | 278 | <i>carbidopa-levodopa er</i> | 198 |
| BUNAVAIL..... | 61 | <i>calcipotriene-betameth diprop</i> .. | 309 | <i>carbidopa-levodopa-entacapone</i> | |
| BUPAP..... | 39 | <i>calcitonin (salmon)</i> | 352 | ..... | 199 |
| BUPHENYL..... | 362 | CALCITRENE..... | 278 | <i>carbinoxamine maleate</i> | 135 |
| <i>bupivacaine fisiopharma</i> | 416 | <i>calcitriol</i> | 278, 356 | <i>carbinoxamine maleate er</i> | 135 |
| <i>bupivacaine hcl</i> | 416 | <i>calcium acetate</i> | 374 | CARBOCAINE..... | 417 |
| <i>bupivacaine hcl (pf)</i> | 416 | <i>calcium acetate (phos binder)</i> | | <i>carboplatin</i> | 165 |
| <i>bupivacaine hcl-nacl</i> | 416 | ..... | 373, 374 | <i>carboprost tromethamine</i> .. | 565, 566 |
| <i>bupivacaine in dextrose</i> | 417 | <i>calcium chloride</i> | 506 | CARDENE IV..... | 228 |
| <i>bupivacaine spinal</i> | 417 | <i>calcium disodium versenate</i> | 127 | CARDIOCOM LANCING | |
| <i>bupivacaine-epinephrine</i> | 414 | <i>calcium gluconate</i> | 506 | DEVICE..... | 426 |
| <i>bupivacaine-epinephrine (pf)</i> ... | 414 | <i>calcium gluconate-nacl</i> | 505 | CARDIOGEN-82..... | 326 |
| <i>bupivilog</i> | 256 | <i>calcium-folic acid plus d</i> | 505 | CARDIOLITE..... | 326 |
| <i>bup-lido</i> | 556 | CALDOLOR..... | 33 | <i>cardiometabolic solution</i> | 423 |
| BUPRENEX..... | 61 | <i>california pepper tree</i> | 17 | <i>cardioplegia del nido formula</i> .. | 236 |
| <i>buprenorphine</i> | 62 | CALQUENCE..... | 177 | <i>cardioplegia ind plas/hik/lido</i> .. | 236 |
| <i>buprenorphine hcl</i> | 61 | <i>calsodore</i> | 276 | <i>cardioplegia ind plasma-tromet</i> | 236 |
| <i>buprenorphine hcl-naloxone hcl</i> | | CAMBIA..... | 502 | <i>cardioplegia induction high k</i> ... | 236 |
| ..... | 61, 62 | CAMCEVI..... | 189 | <i>cardioplegia induction low dex</i> | 236 |
| <i>bupropion hcl</i> | 104 | CAMINO PRO | | <i>cardioplegia induction non-enr</i> | 236 |
| <i>bupropion hcl er (sr)</i> | 103 | COMPLETE/GLYTACTIN.... | 344 | <i>cardioplegia main low dextrose</i> | 236 |
| <i>bupropion hcl er (xl)</i> | 104 | CAMPTOSAR..... | 195 | <i>cardioplegia main low trometha</i> | |
| <i>bupirone hcl</i> | 70 | CANASA..... | 372 | ..... | 236 |
| <i>busulfan</i> | 165 | CANCIDAS..... | 132 | <i>cardioplegia main plasma-</i> | |
| BUSULFEX..... | 165 | <i>candesartan cilexetil</i> | 148 | <i>trome</i> | 236 |
| <i>butalbital-acetaminophen</i> | 39 | <i>candesartan cilexetil-hctz</i> | 147 | <i>cardioplegia maintenance</i> | 236 |
| <i>butalbital-apap-caff-cod</i> | 40 | <i>candida albicans extract</i> | 17 | <i>cardioplegia reperfusate 4:1</i> | 236 |
| <i>butalbital-apap-caffeine</i> | 39 | <i>candida albicans skn tst antgn</i> .. | 321 | <i>cardioplegic</i> | 237 |
| <i>butalbital-asa-caff-codeine</i> | 40 | CANDIN..... | 321 | <i>cardioplegic soln w/ lidocaine</i> .. | 237 |
| <i>butalbital-aspirin-caffeine</i> | 39 | CANTALOUPE (diagnostic)..... | 321 | CARDIZEM..... | 229 |

| | | | | | |
|---|----------|---|----------|---|----------|
| CARDIZEM CD..... | 228 | CARETOUCH TEST..... | 329 | <i>cefoxitin sodium</i> | 244 |
| CARDIZEM LA..... | 228, 229 | CARETOUCH TWIST | | <i>cefoxitin sodium-dextrose</i> | 244 |
| CARDURA..... | 151 | LANCETS 28G..... | 426 | <i>cefpodoxime proxetil</i> | 245 |
| CARDURA XL..... | 378 | CARETOUCH TWIST | | <i>cefprozil</i> | 244 |
| <i>care activation solution</i> | 423 | LANCETS 30G..... | 426 | <i>ceftazidime</i> | 245 |
| CAREFINE PEN NEEDLES... 454 | | CARETOUCH TWIST | | <i>ceftazidime and dextrose</i> | 245 |
| <i>careone advanced lancing dev</i> ..426 | | LANCETS 33G..... | 426 | <i>ceftriaxone sodium</i> | 245, 246 |
| CAREONE BLOOD | | CARETOUCH TWIST MC | | <i>ceftriaxone sodium in dextrose</i> ..245 | |
| GLUCOSE SYSTEM..... | 426 | LANCETS 30G..... | 426 | <i>ceftriaxone sodium-dextrose</i> | 246 |
| CAREONE BLOOD | | <i>carglumic acid</i> | 356 | <i>cefuroxime axetil</i> | 244 |
| GLUCOSE TEST..... | 329 | <i>carisoprodol</i> | 533 | <i>cefuroxime sodium</i> | 244 |
| <i>careone insulin syringe</i> | 454 | <i>carisoprodol-aspirin-codeine</i> ... 536 | | CELACYN..... | 298 |
| CAREONE LANCET SUPER | | <i>carmustine</i> | 193 | CELEBREX..... | 30 |
| THIN 30G..... | 426 | CARNITOR..... | 352 | <i>celecoxib</i> | 30 |
| <i>careone lancet thin 23g</i> | 426 | CARNITOR SF..... | 352 | <i>celery (diagnostic)</i> | 321 |
| <i>careone unifine pentips</i> | 454, 455 | CAROSPIR..... | 349 | CELESTONE SOLUSPAN..... | 256 |
| <i>careone unifine pentips plus</i> | 455 | <i>carteolol hcl</i> | 549 | CELEXA..... | 105 |
| <i>carepoint poly hub needle</i> | 455 | CARTIA XT..... | 229 | CELLCEPT..... | 517 |
| <i>carepoint safety 1st needle</i> | 455 | <i>carvedilol</i> | 223 | CELLCEPT INTRAVENOUS..... | 517 |
| CAREPOINT SAFETY1ST | | <i>carvedilol phosphate er</i> | 223 | <i>cellpad</i> | 497 |
| SYR/NEEDLE..... | 455 | CARVYKTI..... | 175 | CELLUGEL..... | 562 |
| <i>carepoint syringe catheter tip</i> ... 456 | | <i>casein (diagnostic)</i> | 321 | CELONTIN..... | 102 |
| <i>carepoint syringe luer lock</i> | 456 | CASGEVY..... | 397 | CEM-UREA..... | 287 |
| CAREPOINT SYRINGE LUER | | <i>cashew nut (diagnostic)</i> | 321 | CENFOL..... | 400 |
| LOCK..... | 456 | <i>casirivimab</i> | 567 | CENTANY..... | 270 |
| <i>carepoint syringe luer slip</i> | 456 | CASODEX..... | 166 | CENTANY AT..... | 270 |
| <i>carepoint tubercln syr/luer sl</i> ...456 | | <i>caspofungin acetate</i> | 132 | CENTRATEX..... | 403 |
| CARESENS LANCETS..... | 426 | <i>cat hair extract</i> | 17 | <i>cephalexin</i> | 243 |
| CARESENS LANCETS 30G... 426 | | CATAFLAM..... | 33 | CEPROTIN..... | 393 |
| CARESENS N FELIZ BT..... | 426 | CATAPRES..... | 150 | CEQUA..... | 556 |
| CARESENS N GLUCOSE | | CATAPRES-TTS-1..... | 150 | CEQUR SIMPLICITY 2U..... | 457 |
| SYSTEM..... | 426 | CATAPRES-TTS-2..... | 150 | CEQUR SIMPLICITY | |
| CARESENS N GLUCOSE | | CATAPRES-TTS-3..... | 150 | INSERTER..... | 457 |
| TEST..... | 329 | CATHFLO ACTIVASE..... | 396 | CERACADE..... | 294 |
| CARESENS N VOICE | | <i>cattle epithelium</i> | 17 | CERAMAX..... | 294 |
| SYSTEM..... | 426 | CAVERJECT..... | 238 | CERDELGA..... | 396 |
| CARETOUCH HYPODERMIC | | CAVERJECT IMPULSE..... | 238 | CEREBYX..... | 101 |
| NEEDLE..... | 456 | <i>cedar elm</i> | 17 | CEREFOLIN..... | 342 |
| CARETOUCH INSULIN | | <i>cefaclor</i> | 243, 244 | CEREFOLIN NAC..... | 342 |
| SYRINGE..... | 456 | <i>cefaclor er</i> | 243 | CERETEC..... | 328 |
| CARETOUCH | | <i>cefadroxil</i> | 242 | CEREZYME..... | 397 |
| LANCING/EJECTOR..... | 426 | <i>cefazolin in sodium chloride</i> | 242 | CERIANNA..... | 327 |
| CARETOUCH LUER LOCK...456 | | <i>cefazolin sodium</i> | 242, 243 | CEROVEL..... | 287 |
| CARETOUCH LUER SLIP..... | 457 | <i>cefazolin sodium-dextrose</i> | 243 | <i>cervical specimen collection</i> | 328 |
| CARETOUCH MONITOR | | <i>cefdinir</i> | 245 | CERVIDIL..... | 566 |
| SYSTEM..... | 426 | <i>cefepime hcl</i> | 247 | CETACAINE..... | 306 |
| CARETOUCH PEN NEEDLES | | <i>cefepime-dextrose</i> | 247 | <i>cetirizine hcl</i> | 136 |
| ..... | 457 | <i>cefixime</i> | 245 | CETRAXAL..... | 565 |
| CARETOUCH SAFETY | | CEFOTAN..... | 244 | <i>cetorelix acetate</i> | 353 |
| LANCETS..... | 426 | <i>cefotaxime sodium</i> | 245 | CETROTIDE..... | 353 |
| CARETOUCH SAFETY | | <i>cefotetan disodium</i> | 244 | <i>cevimeline hcl</i> | 525 |
| LANCETS 26G..... | 426 | <i>cefotetan disodium-dextrose</i> | 244 | CHANTIX..... | 587 |

| | | | | | |
|--|----------|---|---------------|---|--------------------|
| CHANTIX CONTINUING MONTH PAK..... | 587 | CIPRO..... | 369 | CLEVER CHOICE LANCETS 23G..... | 427 |
| CHEMET..... | 126 | CIPRO HC..... | 565 | CLEVER CHOICE LANCETS 28G..... | 427 |
| CHEMSTRIP BG LOG BOOK..... | 426 | CIPRODEX..... | 565 | CLEVER CHOICE MICRO SYSTEM..... | 427 |
| CHENODAL..... | 370 | <i>ciprofloxacin</i> | 369 | CLEVER CHOICE MICRO TEST..... | 329 |
| <i>chicken meat (diagnostic)</i> | 321 | <i>ciprofloxacin hcl</i> | 369, 553, 565 | CLEVER CHOICE MINI SYSTEM..... | 427 |
| CHIRHOSTIM..... | 324 | <i>ciprofloxacin in d5w</i> | 369 | CLEVER CHOICE NO CODING..... | 329 |
| <i>chlohux</i> | 309 | <i>ciprofloxacin-dexamethasone</i> ... | 565 | CLEVER CHOICE PULSE OXIMETER..... | 448 |
| <i>chlooxia</i> | 309 | <i>ciprofloxacin-fluocinolone pf</i> | 565 | CLEVER CHOICE TALK SYSTEM..... | 329, 427 |
| <i>chloramphenicol sod succinate</i> .. | 155 | <i>cisatracurium besylate</i> | 543 | CLEVIPREX..... | 229 |
| <i>chlordiazepoxide hcl</i> | 71 | <i>cisatracurium besylate (pf)</i> | 543 | CLICKFINE PEN NEEDLES.. | 457 |
| <i>chlordiazepoxide-amitriptyline</i> .. | 579 | <i>cisplatin</i> | 165 | <i>clickfine pen needles</i> | 457 |
| <i>chlordiazepoxide-clidinium</i> | 600 | <i>citalopram hydrobromide</i> | 105 | CLIMARA..... | 366 |
| <i>chlorhexidine gluconate</i> | 214, 523 | <i>citrulline easy</i> | 362 | CLIMARA PRO..... | 365 |
| <i>chloroprocaine hcl (pf)</i> | 419 | <i>cladosporium cladosporioides</i> | 17 | CLINDACIN..... | 261 |
| <i>chloroquine phosphate</i> | 162 | <i>cladosporium sphaer (diagnost)</i> | 321 | CLINDACIN ETZ..... | 261, 263 |
| <i>chlorothiazide sodium</i> | 350 | ..... | 321 | CLINDACIN PAC..... | 263 |
| <i>chlorpromazine hcl</i> | 210 | <i>cladosporium sphaerospermum</i> .. | 17 | CLINDACIN-P..... | 261 |
| <i>chlorthalidone</i> | 350 | <i>cladribine</i> | 167 | CLINDAGEL..... | 261 |
| <i>chlorzoxazone</i> | 533 | CLARAVIS..... | 268 | <i>clindamycin hcl</i> | 159 |
| <i>cholecal df</i> | 400 | CLARINEX..... | 136 | <i>clindamycin palmitate hcl</i> | 159 |
| <i>cholesterol and lipid test</i> | 329 | CLARINEX-D 12 HOUR..... | 259 | <i>clindamycin phos-benzoyl perox</i> | 263 |
| <i>cholestyramine</i> | 137 | CLARISCAN..... | 338 | <i>clindamycin phosphate</i> | 159, 160, 261, 612 |
| <i>cholestyramine light</i> | 137 | <i>clarithromycin</i> | 420 | <i>clindamycin phosphate in d5w</i> .. | 159 |
| CHOLETEC..... | 327 | <i>clarithromycin er</i> | 420 | <i>clindamycin phosphate in nacl</i> .. | 159 |
| <i>chondroitin sulfate</i> | 563 | CLEANLET LANCETS 28G.. | 426 | <i>clindamycin-tretinoin</i> | 263 |
| <i>chorionic gonadotropin</i> | 359 | <i>clemastine fumarate</i> | 135 | <i>clindavix</i> | 263 |
| CHOSEN LANCETS 30G..... | 426 | CLENIA PLUS..... | 263 | CLINDESSE..... | 612 |
| CHOSEN SAFETY LANCETS 28G..... | 426 | CLENPIQ..... | 413 | CLINIMIX E/DEXTROSE (2.75/5)..... | 546 |
| CHROMAGEN..... | 403 | CLEOCIN..... | 159, 612 | CLINIMIX E/DEXTROSE (4.25/10)..... | 546 |
| <i>chromic chloride</i> | 513 | CLEOCIN PHOSPHATE..... | 159 | CLINIMIX E/DEXTROSE (4.25/5)..... | 546 |
| CIALIS..... | 240, 241 | CLEOCIN-T..... | 261 | CLINIMIX E/DEXTROSE (5/15)..... | 546 |
| CIBINQO..... | 280 | CLEVER CHEK AUTO-CODE..... | 423 | CLINIMIX E/DEXTROSE (5/20)..... | 546 |
| CICASIL..... | 497 | CLEVER CHEK AUTO-CODE SYSTEM..... | 426 | <i>clinimix e/dextrose (8/10)</i> | 546 |
| CICLODAN..... | 272 | CLEVER CHEK AUTO-CODE TEST..... | 329 | <i>clinimix e/dextrose (8/14)</i> | 546 |
| <i>ciclopirox</i> | 272 | CLEVER CHEK AUTO-CODE VOICE..... | 329, 426 | CLINIMIX/DEXTROSE (4.25/10)..... | 546 |
| <i>ciclopirox olamine</i> | 272 | CLEVER CHEK LANCETS... | 426 | | |
| <i>ciclopirox treatment</i> | 272 | CLEVER CHEK SYSTEM..... | 426 | | |
| <i>cidofovir</i> | 220 | CLEVER CHEK TEST..... | 329 | | |
| CIFEREX..... | 400 | CLEVER CHOICE AUTO-CODE SYSTEM..... | 426 | | |
| <i>cilostazol</i> | 393 | CLEVER CHOICE AUTO-CODE TEST..... | 329 | | |
| CILOXAN..... | 553 | CLEVER CHOICE COMFORT EZ..... | 426, 457 | | |
| CIMDUO..... | 214 | CLEVER CHOICE HOLDING CHAMBER..... | 499 | | |
| CIMERLI..... | 564 | CLEVER CHOICE LANCETS 21G..... | 426 | | |
| <i>cimetidine</i> | 602 | | | | |
| <i>cimetidine hcl</i> | 602 | | | | |
| CIMZIA..... | 375 | | | | |
| <i>cinacalcet hcl</i> | 352 | | | | |
| CINQAIR..... | 81 | | | | |
| CINRYZE..... | 392 | | | | |
| CINVANTI..... | 132 | | | | |

| | | | | | |
|---|----------|---|----------|--|----------|
| CLINIMIX/DEXTROSE (4.25/5)..... | 546 | COBAS LIAT SARS-COV-2 CONTROL..... | 337 | COMFORT EZ PEN NEEDLES..... | 458 |
| CLINIMIX/DEXTROSE (5/15) | 546 | COBAS LIAT SARS-COV-2- AB ASSAY..... | 325 | COMFORT EZ PRO PEN NEEDLES..... | 458 |
| CLINIMIX/DEXTROSE (5/20) | 546 | COBAS LIAT SARS-COV-2- AB CNTRL..... | 325 | COMFORT EZ SHORT PEN NEEDLES..... | 458 |
| <i>clinimix/dextrose (6/5)</i> | 546 | COBENFY..... | 209 | <i>comfort lancets</i> | 427 |
| <i>clinimix/dextrose (8/10)</i> | 546 | COBENFY STARTER PACK..... | 209 | COMFORT TOUCH INSULIN PEN NEED..... | 458, 459 |
| <i>clinimix/dextrose (8/14)</i> | 546 | <i>cocaine hcl</i> | 537 | COMFORT TOUCH LANCETS 31G..... | 427 |
| CLINISOL SF..... | 546 | <i>cocklebur</i> | 17 | COMFORT TOUCH PLUS LANCETS 28G..... | 427 |
| CLINOIN..... | 263 | <i>cockroach mixed (diagnostic)</i> ...340 | | COMFORT TOUCH PLUS LANCETS 30G..... | 427 |
| CLINOLIPID..... | 547 | <i>cockroach mixed allergen ext</i> 22 | | COMFORT TOUCH TWIST LANCET 30G..... | 427 |
| <i>clobazam</i> | 91 | <i>cocoa bean (diagnostic)</i> | 321 | COMPACT SPACE CHAMBER..... | 499 |
| <i>clobetasol prop emollient base</i> | 282 | <i>coconut (diagnostic)</i> | 322 | COMPACT SPACE CHAMBER/LG MASK..... | 499 |
| <i>clobetasol propionate</i> | 282, 560 | <i>cod liver oil</i> | 533 | COMPACT SPACE CHAMBER/MED MASK..... | 499 |
| <i>clobetasol propionate e</i> | 282 | <i>codeine sulfate</i> | 43 | COMPACT SPACE CHAMBER/SM MASK..... | 499 |
| <i>clobetasol propionate emulsion</i> | 282 | <i>coenzyme q-10</i> | 22 | COMPLERA..... | 214 |
| <i>clobetavix</i> | 309 | COGENTIN..... | 197 | COMPRO..... | 210 |
| CLOBETEX..... | 136 | COLAZAL..... | 372 | COMTAN..... | 202 |
| CLOBEX..... | 282 | <i>colchicine</i> | 381 | CONCERTA..... | 11 |
| CLOBEX SPRAY..... | 282 | <i>colchicine-probenecid</i> | 380 | CONDYLOX..... | 291 |
| <i>clocortolone pivalate</i> | 282 | COLCIGEL..... | 516 | CONJUPRI..... | 229 |
| CLODAN..... | 282, 309 | COLCRYS..... | 381 | CONRAY..... | 341 |
| CLODERM..... | 282 | <i>colesevelam hcl</i> | 137 | CONSENSI..... | 228 |
| <i>clofarabine</i> | 167 | COLESTID..... | 137 | <i>constulose</i> | 413 |
| CLOLAR..... | 167 | COLESTID FLAVORED..... | 137 | CONTOUR CONTROL..... | 427 |
| CLOMID..... | 360 | <i>colestipol hcl</i> | 137, 138 | CONTOUR MONITOR..... | 427 |
| <i>clomiphene citrate</i> | 360 | <i>colistimethate sodium (cba)</i> | 161 | CONTOUR NEXT CONTROL..... | 427 |
| <i>clomipramine hcl</i> | 109 | COLLANEX..... | 314 | CONTOUR NEXT EZ..... | 427 |
| <i>clonazepam</i> | 91 | COLLATYL..... | 314 | CONTOUR NEXT GEN MONITOR..... | 427 |
| <i>clonidine</i> | 150 | COLUMVI..... | 176 | CONTOUR NEXT LINK..... | 427 |
| <i>clonidine er</i> | 150 | COLY-MYCIN M..... | 161 | CONTOUR NEXT MONITOR..... | 427 |
| <i>clonidine hcl</i> | 150 | COMBIGAN..... | 549 | CONTOUR NEXT ONE..... | 427 |
| <i>clonidine hcl (analgesia)</i> | 38 | COMBIPATCH..... | 365 | CONTOUR NEXT TEST..... | 329 |
| <i>clonidine hcl er</i> | 2 | COMBIVENT RESPIMAT..... | 77 | CONTOUR PLUS BLUE..... | 427 |
| <i>clopidogrel bisulfate</i> | 396 | COMBIVIR..... | 214 | CONTOUR PLUS TEST..... | 329 |
| <i>clorazepate dipotassium</i> | 71 | COMBOGESIC..... | 31 | CONTOUR TEST..... | 329 |
| CLOROTEKAL..... | 419 | COMETRIQ (100 MG DAILY DOSE)..... | 181 | CONTRAST ALLERGY PREMED PACK..... | 256 |
| <i>clotrimazole</i> | 289, 523 | COMETRIQ (140 MG DAILY DOSE)..... | 181 | CONTRAVE..... | 9 |
| <i>clotrimazole-betamethasone</i> | 270, 271 | COMETRIQ (60 MG DAILY DOSE)..... | 181 | CONVENIENCE PAK..... | 586 |
| CLOVIQUE..... | 514 | COMFORT ASSIST INSULIN SYRINGE..... | 457 | CONZIP..... | 43 |
| <i>clozapine</i> | 207, 208 | <i>comfort assured lancets 28g</i> | 427 | | |
| CLOZARIL..... | 208 | <i>comfort assured lancets 33g</i> | 427 | | |
| CNJ-016..... | 567 | COMFORT EZ INSULIN SYRINGE..... | 457, 458 | | |
| <i>co monitor</i> | 497 | COMFORT EZ MICRO PEN NEEDLES..... | 458 | | |
| COAGADEX..... | 386 | | | | |
| COAGUCHEK LANCETS..... | 427 | | | | |
| <i>coal tar</i> | 299 | | | | |
| COARTEM..... | 162 | | | | |
| <i>coatamax patch</i> | 497 | | | | |
| COBAS LIAT SARS-COV-2 ASSAY..... | 337 | | | | |

| | | | | | |
|---|-----|--|--------------|--|----------|
| COOL BLOOD GLUCOSE TEST STRIPS..... | 330 | COZAAR..... | 148 | CVS BLOOD GLUCOSE METER..... | 427 |
| COOL MONITOR..... | 427 | <i>crab (diagnostic)</i> | 322 | <i>cvs glucose meter test strips</i> | 330 |
| COOL MONITOR KIT..... | 427 | <i>cream base niosomes</i> | 577 | <i>cvs lancets 21g</i> | 427 |
| COPASIL..... | 298 | <i>cream-heavy base niosomes</i> | 577 | <i>cvs lancets micro thin 33g</i> | 427 |
| COPAXONE..... | 584 | CREON..... | 346 | <i>cvs lancets original</i> | 427 |
| CORDRAN..... | 282 | CRESEMBA..... | 133 | <i>cvs lancets thin 26g</i> | 428 |
| COREG..... | 223 | CRESTOR..... | 139 | <i>cvs lancets ultra thin 30g</i> | 428 |
| COREG CR..... | 223 | CREXONT..... | 199 | <i>cvs lancets ultra-thin 30g</i> | 428 |
| COREMINO..... | 591 | CRINONE..... | 613 | <i>cvs lancing device</i> | 428 |
| CORETEXT..... | 301 | CRIXIVAN..... | 217 | <i>cvs true metrix glucose test</i> | 330 |
| CORGARD..... | 226 | CROFAB..... | 566 | <i>cvs ultra thin lancets</i> | 428 |
| CORIFACT..... | 386 | <i>cromolyn sodium</i> | 78, 370, 552 | <i>cyanocobalamin</i> | 397 |
| CORLANOR..... | 241 | CROTAN..... | 297 | CYANOKIT..... | 127 |
| CORLOPAM..... | 152 | CRYODOSE TA..... | 309 | <i>cyclo/gaba 10/300</i> | 536 |
| <i>corn (zea mays) (diagnostic)</i> | 322 | CUBICIN..... | 156 | <i>cyclobenzaprine hcl</i> | 534 |
| <i>corn pollen</i> | 17 | CUBICIN RF..... | 155 | <i>cyclobenzaprine hcl er</i> | 533, 534 |
| CORTANE-B..... | 298 | CUE COVID-19 TEST..... | 337 | CYCLOGYL..... | 551 |
| CORTEF..... | 249 | CUE HEALTH MONITORING SYSTEM..... | 337 | CYCLOMYDRIL..... | 550 |
| CORTENEMA..... | 65 | <i>cupric chloride</i> | 513 | CYCLOPAK..... | 536 |
| CORTIC-ND..... | 564 | CUPRIMINE..... | 514 | <i>cyclopentolate hcl</i> | 551 |
| CORTIFOAM..... | 65 | CURAFOAM AG FOAM DRESSING..... | 314 | CYCLOPHENE RAPIDPAQ... | 534 |
| <i>corti-sav</i> | 271 | CURITY AMD ANTIMICROBIAL SPNGE.... | 423 | <i>cyclophosphamide</i> | 192 |
| <i>cortisone acetate</i> | 249 | CURITY AMD ANTIMICROBIAL STRIP..... | 423 | <i>cycloserine</i> | 164 |
| CORTISPORIN-TC..... | 565 | CURITY HYPERTONIC NAACL STRIP..... | 314 | CYCLOSET..... | 115 |
| CORTROSYN..... | 324 | CURITY IODOFORM PACKING STRIP..... | 423 | <i>cyclosporine</i> | 515, 556 |
| CORVERT..... | 75 | CURITY NAACL DRESSING 6"X6-3/4"..... | 314 | <i>cyclosporine modified</i> | 515 |
| CORVITA..... | 527 | CURITY STERILE SALINE... | 379 | CYGNUS DUAL..... | 301 |
| CORVITA 150..... | 403 | CURITY WOUND CLOSURE 1/2"X4"..... | 422 | CYKLOKAPRON..... | 406 |
| CORVITE 150..... | 403 | CURITY WOUND CLOSURE 1/4"X1.5"..... | 422 | CYLTEZO (2 PEN)..... | 27 |
| <i>corvite fe</i> | 403 | CURITY WOUND CLOSURE 1/4"X3"..... | 422 | CYLTEZO (2 SYRINGE)..... | 27 |
| COSELA..... | 191 | CURITY WOUND CLOSURE 1/4"X4"..... | 422 | CYLTEZO-CD/UC/HS STARTER..... | 27 |
| COSENTYX..... | 277 | CURITY WOUND CLOSURE 1/8"X3"..... | 422 | CYLTEZO-PSORIASIS/UV STARTER..... | 28 |
| COSENTYX (300 MG DOSE)..... | 276 | CUROSURF..... | 590 | CYMBALTA..... | 107 |
| COSENTYX SENSOREADY (300 MG)..... | 276 | CUTAQUIG..... | 567 | <i>cyproheptadine hcl</i> | 136 |
| COSENTYX SENSOREADY PEN..... | 277 | CUTIVATE..... | 282 | CYRAMZA..... | 196 |
| COSENTYX UNOREADY..... | 277 | CUVITRU..... | 567, 568 | CYSTADANE..... | 356 |
| COSMEGEN..... | 183 | CUVPOSA..... | 606 | CYSTAGON..... | 379 |
| COSOPT..... | 549 | CUVRIOR..... | 514 | CYSTO-CONRAY II..... | 341 |
| COSOPT PF..... | 549 | CVS ADVANCED GLUCOSE TEST..... | 330 | CYSTOGRAFIN..... | 341 |
| <i>cosyntropin</i> | 324 | | | CYSTOGRAFIN-DILUTE..... | 341 |
| COTELLIC..... | 179 | | | CYSVIEW..... | 324 |
| COTEMPLA XR-ODT..... | 11 | | | CYTALUX..... | 324 |
| COVARYX..... | 364 | | | <i>cytarabine</i> | 167 |
| COVARYX HS..... | 364 | | | <i>cytarabine (pf)</i> | 167 |
| <i>covid-19 otc antigen 1-pack</i> | 337 | | | CYTOGAM..... | 568 |
| <i>covid-19 otc antigen 2-pack</i> | 337 | | | CYTOMEL..... | 595 |
| <i>covid-19 specimen collection</i> | 337 | | | CYTOTEC..... | 607 |
| <i>cow milk (diagnostic)</i> | 322 | | | CYTOTINE..... | 548 |
| COXANTO..... | 33 | | | <i>cytra k crystals</i> | 378 |

| | | | | | |
|---|----------|--|-----|---|----------|
| <i>cytra-2</i> | 378 | DEFINITY RT..... | 338 | DERMACINRX PROBISOL... 125 | |
| D.H.E. 45..... | 502 | DEFITELIO..... | 396 | DERMACINRX PROBITRAN 125 | |
| <i>dabigatran etexilate mesylate</i> | 90 | <i>deflazacort</i> | 249 | DERMACINRX PUREFOLIX 400 | |
| <i>dacarbazine</i> | 186 | DEFLUX..... | 380 | DERMACINRX RIBOTIN-E...527 | |
| DACOGEN..... | 167 | DELESTROGEN..... | 366 | <i>dermacinrx surgical combopak</i> 295 | |
| <i>dactinomycin</i> | 183 | DELFLEX-LC/1.5% | | DERMACINRX THERAZOLE | |
| <i>dalfampridine er</i> | 584 | DEXTROSE..... | 520 | PAK..... | 271 |
| DALIRESP..... | 82 | DELFLEX-LC/2.5% | | DERMACINRX UREA..... | 287 |
| DALVANCE..... | 156 | DEXTROSE..... | 520 | DERMACINRX ZINTREXYL- | |
| <i>danazol</i> | 64 | DELFLEX-LC/4.25% | | C..... | 527 |
| <i>dandelion</i> | 17 | DEXTROSE..... | 520 | DERMACINRX ZRM..... | 306 |
| DANTRIUM..... | 535 | DELFLEX-SM/1.5% | | <i>dermalid</i> | 306 |
| <i>dantrolene sodium</i> | 535, 536 | DEXTROSE..... | 520 | DERMA-SMOOTH/FS | |
| DANYELZA..... | 173 | DELFLEX-SM/2.5% | | BODY..... | 282 |
| <i>dapagliflozin pro-metformin er</i> | 122 | DEXTROSE..... | 520 | DERMA-SMOOTH/FS | |
| <i>dapagliflozin propanediol</i> | 122 | <i>delibon</i> | 271 | SCALP..... | 282 |
| <i>dapsone</i> | 159, 261 | DELSTRIGO..... | 215 | DERMASO PLUS..... | 294 |
| <i>daptomycin</i> | 156 | DELUO..... | 311 | DERMAZENE..... | 271 |
| <i>daptomycin-sodium chloride</i> | 156 | DELZICOL..... | 372 | DERMELLE..... | 298 |
| DARAPRIM..... | 162 | <i>demeclocycline hcl</i> | 591 | DERMETAZOLE..... | 271 |
| <i>darifenacin hydrobromide er</i> | 607 | DEMEROL..... | 43 | DERMOTIC..... | 565 |
| DARTISLA ODT..... | 606 | DEM SER..... | 145 | DERPIXA..... | 314 |
| <i>darunavir</i> | 217 | DENAVIR..... | 279 | DESCOVY..... | 215 |
| DARZALEX..... | 172 | <i>denta 5000 plus sensitive</i> | 523 | DESFERAL..... | 128 |
| DARZALEX FASPRO..... | 185 | <i>denvita</i> | 271 | <i>desflurane</i> | 377 |
| <i>dasatinib</i> | 175, 176 | <i>deoxia</i> | 263 | <i>desipramine hcl</i> | 109, 110 |
| DATSCAN..... | 326 | <i>deoxiademtar</i> | 263 | <i>desloratadine</i> | 136 |
| <i>daunorubicin hcl</i> | 183 | <i>deoxiatar</i> | 263 | <i>desmopressin ace spray refrig</i> .. | 363 |
| DAVIMET-FLUORIDE..... | 530 | <i>deoxiavar</i> | 263 | <i>desmopressin acetate</i> | 363 |
| DAVIMET-IRON..... | 527 | DEPAKOTE..... | 102 | <i>desmopressin acetate pf</i> | 363 |
| DAVIMET-M..... | 529 | DEPAKOTE ER..... | 102 | <i>desmopressin acetate spray</i> | 363 |
| DAXXIFY..... | 289 | DEPAKOTE SPRINKLES..... | 102 | DESONATE..... | 282 |
| <i>dayavite</i> | 527 | DEPEN TITRATABS..... | 514 | <i>desonide</i> | 283 |
| DAYPRO..... | 33 | DEPLIN 15..... | 342 | DESOWEN..... | 283 |
| DAYTRANA..... | 11 | DEPLIN 7.5..... | 342 | <i>desoximetasone</i> | 283 |
| DAYVIGO..... | 412 | DEPLIN FC..... | 344 | DESOXYN..... | 5 |
| <i>dazaveidaoxia</i> | 297 | DEPO-ESTRADIOL..... | 366 | DESRX..... | 283 |
| <i>dazinia</i> | 271 | DEPO-MEDROL..... | 249 | <i>desvenlafaxine er</i> | 107 |
| <i>dazomon</i> | 296 | DEPO-PROVERA..... | 248 | <i>desvenlafaxine succinate er</i> | |
| D-CARE BLOOD GLUCOSE..... | 330 | DEPO-TESTOSTERONE..... | 64 | ..... | 107, 108 |
| D-CARE GLUCOMETER..... | 428 | DERMACINRX AZENASE | | DETECTNET..... | 326 |
| DDAVP..... | 363 | PAK..... | 537 | DETROL..... | 608 |
| DDAVP PF..... | 363 | DERMACINRX | | DETROL LA..... | 607, 608 |
| DEBACTEROL..... | 523 | CLORHEXACIN..... | 295 | DEX24..... | 565 |
| DECADRON..... | 249 | DERMACINRX DAVIMET... 529 | | <i>dexabliss</i> | 249 |
| <i>decitabine</i> | 167 | DERMACINRX DOTREMIN. 400 | | <i>dexameth sod phos-bupiv-epin</i> .. | 256 |
| DEFENCATH..... | 88 | DERMACINRX FOLTAMIN..400 | | <i>dexamethasone</i> | 250, 251 |
| <i>deferasirox</i> | 126 | DERMACINRX LEXITRAL | | <i>dexamethasone (la)</i> | 249 |
| <i>deferasirox granules</i> | 126 | PHARMAPAK..... | 274 | <i>dexamethasone ace & sod phos</i> 256 | |
| <i>deferiprone</i> | 126 | DERMACINRX LIDOGEL.... | 292 | <i>dexamethasone acetate</i> | 249 |
| <i>deferoxamine mesylate</i> | 127, 128 | DERMACINRX MULTITAM. 527 | | DEXAMETHASONE | |
| DEFINITY..... | 338 | DERMACINRX PHN..... | 306 | INTENSOL..... | 250 |

| | | | | | |
|---|----------|---|----------|---|------------|
| <i>dexamethasone sod phos +rfid</i> | 250 | <i>dextroamphetamine sulfate</i> | 5, 6 | <i>diatrizoate meglumine & sodium</i> | 341 |
| <i>dexamethasone sod phos-bupiv</i> | 256 | <i>dextroamphetamine sulfate er</i> | 5 | DIATROL..... | 527 |
| <i>dexamethasone sod phos-nacl..</i> | 250 | <i>dextromethorphan-guaifenesin</i> | 259 | <i>diatrue plus blood glucose</i> | 428 |
| <i>dexamethasone sod phosphate pf</i> | 250 | <i>dextrose</i> | 547 | <i>diatrue plus test</i> | 330 |
| <i>dexamethasone sodium phosphate</i> | 250, 560 | <i>dextrose 5%/electrolyte #48</i> | 506 | <i>diazepam</i> | 71, 72, 91 |
| <i>dexamethasone-moxifloxacin</i> | 558 | <i>dextrose in lactated ringers</i> | 506 | DIAZEPAM INTENSOL..... | 71 |
| <i>dexameth-moxiflox-ketorolac</i> | 558 | <i>dextrose-sodium chloride</i> | 506 | <i>diazoxide</i> | 112 |
| DEXATRAN..... | 527 | DEXYCU..... | 560 | DIBENZYLINE..... | 145 |
| <i>dexchlorpheniramine maleate</i> | 135 | <i>dfs dr/ms/menth/cap pak</i> | 33 | <i>dichlorphenamide</i> | 348 |
| DEXCOM G4 PLAT PED RCV/SHARE..... | 428 | <i>dfs/ms/menth/cap pak</i> | 274 | <i>diclarel</i> | 274 |
| DEXCOM G4 PLAT PED RECEIVER..... | 428 | DHIVY..... | 199 | DICLEGIS..... | 130 |
| DEXCOM G4 PLATINUM RCV/SHARE..... | 428 | <i>diabetes care</i> | 428 | <i>diclofenac</i> | 33 |
| DEXCOM G4 PLATINUM RECEIVER..... | 428 | DIACOMIT..... | 93 | <i>diclofenac epolamine</i> | 273 |
| DEXCOM G4 PLATINUM TRANSMITTER..... | 428 | <i>diadimaxia</i> | 263 | <i>diclofenac potassium</i> | 33 |
| DEXCOM G5 MOB/G4 PLAT SENSOR..... | 428 | DIALYVITE..... | 526 | <i>diclofenac potassium(migraine)</i> | 502 |
| DEXCOM G5 MOBILE RECEIVER..... | 428 | DIALYVITE 3000..... | 526 | <i>diclofenac sodium</i> 33, 273, 276, 557 | |
| DEXCOM G5 MOBILE TRANSMITTER..... | 428 | DIALYVITE 5000..... | 526 | <i>diclofenac sodium er</i> | 33 |
| DEXCOM G5 RECEIVER KIT..... | 428 | DIALYVITE SUPREME D..... | 527 | <i>diclofenac-misoprostol</i> | 32 |
| DEXCOM G6 RECEIVER..... | 428 | DIALYVITE/ZINC..... | 526 | DICLOFONO..... | 273 |
| DEXCOM G6 SENSOR..... | 428 | DIANEAL LOW CALCIUM/1.5%.DEX..... | 520 | DICLOGEN..... | 274 |
| DEXCOM G6 TRANSMITTER..... | 428 | DIANEAL LOW CALCIUM/2.5%.DEX..... | 520 | <i>dicloheal-60</i> | 274 |
| DEXCOM G7 RECEIVER..... | 428 | DIANEAL LOW CALCIUM/4.25%.DEX..... | 520 | <i>diclona</i> | 274 |
| DEXCOM G7 SENSOR..... | 428 | DIANEAL PD-2/1.5% DEXTROSE..... | 520 | <i>diclona+</i> | 274 |
| DEXEDRINE..... | 5 | DIANEAL PD-2/2.5% DEXTROSE..... | 521 | <i>diclopr</i> | 274 |
| DEXERYL..... | 294 | DIANEAL PD-2/4.25% DEXTROSE..... | 521 | DICLOSAICIN..... | 274 |
| DEXIFOL..... | 526 | <i>diaoxia</i> | 263 | <i>diclostream</i> | 274 |
| DEXILANT..... | 604 | <i>diasaxiatar</i> | 263 | DICLOTREX..... | 274 |
| <i>dexlansoprazole</i> | 604 | <i>diasdimaxia</i> | 263 | DICLOTREX II..... | 274 |
| DEXLIDO..... | 256 | <i>diasoxia</i> | 263, 264 | <i>diclovix</i> | 274 |
| <i>dexmedetomidine hcl</i> | 412 | DIASTAT ACUDIAL..... | 91 | <i>diclovix m</i> | 274 |
| <i>dexmedetomidine hcl in nacl</i> | 412 | DIASTAT PEDIATRIC..... | 91 | <i>dicloxacillin sodium</i> | 575 |
| <i>dexmedetomidine hcl-dextrose</i> | 412 | DIATHRIVE BLOOD GLUCOSE METER..... | 428 | <i>diclozor</i> | 274 |
| <i>dexmethylphenidate hcl</i> | 11, 12 | DIATHRIVE BLOOD GLUCOSE TEST..... | 330 | DICOPANOL FUSEPAQ..... | 135 |
| <i>dexmethylphenidate hcl er</i> | 11 | DIATHRIVE GLUCOSE TEST..... | 330 | DICOPANOL RAPIDPAQ..... | 135 |
| DEXONTO 0.4%..... | 251 | DIATHRIVE LANCET ULTRA THIN 30..... | 428 | <i>dicyclomine hcl</i> | 600 |
| <i>dexpanthenol</i> | 371 | DIATHRIVE LANCETS..... | 428 | <i>diethylpropion hcl</i> | 8 |
| <i>dexrazoxane</i> | 187 | DIATHRIVE PEN NEEDLE..... | 459 | <i>diethylpropion hcl er</i> | 8 |
| <i>dexrazoxane hcl</i> | 187 | DIATHRIVE+ GLUCOSE MONITOR..... | 428 | DIFFERIN..... | 268 |
| DEXTENZA..... | 560 | DIATHRIVE+ GLUCOSE TEST..... | 330 | DIFICID..... | 422 |

