



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

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

CURRENT AS OF 4/1/2025

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

Drug Tier
EX = Excluded
Tier 1 = Generic
Tier 2 = Preferred Brand
Tier 3 = Non-Preferred Brand/Generic
Tier 4 = Specialty
Tier 5 = Preventative

lowercase italics = Generic drugs
UPPERCASE BOLD = Brand name drugs

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

Drug Name	Drug Tier	Notes
*Amphetamine Mixtures***		
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 30 MG, 5 MG, 7.5 MG	EX	Formulary Exclusion; QL
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG	EX	Formulary Exclusion; QL
<i>amphetamine-dextroamphetamine oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	Tier 1	QL
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	Tier 1	QL
<i>amphet-dextroamphetamine 3-bead er oral capsule extended release 24 hour 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	Tier 1	QL
MYDAYIS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 12.5 MG, 25 MG, 37.5 MG, 50 MG	EX	Formulary Exclusion; QL
*Amphetamines***		
ADZENYS ER ORAL SUSPENSION EXTENDED RELEASE 1.25 MG/ML	EX	Formulary Exclusion; QL
ADZENYS XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG	EX	Non Essential Drug Exclusion; Formulary Exclusion; QL
<i>amphetamine er oral suspension extended release 1.25 mg/ml</i>	EX	Formulary Exclusion; QL
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i>	EX	Formulary Exclusion; QL
DESOXYN ORAL TABLET 5 MG	EX	Formulary Exclusion; QL
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 5 MG	EX	Formulary Exclusion; QL
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i>	Tier 1	QL
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	Tier 1	QL
<i>dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	Tier 1	QL
DYANAVAL XR ORAL SUSPENSION EXTENDED RELEASE 2.5 MG/ML	EX	Formulary Exclusion; QL
DYANAVAL XR ORAL TABLET EXTENDED RELEASE 10 MG, 15 MG, 20 MG, 5 MG	EX	Formulary Exclusion; QL
EVEKEO ODT ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG	EX	Formulary Exclusion; QL
EVEKEO ORAL TABLET 10 MG, 5 MG	EX	Formulary Exclusion; QL

Drug Name	Drug Tier	Notes
<i>lisdexamphetamine dimesylate oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</i>	Tier 1	QL
<i>lisdexamphetamine dimesylate oral tablet chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	Tier 1	QL
<i>methamphetamine hcl oral tablet 5 mg</i>	Tier 1	QL
PROCENTRA ORAL SOLUTION 5 MG/5ML	Tier 1	QL
VYVANSE CAPSULE 10 MG ORAL	EX	Formulary Exclusion; QL
VYVANSE CAPSULE 20 MG ORAL	EX	Formulary Exclusion; QL
VYVANSE CAPSULE 30 MG ORAL	EX	Formulary Exclusion; QL
VYVANSE CAPSULE 40 MG ORAL	EX	Formulary Exclusion; QL
VYVANSE CAPSULE 50 MG ORAL	Tier 3	Formulary Exclusion; QL
VYVANSE CAPSULE 60 MG ORAL	EX	Formulary Exclusion; QL
VYVANSE CAPSULE 70 MG ORAL	EX	Formulary Exclusion; QL
VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	EX	Formulary Exclusion; QL
XELSTRYM TRANSDERMAL PATCH 13.5 MG/9HR, 18 MG/9HR, 4.5 MG/9HR, 9 MG/9HR	EX	Formulary Exclusion; QL
ZENZEDI TABLET 10 MG ORAL	Tier 1	QL
ZENZEDI TABLET 15 MG ORAL	EX	Formulary Exclusion; QL
ZENZEDI TABLET 2.5 MG ORAL	EX	Formulary Exclusion; QL
ZENZEDI TABLET 20 MG ORAL	EX	Formulary Exclusion; QL
ZENZEDI TABLET 30 MG ORAL	EX	Formulary Exclusion; QL
ZENZEDI TABLET 5 MG ORAL	Tier 1	QL
ZENZEDI TABLET 7.5 MG ORAL	EX	Formulary Exclusion; QL
*Analeptics***		
CAFCIT INTRAVENOUS SOLUTION 60 MG/3ML	EX	Medical Only Exclusion
<i>caffeine citrate intravenous solution 60 mg/3ml</i>	EX	Medical Only Exclusion
<i>caffeine citrate oral solution 20 mg/ml, 60 mg/3ml</i>	Tier 1	
<i>caffeine-sodium benzoate injection solution 125-125 mg/ml</i>	EX	Non FDA Exclusion
DOPRAM INTRAVENOUS SOLUTION 20 MG/ML	EX	Medical Only Exclusion
*Anorexiant Combinations***		
PLENITY ORAL CAPSULE	EX	Non FDA Exclusion
PLENITY WELCOME KIT ORAL CAPSULE	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
QSYMIA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 11.25-69 MG, 15-92 MG, 3.75-23 MG, 7.5-46 MG	Benefit Exclusion	PA; Formulary Exclusion; QL
*Anorexiant Non-Amphetamine***		
ADIPEX-P ORAL CAPSULE 37.5 MG	Benefit Exclusion	Formulary Exclusion; QL
ADIPEX-P ORAL TABLET 37.5 MG	Benefit Exclusion	Formulary Exclusion; QL
<i>benzphetamine hcl oral tablet 25 mg, 50 mg</i>	Benefit Exclusion	Formulary Exclusion; QL
<i>diethylpropion hcl er oral tablet extended release 24 hour 75 mg</i>	Benefit Exclusion	Formulary Exclusion; QL
<i>diethylpropion hcl oral tablet 25 mg</i>	Benefit Exclusion	Formulary Exclusion; QL
LOMAIRA ORAL TABLET 8 MG	Benefit Exclusion	QL
<i>phendimetrazine tartrate er oral capsule extended release 24 hour 105 mg</i>	Benefit Exclusion	Formulary Exclusion; QL
<i>phendimetrazine tartrate oral tablet 35 mg</i>	Benefit Exclusion	Formulary Exclusion; QL
<i>phentermine hcl oral capsule 15 mg, 30 mg, 37.5 mg</i>	Benefit Exclusion	QL
<i>phentermine hcl oral tablet 37.5 mg</i>	Benefit Exclusion	QL
*Anti-Obesity - Gip & Glp-1 Receptor Agonists***		
ZEPBOUND SUBCUTANEOUS SOLUTION 10 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML	EX	New to Market Exclusion
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML	Benefit Exclusion	PA; QL
*Anti-Obesity - Glp-1 Receptor Agonists***		
SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML	Benefit Exclusion	PA; QL
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML, 1.7 MG/0.75ML, 2.4 MG/0.75ML	Benefit Exclusion	PA; QL
*Anti-Obesity Agent Combinations**		
CONTRAVE ORAL TABLET EXTENDED RELEASE 12 HOUR 8-90 MG	Benefit Exclusion	PA; Formulary Exclusion; QL
*Dopamine And Norepinephrine Reuptake Inhibitors (Dnris)***		
SUNOSI ORAL TABLET 150 MG, 75 MG	Tier 2	PA; QL

Drug Name	Drug Tier	Notes
*Histamine H3-Receptor Antagonist/Inverse Agonists***		
WAKIX ORAL TABLET 17.8 MG, 4.45 MG	EX	PA; Specialty; Formulary Exclusion; QL
*Lipase Inhibitors***		
<i>orlistat oral capsule 120 mg</i>	Benefit Exclusion	PA; QL
XENICAL ORAL CAPSULE 120 MG	Benefit Exclusion	PA; QL
*Melanocortin 4 (Mc4) Receptor Agonists***		
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML	Tier 4	PA; Specialty
*Stimulant Combinations***		
AZSTARYS ORAL CAPSULE 26.1-5.2 MG, 39.2-7.8 MG, 52.3-10.4 MG	Tier 2	ST; QL
*Stimulants - Misc.***		
ADHANSIA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 25 MG, 35 MG, 45 MG, 55 MG, 70 MG, 85 MG	EX	Formulary Exclusion; QL
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	EX	Non Essential Drug Exclusion; Formulary Exclusion; QL
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	Tier 1	QL
CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG, 54 MG	EX	Formulary Exclusion; QL
COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 17.3 MG, 25.9 MG, 8.6 MG	EX	Non Essential Drug Exclusion; Formulary Exclusion; QL
DAYTRANA TRANSDERMAL PATCH 10 MG/9HR, 15 MG/9HR, 20 MG/9HR, 30 MG/9HR	EX	Formulary Exclusion; QL
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	Tier 1	QL
<i>dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	QL
FOCALIN ORAL TABLET 10 MG, 2.5 MG, 5 MG	EX	Formulary Exclusion; QL
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG	EX	Formulary Exclusion; QL

Drug Name	Drug Tier	Notes
JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 20 MG, 40 MG, 60 MG, 80 MG	Tier 2	ST; QL
METADATE CD ORAL CAPSULE EXTENDED RELEASE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	EX	Formulary Exclusion; QL
METHYLIN ORAL SOLUTION 10 MG/5ML, 5 MG/5ML	EX	Formulary Exclusion; QL
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	Tier 1	QL
<i>methylphenidate hcl er (la) capsule extended release 24 hour 10 mg oral</i>	EX	Formulary Exclusion; QL
<i>methylphenidate hcl er (la) capsule extended release 24 hour 20 mg oral</i>	Tier 1	QL
<i>methylphenidate hcl er (la) capsule extended release 24 hour 30 mg oral</i>	Tier 1	QL
<i>methylphenidate hcl er (la) capsule extended release 24 hour 40 mg oral</i>	Tier 1	QL
<i>methylphenidate hcl er (la) capsule extended release 24 hour 60 mg oral</i>	EX	Formulary Exclusion; QL
<i>methylphenidate hcl er (osm) tablet extended release 18 mg oral</i>	Tier 1	QL
<i>methylphenidate hcl er (osm) tablet extended release 27 mg oral</i>	EX	Formulary Exclusion; QL
<i>methylphenidate hcl er (osm) tablet extended release 27 mg oral</i>	Tier 1	QL
<i>methylphenidate hcl er (osm) tablet extended release 36 mg oral</i>	EX	Formulary Exclusion; QL
<i>methylphenidate hcl er (osm) tablet extended release 36 mg oral</i>	Tier 1	QL
<i>methylphenidate hcl er (osm) tablet extended release 45 mg oral</i>	EX	Formulary Exclusion; QL
<i>methylphenidate hcl er (osm) tablet extended release 54 mg oral</i>	EX	Formulary Exclusion; QL
<i>methylphenidate hcl er (osm) tablet extended release 54 mg oral</i>	Tier 1	QL
<i>methylphenidate hcl er (osm) tablet extended release 63 mg oral</i>	EX	Formulary Exclusion; QL
<i>methylphenidate hcl er (osm) tablet extended release 72 mg oral</i>	EX	Formulary Exclusion; QL
<i>methylphenidate hcl er (osm) tablet extended release 72 mg oral</i>	Tier 1	QL

Drug Name	Drug Tier	Notes
<i>methylphenidate hcl er (xr) oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	EX	Non Essential Drug Exclusion; Formulary Exclusion; QL
<i>methylphenidate hcl er oral tablet extended release 10 mg, 20 mg</i>	Tier 1	QL
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 36 mg, 54 mg</i>	EX	Formulary Exclusion; QL
<i>methylphenidate hcl oral solution 10 mg/5ml, 5 mg/5ml</i>	Tier 1	QL
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	QL
<i>methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg</i>	Tier 1	QL
<i>methylphenidate transdermal patch 10 mg/9hr, 15 mg/9hr, 20 mg/9hr, 30 mg/9hr</i>	Tier 1	QL
<i>modafinil oral tablet 100 mg, 200 mg</i>	Tier 1	QL
NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG, 50 MG	EX	Formulary Exclusion; QL
PROVIGIL ORAL TABLET 100 MG, 200 MG	EX	Formulary Exclusion; QL
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 20 MG, 30 MG, 40 MG	Tier 2	ST; QL
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER 25 MG/5ML	Tier 2	ST; QL
RELEXXII ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG, 45 MG, 54 MG, 63 MG, 72 MG	EX	Formulary Exclusion; QL
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 30 MG, 40 MG	EX	Formulary Exclusion; QL
RITALIN ORAL TABLET 10 MG, 20 MG, 5 MG	EX	Formulary Exclusion; QL
Allergenic Extracts/Biologicals Misc		
*Allergenic Extracts***		
<i>acacia pollen injection solution 1:40</i>	EX	Medical Only Exclusion
<i>acacia subcutaneous solution 1:20</i>	Benefit Exclusion	Medical Only Exclusion
<i>alder subcutaneous solution 1:20</i>	Benefit Exclusion	Medical Only Exclusion
<i>alternaria alternata injection solution 1:20</i>	EX	Medical Only Exclusion
<i>american beech pollen subcutaneous solution 1:20</i>	EX	Medical Only Exclusion
<i>american beech subcutaneous solution 1:20</i>	Benefit Exclusion	Medical Only Exclusion
<i>american cockroach subcutaneous solution 1:20</i>	Benefit Exclusion	Medical Only Exclusion

Drug Name	Drug Tier	Notes
<i>american elm injection solution 1:20</i>	EX	Medical Only Exclusion
<i>american elm subcutaneous solution 1:20</i>	Benefit Exclusion	Medical Only Exclusion
<i>american sycamore injection solution 1:20</i>	EX	Medical Only Exclusion
<i>arizona cypress subcutaneous solution 1:20</i>	Benefit Exclusion	Medical Only Exclusion
<i>aspen pollen injection solution 1:20</i>	EX	Medical Only Exclusion
<i>aspergillus fumigatus solution 1:10 injection</i>	Benefit Exclusion	Medical Only Exclusion
<i>aspergillus fumigatus solution 1:20 injection</i>	Benefit Exclusion	Medical Only Exclusion
<i>aspergillus fumigatus solution 1:20 injection</i>	EX	Medical Only Exclusion
<i>aureobasidium pullulans injection solution 1:20</i>	Benefit Exclusion	Medical Only Exclusion
<i>australian pine subcutaneous solution 1:20</i>	Benefit Exclusion	Medical Only Exclusion
<i>bahia subcutaneous solution 1:20</i>	Benefit Exclusion	Medical Only Exclusion
<i>bald cypress subcutaneous solution 1:20</i>	Benefit Exclusion	Medical Only Exclusion
<i>bayberry (wax myrtle) solution 1:20 subcutaneous</i>	EX	Medical Only Exclusion
<i>bayberry (wax myrtle) solution 1:20 subcutaneous</i>	Benefit Exclusion	Medical Only Exclusion
<i>bermuda grass solution 10000 bau/ml injection</i>	Benefit Exclusion	Medical Only Exclusion
<i>bermuda grass solution 10000 bau/ml injection</i>	EX	Medical Only Exclusion
<i>bermuda grass subcutaneous solution 10000 bau/ml</i>	Benefit Exclusion	Medical Only Exclusion
<i>bipolaris sorokiniana injection solution 1:20</i>	EX	Medical Only Exclusion
<i>black walnut pollen (1:10) injection solution 75000 pnu/ml</i>	EX	Medical Only Exclusion
<i>black walnut pollen (1:20) injection solution 75000 pnu/ml</i>	EX	Medical Only Exclusion
<i>black walnut pollen injection solution 1:20 , 20000 pnu/ml, 40000 pnu/ml</i>	EX	Medical Only Exclusion
<i>black willow injection solution 1:20</i>	EX	Medical Only Exclusion
<i>black willow subcutaneous solution 1:20</i>	Benefit Exclusion	Medical Only Exclusion
<i>black/sweet birch pollen injection solution 1:20</i>	EX	Medical Only Exclusion
<i>botrytis cinerea injection solution 1:20 , 43000 pnu/ml</i>	Benefit Exclusion	Medical Only Exclusion
<i>box elder pollen injection solution 1:20</i>	EX	Medical Only Exclusion
<i>brome subcutaneous solution 1:20</i>	Benefit Exclusion	Medical Only Exclusion
<i>california pepper tree subcutaneous solution 1:20</i>	Benefit Exclusion	Medical Only Exclusion
<i>candida albicans extract solution 1:1000 injection</i>	Benefit Exclusion	Medical Only Exclusion
<i>candida albicans extract solution 1:1000 injection</i>	EX	Medical Only Exclusion
<i>candida albicans extract solution 100 mg/ml injection</i>	Benefit Exclusion	Medical Only Exclusion

Drug Name	Drug Tier	Notes
<i>cat hair extract solution 10000 bau/ml injection</i>	Benefit Exclusion	Medical Only Exclusion
<i>cat hair extract solution 10000 bau/ml injection</i>	EX	Medical Only Exclusion
<i>cat hair extract solution 5000 bau/ml injection</i>	Benefit Exclusion	Medical Only Exclusion
<i>cat hair extract solution 5000 bau/ml injection</i>	EX	Medical Only Exclusion
<i>cat hair extract subcutaneous solution 10000 bau/ml</i>	Benefit Exclusion	Medical Only Exclusion
<i>cattle epithelium subcutaneous solution 1:20</i>	Benefit Exclusion	Medical Only Exclusion
<i>cedar elm subcutaneous solution 1:20</i>	Benefit Exclusion	Medical Only Exclusion
<i>cladosporium cladosporioides injection solution 1:20 , 64000 pnu/ml</i>	Benefit Exclusion	Medical Only Exclusion
<i>cladosporium cladosporioides intradermal solution 1:20</i>	Benefit Exclusion	Medical Only Exclusion
<i>cladosporium sphaerospermum injection solution 1:20</i>	EX	Medical Only Exclusion
<i>cocklebur subcutaneous solution 1:20</i>	Benefit Exclusion	Medical Only Exclusion
<i>corn pollen subcutaneous solution 1:20</i>	Benefit Exclusion	Medical Only Exclusion
<i>dandelion subcutaneous solution 1:20</i>	Benefit Exclusion	Medical Only Exclusion
<i>dog epithelium solution 1:10 subcutaneous</i>	EX	Medical Only Exclusion
<i>dog epithelium solution 1:10 subcutaneous</i>	Benefit Exclusion	Medical Only Exclusion
<i>dog epithelium solution 1:20 subcutaneous</i>	EX	Medical Only Exclusion
<i>dog epithelium solution 1:20 subcutaneous</i>	Benefit Exclusion	Medical Only Exclusion
<i>dog fennel subcutaneous solution 1:20</i>	Benefit Exclusion	Medical Only Exclusion
<i>eastern cottonwood injection solution 1:20</i>	EX	Medical Only Exclusion
<i>eastern cottonwood subcutaneous solution 1:20</i>	Benefit Exclusion	Medical Only Exclusion
<i>english plantain injection solution 1:20</i>	EX	Medical Only Exclusion
<i>epicoccum nigrum injection solution 1:10</i>	Benefit Exclusion	Medical Only Exclusion
<i>fire ant subcutaneous solution 1:10 , 1:20</i>	Benefit Exclusion	Medical Only Exclusion
<i>german cockroach subcutaneous solution 1:20</i>	Benefit Exclusion	Medical Only Exclusion
<i>goldenrod subcutaneous solution 1:20</i>	Benefit Exclusion	Medical Only Exclusion
<i>grass pollen mixture of 6 injection solution 100000 bau/ml</i>	Benefit Exclusion	Medical Only Exclusion
<i>grass pollen(k-o-r-t-swt vern) solution 100000 bau/ml injection</i>	Benefit Exclusion	Medical Only Exclusion
<i>grass pollen(k-o-r-t-swt vern) solution 100000 bau/ml injection</i>	EX	Medical Only Exclusion
GRASTEK SUBLINGUAL TABLET SUBLINGUAL 2800 BAU	Benefit Exclusion	
<i>green ash pollen injection solution 1:20</i>	EX	Medical Only Exclusion
<i>hackberry subcutaneous solution 1:20</i>	Benefit Exclusion	Medical Only Exclusion

Drug Name	Drug Tier	Notes
HONEY BEE VENOM PROTEIN INJECTION SOLUTION RECONSTITUTED 1300 MCG, 550 MCG	Benefit Exclusion	Medical Only Exclusion
<i>horse epithelium solution 1:10 subcutaneous</i>	Benefit Exclusion	Medical Only Exclusion
<i>horse epithelium solution 1:20 subcutaneous</i>	EX	Medical Only Exclusion
<i>horse epithelium solution 1:20 subcutaneous</i>	Benefit Exclusion	Medical Only Exclusion
<i>johnson grass subcutaneous solution 1:20</i>	Benefit Exclusion	Medical Only Exclusion
<i>june grass pollen standardized subcutaneous solution 100000 bau/ml</i>	Benefit Exclusion	Medical Only Exclusion
<i>kochia subcutaneous solution 1:20</i>	Benefit Exclusion	Medical Only Exclusion
<i>lenscale subcutaneous solution 1:20</i>	Benefit Exclusion	Medical Only Exclusion
<i>meadow fescue grass pollen subcutaneous solution 100000 bau/ml</i>	Benefit Exclusion	Medical Only Exclusion
<i>melaleuca subcutaneous solution 1:20</i>	Benefit Exclusion	Medical Only Exclusion
<i>mesquite subcutaneous solution 1:20</i>	Benefit Exclusion	Medical Only Exclusion
<i>mite (d. farinae) injection solution 10000 au/ml, 30000 au/ml, 5000 au/ml</i>	Benefit Exclusion	Medical Only Exclusion
<i>mite (d. farinae) subcutaneous solution 10000 au/ml</i>	Benefit Exclusion	Medical Only Exclusion
<i>mite (d. pteronyssinus) injection solution 10000 au/ml, 30000 au/ml, 5000 au/ml</i>	Benefit Exclusion	Medical Only Exclusion
<i>mite (d. pteronyssinus) subcutaneous solution 10000 au/ml</i>	Benefit Exclusion	Medical Only Exclusion
<i>mixed ragweed subcutaneous solution 1:20</i>	Benefit Exclusion	Medical Only Exclusion
<i>mixed vespid venom protein injection solution reconstituted 1300-1300-1300 mcg, 550-550-550 mcg</i>	Benefit Exclusion	Medical Only Exclusion
<i>mountain cedar pollen injection solution 1:20</i>	EX	Medical Only Exclusion
<i>mountain cedar subcutaneous solution 1:20</i>	Benefit Exclusion	Medical Only Exclusion
<i>mouse epithelium solution 1:20 subcutaneous</i>	EX	Medical Only Exclusion
<i>mouse epithelium solution 1:20 subcutaneous</i>	Benefit Exclusion	Medical Only Exclusion
<i>mucor injection solution 1:20</i>	Benefit Exclusion	Medical Only Exclusion
<i>mucor intradermal solution 1:20</i>	Benefit Exclusion	Medical Only Exclusion
<i>mugwort subcutaneous solution 1:20</i>	Benefit Exclusion	Medical Only Exclusion
<i>nettle injection solution 1:40</i>	EX	Medical Only Exclusion
<i>olive tree subcutaneous solution 1:20</i>	Benefit Exclusion	Medical Only Exclusion
<i>orchard grass pollen subcutaneous solution 100000 bau/ml</i>	Benefit Exclusion	Medical Only Exclusion
<i>oregon ash pollen injection solution 1:20</i>	EX	Medical Only Exclusion
PALFORZIA (1 MG DAILY DOSE) ORAL 1 X 1 MG	Tier 3	

Drug Name	Drug Tier	Notes
PALFORZIA (12 MG DAILY DOSE) 2 X 1 MG & 10 MG ORAL	Benefit Exclusion	
PALFORZIA (12 MG DAILY DOSE) 2 X 1 MG & 10 MG ORAL	EX	
PALFORZIA (120 MG DAILY DOSE) 20 MG & 100 MG ORAL	Benefit Exclusion	
PALFORZIA (120 MG DAILY DOSE) 20 MG & 100 MG ORAL	EX	
PALFORZIA (160 MG DAILY DOSE) 3 X 20 MG & 100 MG ORAL	Benefit Exclusion	
PALFORZIA (160 MG DAILY DOSE) 3 X 20 MG & 100 MG ORAL	EX	
PALFORZIA (20 MG DAILY DOSE) 20 MG ORAL	Benefit Exclusion	
PALFORZIA (20 MG DAILY DOSE) 20 MG ORAL	EX	
PALFORZIA (200 MG DAILY DOSE) 2 X 100 MG ORAL	Benefit Exclusion	
PALFORZIA (200 MG DAILY DOSE) 2 X 100 MG ORAL	EX	
PALFORZIA (240 MG DAILY DOSE) 2 X 20 MG & 2 X 100 MG ORAL	Benefit Exclusion	
PALFORZIA (240 MG DAILY DOSE) 2 X 20 MG & 2 X 100 MG ORAL	EX	
PALFORZIA (3 MG DAILY DOSE) 3 X 1 MG ORAL	Benefit Exclusion	
PALFORZIA (3 MG DAILY DOSE) 3 X 1 MG ORAL	EX	
PALFORZIA (300 MG MAINTENANCE) PACKET 300 MG ORAL	Benefit Exclusion	QL
PALFORZIA (300 MG MAINTENANCE) PACKET 300 MG ORAL	EX	QL
PALFORZIA (300 MG TITRATION) PACKET 300 MG ORAL	Benefit Exclusion	
PALFORZIA (300 MG TITRATION) PACKET 300 MG ORAL	EX	
PALFORZIA (40 MG DAILY DOSE) 2 X 20 MG ORAL	Benefit Exclusion	
PALFORZIA (40 MG DAILY DOSE) 2 X 20 MG ORAL	EX	
PALFORZIA (6 MG DAILY DOSE) 6 X 1 MG ORAL	Benefit Exclusion	
PALFORZIA (6 MG DAILY DOSE) 6 X 1 MG ORAL	EX	

Drug Name	Drug Tier	Notes
PALFORZIA (80 MG DAILY DOSE) 4 X 20 MG ORAL	Benefit Exclusion	
PALFORZIA (80 MG DAILY DOSE) 4 X 20 MG ORAL	EX	
PALFORZIA INITIAL DOSE 1-3YRS ORAL 0.5 & 1 & 1.5 & 3 MG	Tier 3	
PALFORZIA INITIAL DOSE 4-17YRS ORAL 0.5 & 1 & 1.5 & 3 & 6 MG	EX	
PALFORZIA INITIAL ESCALATION ORAL 0.5 & 1 & 1.5 & 3 & 6 MG	Benefit Exclusion	
<i>pecan pollen injection solution 1:20</i>	EX	Medical Only Exclusion
<i>penicillium notatum solution 1:10 injection</i>	Benefit Exclusion	Medical Only Exclusion
<i>penicillium notatum solution 1:20 injection</i>	Benefit Exclusion	Medical Only Exclusion
<i>penicillium notatum solution 1:20 injection</i>	EX	Medical Only Exclusion
<i>perennial rye grass pollen solution 10000 bau/ml injection</i>	EX	Medical Only Exclusion
<i>perennial rye grass pollen solution 100000 bau/ml injection</i>	Benefit Exclusion	Medical Only Exclusion
<i>perennial rye grass pollen solution 100000 bau/ml injection</i>	EX	Medical Only Exclusion
<i>privet subcutaneous solution 1:20</i>	Benefit Exclusion	Medical Only Exclusion
<i>queen palm subcutaneous solution 1:20</i>	Benefit Exclusion	Medical Only Exclusion
<i>rabbit epithelium subcutaneous solution 1:10 , 1:20</i>	Benefit Exclusion	Medical Only Exclusion
RAGWITEK SUBLINGUAL TABLET SUBLINGUAL 12 AMB A 1-U	Benefit Exclusion	
<i>red alder pollen injection solution 1:20</i>	EX	Medical Only Exclusion
<i>red cedar injection solution 1:20</i>	EX	Medical Only Exclusion
<i>red maple injection solution 1:20</i>	EX	Medical Only Exclusion
<i>red maple subcutaneous solution 1:20</i>	Benefit Exclusion	Medical Only Exclusion
<i>red mulberry subcutaneous solution 1:20</i>	Benefit Exclusion	Medical Only Exclusion
<i>red oak injection solution 1:20</i>	EX	Medical Only Exclusion
<i>red top grass pollen subcutaneous solution 100000 bau/ml</i>	Benefit Exclusion	Medical Only Exclusion
<i>river birch pollen injection solution 1:20</i>	EX	Medical Only Exclusion
<i>rough marsh elder subcutaneous solution 1:20</i>	Benefit Exclusion	Medical Only Exclusion
<i>rough pigweed injection solution 1:20</i>	EX	Medical Only Exclusion
<i>russian thistle subcutaneous solution 1:20</i>	Benefit Exclusion	Medical Only Exclusion
<i>saccharomyces cerevisiae injection solution 1:20</i>	Benefit Exclusion	Medical Only Exclusion
<i>sagebrush injection solution 1:20</i>	EX	Medical Only Exclusion
<i>shagbark hickory subcutaneous solution 1:20</i>	Benefit Exclusion	Medical Only Exclusion