| | | | | | |
|--|----------|--|---------------|---|----------|
| DILANTIN-125..... | 101 | DOLOBID..... | 39 | <i>dropsafe safety pen needles</i> | 460 |
| DILATRATE-SR..... | 68 | <i>domela</i> | 309 | DROPSAFE SAFETY | |
| DILAUDID..... | 43 | <i>donepezil hcl</i> | 580 | SYRINGE/NEEDLE..... | 460 |
| <i>diltiazem hcl</i> | 230 | DONNATAL..... | 600 | DROXIA..... | 398 |
| <i>diltiazem hcl er</i> | 229, 230 | <i>dopamine hcl</i> | 235 | <i>droxidopa</i> | 614 |
| <i>diltiazem hcl er beads</i> | 229 | <i>dopamine-dextrose</i> | 235 | <i>drug mart lancets thin 26g</i> | 428 |
| <i>diltiazem hcl er coated beads</i> | 230 | DOPRAM..... | 8 | DRUG MART LANCING | |
| <i>diltiazem hcl-dextrose</i> | 230 | DOPTelet..... | 406 | DEVICE..... | 428 |
| <i>diltiazem hcl-sodium chloride</i> | 230 | DORAL..... | 408 | DRUG MART ON-THE-GO | |
| <i>dilt-xr</i> | 230, 231 | DORYX..... | 591 | LANCET 30G..... | 428 |
| <i>diluent for treprostinil</i> | 576 | DORYX MPC..... | 591 | <i>drug mart unifine pentips</i> | 461 |
| <i>dimenhydrinate</i> | 131 | <i>dorzolamide hcl</i> | 555 | <i>drug mart unifine pentips plus</i> .. | 461 |
| <i>dimentho</i> | 274 | <i>dorzolamide hcl-timolol mal</i> | 549 | DRUG MART UNILET | |
| <i>dimercaptopropane-sulfonate</i> .. | 126 | <i>dorzolamide hcl-timolol mal pf</i> .. | 549 | LANCETS 28G..... | 428 |
| <i>dimethyl fumarate</i> | 584 | DOTAREM..... | 338, 339 | DRUG MART UNILET | |
| <i>dimethyl fumarate starter pack</i> .. | 584 | DOTATOC GA 68..... | 326 | LANCETS 30G..... | 428 |
| <i>dimoxia</i> | 264 | DOTTI..... | 366 | DRUG MART UNILET | |
| <i>diochloy</i> | 309 | <i>double pm</i> | 558 | LANCETS 33G..... | 429 |
| <i>diooxia</i> | 276 | DOUBLEDEX..... | 251 | DRYSOL..... | 296 |
| DIOVAN..... | 148 | DOVATO..... | 215 | DSUVIA..... | 43 |
| DIOVAN HCT..... | 147 | DOVONEX..... | 278 | DUAKLIR PRESSAIR..... | 77 |
| DIPENTUM..... | 372 | <i>doxazosin mesylate</i> | 151 | <i>dual complex formula 1 kit</i> | 274 |
| <i>diphen</i> | 135 | <i>doxepin hcl</i> | 110, 276, 410 | DUAVEE..... | 369 |
| <i>di-phen</i> | 135 | <i>doxercalciferol</i> | 356, 357 | DUETACT..... | 124 |
| <i>diphenhydramine hcl</i> | 135 | DOXIL..... | 183 | DUEXIS..... | 32 |
| <i>diphenoxylate-atropine</i> | 126 | <i>doxorubicin hcl</i> | 183 | DULERA..... | 77 |
| DIPRIVAN..... | 375 | <i>doxorubicin hcl liposomal</i> | 183 | <i>duloxetine hcl</i> | 108 |
| DIPROLENE..... | 283 | DOXY 100..... | 591 | DULOXICAIN..... | 587 |
| DIPROLENE AF..... | 283 | <i>doxycycline</i> | 296 | DUOBRII..... | 309 |
| <i>dipyridamole</i> | 324, 395 | <i>doxycycline hyclate</i> | 592 | DUO-CARE..... | 423 |
| DISCOVISC..... | 561 | <i>doxycycline monohydrate</i> | 592 | DUO-CARE TEST..... | 330 |
| <i>disopyramide phosphate</i> | 73 | <i>doxylamine-pyridoxine</i> | 130 | DUODOTE..... | 126 |
| <i>dispenser md pump 0.25ml</i> | 448 | <i>draxace lotion cleanser</i> | 264 | DUOPA..... | 199 |
| <i>dispenser md pump bottle 150ml</i> | 448 | <i>draxacey</i> | 264 | DUOVISC..... | 561, 562 |
| <i>disulfiram</i> | 578 | DRISDOL..... | 619 | DUPIXENT..... | 280 |
| DITROPAN XL..... | 608 | DRITHO-CREME HP..... | 278 | DURACLON..... | 38 |
| DIURIL..... | 350 | <i>drixece</i> | 264 | DURAFIBER..... | 314 |
| <i>divalproex sodium</i> | 102 | DRIZALMA SPRINKLE..... | 108 | DURAFIBER AG..... | 314 |
| <i>divalproex sodium er</i> | 102 | <i>dronabinol</i> | 131 | DURAGESIC-100..... | 43 |
| DIVIGEL..... | 366 | <i>droperidol</i> | 70 | DURAGESIC-12..... | 43 |
| <i>dmsa</i> | 328 | DROPLET GENTEEL | | DURAGESIC-25..... | 43 |
| DMT SUIK..... | 256 | LANCING DEVICE..... | 428 | DURAGESIC-50..... | 44 |
| <i>dobutamine hcl</i> | 235 | DROPLET INSULIN | | DURAGESIC-75..... | 44 |
| <i>dobutamine-dextrose</i> | 235 | SYRINGE..... | 459, 460 | <i>duramorph</i> | 44 |
| <i>docetaxel</i> | 190 | DROPLET LANCETS ULTRA | | DUREZOL..... | 560 |
| DOCIVYX..... | 190 | THIN 30G..... | 428 | DURLAZA..... | 395 |
| DODEX..... | 397 | DROPLET LANCING | | DUROLANE..... | 536 |
| <i>dofetilide</i> | 75 | DEVICE..... | 428 | DURYSTA..... | 563 |
| <i>dog epithelium</i> | 17 | DROPLET MICRON..... | 460 | <i>dust mite mixed allergen ext</i> | 22 |
| <i>dog epithelium (diagnostic)</i> | 322 | DROPLET PEN NEEDLES..... | 460 | <i>dutasteride</i> | 377 |
| <i>dog fennel</i> | 17 | DROPLET PERSONAL | | <i>dutasteride-tamsulosin hcl</i> | 380 |
| | | LANCETS 30G..... | 428 | DUTOPROL..... | 151 |

| | | | | | |
|---|-----|--|----------|---|----------|
| DX1 ORAGENOMIC DNA SCREEN..... | 330 | <i>easy talk plus ii test strips</i> | 330 | EASY TOUCH SYRINGE BARREL 1ML..... | 463 |
| DX2 ORAGENOMIC DNA SCREEN..... | 330 | EASY TOUCH FLIPLOCK INSULIN SY..... | 461 | EASY TOUCH SYRINGE BARREL 3ML..... | 463 |
| DXEVO 11-DAY..... | 251 | EASY TOUCH GLUCOSE SYSTEM..... | 429 | EASY TOUCH SYRINGE BARREL 5ML..... | 463 |
| DXTERITY COVID-19 HOME TEST..... | 337 | EASY TOUCH HEALTHPRO GLUCOSE..... | 330 | EASY TOUCH TEST..... | 330 |
| <i>d-xylose</i> | 324 | EASY TOUCH HYPODERMIC NEEDLE..... | 461 | <i>easy trak blood glucose system</i> | 429 |
| DYANA VEL XR..... | 6 | EASY TOUCH INSULIN SAFETY SYR..... | 461, 462 | <i>easy trak blood glucose test</i> | 330 |
| DYAZIDE..... | 348 | EASY TOUCH INSULIN SYRINGE..... | 462 | <i>easy trak ii blood glucose sys</i> ... 429 | |
| <i>dyclopro</i> | 292 | EASY TOUCH LANCETS 21G | 429 | <i>easy trak ii glucose test</i> | 330 |
| DYMISTA..... | 537 | EASY TOUCH LANCETS 23G | 429 | EASYGEL..... | 524 |
| DYNAFOAM AG FOAM DRESSING..... | 314 | EASY TOUCH LANCETS 26G | 429 | EASYGLUCO..... | 330, 429 |
| DYNAGINATE AG CA ALG ROPE 30CM..... | 315 | EASY TOUCH LANCETS 28G | 429 | EASYGLUCO PLUS..... | 330 |
| DYNAGINATE AG SILVER CAL 2"X2"..... | 315 | EASY TOUCH LANCETS 28G/TWIST..... | 429 | EASYMAX 15 TEST..... | 330 |
| DYNAGINATE AG SILVER CAL 4"X5"..... | 315 | EASY TOUCH LANCETS 30G | 429 | EASYMAX NG BLOOD GLUCOSE..... | 429 |
| DYNAGINATE AG SILVER CAL 4"X8"..... | 315 | EASY TOUCH LANCETS 30G/TWIST..... | 429 | EASYMAX TEST..... | 330 |
| DYRENIUM..... | 350 | EASY TOUCH LANCETS 32G | 429 | EASYMAX V BLOOD GLUCOSE..... | 429 |
| DYURAL 80-LM..... | 256 | EASY TOUCH LANCETS 32G/TWIST..... | 429 | EASYPOINT NEEDLE..... | 463 |
| DYURAL-40..... | 256 | EASY TOUCH LANCETS 33G/TWIST..... | 429 | EASYPOINT NEEDLE/SYRINGE..... | 463 |
| DYURAL-80..... | 257 | EASY TOUCH LANCING DEVICE..... | 429 | EASYPRO BLOOD GLUCOSE MONITOR..... | 429 |
| DYURAL-L..... | 257 | EASY TOUCH PEN NEEDLES..... | 462, 463 | EASYPRO BLOOD GLUCOSE TEST..... | 330 |
| DYURAL-LM..... | 257 | EASY TOUCH SAFETY LANCETS 21G..... | 429 | EASYPRO PLUS..... | 330, 429 |
| E.E.S. 400..... | 420 | EASY TOUCH SAFETY LANCETS 23G..... | 429 | EBGLYSS..... | 280 |
| E.E.S. GRANULES..... | 421 | EASY TOUCH SAFETY LANCETS 26G..... | 429 | EB-N3 DR..... | 525 |
| EASIVENT..... | 499 | EASY TOUCH SAFETY LANCETS 28G..... | 429 | <i>eceoxia</i> | 264 |
| EASIVENT MASK LARGE.... | 499 | EASY TOUCH SAFETY PEN NEEDLES..... | 463 | EC-NAPROSYN..... | 33 |
| EASIVENT MASK MEDIUM.... | 499 | EASY TOUCH SYRINGE BARREL 10ML..... | 463 | <i>ec-naproxen</i> | 33 |
| EASIVENT MASK SMALL.... | 499 | | | <i>econazole nitrate</i> | 289 |
| <i>eastern cottonwood</i> | 17 | | | ECOTEST COVID-19 RAPID TEST..... | 337 |
| <i>eastern cottonwood(diagnostic)</i> | 322 | | | ECOZA..... | 289 |
| <i>easy comfort insulin syringe</i> | 461 | | | EC-RX DHEA..... | 22 |
| <i>easy comfort lancets</i> | 429 | | | <i>ec-rx estradiol</i> | 367 |
| <i>easy comfort lancets twist top</i> ... | 429 | | | <i>ec-rx progesterone</i> | 577 |
| <i>easy comfort pen needles</i> | 461 | | | <i>ec-rx testosterone</i> | 64 |
| <i>easy glide pen needles</i> | 461 | | | ECZEMOL..... | 516 |
| EASY MAX BLOOD GLUCOSE TEST..... | 330 | | | <i>edaravone</i> | 539 |
| EASY MAX T1 GLUCOSE SYSTEM..... | 429 | | | EDARBI..... | 148 |
| <i>easy plus ii glucose system</i> | 429 | | | EDARBYCLOR..... | 147 |
| <i>easy plus ii glucose test</i> | 330 | | | EDECRIIN..... | 348 |
| EASY STEP GLUCOSE MONITOR..... | 429 | | | <i>edetate calcium disodium</i> | 128 |
| EASY STEP TEST..... | 330 | | | <i>edetate disodium</i> | 514 |
| <i>easy talk blood glucose system</i> | 429 | | | EDEX..... | 238 |
| <i>easy talk blood glucose test</i> | 330 | | | EDLUAR..... | 411 |
| | | | | <i>ed-spaz</i> | 601 |
| | | | | EDURANT..... | 217 |

| | | | | | |
|--|----------|---------------------------------------|----------|---|----------|
| EEMT..... | 364 | ELEVIDYS 33.5-34.4 KG..... | 541 | ELOCTATE..... | 386 |
| EEMT HS..... | 364 | ELEVIDYS 34.5-35.4 KG..... | 541 | ELREXFIO..... | 176, 177 |
| <i>efavirenz</i> | 217, 218 | ELEVIDYS 35.5-36.4 KG..... | 541 | ELUCIREM..... | 339 |
| <i>efavirenz-emtricitab-tenofo df</i> .. | 215 | ELEVIDYS 36.5-37.4 KG..... | 541 | ELYXYB..... | 502 |
| <i>efavirenz-lamivudine-tenofovir</i> .. | 215 | ELEVIDYS 37.5-38.4 KG..... | 541 | ELZONRIS..... | 186 |
| EFFER-K..... | 510 | ELEVIDYS 38.5-39.4 KG..... | 541 | EMBRACE BLOOD | |
| EFFEXOR XR..... | 108 | ELEVIDYS 39.5-40.4 KG..... | 541 | GLUCOSE MONITOR..... | 430 |
| EFFIENT..... | 396 | ELEVIDYS 40.5-41.4 KG..... | 541 | EMBRACE BLOOD | |
| EFUDEX..... | 275 | ELEVIDYS 41.5-42.4 KG..... | 541 | GLUCOSE TEST..... | 330 |
| <i>egg white (diagnostic)</i> | 322 | ELEVIDYS 42.5-43.4 KG..... | 541 | EMBRACE EVO BLOOD | |
| EGRIFTA SV..... | 353 | ELEVIDYS 43.5-44.4 KG..... | 541 | GLUCOSE TEST..... | 331 |
| <i>eha</i> | 292 | ELEVIDYS 44.5-45.4 KG..... | 541 | EMBRACE EVO GLUCOSE | |
| ELAHERE..... | 184 | ELEVIDYS 45.5-46.4 KG..... | 541 | MONITOR..... | 430 |
| ELCYS..... | 547 | ELEVIDYS 46.5-47.4 KG..... | 541 | EMBRACE EVO GLUCOSE | |
| ELELYSO..... | 397 | ELEVIDYS 47.5-48.4 KG..... | 541 | MONITORING..... | 430 |
| ELEMAR PATCH..... | 306 | ELEVIDYS 48.5-49.4 KG..... | 541 | EMBRACE LANCETS | |
| ELEMENT AUTOCODE | | ELEVIDYS 49.5-50.4 KG..... | 541 | ULTRA THIN 30G..... | 430 |
| SYSTEM..... | 429 | ELEVIDYS 50.5-51.4 KG..... | 541 | EMBRACE PEN NEEDLES.... | 464 |
| <i>element compact glucose system</i> | | ELEVIDYS 51.5-52.4 KG..... | 541 | EMBRACE PRESSURE | |
| ..... | 429 | ELEVIDYS 52.5-53.4 KG..... | 541 | ACTIVATED 21G..... | 430 |
| <i>element compact test</i> | 330 | ELEVIDYS 53.5-54.4 KG..... | 542 | EMBRACE PRESSURE | |
| <i>element compact v glucose sys</i> .. | 429 | ELEVIDYS 54.5-55.4 KG..... | 542 | ACTIVATED 28G..... | 430 |
| ELEMENT PLUS..... | 430 | ELEVIDYS 55.5-56.4 KG..... | 542 | EMBRACE PRO GLUCOSE | |
| ELEMENT TEST..... | 330 | ELEVIDYS 56.5-57.4 KG..... | 542 | METER..... | 430 |
| ELEPSIA XR..... | 93 | ELEVIDYS 57.5-58.4 KG..... | 542 | EMBRACE PRO GLUCOSE | |
| ELESTRIN..... | 367 | ELEVIDYS 58.5-59.4 KG..... | 542 | TEST..... | 331 |
| ELETONE..... | 294 | ELEVIDYS 59.5-60.4 KG..... | 542 | EMBRACE TALK BLOOD | |
| <i>eletriptan hydrobromide</i> | 503 | ELEVIDYS 60.5-61.4 KG..... | 542 | GLUCOSE..... | 430 |
| ELEVIDYS 10.0-10.4 KG..... | 540 | ELEVIDYS 61.5-62.4 KG..... | 542 | EMBRACE TALK GLUCOSE | |
| ELEVIDYS 10.5-11.4 KG..... | 540 | ELEVIDYS 62.5-63.4 KG..... | 542 | TEST..... | 331 |
| ELEVIDYS 11.5-12.4 KG..... | 540 | ELEVIDYS 63.5-64.4 KG..... | 542 | EMBRACE TALK | |
| ELEVIDYS 12.5-13.4 KG..... | 540 | ELEVIDYS 64.5-65.4 KG..... | 542 | MONITORING SYSTEM..... | 430 |
| ELEVIDYS 13.5-14.4 KG..... | 540 | ELEVIDYS 65.5-66.4 KG..... | 542 | EMBRACE WAVE BLOOD | |
| ELEVIDYS 14.5-15.4 KG..... | 540 | ELEVIDYS 66.5-67.4 KG..... | 542 | GLUCOSE..... | 331 |
| ELEVIDYS 15.5-16.4 KG..... | 540 | ELEVIDYS 67.5-68.4 KG..... | 542 | EMCYT..... | 188 |
| ELEVIDYS 16.5-17.4 KG..... | 540 | ELEVIDYS 68.5-69.4 KG..... | 542 | EMEND..... | 132 |
| ELEVIDYS 17.5-18.4 KG..... | 540 | ELEVIDYS 69.5 KG PLUS..... | 542 | EMEND TRI-PACK..... | 132 |
| ELEVIDYS 18.5-19.4 KG..... | 540 | ELFABRIO..... | 353 | EMERPHED..... | 614, 615 |
| ELEVIDYS 19.5-20.4 KG..... | 540 | ELFOLATE..... | 344 | EMFLAZA..... | 251 |
| ELEVIDYS 20.5-21.4 KG..... | 540 | ELFOLATE PLUS..... | 342 | EMGALITY..... | 502 |
| ELEVIDYS 21.5-22.4 KG..... | 540 | ELIDEL..... | 293 | EMGALITY (300 MG DOSE).. | 502 |
| ELEVIDYS 22.5-23.4 KG..... | 540 | ELIGARD..... | 189, 190 | EMPAVELI..... | 392 |
| ELEVIDYS 23.5-24.4 KG..... | 540 | ELIMITE..... | 297 | EMPLICITI..... | 174 |
| ELEVIDYS 24.5-25.4 KG..... | 540 | ELIQUIS..... | 86 | EMPRICAINE-II..... | 306 |
| ELEVIDYS 25.5-26.4 KG..... | 540 | ELIQUIS DVT/PE STARTER | | <i>emreal</i> | 306 |
| ELEVIDYS 26.5-27.4 KG..... | 540 | PACK..... | 86 | EMSAM..... | 104 |
| ELEVIDYS 27.5-28.4 KG..... | 540 | ELITEK..... | 187 | <i>emtricitabine</i> | 218 |
| ELEVIDYS 28.5-29.4 KG..... | 540 | <i>elite-thin insulin syringe</i> ... | 463, 464 | <i>emtricitabine-tenofovir df</i> | 215 |
| ELEVIDYS 29.5-30.4 KG..... | 540 | ELIXOPHYLLIN..... | 84 | EMTRIVA..... | 218 |
| ELEVIDYS 30.5-31.4 KG..... | 540 | ELLENCES..... | 183 | EMULSION SB..... | 294 |
| ELEVIDYS 31.5-32.4 KG..... | 541 | ELLIOTTS B..... | 506 | EMVERM..... | 67 |
| ELEVIDYS 32.5-33.4 KG..... | 541 | ELMIRON..... | 379 | ENABLEX..... | 608 |

| | | | | | |
|---|-----|--|--------------------|--|---------------|
| <i>enalapril maleate</i> | 144 | <i>ephedrine sulfate-nacl</i> | 615 | EQUETRO..... | 203 |
| <i>enalaprilat</i> | 144 | EPICERAM..... | 294 | ERAXIS..... | 132 |
| <i>enalapril-hydrochlorothiazide</i> .. | 143 | <i>epicoccum nigrum</i> | 17 | ERBITUX..... | 178 |
| ENBREL..... | 38 | EPICORD..... | 301 | <i>ergocal</i> | 619 |
| ENBREL MINI..... | 38 | EPICYN..... | 298 | <i>ergocalciferol</i> | 619 |
| ENBREL SURECLICK..... | 38 | EPIDIOLEX..... | 93 | <i>ergoloid mesylates</i> | 587 |
| ENDARI..... | 397 | EPIDUO..... | 264 | ERGOMAR..... | 502 |
| ENDEAVORRX..... | 515 | EPIDUO FORTE..... | 264 | <i>ergotamine-caffeine</i> | 502 |
| ENDOCET..... | 60 | EPIFIX..... | 301 | <i>eribulin mesylate</i> | 190 |
| ENDOFORM DERMAL | | EPIFIX MICRONIZED..... | 301 | ERIVEDGE..... | 178 |
| TEMPLATE..... | 315 | EPIFOAM..... | 298 | ERLEADA..... | 167 |
| ENDOFORM | | <i>epinastine hcl</i> | 552 | <i>erlotinib hcl</i> | 178 |
| DERMAL/FENESTRATED.... | 315 | <i>epinephrine</i> | 613, 614, 615, 616 | <i>erlotinib hcl (bulk)</i> | 247 |
| ENDOMETRIN..... | 613 | <i>epinephrine (anaphylaxis)</i> | 613 | ERMEZA..... | 595 |
| <i>english plantain</i> | 17 | <i>epinephrine hcl</i> | 552 | ERTACZO..... | 289 |
| <i>english plantain (diagnostic)</i> | 322 | <i>epinephrine hcl (nasal)</i> | 538 | <i>ertapenem sodium</i> | 155 |
| <i>english walnut (diagnostic)</i> | 322 | <i>epinephrine hcl-dextrose</i> | 615 | ERVEBO..... | 610 |
| ENHERTU..... | 184 | <i>epinephrine hcl-nacl</i> | 615 | ERWINASE..... | 185 |
| ENJAYMO..... | 392 | <i>epinephrine pf</i> | 615 | <i>ery</i> | 261 |
| ENLITE GLUCOSE SENSOR. | 430 | <i>epinephrine professional</i> | 613 | ERYGEL..... | 261 |
| ENLYTE..... | 342 | <i>epinephrine-dextrose</i> | 616 | ERYPED 200..... | 421 |
| <i>enovarx-baclofen</i> | 270 | <i>epinephrine-nacl</i> | 616 | ERYPED 400..... | 421 |
| <i>enovarx-cyclobenzaprine hcl</i> | 534 | EPINEPHRINESNAP..... | 614 | ERY-TAB..... | 421 |
| <i>enovarx-diclofenac sodium</i> | 273 | EPINEPHRINESNAP-EMS.... | 614 | ERYTHROCIN | |
| <i>enovarx-ibuprofen</i> | 273 | EPINEPHRINESNAP-V..... | 614 | LACTOBIONATE..... | 421 |
| <i>enovarx-lidocaine hcl</i> | 292 | EPIPEN 2-PAK..... | 614 | ERYTHROCIN STEARATE.. | 421 |
| <i>enovarx-naproxen</i> | 273 | EPIPEN JR 2-PAK..... | 614 | <i>erythromycin</i> | 261, 421, 553 |
| <i>enovarx-tramadol</i> | 270 | <i>epirubicin hcl</i> | 183 | <i>erythromycin base</i> | 421 |
| <i>enoxaparin sodium</i> | 88 | EPISIL..... | 525 | <i>erythromycin ethylsuccinate</i> | 421 |
| ENOXILUV KIT..... | 89 | EPISNAP..... | 614 | <i>erythromycin lactobionate</i> | 421 |
| ENSTILAR..... | 309 | EPITOL..... | 93 | ERZOFRI..... | 204 |
| <i>entacapone</i> | 202 | EPIVIR..... | 218 | ESBRIET..... | 590 |
| ENTADFI..... | 380 | EPIVIR HBV..... | 220 | <i>escitalopram oxalate</i> | 105 |
| <i>entecavir</i> | 220 | EPKINLY..... | 177 | ESGIC..... | 39 |
| ENTERAGAM..... | 344 | <i>eplerenone</i> | 152 | ESKATA..... | 298 |
| ENTERO VU..... | 340 | EPOGEN..... | 399 | <i>esmolol hcl</i> | 225 |
| ENTOCORT EC..... | 251 | <i>epoprostenol sodium</i> | 238 | <i>esmolol hcl-sodium chloride</i> | 225 |
| ENTRESTO..... | 237 | EPRONTIA..... | 93 | <i>esomeprazole magnesium</i> | 604 |
| ENTTY SPRAY..... | 294 | EPSOLAY..... | 268 | <i>esomeprazole sodium</i> | 604 |
| ENTYVIO..... | 373 | <i>eptifibatide</i> | 393 | <i>esomeprazole strontium</i> | 604 |
| ENU NUTRITIONAL SHAKE | 344 | EPZICOM..... | 215 | ESPEROCT..... | 386, 387 |
| ENU PRO3 PLUS..... | 344 | <i>eq blood glucose test</i> | 331 | ESSENTIAL CARE JR..... | 344 |
| <i>enulose</i> | 373 | <i>eq space chamber anti-static</i> | 499 | <i>est estrogens-methyltest</i> | 364 |
| ENVARUSUS XR..... | 518 | <i>eq space chamber anti-static l.</i> | 499 | <i>est estrogens-methyltest ds</i> | 364 |
| <i>enzadyne</i> | 346 | <i>eq space chamber anti-static m</i> | 499 | <i>est estrogens-methyltest hs</i> | 364 |
| <i>enznonuty</i> | 306 | <i>eq space chamber anti-static s.</i> | 499 | <i>estazolam</i> | 408 |
| ENZOCLEAR..... | 268 | <i>eq color lancets 21g</i> | 430 | ESTRACE..... | 367, 612 |
| EOHILIA..... | 251 | <i>eq color lancets micro 33g</i> | 430 | <i>estradiol</i> | 367, 612 |
| EOVIST..... | 339 | <i>eq insulin syringe</i> | 464 | <i>estradiol valerate</i> | 367 |
| EPANED..... | 144 | <i>eq super thin lancets 30g</i> | 430 | <i>estradiol-norethindrone acet</i> | 365 |
| EPCLUSA..... | 220 | <i>eq thin lancets 26g</i> | 430 | ESTRATEST F.S..... | 364 |
| <i>ephedrine sulfate (pressors)</i> | 615 | <i>equacare jr</i> | 344 | ESTRATEST H.S..... | 364 |

| | | | | |
|-------------------------------------|----------|--|--|------------|
| ESTRING..... | 612 | EVOLUTION AUTOCODE | EZ-LETS LANCETS 26G..... | 430 |
| ESTROGEL..... | 368 | ..... | EZ-LETS LANCETS 28G..... | 430 |
| ESTROSTEP FE..... | 248 | EVOMELA..... | EZ-LETS LANCETS 30G..... | 430 |
| <i>eszopiclone</i> | 411 | EVOTAZ..... | <i>fabb</i> | 401 |
| <i>etesevimab</i> | 567 | EVOXAC..... | FABHALTA..... | 392 |
| <i>ethacrynate sodium</i> | 349 | EVUSHELD..... | FABIOR..... | 268 |
| <i>ethacrynic acid</i> | 349 | EVZIO..... | <i>face shield full length</i> | 448 |
| <i>ethambutol hcl</i> | 164 | EXACTECH R-S-G TEST..... | <i>face shield full length/clear</i> | 448 |
| ETHAMOLIN..... | 522 | EXACTECH TEST..... | FALESSA..... | 247 |
| <i>ethosuximide</i> | 102 | EXCILON AMD DRAIN | <i>famciclovir</i> | 222 |
| <i>ethoxia</i> | 264 | SPONGES..... | <i>famotidine</i> | 602, 603 |
| <i>ethyl chloride</i> | 309 | EXEL COMFORT POINT | <i>famotidine (pf)</i> | 602 |
| ETHYOL..... | 195 | INSULIN SYR..... | <i>famotidine premixed</i> | 602 |
| <i>etodolac</i> | 33, 34 | EXEL COMFORT POINT PEN | FANAPT..... | 204 |
| <i>etodolac er</i> | 33, 34 | NEEDLE..... | FANAPT TITRATION PACK..... | 204 |
| <i>etomidate</i> | 375 | EXELDERM..... | FANATREX FUSEPAQ..... | 93 |
| ETOPOPHOS..... | 190 | EXELON..... | FARESTON..... | 167 |
| <i>etoposide</i> | 190 | EXEM..... | FARXIGA..... | 122 |
| <i>etravirine</i> | 218 | EXFORGE..... | FARYDAK..... | 179 |
| <i>eua patient assessment</i> | 520 | EXFORGE HCT..... | FASENRA..... | 81 |
| EUCRISA..... | 296 | EXJADE..... | FASENRA PEN..... | 81 |
| EUFLEXXA..... | 536 | EXODERM..... | FASTEP COVID-19 RAPID | |
| EULEXIN..... | 167 | EXONDYS 51..... | TEST..... | 337 |
| EUTHYROX..... | 595 | EXPAREL..... | <i>favipiravir</i> | 222 |
| EVAMIST..... | 368 | EXTAVIA..... | <i>fbl kit</i> | 274 |
| EVEKEO..... | 6 | EXTENCILLINE..... | <i>febuxostat</i> | 381 |
| EVEKEO ODT..... | 6 | <i>extended infusion set 23"/6mm</i> | FEIBA..... | 387 |
| EVENCARE + BLOOD | | <i>extended infusion set 23"/9mm</i> | <i>felbamate</i> | 100 |
| GLUCOSE TEST..... | 331 | <i>extended infusion set 32"/6mm</i> | FELBATOL..... | 100 |
| EVENCARE BLOOD | | <i>extended infusion set 32"/9mm</i> | FELDENE..... | 34 |
| GLUCOSE TEST..... | 331 | EXTENDED RESERVOIR | <i>felodipine er</i> | 231 |
| EVENCARE G2 TEST..... | 331 | 3ML..... | FEM PH..... | 612 |
| EVENCARE G3 TEST..... | 331 | EXTINA..... | FEMARA..... | 187 |
| EVENCARE MINI GLUCOSE | | EXTRANEAL..... | FEMHRT..... | 365 |
| TEST..... | 331 | EYLEA..... | FEMLYV..... | 247 |
| EVENCARE PROVIEW | | EYLEA HD..... | FEMRING..... | 612 |
| GLUCOSE TEST..... | 331 | EYSUVIS..... | <i>fenofibrate</i> | 138 |
| EVENITY..... | 360 | E-Z JECT LANCET MICRO- | <i>fenofibrate micronized</i> | 138 |
| EVERLYWELL COVID-19 | | THIN 33G..... | <i>fenofibric acid</i> | 138 |
| HOME TEST..... | 337 | E-Z JECT LANCET SUPER | FENOGLIDE..... | 138 |
| <i>everolimus</i> | 180, 518 | THIN 30G..... | <i>fenopropfen calcium</i> | 34 |
| EVERSENSE 365 | | E-Z JECT LANCETS..... | FENORTHO..... | 34 |
| SENSOR/HOLDER..... | 430 | E-Z JECT LANCETS 21G..... | FENOVAR..... | 274 |
| EVERSENSE 365 SMART | | E-Z JECT LANCETS THIN | <i>fenovia</i> | 271 |
| TRANSMIT..... | 430 | 26G..... | FENSOLVI (6 MONTH)..... | 358 |
| EVERSENSE | | EZALLOR SPRINKLE..... | <i>fentanyl</i> | 47 |
| SENSOR/HOLDER..... | 430 | E-Z-DISK..... | <i>fentanyl cit-bupivacaine hcl</i> | 40 |
| EVERSENSE SMART | | <i>ezetimibe</i> | <i>fentanyl citrate</i> | 44, 45, 46 |
| TRANSMITTER..... | 430 | <i>ezetimibe-rosuvastatin</i> | <i>fentanyl citrate (pf)</i> | 44 |
| EVISTA..... | 361 | <i>ezetimibe-simvastatin</i> | <i>fentanyl citrate pf</i> | 45 |
| EVKEEZA..... | 137 | E-Z-HD..... | <i>fentanyl citrate-nacl</i> | 46, 47 |
| EVOCLIN..... | 261 | EZ-LETS LANCETS 21G..... | <i>fentanyl cit-ropivacaine-nacl</i> | 40, 41 |

| | | | | | |
|--|----------|--|---------------|---|----------|
| <i>fentanyl-bupivacaine-nacl</i> | 41 | FIORICET/CODEINE..... | 40 | <i>flumazenil</i> | 128 |
| <i>fentanyl-ropivacaine-nacl</i> | 41 | FIORINAL..... | 39 | FLUMIST..... | 610 |
| FENTORA..... | 47 | FIORINAL/CODEINE #3..... | 40 | <i>flunisolide</i> | 538 |
| <i>feonyx</i> | 403 | FIRAZYR..... | 391 | <i>fluocinolone acetonide</i> | 283, 565 |
| FERAHEME..... | 405 | <i>fire ant</i> | 17 | <i>fluocinolone acetonide body</i> | 283 |
| FERIVA 21/7..... | 405 | FIRST PANTOPRAZOLE..... | 604 | <i>fluocinolone acetonide scalp</i> | 283 |
| FERIVAFA..... | 403 | FIRST-BACLOFEN..... | 534 | <i>fluocinonide</i> | 283 |
| <i>ferocon</i> | 403 | FIRST-LANSOPRAZOLE..... | 604 | <i>fluocinonide emulsified base</i> | 283 |
| <i>ferotinsic</i> | 403 | FIRST-METRONIDAZOLE... .. | 153 | FLUOPAR..... | 309 |
| FERRALET 90..... | 405 | FIRST-MOUTHWASH BLM.. | 523 | <i>fluorescein</i> | 555 |
| <i>ferraplus 90</i> | 405 | FIRST-OMEPRAZOLE..... | 604 | <i>fluorescein sodium/benoxinate</i> .. | 555 |
| FERRIPROX..... | 127 | FIRST-PROGESTERONE | | <i>fluorescein-benoxinate</i> | 555 |
| FERRLECIT..... | 405 | VGS..... | 613 | FLUORESCITE..... | 555 |
| FERROCITE PLUS..... | 403 | FIRVANQ..... | 156 | FLUORIDEX DAILY | |
| FERRO-PLEX..... | 403 | FLAC..... | 565 | RENEWAL..... | 524 |
| <i>ferrous sulfate</i> | 405 | FLAGYL..... | 153 | FLUORIDEX SENSITIVITY | |
| <i>ferumoxytol</i> | 405 | FLAREX..... | 560 | RELIEF..... | 523 |
| <i>fervina</i> | 271 | <i>flavoxate hcl</i> | 609 | FLUORIMAX 5000 | |
| <i>fesoterodine fumarate er</i> | 608 | FLEBOGAMMA DIF..... | 568 | SENSITIVE..... | 523 |
| FETROJA..... | 247 | <i>flecainide acetate</i> | 74 | FLUOR-I-STRIPS A.T..... | 555 |
| FETZIMA..... | 108 | FLECTOR..... | 273 | <i>fluorodopa f 18</i> | 326 |
| FETZIMA TITRATION..... | 108 | FLEQSUVY..... | 534 | <i>fluorometholone</i> | 560 |
| <i>fe-vite iron</i> | 405 | FLEXBUMIN..... | 394 | FLUOROPLEX..... | 275 |
| FEXMID..... | 534 | FLEXICHAMBER..... | 500 | <i>fluorouracil</i> | 168, 275 |
| FIASP..... | 116 | FLEXICHAMBER ADULT | | <i>fluovix</i> | 309 |
| FIASP FLEXTOUCH..... | 115 | MASK/SMALL..... | 499 | <i>fluovix plus</i> | 309 |
| FIASP PENFILL..... | 116 | FLEXICHAMBER CHILD | | <i>fluoxetine hcl</i> | 105 |
| FIASP PUMPCART..... | 116 | MASK/LARGE..... | 499 | <i>fluoxetine hcl (pmd)</i> | 586 |
| FIBERSOURCE HN..... | 344 | FLEXICHAMBER CHILD | | <i>fluoxia</i> | 264 |
| FIBRICOR..... | 139 | MASK/SMALL..... | 499 | <i>fluphenazine decanoate</i> | 210 |
| FIBRYGA..... | 387 | <i>flexipak</i> | 32 | <i>fluphenazine hcl</i> | 210 |
| FIFTY50 GLUCOSE METER | | <i>flolipid</i> | 139 | <i>flurandrenolide</i> | 283 |
| 2.0..... | 430 | FLOMAX..... | 378 | FLURA-SAFE..... | 555 |
| FIFTY50 GLUCOSE TEST 2.0331 | | FLORAFOL PEDIATRIC..... | 530 | <i>flurazepam hcl</i> | 408 |
| FIFTY50 PEN NEEDLES..... | 465 | FLORAXIS..... | 125 | <i>flurbiprofen</i> | 34 |
| FIFTY50 SAFETY SEAL | | FLORIVA..... | 509, 531, 532 | <i>flurbiprofen sodium</i> | 557 |
| LANCETS..... | 430 | FLORIVA PLUS..... | 530 | <i>flutamide</i> | 167 |
| FIFTY50 SUPERIOR | | FLORRAVITE..... | 527 | <i>fluticasone furoate-vilanterol</i> | 77 |
| COMFORT SYR..... | 465 | FLOVENT DISKUS..... | 83 | <i>fluticasone propionate</i> | 284, 538 |
| FIFTY50 UNILET LANCETS | | FLOVENT HFA..... | 83 | <i>fluticasone propionate diskus</i> 83, 84 | |
| 33G..... | 430 | <i>floxuridine</i> | 167, 168 | <i>fluticasone propionate hfa</i> | 84 |
| <i>filoma</i> | 271 | FLUARIX..... | 610 | <i>fluticasone-salmeterol</i> | 77 |
| FINACEA..... | 296 | FLUBLOK..... | 610 | <i>fluvoxamine maleate</i> | 105 |
| <i>finapid</i> | 289 | FLUCAINE..... | 555 | <i>fluvoxamine maleate er</i> | 105 |
| <i>finapod</i> | 289 | FLUCELVAX..... | 610 | FLUZONE..... | 610 |
| <i>finapodtar</i> | 289 | <i>fluconazole</i> | 134 | FLUZONE HIGH-DOSE..... | 610 |
| <i>finasteride</i> | 310, 378 | <i>fluconazole in sodium chloride</i> .. | 134 | <i>flyprogpitdar</i> | 289 |
| FINAZOL..... | 527 | <i>flucytosine</i> | 133 | FML..... | 560 |
| FINE 30..... | 431 | <i>fludarabine phosphate</i> | 168 | FML FORTE..... | 560 |
| FINGERSTIX LANCETS..... | 431 | <i>fludeoxyglucose f 18</i> | 327 | FML LIQUIFILM..... | 560 |
| <i>fingolimod hcl</i> | 587 | <i>fludrocortisone acetate</i> | 255 | FOAMIL..... | 576 |
| FIORICET..... | 39 | FLULAVAL..... | 610 | FOCALIN..... | 12 |