Drug Name	Drug Tier	Notes
<i>sheep sorrel subcutaneous solution 1:20</i>	Benefit Exclusion	Medical Only Exclusion
<i>short ragweed pollen ext subcutaneous solution 1:20</i>	Benefit Exclusion	Medical Only Exclusion
<i>spiny pigweed subcutaneous solution 1:20</i>	Benefit Exclusion	Medical Only Exclusion
<i>spring birch pollen subcutaneous solution 1:20</i>	EX	Medical Only Exclusion
<i>sweet gum subcutaneous solution 1:20</i>	Benefit Exclusion	Medical Only Exclusion
<i>sweet vernal grass pollen subcutaneous solution 100000 bau/ml</i>	Benefit Exclusion	Medical Only Exclusion
<i>tall ragweed subcutaneous solution 1:20</i>	Benefit Exclusion	Medical Only Exclusion
<i>timothy grass pollen allergen solution 10000 bau/ml injection</i>	Benefit Exclusion	Medical Only Exclusion
<i>timothy grass pollen allergen solution 10000 bau/ml injection</i>	EX	Medical Only Exclusion
<i>timothy grass pollen allergen solution 100000 bau/ml injection</i>	Benefit Exclusion	Medical Only Exclusion
<i>timothy grass pollen allergen solution 100000 bau/ml injection</i>	EX	Medical Only Exclusion
<i>timothy grass pollen allergen subcutaneous solution 100000 bau/ml</i>	Benefit Exclusion	Medical Only Exclusion
<i>tree mix 9 injection solution 1:20</i>	EX	Medical Only Exclusion
<i>trichophyton mentagrophytes subcutaneous solution 1:20</i>	Benefit Exclusion	Medical Only Exclusion
VENOMIL HONEY BEE VENOM INJECTION KIT 12 MCG, 120 MCG	Benefit Exclusion	Medical Only Exclusion
VENOMIL MIXED VESPID VENOM INJECTION SOLUTION RECONSTITUTED 550-550-550 MCG	Benefit Exclusion	Medical Only Exclusion
VENOMIL WASP VENOM INJECTION KIT 12 MCG, 120 MCG	Benefit Exclusion	Medical Only Exclusion
VENOMIL WHITE FACED HORNET INJECTION KIT 12 MCG, 120 MCG	Benefit Exclusion	Medical Only Exclusion
VENOMIL YELLOW HORNET VENOM INJECTION KIT 12 MCG, 120 MCG	Benefit Exclusion	Medical Only Exclusion
VENOMIL YELLOW JACKET VENOM INJECTION KIT 12 MCG, 120 MCG	Benefit Exclusion	Medical Only Exclusion
<i>wasp venom protein injection solution reconstituted 1300 mcg, 550 mcg</i>	Benefit Exclusion	Medical Only Exclusion
<i>western juniper injection solution 1:40</i>	EX	Medical Only Exclusion
<i>western juniper subcutaneous solution 1:20</i>	Benefit Exclusion	Medical Only Exclusion
<i>white alder injection solution 1:20</i>	EX	Medical Only Exclusion
<i>white ash pollen injection solution 1:20 , 40000 pnu/ml</i>	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
<i>white birch injection solution 1:20</i>	EX	Medical Only Exclusion
<i>white birch subcutaneous solution 1:20</i>	Benefit Exclusion	Medical Only Exclusion
<i>white mulberry subcutaneous solution 1:20</i>	Benefit Exclusion	Medical Only Exclusion
<i>white oak subcutaneous solution 1:20</i>	Benefit Exclusion	Medical Only Exclusion
<i>white pine subcutaneous solution 1:20</i>	Benefit Exclusion	Medical Only Exclusion
WHITE-FACED HORNET VENOM INJECTION SOLUTION RECONSTITUTED 1300 MCG, 550 MCG	Benefit Exclusion	Medical Only Exclusion
<i>yellow dock subcutaneous solution 1:20</i>	Benefit Exclusion	Medical Only Exclusion
<i>yellow hornet venom protein injection solution reconstituted 550 mcg</i>	Benefit Exclusion	Medical Only Exclusion
<i>yellow jacket venom protein injection solution reconstituted 1300 mcg, 550 mcg</i>	Benefit Exclusion	Medical Only Exclusion
*Mixed Allergenic Extracts***		
<i>cockroach mixed allergen ext injection solution 1:20</i>	EX	Medical Only Exclusion
<i>dust mite mixed allergen ext injection solution 10000 au/ml, 30000 au/ml</i>	Benefit Exclusion	Medical Only Exclusion
<i>dust mite mixed allergen ext subcutaneous solution 10000 au/ml</i>	Benefit Exclusion	Medical Only Exclusion
<i>mixed feathers subcutaneous solution 1:20</i>	Benefit Exclusion	Medical Only Exclusion
ODACTRA SUBLINGUAL TABLET SUBLINGUAL 12 SQ-HDM	Benefit Exclusion	
ORALAIR SUBLINGUAL TABLET SUBLINGUAL 300 IR	Benefit Exclusion	
<i>sheep sorrel-yellow dock injection solution 1:20</i>	EX	Medical Only Exclusion
<i>short ragweed-giant ragweed injection solution 1:20</i>	EX	Medical Only Exclusion
<i>sorrel/dock mix injection solution 1:20</i>	Benefit Exclusion	Medical Only Exclusion
Alternative Medicines		
*Alternative Medicine - Al's***		
<i>alpha-lipoic acid injection solution 25 mg/ml</i>	EX	Non FDA Exclusion
NEOKE RA LIPOIC ORAL POWDER 800 MG/GM	EX	Non FDA Exclusion
*Alternative Medicine - Me's***		
MELATOL PEDIATRIC SLEEP/CALM ORAL LIQUID 1 MG/ML	EX	Non FDA Exclusion
*Alternative Medicine - Pi's***		
PYCNOGENOL ORAL CAPSULE 50 MG	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
*Alternative Medicine - Pr's***		
EC-RX DHEA EXTERNAL CREAM 10 %, 4 %	EX	Non FDA Exclusion
*Alternative Medicine - Ub***		
<i>coenzyme q-10 injection solution 20 mg/ml</i>	EX	Non FDA Exclusion
Amebicides		
*Amebicides***		
SOLOSEC ORAL PACKET 2 GM	Tier 2	
Aminoglycosides		
*Aminoglycosides***		
<i>amikacin sulfate injection solution 1 gm/4ml, 500 mg/2ml</i>	EX	Medical Only Exclusion
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML	Tier 4	PA; Specialty
BETHKIS INHALATION NEBULIZATION SOLUTION 300 MG/4ML	EX	PA; Specialty; Formulary Exclusion; QL
<i>gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%, 2-0.9 mg/ml-%</i>	EX	Medical Only Exclusion
<i>gentamicin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	EX	Medical Only Exclusion
HUMATIN ORAL CAPSULE 250 MG	Tier 2	
KITABIS PAK (W/ NEBULIZER) INHALATION NEBULIZATION SOLUTION 300 MG/5ML	EX	PA; Specialty; Formulary Exclusion; QL
<i>neomycin sulfate oral tablet 500 mg</i>	Tier 1	
<i>paromomycin sulfate oral capsule 250 mg</i>	Tier 1	
<i>streptomycin sulfate intramuscular solution reconstituted 1 gm</i>	EX	Medical Only Exclusion
TOBI INHALATION NEBULIZATION SOLUTION 300 MG/5ML	EX	PA; Specialty; Formulary Exclusion; QL
TOBI PODHALER INHALATION CAPSULE 28 MG	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 1	PA; Specialty; QL
<i>tobramycin nebulization solution 300 mg/5ml inhalation</i>	Tier 4	PA; Specialty; QL
<i>tobramycin sulfate injection solution 1.2 gm/30ml, 10 mg/ml, 2 gm/50ml, 80 mg/2ml</i>	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
<i>tobramycin sulfate injection solution reconstituted 1.2 gm</i>	EX	Medical Only Exclusion
ZEMDRI INTRAVENOUS SOLUTION 500 MG/10ML	EX	Medical Only Exclusion
Analgesics - Anti-Inflammatory		
*Antirheumatic - Janus Kinase (Jak) Inhibitors***		
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG	Tier 4	PA; Specialty; QL
RINVOQ LQ ORAL SOLUTION 1 MG/ML	Tier 4	PA; Specialty
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG, 45 MG	Tier 4	PA; Specialty
XELJANZ ORAL SOLUTION 1 MG/ML	Tier 4	PA; Specialty; QL
XELJANZ ORAL TABLET 10 MG, 5 MG	Tier 4	PA; Specialty; QL
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG	Tier 4	PA; Specialty; QL
*Antirheumatic Antimetabolites***		
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	Tier 2	
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML	EX	Formulary Exclusion
*Anti-Tnf-Alpha - Monoclonal Antibodies***		
ABRILADA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	EX	PA; Specialty; Formulary Exclusion
ABRILADA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	EX	PA; Specialty; Formulary Exclusion
ABRILADA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML	EX	PA; Specialty; Formulary Exclusion
<i>adalimumab-aacf (2 pen) subcutaneous auto-injector kit 40 mg/0.8ml</i>	EX	PA; Specialty; Formulary Exclusion
<i>adalimumab-aacf (2 syringe) subcutaneous prefilled syringe kit 40 mg/0.8ml</i>	EX	PA; Specialty; Formulary Exclusion
<i>adalimumab-aacf(cd/uc/hs strt) subcutaneous auto-injector kit 40 mg/0.8ml</i>	EX	PA; Specialty; Formulary Exclusion
<i>adalimumab-aacf(ps/uv starter) subcutaneous auto-injector kit 40 mg/0.8ml</i>	EX	PA; Specialty; Formulary Exclusion

Drug Name	Drug Tier	Notes
<i>adalimumab-aaty (1 pen) subcutaneous auto-injector kit 40 mg/0.4ml, 80 mg/0.8ml</i>	EX	PA; Specialty; Formulary Exclusion
<i>adalimumab-aaty (2 pen) subcutaneous auto-injector kit 40 mg/0.4ml</i>	EX	PA; Specialty; Formulary Exclusion
<i>adalimumab-aaty (2 syringe) subcutaneous prefilled syringe kit 20 mg/0.2ml, 40 mg/0.4ml</i>	EX	PA; Specialty; Formulary Exclusion
<i>adalimumab-adaz subcutaneous solution auto-injector 40 mg/0.4ml, 80 mg/0.8ml</i>	Tier 4	PA; Specialty
<i>adalimumab-adaz subcutaneous solution prefilled syringe 20 mg/0.2ml, 40 mg/0.4ml</i>	Tier 4	PA; Specialty
<i>adalimumab-adbm (2 pen) auto-injector kit 40 mg/0.4ml subcutaneous</i>	EX	PA; New to Market Exclusion; Specialty
<i>adalimumab-adbm (2 pen) auto-injector kit 40 mg/0.8ml subcutaneous</i>	EX	PA; Specialty; Formulary Exclusion
<i>adalimumab-adbm (2 syringe) prefilled syringe kit 10 mg/0.2ml subcutaneous</i>	EX	PA; Specialty; Formulary Exclusion
<i>adalimumab-adbm (2 syringe) prefilled syringe kit 20 mg/0.4ml subcutaneous</i>	EX	PA; Specialty; Formulary Exclusion
<i>adalimumab-adbm (2 syringe) prefilled syringe kit 40 mg/0.4ml subcutaneous</i>	EX	PA; New to Market Exclusion; Specialty
<i>adalimumab-adbm (2 syringe) prefilled syringe kit 40 mg/0.8ml subcutaneous</i>	EX	PA; Specialty; Formulary Exclusion
<i>adalimumab-adbm(cd/uc/hs strt) auto-injector kit 40 mg/0.4ml subcutaneous</i>	EX	PA; New to Market Exclusion; Specialty
<i>adalimumab-adbm(cd/uc/hs strt) auto-injector kit 40 mg/0.8ml subcutaneous</i>	EX	PA; Specialty; Formulary Exclusion
<i>adalimumab-adbm(ps/uv starter) auto-injector kit 40 mg/0.4ml subcutaneous</i>	EX	PA; New to Market Exclusion; Specialty
<i>adalimumab-adbm(ps/uv starter) auto-injector kit 40 mg/0.8ml subcutaneous</i>	EX	PA; Specialty; Formulary Exclusion
<i>adalimumab-fkjp (2 pen) subcutaneous auto-injector kit 40 mg/0.8ml</i>	EX	PA; Specialty; Formulary Exclusion
<i>adalimumab-fkjp (2 syringe) subcutaneous prefilled syringe kit 20 mg/0.4ml, 40 mg/0.8ml</i>	EX	PA; Specialty; Formulary Exclusion
<i>adalimumab-ryvk (2 pen) subcutaneous auto-injector kit 40 mg/0.4ml</i>	EX	PA; New to Market Exclusion; Specialty
<i>adalimumab-ryvk (2 syringe) subcutaneous prefilled syringe kit 40 mg/0.4ml</i>	EX	PA; New to Market Exclusion; Specialty
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML	EX	PA; Specialty; Formulary Exclusion
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML	EX	PA; Specialty; Formulary Exclusion

Drug Name	Drug Tier	Notes
AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.2ML	EX	PA; Specialty; Formulary Exclusion
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML, 20 MG/0.4ML	EX	PA; Specialty; Formulary Exclusion
CYLTEZO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	EX	PA; Specialty; Formulary Exclusion
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.4ML, 40 MG/0.8ML	EX	PA; Specialty; Formulary Exclusion
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	EX	PA; Specialty; Formulary Exclusion
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	EX	PA; Specialty; Formulary Exclusion
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML	EX	PA; Specialty; Formulary Exclusion
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML	EX	PA; Specialty; Formulary Exclusion
HULIO (2 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT 40 MG/0.8ML	EX	PA; Specialty; Formulary Exclusion
HULIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML	EX	PA; Specialty; Formulary Exclusion
HUMIRA (2 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML	Tier 4	PA; Specialty
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	Tier 4	PA; Specialty
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML	Tier 4	PA; Specialty
HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML	Tier 4	PA; Specialty
HUMIRA-PED>/=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML	Tier 4	PA; Specialty

Drug Name	Drug Tier	Notes
HUMIRA-PED>=40KG UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	Tier 4	PA; Specialty
HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	Tier 4	PA; Specialty
HUMIRA-PSORIASIS/UEVIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML	Tier 4	PA; Specialty
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML	EX	PA; Specialty; Formulary Exclusion
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 20 MG/0.2ML, 40 MG/0.4ML	EX	PA; Specialty; Formulary Exclusion
HYRIMOZ-CROHNS/UC STARTER SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	EX	PA; Specialty; Formulary Exclusion
HYRIMOZ-PED<40KG CROHN STARTER SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/0.8ML & 40MG/0.4ML	EX	PA; Specialty; Formulary Exclusion
HYRIMOZ-PED>=40KG CROHN START SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/0.8ML	EX	PA; Specialty; Formulary Exclusion
HYRIMOZ-PLAQ PSOR/UEVIT START SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML & 40MG/0.4ML	EX	PA; Specialty; Formulary Exclusion
IDACIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	EX	PA; Specialty; Formulary Exclusion
IDACIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	EX	PA; Specialty; Formulary Exclusion
IDACIO-CROHNS/UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	EX	PA; Specialty; Formulary Exclusion
IDACIO-PSORIASIS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	EX	PA; Specialty; Formulary Exclusion
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	Tier 4	PA; Specialty
SIMLANDI (1 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML	Tier 4	PA; Specialty
SIMLANDI (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	Tier 4	PA; Specialty

Drug Name	Drug Tier	Notes
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML, 40 MG/0.4ML	Tier 4	PA; Specialty
SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML	EX	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	EX	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	EX	PA; Specialty; Formulary Exclusion
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML	EX	PA; Specialty; Formulary Exclusion
YUFLYMA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	EX	PA; Specialty; Formulary Exclusion
YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML, 40 MG/0.4ML	EX	PA; Specialty; Formulary Exclusion
YUFLYMA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	EX	PA; Specialty; Formulary Exclusion
YUSIMRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML	EX	PA; Specialty; Formulary Exclusion
*Cyclooxygenase 2 (Cox-2) Inhibitors***		
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 400 MG, 50 MG	EX	Formulary Exclusion
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	Tier 1	
*Gold Compounds***		
<i>auranofin oral capsule 3 mg</i>	Tier 3	
RIDAURA ORAL CAPSULE 3 MG	Tier 3	
*Interleukin-1 Blockers***		
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG	Tier 4	PA; Specialty
*Interleukin-1 Receptor Antagonist (IL-1Ra)***		
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	EX	PA; Specialty; Formulary Exclusion

Drug Name	Drug Tier	Notes
*Interleukin-1Beta Blockers***		
ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML	Tier 4	PA; Specialty
*Interleukin-6 Receptor Inhibitors***		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML	EX	PA; Specialty; Formulary Exclusion
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML	EX	Medical Only Exclusion
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML	EX	PA; Specialty; Formulary Exclusion
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML	Tier 4	PA; Specialty; QL
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML	Tier 4	PA; Specialty; QL
TOFIDENCE INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML	EX	New to Market Exclusion; Specialty
TYENNE INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML	EX	Medical Only Exclusion
TYENNE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML	Tier 4	PA; Specialty
TYENNE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML	Tier 4	PA; Specialty
*Nonsteroidal Anti-Inflammatory Agent Combinations***		
<i>active injection ket-l injection kit 30 & 1 mg/ml-%</i>	EX	Non FDA Exclusion
<i>active injection ketmarc-l injection kit 30 & 0.25 & 1 mg/ml-%-%</i>	EX	Non FDA Exclusion
ARTHROTEC ORAL TABLET DELAYED RELEASE 50-0.2 MG, 75-0.2 MG	EX	Formulary Exclusion
COMBOGESIC INTRAVENOUS SOLUTION 1000-300 MG/100ML	EX	Medical Only Exclusion
<i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg</i>	Tier 1	
DUEXIS ORAL TABLET 800-26.6 MG	EX	Non Essential Drug Exclusion; Formulary Exclusion
<i>flexipak combination therapy pack 75 & 0.025 mg-%</i>	EX	Non FDA Exclusion
<i>ibuprofen-famotidine oral tablet 800-26.6 mg</i>	EX	Non Essential Drug Exclusion
<i>inavix combination therapy pack 75 & 0.025 mg-%</i>	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
INFLAMMACIN COMBINATION THERAPY PACK 75 & 0.025 MG-%	EX	Non FDA Exclusion
INFLATHERM COMBINATION THERAPY PACK 75 & 3-3 MG & %	EX	Non FDA Exclusion
KETOROCAINE-L INJECTION KIT 30 & 1 MG/ML-%	EX	Non FDA Exclusion
KETOROCAINE-LM INJECTION KIT 30 & 0.25 & 1 MG/ML-%-%	EX	Non FDA Exclusion
<i>ketorolac-bupiv-ketamine injection solution prefilled syringe 60-150-60 mg/50ml</i>	EX	Non FDA Exclusion
<i>ketorolac-ropiv-ketamine injection solution prefilled syringe 15-100-30 mg/50ml</i>	EX	Non FDA Exclusion
NAPROTIN COMBINATION KIT 500 & 0.025 MG & %	EX	Non FDA Exclusion
<i>naproxen-esomeprazole mg oral tablet delayed release 375-20 mg, 500-20 mg</i>	EX	Non Essential Drug Exclusion
NUDICLO TABPAK COMBINATION THERAPY PACK 75 & 0.025 MG-%	EX	Non FDA Exclusion
NUDROXIPAK COMBINATION THERAPY PACK 200 MG	EX	Non FDA Exclusion
PREVIDOLRX ANALGESIC COMBINATION THERAPY PACK 75-20-0.025 MG-MG-%	EX	Non FDA Exclusion
<i>previdolrx plus analgesic combination therapy pack 75 & 0.025 mg-%</i>	EX	Non FDA Exclusion
READYSHARP ANESTH + KETOROLAC INJECTION KIT 15 & 0.5 & 1 MG/ML-%-%	EX	Non FDA Exclusion
TORONOVA II SUIK COMBINATION KIT 30 MG/ML	EX	Non FDA Exclusion
TORONOVA SUIK COMBINATION KIT 30 MG/ML	EX	Non FDA Exclusion
VIMOVO ORAL TABLET DELAYED RELEASE 375-20 MG, 500-20 MG	EX	Non Essential Drug Exclusion; Formulary Exclusion
ZYNRELEF INJECTION SOLUTION 200-6 MG/7ML, 400-12 MG/14ML	EX	Medical Only Exclusion
*Nonsteroidal Anti-Inflammatory Agents (Nsaid)***		
ANJESO INTRAVENOUS INJECTABLE 30 MG/ML	EX	Medical Only Exclusion
CALDOLOR INTRAVENOUS SOLUTION 800 MG/200ML, 800 MG/8ML	EX	Medical Only Exclusion
CATAFLAM ORAL TABLET 50 MG	Tier 1	

Drug Name	Drug Tier	Notes
COXANTO ORAL CAPSULE 300 MG	EX	Non Essential Drug Exclusion; Formulary Exclusion
DAYPRO ORAL TABLET 600 MG	EX	Formulary Exclusion
<i>dfs dr/ms/menth/cap pak combination kit 75 mg</i>	EX	Non FDA Exclusion
<i>diclofenac oral capsule 35 mg</i>	EX	Non Essential Drug Exclusion
<i>diclofenac potassium oral capsule 25 mg</i>	EX	Non Essential Drug Exclusion
<i>diclofenac potassium tablet 25 mg oral</i>	EX	Non Essential Drug Exclusion
<i>diclofenac potassium tablet 50 mg oral</i>	Tier 1	
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	Tier 1	
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>	Tier 1	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG, 500 MG	EX	Formulary Exclusion
<i>ec-naproxen oral tablet delayed release 375 mg, 500 mg</i>	Tier 1	
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i>	Tier 1	
<i>etodolac oral capsule 200 mg, 300 mg</i>	Tier 1	
<i>etodolac oral tablet 400 mg, 500 mg</i>	Tier 1	
FELDENE ORAL CAPSULE 10 MG, 20 MG	EX	Formulary Exclusion
<i>fenoprofen calcium oral capsule 200 mg, 400 mg</i>	EX	Non Essential Drug Exclusion
<i>fenoprofen calcium oral tablet 600 mg</i>	Tier 1	
FENOPRON ORAL CAPSULE 300 MG	EX	Non Essential Drug Exclusion; Formulary Exclusion
FENORTHO ORAL CAPSULE 200 MG	EX	Non Essential Drug Exclusion
<i>flurbiprofen tablet 100 mg oral</i>	Tier 1	
<i>flurbiprofen tablet 50 mg oral</i>	Tier 3	
IBU ORAL TABLET 400 MG, 600 MG, 800 MG	Tier 1	
IBUPAK ORAL KIT 600 MG	EX	Non FDA Exclusion
<i>ibuprofen lysine intravenous solution 10 mg/ml</i>	EX	Medical Only Exclusion
<i>ibuprofen oral suspension 100 mg/5ml, 200 mg/10ml</i>	Tier 1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	Tier 1	
INDOCIN ORAL SUSPENSION 25 MG/5ML	EX	Non Essential Drug Exclusion; Formulary Exclusion
INDOCIN RECTAL SUPPOSITORY 50 MG	EX	Non Essential Drug Exclusion
<i>indomethacin capsule 20 mg oral</i>	EX	Non Essential Drug Exclusion
<i>indomethacin capsule 25 mg oral</i>	Tier 1	
<i>indomethacin capsule 50 mg oral</i>	Tier 1	

Drug Name	Drug Tier	Notes
<i>indomethacin er oral capsule extended release 75 mg</i>	Tier 1	
<i>indomethacin oral suspension 25 mg/5ml</i>	EX	Non Essential Drug Exclusion; Formulary Exclusion
<i>indomethacin sodium intravenous solution reconstituted 1 mg</i>	EX	Medical Only Exclusion
<i>indomethacin suppository 100 mg rectal</i>	EX	Non FDA Exclusion
<i>indomethacin suppository 50 mg rectal</i>	EX	Non Essential Drug Exclusion
<i>ketoprofen capsule 25 mg oral</i>	Tier 1	
<i>ketoprofen capsule 50 mg oral</i>	Tier 3	
<i>ketoprofen capsule 75 mg oral</i>	Tier 3	
<i>ketoprofen er oral capsule extended release 24 hour 200 mg</i>	Tier 1	
<i>ketorolac tromethamine nasal solution 15.75 mg/spray</i>	EX	Non Essential Drug Exclusion
<i>ketorolac tromethamine oral tablet 10 mg</i>	Tier 1	QL
<i>ketorolac tromethamine solution 15 mg/ml injection</i>	Tier 1	
<i>ketorolac tromethamine solution 30 mg/ml injection</i>	EX	Non FDA Exclusion
<i>ketorolac tromethamine solution 30 mg/ml injection</i>	Tier 1	
<i>ketorolac tromethamine solution 30 mg/ml intramuscular</i>	EX	Non FDA Exclusion
<i>ketorolac tromethamine solution 60 mg/2ml intramuscular</i>	Tier 1	
KIPROFEN ORAL CAPSULE 25 MG	Tier 1	
LODINE ORAL TABLET 400 MG	EX	Formulary Exclusion
LOFENA ORAL TABLET 25 MG	EX	Non Essential Drug Exclusion
<i>meclofenamate sodium oral capsule 100 mg, 50 mg</i>	Tier 3	
<i>mefenamic acid oral capsule 250 mg</i>	Tier 1	
<i>meloxicam oral capsule 10 mg, 5 mg</i>	EX	Non Essential Drug Exclusion
<i>meloxicam oral suspension 7.5 mg/5ml</i>	EX	Non Essential Drug Exclusion
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	Tier 1	
MOBIC ORAL TABLET 15 MG, 7.5 MG	EX	Formulary Exclusion
<i>nabumetone oral tablet 500 mg, 750 mg</i>	Tier 1	
NALFON ORAL CAPSULE 400 MG	EX	Non Essential Drug Exclusion; Formulary Exclusion
NALFON ORAL TABLET 600 MG	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG	EX	Non Essential Drug Exclusion; Formulary Exclusion
NAPROSYN ORAL SUSPENSION 125 MG/5ML	EX	Formulary Exclusion
NAPROSYN ORAL TABLET 500 MG	Tier 3	
<i>naproxen dr oral tablet delayed release 500 mg</i>	Tier 1	
<i>naproxen oral suspension 125 mg/5ml</i>	Tier 1	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	Tier 1	
<i>naproxen oral tablet delayed release 375 mg, 500 mg</i>	Tier 1	
<i>naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg, 750 mg</i>	EX	Non Essential Drug Exclusion
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	Tier 1	
NEOPROFEN INTRAVENOUS SOLUTION 10 MG/ML	EX	Medical Only Exclusion
NUDROXIPAK DSDR-50 COMBINATION KIT 50 MG	EX	Non FDA Exclusion
NUDROXIPAK DSDR-75 COMBINATION KIT 75 MG	EX	Non FDA Exclusion
NUDROXIPAK E-400 COMBINATION KIT 400 MG	EX	Non FDA Exclusion
NUDROXIPAK I-800 COMBINATION KIT 800 MG	EX	Non FDA Exclusion
NUDROXIPAK M-15 COMBINATION KIT 15 MG	EX	Non FDA Exclusion
NUDROXIPAK N-500 COMBINATION KIT 500 MG	EX	Non FDA Exclusion
<i>oxaprozin oral capsule 300 mg</i>	EX	Non Essential Drug Exclusion; Formulary Exclusion
<i>oxaprozin oral tablet 600 mg</i>	Tier 1	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	Tier 1	
QMIIZ ODT ORAL TABLET DISPERSIBLE 15 MG, 7.5 MG	EX	Non Essential Drug Exclusion; Formulary Exclusion
RELAFEN DS ORAL TABLET 1000 MG	EX	Non Essential Drug Exclusion
RELAFEN ORAL TABLET 500 MG, 750 MG	EX	Non Essential Drug Exclusion
SPRIX NASAL SOLUTION 15.75 MG/SPRAY	EX	Non Essential Drug Exclusion
<i>sulindac oral tablet 150 mg, 200 mg</i>	Tier 1	
TIVORBEX ORAL CAPSULE 20 MG	EX	Non Essential Drug Exclusion
TOLECTIN 600 ORAL TABLET 600 MG	Tier 3	
<i>tolmetin sodium oral capsule 400 mg</i>	Tier 3	