| | | | | | |
|----------------------------------|-----|---------------------------|----------|--|-----|
| FOCALIN XR..... | 12 | FORA D40G | | FORACARE GD40 MONITOR | |
| <i>focinvez</i> | 132 | GLUCOSE/PRESSURE..... | 423 | ..... | 431 |
| <i>folamax</i> | 528 | FORA G20 BLOOD | | FORACARE GD40 TEST..... | 332 |
| <i>folamed dha</i> | 528 | GLUCOSE SYSTEM..... | 431 | FORACARE PREMIUM V10 | 431 |
| <i>folaprime</i> | 528 | FORA G20 BLOOD | | FORACARE PREMIUM V10 | |
| <i>folbee plus</i> | 526 | GLUCOSE TEST..... | 331 | TEST..... | 332 |
| FOLBEE PLUS CZ..... | 526 | FORA G30/PREM V10 | | FORACARE TEST N GO | |
| FOLBIC RF..... | 342 | GLUCOSE TEST..... | 331 | MONITOR..... | 431 |
| FOLCYTEINE..... | 529 | FORA G30A BLOOD | | FORACARE TEST N GO | |
| FOLDITAM..... | 401 | GLUCOSE SYSTEM..... | 431 | TEST..... | 332 |
| FOLGARD OS..... | 527 | FORA GD20 BLOOD | | FORANE..... | 377 |
| FOLGARD RX..... | 401 | GLUCOSE SYSTEM..... | 431 | <i>foraxa</i> | 315 |
| <i>folic acid</i> | 401 | FORA GD20 TEST..... | 331 | <i>fordagel</i> | 292 |
| <i>folic d3</i> | 401 | FORA GD50 BLOOD | | FORFIVO XL..... | 104 |
| <i>folic-k</i> | 527 | GLUCOSE SYSTEM..... | 431 | <i>formaldehyde</i> | 214 |
| FOLI-D..... | 401 | FORA GD50 BLOOD | | <i>formoterol fumarate</i> | 79 |
| FOLIFLEX..... | 528 | GLUCOSE TEST..... | 331 | FORTAMET..... | 111 |
| <i>folite</i> | 401 | FORA GTEL BLOOD | | FORTAZ..... | 246 |
| FOLITIN-Z..... | 528 | GLUCOSE SYSTEM..... | 431 | FORTEO..... | 360 |
| FOLIVANE-F..... | 404 | FORA GTEL BLOOD | | FORTESTA..... | 64 |
| FOLIVANE-PLUS..... | 403 | GLUCOSE TEST..... | 332 | FORTISCARE G1 TEST | |
| FOLIXAPURE..... | 401 | FORA LANCETS..... | 431 | STRIP..... | 332 |
| FOLIXATE..... | 401 | FORA PREMIUM V10 BLE | | FORTISCARE T1 GLUCOSE | |
| FOLLISTIM AQ..... | 359 | SYSTEM..... | 431 | SYSTEM..... | 431 |
| FOLOTYN..... | 168 | FORA TEST N' GO | | FORTISCARE TEST..... | 332 |
| FOLTANX..... | 342 | ADVANCE..... | 445 | FOSAMAX..... | 351 |
| FOLTANX RF..... | 342 | FORA TEST N' GO | | FOSAMAX PLUS D..... | 351 |
| FOLTRATE..... | 397 | MONITOR..... | 431 | <i>fosamprenavir calcium</i> | 217 |
| FOLTREXYL..... | 401 | FORA TN'G ADVANCE PRO | | <i>fosaprepitant dimeglumine</i> | 132 |
| <i>foltrin</i> | 403 | ..... | 332, 445 | <i>foscarnet sodium</i> | 220 |
| FOLTX..... | 342 | FORA TN'G VOICE..... | 431 | FOSCAVIR..... | 220 |
| FOLVITE-D..... | 401 | FORA TN'G/TN'G VOICE..... | 332 | <i>fosfomycin tromethamine</i> | 161 |
| <i>fomepizole</i> | 128 | FORA V10 BLOOD | | <i>fosinopril sodium</i> | 144 |
| <i>fondaparinux sodium</i> | 90 | GLUCOSE SYSTEM..... | 431 | <i>fosinopril sodium-hctz</i> | 143 |
| FORA 6 CONNECT..... | 331 | FORA V10 BLOOD | | <i>fosphenytoin sodium</i> | 101 |
| FORA 6 CONNECT/GTEL | | GLUCOSE TEST..... | 332 | FOSRENOL..... | 374 |
| TEST..... | 331 | FORA V10/V12/D10/D20 | | FOSTEUM..... | 342 |
| FORA BLOOD GLUCOSE | | TEST..... | 431 | FOSTEUM PLUS..... | 342 |
| TEST..... | 331 | FORA V12 BLOOD | | FRAGMIN..... | 89 |
| FORA D10 2-IN-1 MONITOR | 423 | GLUCOSE SYSTEM..... | 431 | <i>fraiche 5000 previ</i> | 523 |
| FORA D15G 2-IN-1 | | FORA V12 BLOOD | | <i>fraiche 5000 sensitive</i> | 523 |
| MONITOR..... | 423 | GLUCOSE TEST..... | 332 | FREAMINE III..... | 546 |
| FORA D15G BLOOD | | FORA V20 BLOOD | | <i>freds pharmacy autolet lancing</i> | 431 |
| GLUCOSE TEST..... | 331 | GLUCOSE SYSTEM..... | 431 | <i>freds pharmacy unifine pentip+</i> | 465 |
| FORA D20 2-IN-1 MONITOR | 423 | FORA V20 BLOOD | | <i>freds pharmacy unifine pentips</i> | 465 |
| FORA D20 BLOOD | | GLUCOSE TEST..... | 332 | <i>freds pharmacy unilet lanc 28g</i> | 431 |
| GLUCOSE TEST..... | 331 | FORA V30A BLOOD | | <i>freds pharmacy unilet lanc 30g</i> | 431 |
| FORA D40 | | GLUCOSE SYSTEM..... | 431 | <i>freedom adaptaderm</i> | 577 |
| GLUCOSE/PRESSURE..... | 423 | FORA V30A BLOOD | | <i>freedom derma serum</i> | 577 |
| FORA D40/G31 BLOOD | | GLUCOSE TEST..... | 332 | FREEDOM DERMA-D..... | 577 |
| GLUCOSE..... | 331 | | | FREEDOM DERMA-N..... | 577 |

| | | | | | |
|--|-----|--|----------|---|--------------|
| FREESTYLE FREEDOM LITE | 431 | FYCOMPA..... | 91 | GELSYN-3..... | 536 |
| FREESTYLE INSULINX TEST..... | 332 | FYREMADEL..... | 353 | GELX..... | 525 |
| FREESTYLE LANCETS..... | 431 | <i>gabapentin</i> | 93 | <i>gemcitabine hcl</i> | 168 |
| FREESTYLE LIBRE 14 DAY READER..... | 431 | <i>gabapentin (once-daily)</i> | 586 | <i>gemfibrozil</i> | 139 |
| FREESTYLE LIBRE 14 DAY SENSOR..... | 431 | <i>gabapentin-naproxen compd kit</i> | 274 | GEMTESA..... | 609 |
| FREESTYLE LIBRE 2 PLUS SENSOR..... | 431 | GABITRIL..... | 100, 101 | <i>gen7t</i> | 292 |
| FREESTYLE LIBRE 2 READER..... | 432 | GABLOFEN..... | 534 | <i>gen7t plus</i> | 306 |
| FREESTYLE LIBRE 2 SENSOR..... | 432 | GADAVIST..... | 339 | GEN7T PLUS..... | 306 |
| FREESTYLE LIBRE 3 PLUS SENSOR..... | 432 | <i>gadobutrol</i> | 339 | GENADUR..... | 294 |
| FREESTYLE LIBRE 3 READER..... | 432 | <i>gadoterate meglumine</i> | 339 | GENERESS FE..... | 247 |
| FREESTYLE LIBRE 3 SENSOR..... | 432 | <i>galantamine hydrobromide</i> | 580 | <i>generlac</i> | 373 |
| FREESTYLE LIBRE READER | 432 | <i>galantamine hydrobromide er.</i> | 580 | GENGRAF..... | 515 |
| FREESTYLE LIBRE SENSOR SYSTEM..... | 432 | GALAXTRA..... | 344 | GENICIN VITA-D..... | 401 |
| FREESTYLE LITE..... | 432 | GALLIFREY..... | 577 | GENICIN VITA-Q..... | 529 |
| FREESTYLE LITE TEST..... | 332 | <i>gallium citrate ga 67</i> | 327 | GENICIN VITA-S..... | 526 |
| FREESTYLE PRECISION INS SYR..... | 465 | <i>gallium ga 68 gozetotide</i> | 327 | GENOTROPIN..... | 353 |
| FREESTYLE PRECISION NEO SYSTEM..... | 432 | GALZIN..... | 514 | GENOTROPIN MINIQUICK | 353, 354 |
| FREESTYLE PRECISION NEO TEST..... | 332 | GAMIFANT..... | 519 | GENTAK..... | 553 |
| FREESTYLE TEST..... | 332 | GAMMACORE..... | 496 | <i>gentamicin in saline</i> | 23 |
| FREESTYLE UNISTICK II LANCETS..... | 432 | GAMMACORE SAPPHIRE ... | 496 | <i>gentamicin sulfate</i> | 23, 270, 553 |
| <i>fresenius propoven</i> | 375 | GAMMACORE SAPPHIRE 31-DAY..... | 496 | GENTEEL BUTTERFLY TOUCH LANCET..... | 432 |
| <i>frivo</i> | 271 | GAMMACORE SAPPHIRE D | 496 | GENTLE-LET GP LANCETS..... | 432 |
| FROTEK..... | 273 | GAMMACORE SAPPHIRE REFILL KIT..... | 496 | GENTLE-LET LANCETS..... | 432 |
| FROVA..... | 503 | GAMMAGARD..... | 568 | GENTLE-LET PLATFORMS..... | 432 |
| <i>frovatriptan succinate</i> | 503 | GAMMAGARD S/D LESS IGA..... | 568 | GENULTIMATE TEST..... | 332 |
| FUL-GLO..... | 555 | GAMMAKED..... | 568, 569 | GENVISC 850..... | 536 |
| FULPHILA..... | 401 | GAMMAPLEX..... | 569 | GENVOYA..... | 215 |
| <i>fulvestrant</i> | 188 | GAMUNEX-C..... | 569 | GEODON..... | 203 |
| <i>fungimez</i> | 271 | <i>ganciclovir</i> | 220 | <i>german cockroach</i> | 17 |
| FUROSCIX..... | 349 | <i>ganciclovir sodium</i> | 220 | <i>ght blood glucose monitor</i> | 432 |
| <i>furosemide</i> | 349 | <i>ganirelix acetate</i> | 353 | <i>ght test</i> | 332 |
| <i>furosemide in sodium chloride</i> | 349 | GASTROCROM..... | 371 | GIALAX..... | 413 |
| FUSION PLUS..... | 403 | GASTROGRAFIN..... | 341 | GIAPREZA..... | 616 |
| FUZEON..... | 216 | <i>gatifloxacin</i> | 553 | GILENYA..... | 587 |
| FYARRO..... | 180 | GAZYVA..... | 172 | GILOTRIF..... | 178 |
| FYAVOLV..... | 365 | <i>ge100 blood glucose system</i> | 432 | GILPHEX TR..... | 259 |
| | | <i>ge100 blood glucose test</i> | 332 | GIMOTI..... | 371 |
| | | <i>geametdray</i> | 291 | GIVLAARI..... | 381 |
| | | GEBAUERS PAIN EASE..... | 309 | <i>glatiramer acetate</i> | 585 |
| | | GEBAUERS SPRAY AND STRETCH..... | 309 | GLATOPA..... | 585 |
| | | <i>gefitinib</i> | 178 | GLEEVEC..... | 176 |
| | | GELCLAIR..... | 525 | GLEOLAN..... | 324 |
| | | GELFILM..... | 562 | GLEOSTINE..... | 193 |
| | | GEL-FLOW..... | 406 | GLIADEL WAFER..... | 193 |
| | | GELFOAM-JMI POWDER..... | 406 | <i>glimepiride</i> | 123 |
| | | GELFOAM-JMI SPONGE..... | 406 | <i>glipizide</i> | 124 |
| | | GELNIQUE..... | 608 | <i>glipizide er</i> | 123, 124 |
| | | GEL-ONE..... | 536 | <i>glipizide xl</i> | 124 |
| | | | | <i>glipizide-metformin hcl</i> | 123 |
| | | | | <i>global ease inject pen needles</i> | 465 |

| | | | | | |
|--|----------|--|----------|---|----------|
| <i>global easy glide insulin syr</i> | 465 | <i>glucose meter test</i> | 332 | <i>gnp insulin syringes 31gx5/16"</i> . | 467 |
| <i>global easy glide pen needles</i> ... | 465 | GLUCOTROL..... | 124 | <i>gnp lancets 21g</i> | 433 |
| <i>global inject ease insulin syr</i> | | GLUCOTROL XL..... | 124 | <i>gnp lancets thin 26g</i> | 433 |
| ..... | 465, 466 | GLUMETZA..... | 111 | <i>gnp sterile lancets 28g</i> | 433 |
| <i>global inject ease lancets 28g</i> ... | 432 | <i>glutaraldehyde</i> | 214 | <i>gnp sterile lancets 30g</i> | 433 |
| <i>global inject ease lancets 30g</i> ... | 432 | <i>glutathione</i> | 547 | <i>gnp sterile lancets 33g</i> | 433 |
| <i>global insulin syringes</i> | 466 | <i>glyburide</i> | 124 | GNP TRUE METRIX AIR | |
| GLOPERBA..... | 381 | <i>glyburide micronized</i> | 124 | METER..... | 433 |
| GLOSTRIPS..... | 556 | <i>glyburide-metformin</i> | 123 | GNP TRUE METRIX | |
| GLUCAGEN DIAGNOSTIC... | 324 | GLYCATE..... | 606 | GLUCOSE METER..... | 433 |
| GLUCAGEN HYPOKIT..... | 112 | <i>glycine</i> | 379, 547 | GNP TRUE METRIX | |
| <i>glucagon emergency</i> | 112 | <i>glycine urologic</i> | 379 | GLUCOSE STRIPS..... | 333 |
| <i>glucagon hcl (diagnostic)</i> | 324 | <i>glycolic acid</i> | 279 | GNP TRUETRACK SMART | |
| GLUCO PERFECT 3 METER. | 432 | GLYCOPHOS..... | 509 | SYSTEM..... | 333 |
| GLUCO PERFECT 3 TEST..... | 332 | <i>glycopyrrolate</i> | 606 | GNP TRUETRACK TEST | |
| GLUCOCARD 01 BLOOD | | <i>glycopyrrolate pf</i> | 606 | STRIPS..... | 333 |
| GLUCOSE..... | 432 | GLYDO..... | 292 | <i>gnp ulticare pen needles</i> | 467 |
| GLUCOCARD 01 SENSOR | | GLYNASE..... | 124 | GNP ULTIGUARD | |
| PLUS..... | 332 | GLYRX-PF..... | 606 | SAFEPACK NEEDLE..... | 467 |
| GLUCOCARD 01-MINI | | GLYSET..... | 111 | <i>gnp ultra com insulin syringe</i> ... | 467 |
| GLUCOSE..... | 432 | GLYTACTIN BETTERMILK | | GOCOVRI..... | 197 |
| GLUCOCARD EXPRESSION | | 15..... | 344 | <i>gohibic</i> | 392 |
| MONITOR..... | 432 | GLYTACTIN BETTERMILK | | GOJJI BLOOD GLUCOSE | |
| GLUCOCARD EXPRESSION | | DE-LITE..... | 345 | TEST..... | 333 |
| TEST..... | 332 | GLYTACTIN BUILD 10PE..... | 345 | GOJJI BLOOD TEST | |
| GLUCOCARD SHINE..... | 432 | GLYTACTIN BUILD 20/20... | 345 | STRIP/LANCETS..... | 333 |
| GLUCOCARD SHINE | | GLYTACTIN BUILD 20/20 | | GOJJI MULTI-FUNCTIONAL | |
| CONNEX..... | 432 | PKU..... | 345 | SYSTEM..... | 445 |
| GLUCOCARD SHINE | | GLYTACTIN BURST..... | 345 | GOJJI STERILE LANCETS... | 433 |
| EXPRESS..... | 432 | GLYTACTIN COMPLETE | | <i>goldenrod</i> | 17 |
| GLUCOCARD SHINE TEST.. | 332 | 10PE..... | 345 | GOLYTELY..... | 413 |
| GLUCOCARD SHINE XL..... | 432 | GLYTACTIN RESTORE 10... | 345 | GONAL-F..... | 359 |
| GLUCOCARD VITAL | | GLYTACTIN RESTORE 5..... | 345 | GONAL-F RFF..... | 359 |
| MONITOR..... | 432 | GLYTACTIN RESTORE LITE | | GONAL-F RFF REDIRECT.... | 359 |
| GLUCOCARD VITAL TEST.. | 332 | 10..... | 345 | GONITRO..... | 68 |
| GLUCOCARD X-METER..... | 432 | GLYTACTIN RESTORE LITE | | <i>goodsense blood glucose</i> .. | 333, 433 |
| GLUCOCARD X-SENSOR..... | 332 | 10PE..... | 345 | <i>goodsense clickfine pen needle</i> . | 467 |
| GLUCOCOM AUTOLINK | | GLYTACTIN RTD 10..... | 345 | <i>goodsense color lancets 33g</i> | 433 |
| TELEMONITOR..... | 432 | GLYTACTIN RTD 15..... | 345 | <i>goodsense lancets 26g univ</i> | 433 |
| GLUCOCOM BLOOD | | GLYTACTIN RTD LITE 15... | 345 | <i>goodsense lancets 30g</i> | 433 |
| GLUCOSE MONITOR..... | 433 | GLYTACTIN SWIRL 15..... | 345 | <i>goodsense lancets 30g univ</i> | 433 |
| GLUCOCOM LANCETS 28G. | 433 | GLYTACTIN SWIRL 15PE... | 345 | <i>goodsense lancets 33g</i> | 433 |
| GLUCOCOM LANCETS 30G. | 433 | GLYXAMBI..... | 121, 122 | <i>goodsense lancets 33g univ</i> | 433 |
| GLUCOCOM LANCETS 33G. | 433 | <i>gnp clickfine pen needles</i> | 466 | GOODSENSE PEN NEEDLE | |
| GLUCOCOM MONITOR..... | 433 | GNP EASY TOUCH | | PENFINE..... | 467 |
| GLUCOCOM TEST..... | 332 | GLUCOSE METER..... | 433 | <i>goprelto</i> | 537 |
| GLUCONAVII BLOOD | | <i>gnp easy touch glucose test</i> | 333 | GORDOFILM..... | 291 |
| GLUCOSE SYS..... | 433 | <i>gnp insulin syringe</i> | 466, 467 | <i>grafco silver nit applicator</i> | 281 |
| GLUCONAVII BLOOD | | <i>gnp insulin syringes</i> | 467 | GRAFIX CORE 1.5CM X 2CM | |
| GLUCOSE TEST..... | 332 | <i>gnp insulin syringes 28gx1/2"</i> .. | 467 | ..... | 301 |
| GLUCOPRO INSULIN | | <i>gnp insulin syringes 29gx1/2"</i> .. | 467 | GRAFIX CORE 16MM..... | 301 |
| SYRINGE..... | 466 | <i>gnp insulin syringes 30gx5/16"</i> . | 467 | GRAFIX CORE 2CM X 3CM. | 301 |

| | | |
|--|--|--|
| GRAFIX CORE 3CM X 4CM. 301 | HAEMOLANCE PLUS LOW FLOW..... 433 | <i>h-e-b incontrol pen needles</i>.....468 |
| GRAFIX CORE 5CM X 5CM. 301 | HAEMOLANCE PLUS MAX FLOW..... 434 | H-E-B INCONTROL UNIFINE PENTIP..... 468 |
| GRAFIX PRIME 1.5CM X 2CM..... 301 | HAEMOLANCE PLUS PEDIATRIC FLOW..... 434 | HECTOROL..... 357 |
| GRAFIX PRIME 16MM..... 302 | HALAVEN..... 190 | HELIDAC THERAPY..... 607 |
| GRAFIX PRIME 2CM X 3CM 302 | <i>halcinonide</i> 284 | HEMABATE..... 566 |
| GRAFIX PRIME 3CM X 4CM 302 | HALCION..... 408 | HEMADY..... 251 |
| GRAFIX PRIME 5CM X 5CM 302 | HALDOL..... 207 | HEMANGEOL..... 226 |
| GRAFIX XC 7.5CM X 15CM..302 | HALDOL DECANOATE.....207 | <i>hematinic plus vit/minerals</i>.....403 |
| GRALISE..... 586 | <i>halobetasol propionate</i> 284 | HEMATOGEN FA..... 403 |
| <i>granisetron hcl</i> 129 | HALOG..... 284 | HEMATRON-AF (WITH DOCUSATE)..... 403 |
| GRANIX..... 401 | <i>haloperidol</i> 207 | HEMGENIX..... 382, 383 |
| <i>grass pollen mixture of 6</i> 17 | <i>haloperidol decanoate</i> 207 | HEMLIBRA..... 383, 384 |
| <i>grass pollen(k-o-r-t-swt vern)</i> 18 | <i>haloperidol lactate</i> 207 | HEMMOREX-HC..... 67 |
| GRASTEK..... 18 | HALUCORT..... 294 | HEMOCYTE PLUS..... 403 |
| <i>green ash pollen</i> 18 | <i>haproderm</i> 315 | HEMOFIL M..... 387 |
| GREEN GLO LISSAMINE GREEN..... 556 | <i>harisis</i> 289 | <i>hemtara</i> 289 |
| <i>griseofulvin microsize</i> 133 | HARMONY BLOOD GLUCOSE TEST..... 333 | <i>hemtara hp</i> 289 |
| <i>griseofulvin ultramicrosize</i> 133 | <i>harviva</i> 289 | <i>hentis</i> 289 |
| <i>guanendrux</i> 292 | <i>harviva hp</i> 289 | <i>hentis hp</i> 289 |
| <i>guanfacine hcl</i> 150 | HARVONI..... 221 | HEPAGAM B..... 569 |
| <i>guanfacine hcl er</i> 2 | <i>haxchlo</i> 279 | <i>heparin (porcine) in nacl</i> 86, 87 |
| <i>guanidine hcl</i> 163 | <i>haxchlodrex</i> 279 | <i>heparin na (pork) lock flsh pf</i> 87 |
| GUARDIAN 4 GLUCOSE SENSOR..... 433 | <i>haxdrax</i> 279 | <i>heparin sod (porcine) in d5w</i> 87 |
| GUARDIAN 4 TRANSMITTER..... 433 | <i>hazelnut (filbert)(diagnostic)</i> 322 | <i>heparin sod (pork) lock flush</i> 87 |
| GUARDIAN CONNECT TRANSMITTER..... 433 | HCU EASY..... 345 | <i>heparin sod (porcine)</i> 87, 88 |
| GUARDIAN LINK 3 TRANSMITTER..... 433 | HCU EXPRESS 15 PLUS+..... 345 | <i>heparin sodium (porcine) pf</i> 87 |
| GUARDIAN REAL-TIME CHARGER..... 433 | HEALON DUET PRO..... 562 | <i>hepmed</i> 88 |
| GUARDIAN REAL-TIME REPLACE PED..... 433 | HEALON GV PRO..... 562 | HEPSERA..... 220 |
| GUARDIAN REAL-TIME TEST PLUG..... 433 | HEALON PRO..... 562 | HEPZATO W/50MM CATHETER..... 192 |
| GUARDIAN SENSOR (3)..... 433 | HEALON5 PRO..... 562 | HEPZATO W/62MM CATHETER..... 192 |
| <i>guardian sensor 3</i> 433 | HEALTH CARE LANCING DEVICE..... 434 | HERCEPTIN..... 173 |
| GVOKE HYPOPEN 1-PACK.. 112 | HEALTHPRO BLOOD GLUCOSE MONITO..... 434 | HERCEPTIN HYLECTA..... 185 |
| GVOKE HYPOPEN 2-PACK.. 112 | <i>healthwise insulin syr/needle</i> 467 | HERZUMA..... 173 |
| GVOKE KIT..... 112 | <i>healthwise micron pen needles</i> . 467 | <i>hesmilla</i> 289 |
| GVOKE PFS..... 113 | <i>healthwise mini pen needles</i> 467 | HESPAN..... 393 |
| GYNAZOLE-1..... 612 | <i>healthwise pen needles</i> 467 | <i>hetastarch-nacl</i> 393 |
| <i>hackberry</i> 18 | <i>healthwise short pen needles</i> 468 | HETLIOZ..... 413 |
| HADLIMA..... 28 | <i>healthwise unifine pentips</i> 468 | <i>hevona</i> 289 |
| HADLIMA PUSHTOUCH..... 28 | <i>healthy accents lancing device</i> . 434 | HEXATRIONE..... 251 |
| HAEGARDA..... 392 | <i>healthy accents unifine pentip</i> ... 468 | <i>hexiounyl</i> 271 |
| HAEMOLANCE PLUS..... 433 | <i>healthy accents unilet lancets</i> ... 434 | HEXTEND..... 393 |
| HAEMOLANCE PLUS HIGH FLOW..... 433 | <i>h-e-b incontrol adv lancing</i> 434 | HIDEX 6-DAY..... 251 |
| | <i>h-e-b incontrol lancets 28g</i> 434 | HIPREX..... 161 |
| | <i>h-e-b incontrol lancets 30g</i> 434 | HISTATROL..... 324 |
| | <i>h-e-b incontrol lancets 33g</i> 434 | <i>hixdefrima</i> 271 |
| | | HIZENTRA..... 569 |
| | | HM EMBRACE TALK SYSTEM..... 434 |

| | | | | | |
|---|----------|---|--------------|---|----------|
| HM ULTICARE INSULIN SYRINGE..... | 468 | HUMIRA-PS/UV/ADOL HS STARTER..... | 29 | HYDROFERA BLUE FOAM DRESSING..... | 315 |
| HM ULTICARE MINI PEN NEEDLES..... | 468 | HUMIRA-PSORIASIS/UEVIT STARTER..... | 29 | HYDROFERA BLUE FOAM/TUNNELING..... | 315 |
| HM ULTICARE SHORT PEN NEEDLES..... | 468 | HUMULIN 70/30..... | 116 | HYDROFERA BLUE MRF DRESSING..... | 315 |
| <i>holixia</i> | 289 | HUMULIN 70/30 KWIKPEN.. | 116 | HYDROFERA BLUE READY FOAM..... | 315 |
| <i>holizar</i> | 289 | HUMULIN N..... | 116 | <i>hydrogen peroxide</i> | 214 |
| HOMACTIN AA PLUS..... | 345 | HUMULIN N KWIKPEN..... | 116 | <i>hydromet</i> | 259 |
| HOMATROPAIRE..... | 551 | HUMULIN R..... | 116 | <i>hydromorphone hcl</i> | 48, 49 |
| <i>home pap kit</i> | 333 | HUMULIN R U-500 (CONCENTRATED)..... | 116 | <i>hydromorphone hcl er</i> | 48 |
| HONEY BEE VENOM PROTEIN..... | 18 | HUMULIN R U-500 KWIKPEN..... | 116 | <i>hydromorphone hcl pf</i> | 48 |
| <i>honista</i> | 289 | HW EMBRACE PRO GLUCOSE METER..... | 434 | <i>hydromorphone hcl-nacl</i> | 49, 50 |
| HORIZANT..... | 587 | HW EMBRACE PRO GLUCOSE TEST..... | 333 | <i>hydroquinone</i> | 286 |
| <i>hormone cr heavy base niosomes</i> | 577 | HW EMBRACE TALK BLOOD GLUCOSE..... | 434 | HYDROXATE..... | 284 |
| <i>hormone cream base niosomes</i> | 577 | HW EMBRACE TALK GLUCOSE TEST..... | 333 | <i>hydroxocobalamin acetate</i> | 397 |
| <i>horse epithelium</i> | 18 | HYALGAN..... | 537 | <i>hydroxychloroquine sulfate</i> | 162, 163 |
| <i>horse epithelium (diagnostic)</i> ... | 322 | HYCAMTIN..... | 195 | HYDROXYM..... | 284 |
| <i>hovitra</i> | 289 | HYCLODEX..... | 298 | <i>hydroxyprogesterone caproate</i> | 194, 577 |
| <i>hovyn</i> | 294 | HYCODAN..... | 258, 259 | <i>hydroxyurea</i> | 186 |
| HPR PLUS..... | 294, 295 | <i>hydralazine hcl</i> | 152, 153 | <i>hydroxyzine hcl</i> | 70 |
| HPR PLUS HYDROGEL..... | 295 | HYDREA..... | 186 | <i>hydroxyzine pamoate</i> | 70 |
| HULIO (2 PEN)..... | 28 | HYDRO 40..... | 287 | HYFTOR..... | 294 |
| HULIO (2 SYRINGE)..... | 28 | HYDROCAINE..... | 298 | <i>hygel</i> | 315 |
| HUMALOG..... | 116 | <i>hydrochlorothiazide</i> | 350 | HYLAFEM..... | 516 |
| HUMALOG JUNIOR KWIKPEN..... | 116 | <i>hydrocod poli-chlorphe poli er</i> | 260 | HYLAGUARD..... | 295 |
| HUMALOG KWIKPEN..... | 116 | <i>hydrocodone bitartrate er</i> | 47, 48 | HYLATOPIC PLUS..... | 295 |
| HUMALOG MIX 50/50..... | 116 | <i>hydrocodone bit-homatrop mbr</i> | 259 | <i>hylavite</i> | 526 |
| HUMALOG MIX 50/50 KWIKPEN..... | 116 | <i>hydrocodone-acetaminophen</i> | 41, 42 | <i>hylazine</i> | 528 |
| HUMALOG MIX 75/25..... | 116 | <i>hydrocodone-ibuprofen</i> | 42 | HYLENEX..... | 516 |
| HUMALOG MIX 75/25 KWIKPEN..... | 116 | <i>hydrocort lotion complete kit</i> | 284 | HYMOVIS..... | 537 |
| HUMALOG TEMPO PEN..... | 116 | <i>hydrocortisone</i> | 65, 251, 284 | HYOPHEN..... | 161 |
| HUMAN ALBUMIN GRIFOLS..... | 394 | <i>hydrocortisone (perianal)</i> | 67 | <i>hyoscyamine sulfate</i> | 601, 602 |
| HUMATE-P..... | 387 | <i>hydrocortisone ace-pramoxine</i> | 66, 298 | <i>hyoscyamine sulfate er</i> | 601 |
| HUMATIN..... | 23 | <i>hydrocortisone acetate</i> | 67 | <i>hyosyne</i> | 602 |
| HUMATROPE..... | 354 | <i>hydrocortisone butyr lipo base</i> | 284 | HYPERHEP B..... | 569, 570 |
| HUMIRA (2 PEN)..... | 28 | <i>hydrocortisone butyrate</i> | 284 | HYPERLYTE-CR..... | 507 |
| HUMIRA (2 SYRINGE)..... | 28 | <i>hydrocortisone complete kit</i> | 284 | HYPERRAB..... | 570 |
| HUMIRA-CD/UC/HS STARTER..... | 28 | <i>hydrocortisone complete kit</i> | 284 | HYPERRHO S/D..... | 570 |
| HUMIRA-PED<40KG CROHNS STARTER..... | 28 | <i>hydrocortisone sod suc (pf)</i> | 251 | HYPERSAL..... | 259 |
| HUMIRA-PED>/=40KG CROHNS START..... | 29 | <i>hydrocortisone valerate</i> | 284 | HYPERTET..... | 570 |
| HUMIRA-PED>/=40KG UC STARTER..... | 29 | <i>hydrocortisone-acetic acid</i> | 565 | HYPOCYN..... | 288, 298 |
| | | <i>hydrocortisone-iodoquinol</i> | 271 | HYPOCYN ANTIPRURITIC.. | 298 |
| | | <i>hydrocort-pramoxine (perianal)</i> | 66 | HYPOLANCE AST LANCING..... | 434 |
| | | HYDROFERA BLUE 4"X4" .. | 315 | HYRIMOZ..... | 29 |
| | | HYDROFERA BLUE 6"X6" .. | 315 | HYRIMOZ-CROHNS/UC STARTER..... | 29 |

| | | | | |
|-----------------------------------|----------------------------------|-----|---|----------|
| HYRIMOZ-PED<40KG | <i>idyyxiatar</i> | 264 | IMLYGIC..... | 193 |
| CROHN STARTER..... | IFEREX 150 FORTE..... | 404 | IMMPHENTIV..... | 616 |
| HYRIMOZ-PED>/=40KG | IFEX..... | 192 | IMOGAM RABIES-HT..... | 570 |
| CROHN START..... | <i>ifosfamide</i> | 192 | IMOVAX RABIES..... | 610 |
| HYRIMOZ-PLAQ | IGALMI..... | 412 | IMPAVIDO..... | 153 |
| PSOR/UEVEIT START..... | IGLUCOSE MONITORING | | IMPEKLO..... | 284 |
| HYRONAN..... | SYSTEM..... | 434 | IMPOYZ..... | 285 |
| HYSINGLA ER..... | IGLUCOSE TEST STRIPS..... | 333 | IMURAN..... | 522 |
| HY-VEE LANCETS..... | IHEALTH BLOOD GLUCOSE | | IMVEXXY MAINTENANCE | |
| <i>hy-vee thin lancets</i> | TEST STR..... | 333 | PACK..... | 612 |
| HYZAAR..... | IHEALTH GLUCO+ KIT 10... | 434 | IMVEXXY STARTER PACK | |
| <i>ibandronate sodium</i> | IHEALTH GLUCO+ KIT 100. | 434 | ..... | 612, 613 |
| IBRANCE..... | IHEEZO..... | 557 | IN TOUCH..... | 434 |
| IBSRELA..... | ILARIS..... | 31 | IN TOUCH BLOOD | |
| IBU..... | ILET CONTACT DETACH | | GLUCOSE TEST..... | 333 |
| IBUPAK..... | 23" 6MM..... | 446 | IN TOUCH STERILE | |
| <i>ibuprofen</i> | ILET INFUSION-INSET 23" | | LANCETS 30G..... | 434 |
| <i>ibuprofen lysine</i> | 6MM..... | 446 | <i>inavix</i> | 32 |
| <i>ibuprofen-famotidine</i> | ILET INFUSION-INSET 32" | | INBRIJA..... | 197 |
| <i>ibutilide fumarate</i> | 6MM..... | 446 | IN-CHECK DIAL FLOW | |
| IC GREEN..... | <i>ilet insulin pump</i> | 446 | TRAINER..... | 497 |
| ICAR-C PLUS..... | ILET STARTER - CONTACT | | IN-CHECK INSPIRATORY | |
| <i>icatibant acetate</i> | DETACH..... | 446 | FLOW MTR..... | 497 |
| ICLOFENAC CP..... | ILET STARTER KIT - INSET | | INCONTROL ULTICARE | |
| ICLUSIG..... | 23"..... | 446 | PEN NEEDLES..... | 468 |
| <i>icosapent ethyl</i> | ILET STARTER KIT - INSET | | INCRELEX..... | 357 |
| ID NOW COVID-19..... | 32"..... | 446 | INCRUSE ELLIPTA..... | 80 |
| ID NOW COVID-19 2.0 TEST | ILEVRO..... | 557 | <i>indapamide</i> | 350 |
| ID NOW COVID-19 | <i>iliderm</i> | 295 | INDERAL LA..... | 226 |
| CONTROL..... | ILLUCCIX | | INDERAL XL..... | 226 |
| ID NOW INFLUENZA A & B | CONFIGURATION A..... | 327 | <i>indigo carmine</i> | 324 |
| 2..... | ILLUCCIX | | <i>indium in 111 dtpa</i> | 326 |
| ID NOW INFLUENZA A & B | CONFIGURATION B..... | 327 | <i>indium in 111 oxyquinoline</i> | 328 |
| 2 CONTR..... | ILUMYA..... | 277 | INDOCIN..... | 34 |
| ID NOW RSV..... | ILUVIEN..... | 560 | <i>indocyanine green</i> | 324 |
| ID NOW RSV CONTROL | <i>imatinib mesylate</i> | 176 | <i>indomethacin</i> | 34, 35 |
| SWAB..... | IMBRUVICA..... | 177 | <i>indomethacin er</i> | 34 |
| ID NOW STREP A2..... | IMDELLTRA..... | 177 | <i>indomethacin sodium</i> | 34 |
| ID NOW STREP A2 | <i>imdevimab</i> | 567 | INFASURF..... | 590 |
| CONTROL SWAB..... | IMFINZI..... | 174 | INFED..... | 405 |
| IDACIO (2 PEN)..... | <i>imioxia</i> | 271 | INFINITY BLOOD GLUCOSE | |
| IDACIO (2 SYRINGE)..... | <i>imipenem-cilastatin</i> | 155 | SYSTEM..... | 434 |
| IDACIO-CROHNS/UC | <i>imipramine hcl</i> | 110 | INFINITY BLOOD GLUCOSE | |
| STARTER..... | <i>imipramine pamoate</i> | 110 | TEST..... | 333 |
| IDACIO-PSORIASIS | <i>imiquimod</i> | 290 | INFINITY VOICE..... | 333, 434 |
| STARTER..... | <i>imiquimod pump</i> | 290 | INFLAMEX..... | 532 |
| IDAMYCIN PFS..... | IMITREX..... | 503 | INFLAMMACIN..... | 32 |
| <i>idaoxia</i> | IMITREX STATDOSE | | INFLATHERM..... | 32 |
| <i>idaran</i> | REFILL..... | 503 | INFLECTRA..... | 375 |
| <i>idarubicin hcl</i> | IMITREX STATDOSE | | <i>influximab</i> | 375 |
| IDELVION..... | SYSTEM..... | 503 | INFUGEM..... | 168, 169 |
| IDOSE TR..... | IMJUDO..... | 173 | INFUMORPH 200..... | 51 |