Drug Name	Drug Tier	Notes
<i>tolmetin sodium oral tablet 600 mg</i>	Tier 3	
TRESNI RECTAL SUPPOSITORY 100 MG	EX	Non FDA Exclusion
VIVLODEX ORAL CAPSULE 10 MG, 5 MG	EX	Non Essential Drug Exclusion; Formulary Exclusion
ZIPSOR ORAL CAPSULE 25 MG	EX	Non Essential Drug Exclusion; Formulary Exclusion
ZORVOLEX ORAL CAPSULE 18 MG, 35 MG	EX	Non Essential Drug Exclusion
*Nsaid-Dietary Management Combinations***		
PRASTERA ORAL KIT 200 & 400 MG	EX	Non FDA Exclusion
*Nsaid-Pyrimidine Synthesis Inhibitors Combinations***		
LEFLUNICLO COMBINATION KIT 20 & 1 MG & %	EX	Non FDA Exclusion
*Phosphodiesterase 4 (Pde4) Inhibitors***		
OTEZLA ORAL TABLET 20 MG, 30 MG	Tier 4	PA; Specialty; QL
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG, 4 X 10 & 51 X20 MG	Tier 4	PA; Specialty; QL
*Pyrimidine Synthesis Inhibitors***		
ARAVA ORAL TABLET 10 MG, 20 MG	EX	Formulary Exclusion
<i>leflunomide oral tablet 10 mg, 20 mg</i>	Tier 1	
*Selective Costimulation Modulators***		
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML	Tier 4	PA; Specialty
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG	EX	PA; Specialty; Formulary Exclusion
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML	Tier 4	PA; Specialty
*Soluble Tumor Necrosis Factor Receptor Agents***		
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	Tier 4	PA; Specialty
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	Tier 4	PA; Specialty
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML	Tier 4	PA; Specialty

Drug Name	Drug Tier	Notes
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG	Tier 4	PA; Specialty
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	Tier 4	PA; Specialty
Analgesics - Nonnarcotic		
*Analgesics - Selective Nav1.8 Sodium Channel Inhibitors***		
JOURNAVX ORAL TABLET 50 MG	Tier 3	PA; QL
*Analgesics Other***		
<i>acetaminophen intravenous solution 10 mg/ml, 1000 mg/100ml</i>	EX	Medical Only Exclusion
<i>acetaminophen intravenous solution prefilled syringe 100 mg/10ml</i>	EX	Non FDA Exclusion
<i>clonidine hcl (analgesia) epidural solution 100 mcg/ml, 500 mcg/ml</i>	EX	Medical Only Exclusion
DURACLON EPIDURAL SOLUTION 100 MCG/ML	EX	Medical Only Exclusion
LOTREXONE ORAL CAPSULE 1.5 MG, 4.5 MG	EX	Non FDA Exclusion
NALTREX ORAL CAPSULE 1.5 MG, 4.5 MG	EX	Non FDA Exclusion
OFIRMEV INTRAVENOUS SOLUTION 10 MG/ML	EX	Medical Only Exclusion
*Analgesics-Sedatives***		
ALLZITAL ORAL TABLET 25-325 MG	EX	Non Essential Drug Exclusion
BAC (BUTALBITAL-ACETAMIN-CAFF) ORAL TABLET 50-325-40 MG	Tier 1	
BUPAP ORAL TABLET 50-300 MG	EX	Non Essential Drug Exclusion
<i>butalbital-acetaminophen capsule 50-300 mg oral</i>	EX	Non Essential Drug Exclusion
<i>butalbital-acetaminophen capsule 50-300 mg oral</i>	EX	Non Essential Drug Exclusion; Formulary Exclusion
<i>butalbital-acetaminophen tablet 50-300 mg oral</i>	EX	Non Essential Drug Exclusion
<i>butalbital-acetaminophen tablet 50-325 mg oral</i>	Tier 1	
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg</i>	Tier 1	
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	Tier 1	
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	Tier 1	
ESGIC ORAL CAPSULE 50-325-40 MG	Tier 1	
ESGIC ORAL TABLET 50-325-40 MG	EX	Formulary Exclusion
FIORICET ORAL CAPSULE 50-300-40 MG	EX	Formulary Exclusion
FIORINAL ORAL CAPSULE 50-325-40 MG	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
TENCON ORAL TABLET 50-325 MG	Tier 1	
VTOL LQ ORAL SOLUTION 50-325-40 MG/15ML	EX	Non Essential Drug Exclusion
ZEBUTAL ORAL CAPSULE 50-325-40 MG	Tier 1	
*Salicylates***		
<i>adult aspirin regimen oral tablet delayed release 81 mg</i>	Tier 5	
<i>aspirin 81 oral tablet chewable 81 mg</i>	Tier 5	
<i>aspirin 81 oral tablet delayed release 81 mg</i>	Tier 5	
<i>aspirin adult low dose oral tablet delayed release 81 mg</i>	Tier 5	
<i>aspirin adult low strength oral tablet delayed release 81 mg</i>	Tier 5	
<i>aspirin childrens oral tablet chewable 81 mg</i>	Tier 5	
<i>aspirin ec adult low dose oral tablet delayed release 81 mg</i>	Tier 5	
<i>aspirin ec low dose oral tablet delayed release 81 mg</i>	Tier 5	
<i>aspirin ec low strength oral tablet delayed release 81 mg</i>	Tier 5	
<i>aspirin low dose oral tablet chewable 81 mg</i>	Tier 5	
<i>aspirin low dose oral tablet delayed release 81 mg</i>	Tier 5	
<i>aspirin oral tablet chewable 81 mg</i>	Tier 5	
<i>aspirin oral tablet delayed release 81 mg</i>	Tier 5	
<i>aspirin regimen oral tablet delayed release 81 mg</i>	Tier 5	
BAYER ASPIRIN EC LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG	Tier 5	
BAYER LOW DOSE ORAL TABLET CHEWABLE 81 MG	Tier 5	
BAYER LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG	Tier 5	
<i>childrens aspirin oral tablet chewable 81 mg</i>	Tier 5	
<i>cvs aspirin adult low dose oral tablet chewable 81 mg</i>	Tier 5	
<i>cvs aspirin adult low strength oral tablet delayed release 81 mg</i>	Tier 5	
<i>cvs aspirin ec oral tablet delayed release 81 mg</i>	Tier 5	
<i>cvs aspirin low dose oral tablet delayed release 81 mg</i>	Tier 5	
<i>cvs aspirin low strength oral tablet delayed release 81 mg</i>	Tier 5	

Drug Name	Drug Tier	Notes
<i>diflunisal oral tablet 500 mg</i>	Tier 1	
DOLOBID ORAL TABLET 250 MG	EX	Non Essential Drug Exclusion; Formulary Exclusion
ECOTRIN LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG	Tier 5	
<i>eq aspirin adult low dose oral tablet delayed release 81 mg</i>	Tier 5	
<i>eq aspirin low dose oral tablet chewable 81 mg</i>	Tier 5	
<i>eql aspirin low dose oral tablet chewable 81 mg</i>	Tier 5	
<i>eql aspirin low dose oral tablet delayed release 81 mg</i>	Tier 5	
<i>ft aspirin low dose oral tablet delayed release 81 mg</i>	Tier 5	
<i>gnp adult aspirin low strength oral tablet chewable 81 mg</i>	Tier 5	
<i>gnp aspirin low dose oral tablet delayed release 81 mg</i>	Tier 5	
<i>gnp aspirin oral tablet delayed release 81 mg</i>	Tier 5	
<i>goodsense aspirin adult low st oral tablet chewable 81 mg</i>	Tier 5	
<i>goodsense aspirin low dose oral tablet delayed release 81 mg</i>	Tier 5	
<i>goodsense aspirin oral tablet chewable 81 mg</i>	Tier 5	
<i>h-e-b aspirin oral tablet delayed release 81 mg</i>	Tier 5	
<i>hm aspirin ec low dose oral tablet delayed release 81 mg</i>	Tier 5	
<i>hm aspirin oral tablet chewable 81 mg</i>	Tier 5	
<i>kls aspirin low dose oral tablet delayed release 81 mg</i>	Tier 5	
<i>kp aspirin oral tablet delayed release 81 mg</i>	Tier 5	
<i>mm aspirin oral tablet delayed release 81 mg</i>	Tier 5	
<i>px aspirin oral tablet chewable 81 mg</i>	Tier 5	
<i>px enteric aspirin oral tablet delayed release 81 mg</i>	Tier 5	
<i>qc aspirin low dose oral tablet chewable 81 mg</i>	Tier 5	
<i>qc aspirin low dose oral tablet delayed release 81 mg</i>	Tier 5	
<i>qc childrens aspirin oral tablet chewable 81 mg</i>	Tier 5	
<i>ra aspirin adult low dose oral tablet chewable 81 mg</i>	Tier 5	
<i>ra aspirin adult low strength oral tablet chewable 81 mg</i>	Tier 5	

Drug Name	Drug Tier	Notes
<i>ra aspirin childrens oral tablet chewable 81 mg</i>	Tier 5	
<i>ra aspirin ec adult low st oral tablet delayed release 81 mg</i>	Tier 5	
<i>ra aspirin ec oral tablet delayed release 81 mg</i>	Tier 5	
<i>salsalate oral tablet 500 mg, 750 mg</i>	EX	Formulary Exclusion
<i>sb aspirin adult low strength oral tablet delayed release 81 mg</i>	Tier 5	
<i>sb aspirin oral tablet delayed release 81 mg</i>	Tier 5	
<i>sb childrens aspirin oral tablet chewable 81 mg</i>	Tier 5	
<i>sb low dose asa ec oral tablet delayed release 81 mg</i>	Tier 5	
<i>sm aspirin adult low strength oral tablet chewable 81 mg</i>	Tier 5	
<i>sm aspirin adult low strength oral tablet delayed release 81 mg</i>	Tier 5	
<i>sm aspirin ec low strength oral tablet delayed release 81 mg</i>	Tier 5	
<i>sm aspirin low dose oral tablet chewable 81 mg</i>	Tier 5	
<i>sm aspirin low dose oral tablet delayed release 81 mg</i>	Tier 5	
<i>sm childrens aspirin oral tablet chewable 81 mg</i>	Tier 5	
ST JOSEPH ASPIRIN ORAL TABLET DELAYED RELEASE 81 MG	Tier 5	
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE 81 MG	Tier 5	
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG	Tier 5	
*Selective N-Type Neuronal Calcium Channel Blockers***		
PRIALT INTRATHECAL SOLUTION 100 MCG/ML, 500 MCG/20ML, 500 MCG/5ML	EX	Medical Only Exclusion
Analgesics - Opioid		
*Codeine Combinations***		
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	Tier 1	
<i>acetaminophen-codeine solution 120-12 mg/5ml oral</i>	Tier 3	
<i>acetaminophen-codeine solution 120-12 mg/5ml oral</i>	Tier 1	
<i>acetaminophen-codeine solution 300-30 mg/12.5ml oral</i>	Tier 1	

Drug Name	Drug Tier	Notes
<i>acetaminophen-codeine solution 300-30 mg/12.5ml oral</i>	Tier 3	
ASCOMP-CODEINE ORAL CAPSULE 50-325-40-30 MG	Tier 1	
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	Tier 1	
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	Tier 1	
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG	EX	Formulary Exclusion
FIORINAL/CODEINE #3 ORAL CAPSULE 50-325-40-30 MG	EX	Formulary Exclusion
*Dihydrocodeine Combinations***		
<i>apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg</i>	Tier 1	
<i>apap-caff-dihydrocodeine oral tablet 325-30-16 mg</i>	EX	Non Essential Drug Exclusion
TREZIX ORAL CAPSULE 320.5-30-16 MG	Tier 3	
*Fentanyl Combinations***		
<i>fentanyl cit-bupivacaine hcl epidural solution 2-0.125 mcg/ml-%</i>	EX	Non FDA Exclusion
<i>fentanyl citrate-ropivacaine epidural solution prefilled syringe 0.1-0.15 mg/50ml-%</i>	EX	Non FDA Exclusion
<i>fentanyl cit-ropivacaine-nacl epidural solution prefilled syringe 0.1-0.1-0.9 mg/50ml-%</i>	EX	Non FDA Exclusion
<i>fentanyl cit-ropivacaine-nacl solution 0.2-0.1-0.9 mg/100ml-% epidural</i>	EX	Non FDA Exclusion
<i>fentanyl cit-ropivacaine-nacl solution 0.2-0.125-0.9 mg/100ml-% epidural</i>	EX	Non FDA Exclusion
<i>fentanyl cit-ropivacaine-nacl solution 0.2-0.2-0.9 mg/100ml-% epidural</i>	EX	Medical Only Exclusion
<i>fentanyl cit-ropivacaine-nacl solution 0.2-0.2-0.9 mg/100ml-% epidural</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>fentanyl cit-ropivacaine-nacl solution 0.3-0.2-0.9 mg/150ml-% epidural</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>fentanyl cit-ropivacaine-nacl solution 0.4-0.1-0.9 mg/200ml-% epidural</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>fentanyl cit-ropivacaine-nacl solution 0.4-0.2-0.9 mg/200ml-% epidural</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>fentanyl cit-ropivacaine-nacl solution 0.5-0.2-0.9 mg/250ml-% epidural</i>	EX	Non FDA Exclusion
<i>fentanyl-bupivacaine-nacl epidural solution prefilled syringe 0.1-0.125-0.9 mg/50ml-%</i>	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
<i>fentanyl-bupivacaine-nacl injection solution 2-0.125-0.9 mcg/ml-%-%</i>	EX	Non FDA Exclusion
<i>fentanyl-bupivacaine-nacl solution 0.2-0.1-0.9 mg/100ml-% epidural</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>fentanyl-bupivacaine-nacl solution 0.2-0.125-0.9 mg/100ml-% epidural</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>fentanyl-bupivacaine-nacl solution 0.5-0.04-0.9 mg/100ml-% epidural</i>	EX	Non FDA Exclusion
<i>fentanyl-bupivacaine-nacl solution 0.5-0.0625-0.9 mg/250ml-% epidural</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>fentanyl-bupivacaine-nacl solution 0.5-0.075-0.9 mg/100ml-% epidural</i>	EX	Non FDA Exclusion
<i>fentanyl-bupivacaine-nacl solution 0.5-0.1-0.9 mg/250ml-% epidural</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>fentanyl-bupivacaine-nacl solution 0.5-0.125-0.9 mg/250ml-% epidural</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>fentanyl-bupivacaine-nacl solution 0.8-0.1667-0.9 mg/200ml-% epidural</i>	EX	Non FDA Exclusion
<i>fentanyl-bupivacaine-nacl solution 1-0.125-0.9 mg/250ml-% epidural</i>	EX	Non FDA Exclusion
<i>fentanyl-ropivacaine-nacl epidural solution 0.2-0.1-0.9 mg/100ml-%</i>	EX	Non FDA Exclusion
*Hydrocodone Combinations***		
<i>hydrocodone-acetaminophen solution 10-325 mg/15ml oral</i>	Tier 1	
<i>hydrocodone-acetaminophen solution 10-325 mg/15ml oral</i>	Tier 2	
<i>hydrocodone-acetaminophen solution 2.5-108 mg/5ml oral</i>	Tier 1	
<i>hydrocodone-acetaminophen solution 5-217 mg/10ml oral</i>	Tier 1	
<i>hydrocodone-acetaminophen solution 7.5-325 mg/15ml oral</i>	Tier 1	
<i>hydrocodone-acetaminophen tablet 10-300 mg oral</i>	Tier 1	
<i>hydrocodone-acetaminophen tablet 10-325 mg oral</i>	Tier 1	
<i>hydrocodone-acetaminophen tablet 2.5-325 mg oral</i>	Tier 3	
<i>hydrocodone-acetaminophen tablet 5-300 mg oral</i>	Tier 1	
<i>hydrocodone-acetaminophen tablet 5-325 mg oral</i>	Tier 1	
<i>hydrocodone-acetaminophen tablet 7.5-300 mg oral</i>	Tier 1	

Drug Name	Drug Tier	Notes
<i>hydrocodone-acetaminophen tablet 7.5-325 mg oral</i>	Tier 1	
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	Tier 1	
LORTAB ORAL ELIXIR 10-300 MG/15ML	Tier 3	
NORCO ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG	EX	Formulary Exclusion
*Opioid Agonists***		
ACTIQ BUCCAL LOZENGE ON A HANDLE 1200 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	EX	PA; Formulary Exclusion; Opioid Brochure; QL
<i>alfentanil hcl intravenous solution 1000 mcg/2ml, 2500 mcg/5ml</i>	EX	Medical Only Exclusion
ARYMO ER ORAL TABLET EXTENDED RELEASE ABUSE-DETERRENT 15 MG, 30 MG, 60 MG	EX	Formulary Exclusion; Opioid Brochure
<i>codeine sulfate tablet 15 mg oral</i>	Tier 1	Opioid Brochure
<i>codeine sulfate tablet 30 mg oral</i>	EX	Formulary Exclusion; Opioid Brochure
<i>codeine sulfate tablet 30 mg oral</i>	Tier 1	Opioid Brochure
<i>codeine sulfate tablet 60 mg oral</i>	Tier 1	Opioid Brochure
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	EX	Non Essential Drug Exclusion
DEMEROL INJECTION SOLUTION 100 MG/ML, 25 MG/ML, 50 MG/ML, 75 MG/ML	EX	Medical Only Exclusion
DILAUDID INJECTION SOLUTION 0.2 MG/ML, 1 MG/ML, 2 MG/ML	EX	Medical Only Exclusion
DILAUDID ORAL LIQUID 1 MG/ML	EX	Formulary Exclusion; Opioid Brochure
DILAUDID ORAL TABLET 2 MG, 4 MG, 8 MG	EX	Formulary Exclusion; Opioid Brochure
DSUVIA SUBLINGUAL TABLET SUBLINGUAL 30 MCG	EX	Medical Only Exclusion
DURAGESIC-100 TRANSDERMAL PATCH 72 HOUR 100 MCG/HR	Tier 3	Formulary Exclusion; Opioid Brochure
DURAGESIC-12 TRANSDERMAL PATCH 72 HOUR 12 MCG/HR	Tier 3	Formulary Exclusion; Opioid Brochure
DURAGESIC-25 TRANSDERMAL PATCH 72 HOUR 25 MCG/HR	Tier 3	Formulary Exclusion; Opioid Brochure
DURAGESIC-50 TRANSDERMAL PATCH 72 HOUR 50 MCG/HR	Tier 3	Formulary Exclusion; Opioid Brochure

Drug Name	Drug Tier	Notes
DURAGESIC-75 TRANSDERMAL PATCH 72 HOUR 75 MCG/HR	Tier 3	Formulary Exclusion; Opioid Brochure
<i>duramorph injection solution 0.5 mg/ml, 1 mg/ml</i>	EX	Medical Only Exclusion
<i>fentanyl citrate (pf) injection solution 100 mcg/2ml, 1000 mcg/20ml, 250 mcg/5ml, 2500 mcg/50ml, 50 mcg/ml, 500 mcg/10ml</i>	EX	Medical Only Exclusion
<i>fentanyl citrate (pf) injection solution cartridge 100 mcg/2ml</i>	EX	Medical Only Exclusion
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	Tier 1	PA; Opioid Brochure; QL
<i>fentanyl citrate buccal tablet 100 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	Tier 3	PA; Opioid Brochure; QL
<i>fentanyl citrate injection solution 1500 mcg/30ml</i>	EX	Medical Only Exclusion
<i>fentanyl citrate pf injection solution prefilled syringe 25 mcg/0.5ml, 50 mcg/ml</i>	EX	Medical Only Exclusion
<i>fentanyl citrate solution 1000 mcg/100ml intravenous</i>	EX	Non FDA Exclusion
<i>fentanyl citrate solution 1000 mcg/50ml intravenous</i>	EX	Non FDA Exclusion
<i>fentanyl citrate solution 1500 mcg/30ml intravenous</i>	EX	Non FDA Exclusion
<i>fentanyl citrate solution 1600 mcg/100ml intravenous</i>	EX	Non FDA Exclusion
<i>fentanyl citrate solution 2000 mcg/100ml intravenous</i>	EX	Non FDA Exclusion
<i>fentanyl citrate solution 2500 mcg/50ml intravenous</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>fentanyl citrate solution 5000 mcg/100ml intravenous</i>	EX	Medical Only Exclusion
<i>fentanyl citrate solution 5000 mcg/100ml intravenous</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>fentanyl citrate solution prefilled syringe 10 mcg/ml intravenous</i>	EX	Non FDA Exclusion
<i>fentanyl citrate solution prefilled syringe 100 mcg/10ml intravenous</i>	EX	Non FDA Exclusion
<i>fentanyl citrate solution prefilled syringe 100 mcg/2ml injection</i>	EX	Medical Only Exclusion
<i>fentanyl citrate solution prefilled syringe 100 mcg/2ml injection</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>fentanyl citrate solution prefilled syringe 100 mcg/2ml intravenous</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>fentanyl citrate solution prefilled syringe 1000 mcg/20ml intravenous</i>	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
<i>fentanyl citrate solution prefilled syringe 1250 mcg/25ml intravenous</i>	EX	Non FDA Exclusion
<i>fentanyl citrate solution prefilled syringe 1500 mcg/30ml intravenous</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>fentanyl citrate solution prefilled syringe 20 mcg/2ml intravenous</i>	EX	Non FDA Exclusion
<i>fentanyl citrate solution prefilled syringe 250 mcg/5ml injection</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>fentanyl citrate solution prefilled syringe 250 mcg/5ml intravenous</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>fentanyl citrate solution prefilled syringe 2500 mcg/50ml intravenous</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>fentanyl citrate solution prefilled syringe 2750 mcg/55ml intravenous</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>fentanyl citrate solution prefilled syringe 50 mcg/5ml intravenous</i>	EX	Non FDA Exclusion
<i>fentanyl citrate solution prefilled syringe 50 mcg/ml intravenous</i>	EX	Non FDA Exclusion
<i>fentanyl citrate solution prefilled syringe 500 mcg/50ml intravenous</i>	EX	Non FDA Exclusion
<i>fentanyl citrate-nacl injection solution 1-0.9 mg/100ml-%, 2.5-0.9 mg/250ml-%</i>	EX	Non FDA Exclusion
<i>fentanyl citrate-nacl solution 1.25-0.9 mg/250ml-% intravenous</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>fentanyl citrate-nacl solution 1-0.9 mg/100ml-% intravenous</i>	EX	Medical Only Exclusion
<i>fentanyl citrate-nacl solution 1-0.9 mg/100ml-% intravenous</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>fentanyl citrate-nacl solution 2.5-0.9 mg/100ml-% intravenous</i>	EX	Non FDA Exclusion
<i>fentanyl citrate-nacl solution 2.5-0.9 mg/250ml-% intravenous</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>fentanyl citrate-nacl solution 2-0.9 mg/100ml-% intravenous</i>	EX	Medical Only Exclusion
<i>fentanyl citrate-nacl solution 2-0.9 mg/100ml-% intravenous</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>fentanyl citrate-nacl solution prefilled syringe 10-0.9 mcg/2ml-% intravenous</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>fentanyl citrate-nacl solution prefilled syringe 10-0.9 mcg/ml-% intravenous</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>fentanyl citrate-nacl solution prefilled syringe 100-0.9 mcg/10ml-% intravenous</i>	EX	Non FDA Exclusion
<i>fentanyl citrate-nacl solution prefilled syringe 1000-0.9 mcg/50ml-% intravenous</i>	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
<i>fentanyl citrate-nacl solution prefilled syringe 2500-0.9 mcg/50ml-% intravenous</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>fentanyl citrate-nacl solution prefilled syringe 5-0.9 mcg/ml-% intravenous</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>fentanyl citrate-nacl solution prefilled syringe 500-0.9 mcg/50ml-% intravenous</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>fentanyl citrate-nacl solution prefilled syringe 550-0.9 mcg/55ml-% intravenous</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr</i>	Tier 1	Opioid Brochure
FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	Tier 3	PA; Opioid Brochure; QL
<i>hydrocodone bitartrate er oral capsule extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>	Tier 1	Opioid Brochure
<i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1	Opioid Brochure
<i>hydromorphone hcl er oral tablet extended release 24 hour 12 mg, 16 mg, 32 mg, 8 mg</i>	Tier 1	Opioid Brochure
<i>hydromorphone hcl intravenous solution 0.2 mg/ml, 1 mg/ml</i>	EX	Non FDA Exclusion
<i>hydromorphone hcl oral liquid 1 mg/ml</i>	Tier 1	Opioid Brochure
<i>hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg</i>	Tier 1	Opioid Brochure
<i>hydromorphone hcl pf injection solution 1 mg/ml, 10 mg/ml, 2 mg/ml, 4 mg/ml, 50 mg/5ml, 500 mg/50ml</i>	EX	Medical Only Exclusion
<i>hydromorphone hcl rectal suppository 3 mg</i>	EX	Non FDA Exclusion
<i>hydromorphone hcl solution 0.2 mg/ml injection</i>	EX	Medical Only Exclusion
<i>hydromorphone hcl solution 0.2 mg/ml injection</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>hydromorphone hcl solution 0.25 mg/0.5ml injection</i>	Tier 3	
<i>hydromorphone hcl solution 0.5 mg/ml injection</i>	EX	Non FDA Exclusion
<i>hydromorphone hcl solution 1 mg/ml injection</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>hydromorphone hcl solution 1 mg/ml injection</i>	EX	Medical Only Exclusion
<i>hydromorphone hcl solution 2 mg/ml injection</i>	EX	Medical Only Exclusion
<i>hydromorphone hcl solution 4 mg/ml injection</i>	EX	Medical Only Exclusion
<i>hydromorphone hcl-nacl injection solution 10-0.9 mg/50ml-%, 100-0.9 mg/100ml-%, 20-0.9 mg/100ml-%, 50-0.9 mg/50ml-%</i>	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
<i>hydromorphone hcl-nacl injection solution prefilled syringe 10-0.9 mg/50ml-%, 25-0.9 mg/25ml-%, 30-0.9 mg/30ml-%, 6-0.9 mg/30ml-%</i>	EX	Non FDA Exclusion
<i>hydromorphone hcl-nacl intravenous solution 10-0.9 mg/50ml-%, 100-0.9 mg/50ml-%, 20-0.9 mg/100ml-%, 25-0.9 mg/50ml-%, 30-0.9 mg/30ml-%, 50-0.9 mg/50ml-%, 6-0.9 mg/30ml-%</i>	EX	Non FDA Exclusion
<i>hydromorphone hcl-nacl intravenous solution prefilled syringe 0.2-0.9 mg/0.2ml-%, 0.5-0.9 mg/0.5ml-%, 1-0.9 mg/5ml-%, 1-0.9 mg/ml-%, 10-0.9 mg/50ml-%, 15-0.9 mg/30ml-%, 2-0.9 mg/ml-%, 25-0.9 mg/50ml-%, 30-0.9 mg/30ml-%, 5-0.9 mg/25ml-%, 50-0.9 mg/50ml-%, 55-0.9 mg/55ml-%, 6-0.9 mg/30ml-%</i>	EX	Non FDA Exclusion
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	EX	Formulary Exclusion; Opioid Brochure
INFUMORPH 200 INJECTION SOLUTION 200 MG/20ML (10 MG/ML)	EX	Medical Only Exclusion
INFUMORPH 500 INJECTION SOLUTION 500 MG/20ML (25 MG/ML)	EX	Medical Only Exclusion
KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 100 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 80 MG	Tier 3	Formulary Exclusion; Opioid Brochure
LAZANDA NASAL SOLUTION 100 MCG/ACT, 400 MCG/ACT	Tier 3	PA; Opioid Brochure; QL
<i>levorphanol tartrate oral tablet 2 mg, 3 mg</i>	Benefit Exclusion	Opioid Brochure
<i>meperidine hcl injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml</i>	EX	Medical Only Exclusion
<i>meperidine hcl oral solution 50 mg/5ml</i>	EX	Formulary Exclusion; Opioid Brochure
<i>meperidine hcl tablet 50 mg oral</i>	EX	Formulary Exclusion
<i>meperidine hcl tablet 50 mg oral</i>	EX	Formulary Exclusion; Opioid Brochure
<i>methadone hcl injection solution 10 mg/ml</i>	EX	Medical Only Exclusion
METHADONE HCL INTENSOL ORAL CONCENTRATE 10 MG/ML	Tier 1	Opioid Brochure
<i>methadone hcl intravenous solution prefilled syringe 10 mg/ml</i>	EX	Non FDA Exclusion
<i>methadone hcl oral concentrate 10 mg/ml</i>	Tier 1	Opioid Brochure
<i>methadone hcl oral tablet 10 mg, 5 mg</i>	Tier 1	Opioid Brochure
<i>methadone hcl oral tablet soluble 40 mg</i>	Tier 1	Opioid Brochure
<i>methadone hcl solution 10 mg/5ml oral</i>	Tier 1	Opioid Brochure