| | | | | | |
|--|-----|---|----------|---|--------------|
| INFUMORPH 500..... | 51 | <i>insulin lispro prot & lispro</i> | 117 | <i>iron infant & toddler</i> | 405 |
| INFUVITE ADULT..... | 529 | <i>insulin syringe</i> | 469 | <i>iron infant/toddler</i> | 405 |
| INFUVITE PEDIATRIC..... | 532 | <i>insulin syringe/needle</i> | 469 | <i>iron supplement</i> | 405 |
| INGREZZA..... | 582 | <i>insulin syringe-needle u-100</i> | | <i>iron supplement childrens</i> | 405 |
| INJECTAFER..... | 405 | ..... | 469, 470 | IROSPAN 24/6..... | 404 |
| INLYTA..... | 196 | INSUL-TOTE..... | 434 | ISENTRESS..... | 216 |
| INNOPRAN XL..... | 226 | INSUL-TOTE JR..... | 434 | ISENTRESS HD..... | 216 |
| INNOSPIRE ELEGANCE | | <i>insupen pen needles</i> | 470 | <i>isoflurane</i> | 377 |
| NEBULIZER..... | 448 | INSUPEN SENSITIVE..... | 470 | ISOLYTE-P IN D5W..... | 507 |
| INNOVAMATRIX AC..... | 315 | INSUPEN ULTRAFIN..... | 470 | ISOLYTE-S..... | 507 |
| INOVA..... | 264 | INTEGRA F..... | 404 | ISOLYTE-S PH 7.4..... | 507 |
| INOVA 4/1 ACNE CONTROL | | INTEGRA PLUS..... | 404 | <i>isoniazid</i> | 164 |
| THERAPY..... | 264 | INTELENCE..... | 218 | <i>isoproterenol hcl</i> | 79 |
| INOVA 8/2 ACNE CONTROL | | INTERMEZZO..... | 411 | <i>isoproterenol-sodium chloride</i> | 79 |
| THERAPY..... | 264 | INTRALIPID..... | 547, 548 | ISOPTO ATROPINE..... | 551 |
| INPEFA..... | 237 | INTRAROSA..... | 612 | ISOPTO CARPINE..... | 552 |
| INPEN 100-BLUE-LILLY- | | INTRON A..... | 186 | ISORDIL TITRADOSE..... | 68 |
| HUMALOG..... | 468 | INTUNIV..... | 2 | <i>isosorb dinitrate-hydralazine</i> | 238 |
| INPEN 100-BLUE- | | INVANZ..... | 155 | <i>isosorbide dinitrate</i> | 68 |
| NOVOLOG-FIASP..... | 468 | INVEGA..... | 205 | <i>isosorbide mononitrate</i> | 68 |
| INPEN 100-GREY-LILLY- | | INVEGA HAFYERA..... | 204 | <i>isosorbide mononitrate er</i> | 68 |
| HUMALOG..... | 468 | INVEGA SUSTENNA.... | 204, 205 | <i>isosulfan blue</i> | 324 |
| INPEN 100-GREY- | | INVEGA TRINZA..... | 205 | <i>isotretinoin</i> | 268 |
| NOVOLOG-FIASP..... | 469 | INVELTYS..... | 560 | ISOVACTIN AA PLUS..... | 345 |
| INPEN 100-PINK-LILLY- | | INVIRASE..... | 217 | ISOVUE-200..... | 341 |
| HUMALOG..... | 469 | INVOKAMET..... | 122 | ISOVUE-250..... | 341 |
| INPEN 100-PINK-NOVOLOG- | | INVOKAMET XR..... | 122 | ISOVUE-300..... | 341 |
| FIASP..... | 469 | INVOKANA..... | 122 | ISOVUE-370..... | 341 |
| INSPIRACHAMBER/LARGE | 500 | <i>inzdeaxiatar</i> | 264 | ISOVUE-M 200..... | 341 |
| INSPIRACHAMBER/MEDIU | | <i>inzdeaxiavar</i> | 264 | ISOVUE-M 300..... | 341 |
| M..... | 500 | <i>inzdeoxia</i> | 264 | <i>isoxsuprine hcl</i> | 238 |
| INSPIRACHAMBER/MOUTH | | <i>iodine strong</i> | 509 | <i>isradipine</i> | 231 |
| PIECE..... | 500 | <i>iodine tincture</i> | 214 | ISTALOL..... | 550 |
| INSPIRACHAMBER/SMALL | 500 | <i>iodixanol</i> | 341 | ISTODAX..... | 179 |
| INSPIREASE..... | 500 | IODOFLEX..... | 214 | ISUPREL..... | 79 |
| INSPIREASE RESERVOIR | | <i>iodoquimez-hc</i> | 271 | <i>ithoxia</i> | 264 |
| BAGS..... | 500 | <i>iodoquinol-hc-aloe polysacch</i> ...271 | | ITOVEBI..... | 193 |
| INSPIRA..... | 152 | <i>iodoquinol-hydrocortisone-aloe</i> 271 | | <i>itraconazole</i> | 134 |
| <i>insulin asp prot & asp flexpen</i> .. | 117 | <i>iodosorb</i> | 214 | <i>ivabradine hcl</i> | 241 |
| <i>insulin aspart</i> | 117 | <i>iohexol</i> | 341 | <i>ivermectin</i> | 67, 296, 297 |
| <i>insulin aspart flexpen</i> | 117 | IONOSOL-MB IN D5W..... | 507 | IXCHIQ..... | 610 |
| <i>insulin aspart penfill</i> | 117 | <i>iopamidol</i> | 341 | IXEMPRA KIT..... | 191 |
| <i>insulin aspart prot & aspart</i> | 117 | IOPIDINE..... | 558 | IXIARO..... | 610 |
| <i>insulin degludec</i> | 117 | <i>ipratropium bromide</i> | 80, 538 | IXINITY..... | 387, 388 |
| <i>insulin degludec flextouch</i> | 117 | <i>ipratropium-albuterol</i> | 77 | IYUZEH..... | 563 |
| <i>insulin glargine</i> | 117 | <i>irbesartan</i> | 148 | IZERVAY..... | 555 |
| <i>insulin glargine max solostar</i> ... | 117 | <i>irbesartan-hydrochlorothiazide</i> | 147 | JADENU..... | 127 |
| <i>insulin glargine solostar</i> | 117 | IRESSA..... | 178 | JADENU SPRINKLE..... | 127 |
| <i>insulin glargine-yfgn</i> | 117 | <i>irinotecan hcl</i> | 195 | JAKAFI..... | 189 |
| <i>insulin lispro</i> | 117 | <i>iron (ferrous sulfate)</i> | 405 | JALYN..... | 380 |
| <i>insulin lispro (1 unit dial)</i> | 117 | <i>iron folate plus</i> | 404 | <i>janssen covid-19 vaccine</i> | 610 |
| <i>insulin lispro junior kwikpen</i> | 117 | <i>iron folate-f</i> | 404 | JANTOVEN..... | 85 |

| | | | | | |
|---|-----|---------------------------------------|----------|---------------------------------------|--------------|
| JANUMET..... | 114 | KCENTRA..... | 388 | <i>keraxa</i> | 275 |
| JANUMET XR..... | 114 | <i>kcl (0.149%) in nacl</i> | 507, 508 | KERENDIA..... | 359 |
| JANUVIA..... | 113 | <i>kcl (0.298%) in nacl</i> | 508 | <i>kerida</i> | 275 |
| JARDIANCE..... | 122 | <i>kcl (in nacl 0.9%)</i> | 508 | KERLIX AMD | |
| JATENZO..... | 64 | <i>kcl in dextrose-nacl</i> | 507 | ANTIMICROBIAL..... | 423 |
| JAVYGTOR..... | 360 | <i>kcl-lactated ringers-d5w</i> | 507 | KERLIX AMD SUPER | |
| JELMYTO..... | 184 | <i>kcl-lidocaine-nacl</i> | 508 | SPONGES..... | 423 |
| JEMPERLI..... | 174 | <i>kedbumin</i> | 395 | KERYDIN..... | 296 |
| <i>jenliva prenatal/postnatal</i> | 532 | <i>kedrab</i> | 570 | KESIMPTA..... | 584 |
| JENTADUETO..... | 114 | KEFLEX..... | 243 | KETALAR..... | 376 |
| JENTADUETO XR..... | 114 | <i>keido</i> | 286 | <i>ketamine hcl</i> | 376 |
| JESDUVROQ..... | 403 | KELARX..... | 298 | <i>ketamine hcl-sodium chloride</i> | |
| JEUVEAU..... | 289 | KELOTOP..... | 497 | ..... | 376, 377 |
| JEVTANA..... | 191 | <i>kemoplat</i> | 165 | <i>ketarya</i> | 286 |
| JINTELI..... | 365 | KENALOG..... | 285 | <i>ketoconazole</i> | 133, 290 |
| JIVI..... | 388 | KENALOG-10..... | 251 | KETODAN..... | 290 |
| <i>johnson grass</i> | 18 | KENALOG-40..... | 251 | KETOPHENE RAPIDPAQ..... | 273 |
| JORNAY PM..... | 12 | KENALOG-80..... | 251 | <i>ketoprofen</i> | 35 |
| JUBLIA..... | 290 | KENDALL ALGINATE 12" | | <i>ketoprofen er</i> | 35 |
| JULUCA..... | 215 | ROPE..... | 315 | KETOROCAINE-L..... | 32 |
| <i>june grass pollen standardized</i> ... | 18 | KENDALL ALGINATE | | KETOROCAINE-LM..... | 32 |
| JUST FOR KIDS..... | 524 | DRESS 2"X2"..... | 315 | <i>ketorolac tromethamine</i> | |
| JUVAZIN..... | 298 | KENDALL ALGINATE |  | ..... | 35, 273, 557 |
| JYLAMVO..... | 169 | DRESS 4"X8"..... | 316 | <i>ketorolac-bupiv-ketamine</i> | 32 |
| JYNNEOS..... | 610 | KENDALL AMORPHOUS | | <i>ketorolac-ropiv-ketamine</i> | 32 |
| K.B.G.L IN TERODERM..... | 274 | WOUND..... | 316 | KETOVIE..... | 345 |
| KABIVEN..... | 548 | KENDALL HYDROGEL | | KETOVIE 3:1..... | 345 |
| KADCYLA..... | 184 | GAUZE 2"X2"..... | 316 | KETOVIE 4:1..... | 345 |
| KADIAN..... | 51 | KENDALL HYDROGEL | | KETOVIE PEPTIDE..... | 345 |
| KALETRA..... | 215 | GAUZE 4"X4"..... | 316 | <i>kevaraxap</i> | 286 |
| KALYDECO..... | 589 | KENDALL HYDROGEL | | <i>kevartia</i> | 286 |
| KAMDOY..... | 295 | GAUZE 4"X8"..... | 316 | <i>kevarya</i> | 287 |
| KANGAROO FEEDING | | KENDALL HYDROGEL | | KEVEYIS..... | 348 |
| SET/ENFIT..... | 422 | WOUND DRESS..... | 316 | <i>kexm</i> | 286 |
| KANJINTI..... | 173 | KENDALL ZINC CA | | <i>keya</i> | 287 |
| KANUMA..... | 358 | ALGINATE 4"X4"..... | 316 | <i>keyfolic</i> | 528 |
| KAPSPARGO SPRINKLE..... | 225 | KENGREAL..... | 392 | KEYLOSA..... | 528 |
| KAPVAY..... | 2 | KEPIVANCE..... | 187 | KEYTRUDA..... | 174 |
| <i>kapzin dc</i> | 274 | KEPPRA..... | 93, 94 | KHAPZORY..... | 188 |
| KARBINAL ER..... | 135 | KEPPRA XR..... | 94 | KIMMTRAK..... | 177 |
| KARDIAMEMBRANE..... | 302 | KERAGEL..... | 316 | KIMYRSA..... | 156 |
| <i>kataraxap</i> | 286 | KERAGELT..... | 316 | KINERET..... | 31 |
| KATARVIA..... | 286 | KERALAC..... | 287 | KINEVAC..... | 324 |
| <i>katarya</i> | 286 | KERALYT..... | 291 | <i>kinney lancets</i> | 434 |
| <i>kataryaxn</i> | 286 | KERALYT SCALP..... | 291 | <i>kinney thin lancets</i> | 434 |
| KATE FARMS PEPTIDE 1.5.. | 345 | KERAMATRIX REPLICINE | | <i>kinray insulin syringe</i> | 470 |
| KATE FARMS STANDARD | | 10CMX10CM..... | 316 | KIONEX..... | 521 |
| 1.4..... | 345 | KERAMATRIX REPLICINE | | KIPROFEN..... | 35 |
| KATERZIA..... | 231 | 2CMX3CM..... | 316 | KISQALI (200 MG DOSE)..... | 188 |
| <i>kaxm</i> | 286 | KERAMATRIX REPLICINE | | KISQALI (400 MG DOSE)..... | 188 |
| KAZANO..... | 114 | 5CMX5CM..... | 316 | KISQALI (600 MG DOSE)..... | 188 |
| <i>kazuri</i> | 275 | KERASTAT..... | 316 | | |

| | | | | | |
|---|---------------|---|---------------|---|----------|
| LENVIMA (10 MG DAILY DOSE)..... | 196 | <i>levorphanol tartrate</i> | 51 | <i>lidocaine-phenylephrine-bss</i> | 557 |
| LENVIMA (12 MG DAILY DOSE)..... | 196 | LEVO-T..... | 595, 596 | <i>lidocaine-prilocaine</i> | 306, 307 |
| LENVIMA (14 MG DAILY DOSE)..... | 196 | <i>levothyroxine sodium</i> | 596, 597 | <i>lidocaine-sodium bicarbonate</i> .. | 416 |
| LENVIMA (18 MG DAILY DOSE)..... | 196 | LEVOXYL..... | 597 | <i>lidocaine-tetracaine</i> | 307 |
| LENVIMA (20 MG DAILY DOSE)..... | 196 | LEVSIN..... | 602 | LIDOCAN..... | 292, 293 |
| LENVIMA (24 MG DAILY DOSE)..... | 196 | LEVSIN/SL..... | 602 | <i>lidocanna</i> | 293 |
| LENVIMA (4 MG DAILY DOSE)..... | 196 | LEVULAN KERASTICK..... | 296 | <i>lidocidex i</i> | 257 |
| LENVIMA (8 MG DAILY DOSE)..... | 196 | LEXAPRO..... | 105, 106 | LIDOCORT..... | 66 |
| LEQEMBI..... | 579 | LEXETTE..... | 285 | LIDODERM..... | 293 |
| LEQVIO..... | 141 | LEXISCAN..... | 324 | <i>lido-epinephrine-tetracaine</i> | 307 |
| LESCOL XL..... | 139 | LEXITRAL PHARMAPAK II..... | 274 | <i>lidolite</i> | 307 |
| LETAIRIS..... | 239 | LEXIVA..... | 217 | <i>lidolog</i> | 257 |
| <i>lets</i> | 414 | LEXTOL..... | 274 | LIDOMAR..... | 416 |
| LEU TECHNELITE..... | 327 | <i>l-glutamine</i> | 397 | <i>lidomark 1/5</i> | 417 |
| <i>leucovorin calcium</i> | 188, 189 | LIALDA..... | 372 | <i>lidomark 2/5</i> | 417 |
| LEUKERAN..... | 192 | <i>liberty blood glucose meter</i> | 435 | <i>lidopac</i> | 307 |
| <i>leuprolide acetate</i> | 190 | LIBERTY MEDICAL | | <i>lidopin</i> | 293 |
| <i>leuprolide acetate (3 month)</i> | 190 | LANCETS..... | 435 | <i>lidopril</i> | 307 |
| <i>leuprolide acetate-bupivacaine</i> | 179 | LIBERTY MINI LANCING DEVICE..... | 435 | <i>lidopril xr</i> | 307 |
| LEVA PELVIC HEALTH SYSTEM..... | 516 | LIBERTY NEXT GENERATION TEST..... | 333 | LIDO-PRILO CAINE PACK... | 307 |
| <i>levalbuterol hcl</i> | 79, 80 | LIBERTY NXT GENERATION MONITOR..... | 435 | LIDOPURE PATCH..... | 307 |
| <i>levalbuterol tartrate</i> | 80 | <i>liberty test</i> | 333 | <i>lido-racepinephrine-tetracaine</i> | 307 |
| <i>levamlodipine maleate</i> | 231 | LIBERVANT..... | 91 | LIDOREX..... | 293 |
| <i>levatio</i> | 306 | LIBRAX..... | 600 | <i>lidorx</i> | 293 |
| LEVBID..... | 602 | LIBTAYO..... | 174 | <i>lidosol</i> | 307 |
| LEVEMIR..... | 118 | LICART..... | 273 | <i>lidosol-50</i> | 307 |
| LEVEMIR FLEXPEN..... | 117 | LIDO BDK..... | 306 | LIDO-SORB..... | 293 |
| LEVEMIR FLEXTOUCH..... | 117 | <i>lidocaine</i> | 292 | <i>lidostream</i> | 307 |
| <i>levetiracetam</i> | 96 | <i>lidocaine (anorectal)</i> | 66 | LIDOTHOL..... | 307 |
| <i>levetiracetam er</i> | 96 | <i>lidocaine hcl</i> | 292, 417, 523 | LIDOTOR..... | 307 |
| <i>levetiracetam in nacl</i> | 96 | <i>lidocaine hcl (buffered)</i> | 417 | LIDOTRAL..... | 293 |
| LEVICYN..... | 295 | <i>lidocaine hcl (cardiac)</i> | 73, 74 | LIDOTRAL + | |
| LEVICYN DERMAL SPRAY..... | 311 | <i>lidocaine hcl (cardiac) pf</i> | 73 | HYDROCORTISONE..... | 299 |
| LEVITRA..... | 241 | <i>lidocaine hcl (pf)</i> | 417 | LIDOTRAL 1..... | 293 |
| <i>levobunolol hcl</i> | 550 | <i>lidocaine hcl urethral/mucosal</i> | 292 | LIDOTRAL ROLL-ON..... | 293 |
| <i>levocarnitine</i> | 352 | <i>lidocaine hcl-bupivacaine hcl</i> ... | 556 | LIDOTRAL-MENTHOL..... | 307 |
| <i>levocarnitine sf</i> | 352 | <i>lidocaine hcl-oxymetazoline</i> | 537 | LIDOTRAN..... | 293 |
| <i>levocetirizine dihydrochloride</i> .. | 136 | <i>lidocaine hcl-tetracaine hcl</i> | 416 | LIDOTREX (ALOE VERA)... | 310 |
| <i>levofloxacin</i> | 369, 370, 553 | <i>lidocaine in d5w</i> | 74 | <i>lidovix l</i> | 307 |
| <i>levofloxacin in d5w</i> | 369 | <i>lidocaine viscous hcl</i> | 523 | LIDTOPIC..... | 293 |
| <i>levoleucovorin calcium</i> | 189 | <i>lidocaine(bufferd)-epinephrine</i> | 414 | LIDTOPIC MAX..... | 293 |
| <i>levoleucovorin calcium pf</i> | 189 | <i>lidocaine-epinephrine</i> | 414, 415, 557 | <i>lifems naloxone</i> | 129 |
| LEVOPHED..... | 616 | <i>lidocaine-epinephrine (3 ml)</i> | 414 | LIFESCAN UNISTIK 2..... | 435 |
| | | <i>lidocaine-epinephrine (pf)</i> | 414 | LIFESCAN UNISTIK II | |
| | | <i>lidocaine-hydrocort (perianal)</i> ... | 66 | LANCETS..... | 435 |
| | | <i>lidocaine-hydrocortisone ace</i> | 66, 298 | LIKMEZ..... | 153 |
| | | <i>lidocaine-phenylephrine</i> | 557 | LIMREL..... | 344 |
| | | | | LIMREL250..... | 343 |
| | | | | LIMREL500..... | 343 |
| | | | | LINCOCIN..... | 160 |
| | | | | <i>lincomycin hcl</i> | 160 |
| | | | | <i>lindane</i> | 297 |

| | | | | | |
|---|-------------------|---------------------------------------|-----|--|------------|
| <i>linezolid</i> | 160 | <i>l-methyl-mc</i> | 343 | <i>lubiprostone</i> | 371 |
| <i>linezolid in sodium chloride</i> | 160 | <i>l-methyl-mc nac</i> | 343 | LUCEMYRA..... | 578 |
| LINZESS..... | 371 | LMR PLUS..... | 307 | LUCENTIS..... | 564 |
| LIOPEN ABSORPTION ENHANCING..... | 577 | LOCAMETZ..... | 327 | LUCIRA CHECK IT COVID- 19 TEST..... | 337 |
| LIORESAL..... | 534 | LOCOID..... | 285 | LUCIRA COVID-19 & FLU TEST..... | 325 |
| <i>liothyronine sodium</i> | 597 | LOCOID LIPOCREAM..... | 285 | LUCIRA COVID-19 ALL-IN- ONE..... | 337 |
| LIPIODOL..... | 341 | LODINE..... | 35 | <i>lugols strong iodine</i> | 214 |
| LIPITOR..... | 139, 140 | LODOCO..... | 237 | <i>luliconazole</i> | 290 |
| <i>lipo</i> | 548 | LODOSYN..... | 198 | LUMAKRAS..... | 179 |
| <i>lipo-b</i> | 397 | LOFENA..... | 35 | LUMASON..... | 339 |
| <i>lipo-c</i> | 548 | <i>lofexidine hcl</i> | 578 | LUMIGAN..... | 563 |
| LIPOFEN..... | 139 | LOKELMA..... | 521 | LUMINOPIA..... | 516 |
| LIQREV..... | 240 | LOMAIRA..... | 8 | LUMISIGHT..... | 325 |
| LIQUICAL PLUS..... | 506 | LOMOTIL..... | 126 | LUMOXITI..... | 172 |
| LIQUID E-Z-PAQUE..... | 340 | <i>longs insulin syringe</i> | 472 | LUMRYZ..... | 579 |
| LIQUID POLIBAR PLUS..... | 340 | <i>longs lancets standard</i> | 435 | LUMRYZ STARTER PACK... LUNESTA..... | 579 411 |
| <i>liraglutide</i> | 120 | <i>longs lancets thin</i> | 435 | LUNSUMIO..... | 177 |
| <i>lisdexamfetamine dimesylate</i> | 6 | <i>longs lancets ultra thin</i> | 435 | LUPRON DEPOT (1-MONTH) | 190 |
| <i>lisinopril</i> | 144 | LONHALA MAGNAIR REFILL KIT..... | 81 | LUPRON DEPOT (3-MONTH) | 190 |
| <i>lisinopril-hydrochlorothiazide</i> .. | 143 | LONHALA MAGNAIR STARTER KIT..... | 81 | LUPRON DEPOT (4-MONTH) | 190 |
| <i>lite touch lancets</i> | 435 | LONSURF..... | 185 | LUPRON DEPOT (6-MONTH) | 190 |
| LITEAIRE..... | 500 | <i>loperamide hcl</i> | 126 | LUPRON DEPOT-PED (1- MONTH)..... | 358 |
| LITETOUCH INSULIN SYRINGE..... | 471, 472 | LOPID..... | 139 | LUPRON DEPOT-PED (3- MONTH)..... | 358 |
| LITETOUCH LANCETS..... | 435 | <i>lopinavir-ritonavir</i> | 215 | LUPRON DEPOT-PED (6- MONTH)..... | 358 |
| LITETOUCH PEN NEEDLES..... | 472 | LOPRESSOR..... | 225 | <i>lurasidone hcl</i> | 203 |
| <i>lithium</i> | 203 | LOPRESSOR HCT..... | 151 | LUTATHERA..... | 185 |
| <i>lithium carbonate</i> | 202 | LOPROX..... | 272 | LUXAMEND..... | 316 |
| <i>lithium carbonate er</i> | 202 | LOQTORZI..... | 174 | LUXIQ..... | 285 |
| LITHOBID..... | 203 | <i>lorazepam</i> | 72 | LUXTURNA..... | 556 |
| LITHOSTAT..... | 380 | LORAZEPAM INTENSOL..... | 72 | LUZU..... | 290 |
| LIVALO..... | 140 | LOREEV XR..... | 72 | LYBALVI..... | 588 |
| <i>live better adv lancing device</i> ... <i>live better lancet super thin</i> <i>live better lancet ultra thin</i> | 435 435 435 | <i>lormate</i> | 343 | LYDEXA..... | 293 |
| LIVITA ADULTS..... | 528 | LORTAB..... | 42 | LYFGENIA..... | 397 |
| LIVITA CHILDREN..... | 530 | LORZONE..... | 534 | LYLLANA..... | 368 |
| LIVIXIL PAK..... | 307 | <i>losartan potassium</i> | 149 | LYMEPAK..... | 592 |
| LIXOFEN..... | 273 | <i>losartan potassium-hctz</i> | 147 | LYMPHOSEEK..... | 327 |
| LM PLUS RELIEF..... | 307 | LOSEASONIQUE..... | 248 | LYNPARZA..... | 194 |
| LMD IN D5W..... | 393 | LOTEMAX..... | 561 | LYRA DIRECT SARS-COV-2 ASSAY..... | 337 |
| LMD IN NACL..... | 393 | LOTEMAX SM..... | 561 | LYRA SARS-COV-2 ASSAY..... | 337 |
| L-MESITRAN SOFT WOUND | 316 | LOTENSIN..... | 145 | LYRICA..... | 96 |
| <i>l-methylfolate</i> | 344 | LOTENSIN HCT..... | 143 | | |
| <i>l-methylfolate ca me-cbl nac</i> | 343 | <i>loteprednol etabonate</i> | 561 | | |
| <i>l-methylfolate calcium</i> | 344 | LOTREL..... | 142 | | |
| <i>l-methylfolate forte</i> | 343 | LOTREXONE..... | 38 | | |
| <i>l-methylfolate-algae</i> | 343 | LOTRONEX..... | 371 | | |
| <i>l-methylfolate-algae-b12-b6</i> | 343 | <i>lounzdomdioxatar</i> | 264 | | |
| <i>l-methylfolate-b6-b12</i> | 343 | LOVAZA..... | 137 | | |
| | | LOVENOX..... | 89 | | |
| | | <i>loxapine succinate</i> | 209 | | |
| | | LOYON..... | 295 | | |

| | | | | | |
|---------------------------------------|----------|---|----------|---|----------|
| LYRICA CR..... | 586 | MAS CARE-PAK..... | 251 | MEDIHONEY WOUND | |
| <i>lysine hcl</i> | 547 | MASK | | &BURN DRESSING..... | 316 |
| LYSIPLEX PLUS..... | 528 | VORTEX/CHILD/FROG..... | 500 | MEDIHONEY | |
| LYSODREN..... | 166 | MASK | | WOUND/BURN DRESSING.. | 316 |
| LYSTEDA..... | 406 | VORTEX/TODDLER/LADYB | | MEDISENSE THIN LANCETS | |
| LYUMJEV..... | 118 | UG..... | 500 | ..... | 436 |
| LYUMJEV KWIKPEN..... | 118 | MATULANE..... | 186 | MEDLANCE EXTRA 21G..... | 436 |
| LYUMJEV TEMPO PEN..... | 118 | MATZIM LA..... | 231 | MEDLANCE LITE 25G..... | 436 |
| LYVISPAH..... | 534 | MAVENCLAD (10 TABS)..... | 582 | MEDLANCE PLUS EXTRA | |
| MACI..... | 533 | MAVENCLAD (4 TABS)..... | 582 | 21G..... | 436 |
| MACRILEN..... | 325 | MAVENCLAD (5 TABS)..... | 582 | MEDLANCE PLUS LANCETS | |
| MACROBID..... | 161 | MAVENCLAD (6 TABS)..... | 582 | ..... | 436 |
| MACRODANTIN..... | 161 | MAVENCLAD (7 TABS)..... | 583 | MEDLANCE PLUS LITE 25G | 436 |
| MAD NASAL | | MAVENCLAD (8 TABS)..... | 583 | MEDLANCE PLUS SPECIAL | |
| ATOMIZATION DEVICE..... | 448 | MAVENCLAD (9 TABS)..... | 583 | 0.8MM..... | 436 |
| <i>mafenide acetate</i> | 280 | MAVYRET..... | 221 | MEDLANCE PLUS | |
| MAGELLAN INSULIN | | MAXALT..... | 503 | SUPERLITE 30G..... | 436 |
| SAFETY SYR..... | 472 | MAXALT-MLT..... | 503 | MEDLANCE PLUS | |
| MAGELLAN SYRINGE- | | MAXICOMFORT II PEN | | UNIVERSAL 21G..... | 436 |
| SAFETY NEEDLE..... | 472 | NEEDLE..... | 473 | MEDLANCE UNIVERSAL | |
| MAGELLAN TUBERCULIN | | MAXI-COMFORT INSULIN | | 21G..... | 436 |
| SYRINGE..... | 472 | SYRINGE..... | 473 | <i>medorfa</i> | 286 |
| <i>magnesium chloride</i> | 509 | MAXI-COMFORT SAFETY | | <i>medorfa lp</i> | 286 |
| <i>magnesium sulfate</i> | 509 | PEN NEEDLE..... | 473 | MEDROL..... | 252 |
| <i>magnesium sulfate in d5w</i> | 509 | MAXICOMFORT SYR 27G X | | MEDROLOAN II SUIK..... | 257 |
| <i>magnesium sulfate-nacl</i> | 509 | 1/2"..... | 473 | MEDROLOAN SUIK..... | 257 |
| MAHANA IBS..... | 515 | MAXIDEX..... | 561 | <i>medroxyprogesterone acetate</i> .. | 578 |
| MAKENA..... | 577, 578 | MAXITROL..... | 559 | <i>mefenamic acid</i> | 35 |
| MALARONE..... | 162 | MAXZIDE..... | 348 | <i>mefloquine hcl</i> | 163 |
| <i>malathion</i> | 297 | MAXZIDE-25..... | 348 | <i>megestrol acetate</i> | 194, 578 |
| <i>manganese chloride</i> | 509 | MAYZENT..... | 587, 588 | <i>meijer blood glucose</i> | 436 |
| <i>mannitol</i> | 349 | MAYZENT STARTER PACK | 587 | <i>meijer blood glucose test</i> | 333 |
| MARATHON MEDICAL | | MC 300 W/UNIVERSAL | | <i>meijer essential blood glucose</i> .. | 436 |
| PENTIPS..... | 472 | TUBING..... | 448 | <i>meijer essential glucose test</i> | 333 |
| <i>maraviroc</i> | 216 | MC 300-MOUTHPIECE..... | 448 | MEIJER LANCETS..... | 436 |
| MARBETA-25..... | 257 | <i>me/naphos/mb/hyo l</i> | 161 | MEIJER LANCETS THIN..... | 436 |
| MARBETA-L..... | 257 | <i>meadow fescue grass pollen</i> | 18 | MEIJER LANCETS | |
| MARCAINE..... | 418 | <i>meclizine hcl</i> | 131 | UNIVERSAL 21G..... | 436 |
| MARCAINE PRESERVATIVE | | <i>meclofenamate sodium</i> | 35 | MEIJER LANCETS | |
| FREE..... | 417, 418 | <i>medactiv</i> | 343 | UNIVERSAL 30G..... | 436 |
| MARCAINE SPINAL..... | 418 | <i>medi tab</i> | 528 | MEIJER LANCETS | |
| MARCAINE/EPINEPHRINE.. | 415 | <i>medic insulin syringe</i> | 473 | UNIVERSAL 33G..... | 436 |
| MARCAINE/EPINEPHRINE | | <i>medicated dna collection</i> | 333 | <i>meijer pen needles</i> | 473 |
| PF..... | 415 | <i>medicated dna collection 2</i> | 333 | <i>meijer premium blood glucose</i> .. | 436 |
| MARDEX-25..... | 257 | <i>medichoic safety lancet</i> | 435 | <i>meijer premium glucose test</i> | 334 |
| MARGENZA..... | 173 | <i>medichoic safety lancet extra</i> .. | 436 | MEIJER SUPER THIN | |
| MARINOL..... | 131 | <i>medichoic safety lancet norm</i> .. | 436 | LANCETS..... | 436 |
| <i>marlido</i> | 416 | <i>medicine shoppe pen needles</i> | 473 | MEIJER TRUE2GO BLOOD | |
| MARLIDO-25..... | 416 | MEDIHONEY CA ALGINATE | | GLUCOSE..... | 436 |
| MARPLAN..... | 104 | 2"X2"..... | 316 | MEIJER TRUERESULT | |
| MARQIBO..... | 191 | MEDIHONEY CA ALGINATE | | GLUCOSE SYS..... | 436 |
| MARVONA SUIK..... | 416 | 4"X5"..... | 316 | MEIJER TRUETEST TEST..... | 334 |

| | | |
|---|---|--|
| MEIJER TRUETRACK | METHADOSE SUGAR-FREE .. 52 | <i>metirosine</i> 146 |
| GLUCOSE SYS.....436 | <i>methamphetamine hcl</i> 6 | <i>mexiletine hcl</i> 74 |
| MEIJER TRUETRACK TEST.334 | <i>methaver</i>.....343 | MIACALCIN.....352 |
| MEKINIST..... 179 | <i>methazolamide</i> 348 | <i>micafungin sodium</i> 132 |
| <i>melaleuca</i> 18 | <i>methenamine hippurate</i>.....161 | <i>micafungin sodium-nacl</i>.....132 |
| MELATOL PEDIATRIC | <i>methenamine mandelate</i> 161 | MICARDIS..... 149 |
| SLEEP/CALM..... 22 | METHERGINE..... 566 | MICARDIS HCT..... 147 |
| <i>meloxicam</i> 35 | <i>methimazole</i> 594 | <i>mic-l-carnitine</i> 548 |
| <i>melphalan</i> 193 | <i>methitest</i> 64 | <i>miconazole 3</i> 612 |
| <i>melphalan hcl</i>.....192 | <i>methocarbamol</i> 535 | <i>miconazole-zinc oxide-petrolat</i> .271 |
| <i>memantine hcl</i> 585 | <i>methohexital sodium</i> 377 | MICRHOGAM ULTRA- |
| <i>memantine hcl er</i>.....585 | <i>methotrexate sodium</i> 169 | FILTERED PLUS.....570 |
| MEMBRANEBLUE..... 562 | <i>methotrexate sodium (pf)</i> 169 | MICROCHAMBER..... 500 |
| MENATROL..... 528 | <i>methoxsalen rapid</i>.....277 | MICROCYN.....311 |
| MENEST..... 368 | <i>methscopolamine bromide</i> 606 | MICROCYN SKIN AND |
| MENOSTAR..... 368 | <i>methsuximide</i> 102 | WOUND..... 311 |
| MENTAX..... 272 | <i>methyl salicylate</i> 292 | MICRODOT BLOOD |
| <i>meperidine hcl</i>.....51 | <i>methylcobalamin</i>.....397, 398 | GLUCOSE SYSTEM..... 436 |
| MEPHYTON..... 620 | <i>methyl dopa</i>.....150 | MICRODOT PEN NEEDLE... 473 |
| MEPILEX AG..... 316 | <i>methylene blue</i> 128 | MICRODOT TEST..... 334 |
| <i>mepramate</i> 70 | <i>methylene blue (antidote)</i>.....128 | MICROLET LANCETS..... 436 |
| MEPRON..... 155 | <i>methylergonovine maleate</i> 566 | MICROLET NEXT LANCING |
| MEPSEVII..... 358 | <i>methylfol-algae-b12-acetylcyst</i> .343 | DEVICE.....436 |
| <i>mercaptapurine</i> 169 | METHYLIN.....12, 13 | MICROMATRIX WOUND |
| <i>meropenem</i> 155 | <i>methylphenidate</i> 14, 15 | POWDER..... 317 |
| <i>meropenem-sodium chloride</i>....155 | <i>methylphenidate hcl</i> 14 | <i>microplegia msa-msg</i>.....237 |
| <i>mesalamine</i> 372 | <i>methylphenidate hcl er</i> 14 | MICROSPACER..... 500 |
| <i>mesalamine er</i>.....372 | <i>methylphenidate hcl er (cd)</i> 13 | <i>micuraderm</i>.....279 |
| <i>mesalamine-cleanser</i> 372 | <i>methylphenidate hcl er (la)</i> 13 | <i>midazolam</i>.....409 |
| <i>mesna</i> 195 | <i>methylphenidate hcl er (osm)</i> 13, 14 | <i>midazolam hcl</i> 408, 409 |
| MESNEX..... 195 | <i>methylphenidate hcl er (xr)</i>.....14 | <i>midazolam hcl (pf)</i> 408 |
| <i>mesquite</i> 18 | <i>methylprednisolone</i>.....252 | <i>midazolam hcl-sodium chloride</i> 409 |
| MESTINON..... 163 | <i>methylprednisolone ace-lido</i>....257 | MIDAZOLAM+SYRSPEND |
| METADATE CD..... 12 | <i>methylprednisolone acetate</i> 252 | SF..... 410 |
| METAFOFBIC.....343 | <i>methylprednisolone sodium succ</i> | <i>midazolam-sodium chloride</i>.....410 |
| METAFOFBIC PLUS..... 343 |252 | <i>midazolam-sodium chloride (pf)</i> |
| METAFOFBIC PLUS RF..... 343 | <i>methylprednisolone-</i> |410 |
| METANX..... 343 | <i>bupivacaine</i>.....257 | <i>midodrine hcl</i> 616, 617 |
| METANX FC..... 343 | <i>methyltestosterone</i> 64 | MIEBO..... 563 |
| METAXALL CP..... 536 | <i>metoclopramide hcl</i>.....371 | MIFEPREX.....350 |
| <i>metaxalone</i> 535 | <i>metolazone</i> 350 | <i>mifepristone</i> 121, 350 |
| <i>metformin hcl</i> 112 | METOPIRONE.....325 | MIGERGOT..... 502 |
| <i>metformin hcl er</i> 112 | <i>metoprolol succinate er</i> 225 | <i>miglitol</i> 111 |
| <i>metformin hcl er (mod)</i> 111 | <i>metoprolol tartrate</i>.....225 | <i>miglustat</i> 397 |
| <i>metformin hcl er (osm)</i>.....112 | <i>metoprolol-hydrochlorothiazide</i> | MIGRAINE PACK.....502 |
| <i>methacholine chloride</i>.....325 |152 | MIGRANAL..... 502 |
| <i>methadone hcl</i> 51, 52 | METROCREAM.....296 | MIGRANOW.....502 |
| METHADONE HCL | METROGEL.....296 | MILLIPRED..... 252 |
| INTENSOL..... 51 | METROLOTION.....296 | <i>milrinone lactate</i> 235 |
| <i>methadone hcl-nacl</i>.....52 | <i>metronidazole</i> ... 153, 154, 297, 612 | <i>milrinone lactate in dextrose</i> ... 235 |
| <i>methadone hcl-sodium chloride</i> ..52 | METRONIDAZOLE | MIMVEY.....365 |
| METHADOSE..... 52 | BENZO+SYRSPEND..... 153 | MIMYX..... 295 |

| | | | | | |
|--------------------------------------|----------|---|----------|--------------------------|----------|
| MINASTRIN 24 FE..... | 248 | <i>mite (d. pteronyssinus)</i> | 18 | MONOJECT BLUNTIP | |
| <i>mineral oil heavy</i> | 414 | MITIGARE..... | 381 | SYR/CANNULA..... | 474 |
| <i>mini lancing device</i> | 436 | MITIGO..... | 52 | MONOJECT BONE | |
| MINILINK REAL-TIME | | <i>mitomycin</i> | 184, 553 | MARROW BIOPSY..... | 418 |
| TRANSMITTER..... | 436 | MITOSOL..... | 553 | MONOJECT CONTROL | |
| MINIMED 630G GUARDIAN | | <i>mitoxantrone hcl</i> | 184 | SYRINGE..... | 474 |
| PRESS..... | 436 | <i>mixed feathers</i> | 22 | MONOJECT FILTER | |
| MINIMED 770G INSULIN | | <i>mixed ragweed</i> | 18 | ASPIRATOR..... | 474 |
| PUMP SYS..... | 446 | <i>mixed vespid venom protein</i> | 18 | MONOJECT FILTER | |
| MINIMED 780G INSULIN | | <i>mko melt dose pack</i> | 410 | NEEDLE..... | 474 |
| PUMP..... | 446 | <i>mlk f1</i> | 257 | MONOJECT FLUSH | |
| MINIMED MIO ADVANCE | | <i>mlk f2</i> | 257 | SYRINGE..... | 513 |
| INFUSE SET..... | 446 | <i>mlk f3</i> | 257 | MONOJECT HYPODERMIC | |
| MINIMED MIO INFUSION | | MLK F4..... | 257 | NEEDLE..... | 474, 475 |
| SET..... | 446 | MM BLOOD GLUCOSE | | MONOJECT INSULIN | |
| MINIMED QUICK SET INF | | SYSTEM..... | 436 | SYRINGE..... | 475, 476 |
| SET 18"..... | 446 | MM BLOOD GLUCOSE | | MONOJECT INTRODUCER | |
| MINIMED QUICK SET INF | | SYSTEM REFILL..... | 436 | NEEDLE..... | 476 |
| SET 23"..... | 446 | MM BLULINK GLUCOSE | | MONOJECT LIFESHIELD | |
| MINIMED QUICK SET INF | | MONIT SYS..... | 436 | SYRINGE..... | 476 |
| SET 32"..... | 446 | MM BLULINK GLUCOSE | | MONOJECT MAGELLAN | |
| MINIMED QUICK SET INF | | TEST..... | 334 | SAFETY NDL..... | 476, 477 |
| SET 43"..... | 446 | MM EASY TOUCH | | MONOJECT MAGELLAN | |
| MINIPRESS..... | 151 | GLUCOSE..... | 334 | SYRINGE..... | 477, 478 |
| MINITRAN..... | 68 | MM EASY TOUCH | | MONOJECT PHARMACY | |
| MINIVELLE..... | 368 | GLUCOSE METER..... | 437 | TRAY..... | 478 |
| MINOCIN..... | 592 | <i>mm insulin syringe/needle</i> | 473 | MONOJECT PISTON | |
| <i>minocycline hcl</i> | 592, 593 | MM PEN NEEDLES..... | 473 | SYRINGE..... | 478 |
| <i>minocycline hcl er</i> | 593 | MM TWIST LANCETS..... | 437 | MONOJECT SODIUM | |
| <i>minocycline hcl er (biphasic)</i> | | <i>m-natal plus</i> | 532 | CHLORIDE FLUSH..... | 513 |
| ..... | 592, 593 | MOBI 2ML CARTRIDGE..... | 446 | MONOJECT SYRINGE..... | 478 |
| MINOLIRA..... | 593 | MOBIC..... | 35 | MONOJECT SYRINGE CATH | |
| <i>minoxidil</i> | 153 | <i>modafinil</i> | 15 | TIP..... | 478 |
| MIOCHOL-E..... | 552 | <i>moderna covid-19 bival 6m-5y</i> | 610 | MONOJECT SYRINGE ECC | |
| MIOSTAT..... | 552 | <i>moderna covid-19 bivalent</i> | 611 | LUER..... | 478 |
| MIPLYFFA..... | 587 | MODERNA COVID-19 VAC | | MONOJECT SYRINGE | |
| <i>mirabegron er</i> | 609 | 6M-11Y..... | 611 | ECCENTRIC TIP..... | 478 |
| MIRAPEX..... | 201 | <i>moderna covid-19 vacc 6-11y</i> | 611 | MONOJECT SYRINGE LUER | |
| MIRAPEX ER..... | 200, 201 | <i>moderna covid-19 vacc 6m-5y</i> | 611 | LOCK..... | 478 |
| MIRCERA..... | 399, 400 | <i>moderna covid-19 vaccine</i> | 611 | MONOJECT SYRINGE | |
| MIRCETTE..... | 247 | MODIA..... | 515 | LUER-LOCK TIP..... | 479 |
| MIRO3D WOUND MATRIX.. | 317 | <i>moexipril hcl</i> | 145 | MONOJECT SYRINGE | |
| MIRODERM BIO MATRIX | | <i>molindone hcl</i> | 209 | PHARMACY TRAY..... | 479 |
| FENESTRAT..... | 317 | MOMETACURE..... | 309 | MONOJECT SYRINGE REG | |
| MIRODERM BIO MATRIX | | <i>mometasone furoate</i> | 285, 538 | LUER..... | 479 |
| FENESTRAT+..... | 317, 318 | MONDOXYNE NL..... | 593 | MONOJECT SYRINGE | |
| MIROTRACT WOUND | | MONJUVI..... | 171 | REGULAR TIP..... | 479 |
| MATRIX..... | 318 | MONOFERRIC..... | 405 | MONOJECT SYRINGE | |
| <i>mirtazapine</i> | 103 | MONOJECT ALLERGIST | | TOOMEY TYPE..... | 479 |
| MIRVASO..... | 297 | TRAY..... | 473 | MONOJECT TB SAFETY | |
| <i>misoprostol</i> | 607 | MONOJECT BLUNTIP | | SYRINGE..... | 479 |
| <i>mite (d. farinae)</i> | 18 | CANNULA..... | 473, 474 | MONOJECT TB SYRINGE..... | 479 |

| | | | | |
|---|---|----------|---|----------|
| MONOJECT ULTRA | MULPLETA..... | 406 | MYLERAN..... | 165 |
| COMFORT SYRINGE..... | MULTAQ..... | 75 | MYLOTARG..... | 172 |
| MONOLET LANCETS..... | <i>multi-draw needle</i> | 480 | MYNEPHRON..... | 526 |
| MONOLET OPD LANCETS... | MULTIGEN..... | 404 | MYORISAN..... | 268 |
| MONOLETTOR SAFETY | MULTIGEN FOLIC..... | 404 | MYOVIEW..... | 326 |
| LANCETS..... | MULTIGEN PLUS..... | 404 | MYOVIEW 30ML..... | 326 |
| MONONINE..... | MULTIHANCE..... | 339 | MYRBETRIQ..... | 609 |
| MONOVISC..... | <i>multi-lancet device</i> | 437 | MYSOLINE..... | 96, 97 |
| <i>montelukast sodium</i> | MULTI-LANCET DEVICE 2.. | 437 | MYTESI..... | 125 |
| MONUROL..... | <i>multi-mac</i> | 532 | MYXREDLIN..... | 118 |
| <i>morcin</i> | <i>multi-peptide serum</i> | 576 | <i>na ferric gluc cplx in sucrose</i> ... | 405 |
| MORGIDOX..... | <i>multi-phasic penetrating cmpd.</i> | 577 | NABI-HB..... | 570 |
| <i>morphine sulfate</i> | <i>multiple electro type 1 ph 5.5</i> ... | 508 | <i>nabumetone</i> | 35 |
| <i>morphine sulfate (concentrate)</i> ... | <i>multiple electro type 1 ph 7.4</i> ... | 508 | <i>nadolol</i> | 226 |
| <i>morphine sulfate (pf)</i> | <i>multipro</i> | 528 | <i>nafcillin sodium</i> | 576 |
| <i>morphine sulfate er</i> | <i>multi-specialty</i> | 257 | <i>nafcillin sodium in dextrose</i> | |
| <i>morphine sulfate er beads</i> | MULTITOL-M..... | 528 | ..... | 575, 576 |
| <i>morphine sulfate-nacl</i> | MULTITRACE-4 NEONATAL | | NAFRINSE DAILY | |
| <i>mosquito (diagnostic)</i>..... | ..... | 513 | ACIDULATED..... | 523 |
| MOTEGRITY..... | MULTITRACE-4 PEDIATRIC | 513 | <i>naftifine hcl</i> | 272 |
| MOTOFEN..... | <i>multivitamin w/fluoride</i> | 530 | NAFTIN..... | 273 |
| MOTPOLY XR..... | <i>multivitamin/fluoride</i> | 530 | NAGLAZYME..... | 358 |
| MOUNJARO..... | <i>multi-vitamin/fluoride</i> | 530 | <i>nalbuphine hcl</i> | 62 |
| <i>mountain cedar</i> | <i>multi-vitamin/fluoride/iron</i> | 529 | NALFON..... | 35, 36 |
| <i>mountain cedar (diagnostic)</i> | MULTI-VIT-FLOR..... | 530, 531 | <i>nalmefene hcl</i> | 129 |
| <i>mountain cedar pollen</i> | MULTRYS..... | 513 | <i>nalocet</i> | 60 |
| <i>mouse epithelium</i> | <i>mupirocin</i> | 270 | <i>naloxone hcl</i> | 129 |
| <i>mouse epithelium (diagnostic)</i> .. | <i>mupirocin calcium</i> | 270 | NALTREX..... | 38 |
| MOVANTIK..... | MUSCUSOLICE..... | 270 | <i>naltrexone hcl</i> | 129 |
| MOVIPREP..... | MUSE..... | 238 | NAMENDA..... | 585 |
| MOXEZA..... | MUTAMYCIN..... | 184 | NAMENDA TITRATION PAK | |
| MOXICAINE..... | MVASI..... | 196 | ..... | 585 |
| <i>moxifloxacin hcl</i> | MYAMBUTOL..... | 164 | NAMENDA XR..... | 585 |
| <i>moxifloxacin hcl (2x day)</i> | MYCAMINE..... | 132, 133 | NAMZARIC..... | 579 |
| <i>moxifloxacin hcl in nacl</i> | MYCOBUTIN..... | 164 | <i>nanran</i> | 270 |
| <i>moxifloxacin hcl-bss</i> | <i>mycophenolate mofetil</i> | 517 | NAPRELAN..... | 36 |
| <i>moxifloxacin-bromfenac</i> | <i>mycophenolate mofetil hcl</i> | 517 | <i>napro</i> | 273 |
| MOZOBIL..... | <i>mycophenolate sodium</i> | 518 | NAPROSYN..... | 36 |
| <i>mpd safety lancet 21g</i> | <i>mycophenolic acid</i> | 518 | NAPROTIN..... | 32 |
| <i>mpd safety lancet 23g</i> | MYCOZYL AL..... | 272 | <i>naproxen</i> | 36 |
| <i>mpd safety lancet 28g</i> | MYCOZYL HC..... | 271 | <i>naproxen dr</i> | 36 |
| <i>mpd safety lancet 30g</i> | MYDAYIS..... | 4, 5 | <i>naproxen sodium</i> | 36 |
| MPM PAK..... | MYDCOMBI..... | 550 | <i>naproxen sodium er</i> | 36 |
| MRESVIA..... | MYDRIACYL..... | 551 | <i>naproxen-esomeprazole mg</i> | 32 |
| MS CONTIN..... | MYFEMBREE..... | 365 | <i>naratriptan hcl</i> | 503 |
| <i>ms insulin syringe</i> | MYFORTIC..... | 518 | NARCAN..... | 129 |
| MSUD EASY..... | MYGLUCOHEALTH BLOOD | | NARDIL..... | 104 |
| <i>mucor</i> | GLUCOSE..... | 437 | NAROPIN..... | 418 |
| MUCOSITISRX..... | MYGLUCOHEALTH | | NASCOBAL..... | 398 |
| MUCOTROL..... | LANCETS 30G..... | 437 | NASONEX..... | 538 |
| MUGARD..... | MYGLUCOHEALTH TEST... | 334 | NATACYN..... | 554 |
| <i>mugwort</i> | MYHIBBIN..... | 518 | <i>natal pnv</i> | 532 |

| | | | | | |
|--|----------|--|----------|--|--------|
| <i>nateglinide</i> | 121 | NEUAC..... | 264 | NIPRIDE RTU..... | 153 |
| NATESTO..... | 64 | NEULASTA..... | 401 | <i>nisoldipine er</i> | 232 |
| NATROBA..... | 297 | NEULASTA ONPRO..... | 401 | <i>nitazoxanide</i> | 155 |
| NAVELBINE..... | 191 | NEULUMEX..... | 340 | NITHIODOTE..... | 126 |
| NAYZILAM..... | 92 | NEUPOGEN..... | 402 | <i>nitisinone</i> | 356 |
| <i>neb 200 compressor nebulizer</i> .. | 448 | NEUPRO..... | 201 | <i>nitrvia</i> | 532 |
| <i>neбиволоl hcl</i> | 225 | NEURACEQ..... | 326 | NITRO-BID..... | 68 |
| <i>nebulizer mask adult</i> | 497 | NEURAPTINE..... | 270 | NITRO-DUR..... | 69 |
| <i>nebulizer mask child</i> | 497 | <i>neurin-sl</i> | 397 | <i>nitrofurantoin</i> | 161 |
| NEBUPENT..... | 154 | NEUROLITE..... | 327 | <i>nitrofurantoin macrocrystal</i> | 161 |
| NEBUSAL..... | 259 | NEURONTIN..... | 97 | <i>nitrofurantoin monohyd macro</i> .. | 161 |
| <i>nefazodone hcl</i> | 107 | NEUROZYL..... | 293 | <i>nitroglycerin</i> | 66, 69 |
| NEFFY..... | 614 | NEUTEK 2TEK TEST..... | 334 | <i>nitroglycerin in d5w</i> | 69 |
| <i>nelarabine</i> | 169 | NEUTRASAL..... | 524 | NITROLINGUAL..... | 69 |
| NEMBUTAL..... | 407 | NEVANAC..... | 557 | NITROMIST..... | 69 |
| NEMLUVIO..... | 290 | <i>nevirapine</i> | 218 | <i>nitroprusside sodium</i> | 153 |
| <i>nendruх</i> | 307 | <i>nevirapine er</i> | 218 | <i>nitroprusside sodium-nacl</i> | 153 |
| NEOKE ALCAR..... | 547 | NEXAVAR..... | 181 | NITROSTAT..... | 69 |
| <i>neoke bhb</i> | 343 | NEXAVIR..... | 519 | NITRO-TIME..... | 69, 70 |
| NEOKE MCT70..... | 548 | NEXICLON XR..... | 151 | NITYR..... | 356 |
| NEOKE RA LIPOIC..... | 22 | NEXIUM..... | 604, 605 | <i>niva thyroid</i> | 597 |
| <i>neomycin sulfate</i> | 23 | NEXIUM I.V..... | 604 | NIVESTYM..... | 402 |
| <i>neomycin-bacitracin zn-</i> <i>polymyx</i> | 554 | NEXLETOL..... | 137 | <i>nizatidine</i> | 603 |
| <i>neomycin-polymyxin b gu</i> | 378 | NEXLIZET..... | 137 | NOC DURNA..... | 363 |
| <i>neomycin-polymyxin-dexameth</i> .. | 559 | NEXOBRID..... | 288 | NOLIX..... | 285 |
| <i>neomycin-polymyxin-gramicidin</i> | 554 | NEXTERONE..... | 75 | <i>non gelatin capsules (empty)</i> ... | 576 |
| <i>neomycin-polymyxin-hc</i> | 559, 565 | NEXTSTELLIS..... | 248 | NOPIOID-LMC KIT..... | 536 |
| NEONATAL PLUS..... | 532 | NEXVIAZYME..... | 353 | NORCO..... | 42 |
| NEO-POLYCIN..... | 554 | NGENLA..... | 354 | NORDIPEN 5 INJECTION DEVICE..... | 480 |
| NEO-POLYCIN HC..... | 559 | <i>niacin (antihyperlipidemic)</i> | 141 | NORDIPEN DELIVERY SYSTEM..... | 480 |
| NEOPROFEN..... | 36 | <i>niacin er (antihyperlipidemic)</i> .. | 141 | NORDITROPIN FLEXPRO ... | 354 |
| NEORAL..... | 515 | NIACOR..... | 141 | <i>norepinephrine bitartrate</i> | 617 |
| NEOSALUS..... | 295 | NIASPAN..... | 141 | <i>norepinephrine-dextrose</i> | 617 |
| <i>neostigmine methylsulfate</i> .. | 163, 164 | NICADAN..... | 528 | <i>norepinephrine-sodium chloride</i> | 617 |
| NEO-SYNALAR..... | 270 | NICAPRIN..... | 343 | <i>norethindrone acetate</i> | 578 |
| NEOTUSS PLUS..... | 260 | <i>nicardipine hcl</i> | 231 | <i>norethindrone-eth estradiol</i> | 365 |
| <i>neovite</i> | 528 | <i>nicardipine hcl in nacl</i> | 231 | NORGESIC..... | 536 |
| NEOX 100..... | 302 | NICAZEL..... | 528 | <i>norgesic forte</i> | 536 |
| NEOX CORD 1K..... | 302 | NICAZEL FORTE..... | 528 | NORITATE..... | 297 |
| NEPHPLEX RX..... | 527 | <i>nicazyme</i> | 343 | NORLIQVA..... | 232 |
| NEPHRON FA..... | 404 | NICOMIDE..... | 529 | <i>normal saline flush</i> | 513 |
| NEPHRONEX..... | 526 | <i>nicotinamide</i> | 529 | NORM-JECT LUER SLIP SYRINGE..... | 480 |
| NEPHRO-VITE RX..... | 526 | <i>nifedipine</i> | 231 | NORMLGEL AG..... | 318 |
| NERIVIO..... | 496 | <i>nifedipine er</i> | 231, 232 | NORMOSOL-M IN D5W..... | 507 |
| NESACAINE..... | 419 | <i>nifedipine er osmotic release</i> ... | 231 | NORMOSOL-R..... | 508 |
| NESACAINE-MPF..... | 419, 420 | NIFEREX..... | 404 | NORMOSOL-R IN D5W..... | 507 |
| NESINA..... | 113 | NILANDRON..... | 167 | NORMOSOL-R PH 7.4..... | 508 |
| NETSPOT..... | 326 | <i>nilutamide</i> | 167 | NORPACE..... | 73 |
| <i>nettle</i> | 19 | NIMBEX..... | 543 | | |
| <i>nettle (diagnostic)</i> | 322 | <i>nimodipine</i> | 232 | | |
| | | NINLARO..... | 182 | | |
| | | NIPENT..... | 186 | | |

| | | | | | |
|---------------------------------------|-----|---|----------|-------------------------------------|---------------|
| NORPACE CR..... | 73 | NOVOLOG FLEXPEN | | NUTRIDOX..... | 593 |
| NORPRAMIN..... | 110 | RELION..... | 119 | NUTRIFAC ZX..... | 528 |
| NORTHERA..... | 614 | NOVOLOG MIX 70/30..... | 119 | NUTRILIPID..... | 548 |
| <i>northern quahog clam(diagnost)</i> | | NOVOLOG MIX 70/30 | | NUTRIVIT..... | 527 |
| ..... | 322 | FLEXPEN..... | 119 | NUTROPIN AQ NUSPIN 10...354 | |
| <i>nortriptyline hcl</i> | 110 | NOVOLOG MIX 70/30 | | NUTROPIN AQ NUSPIN 20...354 | |
| NORVASC..... | 232 | RELION..... | 119 | NUTROPIN AQ NUSPIN 5....354 | |
| NORVIR..... | 217 | NOVOLOG PENFILL..... | 119 | NUVA III..... | 497 |
| NOURIANZ..... | 197 | NOVOLOG RELION..... | 119 | NUVAGEL..... | 497 |
| NOURISH..... | 345 | NOVOPEN ECHO..... | 480 | NUVAIL..... | 295 |
| NOVA MAX BLOOD | | NOVOSEVEN RT..... | 389 | NUVAKAAN-II..... | 307 |
| GLUCOSE SYSTEM..... | 437 | NOVOTWIST PEN NEEDLE..480 | | NUVARING..... | 248 |
| NOVA MAX GLUCOSE TEST | | NOXAFIL..... | 134 | NUVAZIL..... | 497 |
| ..... | 334 | <i>np #2 drug preparation kit</i> | 274 | NUVAZIL II..... | 497 |
| NOVA SAFETY LANCETS | | NP THYROID..... | 597, 598 | NUVESSA..... | 612 |
| 23G..... | 437 | NUBEQA..... | 167 | NUVIGIL..... | 15 |
| NOVA SAFETY LANCETS | | NUCALA..... | 81 | NUVISC..... | 562 |
| 28G..... | 437 | NUCARACLINPAK..... | 264 | NUWIQ..... | 389, 390 |
| NOVA SUREFLEX LANCETS | | NUCARARXPAK..... | 264 | NUZYRA..... | 590 |
| ..... | 437 | NUCEL..... | 302, 303 | NYAMYC..... | 273 |
| NOVA SUREFLEX LANCING | | NUCORT..... | 285 | NYMALIZE..... | 232 |
| DEVICE..... | 437 | NUCYNTA..... | 56 | <i>nynutey</i> | 307 |
| NOVACHOR..... | 302 | NUCYNTA ER..... | 55, 56 | <i>nystatin</i> | 133, 273, 523 |
| NOVACORT..... | 299 | NUDERMRXPAK 120..... | 276 | <i>nystatin-triamcinolone</i> | 271 |
| NOVAREL..... | 359 | NUDERMRXPAK 60..... | 276 | NYSTOP..... | 273 |
| <i>novavax covid-19 vaccine</i> | 611 | NUDICLO SOLUPAK..... | 275 | NYVEPRIA..... | 402 |
| <i>novite</i> | 529 | NUDICLO TABPAK..... | 32 | OASIS ULTRA MATRIX | |
| NOVOEIGHT..... | 389 | NUDROXIPAK..... | 32 | FENESTRATED..... | 318 |
| NOVOFINE AUTOCOVER | | NUDROXIPAK DSDR-50..... | 36 | OASIS ULTRA TRI-LAYER | |
| PEN NEEDLE..... | 480 | NUDROXIPAK DSDR-75..... | 36 | MATRIX..... | 318 |
| NOVOFINE PEN NEEDLE....480 | | NUDROXIPAK E-400..... | 36 | OASIS WOUND MATRIX | |
| NOVOFINE PLUS PEN | | NUDROXIPAK I-800..... | 36 | FENESTRATED..... | 318 |
| NEEDLE..... | 480 | NUDROXIPAK M-15..... | 36 | <i>oat (diagnostic)</i> | 322 |
| NOVOLIN 70/30..... | 118 | NUDROXIPAK N-500..... | 36 | <i>oat grain (diagnostic)</i> | 322 |
| NOVOLIN 70/30 FLEXPEN...118 | | NUDEXTA..... | 586 | <i>obizur</i> | 390 |
| NOVOLIN 70/30 FLEXPEN | | NUFERA..... | 404 | OCREVUS..... | 584 |
| RELION..... | 118 | <i>nujo</i> | 294 | OCREVUS ZUNOVO..... | 583 |
| NOVOLIN 70/30 RELION.....118 | | <i>nuju</i> | 294 | OCTAGAM..... | 570 |
| NOVOLIN N..... | 118 | NULEV..... | 602 | OCTAPLAS BLOOD GROUP | |
| NOVOLIN N FLEXPEN..... | 118 | NULOJIX..... | 522 | A..... | 395 |
| NOVOLIN N FLEXPEN | | NULYTELY LEMON-LIME...413 | | OCTAPLAS BLOOD GROUP | |
| RELION..... | 118 | NULYTELY WITH FLAVOR | | AB..... | 395 |
| NOVOLIN N RELION..... | 118 | PACKS..... | 413 | OCTAPLAS BLOOD GROUP | |
| NOVOLIN R..... | 118 | NUMBRINO..... | 537 | B..... | 395 |
| NOVOLIN R FLEXPEN..... | 118 | NUMOISYN..... | 524 | OCTAPLAS BLOOD GROUP | |
| NOVOLIN R FLEXPEN | | NURTEC..... | 501 | O..... | 395 |
| RELION..... | 118 | NUSHIELD..... | 303 | <i>octreotide acetate</i> | 361 |
| NOVOLIN R RELION..... | 118 | NUSURGEPAK SURGICAL | | OCUFLOX..... | 554 |
| NOVOLOG..... | 119 | PREP/CARE..... | 295 | OCUVEL..... | 528 |
| NOVOLOG 70/30 FLEXPEN | | NUTRASEB..... | 279 | ODACTRA..... | 22 |
| RELION..... | 118 | NUTRIARX CREAMPAK..... | 309 | ODEFSEY..... | 215 |
| NOVOLOG FLEXPEN..... | 119 | NUTRICAP..... | 528 | ODOMZO..... | 179 |

| | | | |
|--|---------------|---------------------------------------|------------------------------|
| OFIRMEV..... | 38 | OMNIPOD 5 LIBRE2 PLUS | ONETOUCH DELICA |
| <i>ofloxacin</i> | 370, 554, 565 | G6 PODS..... | LANCETS 33G..... |
| OGIVRI..... | 173 | OMNIPOD CLASSIC PDM | ONETOUCH DELICA PLUS |
| OHTUVAYRE..... | 82 | (GEN 3)..... | LANCET30G..... |
| <i>olanzapine</i> | 213 | OMNIPOD CLASSIC PODS | ONETOUCH DELICA PLUS |
| <i>olanzapine-fluoxetine hcl</i> | 588 | (GEN 3)..... | LANCET33G..... |
| OLINVYK..... | 56 | OMNIPOD DASH INTRO | ONETOUCH DELICA PLUS |
| <i>olive tree</i> | 19 | (GEN 4)..... | LANCING..... |
| <i>olmesartan medoxomil</i> | 149 | OMNIPOD DASH PODS | ONETOUCH DELICA |
| <i>olmesartan medoxomil-hctz</i> | 147 | (GEN 4)..... | SAFETY LANCING..... |
| <i>olmesartan-amlodipine-hctz</i> | | OMNIPOD GO..... | ONETOUCH FINEPOINT |
| ..... | 149, 150 | OMNIPOD POD PALS..... | LANCETS..... |
| <i>olopatadine hcl</i> | 538, 553 | OMNISCAN..... | ONETOUCH ULTRA..... |
| OLPRUVA (2 GM DOSE)..... | 362 | OMNITROPE PEN 5 INJ | ONETOUCH ULTRA 2..... |
| OLPRUVA (3 GM DOSE)..... | 362 | DEVICE..... | ONETOUCH ULTRA BLUE |
| OLPRUVA (4 GM DOSE)..... | 362 | <i>omnivex</i> | TEST..... |
| OLPRUVA (5 GM DOSE)..... | 363 | OMVOH..... | ONETOUCH ULTRA |
| OLPRUVA (6 GM DOSE)..... | 363 | ON CALL EXPRESS BLOOD | CONTROL..... |
| OLPRUVA (6.67 GM DOSE).. | 363 | GLUCOSE..... | ONETOUCH ULTRA MINI.... |
| OLUX..... | 285 | ON CALL LANCETS..... | ONETOUCH ULTRA TEST...334 |
| OLUX-E..... | 285 | ON CALL LANCING DEVICE | ONETOUCH ULTRASOFT 2 |
| OMBRA COMPRESSOR |  | ..... | LANCETS..... |
| ADULT..... | 497 | ON CALL PLUS BLOOD | ONETOUCH ULTRASOFT |
| OMBRA COMPRESSOR | | GLUCOSE..... | LANCETS..... |
| CHILD..... | 497 | ON CALL PLUS LANCETS... 437 | ONETOUCH VERIO..... |
| OMBRA TABLE TOP | | ON CALL PLUS LANCING | ONETOUCH VERIO FLEX |
| COMPRESSOR..... | 497 | DEVICE..... | SYSTEM..... |
| OMECLAMOX-PAK..... | 607 | ON CALL VIVID BLOOD | ONETOUCH VERIO |
| <i>omega-3 rx complete</i> | 137 | GLUCOSE..... | REFLECT..... |
| <i>omega-3-acid ethyl esters</i> | 137 | ONCASPAR..... | <i>onevite</i> |
| OMEGAVEN..... | 548 | ONCOZENE 100 | ONEXTON..... |
| <i>omeprazole</i> | 605 | MICROMETER (2 ML)..... | ONFI..... |
| OMEPRAZOLE+SYRSPEND | | ONCOZENE 100 | ONGENTYS..... |
| SF ALKA..... | 605 | MICROMETER (3 ML)..... | ONGLYZA..... |
| <i>omeprazole-sodium bicarbonate</i> | | ONCOZENE 40 | ONIVYDE..... |
| ..... | 603 | MICROMETER (2 ML)..... | ONPATTRO..... |
| OMEZA COLLAGEN | | ONCOZENE 40 | ONTRUZANT..... |
| MATRIX..... | 318 | ONCOZENE 75 | ONYCHO-MED..... |
| OMIDRIA..... | 562 | MICROMETER (3 ML)..... | ONYDA XR..... |
| OMISIRGE..... | 171 | ONCOZENE 75 | <i>onzdeaxiademtar</i> |
| OMNARIS..... | 538 | MICROMETER (2 ML)..... | <i>onzdeaxiademvar</i> |
| OMNIPAQUE..... | 341, 342 | ONCOZENE 40 | <i>onzdeaxiatar</i> |
| OMNIPOD 5 DEXG7G6 | | MICROMETER (3 ML)..... | <i>onzdeaxiavar</i> |
| INTRO GEN 5..... | 446 | ONCOZENE 75 | <i>onzdeaxiazar</i> |
| OMNIPOD 5 DEXG7G6 PODS | | MICROMETER (2 ML)..... | <i>onzdeoxia</i> |
| GEN 5..... | 446 | ONCOZENE 75 | ONZETRA XSAIL..... |
| OMNIPOD 5 G7 INTRO (GEN | | MICROMETER (3 ML)..... | OPDUALAG..... |
| 5)..... | 447 | <i>ondansetron</i> | OPFOLDA..... |
| OMNIPOD 5 G7 PODS (GEN | | <i>ondansetron hcl</i> | <i>opium</i> |
| 5)..... | 447 | <i>one drop blood glucose monitor</i> | OPSUMIT..... |
| OMNIPOD 5 LIBRE2 PLUS |  | ..... | OPSYNVI..... |
| G6..... | 447 | <i>one drop test</i> | |
| | | ONE FLOW SPIROMETER... 497 | |
| | | ONETOUCH CLUB | |
| | | LANCETS FINE PT..... | |
| | | ONETOUCH DELICA | |
| | | LANCETS 30G..... | |

| | | | | |
|-----------------------------------|--|----------|--|--------|
| OPTICHAMBER | ORLADEYO..... | 394 | <i>oxiavary</i> | 265 |
| ADVANTAGE..... | <i>orlistat</i> | 10 | <i>oxiazar</i> | 265 |
| 500 | ORMALVI..... | 348 | <i>oxiconazole nitrate</i> | 290 |
| OPTICHAMBER | ORMECA..... | 275 | OXISTAT..... | 290 |
| ADVANTAGE-LG MASK..... | <i>orphenadrine citrate</i> | 535 | OXLUMO..... | 380 |
| 500 | <i>orphenadrine citrate er</i> | 535 | <i>oxopid</i> | 289 |
| OPTICHAMBER | <i>orphenadrine-asa-caffeine</i> | 536 | <i>oxopidaxiaqup</i> | 289 |
| ADVANTAGE-MED MASK...500 | <i>orphenadrine-aspirin-caffeine</i> .. | 536 | <i>oxopod</i> | 289 |
| OPTICHAMBER | ORPHENGESIC FORTE..... | 536 | OXSORALEN ULTRA..... | 277 |
| ADVANTAGE-SM MASK..... | <i>ortho df</i> | 401 | OXTELLAR XR..... | 97 |
| 500 | ORTHO MICRONOR..... | 248 | <i>oxybutynin chloride</i> | 608 |
| OPTICHAMBER DIAMOND. 500 | ORTHOVISC..... | 537 | <i>oxybutynin chloride er</i> | 608 |
| OPTICHAMBER DIAMOND- | ORTIKOS..... | 252 | <i>oxycodone hcl</i> | 56, 57 |
| LG MASK..... | <i>oscimin</i> | 602 | <i>oxycodone hcl er</i> | 56 |
| 500 | <i>oscimin sr</i> | 602 | <i>oxycodone-acetaminophen</i> | 60 |
| OPTICHAMBER DIAMOND- | <i>oseltamivir phosphate</i> | 222 | OXYCONTIN..... | 57 |
| MD MASK..... | OSENI..... | 115 | <i>oxymorphone hcl</i> | 57 |
| 500 | OSMITROL..... | 349 | <i>oxymorphone hcl er</i> | 57 |
| OPTICHAMBER DIAMOND- | OSMOLEX ER..... | 197 | <i>oxytocin</i> | 566 |
| SM MASK..... | OSMOPREP..... | 414 | <i>oxytocin-lactated ringers</i> | 566 |
| 500 | OSPHENA..... | 361 | <i>oxytocin-sodium chloride</i> | 566 |
| OPTICHAMBER FACE | <i>ostachol</i> | 401 | OXYTROL..... | 608 |
| MASK-LARGE..... | OSTEOCONDUCTIVE | | OZEMPIC (0.25 OR 0.5 | |
| 500 | MATRIX PLUS..... | 303 | MG/DOSE)..... | 120 |
| OPTICHAMBER FACE | OZEZLA..... | 37 | OZEMPIC (1 MG/DOSE)..... | 120 |
| MASK-MEDIUM..... | OTIPRIO..... | 565 | OZEMPIC (2 MG/DOSE)..... | 120 |
| 500 | OTOVEL..... | 565 | OZOBAX..... | 535 |
| OPTICHAMBER FACE | OTREXUP..... | 24 | OZURDEX..... | 561 |
| MASK-SMALL..... | OVACE PLUS..... | 279 | PACERONE..... | 75 |
| 500 | OVACE PLUS WASH..... | 279 | <i>paclitaxel</i> | 191 |
| OPTIHALER..... | OVACE WASH..... | 279 | <i>paclitaxel protein-bound part</i> ... | 191 |
| 500 | <i>oval tape</i> | 438 | PADCEV..... | 174 |
| OPTISON..... | OVEEZA..... | 401 | <i>paingo kft</i> | 307 |
| 340 | OVIDE..... | 297 | PALFORZIA (12 MG DAILY | |
| OPTIUM TEST..... | OVIDREL..... | 359 | DOSE)..... | 19 |
| 334 | <i>oxacillin sodium</i> | 576 | PALFORZIA (120 MG DAILY | |
| OPTIUMEZ TEST..... | <i>oxacillin sodium in dextrose</i> | 576 | DOSE)..... | 19 |
| 334 | <i>oxaliplatin</i> | 165, 166 | PALFORZIA (160 MG DAILY | |
| OPTUMRX BLOOD | <i>oxandrolone</i> | 63 | DOSE)..... | 19 |
| GLUCOSE TEST..... | <i>oxaprozin</i> | 36 | PALFORZIA (20 MG DAILY | |
| 334 | OXAYDO..... | 56 | DOSE)..... | 19 |
| OPTUNE..... | <i>oxazepam</i> | 72 | PALFORZIA (200 MG DAILY | |
| 501 | OXBRYTA..... | 403 | DOSE)..... | 19 |
| OPTUNE LUA..... | <i>oxcarbazepine</i> | 97 | PALFORZIA (240 MG DAILY | |
| 501 | <i>oxcarbazepine er</i> | 97 | DOSE)..... | 19 |
| OPVEE..... | <i>oxiachlo</i> | 309 | PALFORZIA (3 MG DAILY | |
| 129 | <i>oxiaice</i> | 264 | DOSE)..... | 19 |
| OPZELURA..... | <i>oxianuji</i> | 290 | PALFORZIA (300 MG | |
| 280 | <i>oxianujo</i> | 290 | MAINTENANCE)..... | 19 |
| ORABLOC..... | <i>oxiatar</i> | 264 | PALFORZIA (300 MG | |
| 415 | <i>oxiavar</i> | 264 | TITRATION)..... | 19 |
| ORACEA..... | <i>oxiavarry</i> | 265 | | |
| 297 | | | | |
| ORACIT..... | | | | |
| 378 | | | | |
| ORAFATE..... | | | | |
| 525 | | | | |
| <i>oral citrate</i> | | | | |
| 378 | | | | |
| ORALAIR..... | | | | |
| 22 | | | | |
| ORALONE..... | | | | |
| 525 | | | | |
| ORAMAGICRX..... | | | | |
| 525 | | | | |
| <i>orange (diagnostic)</i> | | | | |
| 322 | | | | |
| ORAPENN SD ANHYD | | | | |
| SWEETENED..... | | | | |
| 576 | | | | |
| ORAPEUTIC..... | | | | |
| 525 | | | | |
| ORAPRED ODT..... | | | | |
| 252 | | | | |
| ORAVIG..... | | | | |
| 523 | | | | |
| ORBACTIV..... | | | | |
| 156 | | | | |
| <i>orchard grass pollen</i> | | | | |
| 19 | | | | |
| <i>oregon ash pollen</i> | | | | |
| 19 | | | | |
| ORENCIA..... | | | | |
| 38 | | | | |
| ORFADIN..... | | | | |
| 356 | | | | |
| ORIAHNN..... | | | | |
| 365 | | | | |
| ORILISSA..... | | | | |
| 353 | | | | |

| | | | | | |
|---------------------------------------|----------|---|----------|--|-----|
| PALFORZIA (40 MG DAILY DOSE)..... | 19 | PAXIL..... | 106 | <i>pennaicin</i> | 275 |
| PALFORZIA (6 MG DAILY DOSE)..... | 19 | PAXIL CR..... | 106 | PENNSAID..... | 273 |
| PALFORZIA (80 MG DAILY DOSE)..... | 19 | PAXLOVID (150/100)..... | 219 | <i>pensomal</i> | 577 |
| PALFORZIA INITIAL ESCALATION..... | 19 | PAXLOVID (300/100)..... | 219 | PENTAM..... | 154 |
| PALINGEN FLOW..... | 303 | PAZEO..... | 553 | <i>pentamidine isethionate</i> | 154 |
| PALINGEN HYDROMEMBRANE..... | 303, 304 | <i>pazopanib hcl</i> | 181 | PENTASA..... | 372 |
| PALINGEN INOVOFLO..... | 304 | <i>pb-hyoscy-atropine-scopolamine</i> | 600 | <i>pentazocine-naloxone hcl</i> | 62 |
| PALINGEN MEMBRANE..... | 304 | <i>pc lancets super thin 30g</i> | 438 | <i>pentetate calcium trisodium</i> | 127 |
| PALINGEN XPLUS HYDROMEMBRANE..... | 304, 305 | <i>pc pediatric iron drops</i> | 405 | <i>pentetate zinc trisodium</i> | 127 |
| PALINGEN XPLUS MEMBRANE..... | 305 | <i>pc unifine pentips</i> | 480 | PENTIPS..... | 481 |
| <i>paliperidone er</i> | 205 | <i>p-care k40</i> | 253 | PENTIPS GENERIC PEN NEEDLES..... | 481 |
| <i>palonosetron hcl</i> | 130 | <i>p-care k40g</i> | 257 | <i>pentobarbital sodium</i> | 407 |
| PAMELOR..... | 110 | <i>p-care k40mx</i> | 257 | <i>pentosan polysulfate sodium</i> | 379 |
| <i>pamidronate disodium</i> | 351 | <i>p-care k80</i> | 253 | <i>pentoxifylline er</i> | 393 |
| PANCREAZE..... | 346, 347 | <i>p-care k80g</i> | 257 | PEPAXTO..... | 193 |
| PANDA MASK LARGE..... | 500 | <i>p-care k80mx</i> | 257 | PEPCID..... | 603 |
| PANDA MASK MEDIUM..... | 500 | <i>peanut (diagnostic)</i> | 322 | PERCOCET..... | 60 |
| PANDA MASK SMALL..... | 500 | <i>pecan nut (diagnostic)</i> | 322 | <i>perennial rye grass pollen</i> | 19 |
| PANDEL..... | 285 | <i>pecan pollen</i> | 19 | PERFECT LANCETS 28G..... | 438 |
| PANHEMATIN..... | 393 | PEDIAPRED..... | 253 | PERFECT LANCETS 30G..... | 438 |
| PANRETIN..... | 276 | PEDIATRIC PANDA MASK.. | 500 | PERFECT POINT SAFETY LANCETS..... | 438 |
| <i>pantoprazole sodium</i> | 605 | <i>pedizolpak</i> | 271 | PERFECT POINT SAFETY NEEDLE..... | 481 |
| <i>pantoprazole sodium-nacl</i> | 605 | PEDMARK..... | 193 | PERFOROMIST..... | 80 |
| PANZYGA..... | 571 | <i>peg-3350/electrolytes/ascorbat</i> | 413 | PERIDEX..... | 523 |
| <i>papaverine hcl</i> | 238 | PEGASYS..... | 221 | PERIKABIVEN..... | 548 |
| PARADIGM REAL-TIME TRANSMITTER..... | 438 | PEGASYS PROCLICK..... | 221 | <i>perindopril erbumine</i> | 145 |
| PARAPLATIN..... | 166 | <i>peg-kcl-nacl-nasulf-na asc-c</i> | 413 | PERIOGARD..... | 523 |
| PAREMYD..... | 556 | <i>pemetrexed</i> | 170 | PERIOMED..... | 524 |
| PARI BABY NEBULIZER SET..... | 448 | <i>pemetrexed disodium</i> | 169, 170 | PERJETA..... | 173 |
| PARI MANUAL INTERRUPTER..... | 497 | <i>pemetrexed ditromethamine</i> | 170 | <i>permethrin</i> | 297 |
| PARI TREK S COMBO PACK..... | 497 | PEMFEXY..... | 170 | <i>perphenazine</i> | 210 |
| <i>paricalcitol</i> | 357 | PEMGARDA..... | 567 | <i>perphenazine-amitriptyline</i> | 585 |
| PARLODEL..... | 197 | PEMRYDI RTU..... | 170 | PERSERIS..... | 205 |
| PARNATE..... | 104 | <i>pen needle/5-bevel tip</i> | 480 | PERTZYE..... | 347 |
| <i>paromomycin sulfate</i> | 23 | <i>pen needles</i> | 480, 481 | PETROLEUM GAUZE NON-WOVEN 3X9"..... | 318 |
| <i>paroxetine hcl</i> | 106 | <i>pen needles 5/16"</i> | 481 | PEXEVA..... | 106 |
| <i>paroxetine hcl er</i> | 106 | PENBRAYA..... | 609 | <i>pfizer covid-19 bival 6mo-4yr</i> ...611 | |
| <i>paroxetine mesylate</i> | 588 | <i>penciclovir</i> | 279 | <i>pfizer covid-19 vac bival 5-11</i> .. 611 | |
| PARSABIV..... | 352 | <i>penicillamine</i> | 514 | <i>pfizer covid-19 vac bivalent</i> | 611 |
| PASER..... | 164 | <i>penicillin g pot in dextrose</i> | 573 | <i>pfizer covid-19 vac tris 5-11y</i> ...611 | |
| PATANASE..... | 538 | <i>penicillin g potassium</i> | 573 | <i>pfizer covid-19 vac-tris 6m-4y</i> ..611 | |
| PAVBLU..... | 564 | <i>penicillin g procaine</i> | 573 | <i>pfizer covid-19 vac-tris 6m-4y</i> ..611 | |
| | | <i>penicillin g sodium</i> | 573 | <i>pfizer-biontech covid-19 vacc</i> ...611 | |
| | | <i>penicillin v potassium</i> | 574 | PFIZERPEN..... | 574 |
| | | <i>penicillium notatum</i> | 19 | <i>ph strips</i> | 334 |
| | | <i>penicillium notatum (diagnost)</i> | 322 | PHARMACIST CHOICE AUTOCODE..... | 334 |
| | | PENLEN..... | 295 | PHARMACIST CHOICE AUTOCODE SYS..... | 438 |
| | | PENLET II BLOOD SAMPLER..... | 438 | | |
| | | PENLET II REPLACEMENT CAP..... | 438 | | |