Drug Name	Drug Tier	Notes
<i>methadone hcl solution 10 mg/5ml oral</i>	EX	Formulary Exclusion; Opioid Brochure
<i>methadone hcl solution 5 mg/5ml oral</i>	Tier 1	Opioid Brochure
<i>methadone hcl solution 5 mg/5ml oral</i>	EX	Formulary Exclusion; Opioid Brochure
<i>methadone hcl-sodium chloride intravenous solution prefilled syringe 1-0.9 mg/ml-%, 10-0.8 mg/ml-%, 5-0.9 mg/5ml-%</i>	EX	Non FDA Exclusion
METHADOSE ORAL CONCENTRATE 10 MG/ML	EX	Formulary Exclusion; Opioid Brochure
METHADOSE ORAL TABLET SOLUBLE 40 MG	Tier 1	Opioid Brochure
METHADOSE SUGAR-FREE ORAL CONCENTRATE 10 MG/ML	EX	Formulary Exclusion; Opioid Brochure
MITIGO INJECTION SOLUTION 200 MG/20ML (10 MG/ML), 500 MG/20ML (25 MG/ML)	EX	Medical Only Exclusion
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml</i>	Tier 1	Opioid Brochure
<i>morphine sulfate (pf) injection solution 0.5 mg/ml, 1 mg/ml, 10 mg/ml, 2 mg/ml, 4 mg/ml, 5 mg/ml, 8 mg/ml</i>	EX	Medical Only Exclusion
<i>morphine sulfate (pf) solution 1 mg/ml intravenous</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>morphine sulfate (pf) solution 10 mg/ml intravenous</i>	EX	Medical Only Exclusion
<i>morphine sulfate (pf) solution 2 mg/ml intravenous</i>	EX	Medical Only Exclusion
<i>morphine sulfate (pf) solution 4 mg/ml intravenous</i>	EX	Medical Only Exclusion
<i>morphine sulfate (pf) solution 8 mg/ml intravenous</i>	EX	Medical Only Exclusion
<i>morphine sulfate er beads oral capsule extended release 24 hour 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	Tier 1	Opioid Brochure
<i>morphine sulfate er capsule extended release 24 hour 10 mg oral</i>	Tier 1	Opioid Brochure
<i>morphine sulfate er capsule extended release 24 hour 100 mg oral</i>	Tier 1	Opioid Brochure
<i>morphine sulfate er capsule extended release 24 hour 20 mg oral</i>	Tier 1	Opioid Brochure
<i>morphine sulfate er capsule extended release 24 hour 30 mg oral</i>	Tier 1	Opioid Brochure

Drug Name	Drug Tier	Notes
<i>morphine sulfate er capsule extended release 24 hour 40 mg oral</i>	Tier 3	Opioid Brochure
<i>morphine sulfate er capsule extended release 24 hour 50 mg oral</i>	Tier 1	Opioid Brochure
<i>morphine sulfate er capsule extended release 24 hour 60 mg oral</i>	Tier 1	Opioid Brochure
<i>morphine sulfate er capsule extended release 24 hour 80 mg oral</i>	Tier 1	Opioid Brochure
<i>morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	Tier 1	Opioid Brochure
<i>morphine sulfate rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>	EX	Non FDA Exclusion
<i>morphine sulfate solution 0.5 mg/ml intravenous</i>	EX	Non FDA Exclusion
<i>morphine sulfate solution 1 mg/ml injection</i>	EX	Non FDA Exclusion
<i>morphine sulfate solution 1 mg/ml intravenous</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>morphine sulfate solution 10 mg/5ml oral</i>	Tier 1	Opioid Brochure
<i>morphine sulfate solution 10 mg/ml intravenous</i>	Tier 1	Opioid Brochure
<i>morphine sulfate solution 2 mg/ml injection</i>	EX	Medical Only Exclusion
<i>morphine sulfate solution 20 mg/5ml oral</i>	Tier 3	Opioid Brochure
<i>morphine sulfate solution 20 mg/5ml oral</i>	Tier 1	Opioid Brochure
<i>morphine sulfate solution 4 mg/ml injection</i>	EX	Medical Only Exclusion
<i>morphine sulfate solution 4 mg/ml intravenous</i>	EX	Medical Only Exclusion
<i>morphine sulfate solution 50 mg/ml intravenous</i>	EX	Medical Only Exclusion
<i>morphine sulfate solution 50 mg/ml intravenous</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>morphine sulfate solution 8 mg/ml intravenous</i>	EX	Medical Only Exclusion
<i>morphine sulfate tablet 15 mg oral</i>	Tier 1	Opioid Brochure
<i>morphine sulfate tablet 30 mg oral</i>	Tier 1	Opioid Brochure
<i>morphine sulfate tablet 30 mg oral</i>	Tier 2	Opioid Brochure
<i>morphine sulfate-nacl injection solution prefilled syringe 2-0.9 mg/2ml-%, 5-0.9 mg/5ml-%</i>	EX	Non FDA Exclusion
<i>morphine sulfate-nacl intravenous solution 1-0.9 mg/ml-%, 100-0.9 mg/100ml-%, 250-0.9 mg/50ml-%, 50-0.9 mg/50ml-%, 500-0.9 mg/100ml-%</i>	EX	Non FDA Exclusion
<i>morphine sulfate-nacl intravenous solution prefilled syringe 1-0.9 mg/ml-%, 150-0.9 mg/30ml-%, 2-0.9 mg/ml-%, 30-0.9 mg/30ml-%, 4-0.9 mg/ml-%, 50-0.9 mg/50ml-%, 55-0.9 mg/55ml-%</i>	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 15 MG, 200 MG, 30 MG, 60 MG	EX	Formulary Exclusion; Opioid Brochure
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	Tier 2	Opioid Brochure
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG	Tier 3	Opioid Brochure
OLINVYK INTRAVENOUS SOLUTION 1 MG/ML, 2 MG/2ML, 30 MG/30ML	EX	Medical Only Exclusion
OXAYDO ORAL TABLET 5 MG, 7.5 MG	Tier 3	Opioid Brochure
<i>oxycodone hcl capsule 5 mg oral</i>	EX	Formulary Exclusion; Opioid Brochure
<i>oxycodone hcl capsule 5 mg oral</i>	Tier 1	Formulary Exclusion; Opioid Brochure
<i>oxycodone hcl er tablet er 12 hour abuse-deterrent 10 mg oral</i>	Tier 3	Opioid Brochure
<i>oxycodone hcl er tablet er 12 hour abuse-deterrent 10 mg oral</i>	Tier 1	Opioid Brochure
<i>oxycodone hcl er tablet er 12 hour abuse-deterrent 15 mg oral</i>	Tier 1	Opioid Brochure
<i>oxycodone hcl er tablet er 12 hour abuse-deterrent 20 mg oral</i>	Tier 3	Opioid Brochure
<i>oxycodone hcl er tablet er 12 hour abuse-deterrent 20 mg oral</i>	Tier 1	Opioid Brochure
<i>oxycodone hcl er tablet er 12 hour abuse-deterrent 30 mg oral</i>	Tier 1	Opioid Brochure
<i>oxycodone hcl er tablet er 12 hour abuse-deterrent 40 mg oral</i>	Tier 3	Opioid Brochure
<i>oxycodone hcl er tablet er 12 hour abuse-deterrent 40 mg oral</i>	Tier 1	Opioid Brochure
<i>oxycodone hcl er tablet er 12 hour abuse-deterrent 60 mg oral</i>	Tier 1	Opioid Brochure
<i>oxycodone hcl er tablet er 12 hour abuse-deterrent 80 mg oral</i>	Tier 3	Opioid Brochure
<i>oxycodone hcl er tablet er 12 hour abuse-deterrent 80 mg oral</i>	Tier 1	Opioid Brochure
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	Tier 1	Opioid Brochure
<i>oxycodone hcl oral solution 5 mg/5ml</i>	Tier 1	Opioid Brochure
<i>oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1	Opioid Brochure
<i>oxycodone hcl oral tablet abuse-deterrent 10 mg, 15 mg, 30 mg, 5 mg</i>	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	Tier 2	Opioid Brochure
<i>oxymorphone hcl er tablet extended release 12 hour 10 mg oral</i>	Tier 3	Opioid Brochure
<i>oxymorphone hcl er tablet extended release 12 hour 15 mg oral</i>	Tier 3	Opioid Brochure
<i>oxymorphone hcl er tablet extended release 12 hour 20 mg oral</i>	Tier 3	Opioid Brochure
<i>oxymorphone hcl er tablet extended release 12 hour 30 mg oral</i>	Tier 1	Opioid Brochure
<i>oxymorphone hcl er tablet extended release 12 hour 40 mg oral</i>	Tier 1	Opioid Brochure
<i>oxymorphone hcl er tablet extended release 12 hour 5 mg oral</i>	Tier 3	Opioid Brochure
<i>oxymorphone hcl er tablet extended release 12 hour 7.5 mg oral</i>	Tier 3	Opioid Brochure
<i>oxymorphone hcl oral tablet 10 mg, 5 mg</i>	Tier 1	Opioid Brochure
QDOLO ORAL SOLUTION 5 MG/ML	EX	Non Essential Drug Exclusion
<i>remifentanil hcl intravenous solution reconstituted 1 mg, 2 mg, 5 mg</i>	EX	Medical Only Exclusion
ROXICODONE ORAL TABLET 15 MG, 30 MG, 5 MG	EX	Formulary Exclusion; Opioid Brochure
ROXYBOND ORAL TABLET ABUSE-DETERRENT 10 MG, 15 MG, 30 MG, 5 MG	EX	Formulary Exclusion
SUBSYS SUBLINGUAL LIQUID 100 MCG, 1200 (600 X 2) MCG, 1600 (800 X 2) MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	Tier 3	PA; Opioid Brochure; QL
<i>sufentanil citrate intravenous solution 100 mcg/2ml, 250 mcg/5ml, 50 mcg/ml</i>	EX	Medical Only Exclusion
SYNAPRYN FUSEPAQ ORAL SUSPENSION RECONSTITUTED 10 MG/ML	EX	Non FDA Exclusion
<i>tramadol hcl (er biphasic) oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg</i>	EX	Non Essential Drug Exclusion
<i>tramadol hcl (er biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i>	Tier 1	Opioid Brochure
<i>tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i>	Tier 1	Opioid Brochure
<i>tramadol hcl oral solution 5 mg/ml</i>	EX	Non Essential Drug Exclusion
<i>tramadol hcl tablet 100 mg oral</i>	Tier 1	Opioid Brochure
<i>tramadol hcl tablet 25 mg oral</i>	EX	Non Essential Drug Exclusion; Formulary Exclusion
<i>tramadol hcl tablet 50 mg oral</i>	Tier 1	Opioid Brochure

Drug Name	Drug Tier	Notes
<i>tramadol hcl tablet 75 mg oral</i>	EX	Non Essential Drug Exclusion; Formulary Exclusion
ULTIVA INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG	EX	Medical Only Exclusion
ULTRAM ORAL TABLET 50 MG	EX	Formulary Exclusion; Opioid Brochure
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG	Tier 2	Opioid Brochure
ZOHYDRO ER ORAL CAPSULE EXTENDED RELEASE 12 HOUR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG	EX	Formulary Exclusion; Opioid Brochure
*Opioid Combinations***		
APADAZ ORAL TABLET 4.08-325 MG, 6.12- 325 MG, 8.16-325 MG	Tier 3	Opioid Brochure
<i>benzhydrocodone-acetaminophen oral tablet 4.08-325 mg, 6.12-325 mg, 8.16-325 mg</i>	Tier 3	Opioid Brochure
ENDOCET ORAL TABLET 10-325 MG, 2.5- 325 MG, 5-325 MG, 7.5-325 MG	Tier 1	Opioid Brochure
<i>nalocet oral tablet 2.5-300 mg</i>	EX	Non Essential Drug Exclusion
<i>oxycodone-acetaminophen solution 10-300 mg/5ml oral</i>	EX	Non Essential Drug Exclusion
<i>oxycodone-acetaminophen solution 5-325 mg/5ml oral</i>	Tier 3	Opioid Brochure
<i>oxycodone-acetaminophen tablet 10-300 mg oral</i>	EX	Non Essential Drug Exclusion
<i>oxycodone-acetaminophen tablet 10-325 mg oral</i>	Tier 1	Opioid Brochure
<i>oxycodone-acetaminophen tablet 2.5-300 mg oral</i>	EX	Non Essential Drug Exclusion
<i>oxycodone-acetaminophen tablet 2.5-325 mg oral</i>	Tier 1	Opioid Brochure
<i>oxycodone-acetaminophen tablet 5-300 mg oral</i>	EX	Non Essential Drug Exclusion
<i>oxycodone-acetaminophen tablet 5-325 mg oral</i>	Tier 1	Opioid Brochure
<i>oxycodone-acetaminophen tablet 7.5-300 mg oral</i>	EX	Non Essential Drug Exclusion
<i>oxycodone-acetaminophen tablet 7.5-325 mg oral</i>	Tier 1	Opioid Brochure
PERCOCET ORAL TABLET 10-325 MG, 2.5- 325 MG, 5-325 MG, 7.5-325 MG	EX	Formulary Exclusion; Opioid Brochure
PROLATE ORAL SOLUTION 10-300 MG/5ML	EX	Non Essential Drug Exclusion
PROLATE ORAL TABLET 10-300 MG, 5- 300 MG, 7.5-300 MG	EX	Non Essential Drug Exclusion
*Opioid Partial Agonists***		
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG	Tier 2	Opioid Brochure

Drug Name	Drug Tier	Notes
BRIXADI (WEEKLY) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 16 MG/0.32ML, 24 MG/0.48ML, 32 MG/0.64ML, 8 MG/0.16ML	Tier 3	PA
BRIXADI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 128 MG/0.36ML, 64 MG/0.18ML, 96 MG/0.27ML	Tier 3	PA
BUNAVAIL BUCCAL FILM 4.2-0.7 MG	EX	Formulary Exclusion; Opioid Brochure; QL
BUPRENEX INJECTION SOLUTION 0.3 MG/ML	EX	Medical Only Exclusion
<i>buprenorphine hcl injection solution 0.3 mg/ml</i>	EX	Medical Only Exclusion
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>	Tier 1	Opioid Brochure
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i>	Tier 1	Opioid Brochure
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	Tier 1	QL
<i>buprenorphine patch weekly 10 mcg/hr transdermal</i>	EX	Formulary Exclusion
<i>buprenorphine patch weekly 10 mcg/hr transdermal</i>	EX	Formulary Exclusion; Opioid Brochure
<i>buprenorphine patch weekly 15 mcg/hr transdermal</i>	EX	Formulary Exclusion
<i>buprenorphine patch weekly 15 mcg/hr transdermal</i>	EX	Formulary Exclusion; Opioid Brochure
<i>buprenorphine patch weekly 20 mcg/hr transdermal</i>	EX	Formulary Exclusion
<i>buprenorphine patch weekly 20 mcg/hr transdermal</i>	EX	Formulary Exclusion; Opioid Brochure
<i>buprenorphine patch weekly 5 mcg/hr transdermal</i>	EX	Formulary Exclusion
<i>buprenorphine patch weekly 5 mcg/hr transdermal</i>	EX	Formulary Exclusion; Opioid Brochure
<i>buprenorphine patch weekly 7.5 mcg/hr transdermal</i>	EX	Formulary Exclusion
<i>buprenorphine patch weekly 7.5 mcg/hr transdermal</i>	EX	Formulary Exclusion; Opioid Brochure
<i>butorphanol tartrate injection solution 1 mg/ml, 2 mg/ml</i>	EX	Medical Only Exclusion
<i>butorphanol tartrate nasal solution 10 mg/ml</i>	Tier 1	Opioid Brochure
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HR, 15 MCG/HR, 20 MCG/HR, 5 MCG/HR, 7.5 MCG/HR	EX	Formulary Exclusion; Opioid Brochure

Drug Name	Drug Tier	Notes
<i>nalbuphine hcl injection solution 10 mg/ml, 20 mg/ml</i>	EX	Medical Only Exclusion
<i>pentazocine-naloxone hcl oral tablet 50-0.5 mg</i>	EX	Formulary Exclusion
SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.5ML, 300 MG/1.5ML	Tier 4	PA; Specialty; QL
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG	EX	Formulary Exclusion; Opioid Brochure; QL
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG	Tier 3	Opioid Brochure; QL
*Tramadol Combinations***		
SEGLENTIS ORAL TABLET 56-44 MG	EX	Non Essential Drug Exclusion; Formulary Exclusion
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	Tier 1	
ULTRACET ORAL TABLET 37.5-325 MG	EX	Formulary Exclusion
Androgens-Anabolic		
*Anabolic Steroids***		
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>	Tier 1	
*Androgens***		
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24HR, 4 MG/24HR	Tier 3	PA
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)	EX	PA; Formulary Exclusion
ANDROGEL TRANSDERMAL GEL 20.25 MG/1.25GM (1.62%), 25 MG/2.5GM (1%), 40.5 MG/2.5GM (1.62%), 50 MG/5GM (1%)	EX	PA; Formulary Exclusion
AVEED INTRAMUSCULAR SOLUTION 750 MG/3ML	Tier 4	PA; Specialty
AZMIRO INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 200 MG/ML	EX	Medical Only Exclusion
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	Tier 1	
DEPO-TESTOSTERONE SOLUTION 100 MG/ML INTRAMUSCULAR	EX	PA; Formulary Exclusion
DEPO-TESTOSTERONE SOLUTION 200 MG/ML INTRAMUSCULAR	Tier 1	PA
<i>ec-rx testosterone transdermal cream 0.2 %, 0.4 %, 10 %, 20 %</i>	EX	Non FDA Exclusion
FORTESTA TRANSDERMAL GEL 10 MG/ACT (2%)	EX	PA; Formulary Exclusion

Drug Name	Drug Tier	Notes
JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG	EX	PA; Formulary Exclusion; QL
KYZATREX ORAL CAPSULE 100 MG, 150 MG, 200 MG	EX	PA; Formulary Exclusion; QL
<i>methitest oral tablet 10 mg</i>	Tier 3	
<i>methyltestosterone oral capsule 10 mg</i>	Tier 1	
NATESTO NASAL GEL 5.5 MG/ACT	Tier 3	PA
TESTIM TRANSDERMAL GEL 50 MG/5GM (1%)	EX	PA; Formulary Exclusion
TESTONE CIK INTRAMUSCULAR KIT 200 MG/ML	EX	Non FDA Exclusion
TESTOPEL IMPLANT PELLETT 75 MG	Tier 3	PA
<i>testosterone cypionate injection solution 200 mg/ml</i>	EX	Non FDA Exclusion
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	Tier 1	PA
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	Tier 1	PA
<i>testosterone gel 1.62 % transdermal</i>	Tier 1	PA
<i>testosterone gel 10 mg/act (2%) transdermal</i>	Tier 1	PA
<i>testosterone gel 12.5 mg/act (1%) transdermal</i>	Tier 1	PA
<i>testosterone gel 20.25 mg/1.25gm (1.62%) transdermal</i>	EX	PA; Formulary Exclusion
<i>testosterone gel 20.25 mg/act (1.62%) transdermal</i>	Tier 1	PA
<i>testosterone gel 25 mg/2.5gm (1%) transdermal</i>	Tier 1	PA
<i>testosterone gel 40.5 mg/2.5gm (1.62%) transdermal</i>	EX	PA; Formulary Exclusion
<i>testosterone gel 50 mg/5gm (1%) transdermal</i>	Tier 1	PA
<i>testosterone implant pellet 100 mg, 200 mg, 25 mg, 37.5 mg, 50 mg, 87.5 mg</i>	EX	Non FDA Exclusion
<i>testosterone transdermal solution 30 mg/act</i>	Tier 1	PA
TLANDO ORAL CAPSULE 112.5 MG	Tier 3	PA; QL
UNDECATREX ORAL CAPSULE 200 MG	EX	PA; Formulary Exclusion; QL
VOGELXO PUMP TRANSDERMAL GEL 12.5 MG/ACT (1%)	EX	PA; Formulary Exclusion
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%)	Tier 3	PA
XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/0.5ML, 50 MG/0.5ML, 75 MG/0.5ML	Tier 3	PA

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

Drug Name	Drug Tier	Notes
PROCORT EXTERNAL CREAM 1.85-1.15 %	EX	Formulary Exclusion
PROCTOFOAM HC EXTERNAL FOAM 1-1 %	Tier 3	
*Rectal Local Anesthetics***		
<i>lidocaine (anorectal) rectal suppository 50 mg</i>	EX	Non FDA Exclusion
*Rectal Products - Misc.***		
BARRIGEL RECTAL GEL 20 MG/ML	EX	Non FDA Exclusion
*Rectal Steroids***		
<i>anucort-hc rectal suppository 25 mg</i>	Tier 1	
ANUSOL-HC EXTERNAL CREAM 2.5 %	EX	Formulary Exclusion
ANUSOL-HC RECTAL SUPPOSITORY 25 MG	Tier 1	
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG, 30 MG	Tier 1	
<i>hydrocortisone (perianal) external cream 1 %, 2.5 %</i>	Tier 1	
<i>hydrocortisone acetate suppository 25 mg rectal</i>	EX	Non FDA Exclusion
<i>hydrocortisone acetate suppository 25 mg rectal</i>	Tier 1	
<i>hydrocortisone acetate suppository 30 mg rectal</i>	EX	Non FDA Exclusion
<i>hydrocortisone acetate suppository 30 mg rectal</i>	Tier 1	
<i>hydrocortisone acetate suppository 30 mg rectal</i>	EX	Formulary Exclusion
PROCTOCORT EXTERNAL CREAM 1 %	EX	Formulary Exclusion
PROCTOCORT RECTAL SUPPOSITORY 30 MG	EX	Formulary Exclusion
PROCTO-MED HC EXTERNAL CREAM 2.5 %	Tier 1	
PROCTO-PAK EXTERNAL CREAM 1 %	Tier 1	
PROCTOSOL HC EXTERNAL CREAM 2.5 %	Tier 1	
PROCTOZONE-HC EXTERNAL CREAM 2.5 %	Tier 1	
Antacids		
*Antacids - Bicarbonate***		
<i>sodium bicarbonate oral powder</i>	EX	Formulary Exclusion
Anthelmintics		
*Anthelmintics***		
<i>albendazole oral tablet 200 mg</i>	Tier 1	
ALBENZA ORAL TABLET 200 MG	EX	Formulary Exclusion
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	Tier 2	

Drug Name	Drug Tier	Notes
BILTRICIDE ORAL TABLET 600 MG	EX	Formulary Exclusion
EMVERM ORAL TABLET CHEWABLE 100 MG	Tier 3	
<i>ivermectin oral tablet 3 mg</i>	Tier 1	QL
<i>praziquantel oral tablet 600 mg</i>	Tier 1	
STROMEKTOL ORAL TABLET 3 MG	EX	Formulary Exclusion; QL
Antianginal Agents		
*Antianginals-Other***		
ASPRUZYO SPRINKLE ORAL PACKET 1000 MG, 500 MG	EX	Formulary Exclusion
RANEXA ORAL TABLET EXTENDED RELEASE 12 HOUR 1000 MG, 500 MG	EX	Formulary Exclusion
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>	Tier 1	
*Nitrates***		
DILATRATE-SR ORAL CAPSULE EXTENDED RELEASE 40 MG	Tier 3	
GONITRO SUBLINGUAL PACKET 400 MCG	Tier 3	
ISORDIL TITRADOSE TABLET 40 MG ORAL	EX	Non Essential Drug Exclusion; Formulary Exclusion
ISORDIL TITRADOSE TABLET 5 MG ORAL	EX	Formulary Exclusion
<i>isosorbide dinitrate tablet 10 mg oral</i>	Tier 1	
<i>isosorbide dinitrate tablet 20 mg oral</i>	Tier 1	
<i>isosorbide dinitrate tablet 30 mg oral</i>	Tier 1	
<i>isosorbide dinitrate tablet 40 mg oral</i>	EX	Non Essential Drug Exclusion
<i>isosorbide dinitrate tablet 5 mg oral</i>	Tier 1	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	Tier 1	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	Tier 1	
MINITRAN TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR	Tier 1	
NITRO-BID TRANSDERMAL OINTMENT 2 %	Tier 3	
NITRO-DUR PATCH 24 HOUR 0.1 MG/HR TRANSDERMAL	EX	Formulary Exclusion
NITRO-DUR PATCH 24 HOUR 0.2 MG/HR TRANSDERMAL	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
NITRO-DUR PATCH 24 HOUR 0.3 MG/HR TRANSDERMAL	Tier 3	
NITRO-DUR PATCH 24 HOUR 0.4 MG/HR TRANSDERMAL	EX	Formulary Exclusion
NITRO-DUR PATCH 24 HOUR 0.6 MG/HR TRANSDERMAL	EX	Formulary Exclusion
NITRO-DUR PATCH 24 HOUR 0.8 MG/HR TRANSDERMAL	Tier 3	
<i>nitroglycerin in d5w intravenous solution 100-5 mcg/ml-%, 200-5 mcg/ml-%, 400-5 mcg/ml-%</i>	EX	Medical Only Exclusion
<i>nitroglycerin intravenous solution 5 mg/ml</i>	EX	Medical Only Exclusion
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	Tier 1	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	Tier 1	
<i>nitroglycerin translingual solution 0.4 mg/spray</i>	Tier 1	
NITROLINGUAL SOLUTION 0.4 MG/SPRAY TRANSLINGUAL	EX	Formulary Exclusion
NITROLINGUAL SOLUTION 0.4 MG/SPRAY TRANSLINGUAL	Tier 1	
NITROMIST TRANSLINGUAL AEROSOL SOLUTION 400 MCG/SPRAY	EX	Formulary Exclusion
NITROSTAT SUBLINGUAL TABLET SUBLINGUAL 0.3 MG, 0.4 MG, 0.6 MG	EX	Formulary Exclusion
NITRO-TIME ORAL CAPSULE EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG	Tier 1	
Antianxiety Agents		
*Antianxiety Agents - Misc.***		
<i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	Tier 1	
<i>droperidol injection solution 2.5 mg/ml</i>	EX	Medical Only Exclusion
<i>droperidol intravenous solution prefilled syringe 0.625 mg/ml</i>	EX	Non FDA Exclusion
<i>hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml</i>	EX	Medical Only Exclusion
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	Tier 1	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 1	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>meprobamate tablet 200 mg oral</i>	Tier 1	
<i>meprobamate tablet 200 mg oral</i>	Tier 1	Formulary Exclusion
<i>meprobamate tablet 400 mg oral</i>	Tier 1	

Drug Name	Drug Tier	Notes
<i>meprobamate tablet 400 mg oral</i>	Tier 1	Formulary Exclusion
VISTARIL ORAL CAPSULE 25 MG, 50 MG	EX	Formulary Exclusion
*Benzodiazepines***		
<i>alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg</i>	Tier 1	
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML	Tier 3	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg</i>	Tier 1	
ATIVAN INJECTION SOLUTION 2 MG/ML, 4 MG/ML	EX	Medical Only Exclusion
ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG	EX	Formulary Exclusion
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	Tier 1	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	Tier 1	
<i>diazepam injection solution 10 mg/2ml, 5 mg/ml</i>	EX	Medical Only Exclusion
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML	Tier 1	
<i>diazepam intramuscular solution auto-injector 10 mg/2ml</i>	EX	Medical Only Exclusion
<i>diazepam oral concentrate 5 mg/ml</i>	Tier 1	
<i>diazepam oral solution 5 mg/5ml</i>	Tier 1	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	Tier 1	
<i>lorazepam injection solution 2 mg/ml, 4 mg/ml</i>	EX	Medical Only Exclusion
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML	Tier 1	
<i>lorazepam oral concentrate 2 mg/ml</i>	Tier 1	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 1 MG, 1.5 MG, 2 MG, 3 MG	EX	Formulary Exclusion
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	Tier 1	
TRANXENE-T ORAL TABLET 7.5 MG	EX	Formulary Exclusion
VALIUM ORAL TABLET 10 MG, 2 MG, 5 MG	EX	Formulary Exclusion
XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 2 MG, 3 MG	EX	Formulary Exclusion
Antiarrhythmics		
*Antiarrhythmics - Misc.***		
<i>adenosine intravenous solution 12 mg/4ml, 6 mg/2ml</i>	EX	Medical Only Exclusion
*Antiarrhythmics Type I-A***		
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	Tier 1	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG	Tier 3	
NORPACE ORAL CAPSULE 100 MG, 150 MG	Tier 3	
<i>procainamide hcl injection solution 100 mg/ml, 500 mg/ml</i>	EX	Medical Only Exclusion
<i>quinidine gluconate er oral tablet extended release 324 mg</i>	Tier 1	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	Tier 1	
*Antiarrhythmics Type I-B***		
<i>lidocaine hcl (cardiac) pf intravenous solution 100 mg/5ml</i>	EX	Medical Only Exclusion
<i>lidocaine hcl (cardiac) pf intravenous solution prefilled syringe 100 mg/5ml, 50 mg/5ml</i>	EX	Medical Only Exclusion
<i>lidocaine hcl (cardiac) solution prefilled syringe 100 mg/10ml intravenous</i>	EX	Non FDA Exclusion
<i>lidocaine hcl (cardiac) solution prefilled syringe 100 mg/5ml intravenous</i>	EX	Medical Only Exclusion
<i>lidocaine hcl (cardiac) solution prefilled syringe 100 mg/5ml intravenous</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>lidocaine hcl (cardiac) solution prefilled syringe 200 mg/10ml intravenous</i>	EX	Non FDA Exclusion
<i>lidocaine hcl (cardiac) solution prefilled syringe 50 mg/5ml intravenous</i>	EX	Medical Only Exclusion
<i>lidocaine hcl (cardiac) solution prefilled syringe 60 mg/3ml intravenous</i>	EX	Non FDA Exclusion
<i>lidocaine in d5w solution 2-5 mg/ml-% intravenous</i>	EX	Non FDA Exclusion
<i>lidocaine in d5w solution 4-5 mg/ml-% intravenous</i>	EX	Medical Only Exclusion
<i>lidocaine in d5w solution 8-5 mg/ml-% intravenous</i>	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>	Tier 1	
*Antiarrhythmics Type I-C***		
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	Tier 1	
<i>propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg</i>	Tier 1	
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	Tier 1	
RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 225 MG, 325 MG, 425 MG	EX	Formulary Exclusion
*Antiarrhythmics Type Iii***		
<i>amiodarone hcl in dextrose intravenous solution 450-5 mg/250ml-%, 900-5 mg/500ml-%</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>amiodarone hcl intravenous solution 150 mg/3ml, 450 mg/9ml, 900 mg/18ml</i>	EX	Medical Only Exclusion
<i>amiodarone hcl tablet 100 mg oral</i>	Tier 1	
<i>amiodarone hcl tablet 200 mg oral</i>	Tier 1	
<i>amiodarone hcl tablet 400 mg oral</i>	EX	Formulary Exclusion
<i>bretylum tosylate injection solution 50 mg/ml</i>	EX	Medical Only Exclusion
CORVERT INTRAVENOUS SOLUTION 1 MG/10ML	EX	Medical Only Exclusion
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	Tier 1	
<i>ibutilide fumarate intravenous solution 1 mg/10ml</i>	EX	Medical Only Exclusion
MULTAQ ORAL TABLET 400 MG	Tier 2	
NEXTERONE INTRAVENOUS SOLUTION 150-4.21 MG/100ML-%, 360-4.14 MG/200ML-%	EX	Medical Only Exclusion
PACERONE TABLET 100 MG ORAL	Tier 1	
PACERONE TABLET 200 MG ORAL	Tier 1	
PACERONE TABLET 400 MG ORAL	EX	Formulary Exclusion
TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG	EX	Formulary Exclusion
Antiasthmatic And Bronchodilator Agents		
*5-Lipoxygenase Inhibitors***		
<i>zileuton er oral tablet extended release 12 hour 600 mg</i>	Benefit Exclusion	
ZYFLO ORAL TABLET 600 MG	Tier 3	

Drug Name	Drug Tier	Notes
*Adrenergic Combinations***		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	EX	Formulary Exclusion; QL
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	Tier 2	QL
AIRDUO DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	EX	Formulary Exclusion; QL
AIRDUO RESPICLICK 113/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT	EX	Formulary Exclusion; QL
AIRDUO RESPICLICK 232/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 232-14 MCG/ACT	EX	Formulary Exclusion; QL
AIRDUO RESPICLICK 55/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 55-14 MCG/ACT	EX	Formulary Exclusion; QL
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT	Tier 2	QL
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	Tier 2	QL
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT	EX	Formulary Exclusion; QL
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH	Tier 2	QL
BREYNA INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT	Tier 1	QL
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT	Tier 2	QL
<i>budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act</i>	Tier 1	QL
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	Tier 2	QL
DUAKLIR PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400-12 MCG/ACT	EX	Formulary Exclusion; QL
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT, 50-5 MCG/ACT	Tier 2	QL

Drug Name	Drug Tier	Notes
<i>fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act</i>	EX	Formulary Exclusion; QL
<i>fluticasone-salmeterol inhalation aerosol 115-21 mcg/act, 230-21 mcg/act, 45-21 mcg/act</i>	EX	Formulary Exclusion; QL
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 113-14 mcg/act, 232-14 mcg/act, 250-50 mcg/act, 500-50 mcg/act, 55-14 mcg/act</i>	Tier 1	QL
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	Tier 1	
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	Tier 2	QL
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT	EX	Formulary Exclusion; QL
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	Tier 2	QL
UTIBRON NEOHALER INHALATION CAPSULE 27.5-15.6 MCG	EX	Formulary Exclusion; QL
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	Tier 1	QL
*Anti-Ige Monoclonal Antibodies***		
XOLAIR SOLUTION PREFILLED SYRINGE 150 MG/ML SUBCUTANEOUS	Tier 2	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 2	PA; Specialty
XOLAIR SOLUTION PREFILLED SYRINGE 75 MG/0.5ML SUBCUTANEOUS	Tier 4	PA; Specialty
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML	Tier 4	PA; Specialty
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	Tier 4	PA; Specialty
*Anti-Inflammatory Agents***		
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	Tier 1	

Drug Name	Drug Tier	Notes
*Beta Adrenergics***		
<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i>	EX	Formulary Exclusion; QL
<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i>	Tier 1	QL
<i>albuterol sulfate nebulization solution (2.5 mg/3ml) 0.083% inhalation</i>	Tier 1	
<i>albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation</i>	EX	Non FDA Exclusion
<i>albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation</i>	Tier 3	
<i>albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation</i>	Tier 1	
<i>albuterol sulfate nebulization solution 0.63 mg/3ml inhalation</i>	Tier 1	
<i>albuterol sulfate nebulization solution 1.25 mg/3ml inhalation</i>	Tier 1	
<i>albuterol sulfate nebulization solution 2.5 mg/0.5ml inhalation</i>	Tier 1	
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	Tier 1	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	Tier 1	
<i>arformoterol tartrate inhalation nebulization solution 15 mcg/2ml</i>	Tier 1	
BROVANA INHALATION NEBULIZATION SOLUTION 15 MCG/2ML	EX	Formulary Exclusion
<i>formoterol fumarate nebulization solution 20 mcg/2ml inhalation</i>	EX	Formulary Exclusion
<i>formoterol fumarate nebulization solution 20 mcg/2ml inhalation</i>	EX	Non FDA Exclusion
<i>isoproterenol hcl injection solution 0.2 mg/ml</i>	EX	Medical Only Exclusion
<i>isoproterenol-sodium chloride intravenous solution 200-0.9 mcg/50ml-%</i>	EX	Non FDA Exclusion
ISUPREL INJECTION SOLUTION 0.2 MG/ML	EX	Medical Only Exclusion
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	Tier 1	
<i>levalbuterol tartrate inhalation aerosol 45 mcg/act</i>	EX	Formulary Exclusion; QL
PERFOROMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT	EX	Formulary Exclusion; QL
PROAIR HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	EX	Formulary Exclusion; QL
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT	EX	Formulary Exclusion; QL
PROVENTIL HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	EX	Formulary Exclusion; QL
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	Tier 2	QL
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	Tier 2	QL
<i>terbutaline sulfate injection solution 1 mg/ml</i>	EX	Medical Only Exclusion
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	Tier 1	
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	EX	Formulary Exclusion; QL
XOPENEX CONCENTRATE INHALATION NEBULIZATION SOLUTION 1.25 MG/0.5ML	EX	Formulary Exclusion
XOPENEX HFA INHALATION AEROSOL 45 MCG/ACT	EX	Formulary Exclusion; QL
XOPENEX INHALATION NEBULIZATION SOLUTION 0.31 MG/3ML, 0.63 MG/3ML, 1.25 MG/3ML	EX	Formulary Exclusion
*Bronchodilators - Anticholinergics***		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	Tier 3	QL
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	Tier 2	QL
<i>ipratropium bromide inhalation solution 0.02 %</i>	Tier 1	
LONHALA MAGNAIR REFILL KIT INHALATION SOLUTION 25 MCG/ML	EX	Formulary Exclusion; QL
LONHALA MAGNAIR STARTER KIT INHALATION SOLUTION 25 MCG/ML	EX	Formulary Exclusion; QL
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG	EX	Formulary Exclusion; QL
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	Tier 2	QL

Drug Name	Drug Tier	Notes
<i>tiotropium bromide monohydrate inhalation capsule 18 mcg</i>	Tier 1	QL
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT	EX	Formulary Exclusion; QL
YUPELRI INHALATION SOLUTION 175 MCG/3ML	EX	Formulary Exclusion; QL
*Interleukin-5 Antagonists (Igg1 Kappa)***		
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML	Tier 4	PA; Specialty
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 30 MG/ML	Tier 4	PA; Specialty
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	Tier 4	PA; Specialty
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 40 MG/0.4ML	Tier 4	PA; Specialty
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG	Tier 4	PA; Specialty
*Interleukin-5 Antagonists (Igg4 Kappa)***		
CINQAIR INTRAVENOUS SOLUTION 100 MG/10ML	EX	PA; Specialty; Formulary Exclusion
*Leukotriene Receptor Antagonists***		
ACCOLATE ORAL TABLET 10 MG, 20 MG	EX	Formulary Exclusion
<i>montelukast sodium oral packet 4 mg</i>	Tier 1	
<i>montelukast sodium oral tablet 10 mg</i>	Tier 1	
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	Tier 1	
SINGULAIR ORAL PACKET 4 MG	EX	Formulary Exclusion
SINGULAIR ORAL TABLET 10 MG	EX	Formulary Exclusion
SINGULAIR ORAL TABLET CHEWABLE 4 MG, 5 MG	EX	Formulary Exclusion
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	Tier 1	
*Phosphodiesterase 3 & 4 (Pde3 & Pde4) Inhibitors***		
OHTUVAYRE INHALATION SUSPENSION 3 MG/2.5ML	Tier 3	PA

Drug Name	Drug Tier	Notes
*Selective Phosphodiesterase 4 (Pde4) Inhibitors***		
DALIRESP ORAL TABLET 250 MCG, 500 MCG	EX	Formulary Exclusion
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	Tier 1	
*Steroid Inhalants***		
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT, 80 MCG/ACT	EX	Formulary Exclusion; QL
ARMONAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 113 MCG/ACT, 232 MCG/ACT, 55 MCG/ACT	EX	Formulary Exclusion; QL
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	Tier 2	QL
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	Tier 2	QL
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT	Tier 2	QL
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	Tier 2	QL
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	Tier 2	QL
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	Tier 1	QL
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 250 MCG/ACT, 50 MCG/ACT	EX	Formulary Exclusion; QL
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT	EX	Formulary Exclusion; QL
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act, 250 mcg/act, 50 mcg/act</i>	EX	Formulary Exclusion; QL
<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act, 220 mcg/act, 44 mcg/act</i>	EX	Formulary Exclusion; QL

Drug Name	Drug Tier	Notes
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT	EX	Formulary Exclusion; QL
PULMICORT INHALATION SUSPENSION 0.25 MG/2ML, 0.5 MG/2ML, 1 MG/2ML	EX	Formulary Exclusion; QL
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT	Tier 2	QL
*Thymic Stromal Lymphopoietin (Tslp) Antagonists***		
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 210 MG/1.91ML	Tier 4	PA; Specialty; QL
TEZSPIRE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.91ML	Tier 4	PA; Specialty; QL
*Xanthines***		
<i>aminophylline intravenous solution 25 mg/ml</i>	EX	Medical Only Exclusion
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15ML	Tier 1	
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG	Tier 3	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	Tier 1	
<i>theophylline er tablet extended release 12 hour 100 mg oral</i>	Tier 3	
<i>theophylline er tablet extended release 12 hour 200 mg oral</i>	Tier 3	
<i>theophylline er tablet extended release 12 hour 300 mg oral</i>	Tier 1	
<i>theophylline er tablet extended release 12 hour 450 mg oral</i>	Tier 1	
<i>theophylline oral elixir 80 mg/15ml</i>	Tier 1	
<i>theophylline oral solution 80 mg/15ml</i>	Tier 1	
Anticoagulants		
*Anticoagulants - Misc.***		
<i>sodium citrate in vitro solution prefilled syringe 4 %</i>	EX	Non FDA Exclusion
<i>sodium citrate lock flush intravenous solution 4 %</i>	EX	Non FDA Exclusion
<i>sodium citrate lock flush intravenous solution prefilled syringe 120 mg/3ml</i>	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
*Coumarin Anticoagulants***		
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	Tier 1	
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	Tier 1	
*Direct Factor Xa Inhibitors***		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG	Tier 2	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	Tier 2	
<i>rivaroxaban oral tablet 2.5 mg</i>	EX	New to Market Exclusion
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG	EX	Formulary Exclusion
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML	Tier 2	
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG	Tier 2	
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	Tier 2	
*Heparins And Heparinoid-Like Agents***		
BD HEPARIN POSIFLUSH INTRAVENOUS SOLUTION 10 UNIT/ML, 100 UNIT/ML	EX	Formulary Exclusion
<i>heparin (porcine) in nacl intravenous solution prefilled syringe 20-0.9 unt/20ml-%, 50-0.9 unt/50ml-%</i>	EX	Non FDA Exclusion
<i>heparin (porcine) in nacl solution 1000-0.9 ut/500ml-% intravenous</i>	Tier 1	
<i>heparin (porcine) in nacl solution 12500-0.45 ut/250ml-% intravenous</i>	EX	Medical Only Exclusion
<i>heparin (porcine) in nacl solution 2000-0.9 unit/l-% intravenous</i>	Tier 1	
<i>heparin (porcine) in nacl solution 2500-0.9 ut/500ml-% intravenous</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>heparin (porcine) in nacl solution 25000-0.45 ut/250ml-% intravenous</i>	EX	Medical Only Exclusion
<i>heparin (porcine) in nacl solution 25000-0.45 ut/500ml-% intravenous</i>	EX	Medical Only Exclusion
<i>heparin (porcine) in nacl solution 30000-0.9 unit/l-% intravenous</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>heparin (porcine) in nacl solution 4000-0.9 unit/l-% intravenous</i>	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
<i>heparin (porcine) in nacl solution 500-0.9 ut/500ml-% intravenous</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>heparin (porcine) in nacl solution 5000-0.9 unit/l-% intravenous</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>heparin (porcine) in nacl solution 5000-0.9 ut/500ml-% intravenous</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>heparin na (pork) lock flsh pf intravenous solution 1 unit/ml, 10 unit/ml, 100 unit/ml</i>	EX	Formulary Exclusion
<i>heparin sod (porcine) in d5w intravenous solution 100 unit/ml, 25000-5 ut/500ml-%, 40-5 unit/ml-%</i>	EX	Medical Only Exclusion
<i>heparin sod (pork) lock flush solution 10 unit/ml intravenous</i>	EX	Formulary Exclusion
<i>heparin sod (pork) lock flush solution 10 unit/ml intravenous</i>	Tier 1	
<i>heparin sod (pork) lock flush solution 100 unit/ml intravenous</i>	EX	Formulary Exclusion
<i>heparin sod (pork) lock flush solution 100 unit/ml intravenous</i>	Tier 1	
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	Tier 1	
<i>heparin sodium (porcine) injection solution prefilled syringe 5000 unit/0.5ml</i>	EX	Formulary Exclusion
<i>heparin sodium (porcine) pf solution 1000 unit/ml injection</i>	Tier 1	
<i>heparin sodium (porcine) pf solution 5000 unit/0.5ml injection</i>	Tier 1	
<i>heparin sodium (porcine) pf solution 5000 unit/ml injection</i>	Tier 3	
<i>hepmed combination kit 100&0.9&2.5-2.5 ut/ml&%</i>	EX	Non FDA Exclusion
*In Vitro/Lock Anticoagulant Combinations***		
DEFENCATH IN VITRO SOLUTION 1000-13.5 UNIT-MG/ML	EX	Medical Only Exclusion
<i>sodium citrate-gentamicin sulf intravenous solution 4-320 %-mcg/ml</i>	EX	Non FDA Exclusion
<i>sodium citrate-gentamicin sulf intravenous solution prefilled syringe 4-320 %-mcg/ml</i>	EX	Non FDA Exclusion
*In Vitro/Lock Anticoagulants***		
<i>acd formula a in vitro solution 0.73-2.45-2.2 gm/100ml</i>	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
ACD-A NOCLOT-50 IN VITRO SOLUTION 0.73-2.45-2.2 GM/100ML	EX	Medical Only Exclusion
<i>anticoagulant sodium citrate in vitro solution 4 %, 4 gm/100ml</i>	EX	Medical Only Exclusion
TRICITRASOL IN VITRO CONCENTRATE 46.7 %	EX	Medical Only Exclusion
*Low Molecular Weight Heparins***		
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	Tier 1	
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml</i>	Tier 1	
ENOXILUV KIT INJECTION PREFILLED SYRINGE KIT 40 MG/0.4ML	EX	Non FDA Exclusion
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML, 95000 UNIT/3.8ML	Tier 3	
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML	Tier 3	
LOVENOX INJECTION SOLUTION 300 MG/3ML	EX	Formulary Exclusion
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE 100 MG/ML, 120 MG/0.8ML, 150 MG/ML, 30 MG/0.3ML, 40 MG/0.4ML, 60 MG/0.6ML, 80 MG/0.8ML	EX	Formulary Exclusion
*Synthetic Heparinoid-Like Agents***		
ARIXTRA SUBCUTANEOUS SOLUTION 10 MG/0.8ML, 2.5 MG/0.5ML, 5 MG/0.4ML, 7.5 MG/0.6ML	EX	Formulary Exclusion
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	Tier 1	
*Thrombin Inhibitors - Hirudin Type***		
ANGIOMAX INTRAVENOUS SOLUTION RECONSTITUTED 250 MG	EX	Medical Only Exclusion
<i>bivalirudin rtu intravenous solution 250 mg/50ml</i>	EX	Medical Only Exclusion
<i>bivalirudin trifluoroacetate intravenous solution 250 mg/50ml</i>	EX	Medical Only Exclusion
<i>bivalirudin trifluoroacetate intravenous solution reconstituted 250 mg</i>	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
*Thrombin Inhibitors - Selective Direct & Reversible***		
<i>argatroban in sodium chloride intravenous solution 50-0.9 mg/50ml-%</i>	EX	Medical Only Exclusion
<i>argatroban intravenous solution 250 mg/2.5ml, 50 mg/50ml</i>	EX	Medical Only Exclusion
<i>dabigatran etexilate mesylate oral capsule 110 mg, 150 mg, 75 mg</i>	Tier 1	
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	EX	Formulary Exclusion
PRADAXA ORAL PACKET 110 MG, 150 MG, 20 MG, 30 MG, 40 MG, 50 MG	EX	Formulary Exclusion
Anticonvulsants		
*Ampa Glutamate Receptor Antagonists***		
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	Tier 2	
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	Tier 2	
*Anticonvulsants - Benzodiazepines***		
<i>clobazam oral suspension 2.5 mg/ml</i>	Tier 1	
<i>clobazam oral tablet 10 mg, 20 mg</i>	Tier 1	
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG	EX	Formulary Exclusion
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG	Tier 2	
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	Tier 1	
KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG	EX	Formulary Exclusion
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	Tier 3	QL
NAYZILAM NASAL SOLUTION 5 MG/0.1ML	Tier 3	QL
ONFI ORAL SUSPENSION 2.5 MG/ML	EX	Formulary Exclusion
ONFI ORAL TABLET 10 MG, 20 MG	EX	Formulary Exclusion
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	Tier 3	
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML	Tier 3	

Drug Name	Drug Tier	Notes
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML	Tier 3	
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML	Tier 3	
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML	Tier 3	
*Anticonvulsants - Misc.***		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG	Tier 2	
BANZEL ORAL SUSPENSION 40 MG/ML	EX	Formulary Exclusion
BANZEL ORAL TABLET 200 MG, 400 MG	EX	Formulary Exclusion
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5ML	EX	Medical Only Exclusion
BRIVIACT ORAL SOLUTION 10 MG/ML	Tier 2	
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	Tier 2	
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	Tier 1	
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	Tier 1	
<i>carbamazepine oral suspension 100 mg/5ml, 200 mg/10ml</i>	Tier 1	
<i>carbamazepine oral tablet 200 mg</i>	Tier 1	
<i>carbamazepine tablet chewable 100 mg oral</i>	Tier 1	
<i>carbamazepine tablet chewable 200 mg oral</i>	Tier 3	
CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG	Tier 3	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	Tier 3	PA
DIACOMIT ORAL PACKET 250 MG, 500 MG	Tier 3	PA
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 1500 MG	EX	Formulary Exclusion
EPIDIOLEX ORAL SOLUTION 100 MG/ML	Tier 4	PA; Specialty
EPITOL ORAL TABLET 200 MG	Tier 1	
EPRONTIA ORAL SOLUTION 25 MG/ML	EX	Formulary Exclusion
FANATREX FUSEPAQ ORAL SUSPENSION 25 MG/ML	EX	Non FDA Exclusion
FINTEPLA ORAL SOLUTION 2.2 MG/ML	Tier 4	PA; Specialty
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	Tier 1	QL
<i>gabapentin oral solution 250 mg/5ml, 300 mg/6ml</i>	Tier 1	QL

Drug Name	Drug Tier	Notes
<i>gabapentin tablet 25 mg oral</i>	EX	Non FDA Exclusion
<i>gabapentin tablet 50 mg oral</i>	EX	Non FDA Exclusion
<i>gabapentin tablet 600 mg oral</i>	Tier 1	QL
<i>gabapentin tablet 800 mg oral</i>	Tier 1	QL
GABARONE ORAL TABLET 100 MG, 400 MG	EX	Non Essential Drug Exclusion; Formulary Exclusion; QL
KEPPRA INTRAVENOUS SOLUTION 500 MG/5ML	EX	Medical Only Exclusion
KEPPRA ORAL SOLUTION 100 MG/ML	EX	Formulary Exclusion
KEPPRA ORAL TABLET 1000 MG, 250 MG, 500 MG, 750 MG	EX	Formulary Exclusion
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG, 750 MG	EX	Formulary Exclusion
<i>lacosamide intravenous solution 200 mg/20ml</i>	EX	Medical Only Exclusion
<i>lacosamide oral solution 10 mg/ml, 100 mg/10ml, 50 mg/5ml</i>	Tier 1	
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	Tier 1	
LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 42 X 50 MG & 14X100 MG	EX	Formulary Exclusion
LAMICTAL ODT ORAL TABLET DISPERSIBLE 100 MG, 200 MG, 25 MG, 50 MG	EX	Formulary Exclusion
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG	EX	Formulary Exclusion
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG	EX	Formulary Exclusion
LAMICTAL STARTER ORAL KIT 35 X 25 MG, 42 X 25 MG & 7 X 100 MG, 84 X 25 MG & 14X100 MG	EX	Formulary Exclusion
LAMICTAL XR ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 50 & 100 & 200 MG	Tier 3	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG	EX	Formulary Exclusion
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	Tier 1	
<i>lamotrigine kit 21 x 25 mg & 7 x 50 mg oral</i>	EX	Formulary Exclusion
<i>lamotrigine kit 25 & 50 & 100 mg oral</i>	Tier 1	
<i>lamotrigine kit 42 x 50 mg & 14x100 mg oral</i>	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	Tier 1	
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	Tier 1	
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i>	EX	Formulary Exclusion
<i>lamotrigine starter kit-blue oral kit 35 x 25 mg</i>	Tier 1	
<i>lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg</i>	Tier 1	
<i>lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg</i>	Tier 1	
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	Tier 1	
<i>levetiracetam in nacl intravenous solution 1000 mg/100ml, 1500 mg/100ml, 250 mg/50ml, 500 mg/100ml</i>	EX	Medical Only Exclusion
<i>levetiracetam intravenous solution 500 mg/5ml</i>	EX	Medical Only Exclusion
<i>levetiracetam oral solution 100 mg/ml, 500 mg/5ml</i>	Tier 1	
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	Tier 1	
<i>levetiracetam oral tablet disintegrating soluble 250 mg</i>	Tier 3	
LYRICA CAPSULE 100 MG ORAL	Benefit Exclusion	Formulary Exclusion; QL
LYRICA CAPSULE 150 MG ORAL	EX	Formulary Exclusion; QL
LYRICA CAPSULE 150 MG ORAL	Benefit Exclusion	Formulary Exclusion; QL
LYRICA CAPSULE 200 MG ORAL	Benefit Exclusion	Formulary Exclusion; QL
LYRICA CAPSULE 225 MG ORAL	Benefit Exclusion	Formulary Exclusion; QL
LYRICA CAPSULE 25 MG ORAL	EX	Formulary Exclusion; QL
LYRICA CAPSULE 25 MG ORAL	Benefit Exclusion	Formulary Exclusion; QL
LYRICA CAPSULE 300 MG ORAL	Benefit Exclusion	Formulary Exclusion; QL
LYRICA CAPSULE 50 MG ORAL	EX	Formulary Exclusion; QL
LYRICA CAPSULE 50 MG ORAL	Benefit Exclusion	Formulary Exclusion; QL
LYRICA CAPSULE 75 MG ORAL	Benefit Exclusion	Formulary Exclusion; QL
LYRICA SOLUTION 20 MG/ML ORAL	EX	Formulary Exclusion; QL
LYRICA SOLUTION 20 MG/ML ORAL	Benefit Exclusion	Formulary Exclusion; QL
MOTPOLY XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG, 200 MG	EX	Formulary Exclusion
MYSOLINE ORAL TABLET 250 MG, 50 MG	Tier 3	
NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG	EX	Formulary Exclusion; QL

Drug Name	Drug Tier	Notes
NEURONTIN ORAL SOLUTION 250 MG/5ML	EX	Formulary Exclusion; QL
NEURONTIN ORAL TABLET 600 MG, 800 MG	EX	Formulary Exclusion; QL
<i>oxcarbazepine er oral tablet extended release 24 hour 150 mg, 300 mg, 600 mg</i>	Tier 1	
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	Tier 1	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	Tier 1	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG, 600 MG	EX	Formulary Exclusion
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	Tier 1	QL
<i>pregabalin oral solution 20 mg/ml</i>	Tier 1	QL
<i>primidone tablet 125 mg oral</i>	Tier 3	
<i>primidone tablet 250 mg oral</i>	Tier 1	
<i>primidone tablet 50 mg oral</i>	Tier 1	
QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG	EX	Formulary Exclusion
ROWEEPRA ORAL TABLET 500 MG	Tier 1	
<i>rufinamide oral suspension 40 mg/ml</i>	Tier 1	
<i>rufinamide oral tablet 200 mg, 400 mg</i>	Tier 1	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG, 750 MG	Tier 3	
SUBVENITE ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG	Tier 1	
SUBVENITE STARTER KIT-BLUE ORAL KIT 35 X 25 MG	Tier 1	
SUBVENITE STARTER KIT-GREEN ORAL KIT 84 X 25 MG & 14X100 MG	Tier 1	
SUBVENITE STARTER KIT-ORANGE ORAL KIT 42 X 25 MG & 7 X 100 MG	Tier 1	
TEGRETOL ORAL SUSPENSION 100 MG/5ML	Tier 3	
TEGRETOL ORAL TABLET 200 MG	Tier 3	
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 400 MG	Tier 3	
TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
TOPAMAX SPRINKLE ORAL CAPSULE SPRINKLE 15 MG, 25 MG	EX	Formulary Exclusion
<i>topiramate capsule sprinkle 15 mg oral</i>	Tier 1	
<i>topiramate capsule sprinkle 25 mg oral</i>	Tier 1	
<i>topiramate capsule sprinkle 50 mg oral</i>	EX	Formulary Exclusion
<i>topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	
<i>topiramate er oral capsule extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	
TRILEPTAL ORAL SUSPENSION 300 MG/5ML	EX	Formulary Exclusion
TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG	EX	Formulary Exclusion
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG	EX	Formulary Exclusion
VIMPAT INTRAVENOUS SOLUTION 200 MG/20ML	EX	Medical Only Exclusion
VIMPAT ORAL SOLUTION 10 MG/ML	EX	Formulary Exclusion
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	EX	Formulary Exclusion
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG	EX	Formulary Exclusion
ZONISADE ORAL SUSPENSION 100 MG/5ML	EX	Formulary Exclusion
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	
ZTALMY ORAL SUSPENSION 50 MG/ML	Tier 3	PA
*Carbamates***		
<i>felbamate oral suspension 600 mg/5ml</i>	Tier 1	
<i>felbamate oral tablet 400 mg, 600 mg</i>	Tier 1	
FELBATOL ORAL SUSPENSION 600 MG/5ML	EX	Formulary Exclusion
FELBATOL ORAL TABLET 400 MG, 600 MG	EX	Formulary Exclusion
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG, 50 & 200 MG	Tier 2	
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG	Tier 2	