| | | |
|---|---|--------------------------------------|
| PHARMACIST CHOICE | <i>physicians ez use joint/tunnel</i> ... 257 | PLEGISOL..... 237 |
| LANCETS..... 438 | <i>physicians ez use m-pred</i> 258 | PLEGRIDY.....583 |
| PHARMACIST CHOICE MINI | PHYSIOLYTE.....518 | PLEGRIDY STARTER PACK 583 |
| SYSTEM.....438 | PHYSIOSOL IRRIGATION... 518 | PLENAMINE..... 547 |
| <i>pharmacist choice no coding</i> ... 334 | <i>physostigmine salicylate</i> 128 | PLENITY.....8 |
| PHARMACY COUNTER | <i>phytonadione</i>.....620 | PLENITY WELCOME KIT..... 8 |
| LANCETS..... 438 | PIASKY..... 392 | PLENVU.....413 |
| <i>phedrax</i> 271 | PICATO.....276 | <i>plerixafor</i> 398 |
| PHENAZO.....380 | <i>pidprogtar</i> 289 | PLEXION..... 265 |
| <i>phenazopyridine hcl</i> 380 | PIFELTRO.....218 | PLEXION CLEANSER.....265 |
| <i>phendimetrazine tartrate</i> 8 | <i>pilocarpine hcl</i> 525, 552 | PLEXION CLEANSING |
| <i>phendimetrazine tartrate er</i> 8 | <i>pimecrolimus</i>.....294 | CLOTH.....265 |
| <i>phenelzine sulfate</i>.....104 | <i>pimozide</i>.....587 | PLEXION NS..... 279 |
| PHENERGAN..... 136 | <i>pindolol</i> 226, 227 | PLIAGLIS.....307 |
| <i>phenobarbital</i>.....407, 408 | <i>pineapple (diagnostic)</i> 322 | PLO GEL - MEDIFLO 30.....577 |
| <i>phenobarbital sodium</i> 407, 408 | <i>pioglitazone hcl</i>.....125 | PLUVICTO.....185 |
| <i>phenobarbital-belladonna alk.</i> .. 600 | <i>pioglitazone hcl-glimepiride</i> 125 | <i>pnv tabs 20-1</i>.....532 |
| PHENOHYTRO..... 600 | <i>pioglitazone hcl-metformin hcl</i> . 125 | POCKET CHAMBER..... 500 |
| <i>phenol</i> 519 | PIP BLOOD GLUCOSE TEST | POCKET SPACER.....500 |
| <i>phenoxybenzamine hcl</i> 146 | STRIP..... 334 | POCKETCHEM EZ SYSTEM.438 |
| <i>phentermine hcl</i>.....8 | <i>pip lancets 28g</i> 438 | POCKETCHEM EZ TEST.....334 |
| <i>phentolamine mesylate</i>.....146 | <i>pip lancets 30g</i> 438 | <i>pod-care 100c</i> 258 |
| PHENYLADE GMP MIX | <i>pip pen needles 31g x 5mm</i> 481 | <i>pod-care 100cg</i> 258 |
| DHA/FIBER..... 345 | <i>pip pen needles 32g x 4mm</i> 481 | <i>pod-care 100cmx</i>.....258 |
| <i>phenylephrine hcl</i>.....237, 551, 618 | <i>piperacillin sod-tazobactam so</i> .575 | <i>pod-care 100k</i> 253 |
| <i>phenylephrine hcl (pressors)</i> | PIQRAY (200 MG DAILY | <i>pod-care 100kg</i> 258 |
|617, 618 | DOSE).....193 | <i>pod-care 100kmx</i>.....258 |
| <i>phenylephrine hcl-nacl</i> 618 | PIQRAY (250 MG DAILY | PODIAPN..... 343 |
| PHENYTEK..... 101 | DOSE).....194 | PODIATROLE..... 272 |
| <i>phenytoin</i>.....102 | PIQRAY (300 MG DAILY | PODOCON-25.....291 |
| PHENYTOIN INFATABS..... 101 | DOSE).....194 | <i>podofilox</i> 291 |
| <i>phenytoin sodium</i> 101, 102 | <i>pirfenidone</i>.....590 | <i>podoxia</i> 289 |
| <i>phenytoin sodium extended</i> 101 | <i>piroxicam</i> 36, 37 | <i>podprog</i>.....289 |
| <i>pheodooyo</i>.....271 | <i>pistachio nut (diagnostic)</i> 323 | <i>podprogtar</i> 289 |
| <i>pheoxia</i>.....272 | <i>pitavastatin calcium</i> 140 | <i>podtar</i>.....289 |
| PHESGO..... 185 | PITOCIN.....566 | POGO AUTOMATIC BLOOD |
| <i>phayo</i>.....272 | PIXEL COVID-19 PCR HOME | GLUCOSE..... 438 |
| PHLAG SPRAY..... 295 | TEST.....337 | POGO AUTOMATIC TEST |
| PHOSLYRA..... 374 | PKU EASY..... 346 | CARTRIDGES..... 334 |
| PHOSPHA 250 NEUTRAL..... 509 | PKU EASY MICROTABS.....346 | POINT OF CARE KM..... 258 |
| PHOSPHASAL.....161 | PKU EASY MICROTABS | POINT OF CARE L.2..... 258 |
| <i>phosphorous</i>.....509 | PLUS.....345 | POINT OF CARE L.5..... 258 |
| PHOSPHO-TRIN 250 | PKU EXPRESS 15 PLUS+..... 346 | POINT OF CARE LM DEP 2.. 258 |
| NEUTRAL..... 509 | PKU EXPRESS 20 PLUS+..... 346 | POINT OF CARE LM-2.2..... 416 |
| PHOSPHO-TRIN K500.....510 | PKU GO.....346 | POINT OF CARE LM-2.5..... 416 |
| PHOTOFRIN..... 186 | PLAQUENIL..... 163 | POKONZA..... 511 |
| PHOTREXA VISCOUS..... 558 | PLASBUMIN-25..... 395 | <i>polidocanol</i> 522 |
| PHOTREXA-PHOTREXA | PLASBUMIN-5..... 395 | POLIVY.....172 |
| VISCOUS KIT.....558 | PLASMA-LYTE 148.....508 | POLOCAINE.....418 |
| <i>phoxillum b22k4/0</i> 514 | PLASMA-LYTE A.....508 | POLOCAINE-MPF..... 418 |
| <i>physicians ez use b-12</i>.....398 | PLASMANATE..... 395 | POLYCIN..... 554 |
| <i>physicians ez use j/t/t kit ii</i> 257 | PLAVIX.....396 | <i>poly-iron 150 forte</i> 404 |

| | | | | | |
|---|----------|--|----------|--|----------|
| <i>polymyxin b sulfate</i> | 161 | <i>pramoxine-hc</i> | 299 | <i>pregabalin er</i> | 586 |
| <i>polymyxin b-trimethoprim</i> | 554 | PRASTERA..... | 37 | <i>pregen dha</i> | 532 |
| <i>polysaccharide iron forte</i> | 404 | <i>prasugrel hcl</i> | 396 | <i>pregenna</i> | 532 |
| <i>polytoza patch</i> | 497 | PRAVACHOL..... | 140 | PREGNYL..... | 359, 360 |
| POLYTRIM..... | 554 | PRAXBIND..... | 128 | PREMARIN..... | 368, 613 |
| POLY-VI-FLOR..... | 531 | <i>praziquantel</i> | 67 | PREMASOL..... | 547 |
| POLY-VI-FLOR/IRON..... | 529 | <i>prazosin hcl</i> | 151 | <i>premium blood glucose test</i> | 334 |
| POMALYST..... | 179 | PRE & POST SX POUCH..... | 295 | <i>premium lidocaine</i> | 293 |
| POMBILITI..... | 353 | PRECEDEX..... | 412, 413 | <i>premium scar</i> | 307 |
| PONS MOUTHPIECE..... | 496 | PRECISION SUREDOSE | | PREMPHASE..... | 365 |
| PONS SYSTEM..... | 496 | PLUS SYR..... | 481 | PREMPRO..... | 365 |
| PONVORY..... | 588 | PRECISION SURE-DOSE | | <i>prenara</i> | 532 |
| PONVORY STARTER PACK..... | 588 | SYRINGE..... | 482 | PRENATOL-M..... | 532 |
| <i>pork (diagnostic)</i> | 323 | PRECISION THINS GP | | PRENATRIX..... | 532 |
| PORTRAZZA..... | 178 | LANCETS..... | 438 | PRENATRYL..... | 532 |
| <i>posaconazole</i> | 134 | PRECISION XTRA..... | 438 | PRE-PEN..... | 325 |
| POSFREA..... | 130 | PRECISION XTRA BLOOD | | PREPIDIL..... | 566 |
| POSIMIR..... | 418 | GLUCOSE..... | 334 | <i>prepiv supply</i> | 307 |
| POSLUMA..... | 328 | PRECISION XTRA- | | PRESERA..... | 295 |
| <i>pot & sod cit-cit ac</i> | 378 | GLUCOSE/KETONE..... | 445 | <i>pressure activat safety lancet</i> | 438 |
| POTABA..... | 619 | PRECOSE..... | 111 | PRESTALIA..... | 142 |
| <i>potassium acetate</i> | 511 | PRED FORTE..... | 561 | <i>pretomanid</i> | 164 |
| <i>potassium chloride</i> | 512 | PRED MILD..... | 561 | PREVACID..... | 605 |
| <i>potassium chloride crys er</i> | 511 | PRED-G..... | 559 | PREVACID SOLUTAB..... | 605 |
| <i>potassium chloride er</i> | 511, 512 | PRED-G S.O.P..... | 559 | PREVALITE..... | 138 |
| <i>potassium chloride in nacl</i> | 508 | <i>prednicarbate</i> | 285 | PREVDUO..... | 126 |
| <i>potassium citrate er</i> | 378 | <i>prednisol ace-moxiflox-bromfen</i> | | PREVENT DROPSAFE PEN | |
| <i>potassium citrate-citric acid</i> | 378 | ..... | 559 | NEEDLES..... | 482 |
| <i>potassium cl in dextrose 5%</i> | 507 | <i>prednisolone</i> | 253 | PREVENT SAFETY PEN | |
| <i>potassium hydroxide</i> | 247 | <i>prednisolone acetate</i> | 561 | NEEDLES..... | 482 |
| <i>potassium phosphates</i> | 510 | <i>prednisolone acetate p-f</i> | 561 | PREVIDENT..... | 524 |
| <i>potassium phosphates(66 meq</i> | | <i>prednisolone acetate-nepafenac</i> | 559 | PREVIDENT 5000 BOOSTER | |
| <i>k)</i> | 510 | <i>prednisolone acet-moxifloxacin</i> | 559 | PLUS..... | 524 |
| <i>potassium phosphates(71 meq</i> | | <i>prednisolone sodium phosphate</i> | | PREVIDENT 5000 DRY | |
| <i>k)</i> | 510 | ..... | 253, 561 | MOUTH..... | 524 |
| <i>potassium phosphates-nacl</i> | 510 | <i>prednisolone-bromfenac</i> | 559 | PREVIDENT 5000 ENAMEL | |
| POTELIGEO..... | 171 | <i>prednisolone-gatifloxacin</i> | 559 | PROTECT..... | 523 |
| <i>povidone-iodine</i> | 555 | <i>prednisolone-moxifloxacin</i> | 559 | PREVIDENT 5000 KIDS..... | 524 |
| <i>powder insufflator-#4 capsules</i> | 448 | <i>prednisolon-gatiflox-bromfenac</i> | 559 | PREVIDENT 5000 ORTHO | |
| PR BENZOYL PEROXIDE..... | 268 | <i>prednisolon-moxiflox-</i> | | DEFENSE..... | 524 |
| PR BENZOYL PEROXIDE | | <i>bromfenac</i> | 559 | PREVIDENT 5000 PLUS..... | 524 |
| WASH..... | 268 | <i>prednisolon-moxiflox-ketorolac</i> | 559 | PREVIDENT 5000 | |
| PR CREAM..... | 295 | <i>prednisolon-moxiflox-nepafenac</i> | | SENSITIVE..... | 523 |
| PRADAXA..... | 90 | ..... | 559 | PREVIDOLRX ANALGESIC... .. | 32 |
| PRAKETAMIDE..... | 270 | <i>prednisone</i> | 253, 254 | <i>previdolrx plus analgesic</i> | 32 |
| <i>pralatrexate</i> | 170 | PREDNISONE INTENSOL..... | 253 | PREVYMIS..... | 220 |
| PRALUENT..... | 141 | <i>preferred plus insulin syringe</i> | 482 | PREZCOBIX..... | 215 |
| <i>pramipexole dihydrochloride</i> | 201 | <i>preferred plus lancets colored</i> | 438 | PREZISTA..... | 217 |
| <i>pramipexole dihydrochloride er</i> | 201 | <i>preferred plus lancets thin</i> | 438 | PRIALT..... | 39 |
| PRAMOSONE..... | 299 | <i>preferred plus unifine pentips</i> | 482 | PRIFTIN..... | 164 |
| PRAMOTIC..... | 564 | PREFEST..... | 365 | PRILO PATCH..... | 308 |
| PRAMOX..... | 293 | <i>pregabalin</i> | 97 | PRILO PATCH II..... | 308 |

| | | | | | |
|--|----------|--|----------|--|----------|
| <i>priloheal plus 30</i> | 308 | <i>prochamber vhc</i> | 501 | <i>promethazine-codeine</i> | 260 |
| <i>prilolid</i> | 308 | <i>prochlorperazine</i> | 210 | <i>promethazine-dm</i> | 260 |
| PRILOSEC..... | 605 | <i>prochlorperazine edisylate</i> | 210 | <i>promethazine-phenyleph-</i> | |
| <i>prilovix</i> | 308 | <i>prochlorperazine maleate</i> | 210 | <i>codeine</i> | 260 |
| <i>prilovix lite</i> | 308 | PROCORT..... | 66 | <i>promethazine-phenylephrine</i> | 259 |
| <i>prilovix lite plus</i> | 308 | PROCRIT..... | 400 | PROMETHEGAN..... | 136 |
| <i>prilovix plus</i> | 308 | <i>pro-critic</i> | 343 | PROMETRIUM..... | 578 |
| <i>prilovix ultralite</i> | 308 | PROCTOCORT..... | 67 | PROMISEB..... | 279 |
| <i>prilovix ultralite plus</i> | 308 | PROCTOFOAM HC..... | 66 | PRONAL..... | 288 |
| <i>prilovixil</i> | 308 | PROCTO-MED HC..... | 67 | <i>prooxia</i> | 287 |
| <i>primaquine phosphate</i> | 163 | PROCTO-PAK..... | 67 | <i>propafenone hcl</i> | 74 |
| PRIMAXIN IV..... | 155 | PROCTOSOL HC..... | 67 | <i>propafenone hcl er</i> | 74 |
| <i>primidone</i> | 97 | PROCTOZONE-HC..... | 67 | <i>proparacaine hcl</i> | 557 |
| PRIMSOL..... | 154 | <i>prodigen</i> | 125 | <i>proparacaine-fluorescein</i> | 556 |
| PRINIVIL..... | 145 | PRODIGY AUTOCODE | | PROPECIA..... | 310 |
| PRISMASOL BGK 4/0/1.2..... | 514 | BLOOD GLUCOSE..... | 439 | PROPEL..... | 538 |
| PRISTIQ..... | 108 | PRODIGY INSULIN | | PROPEL MINI..... | 538 |
| <i>privet</i> | 20 | SYRINGE..... | 483 | PROPEL MINI SDS..... | 538 |
| PRIVIGEN..... | 571 | PRODIGY LANCETS 28G..... | 439 | <i>propofol</i> | 377 |
| PRIZOPAK II..... | 308 | PRODIGY LANCING | | <i>propofol-lipuro</i> | 377 |
| PRIZOTRAL-II..... | 308 | DEVICE..... | 439 | <i>propranolol hcl</i> | 227 |
| PRO COMFORT INSULIN | | PRODIGY NO CODING | | <i>propranolol hcl er</i> | 227 |
| SYRINGE..... | 482, 483 | BLOOD GLUC..... | 335, 439 | <i>propylthiouracil</i> | 594 |
| <i>pro comfort lancets 30g</i> | 438 | PRODIGY POCKET BLOOD | | PROSCAR..... | 378 |
| <i>pro comfort lancets 31g</i> | 438 | GLUCOSE..... | 439 | PROSILK..... | 296, 498 |
| <i>pro comfort pen needles</i> | 483 | PRODIGY SAFETY | | PROSOL..... | 547 |
| <i>pro comfort safety lancets 30g</i> .. | 438 | LANCETS 26G..... | 439 | PROSTIN E2..... | 566 |
| <i>pro comfort spacer adult</i> | 500 | PRODIGY TWIST TOP | | PROSTIN VR..... | 522 |
| <i>pro comfort spacer child</i> | 500 | LANCETS 28G..... | 439 | <i>protamine sulfate</i> | 396 |
| <i>pro comfort spacer infant</i> | 500 | PRODIGY VOICE BLOOD | | PROTEOLIN..... | 343 |
| PRO DNA COLLECTION..... | 335 | GLUCOSE..... | 439 | <i>protexa</i> | 287 |
| <i>pro hers rx</i> | 532 | <i>professional dna collection</i> | 335 | PROTEXT..... | 305, 306 |
| <i>pro his rx</i> | 532 | PROFILNINE..... | 390 | PROTHELIAL..... | 525 |
| <i>pro pcos rx</i> | 532 | PROFINAC..... | 275 | PROTONIX..... | 605 |
| <i>pro voice v8 glucose system</i> | 438 | <i>profola</i> | 528 | PROTOPAM CHLORIDE..... | 128 |
| <i>pro voice v8/v9 glucose</i> | 335 | <i>progesterone</i> | 578 | PROTOPIC..... | 294 |
| <i>pro voice v9 glucose system</i> | 438 | <i>progesterone micronized</i> | 578 | <i>protriptyline hcl</i> | 110 |
| PROAIR DIGIHALER..... | 80 | PROGLYCEM..... | 113 | PROTYL AG..... | 318 |
| PROAIR HFA..... | 80 | PROGRAF..... | 518, 519 | PROVAYBLUE..... | 128 |
| PROAIR RESPICLICK..... | 80 | PROHANCE..... | 340 | PROVENGE..... | 175 |
| <i>probenecid</i> | 381 | PROLASTIN-C..... | 589 | PROVENTIL HFA..... | 80 |
| <i>probichew</i> | 126 | PROLATE..... | 61 | PROVERA..... | 578 |
| PROBINATE..... | 125 | PROLEEVA..... | 343 | PROVIGIL..... | 15 |
| <i>procainamide hcl</i> | 73 | PROLENSA..... | 557 | PROVISC..... | 562 |
| PROCALAMINE..... | 547 | PROLEUKIN..... | 186 | PROVOCHOLINE..... | 325 |
| PROCARDIA..... | 232 | <i>proleva</i> | 343 | PROXIVOL..... | 293 |
| PROCARDIA XL..... | 232 | PROLIA..... | 360 | PROZAC..... | 106 |
| <i>procare spacer/adult mask</i> | 500 | PROMACTA..... | 406 | PRUCLAIR..... | 295 |
| <i>procare spacer/child mask</i> | 501 | <i>promella in prebiotic</i> | 125 | PRUDOXIN..... | 276 |
| PRO-C-DURE 5..... | 254 | <i>promethazine hcl</i> | 136 | PRUMYX..... | 295 |
| PRO-C-DURE 6..... | 254 | <i>promethazine vc</i> | 259 | <i>pseudoeph-bromphen-dm</i> | 260 |
| PROCENTRA..... | 6 | <i>promethazine vc/codeine</i> | 260 | PSORIZIDE FORTE..... | 516 |

| | | | | | |
|--|-----|---|----------|---|-----|
| PSORIZIDE ULTRA..... | 516 | <i>px lancets ultra thin</i> | 439 | QUICKTEK TEST..... | 335 |
| PSS SELECT GP LANCETS... | 439 | <i>px lancets ultra thin 28g</i> | 439 | QUICKTEK/METER..... | 439 |
| PSS SELECT PLATFORMS... | 439 | <i>px mini pen needles</i> | 483 | QUICKVUE + STREP A TEST | |
| PSS SELECT SAFETY | | <i>px pen needle</i> | 483 | ..... | 337 |
| LANCETS..... | 439 | <i>px shortlength pen needles</i> | 483 | QUICKVUE DIPSTICK | |
| PTS PANELS EGLU TEST.... | 335 | PYCNOGENOL..... | 22 | STREP A TEST..... | 338 |
| PTS PANELS GLUCOSE | | PYLARIFY..... | 328 | QUICKVUE INFLUENZA | |
| TEST..... | 335 | PYLERA..... | 607 | A+B TEST..... | 338 |
| PTS PANELS LIPID | | <i>pyrazinamide</i> | 164 | QUICKVUE IN-LINE STREP | |
| PANEL+EGLU..... | 335 | PYRIDIDIUM..... | 380 | A TEST..... | 338 |
| PULMICORT..... | 84 | <i>pyridostigmine bromide</i> | 164 | QUICKVUE SARS ANTIGEN | |
| PULMICORT FLEXHALER.... | 84 | <i>pyridostigmine bromide er</i> | 164 | TEST..... | 338 |
| PULMONEB LT..... | 448 | <i>pyridoxal-5 phosphate</i> | 619 | <i>quidroxzar</i> | 275 |
| PULMOSAL..... | 259 | <i>pyridoxine hcl</i> | 619 | <i>quihoxaxia</i> | 276 |
| PULMOZYME..... | 589 | <i>pyrimethamine</i> | 163 | <i>quihoxvar</i> | 276 |
| PURAPLY..... | 319 | <i>pyrimethamine-leucovorin</i> | 162 | QUILLICHEW ER..... | 15 |
| PURAPLY 1.6CM..... | 318 | <i>pyrogallic acid</i> | 292 | QUILLIVANT XR..... | 15 |
| PURAPLY ANTIMICRO | | QALSODY..... | 539 | <i>quinapril hcl</i> | 145 |
| 3.76X3.76CM..... | 318 | QBRELIS..... | 145 | <i>quinapril-hydrochlorothiazide</i> .. | 143 |
| PURAPLY ANTIMICROBIAL | | QBREXZA..... | 296 | <i>quinidine gluconate er</i> | 73 |
| 2X2CM..... | 318 | <i>qc advanced lancing device</i> | 439 | <i>quinidine sulfate</i> | 73 |
| PURAPLY ANTIMICROBIAL | | <i>qc lancets super thin 30g</i> | 439 | <i>quinine sulfate</i> | 163 |
| 2X4CM..... | 318 | <i>qc lancets ultra thin</i> | 439 | QUINIXIL..... | 309 |
| PURAPLY ANTIMICROBIAL | | <i>qc pen needles</i> | 483 | QUINJA..... | 272 |
| 3.02CM..... | 318 | <i>qc unifine pentips</i> | 483 | QUINTET AC BLOOD | |
| PURAPLY ANTIMICROBIAL | | <i>qc unilet lancets 28g</i> | 439 | GLUCOSE TEST..... | 335 |
| 3X4CM..... | 318 | <i>qc unilet lancets micro thin</i> | 439 | QUINTET BLOOD GLUCOSE | |
| PURAPLY ANTIMICROBIAL | | QDOLO..... | 57 | TEST..... | 335 |
| 4X4CM..... | 318 | QELBREE..... | 3 | <i>quitar</i> | 276 |
| PURAPLY ANTIMICROBIAL | | QMIIZ ODT..... | 37 | QULIPTA..... | 501 |
| 5X5CM..... | 319 | QNASL..... | 538 | QUTENZA..... | 293 |
| PURAPLY ANTIMICROBIAL | | QNASL CHILDRENS..... | 538 | QUTENZA (2 PATCH)..... | 293 |
| 6X9CM..... | 319 | QSYMIA..... | 8 | QUTENZA (4 PATCH)..... | 293 |
| PURAPLY ANTIMICROBIAL | | QTERN..... | 122 | QUVIVIQ..... | 412 |
| 8X16CM..... | 319 | <i>quad-mix</i> | 237 | QUZYTIR..... | 136 |
| PURAPLY XT | | QUADRAMET..... | 185 | QVAR REDIHALER..... | 84 |
| ANTIMICROBIAL..... | 319 | QUAKE..... | 497 | RA E-ZJECT LANCETS 28G.. | 439 |
| PURAPLY XT | | QUALAQUIN..... | 163 | RA E-ZJECT LANCETS THIN | |
| ANTIMICROBIAL 5X5CM.... | 319 | QUARTETTE..... | 248 | 26G..... | 439 |
| PURAPLY XT | | <i>quazepam</i> | 410 | RA E-ZJECT LANCETS THIN | |
| ANTIMICROBIAL 6X9CM.... | 319 | QUDEXY XR..... | 97, 98 | 28G..... | 439 |
| <i>pure comfort lancets 30g</i> | 439 | <i>queen palm</i> | 20 | RA E-ZJECT LANCETS | |
| <i>pure comfort pen needle</i> | 483 | QUELICIN..... | 539 | ULTRA THIN..... | 439 |
| <i>pure comfort safety pen needle</i> .. | 483 | QUESTRAN..... | 138 | <i>ra insulin syringe</i> | 483 |
| <i>pure comfort spacer chamber</i> ... | 501 | QUESTRAN LIGHT..... | 138 | <i>ra pen needles</i> | 483 |
| <i>purevit dualfe plus</i> | 404 | <i>quetiapine fumarate</i> | 208, 209 | RABAVERT..... | 611 |
| PURIXAN..... | 170 | <i>quetiapine fumarate er</i> | 208 | <i>rabbit epithelium</i> | 20 |
| <i>push button safety lancets</i> | 439 | QUFLORA FE..... | 527 | <i>rabeprazole sodium</i> | 605 |
| <i>px advanced lancing device</i> | 439 | QUFLORA FE PEDIATRIC.... | 530 | RADIAPLEXRX..... | 319 |
| <i>px extra short pen needles</i> | 483 | QUFLORA GUMMIES..... | 531 | RADIAURA..... | 299 |
| <i>px insulin syringe</i> | 483 | QUFLORA PEDIATRIC..... | 531 | RADICAVA..... | 539 |
| <i>px lancets microthin 33g</i> | 439 | QUICKTEK..... | 439 | RADIOGARDASE..... | 128 |

| | | | | | |
|--------------------------------------|----------|-------------------------------------|-----|-------------------------------|-----|
| RAGWITEK..... | 20 | RECOMBINATE..... | 390 | RELION LANCETS ULTRA- | |
| <i>ramelteon</i> | 413 | RECORLEV..... | 353 | THIN 30G..... | 440 |
| <i>ramipril</i> | 145 | RECOTHROM..... | 407 | RELION LANCING DEVICE..... | 440 |
| RANEXA..... | 68 | RECOTHROM SPRAY KIT... | 407 | RELION MICRO..... | 440 |
| <i>ranolazine er</i> | 68 | RECTIV..... | 66 | RELION MINI PEN NEEDLES | |
| RAPAFLO..... | 378 | RECURA..... | 272 | ..... | 484 |
| RAPAMUNE..... | 519 | <i>red alder pollen</i> | 20 | RELION PEN NEEDLES..... | 484 |
| RAPIVAB..... | 222 | <i>red cedar</i> | 20 | RELION PREMIER BLU | |
| <i>rasagiline mesylate</i> | 198 | <i>red maple</i> | 20 | MONITOR..... | 440 |
| RASUVO..... | 25 | <i>red maple (diagnostic)</i> | 323 | RELION PREMIER CLASSIC..... | 440 |
| RAVICTI..... | 363 | <i>red mulberry</i> | 20 | RELION PREMIER | |
| <i>raya sure pen needle</i> | 483, 484 | <i>red oak</i> | 20 | COMPACT SYSTEM..... | 440 |
| RAYALDEE..... | 357 | <i>red oak (diagnostic)</i> | 323 | RELION PREMIER TEST..... | 335 |
| <i>rayasal</i> | 291 | <i>red top grass pollen</i> | 20 | RELION PREMIER VOICE | |
| <i>rayasore kit</i> | 280 | REFISSA..... | 269 | MONITOR..... | 440 |
| RAYOS..... | 254 | REFUAH PLUS BLOOD | | RELION PRIME MONITOR... | 440 |
| RAZADYNE..... | 580 | GLUCOSE TEST..... | 335 | RELION PRIME TEST..... | 335 |
| RAZADYNE ER..... | 580 | REFUAH PLUS | | RELION SHORT PEN | |
| READI-CAT 2..... | 340 | MONITORING SYSTEM..... | 439 | NEEDLES..... | 484 |
| READYLANCE SAFETY | | <i>regadenoson</i> | 325 | RELION TRUE MET AIR | |
| LANCETS..... | 439 | REGEN-COV..... | 572 | GLUC METER..... | 440 |
| READYSHARP ANESTH + | | REGENECARE..... | 310 | RELION TRUE METRIX | |
| BETAMETH..... | 258 | REGIOCIT..... | 514 | TEST STRIPS..... | 335 |
| READYSHARP ANESTH + | | REGLAN..... | 371 | RELION ULTIMA GLUCOSE | |
| DEXAMETH..... | 258 | REGONOL..... | 164 | SYSTEM..... | 440 |
| READYSHARP ANESTH + | | REGRANEX..... | 310 | RELION ULTIMA TEST..... | 335 |
| KETOROLAC..... | 32 | REJOYN..... | 515 | RELION ULTRA THIN | |
| READYSHARP ANESTH + | | RELADOR PAK..... | 308 | LANCETS 30G..... | 440 |
| METHYLPRED..... | 258 | RELADOR PAK PLUS..... | 308 | RELION ULTRA THIN PLUS | |
| READYSHARP | | RELAFEN..... | 37 | LANCETS..... | 440 |
| BETAMETHASONE..... | 258 | RELAFEN DS..... | 37 | RELISTOR..... | 373 |
| READYSHARP | | RELENZA DISKHALER..... | 222 | RELPAK..... | 503 |
| DEXAMETHASONE..... | 254 | RELEUKO..... | 402 | RELTONE..... | 370 |
| READYSHARP LIDOCAINE..... | 418 | <i>releuko</i> | 402 | RELYVRIO..... | 539 |
| READYSHARP-A..... | 416 | RELEXXII..... | 15 | <i>remdesivir</i> | 222 |
| REAL HEAL-I..... | 308 | RELIEVRX..... | 516 | REMEDIENT..... | 528 |
| <i>reality insulin syringe</i> | 484 | RELION ALL-IN-ONE..... | 439 | REMERON..... | 103 |
| <i>reality lancets</i> | 439 | RELION BLOOD GLUCOSE | | REMERON SOLTAB..... | 103 |
| <i>reality trigger lancets</i> | 439 | TEST..... | 335 | REMICADE..... | 375 |
| <i>realsil-6</i> | 498 | RELION CONFIRM | | <i>remifentanil hcl</i> | 58 |
| <i>realsil-8</i> | 498 | GLUCOSE MONITOR..... | 440 | <i>remigen</i> | 295 |
| REBIF..... | 583 | RELION CONFIRM/MICRO | | RENACIDIN..... | 379 |
| REBIF REBIDOSE..... | 583 | TEST..... | 335 | RENAGEL..... | 374 |
| REBIF REBIDOSE | | RELION GLUCOSE TEST | | RENAL..... | 526 |
| TITRATION PACK..... | 583 | STRIPS..... | 335 | RENATABS..... | 526 |
| REBIF TITRATION PACK..... | 584 | RELION INSULIN SYRINGE..... | 484 | RENATABS WITH IRON..... | 526 |
| REBINYN..... | 390 | RELION LANCETS..... | 440 | RENFLEXIS..... | 375 |
| REBLOZYL..... | 398 | RELION LANCETS MICRO- | | <i>reno caps</i> | 526 |
| REBYOTA..... | 373 | THIN 33G..... | 440 | RENOVA..... | 269 |
| RECARBRIO..... | 155 | RELION LANCETS THIN 26G | | RENOVA PUMP..... | 269 |
| RECEDO..... | 298 | ..... | 440 | REVELA..... | 374 |
| <i>reck</i> | 415 | | | <i>repaglinide</i> | 121 |

| | | | | | |
|--------------------------------|----------|--------------------------------|----------|---|----------|
| REPATHA..... | 141 | REXASIL PATCH & | | <i>ringers</i> | 508 |
| REPATHA PUSHTRONEX | | VITAMIN E LIQ..... | 310 | RINVOQ..... | 24 |
| SYSTEM..... | 141 | REXTOVY..... | 129 | RINVOQ LQ..... | 24 |
| REPATHA SURECLICK..... | 141 | REXULTI..... | 212 | RIOMET..... | 112 |
| REQ 49+..... | 528 | REYATAZ..... | 217 | <i>risedronate sodium</i> | 351, 352 |
| REQUIP XL..... | 202 | REYVOW..... | 505 | RISPERDAL..... | 206 |
| RESET..... | 515 | REZIPRES..... | 618, 619 | RISPERDAL CONSTA.... | 205, 206 |
| RESET FOR IOS OR | | REZVOGLAR KWIKPEN..... | 119 | <i>risperidone</i> | 206 |
| ANDROID APP..... | 515 | REZZAYO..... | 133 | <i>risperidone microspheres er</i> | 206 |
| RESET NON-MONETARY | | R-GENE 10..... | 325 | RITALIN..... | 15 |
| CM..... | 515 | RHEOSPRAY..... | 576 | RITALIN LA..... | 15 |
| RESET-O..... | 515 | RHEUMATE..... | 343 | RITEFLO..... | 501 |
| RESET-O FOR IOS OR | | RHOFADE..... | 297 | <i>ritonavir</i> | 217 |
| ANDROID APP..... | 515 | RHOGAM ULTRA- | | <i>rivastigmine</i> | 580, 581 |
| RESET-O NON-MONETARY | | FILTERED PLUS..... | 571 | <i>rivastigmine tartrate</i> | 581 |
| CM..... | 515 | RHOPHYLAC..... | 571 | <i>river birch pollen</i> | 20 |
| <i>resorcinol-sulfur</i> | 265 | RHOPRESSA..... | 558 | <i>rixubis</i> | 390, 391 |
| RESTASIS..... | 556 | RIASTAP..... | 390 | <i>rizatriptan benzoate</i> | 503, 504 |
| RESTASIS MULTIDOSE..... | 556 | <i>ribavirin</i> | 221, 223 | <i>roaxia</i> | 276 |
| RESTORA RX..... | 126 | <i>ribozel</i> | 343 | ROBAXIN..... | 535 |
| RESTORE SILVER | | <i>rice (diagnostic)</i> | 323 | ROBAXIN-750..... | 535 |
| DRESSING..... | 319 | RIDAURA..... | 30 | ROBINUL..... | 606 |
| RESTORIL..... | 410 | <i>rifabutin</i> | 164 | ROBINUL-FORTE..... | 607 |
| RETACRIT..... | 400 | RIFADIN..... | 164, 165 | ROCALTROL..... | 357 |
| RETAVASE..... | 396 | <i>rifampin</i> | 165 | ROCKLATAN..... | 556 |
| RETAVASE HALF-KIT..... | 396 | RIFAMPIN+SYRSPEND SF.. | 165 | ROCTAVIAN..... | 383 |
| RETEVMO..... | 182 | RIGHTEST ALTERNATE | | <i>rocuronium bromide</i> | 543 |
| RETHYMIC..... | 514 | SITE ADAPT..... | 440 | <i>roflumilast</i> | 82 |
| RETIN-A..... | 268 | RIGHTEST GD500 LANCING | | ROLVEDON..... | 402 |
| RETIN-A MICRO..... | 268, 269 | DEVICE..... | 440 | <i>romidepsin</i> | 179 |
| RETIN-A MICRO PUMP..... | 269 | RIGHTEST GL300 LANCETS | 440 | ROPIDEX..... | 258 |
| RETISERT..... | 561 | RIGHTEST GM100 BLOOD | | <i>ropinirole hcl</i> | 202 |
| RETROVIR..... | 219 | GLUCOSE..... | 440 | <i>ropinirole hcl er</i> | 202 |
| REUSABLE COMFORTSEAL | | RIGHTEST GM300 BLOOD | | <i>ropivacaine hcl</i> | 418, 419 |
| MASK-LRG..... | 497 | GLUCOSE..... | 440 | <i>ropivacaine hcl-nacl</i> | 419 |
| REUSABLE COMFORTSEAL | | RIGHTEST GM550 BLOOD | | <i>ropiv-clonidine-ketorolac</i> | 415 |
| MASK-MED..... | 497 | GLUCOSE..... | 440 | ROSADAN..... | 297 |
| REUSABLE COMFORTSEAL | | RIGHTEST GS100 BLOOD | | <i>rosuvastatin calcium</i> | 140 |
| MASK-SML..... | 497 | GLUCOSE..... | 335 | ROSZET..... | 140 |
| REVATIO..... | 240 | RIGHTEST GS300 BLOOD | | <i>rough marsh elder</i> | 20 |
| REVCIVI..... | 351 | GLUCOSE..... | 335 | <i>rough pigweed</i> | 20 |
| REVEAL BLOOD GLUCOSE | | RIGHTEST GS550 BLOOD | | ROWASA..... | 372 |
| TEST..... | 335 | GLUCOSE..... | 335 | ROWEEPRA..... | 98 |
| <i>revesta</i> | 401 | RIGHTEST GT333 BLOOD | | ROXICODONE..... | 58 |
| REVLIMID..... | 517 | GLUCOSE..... | 335, 440 | ROXYBOND..... | 58 |
| REVONTO..... | 536 | RIGHTEST GT333 GLUCOSE | | ROZEREM..... | 413 |
| REXALL BLOOD GLUCOSE | | TEST..... | 335 | ROZLYTREK..... | 182 |
| SYSTEM..... | 440 | RILUTEK..... | 539 | RTD WOUND CARE | |
| REXALL BLOOD GLUCOSE | | <i>riluzole</i> | 539 | DRESSING..... | 319 |
| TEST..... | 335 | <i>rimantadine hcl</i> | 222 | RUBRACA..... | 194 |
| REXALL LANCETS ULTRA | | <i>rimi</i> | 273 | RUCONEST..... | 392 |
| THIN 30G..... | 440 | RIMSO-50..... | 379 | <i>rufinamide</i> | 98 |

| | | | | | |
|--|----------|--|----------|---|----------|
| RUKOBIA..... | 216 | <i>salimez forte</i> | 291 | SCLEROSOL | |
| <i>russian thistle</i> | 20 | <i>saline bacteriostatic</i> | 576 | INTRAPLEURAL..... | 590 |
| RUXIENCE..... | 172 | <i>saline flush</i> | 513 | <i>scopolamine</i> | 131 |
| RUZURGI..... | 164 | <i>saline-phenol</i> | 576 | <i>sea scallops (diagnostic)</i> | 323 |
| RYALTRIS..... | 537 | SALIVAMAX..... | 524 | SEASONIQUE..... | 248 |
| RYANODEX..... | 536 | <i>salsalate</i> | 39 | SEBUDERM..... | 295 |
| RYBELSUS..... | 120 | <i>salt durable cream</i> | 577 | SECREFLO..... | 325 |
| RYBREVANT..... | 181 | SALTSTABLE LO..... | 577 | SECUADO..... | 208 |
| RYCLORA..... | 135 | SALVAX..... | 291 | SECURESAFE INSULIN | |
| RYDAPT..... | 181 | SALVAX DUO PLUS..... | 292 | SYRINGE..... | 485 |
| RYKINDO..... | 206 | SALYCIM..... | 291 | SECURESAFE SAFETY PEN | |
| RYLAZE..... | 185 | <i>salynta</i> | 291 | NEEDLES..... | 485 |
| RYPLAZIM..... | 395 | SAMSCA..... | 361 | SEGLENTIS..... | 63 |
| RYSTIGGO..... | 520 | <i>sanadermr^x skin repair</i> | 309 | SEGLUROMET..... | 122, 123 |
| RYTARY..... | 199, 200 | SANCUSO..... | 130 | <i>selegiline hcl</i> | 198 |
| RYTELO..... | 193 | SANDIMMUNE..... | 515 | <i>selenious acid</i> | 513 |
| RYTHMOL SR..... | 74 | SANDOSTATIN..... | 361, 362 | <i>selenium sulfide</i> | 279 |
| RYVENT..... | 135 | SANDOSTATIN LAR DEPOT..... | 361 | SELRX..... | 279 |
| S.T. GENESIS NERVE | | SANTYL..... | 288 | SELZENTRY..... | 216 |
| STIMULATOR..... | 496 | SAPHNELO..... | 522 | SEMGLEE..... | 119 |
| <i>sa3 derm</i> | 577 | SAPHRIS..... | 208 | SEMGLEE (YFGN)..... | 119 |
| SABRIL..... | 101 | <i>sapropterin dihydrochloride</i> | 360 | SENSIPAR..... | 352 |
| <i>saccharomyces cerevisiae</i> ...20, 323 | | <i>saps health plus lancets</i> | 441 | SENSORCAINE..... | 419 |
| SAFE-SENSE EARLOOP | | <i>saps health twist top lancets</i> | 441 | SENSORCAINE/EPINEPHRIN | |
| FACE MASK..... | 448 | <i>saps twist top lancets</i> | 441 | E..... | 415 |
| SAFESNAP INSULIN | | <i>sapscare twist top lancets</i> | 441 | SENSORCAINE-MPF..... | 419 |
| SYRINGE..... | 484 | SARAFEM..... | 586 | SENSORCAINE- | |
| SAFE-T-LANCE..... | 440 | SARCLISA..... | 172 | MPF/EPINEPHRINE..... | 415 |
| SAFE-T-LANCE PLUS..... | 440 | <i>saroxia</i> | 265 | SEREVENT DISKUS..... | 80 |
| <i>safety insulin syringes</i> | 484 | SAVAYSA..... | 86 | SERNIVO..... | 285 |
| <i>safety lancet 21g/pressure act</i> ...440 | | SAVELLA..... | 581 | SEROQUEL..... | 209 |
| <i>safety lancet 28g/pressure act</i> ...440 | | SAVELLA TITRATION PACK | | SEROQUEL XR..... | 209 |
| <i>safety lancet 30g/pressure act</i> ...440 |  | ..... | 581 | SEROSTIM..... | 355 |
| SAFETY LANCETS..... | 440 | SAVI DUAL..... | 501 | <i>sertraline hcl</i> | 106 |
| SAFETY LANCETS 21G..... | 441 | <i>saxagliptin hcl</i> | 113 | <i>sesame seed (diagnostic)</i> | 323 |
| SAFETY LANCETS 23G..... | 441 | <i>saxagliptin-metformin er</i> | 114 | <i>se-tan plus</i> | 404 |
| <i>safety lancets 28g</i> | 441 | SAXENDA..... | 9 | <i>sevelamer carbonate</i> | 374 |
| <i>safety pen needles</i> | 484 | <i>sb insulin syringe</i> | 485 | <i>sevelamer hcl</i> | 374 |
| SAFYRAL..... | 248 | <i>sb lancets thin</i> | 441 | SEVENFACT..... | 391 |
| <i>sagebrush</i> | 20 | <i>sb lancets ultra thin</i> | 441 | <i>sevoflurane</i> | 377 |
| <i>sagebrush (diagnostic)</i> | 323 | SCALACORT DK..... | 310 | SEYSARA..... | 593 |
| SAIZEN..... | 355 | SCARCARE GEL-PAD | | SEZABY..... | 408 |
| SAIZENPREP..... | 355 | KIT/LARGE..... | 310 | SFROWASA..... | 372 |
| SAJAZIR..... | 391 | <i>scarcin</i> | 298 | <i>shagbark hickory</i> | 20 |
| SALAGEN..... | 525 | <i>scarcin pad plus</i> | 498 | <i>sheep sorrel</i> | 20 |
| SALEX..... | 291 | <i>scarcinpad</i> | 498 | <i>sheep sorrel-dock (diagostic)</i> ...340 | |
| SALICATE..... | 291 | <i>scarheal</i> | 498 | <i>sheep sorrel-yellow dock</i> | 22 |
| <i>salicylic acid</i> | 291 | <i>scarsilk</i> | 298, 498 | SHOPKO AUTOLET | |
| <i>salicylic acid er</i> | 291 | SCARTRATE..... | 298 | LANCING DEVICE..... | 441 |
| <i>salicylic acid wart remover</i> | 291 | SCARZEN SKIN REPAIR..... | 310 | SHOPKO ON-THE-GO | |
| <i>salicylic acid-cleanser</i> | 291 | SCSEMBLIX..... | 176 | LANCETS 30G..... | 441 |
| <i>salimez</i> | 291 | SCENESSE..... | 294 | SHOPKO UNIFINE PENTIPS..... | 485 |

| | | | | | |
|--|----------|--|----------|---|---------|
| SHOPKO UNIFINE PENTIPS PLUS..... | 485 | SIMPONI ARIA..... | 30 | SMARTEST PERSONA STARTER..... | 441 |
| SHOPKO UNILET LANCETS 28G..... | 441 | SIMULECT..... | 520 | SMARTEST PRONTO STARTER..... | 441 |
| SHOPKO UNILET LANCETS 30G..... | 441 | <i>sincalide</i> | 325 | SMARTEST PROTEGE..... | 441 |
| <i>short ragweed pollen ext</i> | 20 | SINEMET..... | 200 | SMARTEST PROTEGE STARTER..... | 441 |
| <i>short ragweed-giant ragweed</i> | 22 | SINGLE-LET..... | 441 | SMOFLIPID..... | 548 |
| <i>short-giant ragweed (diagnost)</i> | 340 | SINGULAIR..... | 82 | SOANZ..... | 349 |
| <i>shrimp (diagnostic)</i> | 323 | SINUVA..... | 538 | <i>sod benz-sod phenylacet</i> | 363 |
| <i>side button safety lancet</i> | 441 | <i>sirolimus</i> | 519 | <i>sod citrate-citric acid</i> | 379 |
| SIDEROL..... | 528 | <i>sitagliptin</i> | 113 | <i>sod fluoride-potassium nitrate</i> .. | 524 |
| SIGNIFOR LAR..... | 362 | <i>sitagliptin base-metformin hcl</i> .. | 114 | <i>sodium acetate</i> | 505 |
| SIKLOS..... | 398 | SITAVIG..... | 221 | <i>sodium bicarbonate</i> | 67, 505 |
| SILA III..... | 310 | SITZMARKS..... | 340 | <i>sodium bicarbonate-dextrose</i> | 505 |
| SILADERM..... | 498 | SITZMARKS COMBO PACKAGE..... | 340 | <i>sodium chloride</i> 259, 260, 379, 513 | |
| <i>siladone scar patch</i> | 498 | SITZMARKS FOR KIDS..... | 340 | <i>sodium chloride (pf)</i> | 513 |
| <i>silatrix</i> | 525 | SIVEXTRO..... | 160 | <i>sodium chloride bacteriostatic</i> .. | 576 |
| <i>sildenafil citrate</i> | 240, 241 | <i>skarlite</i> | 498 | <i>sodium chloride flush</i> | 513 |
| SILENOR..... | 410 | SKELAXIN..... | 535 | <i>sodium citrate</i> | 85 |
| SILHOUETTE 23" INFUSION SET..... | 447 | SKINEEZ TED STOCKINGS.. | 422 | <i>sodium citrate lock flush</i> | 85 |
| SILHOUETTE 43" INFUSION SET..... | 447 | SKLICE..... | 297 | <i>sodium citrate-gentamicin sulf</i> .. | 88 |
| SILHOUETTE INFUSION SET 18"..... | 447 | SKYADERM-LP..... | 308 | SODIUM DIURIL..... | 350 |
| <i>silicone mask/adult</i> | 497 | SKYRIZI..... | 277, 373 | SODIUM EDECRIN..... | 349 |
| <i>silicone mask/infant</i> | 497 | SKYRIZI (150 MG DOSE)..... | 277 | <i>sodium fluoride 5000 enamel</i> | 524 |
| <i>silicone mask/pediatric</i> | 497 | SKYRIZI PEN..... | 277 | <i>sodium fluoride 5000 sensitive</i> .. | 524 |
| SILIGENTLE AG FOAM DRESSING..... | 319 | SKYSONA..... | 580 | <i>sodium fluoride f 18</i> | 328 |
| SILIGENTLE AG SILVER FOAM DRES..... | 319 | SKYTROFA..... | 355 | <i>sodium hydroxide</i> | 247 |
| <i>silinoin 8 day supply</i> | 498 | SLYND..... | 248 | <i>sodium iodide i-131</i> | 594 |
| <i>silipac</i> | 297 | <i>sm lancets 33g</i> | 441 | <i>sodium nitrite</i> | 128 |
| SILIQ..... | 277 | SMART DIABETES VANTAGE LANCING..... | 441 | <i>sodium nitroprusside</i> | 153 |
| <i>silivex</i> | 498 | SMART SENSE COLOR LANCETS 33G..... | 441 | <i>sodium phenylbutyrate</i> | 363 |
| <i>silodosin</i> | 378 | SMART SENSE PREMIUM SYSTEM..... | 441 | <i>sodium phosphates</i> | 510 |
| SILTREX..... | 498 | SMART SENSE PREMIUM TEST..... | 336 | <i>sodium polystyrene sulfonate</i> | 521 |
| SILVADENE..... | 280 | SMART SENSE STANDARD LANCETS..... | 441 | <i>sodium saccharin</i> | 346 |
| <i>silver nitrate</i> | 281 | SMART SENSE SUPER THIN LANCETS..... | 441 | <i>sodium sulfacetamide</i> | 279 |
| <i>silver sulfadiazine</i> | 280 | SMART SENSE THIN LANCETS 26G..... | 441 | <i>sodium sulfacetamide wash</i> | 279 |
| SILVERSEAL HYDROGEL DRESSING..... | 319 | SMART SENSE VALUE GLUCOSE SYS..... | 441 | <i>sodium sulfacetamide-bakuchiol</i> | 279 |
| SILVRSTAT WOUND DRESSING..... | 320 | SMART SENSE VALUE TEST..... | 336 | <i>sodium tetradecyl sulfat</i> | 522 |
| SIMBRINZA..... | 548 | SMARTEST BLOOD GLUCOSE TEST..... | 336 | <i>sodium thiosulfate</i> | 128 |
| SIMLANDI (1 PEN)..... | 30 | SMARTEST EJECT..... | 441 | SOFDRA..... | 296 |
| SIMLANDI (2 PEN)..... | 30 | SMARTEST EJECT STARTER..... | 441 | SOFIA INFLUENZA A+B FIA..... | 338 |
| SIMPLICITY COVID-19 AT-HOME..... | 338 | SMARTEST LANCETS 28G...441 | | SOFIA SARS ANTIGEN FIA.. | 338 |
| SIMPONI..... | 30 | | | SOFIA STREP A FIA..... | 338 |
| | | | | SOFIA STREP A+ FIA..... | 338 |
| | | | | SOFIA2 FLU+SARS ANTIGEN FIA..... | 325 |
| | | | | SOFIA2 SARS ANTIGEN FIA | 338 |
| | | | | <i>sofosbuvir-velpatasvir</i> | 221 |
| | | | | SOGROYA..... | 355 |

| | | | | | |
|---------------------------------------|-----|---|----------|---|----------|
| <i>solaravix</i> | 276 | <i>spironolactone</i> | 350 | STRATA MARK..... | 295 |
| SOLESTA..... | 516 | <i>spironolactone-hctz</i> | 348 | STRATA TRIZ..... | 298 |
| <i>solifenacin succinate</i> | 608 | SPORANOX..... | 134 | STRATA XRT..... | 295 |
| SOLIQUA..... | 121 | SPORANOX PULSEPAK..... | 134 | STRATAGRAFT..... | 306 |
| SOLIRIS..... | 392 | SPRAVATO (56 MG DOSE)... | 105 | STRATTERA..... | 3 |
| SOLODYN..... | 594 | SPRAVATO (84 MG DOSE)... | 105 | STRAVIX..... | 306 |
| SOLOSEC..... | 23 | <i>spring birch pollen</i> | 20 | <i>strawberry (diagnostic)</i> | 323 |
| SOLOX..... | 320 | SPRITAM..... | 98 | STRENSIQ..... | 357 |
| SOLU-CORTEF..... | 254 | SPRIX..... | 37 | <i>streptococcinum 30c</i> | 516 |
| SOLU-MEDROL..... | 254 | SPRYCEL..... | 176 | <i>streptomycin sulfate</i> | 23 |
| SOLU-MEDROL (PF)..... | 254 | SPS (SODIUM POLYSTYRENE SULF)..... | 521 | STRIBILD..... | 215 |
| SOLUS V2 BLOOD GLUCOSE SYSTEM..... | 441 | SPY AGENT GREEN..... | 325 | STRIVE DUAL ZONE PEAK FLOW MTR..... | 496 |
| SOLUS V2 LANCETS 28G..... | 441 | SPY- MIS KIT..... | 325 | STRIVERDI RESPIMAT..... | 80 |
| SOLUS V2 LANCING DEVICE..... | 442 | SPY-PHI KIT..... | 325 | STROMECTOL..... | 67 |
| SOLUS V2 TEST..... | 336 | SSD..... | 280 | <i>strontium chloride sr-89</i> | 186 |
| SOLUS V2 TWIST LANCETS 30G..... | 442 | SSKI..... | 259 | STROVITE FORTE..... | 528 |
| SOMA..... | 535 | <i>sss 10-5</i> | 265 | STROVITE ONE..... | 528 |
| SOMATULINE DEPOT..... | 362 | STALEVO 100..... | 200 | SUBOXONE..... | 63 |
| SOMRYST..... | 515 | STALEVO 125..... | 200 | SUBSYS..... | 58 |
| SONAFINE..... | 320 | STALEVO 150..... | 200 | SUBVENITE..... | 98 |
| SOOLANTRA..... | 297 | STALEVO 200..... | 200 | SUBVENITE STARTER KIT- BLUE..... | 98 |
| SOOTHEE..... | 308 | STALEVO 50..... | 200 | SUBVENITE STARTER KIT- GREEN..... | 98 |
| <i>sorafenib tosylate</i> | 181 | STALEVO 75..... | 200 | SUBVENITE STARTER KIT- ORANGE..... | 98 |
| <i>sorbitol</i> | 379 | <i>stamaril</i> | 611 | <i>succinylcholine chloride</i> | 539 |
| <i>sorbitol-mannitol</i> | 379 | STARLIX..... | 121 | <i>sucralfate</i> | 603 |
| SORIATANE..... | 277 | STATUS.COVID-19/FLU.A..... | 325 | <i>sufentanil citrate</i> | 58 |
| SORILUX..... | 278 | <i>stavudine</i> | 219 | SUFLAVE..... | 413 |
| SORINE..... | 227 | STAXYN..... | 241 | <i>sugammadex sodium</i> | 128 |
| <i>sorrel/dock mix</i> | 22 | STEGLATRO..... | 122 | SULAR..... | 232 |
| <i>sotalol hcl</i> | 227 | STEGLUJAN..... | 122 | <i>sulconazole nitrate</i> | 290 |
| <i>sotalol hcl (af)</i> | 227 | STELARA..... | 277, 373 | <i>sulfacetamide sodium</i> | 279, 561 |
| SOTRADECOL..... | 522 | STENDRA..... | 241 | <i>sulfacetamide sodium (acne)</i> ... | 261 |
| <i>sotrovimab</i> | 567 | STERILANCE PA..... | 442 | <i>sulfacetamide sodium (cleans)</i> .. | 279 |
| SOTYKTU..... | 277 | STERILANCE TL..... | 442 | <i>sulfacetamide sodium-sulfur</i> | 265, 266 |
| SOTYLIZE..... | 227 | STERILE DILUENT FLOLAN PH 12..... | 577 | <i>sulfacetamide sod-sulfur wash</i> .. | 266 |
| SOVALDI..... | 221 | STERILE DILUENT FOR REMODULIN..... | 577 | <i>sulfacetamide-prednisolone</i> | 559 |
| SOVUNA..... | 163 | <i>sterile diluent/epoprostenol</i> | 577 | <i>sulfacetamide-sulfur in urea</i> | 266 |
| <i>soybean (diagnostic)</i> | 323 | STERILE TALC POWDER..... | 590 | SULFACLEANSE 8/4..... | 266 |
| SPEEDGEL RX..... | 516 | STERILE TOPICAL L.E.T. GEL..... | 308 | <i>sulfadiazine</i> | 590 |
| SPEVIGO..... | 277 | <i>sterile water for injection</i> | 577 | <i>sulfamethoxazole-trimethoprim</i> | 154 |
| SPHERUSOL..... | 323 | <i>sterile water for irrigation</i> | 518 | <i>sulfamez wash</i> | 266 |
| SPIKEVAX COVID-19 VACCINE..... | 611 | STERITALC..... | 590 | SULFAMYLON..... | 281 |
| <i>spinosad</i> | 297 | STIMATE..... | 363 | <i>sulfasalazine</i> | 372 |
| SPINRAZA..... | 543 | STIMUFEND..... | 402 | SULFATRIM PEDIATRIC..... | 154 |
| <i>spiny pigweed</i> | 20 | STIOLTO RESPIMAT..... | 77 | <i>sulfurated lime</i> | 297 |
| SPIRIVA HANDIHALER..... | 81 | STIVARGA..... | 181 | <i>sulindac</i> | 37 |
| SPIRIVA RESPIMAT..... | 81 | STRATA CTX..... | 295 | SUMADAN..... | 266 |
| <i>spiro pd</i> | 497 | STRATA GRT..... | 320 | | |

| | | | | | |
|---|-----|--|-----|--------------------------------|----------|
| SUMADAN WASH..... | 266 | SURE-JECT INSULIN | | SYMPROIC..... | 373 |
| SUMADAN XLT..... | 266 | SYRINGE..... | 486 | SYMTUZA..... | 215 |
| SUMANSETRON..... | 502 | SURE-LANCE FLAT | | SYNALAR..... | 285 |
| <i>sumatriptan</i> | 504 | LANCETS..... | 442 | SYNALAR (CREAM)..... | 310 |
| <i>sumatriptan succinate</i> | 504 | SURE-LANCE LANCETS 26G | | SYNALAR (OINTMENT)..... | 310 |
| <i>sumatriptan succinate refill</i> | 504 | ..... | 442 | SYNALAR TS..... | 310 |
| <i>sumatriptan-naproxen sodium</i> .. | 503 | SURE-LANCE THIN | | SYNAPRYN FUSEPAQ..... | 58 |
| SUMAXIN..... | 266 | LANCETS 28G..... | 442 | SYNDROS..... | 131 |
| SUMAXIN CP..... | 266 | SURE-LANCE ULTRA THIN | | SYNERA..... | 308 |
| <i>sunitinib malate</i> | 181 | LANCETS..... | 442 | SYNERCID..... | 161 |
| SUNLENCA..... | 216 | SURELITE LANCETS..... | 442 | SYNERDERM..... | 295 |
| SUNOSI..... | 9 | SURESTEP PRO LINEARITY | 442 | SYNJARDY..... | 123 |
| SUPARTZ FX..... | 537 | SURE-TEST EASYPLUS | | SYNJARDY XR..... | 123 |
| <i>super bi-mix</i> | 237 | MINI TEST..... | 336 | SYNOJOYNT..... | 537 |
| <i>super quad-mix</i> | 237 | SURE-TOUCH LANCETS | | SYNRIBO..... | 187 |
| <i>super thin lancets</i> | 442 | UNIVERSAL..... | 442 | SYNTHROID..... | 598 |
| <i>super tri-mix</i> | 237 | SURGICEL SNOW 1"X2"..... | 407 | SYNVISC..... | 537 |
| SUPERVITE..... | 527 | SURGICEL SNOW 2"X4"..... | 407 | SYNVISC ONE..... | 537 |
| <i>support</i> | 528 | SURGICEL SNOW 4"X4"..... | 407 | SYPRINE..... | 514 |
| <i>suppository shells small 1.3ml</i> .. | 448 | SURGIFOAM..... | 407 | <i>syringe luer lock</i> | 486 |
| SUPRANE..... | 377 | SURVANTA..... | 590 | <i>syringe luer slip</i> | 486 |
| SUPRAX..... | 246 | SUSTIVA..... | 218 | SZOSIL 15 DAY SUPPLY..... | 498 |
| SUPREME TEST..... | 336 | SUSTOL..... | 130 | SZOSIL 8 DAY SUPPLY..... | 498 |
| SUPREP BOWEL PREP KIT.. | 413 | SUSVIMO (IMPLANT 1ST | | T.R.U.E. TEST..... | 340 |
| <i>sure comfort insulin syringe</i> | 485 | FILL)..... | 564 | T: SLIM X2 INS | |
| <i>sure comfort lancets 18g</i> | 442 | SUSVIMO (IMPLANT | | PMP/CONTROL 7.4..... | 447 |
| <i>sure comfort lancets 21g</i> | 442 | REFILL)..... | 564 | T:SLIM X2 3ML CARTRIDGE | |
| <i>sure comfort lancets 23g</i> | 442 | SUSVIMO OCULAR |  | ..... | 447 |
| <i>sure comfort lancets 28g</i> | 442 | IMPLANT..... | 496 | T:SLIM X2 BASAL-IQ PUMP | 447 |
| <i>sure comfort lancets 30g</i> | 442 | SUTAB..... | 413 | T:SLIM X2 CONTROL-IQ 7.7 | |
| <i>sure comfort pen needles</i> | 486 | SUTENT..... | 181 | PUMP..... | 447 |
| SURE EDGE TEST..... | 336 | <i>suvicort</i> | 295 | T:SLIM X2 CONTROL-IQ 7.8 | |
| <i>sure result dss premium pack</i> | 275 | <i>sweet cherry (diagnostic)</i> | 323 | PUMP..... | 447 |
| <i>sure result o3d3 system</i> | 137 | <i>sweet corn (diagnostic)</i> | 323 | T:SLIM X2 CONTROL-IQ | |
| SURE T INFUSION SET | | <i>sweet gum</i> | 20 | PUMP..... | 447 |
| 18"/6MM..... | 447 | <i>sweet vernal grass pollen</i> | 20 | T:SLIM X2 INSULIN PMP | |
| SURE T INFUSION SET | | SX1 MEDICATED POST- | | BASAL6.4..... | 447 |
| 23"/10MM..... | 447 | OPERATIVE..... | 308 | TABLOID..... | 170 |
| SURE T INFUSION SET | | SYFOVRE..... | 555 | TABRADOL FUSEPAQ..... | 535 |
| 23"/6MM..... | 447 | SYLVANT..... | 518 | TABRADOL RAPIDPAQ..... | 535 |
| SURE T INFUSION SET | | SYMAX DUOTAB..... | 602 | TABRECTA..... | 180 |
| 23"/8MM..... | 447 | SYMAX-SL..... | 602 | TACLONEX..... | 310 |
| SURE T INFUSION SET | | SYMAX-SR..... | 602 | <i>tacrolimus</i> | 294, 519 |
| 32"/10MM..... | 447 | SYMBICORT..... | 78 | <i>tadalafil</i> | 241 |
| SURE T INFUSION SET | | SYMBYAX..... | 588 | <i>tadalafil (pah)</i> | 240 |
| 32"/6MM..... | 447 | SYMDEKO..... | 589 | TADLIQ..... | 240 |
| SURE T INFUSION SET | | SYMFI..... | 215 | TAFINLAR..... | 177 |
| 32"/8MM..... | 447 | SYMFI LO..... | 215 | <i>tafluprost (pf)</i> | 563 |
| <i>surebiotic probiotic support</i> | 125 | SYMJEPI..... | 614 | TAGITOL V..... | 340 |
| SURECHEK BLOOD | | SYMLINPEN 120..... | 111 | TAGRISSE..... | 178 |
| GLUCOSE TEST..... | 336 | SYMLINPEN 60..... | 111 | TAKHZYRO..... | 393 |
| SURE-FINE PEN NEEDLES...486 | | SYMPAZAN..... | 92 | TALICIA..... | 607 |

| | | | | | |
|------------------------------|----------|--|----------|---|----------|
| TALIVA..... | 401 | TECFIDERA..... | 584 | <i>teriparatide</i> | 360 |
| <i>tall ragweed</i> | 20 | TECHLITE AST LANCETS ... | 442 | TERLIVAZ..... | 363 |
| TALTZ..... | 277, 278 | <i>techlite insulin syringe</i> | 486, 487 | <i>teroderm-plus</i> | 577 |
| TALVEY..... | 177 | TECHLITE LANCETS..... | 442 | TERRELL..... | 377 |
| TALZENNA..... | 194 | TECHLITE LANCETS 26G ... | 442 | TESSALON PERLES..... | 258 |
| TAMIFLU..... | 223 | TECHLITE LANCETS 30G ... | 442 | TESTIM..... | 64 |
| <i>tamsulosin hcl</i> | 378 | TECHLITE PEN NEEDLES ... | 487 | TESTONE CIK..... | 64 |
| TANDEM MOBI AUTOSOFT | | TECHLITE PLUS PEN | | TESTOPEL..... | 64 |
| 30 KIT..... | 447 | NEEDLES..... | 487 | <i>testosterone</i> | 64, 65 |
| TANDEM MOBI AUTOSOFT | | TECHNELITE..... | 327 | <i>testosterone cypionate</i> | 64 |
| XC KIT..... | 447 | <i>technet tc 99m sulfur colloid</i> | 327 | <i>testosterone enanthate</i> | 64 |
| TANDEM MOBI | | <i>technetium tc 99m mebrofenin</i> .. | 327 | <i>tetoxia</i> | 310 |
| CARTRIDGE 2ML..... | 447 | <i>technetium tc 99m medronate</i> ... | 328 | <i>tetpidtar</i> | 289 |
| TANDEM MOBI SYSTEM | | <i>technetium tc 99m pyrophos</i> | 327 | <i>tetrabenazine</i> | 582 |
| STARTER..... | 447 | <i>technetium tc 99m sestamibi</i> | 326 | <i>tetracaine hcl</i> | 420, 557 |
| TANDEM MOBI TRUSTEEL | | TECVAYLI..... | 177 | <i>tetracycline hcl</i> | 594 |
| SUPP KIT..... | 447 | TEFLARO..... | 247 | TETRIX..... | 295 |
| TANDEM PLUS..... | 404 | TEGADERM AG MESH..... | 320 | TEVIMBRA..... | 174 |
| TANLOR..... | 535 | TEGRETOL..... | 98 | TEXACORT..... | 285 |
| TAPAZOLE..... | 594 | TEGRETOL-XR..... | 98 | TEZSPIRE..... | 84 |
| TAPERDEX 12-DAY..... | 254 | TEKTRUNA..... | 152 | <i>tgt blood glucose monitoring</i> ... | 442 |
| TAPERDEX 6-DAY..... | 255 | TEKTRUNA HCT..... | 152 | <i>tgt blood glucose test</i> | 336 |
| TAPERDEX 7-DAY..... | 255 | TELFA AMD ISLAND | | <i>tgt lancet micro thin 33g</i> | 442 |
| TARCEVA..... | 178 | DRESSING..... | 423 | <i>tgt lancet thin 26g</i> | 442 |
| <i>tardeoxia</i> | 266 | TELFA AMD NON- | | <i>tgt lancet ultra thin 30g</i> | 442 |
| <i>tardimaxia</i> | 266 | ADHERENT..... | 423 | <i>tgt lancing device</i> | 442 |
| TARGADOX..... | 594 | <i>telmisartan</i> | 149 | THALITONE..... | 350 |
| TARGRETIN..... | 194, 309 | <i>telmisartan-amlodipine</i> | 146 | <i>thallous chloride tl 201</i> | 326 |
| TARKA..... | 142 | <i>telmisartan-hctz</i> | 147, 148 | THALOMID..... | 514 |
| <i>taron forte</i> | 404 | <i>temazepam</i> | 410 | THAM..... | 505 |
| <i>taroxia</i> | 266 | TEMBEXA..... | 222 | THE LIQUILIFT TRACE..... | 513 |
| TARPEYO..... | 255 | TEMIXYS..... | 215 | THEO-24..... | 84 |
| TASCENSO ODT..... | 588 | TEMODAR..... | 189 | <i>theophylline</i> | 84, 85 |
| TASIGNA..... | 176 | TEMOVATE..... | 285 | <i>theophylline er</i> | 85 |
| <i>tasimelteon</i> | 413 | <i>temozolomide</i> | 189 | <i>thiamine hcl</i> | 619 |
| TASMAR..... | 198 | TEMPO REFILL..... | 442 | <i>thiamine hcl-nacl</i> | 619 |
| TASOPROL..... | 285 | TEMPO SMART BUTTON.... | 442 | THINLETS GP LANCETS..... | 442 |
| <i>taurine</i> | 547 | TEMPO WELCOME..... | 442 | THIOLA..... | 380 |
| TAUVID..... | 326 | <i>temsirrolimus</i> | 180 | THIOLA EC..... | 380 |
| <i>tavaborole</i> | 296 | TENCON..... | 39 | <i>thioridazine hcl</i> | 210, 211 |
| TAVALISSE..... | 396 | <i>teniposide</i> | 191 | <i>thiotepa</i> | 166 |
| TAYTULLA..... | 248 | <i>tenofovir disoproxil fumarate</i> ... | 219 | <i>thiothixene</i> | 213, 214 |
| <i>tazarotene</i> | 269, 278 | TENORETIC 100..... | 152 | THRESHOLD PEP..... | 497 |
| TAZICEF..... | 246 | TENORETIC 50..... | 152 | <i>thrivacin 30</i> | 346 |
| TAZORAC..... | 278 | TENORMIN..... | 225, 226 | <i>thrivacin detox</i> | 346 |
| TAZTIA XT..... | 232, 233 | TEPADINA..... | 166 | <i>thrivite 19</i> | 528 |
| <i>tb syringe 1 ml</i> | 486 | TEPEZZA..... | 357 | THROMBATE III..... | 395 |
| TDC MAX..... | 577 | <i>terazosin hcl</i> | 151 | THROMBIN-JMI..... | 407 |
| TECARTUS..... | 175 | <i>terbinafine hcl</i> | 133 | THROMBIN-JMI EPISTAXIS | 407 |
| TECELRA..... | 175 | <i>terbutaline sulfate</i> | 80 | THROMBOGEN..... | 407 |
| TECENTRIQ..... | 174 | <i>terconazole</i> | 612 | THYMOGLOBULIN..... | 517 |
| TECENTRIQ HYBREZA..... | 185 | <i>teriflunomide</i> | 582 | THYQUIDITY..... | 598 |

| | | | | |
|---|----------|--|--------|--|
| THYROGEN..... | 325 | <i>tobramycin-dexamethasone</i> | 560 | TRACE ELEMENTS |
| <i>thyroid</i> | 598 | <i>tobramycin-vancomycin hcl</i> | 554 | 4/PEDIATRIC..... |
| TIADYLTER..... | 233 | TOBREX..... | 554 | TRACER II 3 VOLT |
| <i>tiagabine hcl</i> | 101 | <i>today's health lancing device</i> | 442 | BATTERY..... |
| TIAZAC..... | 233 | <i>today's health mini pen needles</i> | 487 | TRACLEER..... |
| TICE BCG..... | 187 | <i>today's health pen needles</i> | 487 | TRADJENTA..... |
| TICOVAC..... | 611 | <i>today's health short pen needle</i> | 487 | TRALEMENT..... |
| TIGAN..... | 131 | <i>today's health thin lancets 28g</i> | 442 | <i>tramadol hcl</i> |
| <i>tigecycline</i> | 591 | <i>today's health thin lancets 30g</i> | 442 | <i>tramadol hcl (er biphasic)</i> |
| TIKOSYN..... | 75 | TOFIDENCE..... | 31 | <i>tramadol hcl er</i> |
| <i>timolol maleate</i> | 227, 550 | TOLAK..... | 275 | <i>tramadol-acetaminophen</i> |
| <i>timolol maleate (once-daily)</i> | 550 | <i>tolbutamide</i> | 124 | <i>trandolapril</i> |
| TIMOLOL MALEATE | | <i>tolcapone</i> | 198 | <i>trandolapril-verapamil hcl er</i> ... |
| OCUDOSE..... | 550 | TOLECTIN 600..... | 37 | <i>tranexamic acid</i> |
| <i>timolol maleate pf</i> | 550 | <i>tolmetin sodium</i> | 37 | <i>tranexamic acid-nacl</i> |
| <i>timolol-brimon-dorzol-bimatopr</i> | | <i>tolsura</i> | 134 | TRANSCYTE..... |
| ..... | 549 | <i>tolterodine tartrate</i> | 608 | TRANSDERM SCOP (1.5 MG) |
| <i>timolol-brimon-dorzol-latanopr</i> | 549 | <i>tolterodine tartrate er</i> | 608 | ..... |
| <i>timolol-brimonidine-dorzolamid</i> | | <i>tolvaptan</i> | 361 | TRANSDERM-SCOP..... |
| ..... | 549 | <i>tomato (diagnostic)</i> | 323 | TRANXENE-T..... |
| <i>timolol-dorzolamid-bimatoprost</i> | | <i>toomey syringe</i> | 487 | <i>tranlycypromine sulfate</i> |
| ..... | 549 | TOPAMAX..... | 98, 99 | TRANZGEL..... |
| <i>timolol-dorzolamid-latanoprost</i> | 549 | TOPAMAX SPRINKLE..... | 98 | TRAUMEEL..... |
| TIMOPTIC..... | 550 | <i>topcare clickfine pen needles</i> | 487 | TRAVASOL..... |
| TIMOPTIC OCUDOSE..... | 550 | <i>topcare lancets micro-thin 33g</i> | 442 | TRAVATAN Z..... |
| TIMOPTIC-XE..... | 550 | <i>topcare ultra comfort ins syr</i> | 487 | <i>travel lancets</i> |
| <i>timothy grass pollen allergen</i> | 20 | <i>topical l.e.t.</i> | 308 | TRAVEL LANCETS |
| <i>tinidazole</i> | 154 | TOPICORT..... | 285 | ADVANCED 28G..... |
| <i>tiopronin</i> | 380 | TOPICORT SPRAY..... | 285 | <i>travoprost (bak free)</i> |
| <i>tiotropium bromide</i> | | <i>topidex</i> | 255 | TRAZIMERA..... |
| <i>monohydrate</i> | 81 | <i>topiramate</i> | 99 | <i>trazodone hcl</i> |
| <i>tirofiban hcl in nacl</i> | 393 | <i>topiramate er</i> | 99 | TREANDA..... |
| TIROSINT..... | 598 | TOPOSAR..... | 191 | TRECTOR..... |
| TIROSINT-SOL..... | 598, 599 | <i>topotecan hcl</i> | 195 | <i>tree mix 9</i> |
| TISSEEL..... | 406 | TOPROL XL..... | 226 | TRELEGY ELLIPTA..... |
| TISSUEBLUE..... | 562 | <i>toremifene citrate</i> | 167 | TREMFYA..... |
| TIVDAK..... | 174 | TORISEL..... | 180 | <i>treprostinil</i> |
| TIVICAY..... | 217 | TORONOVA II SUIK..... | 32 | TRESIBA..... |
| TIVICAY PD..... | 217 | TORONOVA SUIK..... | 32 | TRESIBA FLEXTOUCH..... |
| TIVORBEX..... | 37 | TORPENZ..... | 180 | TRESNI..... |
| <i>tizanidine hcl</i> | 535 | <i>torsemid</i> | 349 | <i>tretinoin</i> |
| TLANDO..... | 65 | TOSYMRA..... | 504 | <i>tretinoin (emollient)</i> |
| <i>tl-hem 150</i> | 404 | TOTALVISC..... | 562 | <i>tretinoin microsphere</i> |
| <i>tm-vite rx</i> | 526 | TOTECT..... | 187 | <i>tretinoin microsphere pump</i> |
| TNKASE..... | 396 | TOUJEO MAX SOLOSTAR... | 119 | TRETTEN..... |
| TOBAKIENT..... | 343 | TOUJEO SOLOSTAR..... | 119 | TREXALL..... |
| TOBI..... | 23 | TOVET..... | 285 | TREXIMET..... |
| TOBI PODHALER..... | 23 | TOVIAZ..... | 608 | TREZIX..... |
| TOBRADEX..... | 560 | TOXICOLOGY MED | | <i>triadime</i> |
| TOBRADEX ST..... | 560 | COLLECTION SYS..... | 336 | <i>triadime-80</i> |
| <i>tobramycin</i> | 23, 554 | TPN ELECTROLYTES..... | 508 | |
| <i>tobramycin sulfate</i> | 23, 24 | TPOXX..... | 222 | |

| | | | | |
|---|---|-----|------------------------------------|----------|
| <i>triamcinolone acetonide</i> | TRINTELLIX..... | 107 | TRUE METRIX METER..... | 443 |
|255, 285, 286, 525 | TRIONEX..... | 276 | TRUEDRAW LANCING | |
| <i>triamcinolone diacetate</i> | TRIOSTAT..... | 599 | DEVICE..... | 443 |
| 255 | <i>triphrocaps</i> | 526 | TRUEPLUS 5-BEVEL PEN | |
| <i>triamcinolone in absorbase</i> | <i>triple complex formula 3 kit</i> | 275 | NEEDLES..... | 488 |
| 286 | <i>triple pmb</i> | 560 | TRUEPLUS INSULIN | |
| <i>triamcinolone-bupivacaine</i> | <i>triple pmk</i> | 560 | SYRINGE..... | 488, 489 |
| 258 | TRIPTODUR..... | 358 | TRUEPLUS LANCETS 26G... 443 | |
| <i>triamcinolone-moxifloxacin</i> | TRISENOX..... | 187 | TRUEPLUS LANCETS 28G... 443 | |
| 560 | <i>trisodium citrate/crrt</i> | 515 | TRUEPLUS LANCETS 30G... 443 | |
| <i>tri-amino</i> | TRISTART FREE..... | 532 | TRUEPLUS LANCETS 33G... 443 | |
| 548 | TRITOCIN..... | 286 | TRUEPLUS PEN NEEDLES... 489 | |
| <i>triamterene</i> | TRIUMEQ..... | 215 | TRUEPLUS SAFETY | |
| 350 | <i>triumeq pd</i> | 215 | LANCETS 28G..... | 443 |
| <i>triamterene-hctz</i> | TRI-VI-FLOR..... | 531 | TRUERESULT BLOOD | |
| 348 | <i>tri-vi-floro</i> | 531 | GLUCOSE..... | 443 |
| TRIANEX..... | TRIVISC..... | 537 | TRUETEST TEST..... | 336 |
| 286 | <i>tri-vite/fluoride</i> | 531 | TRUETRACK BLOOD | |
| TRIASIL..... | TRIVIX..... | 310 | GLUCOSE..... | 443 |
| 310 | TRIZIVIR..... | 215 | TRUETRACK SMART | |
| <i>triazolam</i> | TRODELVY..... | 195 | SYSTEM..... | 443 |
| 410 | TROGARZO..... | 216 | TRUETRACK TEST..... | 336 |
| TRIBENZOR..... | TROKENDI XR..... | 99 | TRULANCE..... | 370 |
| 150 | <i>tromethamine</i> | 505 | TRULICITY..... | 121 |
| TRI-CHLOR..... | <i>tronvite</i> | 526 | TRUSELTIQ (100MG DAILY | |
| 281 | TROPHAMINE..... | 547 | DOSE)..... | 178 |
| <i>trichophyton mentag (diagnost)</i> 323 | <i>tropicamide</i> | 552 | TRUSELTIQ (125MG DAILY | |
| <i>trichophyton mentagrophytes</i> | <i>tropicamide-cyclopentolate-pe</i> | 550 | DOSE)..... | 178 |
| 20 | <i>tropicamide-phenylephrine</i> | 550 | TRUSELTIQ (50MG DAILY | |
| TRICHOSOL..... | <i>tropic-cyclopent-pe-ketorolac</i> ... 551 | | DOSE)..... | 178 |
| 576 | <i>tropic-cyclop-pe-keto-propar</i> ... 551 | | TRUSELTIQ (75MG DAILY | |
| TRICITRASOL..... | <i>tropic-proparaca-pe-ketorolac</i> | 551 | DOSE)..... | 178 |
| 88 | <i>trospium chloride</i> | 608 | TRUSKIN..... | 306 |
| <i>tricitrates</i> | <i>trospium chloride er</i> | 608 | TRUSOPT..... | 555 |
| 379 | TRUBREXA..... | 308 | TRUSTEEL INFUSION SET... 448 | |
| TRICON..... | TRUDHESA..... | 502 | TRUVADA..... | 215, 216 |
| 404 | <i>true comfort insulin syringe</i> | | TRUXIMA..... | 172 |
| TRICOR..... |487, 488 | | TUBERSOL..... | 323 |
| 139 | <i>true comfort pen needles</i> | 488 | TUDORZA PRESSAIR..... | 81 |
| TRIDACAINE..... | <i>true comfort pro insulin syr</i> | 488 | <i>tulivite</i> | 404 |
| 293 | <i>true comfort pro pen needles</i> | 488 | <i>turpentine</i> | 292 |
| TRIDACAINE II..... | <i>true comfort safety lancets</i> | 442 | TUSSICAPS..... | 260 |
| 293 | <i>true comfort twist top lancets</i> ... 443 | | TUXARIN ER..... | 260 |
| TRIDACAINE III..... | TRUE FOCUS BLOOD | | TUZISTRA XR..... | 260 |
| 293 | GLUCOSE METER..... | 443 | TWIIST REFILL KIT..... | 448 |
| TRIDERM..... | <i>true focus blood glucose strip</i> ... 336 | | TWIIST REFILL | |
| 286 | TRUE METRIX AIR | | KIT/INFUSION SET..... | 448 |
| TRIDESILON..... | GLUCOSE METER..... | 443 | TWIIST STARTER KIT..... | 448 |
| 286 | TRUE METRIX BLOOD | | TWIRLA..... | 248 |
| <i>trientine hcl</i> | GLUCOSE TEST..... | 336 | <i>twist top lancets 30g</i> | 443 |
| 514 | TRUE METRIX GO | | TWYNEO..... | 266 |
| TRIESENCE..... | GLUCOSE METER..... | 443 | TWYNSTA..... | 146 |
| 561 | | | | |
| TRIFERIC..... | | | | |
| 405 | | | | |
| TRIFERIC AVNU..... | | | | |
| 405 | | | | |
| <i>trifluoperazine hcl</i> | | | | |
| 211 | | | | |
| <i>trifluridine</i> | | | | |
| 555 | | | | |
| <i>trigels-f forte</i> | | | | |
| 404 | | | | |
| <i>triheal-80</i> | | | | |
| 310 | | | | |
| <i>trihexyphenidyl hcl</i> | | | | |
| 197 | | | | |
| TRIJARDY XR..... | | | | |
| 121 | | | | |
| TRIKAFTA..... | | | | |
| 589 | | | | |
| TRILEPTAL..... | | | | |
| 99 | | | | |
| TRILIPIX..... | | | | |
| 139 | | | | |
| TRILOAN II SUIK..... | | | | |
| 258 | | | | |
| TRILOAN SUIK..... | | | | |
| 258 | | | | |
| TRILOCAINE..... | | | | |
| 293 | | | | |
| TRILOCICLO..... | | | | |
| 310 | | | | |
| TRI-LUMA..... | | | | |
| 287 | | | | |
| TRILURON..... | | | | |
| 537 | | | | |
| <i>trimethobenzamide hcl</i> | | | | |
| 131 | | | | |
| <i>trimethoprim</i> | | | | |
| 154 | | | | |
| <i>trimipramine maleate</i> | | | | |
| 110 | | | | |
| <i>tri-mix</i> | | | | |
| 237 | | | | |
| TRIMO-SAN..... | | | | |
| 612 | | | | |
| TRIMOXI+..... | | | | |
| 560 | | | | |
| <i>trinaz</i> | | | | |
| 532 | | | | |