Drug Name	Drug Tier	Notes
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG, 50 MG	Tier 2	
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG	Tier 2	
*Gaba Modulators***		
GABITRIL ORAL TABLET 12 MG, 16 MG, 2 MG, 4 MG	EX	Formulary Exclusion
SABRIL ORAL PACKET 500 MG	EX	PA; Specialty; Formulary Exclusion
SABRIL ORAL TABLET 500 MG	EX	PA; Specialty; Formulary Exclusion
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	Tier 1	
<i>vigabatrin oral packet 500 mg</i>	Tier 4	PA; Specialty
<i>vigabatrin oral tablet 500 mg</i>	Tier 4	PA; Specialty
VIGADRONE ORAL PACKET 500 MG	Tier 4	PA; Specialty
VIGADRONE ORAL TABLET 500 MG	Tier 4	PA; Specialty
VIGAFYDE ORAL SOLUTION 100 MG/ML	Tier 4	PA; Specialty
VIGPODER ORAL PACKET 500 MG	Tier 4	PA; Specialty
*Hydantoins***		
CEREBYX INJECTION SOLUTION 100 MG PE/2ML, 500 MG PE/10ML	EX	Medical Only Exclusion
DILANTIN CAPSULE 100 MG ORAL	Tier 3	
DILANTIN CAPSULE 30 MG ORAL	Tier 2	
DILANTIN INFATABS ORAL TABLET CHEWABLE 50 MG	Tier 3	
DILANTIN ORAL SUSPENSION 125 MG/5ML	Tier 3	
DILANTIN-125 ORAL SUSPENSION 125 MG/5ML	Tier 3	
<i>fosphenytoin sodium injection solution 100 mg pe/2ml, 500 mg pe/10ml</i>	EX	Medical Only Exclusion
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	Tier 1	
PHENYTOIN INFATABS ORAL TABLET CHEWABLE 50 MG	Tier 1	
<i>phenytoin oral suspension 100 mg/4ml, 125 mg/5ml</i>	Tier 1	
<i>phenytoin oral tablet chewable 50 mg</i>	Tier 1	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	Tier 1	

Drug Name	Drug Tier	Notes
<i>phenytoin sodium solution 50 mg/ml injection</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>phenytoin sodium solution 50 mg/ml injection</i>	EX	Medical Only Exclusion
*Succinimides***		
CELONTIN ORAL CAPSULE 300 MG	Tier 3	
<i>ethosuximide oral capsule 250 mg</i>	Tier 1	
<i>ethosuximide oral solution 250 mg/5ml</i>	Tier 1	
<i>methsuximide oral capsule 300 mg</i>	Tier 1	
ZARONTIN ORAL CAPSULE 250 MG	Tier 3	
ZARONTIN ORAL SOLUTION 250 MG/5ML	Tier 3	
*Valproic Acid***		
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG	EX	Formulary Exclusion
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG	EX	Formulary Exclusion
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE 125 MG	EX	Formulary Exclusion
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	Tier 1	
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	Tier 1	
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	Tier 1	
<i>valproate sodium intravenous solution 100 mg/ml, 500 mg/5ml</i>	EX	Medical Only Exclusion
<i>valproic acid oral capsule 250 mg</i>	Tier 1	
<i>valproic acid oral solution 250 mg/5ml, 500 mg/10ml</i>	Tier 1	
Antidepressants		
*Alpha-2 Receptor Antagonists (Tetracyclics)***		
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	Tier 1	Insufficient Evidence
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	Tier 1	Insufficient Evidence
REMERON ORAL TABLET 15 MG, 30 MG	EX	Formulary Exclusion
REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG, 45 MG	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
*Antidepressant - Miscellaneous Combinations***		
AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG	Tier 3	ST
*Antidepressants - Misc.***		
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 174 MG, 348 MG, 522 MG	EX	Non Essential Drug Exclusion; Formulary Exclusion
<i>bupropion hcl er (sr) tablet extended release 12 hour 100 mg oral</i>	Tier 1	
<i>bupropion hcl er (sr) tablet extended release 12 hour 100 mg oral</i>	Tier 1	Insufficient Evidence
<i>bupropion hcl er (sr) tablet extended release 12 hour 150 mg oral</i>	Tier 1	
<i>bupropion hcl er (sr) tablet extended release 12 hour 150 mg oral</i>	Tier 1	Insufficient Evidence
<i>bupropion hcl er (sr) tablet extended release 12 hour 200 mg oral</i>	Tier 1	Insufficient Evidence
<i>bupropion hcl er (xl) tablet extended release 24 hour 150 mg oral</i>	Tier 1	
<i>bupropion hcl er (xl) tablet extended release 24 hour 150 mg oral</i>	Tier 1	Insufficient Evidence
<i>bupropion hcl er (xl) tablet extended release 24 hour 300 mg oral</i>	Tier 1	Insufficient Evidence
<i>bupropion hcl er (xl) tablet extended release 24 hour 450 mg oral</i>	EX	Non Essential Drug Exclusion; Formulary Exclusion
<i>bupropion hcl tablet 100 mg oral</i>	Tier 1	
<i>bupropion hcl tablet 100 mg oral</i>	Tier 1	Insufficient Evidence
<i>bupropion hcl tablet 75 mg oral</i>	Tier 1	
<i>bupropion hcl tablet 75 mg oral</i>	Tier 1	Insufficient Evidence
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	EX	Non Essential Drug Exclusion; Formulary Exclusion
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG	EX	Formulary Exclusion
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG	EX	Formulary Exclusion
*Gaba Receptor Modulator - Neuroactive Steroid***		
ZULRESSO INTRAVENOUS SOLUTION 100 MG/20ML	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG	Tier 4	PA; Specialty; QL
*Monoamine Oxidase Inhibitors (Maois)***		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	Tier 3	
MARPLAN ORAL TABLET 10 MG	Tier 3	
NARDIL ORAL TABLET 15 MG	Tier 3	
PARNATE ORAL TABLET 10 MG	EX	Formulary Exclusion
<i>phenelzine sulfate oral tablet 15 mg</i>	Tier 1	
<i>tranylcypromine sulfate oral tablet 10 mg</i>	Tier 1	
*N-Methyl-D-Aspartic Acid (Nmda) Receptor Antagonists***		
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE	EX	PA; Formulary Exclusion
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE	EX	PA; Formulary Exclusion
*Selective Serotonin Reuptake Inhibitors (SsrIs)***		
CELEXA ORAL TABLET 10 MG, 20 MG, 40 MG	EX	Formulary Exclusion
<i>citalopram hydrobromide oral capsule 30 mg</i>	EX	Non Essential Drug Exclusion; Formulary Exclusion
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	Tier 1	Insufficient Evidence
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	Insufficient Evidence
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	Tier 1	Insufficient Evidence
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	Insufficient Evidence
<i>fluoxetine hcl capsule 10 mg oral</i>	Tier 1	
<i>fluoxetine hcl capsule 10 mg oral</i>	Tier 1	Insufficient Evidence
<i>fluoxetine hcl capsule 20 mg oral</i>	Tier 1	Insufficient Evidence
<i>fluoxetine hcl capsule 40 mg oral</i>	Tier 1	Insufficient Evidence
<i>fluoxetine hcl oral capsule delayed release 90 mg</i>	Tier 1	ST; Insufficient Evidence
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	Tier 1	Insufficient Evidence
<i>fluoxetine hcl tablet 10 mg oral</i>	Tier 1	Insufficient Evidence
<i>fluoxetine hcl tablet 20 mg oral</i>	Tier 1	Insufficient Evidence
<i>fluoxetine hcl tablet 60 mg oral</i>	Benefit Exclusion	Insufficient Evidence

Drug Name	Drug Tier	Notes
<i>fluoxetine hcl tablet 60 mg oral</i>	EX	Insufficient Evidence
<i>fluoxetine hcl tablet 60 mg oral</i>	Benefit Exclusion	Formulary Exclusion
<i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg</i>	Tier 1	
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
LEXAPRO ORAL TABLET 10 MG, 20 MG, 5 MG	EX	Formulary Exclusion
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg</i>	Tier 1	Insufficient Evidence
<i>paroxetine hcl oral suspension 10 mg/5ml</i>	Tier 1	Insufficient Evidence
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1	Insufficient Evidence
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5 MG, 25 MG, 37.5 MG	EX	Formulary Exclusion
PAXIL ORAL SUSPENSION 10 MG/5ML	EX	Formulary Exclusion
PAXIL ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG	EX	Formulary Exclusion
PEXEVA ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG	EX	ST; Non Essential Drug Exclusion
PROZAC ORAL CAPSULE 10 MG, 20 MG, 40 MG	EX	Formulary Exclusion
<i>sertraline hcl oral capsule 150 mg, 200 mg</i>	EX	Non Essential Drug Exclusion; Formulary Exclusion
<i>sertraline hcl oral concentrate 20 mg/ml</i>	Tier 1	Insufficient Evidence
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	Insufficient Evidence
ZOLOFT ORAL CONCENTRATE 20 MG/ML	EX	Formulary Exclusion
ZOLOFT TABLET 100 MG ORAL	EX	Formulary Exclusion
ZOLOFT TABLET 25 MG ORAL	EX	Formulary Exclusion; Insufficient Evidence
ZOLOFT TABLET 25 MG ORAL	EX	Formulary Exclusion
ZOLOFT TABLET 50 MG ORAL	EX	Formulary Exclusion
*Serotonin Modulators***		
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	EX	Formulary Exclusion
RALDESY ORAL SOLUTION 10 MG/ML	Tier 3	PA
<i>trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	Tier 1	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	Tier 2	ST

Drug Name	Drug Tier	Notes
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	EX	Formulary Exclusion
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG	Tier 3	ST
<i>vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	
*Serotonin-Norepinephrine Reuptake Inhibitors (Snris)***		
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 20 MG, 30 MG, 60 MG	EX	Formulary Exclusion; QL
<i>desvenlafaxine er tablet extended release 24 hour 100 mg oral</i>	Tier 1	ST
<i>desvenlafaxine er tablet extended release 24 hour 100 mg oral</i>	Tier 3	ST
<i>desvenlafaxine er tablet extended release 24 hour 50 mg oral</i>	Tier 1	ST
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	Tier 1	
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	EX	Non Essential Drug Exclusion; Formulary Exclusion; QL
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg</i>	Tier 1	QL
EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG, 37.5 MG, 75 MG	EX	Formulary Exclusion
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG	Tier 2	ST
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG	Tier 2	ST
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 MG	EX	Formulary Exclusion
<i>venlafaxine besylate er oral tablet extended release 24 hour 112.5 mg</i>	EX	Non Essential Drug Exclusion; Formulary Exclusion
<i>venlafaxine hcl er capsule extended release 24 hour 150 mg oral</i>	Tier 1	
<i>venlafaxine hcl er capsule extended release 24 hour 150 mg oral</i>	Tier 1	Insufficient Evidence
<i>venlafaxine hcl er capsule extended release 24 hour 37.5 mg oral</i>	Tier 1	
<i>venlafaxine hcl er capsule extended release 24 hour 37.5 mg oral</i>	Tier 1	Insufficient Evidence

Drug Name	Drug Tier	Notes
<i>venlafaxine hcl er capsule extended release 24 hour 75 mg oral</i>	Tier 1	
<i>venlafaxine hcl er capsule extended release 24 hour 75 mg oral</i>	Tier 1	Insufficient Evidence
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 225 mg, 37.5 mg, 75 mg</i>	EX	Non Essential Drug Exclusion; Insufficient Evidence
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	Tier 1	Insufficient Evidence
*Tricyclic Agents***		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	EX	Formulary Exclusion
ANAFRANIL ORAL CAPSULE 25 MG, 50 MG, 75 MG	EX	Formulary Exclusion
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>doxepin hcl oral concentrate 10 mg/ml</i>	Tier 1	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 1	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	Tier 1	
NORPRAMIN ORAL TABLET 10 MG, 25 MG	EX	Formulary Exclusion
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	Tier 1	
PAMELOR ORAL CAPSULE 10 MG, 25 MG, 50 MG, 75 MG	EX	Formulary Exclusion
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	
Antidiabetics		
*Alpha-Glucosidase Inhibitors***		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	QL
GLYSET ORAL TABLET 100 MG, 25 MG, 50 MG	EX	Formulary Exclusion; QL
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	QL

Drug Name	Drug Tier	Notes
PRECOSE ORAL TABLET 100 MG, 25 MG, 50 MG	EX	Formulary Exclusion; QL
*Antidiabetic - Allogeneic Cellular Therapy***		
LANTIDRA INTRAVENOUS SUSPENSION	EX	Medical Only Exclusion
*Antidiabetic - Amylin Analogs***		
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML	EX	Formulary Exclusion; QL
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML	EX	Formulary Exclusion; QL
*Antidiabetic-Anti-Cd3 Antibodies***		
TZIELD INTRAVENOUS SOLUTION 2 MG/2ML	EX	Medical Only Exclusion
*Biguanides***		
FORTAMET ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 500 MG	EX	Non Essential Drug Exclusion; Formulary Exclusion; QL
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 500 MG	EX	Non Essential Drug Exclusion; Formulary Exclusion; QL
<i>metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg, 500 mg</i>	EX	Non Essential Drug Exclusion; QL
<i>metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg, 500 mg</i>	EX	Non Essential Drug Exclusion; QL
<i>metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg</i>	Tier 1	QL
<i>metformin hcl oral solution 500 mg/5ml</i>	Tier 1	QL
<i>metformin hcl tablet 1000 mg oral</i>	Tier 1	QL
<i>metformin hcl tablet 500 mg oral</i>	Tier 1	QL
<i>metformin hcl tablet 625 mg oral</i>	EX	Non Essential Drug Exclusion; Formulary Exclusion
<i>metformin hcl tablet 750 mg oral</i>	EX	Non Essential Drug Exclusion; Formulary Exclusion; QL
<i>metformin hcl tablet 850 mg oral</i>	Tier 1	QL
RIOMET ORAL SOLUTION 500 MG/5ML	EX	Formulary Exclusion; QL
*Diabetic Other***		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE	Tier 2	QL
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE	Tier 2	QL
<i>diazoxide oral suspension 50 mg/ml</i>	Tier 1	

Drug Name	Drug Tier	Notes
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG	Tier 3	QL
<i>glucagon emergency injection solution reconstituted 1 mg/ml</i>	Tier 2	QL
<i>glucagon emergency kit 1 mg injection</i>	Tier 1	QL
<i>glucagon emergency kit 1 mg injection</i>	EX	Formulary Exclusion; QL
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML	Tier 2	QL
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML	Tier 2	QL
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML	Tier 2	QL
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML, 1 MG/0.2ML	Tier 2	QL
PROGLYCEM ORAL SUSPENSION 50 MG/ML	EX	Formulary Exclusion
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML	Tier 2	QL
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML	Tier 2	QL
*Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors***		
<i>alogliptin benzoate oral tablet 12.5 mg, 25 mg, 6.25 mg</i>	EX	Formulary Exclusion; QL
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	Tier 2	QL
NESINA ORAL TABLET 12.5 MG, 25 MG, 6.25 MG	EX	Formulary Exclusion; QL
ONGLYZA ORAL TABLET 2.5 MG, 5 MG	EX	Formulary Exclusion; QL
<i>saxagliptin hcl oral tablet 2.5 mg, 5 mg</i>	Tier 1	QL
<i>sitagliptin oral tablet 100 mg, 25 mg, 50 mg</i>	EX	Formulary Exclusion
TRADJENTA ORAL TABLET 5 MG	EX	Formulary Exclusion; QL
ZITUVIO ORAL TABLET 100 MG, 25 MG, 50 MG	EX	Formulary Exclusion
*Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations***		
<i>alogliptin-metformin hcl oral tablet 12.5-1000 mg, 12.5-500 mg</i>	EX	Formulary Exclusion; QL

Drug Name	Drug Tier	Notes
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	Tier 2	QL
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG	Tier 2	QL
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG	EX	Formulary Exclusion; QL
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG	EX	Formulary Exclusion; QL
KAZANO ORAL TABLET 12.5-1000 MG, 12.5-500 MG	EX	Formulary Exclusion; QL
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG	EX	Formulary Exclusion; QL
<i>saxagliptin-metformin er oral tablet extended release 24 hour 2.5-1000 mg, 5-1000 mg, 5-500 mg</i>	Tier 1	QL
<i>sitagliptin base-metformin hcl oral tablet 50-1000 mg, 50-500 mg</i>	EX	New to Market Exclusion; QL
ZITUVIMET ORAL TABLET 50-1000 MG, 50-500 MG	EX	New to Market Exclusion; QL
ZITUVIMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG	EX	New to Market Exclusion; QL
*Dopamine Receptor Agonists - Ergot Derivatives***		
CYCLOSET ORAL TABLET 0.8 MG	Tier 3	QL
*Dpp-4 Inhibitor-Thiazolidinedione Combinations***		
<i>alogliptin-pioglitazone oral tablet 12.5-15 mg, 12.5-30 mg, 12.5-45 mg, 25-15 mg, 25-30 mg, 25-45 mg</i>	EX	Formulary Exclusion; QL
OSENI ORAL TABLET 12.5-15 MG, 12.5-30 MG, 12.5-45 MG, 25-15 MG, 25-30 MG, 25-45 MG	EX	Formulary Exclusion; QL
*Human Insulin***		
ADMELOG INJECTION SOLUTION 100 UNIT/ML	EX	Formulary Exclusion
ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT, 60X4 &60X8 & 60X12 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT	EX	Formulary Exclusion
APIDRA INJECTION SOLUTION 100 UNIT/ML	EX	Formulary Exclusion
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	EX	Formulary Exclusion
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	EX	Formulary Exclusion
BASAGLAR TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	EX	Formulary Exclusion
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 2	
FIASP INJECTION SOLUTION 100 UNIT/ML	Tier 2	
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	Tier 2	
FIASP PUMPCART SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	Tier 2	
HUMALOG INJECTION SOLUTION 100 UNIT/ML	EX	Formulary Exclusion
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	EX	Formulary Exclusion
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	EX	Formulary Exclusion
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML	EX	Formulary Exclusion
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML	EX	Formulary Exclusion
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML	EX	Formulary Exclusion
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML	EX	Formulary Exclusion
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	EX	Formulary Exclusion
HUMALOG TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	EX	Formulary Exclusion
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	EX	Formulary Exclusion
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	EX	Formulary Exclusion
HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	EX	Formulary Exclusion
HUMULIN R INJECTION SOLUTION 100 UNIT/ML	EX	Formulary Exclusion
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML	Tier 2	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML	Tier 2	
<i>insulin asp prot & asp flexpen subcutaneous suspension pen-injector (70-30) 100 unit/ml</i>	EX	Formulary Exclusion
<i>insulin aspart flexpen subcutaneous solution pen-injector 100 unit/ml</i>	EX	Formulary Exclusion
<i>insulin aspart injection solution 100 unit/ml</i>	EX	Formulary Exclusion
<i>insulin aspart penfill subcutaneous solution cartridge 100 unit/ml</i>	EX	Formulary Exclusion
<i>insulin aspart prot & aspart subcutaneous suspension (70-30) 100 unit/ml</i>	EX	Formulary Exclusion
<i>insulin degludec flextouch subcutaneous solution pen-injector 100 unit/ml, 200 unit/ml</i>	EX	Formulary Exclusion
<i>insulin degludec subcutaneous solution 100 unit/ml</i>	EX	Formulary Exclusion
<i>insulin glargine max solostar subcutaneous solution pen-injector 300 unit/ml</i>	EX	Formulary Exclusion
<i>insulin glargine solostar subcutaneous solution pen-injector 100 unit/ml, 300 unit/ml</i>	EX	Formulary Exclusion
<i>insulin glargine subcutaneous solution 100 unit/ml</i>	EX	Formulary Exclusion
<i>insulin glargine-yfgn subcutaneous solution 100 unit/ml</i>	EX	Formulary Exclusion
<i>insulin glargine-yfgn subcutaneous solution pen-injector 100 unit/ml</i>	EX	Formulary Exclusion
<i>insulin lispro (1 unit dial) subcutaneous solution pen-injector 100 unit/ml</i>	EX	Formulary Exclusion
<i>insulin lispro injection solution 100 unit/ml</i>	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
<i>insulin lispro junior kwikpen subcutaneous solution pen-injector 100 unit/ml</i>	EX	Formulary Exclusion
<i>insulin lispro prot & lispro subcutaneous suspension pen-injector (75-25) 100 unit/ml</i>	EX	Formulary Exclusion
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 2	
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 2	
LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 2	
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 2	
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 2	
LYUMJEV INJECTION SOLUTION 100 UNIT/ML	EX	Formulary Exclusion
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	EX	Formulary Exclusion
LYUMJEV TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	EX	Formulary Exclusion
MYXREDLIN INTRAVENOUS SOLUTION 100-0.9 UT/100ML-%	EX	Medical Only Exclusion
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	Tier 2	
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	Tier 2	
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	Tier 2	
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	Tier 2	
NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	Tier 2	
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	Tier 2	
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Tier 2	
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Tier 2	

Drug Name	Drug Tier	Notes
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 2	
NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 2	
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	Tier 2	
NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML	Tier 2	
NOVOLOG 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	Tier 2	
NOVOLOG FLEXPEN RELION SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 2	
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 2	
NOVOLOG INJECTION SOLUTION 100 UNIT/ML	Tier 2	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	Tier 2	
NOVOLOG MIX 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	Tier 2	
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	Tier 2	
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	Tier 2	
NOVOLOG RELION INJECTION SOLUTION 100 UNIT/ML	Tier 2	
REZVOGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	EX	Formulary Exclusion
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML	EX	Formulary Exclusion
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	EX	Formulary Exclusion
SEMGLEE SUBCUTANEOUS SOLUTION 100 UNIT/ML	EX	Formulary Exclusion
SEMGLEE SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	EX	Formulary Exclusion
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	Tier 2	

Drug Name	Drug Tier	Notes
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	Tier 2	
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	Tier 2	
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 2	
*Incretin Mimetic Agents (Gip & Glp-1 Receptor Agonists)***		
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML	Tier 2	PA; QL
*Incretin Mimetic Agents (Glp-1 Receptor Agonists)***		
ADLYXIN STARTER PACK SUBCUTANEOUS PEN-INJECTOR KIT 10 & 20 MCG/0.2ML	EX	PA; Formulary Exclusion; QL
ADLYXIN SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MCG/0.2ML	EX	PA; Formulary Exclusion; QL
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML	Tier 2	PA; QL
BYDUREON SUBCUTANEOUS PEN-INJECTOR 2 MG	Tier 2	PA; QL
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML	Tier 2	PA; QL
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML	Tier 2	PA; QL
<i>liraglutide subcutaneous solution pen-injector 18 mg/3ml</i>	EX	PA; Formulary Exclusion; QL
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML, 2 MG/3ML	Tier 2	PA; QL
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML, 4 MG/3ML	Tier 2	PA; QL
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML	Tier 2	PA; QL
RYBELSUS (FORMULATION R2) ORAL TABLET 1.5 MG, 4 MG, 9 MG	Tier 2	PA; QL
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	Tier 2	PA; QL

Drug Name	Drug Tier	Notes
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML	Tier 2	PA; QL
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML	EX	PA; Formulary Exclusion; QL
*Insulin-Incretin Mimetic Combinations***		
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	Tier 2	ST; QL
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML	Tier 2	ST; QL
*Meglitinide Analogues***		
<i>nateglinide oral tablet 120 mg, 60 mg</i>	Tier 1	QL
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	QL
STARLIX ORAL TABLET 120 MG, 60 MG	EX	Formulary Exclusion; QL
*Progesterone Receptor Antagonists***		
KORLYM ORAL TABLET 300 MG	EX	PA; Specialty; Formulary Exclusion; QL
<i>mifepristone oral tablet 300 mg</i>	Tier 4	PA; Specialty; QL
*Sglt2 Inhibitor - Dpp-4 Inhibitor - Biguanide Comb***		
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 12.5-2.5-1000 MG, 25-5-1000 MG, 5-2.5-1000 MG	Tier 2	QL
*Sglt2 Inhibitor - Dpp-4 Inhibitor Combinations***		
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	Tier 2	QL
QTERN ORAL TABLET 10-5 MG, 5-5 MG	Tier 3	QL
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG	EX	Formulary Exclusion; QL
*Sodium-Glucose Co-Transporter 2 (Sglt2) Inhibitors***		
<i>bexagliflozin oral tablet 20 mg</i>	EX	Formulary Exclusion; QL
BRENZAVVY ORAL TABLET 20 MG	EX	Formulary Exclusion; QL
<i>dapagliflozin propanediol oral tablet 10 mg, 5 mg</i>	EX	Formulary Exclusion; QL
FARXIGA ORAL TABLET 10 MG, 5 MG	Tier 2	QL
INVOKANA ORAL TABLET 100 MG, 300 MG	EX	Formulary Exclusion; QL
JARDIANCE ORAL TABLET 10 MG, 25 MG	Tier 2	QL
STEGLATRO ORAL TABLET 15 MG, 5 MG	EX	Formulary Exclusion; QL

Drug Name	Drug Tier	Notes
*Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb***		
<i>dapagliflozin pro-metformin er oral tablet extended release 24 hour 10-1000 mg, 5-1000 mg</i>	EX	Formulary Exclusion; QL
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG	EX	Formulary Exclusion; QL
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG	EX	Formulary Exclusion; QL
SEGLUROMET ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 7.5-1000 MG, 7.5-500 MG	EX	Formulary Exclusion; QL
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG	Tier 2	QL
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG	Tier 2	QL
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 2.5-1000 MG, 5-1000 MG, 5-500 MG	Tier 2	QL
*Sulfonylurea-Biguanide Combinations***		
<i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	Tier 1	QL
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	Tier 1	QL
*Sulfonylureas***		
AMARYL ORAL TABLET 1 MG, 2 MG, 4 MG	EX	Formulary Exclusion; QL
<i>glimepiride tablet 1 mg oral</i>	Tier 1	QL
<i>glimepiride tablet 2 mg oral</i>	Tier 1	QL
<i>glimepiride tablet 3 mg oral</i>	EX	Non Essential Drug Exclusion; Formulary Exclusion
<i>glimepiride tablet 4 mg oral</i>	Tier 1	QL
<i>glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	Tier 1	QL
<i>glipizide tablet 10 mg oral</i>	Tier 1	QL
<i>glipizide tablet 2.5 mg oral</i>	EX	Formulary Exclusion; QL
<i>glipizide tablet 5 mg oral</i>	Tier 1	QL
<i>glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	Tier 1	QL
GLUCOTROL ORAL TABLET 10 MG, 5 MG	EX	Formulary Exclusion; QL