| | | | | | |
|--------------------------------------|----------|---|----------|---------------------------|----------|
| TYBOST..... | 219 | ULTILET INSULIN SYRINGE | 491 | UNASYN..... | 575 |
| TYENNE..... | 31 | ..... | 491 | UNDECATREX..... | 65 |
| TYGACIL..... | 591 | ULTILET INSULIN SYRINGE | 491, 492 | UNIFINE PEN NEEDLES..... | 493 |
| TYKERB..... | 181 | SHORT..... | 491, 492 | UNIFINE PENTIPS..... | 493, 494 |
| TYLACTIN BUILD 20PE TYR | | ULTILET LANCETS..... | 443 | UNIFINE PENTIPS PLUS..... | 494 |
| ..... | 346 | ULTILET PEN NEEDLE..... | 492 | UNIFINE PROTECT PEN | |
| TYLACTIN COMPLETE 15 | | ULTILET SAFETY LANCETS | | NEEDLE..... | 494 |
| PE..... | 346 | ..... | 443 | UNIFINE SAFECONTROL | |
| TYLACTIN RESTORE 10..... | 346 | ULTILET SAFETY LANCETS | | PEN NEEDLE..... | 494 |
| TYLACTIN RESTORE 5PE.... | 346 | 23G..... | 443 | UNIFINE ULTRA PEN | |
| TYLACTIN RTD 15..... | 346 | ULTIVA..... | 59 | NEEDLE..... | 494 |
| TYMLOS..... | 360 | ULTOMIRIS..... | 392 | UNILET COMFORTOUCH | |
| TYPHIM VI..... | 609 | <i>ultra comfort insulin syringe</i> | 492 | LANCET..... | 443 |
| TYR EASY..... | 346 | ULTRA FLO INSULIN PEN | | UNILET EXCELITE..... | 443 |
| TYR EXPRESS 15 PLUS+..... | 346 | NEEDLES..... | 492 | UNILET EXCELITE II..... | 443 |
| TYR EXPRESS 20 PLUS+..... | 346 | ULTRA FLO INSULIN SYR | | UNILET G.P. LANCET..... | 443 |
| TYRVAYA..... | 550 | 1/2 UNIT..... | 492 | UNILET G.P. SUPERLITE | |
| TYSABRI..... | 584 | ULTRA FLO INSULIN | | LANCET..... | 443 |
| TYVASO DPI | | SYRINGE..... | 492, 493 | UNILET GP 28 ULTRA THIN | 443 |
| MAINTENANCE KIT..... | 239 | <i>ultra hers rx</i> | 519 | UNILET LANCET..... | 443 |
| TYVASO DPI TITRATION | | <i>ultra his</i> | 519 | UNILET MICRO-THIN 33G.. | 443 |
| KIT..... | 239 | <i>ultra pcos</i> | 519 | UNILET SUPERLITE | |
| TZIELD..... | 111 | <i>ultra thin lancets 31g</i> | 443 | LANCET..... | 444 |
| UBRELVY..... | 501 | ULTRA THIN PEN NEEDLES | 493 | UNILET SUPER-THIN 30G.... | 444 |
| UCERIS..... | 65, 255 | ULTRABAG/DIANEAL PD- | | UNILET ULTRA-THIN 28G.. | 444 |
| UDAMIN SP..... | 528 | 2/1.5% DEX..... | 521 | UNISTIK 1..... | 444 |
| UDENYCA..... | 402 | ULTRABAG/DIANEAL PD- | | UNISTIK 2..... | 444 |
| <i>udsx medicated system</i> | 336 | 2/2.5% DEX..... | 521 | UNISTIK 2 COMFORT..... | 444 |
| <i>udsxmp medicated system</i> | 336 | ULTRABAG/DIANEAL PD- | | UNISTIK 2 EXTRA..... | 444 |
| UKONIQ..... | 181 | 2/4.25%DEX..... | 521 | UNISTIK 2 NEONATAL..... | 444 |
| ULORIC..... | 381 | ULTRABAG/DIANEAL/2.5% | | UNISTIK 2 NORMAL..... | 444 |
| ULTANE..... | 377 | DEXTROSE..... | 521 | UNISTIK 2 SUPER..... | 444 |
| ULTICARE INSULIN | | ULTRABAG/DIANEAL/4.25% | | UNISTIK 3..... | 444 |
| SAFETY SYR..... | 489 | DEX..... | 521 | UNISTIK 3 COMFORT..... | 444 |
| ULTICARE INSULIN SYR 1/2 | | <i>ultracare insulin syringe</i> | 493 | UNISTIK 3 EXTRA..... | 444 |
| UNIT..... | 489 | <i>ultra-care lancets 30g</i> | 443 | UNISTIK 3 GENTLE..... | 444 |
| ULTICARE INSULIN | | <i>ultracare pen needles</i> | 493 | UNISTIK 3 NEONATAL..... | 444 |
| SYRINGE..... | 489, 490 | ULTRACET..... | 63 | UNISTIK 3 NORMAL..... | 444 |
| ULTICARE MICRO PEN | | ULTRALANCE..... | 443 | UNISTIK 3 NORMAL..... | 444 |
| NEEDLES..... | 490 | ULTRAM..... | 59 | UNISTIK CZT COMFORT.... | 444 |
| ULTICARE MINI PEN | | ULTRASAL-ER..... | 291 | UNISTIK CZT NORMAL..... | 444 |
| NEEDLES..... | 490 | <i>ultrasound gel</i> | 328 | UNISTIK NORMAL..... | 444 |
| ULTICARE PEN NEEDLES... | 490 | ULTRA-THIN II AUTO | | UNISTIK PRO SAFETY | |
| ULTICARE SHORT PEN | | LANCET..... | 443 | LANCET..... | 444 |
| NEEDLES..... | 490 | ULTRA-THIN II INS SYR | | UNISTIK SAFETY LANCETS | |
| ULTIGUARD SAFEPACK | | SHORT..... | 493 | 28G..... | 444 |
| PEN NEEDLE..... | 490, 491 | ULTRATRAK PRO TEST..... | 336 | UNISTIK SAFETY LANCETS | |
| ULTIGUARD SAFEPACK | | ULTRATRAK ULTIMATE | | 30G..... | 444 |
| SYR/NEEDLE..... | 491 | TEST..... | 336 | UNISTIK TOUCH SAFETY | |
| ULTILET CLASSIC | | ULTRAVATE..... | 286 | LANC 21G..... | 444 |
| LANCETS..... | 443 | ULTRAVIST..... | 342 | UNISTIK TOUCH SAFETY | |
| | | UMECTA MOUSSE..... | 287 | LANC 23G..... | 444 |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| UNISTIK TOUCH SAFETY | LANC 28G..... | 444 | UNISTIK TOUCH SAFETY | LANC 30G..... | 444 | UNISTRIP1 GENERIC..... | 336 | UNITHROID..... | 599 | UNITUXIN..... | 173 | UNIVERSAL 1 LANCETS | THIN 26G..... | 444 | UNIVERSAL 1 LANCETS | THIN 33G..... | 444 | UNIVERSAL 1 LANCETS | ULTRA THIN..... | 444 | <i>unzdomdioxiazar</i> | 266 | UPLIZNA..... | 520 | UPNEEQ..... | 562 | UPTRAVI..... | 240 | UPTRAVI TITRATION..... | 240 | URAMAXIN..... | 287 | <i>urea</i> | 287, 288 | <i>urea hydrating</i> | 288 | <i>urea nail</i> | 288 | UREA-SALICYLIC ACID..... | 292 | UREDEB..... | 288 | URELLE..... | 161 | <i>uremez-40</i> | 288 | URESOL..... | 288 | URESTA STARTER KIT..... | 445 | URIBEL..... | 161, 162 | URIMAR-T..... | 162 | <i>urin ds</i> | 162 | <i>urneva</i> | 162 | <i>uro-458</i> | 162 | UROCIT-K 10..... | 379 | UROCIT-K 15..... | 379 | UROCIT-K 5..... | 379 | UROGESIC-BLUE..... | 162 | <i>uro-mp</i> | 162 | <i>urosex</i> | 533 | <i>uro-sp</i> | 162 | UROXATRAL..... | 378 | URSO 250..... | 370 | URSO FORTE..... | 370 | <i>ursodiol</i> | 370 | URSODIOL+SYRSPEND SF.. | 370 | USTELL..... | 162 | UTIBRON NEOHALER..... | 78 | UTIRA-C..... | 162 | UTOPIC..... | 288 | UZEDY..... | 206, 207 | VABOMERE..... | 155 | VABYSMO..... | 552 | VAFSEO..... | 403 | VAGIFEM..... | 613 | <i>vaginal suppository applicator</i> | 448 | <i>valacyclovir hcl</i> | 222 | VALCHLOR..... | 275 | VALCYTE..... | 220 | <i>valganciclovir hcl</i> | 220 | VALIUM..... | 72 | <i>valladerm-90</i> | 308 | <i>valproate sodium</i> | 102, 103 | <i>valproic acid</i> | 103 | <i>valrubicin</i> | 184 | <i>valsartan</i> | 149 | <i>valsartan-hydrochlorothiazide</i> | 148 | VALSTAR..... | 184 | VALTOCO 10 MG DOSE..... | 92 | VALTOCO 15 MG DOSE..... | 92 | VALTOCO 20 MG DOSE..... | 92 | VALTOCO 5 MG DOSE..... | 92 | VALTRESX..... | 222 | <i>value health insulin syringe</i> | 494 | <i>value plus lancet standard 21g</i> | 444 | <i>value plus lancets super thin</i> | 444 | <i>value plus lancets thin 26g</i> | 444 | <i>valumark lancet super thin 30g</i> | 444 | <i>valumark lancet ultra thin 28g</i> | 444 | <i>valumark pen needles</i> | 494 | VANADOM..... | 535 | VANCOCIN..... | 156 | <i>vancomycin hcl</i> | 156, 157, 158, 554 | <i>vancomycin hcl in dextrose</i> | 156, 157 | <i>vancomycin hcl in nacl</i> | 157 | VANCOMYCIN+SYRSPEND | SF..... | 159 | VANDAZOLE..... | 612 | VANILLA SILQ..... | 340 | VANIQA..... | 296 | VANISH..... | 524 | VANISHPOINT INSULIN | SYRINGE..... | 494, 495 | VANISHPOINT SAFETY | SYRINGE..... | 495 | VANOS..... | 286 | VANOXIDE-HC..... | 266 | VAPRISOL..... | 363 | <i>vapro plus catheter 12fr/16"</i> | 422 | <i>vardanafil hcl</i> | 241 | <i>vardimaxia</i> | 266 | VARIBAR NECTAR..... | 340 | VARIBAR THIN LIQUID..... | 341 | VARITHENA..... | 522 | VARIZIG..... | 571 | VAROPHEN..... | 275 | <i>varoxia</i> | 266 | VARUBI (180 MG DOSE)..... | 132 | VASCAZEN..... | 344 | VASCEPA..... | 137 | VASCULERA..... | 343 | VASERETIC..... | 144 | VASHE CLEANSING..... | 312 | VASHE WOUND..... | 312 | VASHE WOUND THERAPY..... | 312 | <i>vasopressin</i> | 363, 364 | <i>vasopressin +rfid</i> | 363 | <i>vasopressin-dextrose</i> | 364 | <i>vasopressin-sodium chloride</i> | 364 | VASOSTRICT..... | 364 | VASOTEC..... | 145 | VAXCHORA..... | 609 | VAZCULEP..... | 619 | <i>vb6 p5p</i> | 343 | <i>v-c forte</i> | 528 | VECTIBIX..... | 178 | VECTICAL..... | 278 | <i>vecuronium bromide</i> | 543 | VEGZELMA..... | 196 | VEKLURY..... | 222 | VELCADE..... | 182 | VELPHORO..... | 374 | VELSIPITY..... | 374 | VELTASSA..... | 521, 522 | VELTIN..... | 266 | VEMLIDY..... | 220 | VENCLEXTA..... | 175 | VENCLEXTA STARTING | PACK..... | 175 | VENELEX..... | 311 | VENEXA..... | 528 | VENEXA FE..... | 528 | VENIPUNCTURE PX1 | PHLEBOTOMY..... | 308 | <i>venlafaxine besylate er</i> | 108 | <i>venlafaxine hcl</i> | 109 | <i>venlafaxine hcl er</i> | 109 | VENNGEL ONE..... | 273 | VENOFER..... | 405 | VENOMIL HONEY BEE | VENOM..... | 21 | VENOMIL MIXED VESPID | VENOM..... | 21 | VENOMIL WASP VENOM..... | 21 | VENOMIL WHITE FACED | HORNET..... | 21 |
|----------------------|---------------|-----|----------------------|---------------|-----|------------------------|-----|----------------|-----|---------------|-----|---------------------|---------------|-----|---------------------|---------------|-----|---------------------|-----------------|-----|------------------------------|-----|--------------|-----|-------------|-----|--------------|-----|------------------------|-----|---------------|-----|-------------------|----------|-----------------------------|-----|------------------------|-----|--------------------------|-----|-------------|-----|-------------|-----|------------------------|-----|-------------|-----|-------------------------|-----|-------------|----------|---------------|-----|----------------------|-----|---------------------|-----|----------------------|-----|------------------|-----|------------------|-----|-----------------|-----|--------------------|-----|---------------------|-----|---------------------|-----|---------------------|-----|----------------|-----|---------------|-----|-----------------|-----|-----------------------|-----|------------------------|-----|-------------|-----|-----------------------|----|--------------|-----|-------------|-----|------------|----------|---------------|-----|--------------|-----|-------------|-----|--------------|-----|---|-----|-------------------------------|-----|---------------|-----|--------------|-----|---------------------------------|-----|-------------|----|---------------------------|-----|-------------------------------|----------|----------------------------|-----|-------------------------|-----|------------------------|-----|--|-----|--------------|-----|-------------------------|----|-------------------------|----|-------------------------|----|------------------------|----|---------------|-----|---|-----|---|-----|--|-----|--|-----|---|-----|---|-----|-----------------------------------|-----|--------------|-----|---------------|-----|-----------------------------|--------------------|---|----------|-------------------------------------|-----|---------------------|---------|-----|----------------|-----|-------------------|-----|-------------|-----|-------------|-----|---------------------|--------------|----------|--------------------|--------------|-----|------------|-----|------------------|-----|---------------|-----|---|-----|-----------------------------|-----|-------------------------|-----|---------------------|-----|--------------------------|-----|----------------|-----|--------------|-----|---------------|-----|----------------------|-----|---------------------------|-----|---------------|-----|--------------|-----|----------------|-----|----------------|-----|----------------------|-----|------------------|-----|--------------------------|-----|--------------------------|----------|--------------------------------|-----|-----------------------------------|-----|--|-----|-----------------|-----|--------------|-----|---------------|-----|---------------|-----|----------------------|-----|------------------------|-----|---------------|-----|---------------|-----|---------------------------------|-----|---------------|-----|--------------|-----|--------------|-----|---------------|-----|----------------|-----|---------------|----------|-------------|-----|--------------|-----|----------------|-----|--------------------|-----------|-----|--------------|-----|-------------|-----|----------------|-----|------------------|-----------------|-----|--------------------------------------|-----|------------------------------|-----|---------------------------------|-----|------------------|-----|--------------|-----|-------------------|------------|----|----------------------|------------|----|-------------------------|----|---------------------|-------------|----|

| | | | | | |
|--|----------|------------------------------------|---------|--|----------|
| VENOMIL YELLOW | | VFEND IV..... | 134 | VISCOAT..... | 562 |
| HORNET VENOM..... | 21 | V-GO 20..... | 448 | VISIONBLUE..... | 562 |
| VENOMIL YELLOW JACKET | | V-GO 30..... | 448 | VISIPAQUE..... | 342 |
| VENOM..... | 21 | V-GO 40..... | 448 | VISTARIL..... | 70 |
| VENTOLIN HFA..... | 80 | VIAGRA..... | 241 | VISTOGARD..... | 128 |
| VENTRIXYL..... | 528 | VIBATIV..... | 159 | VISUDYNE..... | 558 |
| VENTRIXYL FE..... | 528 | VIBERZI..... | 371 | <i>vit b12-methionine-inos-chol</i> | 397 |
| VEOPOZ..... | 392 | VIBRAMYCIN..... | 594 | VITA S FORTE..... | 529 |
| VEOZAH..... | 359 | VIBRANT..... | 414 | VITACEL..... | 529 |
| <i>verapamil hcl</i> | 234 | VIBRANT STARTER KIT..... | 414 | VITAFOL..... | 527 |
| <i>verapamil hcl er</i> | 233, 234 | VIC-FORTE..... | 528 | VITAL-D RX..... | 526 |
| <i>verasens blood glucose meter</i> ... | 444 | VICTOZA..... | 121 | VITALIPID N INFANT..... | 532 |
| <i>verasens blood glucose system</i> .. | 444 | VIDA MIA AUTOLET | | VITAMEZ..... | 401 |
| <i>verasens blood glucose test</i> | 336 | LANCING DEV..... | 445 | <i>vitamin b complex 100</i> | 525 |
| VERDESO..... | 286 | VIDA MIA UNIFINE | | <i>vitamin b complex-</i> | |
| VEREGEN..... | 269 | PENTIPS..... | 495 | <i>hydroxocobal</i> | 525 |
| VERELAN..... | 234 | VIDA MIA UNILET | | <i>vitamin b-complex 100</i> | 525 |
| VERELAN PM..... | 234 | LANCETS 28G..... | 445 | <i>vitamin c brightening serum</i> | 288 |
| VERIFINE INSULIN PEN | | VIDA MIA UNILET | | <i>vitamin d (ergocalciferol)</i> | 619 |
| NEEDLE..... | 495 | LANCETS 30G..... | 445 | <i>vitamin deficiency system-b12</i> .. | 398 |
| VERIFINE INSULIN | | VIDAZA..... | 170 | <i>vitamin k1</i> | 620 |
| SYRINGE..... | 495 | <i>vigabatrin</i> | 101 | <i>vitamins acd-fluoride</i> | 531 |
| VERIFINE PLUS PEN | | VIGADRONE..... | 101 | VITAROCA PLUS..... | 529 |
| NEEDLE..... | 495 | VIGAMOX..... | 554 | <i>vitasure</i> | 526 |
| VERIFINE SAFE LANCET | | VIGPODER..... | 101 | VITATHELY WITH GINGER | 532 |
| MINI 21G..... | 444 | VIIBRYD..... | 107 | VITLIPID N ADULT..... | 529 |
| VERIFINE SAFE LANCET | | VIIBRYD STARTER PACK... | 107 | VITLIPID N INFANT..... | 532 |
| MINI 23G..... | 444 | VIJOICE..... | 521 | VITRAKVI..... | 182 |
| VERIFINE SAFE LANCET | | VILACTIN AA PLUS..... | 346 | VITRAMYN..... | 529 |
| MINI 28G..... | 445 | VILAMIT MB..... | 162 | VITRANOL..... | 529 |
| VERIFINE SAFE LANCET | | <i>vilazodone hcl</i> | 107 | VITRANOL FE..... | 529 |
| MINI 30G..... | 445 | VILEVEV MB..... | 162 | VITRASE..... | 516 |
| VERIFINE UNIVERSAL | | VILTEPSO..... | 542 | VITREXATE..... | 529 |
| LANCETS 28G..... | 445 | VIMIZIM..... | 358 | VITREXATE FE..... | 529 |
| VERIFINE UNIVERSAL | | VIMOVO..... | 33 | VITREXYL..... | 529 |
| LANCETS 30G..... | 445 | VIMPAT..... | 99, 100 | VITREXYL + IRON..... | 529 |
| VERIFINE UNIVERSAL | | <i>vinblastine sulfate</i> | 191 | VIVAGUARD INO GLUCOSE | |
| LANCETS 33G..... | 445 | VINCASAR PFS..... | 191 | METER..... | 445 |
| VERKAZIA..... | 556 | <i>vincristine sulfate</i> | 191 | VIVAGUARD INO SMART | |
| VERQUVO..... | 242 | <i>vinorelbine tartrate</i> | 191 | GLUC METER..... | 445 |
| VERSACLOZ..... | 208 | VIOKACE..... | 347 | VIVAGUARD INO TEST | |
| VERSAPAP..... | 497 | VIRACEPT..... | 217 | STRIPS..... | 336 |
| VERSAPAP W/UNIVERSAL | | VIRAMUNE..... | 218 | VIVAGUARD LANCETS..... | 445 |
| TUBING..... | 497 | VIRAMUNE XR..... | 218 | VIVAGUARD LANCETS 30G | 445 |
| VERSAPRO..... | 577 | VIRASAL..... | 291 | VIVAGUARD SAFETY | |
| VERZENIO..... | 188 | VIRAZOLE..... | 223 | LANCETS 28G..... | 445 |
| VESICARE..... | 609 | VIREAD..... | 219 | VIVELLE-DOT..... | 368, 369 |
| VESICARE LS..... | 609 | <i>virt-caps</i> | 526 | <i>vivimusta</i> | 166 |
| VEVYE..... | 556 | <i>virt-fefa plus</i> | 404 | VIVJOA..... | 133 |
| <i>vexasyn</i> | 320 | <i>virt-phos 250 neutral</i> | 510 | VIVLODEX..... | 37 |
| <i>vexatrol</i> | 308 | VISBIOME..... | 125 | VIVOTIF..... | 610 |
| VFEND..... | 134, 135 | VISCO-3..... | 537 | VIZAMYL..... | 326 |

| | | | | |
|--|--|----------|----------------------------|----------|
| VOCAL POINT BLOOD | WALGREENS LANCETS..... | 445 | XACIATO..... | 612 |
| GLUCOSE TEST..... | <i>walgreens lancets micro thin</i> ... | 445 | XADAGO..... | 198 |
| VOGELXO..... | <i>walgreens lancets super thin</i> ... | 445 | XALATAN..... | 563 |
| VOGELXO PUMP..... | WALGREENS THIN | | XALIX..... | 291 |
| VOLTAREN..... | LANCETS..... | 445 | XALKORI..... | 171 |
| <i>volumex</i> | WALGREENS ULTRA THIN | | XANAX..... | 72 |
| VONVENDI..... | LANCETS..... | 445 | XANAX XR..... | 72, 73 |
| VOQUEZNA..... | <i>warfarin sodium</i> | 85, 86 | XAQUIL XR..... | 344 |
| VOQUEZNA DUAL PAK..... | <i>wasp venom protein</i> | 21 | XARACOLL..... | 419 |
| VOQUEZNA TRIPLE PAK..... | WATCHHALER..... | 501 | XARELTO..... | 86 |
| VORAXAZE..... | WAVESENSE AMP..... | 445 | XARELTO STARTER PACK... 86 | |
| <i>voriconazole</i> | <i>wegmans unifine pentips plus</i> | | XATMEP..... | 170 |
| VORTEX HOLD | ..... | 495, 496 | XCELLISTEM WOUND | |
| CHMBR/MASK/CHILD..... | WEGOVI..... | 9 | POWDER..... | 320 |
| VORTEX HOLD | WELCHOL..... | 138 | XCOPRI..... | 100 |
| CHMBR/MASK/TODDLER... 501 | WELLBUTRIN SR..... | 104 | XCOPRI (250 MG DAILY | |
| VORTEX VALVED | WELLBUTRIN XL..... | 104 | DOSE)..... | 100 |
| HOLDING CHAMBER..... | <i>wellfola</i> | 529 | XCOPRI (350 MG DAILY | |
| VORVIDA..... | WELLMIND VERTIGO..... | 517 | DOSE)..... | 100 |
| VOSEVI..... | <i>wellpro 31</i> | 125 | XDEMVY..... | 556 |
| VOTRIENT..... | <i>wescaps</i> | 526 | XELJANZ..... | 24 |
| VOWST..... | <i>wes-phos 250 neutral</i> | 510 | XELJANZ XR..... | 24 |
| <i>vp fc kit</i> | <i>westab max</i> | 343 | XELODA..... | 170 |
| <i>vp gkl kit</i> | <i>westab mini</i> | 401 | XELPROS..... | 563 |
| <i>vp insulin syringe</i> | <i>western juniper</i> | 21 | XELSTRYM..... | 7 |
| VPRIV..... | <i>western juniper (diagnostic)</i> | 323 | XEMBIFY..... | 571 |
| <i>vp-vite rx</i> | <i>wheat germ oil</i> | 620 | XENAZINE..... | 582 |
| VRAYLAR..... | <i>white alder</i> | 21 | XENICAL..... | 10 |
| VTAMA..... | <i>white alder (diagnostic)</i> | 323 | XENLETA..... | 160 |
| VTOL LQ..... | <i>white ash (diagnostic)</i> | 323 | <i>xenon xe 133</i> | 327 |
| VUEBLU..... | <i>white ash pollen</i> | 21 | XENOVIEW..... | 340 |
| VUEWAY..... | <i>white birch</i> | 21 | XENPOZYME..... | 350, 351 |
| VUITY..... | <i>white birch (diagnostic)</i> | 323 | XEPI..... | 270 |
| VUMERITY..... | <i>white mulberry</i> | 21 | XERAC AC..... | 280 |
| VUSION..... | <i>white oak</i> | 21 | XERALUX..... | 295 |
| VYEPTI..... | <i>white pine</i> | 21 | XERAVA..... | 591 |
| VYJUVEK..... | <i>white potato (diagnostic)</i> | 323 | XERESE..... | 279 |
| VYLEESI..... | WHITE-FACED HORNET | | XEROFORM OCCLUSIVE | |
| VYLOY..... | VENOM..... | 21 | GAUZE PATCH..... | 311 |
| VYNDAMAX..... | <i>whole egg (diagnostic)</i> | 323 | XEROFORM OCCLUSIVE | |
| VYNDAQEL..... | <i>whole grain barley(diagnostic)</i> .. | 323 | GAUZE STRIP..... | 311 |
| VYONDYS 53..... | <i>whole wheat (diagnostic)</i> | 323 | XEROFORM OIL EMULSION | |
| VYTONER..... | WILATE..... | 391 | 2"X2"..... | 311 |
| VYTORIN..... | WILZIN..... | 514 | XEROFORM OIL EMULSION | |
| VYVANSE..... | WINLEVI..... | 269 | GAUZE..... | 311 |
| VYVGART..... | WINREVAIR..... | 239 | XEROFORM OIL EMULSION | |
| VYVGART HYTRULO..... | WINRHO SDF..... | 571 | STRIP..... | 311 |
| VYXEOS..... | WIXELA INHUB..... | 78 | XEROFORM OIL ROLL 4"X9' | |
| VYZULTA..... | WOUNDGELHA MATRIX..... | 320 | ..... | 311 |
| WAINUA..... | <i>wpr plus wound healing system</i> | 308 | XEROFORM PETROLAT | |
| WAKIX..... | WYNZORA..... | 310 | GAUZE 1"X8"..... | 311 |
| <i>walgreens adv travel lancets</i> | XACDURO..... | 155 | | |

| | | | | |
|---------------------------------------|--|-----|--|----------|
| XEROFORM PETROLAT | XYREM..... | 579 | ZENATANE..... | 269 |
| GAUZE 5"X9"..... | xyzbac..... | 344 | zenifiber ag..... | 320 |
| XEROFORM PETROLAT | xyzmune..... | 519 | zenifoam ag..... | 320 |
| PATCH 2"X2"..... | YARGESA..... | 397 | ZENPEP..... | 347 |
| XEROFORM PETROLAT | YASMIN 28..... | 248 | zenphor wound gel..... | 320 |
| PATCH 4"X4"..... | yaxatarxyn..... | 287 | zenphor wound pad..... | 320 |
| <i>xeroform petrolatum dres 4"x4"</i> | YAZ..... | 248 | ZENZEDI..... | 7 |
| ..... | YCANTH..... | 291 | ZEPATIER..... | 221 |
| <i>xeroform petrolatum dres 5"x9"</i> | <i>yellow dock</i> | 22 | ZEPBOUND..... | 9 |
| ..... | <i>yellow hornet venom protein</i> | 22 | ZEPOSIA..... | 588 |
| XEROFORM PETROLATUM | <i>yellow jacket venom protein</i> | 22 | ZEPOSIA 7-DAY STARTER | |
| ROLL 4"X9'..... | YESCARTA..... | 175 | PACK..... | 588 |
| XEROSTOMIA RELIEF | YF-VAX..... | 611 | ZEPOSIA STARTER KIT..... | 588 |
| SPRAY..... | <i>yokatar</i> | 287 | ZEPZELCA..... | 166 |
| XHANCE..... | YONDELIS..... | 195 | ZERBAXA..... | 242 |
| XIFAXAN..... | YONSA..... | 166 | <i>zeruvia</i> | 308 |
| XIGDUO XR..... | YOSPRALA..... | 395 | ZERVIATE..... | 553 |
| XIIDRA..... | YUFLYMA (1 PEN)..... | 30 | ZESTORETIC..... | 144 |
| XIMINO..... | YUFLYMA (2 PEN)..... | 30 | ZESTRIL..... | 145 |
| XIPERE..... | YUFLYMA (2 SYRINGE)..... | 30 | ZETIA..... | 141 |
| XOFIGO..... | YUFLYMA-CD/UC/HS | | ZETONNA..... | 538 |
| XOFLUZA (40 MG DOSE)..... | STARTER..... | 30 | ZEVALIN Y-90..... | 184 |
| XOFLUZA (80 MG DOSE)..... | YUPELRI..... | 81 | <i>zevrx insulin syringe</i> | 496 |
| XOLAIR..... | YUSIMRY..... | 30 | <i>zevrx pen needles</i> | 496 |
| XOLEGEL..... | YUTIQ..... | 561 | <i>zevrx twist top lancets 30g</i> | 445 |
| XOLEGEL COREPAK..... | YUVAFEM..... | 613 | ZIAC..... | 152 |
| XOLEGEL DUO/HEAD & | ZACARE..... | 266 | ZIAGEN..... | 218 |
| SHOULDERS..... | <i>zaclir cleansing</i> | 269 | ZIANA..... | 266 |
| XOLEGEL DUO/XOLEX..... | <i>zafirlukast</i> | 82 | <i>ziclocin</i> | 275 |
| XOPENEX..... | <i>zaleplon</i> | 411 | ZICLOPRO..... | 275 |
| XOPENEX CONCENTRATE... 80 | ZALTRAP..... | 196 | <i>zidovudine</i> | 219 |
| XOPENEX HFA..... | <i>zalvit</i> | 532 | ZIEXTENZO..... | 402 |
| XPERT XPRESS SARS-COV- | <i>zanabin hydrogel</i> | 320 | ZILACAINE PATCH..... | 308 |
| 2..... | ZANAFLEX..... | 535 | <i>zileuton er</i> | 75 |
| ..... | ZANOSAR..... | 193 | <i>ziloval</i> | 308 |
| XPHOZAH..... | ZARONTIN..... | 102 | ZILRETTA..... | 255 |
| XRYLIX..... | ZARXIO..... | 402 | ZILXI..... | 297 |
| XRYLIX II..... | ZAVESCA..... | 397 | ZIMHI..... | 129 |
| XTAMPZA ER..... | ZAVZPRET..... | 501 | <i>zinc chloride</i> | 514 |
| XTANDI..... | <i>zcort 7-day</i> | 255 | <i>zinc sulfate</i> | 514 |
| XULTOPHY..... | ZEBUTAL..... | 39 | ZINGO..... | 419 |
| <i>xurea</i> | ZEGALOGUE..... | 113 | ZINPLAVA..... | 567 |
| <i>xvite</i> | ZEGERID..... | 603 | <i>zionodil</i> | 293 |
| <i>xybiotic</i> | ZEJULA..... | 194 | <i>zionodil 100</i> | 293 |
| XYLIDERM..... | <i>zelac</i> | 125 | ZIOPTAN..... | 563 |
| XYLOCAINE..... | ZELAPAR..... | 198 | <i>ziphex</i> | 532 |
| XYLOCAINE/EPINEPHRINE 415 | ZELBORAF..... | 177 | <i>ziprasidone hcl</i> | 203 |
| XYLOCAINE-MPF..... | ZELNORM..... | 371 | <i>ziprasidone mesylate</i> | 204 |
| XYLOCAINE- | ZEMAIRA..... | 589 | ZIPSOR..... | 37 |
| MPF/EPINEPHRINE..... | ZEMBRACE SYMTOUCH.... | 504 | ZIRABEV..... | 196, 197 |
| ..... | ZEMDRI..... | 24 | ZIRGAN..... | 555 |
| XYNTHA..... | ZEMPLAR..... | 357 | ZITHRANOL..... | 278 |
| XYNTHA SOLOFUSE..... | | | | |
| XYOSTED..... | | | | |

| | | | |
|------------------------------|----------|-------------------------------------|---------------|
| ZITHROMAX..... | 420 | ZOLPAK..... | 272 |
| ZITHROMAX TRI-PAK..... | 420 | <i>zolpidem tartrate</i> | 411 |
| ZITHROMAX Z-PAK..... | 420 | <i>zolpidem tartrate er</i> | 411 |
| ZITUVIMET..... | 114 | ZOLPIMIST..... | 411 |
| ZITUVIMET XR..... | 114 | ZOMACTON..... | 355 |
| ZITUVIO..... | 113 | ZOMACTON (FOR ZOMA- JET 10)..... | 355 |
| ZMA CLEAR..... | 267 | ZOMIG..... | 504 |
| ZOCOR..... | 140 | ZOMIG ZMT..... | 504, 505 |
| ZOFRAN..... | 130 | ZONALON..... | 276 |
| ZOHYDRO ER..... | 59, 60 | ZONEGRAN..... | 100 |
| ZOKINVY..... | 516 | ZONISADE..... | 100 |
| <i>zoledronic acid</i> | 352 | <i>zonisamide</i> | 100 |
| ZOLGENSMA 20.6-21.0 KG...543 | | ZONTIVITY..... | 396 |
| ZOLGENSMA 10.1-10.5 KG...544 | | ZORBTIVE..... | 355 |
| ZOLGENSMA 10.6-11.0 KG...544 | | ZORTRESS..... | 519 |
| ZOLGENSMA 11.1-11.5 KG...544 | | ZORVOLEX..... | 37 |
| ZOLGENSMA 11.6-12.0 KG...544 | | ZORYVE..... | 278, 279, 296 |
| ZOLGENSMA 12.1-12.5 KG...544 | | ZOSYN..... | 575 |
| ZOLGENSMA 12.6-13.0 KG...544 | | ZOVIRAX..... | 222, 280 |
| ZOLGENSMA 13.1-13.5 KG...544 | | ZTALMY..... | 100 |
| ZOLGENSMA 13.6-14.0 KG...544 | | ZTLIDO..... | 293 |
| ZOLGENSMA 14.1-14.5 KG...544 | | ZUBSOLV..... | 63 |
| ZOLGENSMA 14.6-15.0 KG...544 | | ZULRESSO..... | 104 |
| ZOLGENSMA 15.1-15.5 KG...544 | | ZUPLENZ..... | 130 |
| ZOLGENSMA 15.6-16.0 KG...544 | | ZURZUVAE..... | 104 |
| ZOLGENSMA 16.1-16.5 KG...544 | | ZYCLARA..... | 290 |
| ZOLGENSMA 16.6-17.0 KG...544 | | ZYCLARA PUMP..... | 290 |
| ZOLGENSMA 17.1-17.5 KG...544 | | ZYDELIG..... | 194 |
| ZOLGENSMA 17.6-18.0 KG...544 | | ZYFLO..... | 75 |
| ZOLGENSMA 18.1-18.5 KG...544 | | ZYKADIA..... | 171 |
| ZOLGENSMA 18.6-19.0 KG...544 | | ZYLET..... | 560 |
| ZOLGENSMA 19.1-19.5 KG...544 | | ZYLOPRIM..... | 381 |
| ZOLGENSMA 19.6-20.0 KG...544 | | ZYLOTROL-L..... | 293 |
| ZOLGENSMA 2.6-3.0 KG.....544 | | ZYMAXID..... | 554 |
| ZOLGENSMA 20.1-20.5 KG...544 | | ZYMFENTRA (1 PEN)..... | 375 |
| ZOLGENSMA 3.1-3.5 KG.....545 | | ZYMFENTRA (2 PEN)..... | 375 |
| ZOLGENSMA 3.6-4.0 KG.....545 | | ZYMFENTRA (2 SYRINGE).. | 375 |
| ZOLGENSMA 4.1-4.5 KG.....545 | | ZYNLONTA..... | 171 |
| ZOLGENSMA 4.6-5.0 KG.....545 | | ZYNRELEF..... | 33 |
| ZOLGENSMA 5.1-5.5 KG.....545 | | ZYNTEGLO..... | 402 |
| ZOLGENSMA 5.6-6.0 KG.....545 | | ZYNYZ..... | 174 |
| ZOLGENSMA 6.1-6.5 KG.....545 | | ZYPITAMAG..... | 140 |
| ZOLGENSMA 6.6-7.0 KG.....545 | | ZYPREXA..... | 213 |
| ZOLGENSMA 7.1-7.5 KG.....545 | | ZYPREXA RELPREVV..... | 213 |
| ZOLGENSMA 7.6-8.0 KG.....545 | | ZYPREXA ZYDIS..... | 213 |
| ZOLGENSMA 8.1-8.5 KG.....545 | | ZYTIGA..... | 166 |
| ZOLGENSMA 8.6-9.0 KG.....545 | | <i>zyvana</i> | 529 |
| ZOLGENSMA 9.1-9.5 KG.....545 | | <i>zyvexol</i> | 344 |
| ZOLGENSMA 9.6-10.0 KG...545 | | ZYVOX..... | 160 |
| ZOLINZA..... | 179 | | |
| <i>zolmitriptan</i> | 504 | | |
| ZOLOFT..... | 106, 107 | | |