Drug Name	Drug Tier	Notes
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 2.5 MG, 5 MG	EX	Formulary Exclusion; QL
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	Tier 1	QL
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	Tier 1	QL
GLYNASE ORAL TABLET 1.5 MG, 3 MG, 6 MG	EX	Formulary Exclusion; QL
<i>tolbutamide oral tablet 500 mg</i>	Tier 3	QL
*Sulfonylurea-Thiazolidinedione Combinations***		
DUETACT ORAL TABLET 30-2 MG, 30-4 MG	EX	Formulary Exclusion; QL
<i>pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	Tier 1	QL
*Thiazolidinedione-Biguanide Combinations***		
ACTOPLUS MET ORAL TABLET 15-500 MG, 15-850 MG	EX	Formulary Exclusion; QL
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	Tier 1	QL
*Thiazolidinediones***		
ACTOS ORAL TABLET 15 MG, 30 MG, 45 MG	EX	Formulary Exclusion; QL
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	Tier 1	QL
Antidiarrheal/Probiotic Agents		
*Antidiarrheal - Chloride Channel Antagonists***		
MYTESI ORAL TABLET DELAYED RELEASE 125 MG	Tier 3	QL
*Antidiarrheal/Probiotic Agents - Misc.***		
<i>bilac oral capsule</i>	EX	Non FDA Exclusion
DERMACINRX PROBISOL ORAL CAPSULE	EX	Non FDA Exclusion
DERMACINRX PROBITRAN ORAL CAPSULE	EX	Non FDA Exclusion
FLORAXIS ORAL TABLET	EX	Non FDA Exclusion
FLORRAXIS ORAL CAPSULE	EX	Non FDA Exclusion
LACTEROL ORAL CAPSULE	EX	Non FDA Exclusion
PAXOTIN ORAL CAPSULE	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
PROBINATE ORAL CAPSULE	EX	Non FDA Exclusion
<i>prodigen oral capsule</i>	EX	Non FDA Exclusion
<i>promella in prebiotic oral capsule</i>	EX	Non FDA Exclusion
<i>surebiotic probiotic support oral capsule</i>	EX	Non FDA Exclusion
VISBIOME GI CARE EX ST ORAL PACKET	EX	Non FDA Exclusion
<i>wellpro 31 oral capsule</i>	EX	Non FDA Exclusion
<i>xybiotic oral capsule</i>	EX	Non FDA Exclusion
<i>zelac oral capsule</i>	EX	Non FDA Exclusion
*Antidiarrheal/Probiotic Combinations***		
<i>probichew oral tablet chewable</i>	EX	Non FDA Exclusion
RESTORA RX ORAL CAPSULE 60-1.25 MG	EX	Non FDA Exclusion
*Antiperistaltic Agents***		
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	Tier 3	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	Tier 1	
LOMOTIL ORAL TABLET 2.5-0.025 MG	EX	Formulary Exclusion
<i>loperamide hcl oral capsule 2 mg</i>	Tier 1	
MOTOFEN ORAL TABLET 1-0.025 MG	EX	Non Essential Drug Exclusion
<i>opium oral tincture 10 mg/ml (1%)</i>	Tier 1	
Antidotes And Specific Antagonists		
*Antidote Combinations***		
DUODOTE INTRAMUSCULAR SOLUTION AUTO-INJECTOR 2.1-600 MG	EX	Medical Only Exclusion
NITHIODOTE INTRAVENOUS KIT 300MG/10ML&12.5 GM/50ML	EX	Medical Only Exclusion
PREVDUO INTRAVENOUS SOLUTION PREFILLED SYRINGE 3-0.6 MG/3ML	EX	Medical Only Exclusion
*Antidotes - Chelating Agents***		
CHEMET ORAL CAPSULE 100 MG	Tier 2	
<i>deferasirox granules oral packet 180 mg, 360 mg, 90 mg</i>	Tier 4	PA; Specialty
<i>deferasirox oral packet 180 mg, 360 mg, 90 mg</i>	Tier 4	PA; Specialty
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	Tier 4	PA; Specialty
<i>deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg</i>	Tier 4	PA; Specialty
<i>deferiprone oral tablet 1000 mg, 500 mg</i>	Tier 4	PA; Specialty
<i>dimercaptopropane-sulfonate injection solution 250 mg/5ml</i>	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
EXJADE ORAL TABLET SOLUBLE 125 MG, 250 MG, 500 MG	EX	PA; Specialty; Formulary Exclusion
FERRIPROX ORAL SOLUTION 100 MG/ML	Tier 4	PA; Specialty
FERRIPROX ORAL TABLET 1000 MG, 500 MG	EX	PA; Specialty; Formulary Exclusion
FERRIPROX TWICE-A-DAY ORAL TABLET 1000 MG	Tier 4	PA; Specialty
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG	EX	PA; Specialty; Formulary Exclusion
JADENU SPRINKLE ORAL PACKET 180 MG, 360 MG, 90 MG	EX	PA; Specialty; Formulary Exclusion
<i>pentetate calcium trisodium combination solution 200 mg/ml</i>	EX	Medical Only Exclusion
<i>pentetate zinc trisodium combination solution 200 mg/ml</i>	EX	Medical Only Exclusion
*Antidotes And Specific Antagonists***		
ACETADOTE INTRAVENOUS SOLUTION 200 MG/ML	EX	Medical Only Exclusion
<i>acetylcysteine intravenous solution 200 mg/ml</i>	EX	Medical Only Exclusion
ANDEXXA INTRAVENOUS SOLUTION RECONSTITUTED 200 MG	EX	Medical Only Exclusion
<i>bal in oil intramuscular solution 100 mg/ml</i>	EX	Medical Only Exclusion
BRIDION INTRAVENOUS SOLUTION 200 MG/2ML, 500 MG/5ML	EX	Medical Only Exclusion
<i>calcium disodium versenate injection solution 1 gm/5ml</i>	EX	Medical Only Exclusion
CYANOKIT INTRAVENOUS SOLUTION RECONSTITUTED 5 GM	EX	Medical Only Exclusion
<i>deferoxamine mesylate injection solution reconstituted 2 gm, 500 mg</i>	EX	Medical Only Exclusion
DEFERAL INJECTION SOLUTION RECONSTITUTED 500 MG	EX	Medical Only Exclusion
DIGIFAB INTRAVENOUS SOLUTION RECONSTITUTED 40 MG	EX	Medical Only Exclusion
<i>edetate calcium disodium injection solution 1 gm/5ml</i>	EX	Medical Only Exclusion
<i>fomepizole intravenous solution 1.5 gm/1.5ml</i>	EX	Medical Only Exclusion
<i>methylene blue (antidote) solution 1 % intravenous</i>	EX	Formulary Exclusion
<i>methylene blue (antidote) solution 1 % intravenous</i>	EX	Non FDA Exclusion
<i>methylene blue intravenous solution 50 mg/10ml</i>	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
<i>methylene blue intravenous solution prefilled syringe 20 mg/2ml</i>	EX	Non FDA Exclusion
<i>physostigmine salicylate injection solution 1 mg/ml</i>	EX	Formulary Exclusion
PRAXBIND INTRAVENOUS SOLUTION 2.5 GM/50ML	EX	Medical Only Exclusion
PROTOPAM CHLORIDE INTRAVENOUS SOLUTION RECONSTITUTED 1 GM	EX	Medical Only Exclusion
PROVAYBLUE INTRAVENOUS SOLUTION 50 MG/10ML	EX	Medical Only Exclusion
RADIOGARDASE ORAL CAPSULE 0.5 GM	EX	Medical Only Exclusion
<i>sodium nitrite intravenous solution 30 mg/ml</i>	EX	Medical Only Exclusion
<i>sodium thiosulfate solution 250 mg/ml intravenous</i>	EX	Medical Only Exclusion
<i>sodium thiosulfate solution 250 mg/ml intravenous</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>sugammadex sodium intravenous solution prefilled syringe 100 mg/ml, 200 mg/2ml</i>	EX	Non FDA Exclusion
VISTOGARD ORAL PACKET 10 GM	EX	Medical Only Exclusion
*Benzodiazepine Antagonists***		
<i>flumazenil intravenous solution 0.5 mg/5ml, 1 mg/10ml</i>	EX	Medical Only Exclusion
*Opioid Antagonists***		
KLOXXADO NASAL LIQUID 8 MG/0.1ML	Tier 2	
<i>lifems naloxone injection prefilled syringe kit 2 mg/2ml</i>	EX	Non FDA Exclusion
<i>nalmefene hcl injection solution 1 mg/ml</i>	EX	Formulary Exclusion
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	Tier 1	
<i>naloxone hcl nasal liquid 4 mg/0.1ml</i>	Tier 1	
<i>naloxone hcl solution cartridge 0.4 mg/ml injection</i>	Tier 1	
<i>naloxone hcl solution cartridge 0.4 mg/ml injection</i>	Tier 3	
<i>naloxone hcl solution prefilled syringe 0.4 mg/ml injection</i>	Tier 3	
<i>naloxone hcl solution prefilled syringe 2 mg/2ml injection</i>	Tier 1	
<i>naltrexone hcl oral tablet 50 mg</i>	Tier 1	Opioid Brochure
NARCAN NASAL LIQUID 4 MG/0.1ML	EX	Formulary Exclusion; Opioid Brochure
OPVEE NASAL SOLUTION 2.7 MG/0.1ML	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
REXTOVY NASAL LIQUID 4 MG/0.25ML	Tier 3	QL
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	Tier 4	Specialty; QL
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5 MG/0.5ML	Tier 3	
Antiemetics		
*5-Ht3 Receptor Antagonists***		
ANZEMET ORAL TABLET 50 MG	Tier 3	QL
<i>granisetron hcl intravenous solution 1 mg/ml, 4 mg/4ml</i>	Tier 1	
<i>granisetron hcl oral tablet 1 mg</i>	Tier 1	QL
<i>ondansetron hcl +rfid injection solution 4 mg/2ml</i>	Tier 1	
<i>ondansetron hcl injection solution 4 mg/2ml, 40 mg/20ml</i>	Tier 1	
<i>ondansetron hcl oral solution 4 mg/5ml</i>	Tier 1	QL
<i>ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg</i>	Tier 1	QL
<i>ondansetron hcl solution prefilled syringe 4 mg/2ml injection</i>	Tier 1	
<i>ondansetron hcl solution prefilled syringe 4 mg/2ml injection</i>	Tier 2	
<i>ondansetron tablet dispersible 16 mg oral</i>	EX	Non Essential Drug Exclusion; Formulary Exclusion; QL
<i>ondansetron tablet dispersible 4 mg oral</i>	Tier 1	QL
<i>ondansetron tablet dispersible 8 mg oral</i>	Tier 1	QL
<i>palonosetron hcl intravenous solution prefilled syringe 0.25 mg/5ml</i>	Tier 1	
<i>palonosetron hcl solution 0.25 mg/2ml intravenous</i>	Tier 3	
<i>palonosetron hcl solution 0.25 mg/5ml intravenous</i>	Tier 1	
POSFREA INTRAVENOUS SOLUTION 0.25 MG/5ML	Tier 3	
SANCUSO TRANSDERMAL PATCH 3.1 MG/24HR	Tier 3	
SUSTOL SUBCUTANEOUS PREFILLED SYRINGE 10 MG/0.4ML	EX	Formulary Exclusion
ZOFRAN ORAL TABLET 4 MG	EX	Formulary Exclusion; QL
ZUPLENZ ORAL FILM 4 MG, 8 MG	EX	Non Essential Drug Exclusion; QL

Drug Name	Drug Tier	Notes
*Antiemetic Combinations***		
AKYNZEO (READY-TO-USE) INTRAVENOUS SOLUTION 235-0.25 MG/20ML	Tier 3	QL
AKYNZEO (TO-BE-DILUTED) INTRAVENOUS SOLUTION 235-0.25 MG/20ML	Tier 3	QL
AKYNZEO INTRAVENOUS SOLUTION RECONSTITUTED 235-0.25 MG	Tier 3	QL
AKYNZEO ORAL CAPSULE 300-0.5 MG	EX	Formulary Exclusion; QL
BONJESTA ORAL TABLET EXTENDED RELEASE 20-20 MG	Tier 3	
DICLEGIS ORAL TABLET DELAYED RELEASE 10-10 MG	EX	Formulary Exclusion
<i>doxylamine-pyridoxine oral tablet delayed release 10-10 mg</i>	Tier 1	
*Antiemetics - Anticholinergic***		
ANTIVERT ORAL TABLET 50 MG	EX	Non Essential Drug Exclusion
ANTIVERT ORAL TABLET CHEWABLE 25 MG	EX	Non Essential Drug Exclusion; Formulary Exclusion
<i>dimenhydrinate injection solution 50 mg/ml</i>	Tier 3	
<i>meclizine hcl oral tablet chewable 25 mg</i>	EX	Non Essential Drug Exclusion
<i>meclizine hcl tablet 12.5 mg oral (rx)</i>	Tier 1	
<i>meclizine hcl tablet 25 mg oral (rx)</i>	Tier 1	
<i>meclizine hcl tablet 50 mg oral</i>	EX	Non Essential Drug Exclusion
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	Tier 1	
TIGAN INTRAMUSCULAR SOLUTION 100 MG/ML	EX	Medical Only Exclusion
TIGAN ORAL CAPSULE 300 MG	EX	Formulary Exclusion
TRANSDERM SCOP (1.5 MG) TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS	EX	Formulary Exclusion
TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS	EX	Formulary Exclusion
<i>trimethobenzamide hcl oral capsule 300 mg</i>	Tier 1	
*Antiemetics - Antidopaminergic***		
BARHEMSYS INTRAVENOUS SOLUTION 10 MG/4ML, 5 MG/2ML	EX	Medical Only Exclusion
*Antiemetics - Miscellaneous***		
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	Tier 1	QL

Drug Name	Drug Tier	Notes
MARINOL ORAL CAPSULE 10 MG, 2.5 MG, 5 MG	EX	Formulary Exclusion; QL
SYNDROS ORAL SOLUTION 5 MG/ML	Tier 3	
*Substance P/Neurokinin 1 (Nk1) Receptor Antagonists***		
APONVIE INTRAVENOUS EMULSION 32 MG/4.4ML	EX	Medical Only Exclusion
<i>aprepitant oral 80 & 125 mg</i>	Tier 1	QL
<i>aprepitant oral capsule 125 mg, 40 mg, 80 & 125 mg, 80 mg</i>	Tier 1	QL
CINVANTI INTRAVENOUS EMULSION 130 MG/18ML	EX	Formulary Exclusion
EMEND BIPACK ORAL CAPSULE 80 MG	EX	Formulary Exclusion; QL
EMEND INTRAVENOUS SOLUTION RECONSTITUTED 150 MG	Tier 3	QL
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG/5ML	Tier 2	QL
EMEND TRIPACK ORAL CAPSULE 80 & 125 MG	EX	Formulary Exclusion; QL
<i>focinvez intravenous solution 150 mg/50ml</i>	Tier 3	
<i>fosaprepitant dimeglumine solution reconstituted 150 mg intravenous</i>	Tier 1	QL
<i>fosaprepitant dimeglumine solution reconstituted 150 mg intravenous</i>	Tier 2	QL
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK 2 X 90 MG	Tier 2	QL
Antifungals		
*Antifungal - Glucan Synthesis Inhibitors (Echinocandins)***		
CANCIDAS INTRAVENOUS SOLUTION RECONSTITUTED 50 MG, 70 MG	EX	Medical Only Exclusion
<i>casprofungin acetate intravenous solution reconstituted 50 mg, 70 mg</i>	EX	Medical Only Exclusion
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 50 MG	EX	Medical Only Exclusion
<i>micafungin sodium intravenous solution reconstituted 100 mg, 50 mg</i>	EX	Medical Only Exclusion
<i>micafungin sodium-nacl intravenous solution 100-0.9 mg/100ml-%, 150-0.9 mg/150ml-%, 50-0.9 mg/50ml-%</i>	EX	Medical Only Exclusion
MYCAMINE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 50 MG	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
REZZAYO INTRAVENOUS SOLUTION RECONSTITUTED 200 MG	EX	Medical Only Exclusion
*Antifungal - Glucan Synthesis Inhibitors (Triterpenoids)***		
BREXAFEMME ORAL TABLET 150 MG	EX	Formulary Exclusion; QL
*Antifungals***		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	EX	Medical Only Exclusion
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED 50 MG	EX	Medical Only Exclusion
<i>amphotericin b intravenous solution reconstituted 50 mg</i>	EX	Medical Only Exclusion
<i>amphotericin b liposome intravenous suspension reconstituted 50 mg</i>	EX	Medical Only Exclusion
ANCOBON ORAL CAPSULE 250 MG, 500 MG	EX	Formulary Exclusion
<i>flucytosine oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>fulvicin p/g 165 oral tablet 165 mg</i>	EX	Non Essential Drug Exclusion; Formulary Exclusion; QL
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	Tier 1	
<i>griseofulvin microsize oral tablet 500 mg</i>	Tier 1	
<i>griseofulvin ultramicrosize tablet 125 mg oral</i>	Tier 1	
<i>griseofulvin ultramicrosize tablet 165 mg oral</i>	EX	Non Essential Drug Exclusion; QL
<i>griseofulvin ultramicrosize tablet 250 mg oral</i>	Tier 1	
<i>nystatin oral tablet 500000 unit</i>	Tier 1	
<i>terbinafine hcl oral tablet 250 mg</i>	Tier 1	QL
*Imidazoles***		
<i>ketoconazole oral tablet 200 mg</i>	Tier 1	
*Tetrazoles***		
VIVJOA ORAL CAPSULE THERAPY PACK 150 MG	EX	Formulary Exclusion; QL
*Triazoles***		
CRESEMBA INTRAVENOUS SOLUTION RECONSTITUTED 372 MG	EX	Medical Only Exclusion
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	Tier 3	
DIFLUCAN ORAL SUSPENSION RECONSTITUTED 10 MG/ML, 40 MG/ML	EX	Formulary Exclusion
DIFLUCAN ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
<i>fluconazole in sodium chloride intravenous solution 100-0.9 mg/50ml-%, 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	EX	Medical Only Exclusion
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	Tier 1	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	Tier 1	
<i>itraconazole oral capsule 100 mg</i>	Tier 1	QL
<i>itraconazole oral solution 10 mg/ml</i>	Tier 1	
NOXAFIL INTRAVENOUS SOLUTION 300 MG/16.7ML	EX	Medical Only Exclusion
NOXAFIL ORAL PACKET 300 MG	Tier 2	
NOXAFIL ORAL SUSPENSION 40 MG/ML	Tier 2	
NOXAFIL ORAL TABLET DELAYED RELEASE 100 MG	EX	Formulary Exclusion
<i>posaconazole intravenous solution 300 mg/16.7ml</i>	EX	Medical Only Exclusion
<i>posaconazole oral suspension 40 mg/ml</i>	Tier 1	
<i>posaconazole oral tablet delayed release 100 mg</i>	Tier 1	
SPORANOX ORAL CAPSULE 100 MG	EX	Formulary Exclusion; QL
SPORANOX ORAL SOLUTION 10 MG/ML	EX	Formulary Exclusion
SPORANOX PULSEPAK ORAL CAPSULE 100 MG	EX	Formulary Exclusion; QL
<i>tolsura oral capsule 65 mg</i>	EX	Non Essential Drug Exclusion
VFEND IV INTRAVENOUS SOLUTION RECONSTITUTED 200 MG	EX	Medical Only Exclusion
VFEND ORAL SUSPENSION RECONSTITUTED 40 MG/ML	EX	Formulary Exclusion
VFEND ORAL TABLET 200 MG, 50 MG	EX	Formulary Exclusion
<i>voriconazole intravenous solution reconstituted 200 mg</i>	EX	Medical Only Exclusion
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	Tier 1	
<i>voriconazole oral tablet 200 mg, 50 mg</i>	Tier 1	
Antihistamines		
*Antihistamines - Alkylamines***		
<i>brompheniramine maleate intramuscular solution 10 mg/ml</i>	EX	Non FDA Exclusion
<i>dexchlorpheniramine maleate oral solution 2 mg/5ml</i>	Tier 3	
RYCLORA ORAL SOLUTION 2 MG/5ML	Tier 3	

Drug Name	Drug Tier	Notes
*Antihistamines - Ethanolamines***		
<i>carbinoxamine maleate er oral suspension extended release 4 mg/5ml</i>	EX	Non Essential Drug Exclusion
<i>carbinoxamine maleate solution 4 mg/5ml oral</i>	Tier 3	
<i>carbinoxamine maleate solution 4 mg/5ml oral</i>	Tier 1	
<i>carbinoxamine maleate tablet 4 mg oral</i>	Tier 1	
<i>carbinoxamine maleate tablet 6 mg oral</i>	Tier 3	
<i>carbinoxamine maleate tablet 6 mg oral</i>	Tier 1	
<i>clemastine fumarate oral syrup 0.67 mg/5ml</i>	EX	Non Essential Drug Exclusion
<i>clemastine fumarate tablet 2.68 mg oral</i>	Tier 3	
<i>clemastine fumarate tablet 2.68 mg oral</i>	Tier 1	
DICOPANOL FUSEPAQ ORAL SUSPENSION RECONSTITUTED 5 MG/ML	EX	Non FDA Exclusion
DICOPANOL RAPIDPAQ ORAL SUSPENSION RECONSTITUTED 5 MG/ML	EX	Non FDA Exclusion
<i>diphen oral elixir 12.5 mg/5ml</i>	Tier 1	
<i>di-phen oral elixir 12.5 mg/5ml</i>	Tier 1	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	Tier 1	
<i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>	Tier 1	
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE 4 MG/5ML	EX	Non Essential Drug Exclusion
RYVENT ORAL TABLET 6 MG	Tier 3	
*Antihistamines - Non-Sedating***		
<i>cetirizine hcl oral solution 1 mg/ml, 5 mg/5ml</i>	Tier 1	
CLARINEX ORAL TABLET 5 MG	EX	Formulary Exclusion
<i>desloratadine oral tablet 5 mg</i>	Tier 1	
<i>desloratadine tablet dispersible 2.5 mg oral</i>	Tier 3	
<i>desloratadine tablet dispersible 2.5 mg oral</i>	Tier 1	
<i>desloratadine tablet dispersible 5 mg oral</i>	Tier 3	
<i>desloratadine tablet dispersible 5 mg oral</i>	Tier 1	
<i>levocetirizine dihydrochloride oral solution 2.5 mg/5ml</i>	Tier 1	
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	Tier 1	
QUZYTIR INTRAVENOUS SOLUTION 10 MG/ML	EX	Formulary Exclusion
*Antihistamines - Phenothiazines***		
PHENERGAN INJECTION SOLUTION 25 MG/ML, 50 MG/ML	Tier 3	
<i>promethazine hcl injection solution 25 mg/ml, 50 mg/ml</i>	Tier 1	

Drug Name	Drug Tier	Notes
<i>promethazine hcl oral solution 12.5 mg/10ml, 6.25 mg/5ml</i>	Tier 1	
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 1	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	Tier 1	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG	Tier 1	
*Antihistamines - Piperidines***		
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	Tier 1	
<i>cyproheptadine hcl oral tablet 4 mg</i>	Tier 1	
*Antihistamines W/ Corticosteroids***		
CLOBETEX COMBINATION THERAPY PACK 5 & 0.05 MG & %	EX	Non FDA Exclusion
Antihyperlipidemics		
*Acl Inhib-Intestinal Cholesterol Absorption Inhib Comb***		
NEXLIZET ORAL TABLET 180-10 MG	Tier 2	PA
*Adenosine Triphosphate-Citrate Lyase (Acl) Inhibitors***		
NEXLETOL ORAL TABLET 180 MG	Tier 2	PA
*Angiopietin-Like Protein 3 (Angptl3) Inhibitors***		
EVKEEZA INTRAVENOUS SOLUTION 1200 MG/8ML, 345 MG/2.3ML	EX	Medical Only Exclusion
*Antihyperlipidemics - Misc.***		
<i>icosapent ethyl oral capsule 0.5 gm, 1 gm</i>	Tier 1	
LOVAZA ORAL CAPSULE 1 GM	EX	Formulary Exclusion
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	EX	Formulary Exclusion
VASCEPA ORAL CAPSULE 0.5 GM, 1 GM	Tier 2	
*Antihyperlipidemics Misc. Combinations***		
<i>sure result o3d3 system oral kit 1 & 1000 gm & unit</i>	EX	Non FDA Exclusion
*Bile Acid Sequestrants***		
<i>cholestyramine light oral packet 4 gm</i>	EX	Formulary Exclusion
<i>cholestyramine light oral powder 4 gm/dose</i>	Tier 1	
<i>cholestyramine oral packet 4 gm</i>	EX	Formulary Exclusion
<i>cholestyramine oral powder 4 gm/dose</i>	Tier 1	

Drug Name	Drug Tier	Notes
<i>colesevelam hcl oral packet 3.75 gm</i>	EX	Formulary Exclusion
<i>colesevelam hcl oral tablet 625 mg</i>	Tier 1	
COLESTID FLAVORED ORAL GRANULES 5 GM	EX	Formulary Exclusion
COLESTID FLAVORED ORAL PACKET 5 GM	EX	Formulary Exclusion
COLESTID ORAL GRANULES 5 GM	EX	Formulary Exclusion
COLESTID ORAL PACKET 5 GM	EX	Formulary Exclusion
COLESTID ORAL TABLET 1 GM	EX	Formulary Exclusion
<i>colestipol hcl oral granules 5 gm</i>	Tier 1	
<i>colestipol hcl oral packet 5 gm</i>	Tier 1	
<i>colestipol hcl oral tablet 1 gm</i>	Tier 1	
PREVALITE ORAL PACKET 4 GM	EX	Formulary Exclusion
PREVALITE ORAL POWDER 4 GM/DOSE	Tier 1	
QUESTRAN LIGHT ORAL POWDER 4 GM/DOSE	EX	Formulary Exclusion
QUESTRAN ORAL PACKET 4 GM	EX	Formulary Exclusion
QUESTRAN ORAL POWDER 4 GM/DOSE	EX	Formulary Exclusion
WELCHOL ORAL PACKET 3.75 GM	EX	Formulary Exclusion
WELCHOL ORAL TABLET 625 MG	EX	Formulary Exclusion
*Fibric Acid Derivatives***		
ANTARA ORAL CAPSULE 30 MG, 90 MG	Tier 3	
<i>fenofibrate capsule 134 mg oral</i>	Tier 1	
<i>fenofibrate capsule 150 mg oral</i>	Tier 1	
<i>fenofibrate capsule 200 mg oral</i>	Tier 1	
<i>fenofibrate capsule 50 mg oral</i>	Tier 3	
<i>fenofibrate capsule 67 mg oral</i>	Tier 1	
<i>fenofibrate micronized capsule 130 mg oral</i>	Tier 1	
<i>fenofibrate micronized capsule 134 mg oral</i>	Tier 1	
<i>fenofibrate micronized capsule 200 mg oral</i>	Tier 1	
<i>fenofibrate micronized capsule 30 mg oral</i>	Tier 3	
<i>fenofibrate micronized capsule 43 mg oral</i>	Tier 1	
<i>fenofibrate micronized capsule 67 mg oral</i>	Tier 1	
<i>fenofibrate micronized capsule 90 mg oral</i>	Tier 3	
<i>fenofibrate tablet 120 mg oral</i>	EX	Non Essential Drug Exclusion
<i>fenofibrate tablet 145 mg oral</i>	Tier 1	
<i>fenofibrate tablet 160 mg oral</i>	Tier 1	
<i>fenofibrate tablet 40 mg oral</i>	EX	Non Essential Drug Exclusion
<i>fenofibrate tablet 48 mg oral</i>	Tier 1	

Drug Name	Drug Tier	Notes
<i>fenofibrate tablet 54 mg oral</i>	Tier 1	
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>	Tier 1	
<i>fenofibric acid oral tablet 105 mg, 35 mg</i>	Tier 3	
FENOGLIDE ORAL TABLET 120 MG, 40 MG	EX	Non Essential Drug Exclusion; Formulary Exclusion
FIBRICOR ORAL TABLET 105 MG, 35 MG	Tier 3	
<i>gemfibrozil oral tablet 600 mg</i>	Tier 1	
LIPOFEN ORAL CAPSULE 150 MG, 50 MG	Tier 2	
LOPID ORAL TABLET 600 MG	EX	Formulary Exclusion
TRICOR ORAL TABLET 145 MG, 48 MG	EX	Formulary Exclusion
TRILIPIX ORAL CAPSULE DELAYED RELEASE 135 MG, 45 MG	EX	Formulary Exclusion
*Hmg Coa Reductase Inhibitors***		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 20 MG, 40 MG, 60 MG	Tier 3	ST
ATORVALIQ ORAL SUSPENSION 20 MG/5ML	EX	Formulary Exclusion
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	Tier 1	
CRESTOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG	EX	Formulary Exclusion
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG	EX	Non Essential Drug Exclusion; Formulary Exclusion
<i>flolipid oral suspension 20 mg/5ml, 40 mg/5ml</i>	EX	ST; Non Essential Drug Exclusion
<i>fluvastatin sodium er oral tablet extended release 24 hour 80 mg</i>	Tier 1	
<i>fluvastatin sodium oral capsule 20 mg, 40 mg</i>	Tier 1	
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 80 MG	EX	Formulary Exclusion
LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG	EX	Formulary Exclusion
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	EX	Formulary Exclusion
<i>lovastatin tablet 10 mg oral</i>	Tier 1	
<i>lovastatin tablet 20 mg oral</i>	Tier 5	
<i>lovastatin tablet 40 mg oral</i>	Tier 5	
<i>pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	
PRAVACHOL ORAL TABLET 20 MG, 40 MG	EX	Formulary Exclusion
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	Tier 1	

Drug Name	Drug Tier	Notes
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Tier 1	
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	Tier 1	
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG	EX	Formulary Exclusion
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	EX	Formulary Exclusion
*Intest Cholest Absorp Inhib-Hmg Coa Reductase Inhib Comb***		
<i>ezetimibe-rosuvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-5 mg</i>	Tier 3	ST
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	Tier 1	
ROSZET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-5 MG	Tier 3	ST
VYTORIN ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG	EX	Formulary Exclusion
*Intestinal Cholesterol Absorption Inhibitors***		
<i>ezetimibe oral tablet 10 mg</i>	Tier 1	
ZETIA ORAL TABLET 10 MG	EX	Formulary Exclusion
*Microsomal Triglyceride Transfer Protein Inhibitors***		
JUXTAPID CAPSULE 10 MG ORAL	Tier 4	PA; Specialty
JUXTAPID CAPSULE 20 MG ORAL	Tier 4	PA; Specialty
JUXTAPID CAPSULE 30 MG ORAL	Tier 4	PA; Specialty
JUXTAPID CAPSULE 5 MG ORAL	Tier 3	PA; Specialty
JUXTAPID CAPSULE 5 MG ORAL	Tier 4	PA; Specialty
*Nicotinic Acid Derivatives***		
<i>niacin (antihyperlipidemic) tablet 500 mg oral</i>	Tier 1	
<i>niacin (antihyperlipidemic) tablet 500 mg oral</i>	Tier 3	
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	Tier 1	
NIACOR ORAL TABLET 500 MG	Tier 3	
NIASPAN ORAL TABLET EXTENDED RELEASE 1000 MG, 500 MG, 750 MG	EX	Formulary Exclusion
*Pcsk9 Inhibitors***		
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/ML	EX	PA; Formulary Exclusion; QL

Drug Name	Drug Tier	Notes
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML	Tier 2	PA; QL
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML	Tier 2	PA; QL
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	Tier 2	PA; QL
*Small Interfering Rna (Sirna) Pcsk9 Inhibitors***		
LEQVIO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	EX	PA; Formulary Exclusion; QL
Antihypertensives		
*Ace Inhibitor & Calcium Channel Blocker Combinations***		
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	Tier 1	
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	EX	Formulary Exclusion
PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG	Tier 3	
TARKA ORAL TABLET EXTENDED RELEASE 2-180 MG, 2-240 MG, 4-240 MG	EX	Formulary Exclusion
<i>trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	EX	Formulary Exclusion
*Ace Inhibitors & Thiazide/Thiazide-Like***		
ACCURETIC TABLET 10-12.5 MG ORAL	EX	Formulary Exclusion
ACCURETIC TABLET 20-12.5 MG ORAL	EX	Formulary Exclusion
ACCURETIC TABLET 20-25 MG ORAL	Tier 3	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	Tier 1	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	Tier 3	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	Tier 1	
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	Tier 1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	Tier 1	
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	Tier 1	
VASERETIC ORAL TABLET 10-25 MG	EX	Formulary Exclusion
ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	EX	Formulary Exclusion
*Ace Inhibitors***		
ACCUPRIL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG	EX	Formulary Exclusion
ALTACE ORAL CAPSULE 1.25 MG, 10 MG, 2.5 MG, 5 MG	EX	Formulary Exclusion
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Tier 1	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	Tier 1	
<i>enalapril maleate oral solution 1 mg/ml</i>	Tier 1	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Tier 1	
<i>enalaprilat intravenous solution 1.25 mg/ml</i>	EX	Medical Only Exclusion
EPANED ORAL SOLUTION 1 MG/ML	EX	Formulary Exclusion
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	Tier 1	
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	EX	Formulary Exclusion
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	Tier 1	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	Tier 1	
PRINIVIL ORAL TABLET 20 MG	EX	Formulary Exclusion
QBRELIS ORAL SOLUTION 1 MG/ML	Tier 3	
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Tier 1	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	
VASOTEC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	EX	Formulary Exclusion
ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG	EX	Formulary Exclusion
*Agents For Pheochromocytoma***		
DEMSER ORAL CAPSULE 250 MG	EX	PA; Specialty; Formulary Exclusion

Drug Name	Drug Tier	Notes
DIBENZYLINE ORAL CAPSULE 10 MG	EX	PA; Specialty; Formulary Exclusion
<i>metirosine oral capsule 250 mg</i>	Tier 4	PA; Specialty
<i>phenoxybenzamine hcl oral capsule 10 mg</i>	Tier 4	PA; Specialty
<i>phentolamine mesylate injection solution reconstituted 5 mg</i>	EX	Medical Only Exclusion
*Angiotensin Ii Receptor Antag & Ca Channel Blocker Comb***		
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	Tier 1	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	Tier 1	
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG	EX	Formulary Exclusion
EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG	EX	Formulary Exclusion
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	Tier 1	
TWYNSTA ORAL TABLET 40-10 MG, 40-5 MG, 80-10 MG, 80-5 MG	EX	Formulary Exclusion
*Angiotensin Ii Receptor Antag & Thiazide/Thiazide-Like***		
ATACAND HCT ORAL TABLET 16-12.5 MG, 32-12.5 MG, 32-25 MG	EX	ST; Formulary Exclusion
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG	EX	Formulary Exclusion
BENICAR HCT ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG	EX	Formulary Exclusion
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	Tier 1	ST
DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG	EX	Formulary Exclusion
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	EX	Formulary Exclusion
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG	EX	Formulary Exclusion
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	Tier 1	
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	Tier 1	
MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG, 80-25 MG	EX	ST; Formulary Exclusion

Drug Name	Drug Tier	Notes
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	Tier 1	
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	EX	ST; Formulary Exclusion
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	Tier 1	
*Angiotensin Ii Receptor Antagonists***		
ATACAND ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG	EX	Formulary Exclusion
AVAPRO ORAL TABLET 150 MG, 300 MG, 75 MG	EX	Formulary Exclusion
BENICAR ORAL TABLET 20 MG, 40 MG, 5 MG	EX	Formulary Exclusion
<i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	Tier 1	
COZAAR ORAL TABLET 100 MG, 25 MG, 50 MG	EX	Formulary Exclusion
DIOVAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG	EX	Formulary Exclusion
EDARBI ORAL TABLET 40 MG, 80 MG	EX	Formulary Exclusion
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	Tier 1	
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
MICARDIS ORAL TABLET 20 MG, 40 MG, 80 MG	EX	Formulary Exclusion
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	Tier 1	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	Tier 1	
<i>valsartan oral solution 4 mg/ml</i>	Tier 1	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	Tier 1	
*Angiotensin Ii Receptor Ant-Ca Channel Blocker-Thiazides***		
<i>amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	Tier 1	
EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG, 5-160-25 MG	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	Tier 1	
TRIBENZOR ORAL TABLET 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG, 40-5-12.5 MG, 40-5-25 MG	EX	Formulary Exclusion
*Antiadrenergics - Centrally Acting***		
CATAPRES ORAL TABLET 0.1 MG, 0.2 MG, 0.3 MG	EX	Formulary Exclusion
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY 0.1 MG/24HR	EX	Formulary Exclusion
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY 0.2 MG/24HR	EX	Formulary Exclusion
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY 0.3 MG/24HR	EX	Formulary Exclusion
<i>clonidine er oral tablet extended release 24 hour 0.17 mg</i>	EX	Non Essential Drug Exclusion; Formulary Exclusion
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	Tier 1	
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	Tier 1	
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	Tier 1	
<i>methyldopa tablet 250 mg oral</i>	Tier 3	
<i>methyldopa tablet 250 mg oral</i>	Tier 1	
<i>methyldopa tablet 500 mg oral</i>	Tier 3	
<i>methyldopa tablet 500 mg oral</i>	Tier 1	
NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.17 MG	EX	Non Essential Drug Exclusion; Formulary Exclusion
*Antiadrenergics - Peripherally Acting***		
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG	EX	Formulary Exclusion
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	Tier 1	
MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG	EX	Formulary Exclusion
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	Tier 1	
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1	
*Antihypertensives - Misc.***		
VECAMYL ORAL TABLET 2.5 MG	Tier 4	PA; Specialty

Drug Name	Drug Tier	Notes
*Beta Blocker & Diuretic Combinations***		
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	Tier 1	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	Tier 1	
DUTOPROL ORAL TABLET EXTENDED RELEASE 24 HOUR 100-12.5 MG, 25-12.5 MG, 50-12.5 MG	EX	Non Essential Drug Exclusion
LOPRESSOR HCT ORAL TABLET 50-25 MG	EX	Formulary Exclusion
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	Tier 1	
TENORETIC 100 ORAL TABLET 100-25 MG	EX	Formulary Exclusion
TENORETIC 50 ORAL TABLET 50-25 MG	EX	Formulary Exclusion
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG, 5-6.25 MG	EX	Formulary Exclusion
*Direct Renin Inhibitors & Thiazide/Thiazide-Like Comb***		
TEKTURN HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	Tier 3	
*Direct Renin Inhibitors***		
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	Tier 1	
TEKTURN ORAL TABLET 150 MG, 300 MG	EX	Formulary Exclusion
*Dopamine D1 Receptor Agonists***		
CORLOPAM INTRAVENOUS SOLUTION 10 MG/ML, 20 MG/2ML	EX	Medical Only Exclusion
*Endothelin Receptor Antagonists***		
TRYVIO ORAL TABLET 12.5 MG	Tier 4	PA; Specialty; QL
*Selective Aldosterone Receptor Antagonists (Saras)***		
<i>eplerenone oral tablet 25 mg, 50 mg</i>	Tier 1	
INSPIRA ORAL TABLET 25 MG, 50 MG	EX	Formulary Exclusion
*Vasodilators***		
<i>hydralazine hcl injection solution 20 mg/ml</i>	EX	Medical Only Exclusion
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	Tier 1	

Drug Name	Drug Tier	Notes
NIPRIDE RTU INTRAVENOUS SOLUTION 20-0.9 MG/100ML-%, 50-0.9 MG/100ML-%	EX	Medical Only Exclusion
<i>nitroprusside sodium intravenous solution 25 mg/ml</i>	EX	Medical Only Exclusion
<i>nitroprusside sodium-nacl intravenous solution 20-0.9 mg/100ml-%, 50-0.9 mg/100ml-%</i>	EX	Medical Only Exclusion
<i>sodium nitroprusside intravenous solution 25 mg/ml, 50 mg/2ml</i>	EX	Medical Only Exclusion
Anti-Infective Agents - Misc.		
*Anti-Infective Agents - Misc.***		
AEMCOLO ORAL TABLET DELAYED RELEASE 194 MG	Tier 3	
<i>bacitracin intramuscular solution reconstituted 50000 unit</i>	EX	Medical Only Exclusion
FIRST-METRONIDAZOLE ORAL SUSPENSION RECONSTITUTED 50 MG/ML	Tier 3	
FLAGYL ORAL CAPSULE 375 MG	EX	Formulary Exclusion
FLAGYL ORAL TABLET 500 MG	EX	Formulary Exclusion
IMPAVIDO ORAL CAPSULE 50 MG	Tier 4	PA; Specialty; QL
LIKMEZ ORAL SUSPENSION 500 MG/5ML	Tier 3	
METRONIDAZOLE BENZO+SYRSPEND ORAL SUSPENSION RECONSTITUTED 50 MG/ML	EX	Non FDA Exclusion
<i>metronidazole oral capsule 375 mg</i>	Tier 1	
<i>metronidazole solution 500 mg/100ml intravenous</i>	Tier 1	
<i>metronidazole solution 500 mg/100ml intravenous</i>	Tier 3	
<i>metronidazole tablet 125 mg oral</i>	EX	Non Essential Drug Exclusion; Formulary Exclusion
<i>metronidazole tablet 250 mg oral</i>	Tier 1	
<i>metronidazole tablet 500 mg oral</i>	Tier 1	
NEBUPENT INHALATION SOLUTION RECONSTITUTED 300 MG	EX	Formulary Exclusion
PENTAM INJECTION SOLUTION RECONSTITUTED 300 MG	EX	Medical Only Exclusion
<i>pentamidine isethionate inhalation solution reconstituted 300 mg</i>	Tier 1	
<i>pentamidine isethionate injection solution reconstituted 300 mg</i>	EX	Medical Only Exclusion
PRIMSOL ORAL SOLUTION 50 MG/5ML	Tier 3	

Drug Name	Drug Tier	Notes
<i>tinidazole oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>trimethoprim tablet 100 mg oral</i>	EX	Formulary Exclusion
<i>trimethoprim tablet 100 mg oral</i>	Tier 1	
XIFAXAN TABLET 200 MG ORAL	Tier 3	PA
XIFAXAN TABLET 550 MG ORAL	Tier 2	PA
*Anti-Infective Misc. - Combinations***		
BACTRIM DS ORAL TABLET 800-160 MG	EX	Formulary Exclusion
BACTRIM ORAL TABLET 400-80 MG	EX	Formulary Exclusion
<i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5ml</i>	EX	Medical Only Exclusion
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml, 800-160 mg/20ml</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	Tier 1	
SULFATRIM PEDIATRIC ORAL SUSPENSION 200-40 MG/5ML	Tier 1	
*Antiprotozoal Agents***		
ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML	Tier 2	QL
ALINIA ORAL TABLET 500 MG	EX	Formulary Exclusion; QL
<i>atovaquone oral suspension 750 mg/5ml</i>	Tier 1	PA
LAMPIT ORAL TABLET 120 MG, 30 MG	Tier 3	
MEPRON ORAL SUSPENSION 750 MG/5ML	EX	PA; Formulary Exclusion
<i>nitazoxanide tablet 500 mg oral</i>	Tier 1	
<i>nitazoxanide tablet 500 mg oral</i>	Tier 1	QL
*Beta-Lactamase Inhibitor - Combinations**		
XACDURO INTRAVENOUS SOLUTION RECONSTITUTED 1-1 GM	EX	Medical Only Exclusion
*Carbapenem Combinations***		
<i>imipenem-cilastatin intravenous solution reconstituted 250 mg, 500 mg</i>	EX	Medical Only Exclusion
PRIMAXIN IV INTRAVENOUS SOLUTION RECONSTITUTED 500-500 MG	EX	Medical Only Exclusion
RECARBRIO INTRAVENOUS SOLUTION RECONSTITUTED 1.25 GM	EX	Medical Only Exclusion
VABOMERE INTRAVENOUS SOLUTION RECONSTITUTED 2 (1-1) GM	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
*Carbapenems***		
<i>ertapenem sodium solution reconstituted 1 gm injection</i>	Tier 1	
<i>ertapenem sodium solution reconstituted 1 gm injection</i>	Tier 1	Medical Only Exclusion
INVANZ INJECTION SOLUTION RECONSTITUTED 1 GM	EX	Medical Only Exclusion
<i>meropenem intravenous solution reconstituted 1 gm, 2 gm, 500 mg</i>	EX	Medical Only Exclusion
<i>meropenem-sodium chloride intravenous solution reconstituted 1 gm/50ml, 500 mg/50ml</i>	EX	Medical Only Exclusion
*Chloramphenicals***		
<i>chloramphenicol sod succinate intravenous solution reconstituted 1 gm</i>	EX	Medical Only Exclusion
*Cyclic Lipopeptides***		
CUBICIN INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	EX	Medical Only Exclusion
CUBICIN RF INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	EX	Medical Only Exclusion
<i>daptomycin intravenous solution reconstituted 350 mg, 500 mg</i>	EX	Medical Only Exclusion
<i>daptomycin-sodium chloride intravenous solution 1000-0.9 mg/100ml-%, 350-0.9 mg/50ml-%, 500-0.9 mg/50ml-%, 700-0.9 mg/100ml-%</i>	EX	Medical Only Exclusion
*Glycopeptides***		
DALVANCE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	EX	Medical Only Exclusion
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML, 50 MG/ML	Tier 3	
KIMYRSA INTRAVENOUS SOLUTION RECONSTITUTED 1200 MG	EX	Medical Only Exclusion
ORBACTIV INTRAVENOUS SOLUTION RECONSTITUTED 400 MG	EX	Medical Only Exclusion
VANCOCIN ORAL CAPSULE 125 MG, 250 MG	EX	Formulary Exclusion
<i>vancomycin hcl in dextrose solution 1.25-5 gm/250ml-% intravenous</i>	EX	Formulary Exclusion
<i>vancomycin hcl in dextrose solution 1.25-5 gm/250ml-% intravenous</i>	EX	Non FDA Exclusion
<i>vancomycin hcl in dextrose solution 1.5-5 gm/250ml-% intravenous</i>	EX	Formulary Exclusion
<i>vancomycin hcl in dextrose solution 1.5-5 gm/250ml-% intravenous</i>	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
<i>vancomycin hcl in dextrose solution 1.5-5 gm/300ml-% intravenous</i>	EX	Formulary Exclusion
<i>vancomycin hcl in dextrose solution 1-5 gm/200ml-% intravenous</i>	Tier 3	
<i>vancomycin hcl in dextrose solution 500-5 mg/100ml-% intravenous</i>	Tier 3	
<i>vancomycin hcl in dextrose solution 750-5 mg/150ml-% intravenous</i>	Tier 3	
<i>vancomycin hcl in nacl solution 1.25-0.9 gm/250ml-% intravenous</i>	EX	Formulary Exclusion
<i>vancomycin hcl in nacl solution 1.25-0.9 gm/250ml-% intravenous</i>	EX	Non FDA Exclusion
<i>vancomycin hcl in nacl solution 1.5-0.9 gm/250ml-% intravenous</i>	EX	Non FDA Exclusion
<i>vancomycin hcl in nacl solution 1.5-0.9 gm/500ml-% intravenous</i>	EX	Non FDA Exclusion
<i>vancomycin hcl in nacl solution 1.75-0.9 gm/250ml-% intravenous</i>	EX	Non FDA Exclusion
<i>vancomycin hcl in nacl solution 1.75-0.9 gm/500ml-% intravenous</i>	EX	Non FDA Exclusion
<i>vancomycin hcl in nacl solution 1-0.9 gm/200ml-% intravenous</i>	Tier 3	
<i>vancomycin hcl in nacl solution 1-0.9 gm/250ml-% intravenous</i>	EX	Formulary Exclusion
<i>vancomycin hcl in nacl solution 1-0.9 gm/250ml-% intravenous</i>	EX	Non FDA Exclusion
<i>vancomycin hcl in nacl solution 2-0.9 gm/500ml-% intravenous</i>	EX	Non FDA Exclusion
<i>vancomycin hcl in nacl solution 500-0.9 mg/100ml-% intravenous</i>	Tier 3	
<i>vancomycin hcl in nacl solution 750-0.9 mg/150ml-% intravenous</i>	EX	Formulary Exclusion
<i>vancomycin hcl in nacl solution 750-0.9 mg/150ml-% intravenous</i>	EX	Non FDA Exclusion
<i>vancomycin hcl in nacl solution 750-0.9 mg/150ml-% intravenous</i>	Tier 3	
<i>vancomycin hcl in nacl solution 750-0.9 mg/250ml-% intravenous</i>	EX	Non FDA Exclusion
<i>vancomycin hcl intravenous solution 1000 mg/200ml, 1250 mg/250ml, 1500 mg/300ml, 1750 mg/350ml, 2000 mg/400ml, 500 mg/100ml, 750 mg/150ml</i>	Tier 3	
<i>vancomycin hcl oral capsule 125 mg, 250 mg</i>	Tier 1	

Drug Name	Drug Tier	Notes
<i>vancomycin hcl oral solution reconstituted 25 mg/ml, 250 mg/5ml, 50 mg/ml</i>	Tier 1	
<i>vancomycin hcl solution reconstituted 1 gm intravenous</i>	Tier 1	
<i>vancomycin hcl solution reconstituted 1.25 gm intravenous</i>	Tier 1	
<i>vancomycin hcl solution reconstituted 1.25 gm intravenous</i>	Tier 3	
<i>vancomycin hcl solution reconstituted 1.5 gm intravenous</i>	Tier 1	
<i>vancomycin hcl solution reconstituted 1.75 gm intravenous</i>	Tier 2	
<i>vancomycin hcl solution reconstituted 10 gm intravenous</i>	Tier 1	
<i>vancomycin hcl solution reconstituted 100 gm intravenous</i>	Tier 2	
<i>vancomycin hcl solution reconstituted 2 gm intravenous</i>	Tier 2	
<i>vancomycin hcl solution reconstituted 250 mg intravenous</i>	Tier 3	
<i>vancomycin hcl solution reconstituted 5 gm intravenous</i>	Tier 1	
<i>vancomycin hcl solution reconstituted 500 mg intravenous</i>	Tier 1	
<i>vancomycin hcl solution reconstituted 750 mg intravenous</i>	Tier 1	
<i>vancomycin hcl solution reconstituted 750 mg intravenous</i>	Tier 2	
VANCOMYCIN+SYRSPEND SF ORAL SUSPENSION 50 MG/ML	EX	Non FDA Exclusion
VIBATIV INTRAVENOUS SOLUTION RECONSTITUTED 750 MG	EX	Medical Only Exclusion
*Leprostics***		
<i>dapsone oral tablet 100 mg, 25 mg</i>	Tier 1	
*Lincosamides***		
CLEOCIN ORAL CAPSULE 150 MG, 300 MG, 75 MG	EX	Formulary Exclusion
CLEOCIN ORAL SOLUTION RECONSTITUTED 75 MG/5ML	EX	Formulary Exclusion
CLEOCIN PHOSPHATE INJECTION SOLUTION 300 MG/2ML, 600 MG/4ML, 9 GM/60ML, 900 MG/6ML	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	Tier 1	
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	Tier 1	
<i>clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 600 mg/50ml, 900 mg/50ml</i>	EX	Medical Only Exclusion
<i>clindamycin phosphate in nacl intravenous solution 300-0.9 mg/50ml-%, 600-0.9 mg/50ml-%, 900-0.9 mg/50ml-%</i>	EX	Medical Only Exclusion
<i>clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 9 gm/60ml, 900 mg/6ml, 9000 mg/60ml</i>	EX	Medical Only Exclusion
LINCOCIN INJECTION SOLUTION 300 MG/ML	EX	Medical Only Exclusion
<i>lincomycin hcl injection solution 300 mg/ml</i>	EX	Medical Only Exclusion
*Monobactams***		
AZACTAM INJECTION SOLUTION RECONSTITUTED 1 GM, 2 GM	EX	Medical Only Exclusion
<i>aztreonam injection solution reconstituted 1 gm, 2 gm</i>	EX	Medical Only Exclusion
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG	Tier 4	PA; Specialty; QL
*Oxazolidinones***		
<i>linezolid in sodium chloride intravenous solution 600-0.9 mg/300ml-%</i>	EX	Medical Only Exclusion
<i>linezolid intravenous solution 600 mg/300ml</i>	EX	Medical Only Exclusion
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	Tier 1	
<i>linezolid oral tablet 600 mg</i>	Tier 1	
SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED 200 MG	EX	Medical Only Exclusion
SIVEXTRO ORAL TABLET 200 MG	Tier 3	PA; QL
ZYVOX INTRAVENOUS SOLUTION 200 MG/100ML, 600 MG/300ML	EX	Medical Only Exclusion
ZYVOX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML	EX	Formulary Exclusion
ZYVOX ORAL TABLET 600 MG	EX	Formulary Exclusion
*Pleuromutilins***		
XENLETA INTRAVENOUS SOLUTION 150 MG/15ML	Tier 3	QL
XENLETA ORAL TABLET 600 MG	Tier 3	QL

Drug Name	Drug Tier	Notes
*Polymyxins***		
<i>colistimethate sodium (cba) injection solution reconstituted 150 mg</i>	EX	Medical Only Exclusion
COLY-MYCIN M INJECTION SOLUTION RECONSTITUTED 150 MG	EX	Medical Only Exclusion
<i>polymyxin b sulfate injection solution reconstituted 500000 unit</i>	EX	Medical Only Exclusion
*Streptogramin Combinations***		
SYNERCID INTRAVENOUS SOLUTION RECONSTITUTED 150-350 MG	EX	Medical Only Exclusion
*Urinary Anti-Infectives***		
<i>fosfomycin tromethamine oral packet 3 gm</i>	Tier 1	
HIPREX ORAL TABLET 1 GM	EX	Formulary Exclusion
MACROBID ORAL CAPSULE 100 MG	EX	Formulary Exclusion
MACRODANTIN ORAL CAPSULE 100 MG, 25 MG, 50 MG	EX	Formulary Exclusion
<i>methenamine hippurate oral tablet 1 gm</i>	Tier 1	
<i>methenamine mandelate oral tablet 0.5 gm, 1 gm</i>	EX	Formulary Exclusion
MONUROL ORAL PACKET 3 GM	EX	Formulary Exclusion
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	Tier 1	
<i>nitrofurantoin suspension 25 mg/5ml oral</i>	Tier 1	
<i>nitrofurantoin suspension 50 mg/10ml oral</i>	Tier 1	
<i>nitrofurantoin suspension 50 mg/5ml oral</i>	Tier 3	
*Urinary Antiseptic-Antispasmodic &/Or Analgesics***		
HYOPHEN ORAL TABLET 81.6 MG	EX	Non FDA Exclusion
<i>mb caps oral capsule 120 mg</i>	EX	Non FDA Exclusion
<i>me/naphos/mb/hyo1 oral tablet 81.6 mg</i>	EX	Non FDA Exclusion
PHOSPHASAL ORAL TABLET 81.6 MG	Tier 1	
URELLE ORAL TABLET 81 MG	Tier 1	
URETRON D/S ORAL TABLET 81.6 MG	Tier 1	
URIBEL ORAL CAPSULE 118 MG	EX	Non FDA Exclusion
URIBEL ORAL TABLET 81.6 MG	EX	Non FDA Exclusion
URIMAR-T ORAL CAPSULE 120 MG	EX	Non FDA Exclusion
URIMAR-T ORAL TABLET 120 MG	EX	Non FDA Exclusion
<i>urin ds oral tablet 81.6 mg</i>	Tier 1	

Drug Name	Drug Tier	Notes
<i>urueva oral capsule 120 mg</i>	EX	Non FDA Exclusion
<i>uro-458 oral tablet 81 mg</i>	Tier 1	
UROGESIC-BLUE ORAL TABLET 81.6 MG	Tier 3	
<i>uro-mp oral capsule 118 mg</i>	Tier 1	
<i>uro-sp oral capsule 118 mg</i>	EX	Non FDA Exclusion
USTELL ORAL CAPSULE 120 MG	EX	Non FDA Exclusion
UTIRA-C ORAL TABLET 81.6 MG	Tier 1	
VILAMIT MB ORAL CAPSULE 118 MG	EX	Non FDA Exclusion
VILEVEV MB ORAL TABLET 81 MG	EX	Non FDA Exclusion
Antimalarials		
*Antimalarial Combinations***		
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	Tier 1	
COARTEM ORAL TABLET 20-120 MG	Tier 3	
MALARONE ORAL TABLET 250-100 MG, 62.5-25 MG	EX	Formulary Exclusion
<i>pyrimethamine-leucovorin oral capsule 12.5-2.5 mg, 25-10 mg, 25-5 mg, 50-10 mg, 50-20 mg, 50-25 mg, 75-25 mg</i>	EX	Non FDA Exclusion
*Antimalarials***		
ARAKODA ORAL TABLET 100 MG	Tier 3	
<i>artesunate intravenous solution reconstituted 110 mg</i>	EX	Medical Only Exclusion
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	Tier 1	
DARAPRIM ORAL TABLET 25 MG	EX	PA; Specialty; Formulary Exclusion
<i>hydroxychloroquine sulfate oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	Tier 1	
KRINTAFEL ORAL TABLET 150 MG	Tier 3	
<i>mefloquine hcl oral tablet 250 mg</i>	Tier 1	
PLAQUENIL ORAL TABLET 200 MG	EX	Formulary Exclusion
<i>primaquine phosphate tablet 26.3 (15 base) mg oral</i>	EX	Formulary Exclusion
<i>primaquine phosphate tablet 26.3 (15 base) mg oral</i>	Tier 1	
<i>pyrimethamine oral tablet 25 mg</i>	Tier 4	PA; Specialty
QUALAQUIN ORAL CAPSULE 324 MG	EX	Formulary Exclusion
<i>quinine sulfate oral capsule 324 mg</i>	Tier 1	
SOVUNA ORAL TABLET 200 MG, 300 MG	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
Antimyasthenic/Cholinergic Agents		
*Antimyasthenic/Cholinergic Agents***		
BLOXIVERZ INTRAVENOUS SOLUTION 10 MG/10ML, 5 MG/10ML	EX	Medical Only Exclusion
BLOXIVERZ INTRAVENOUS SOLUTION PREFILLED SYRINGE 5 MG/5ML	EX	Medical Only Exclusion
FIRDAPSE ORAL TABLET 10 MG	Tier 4	PA; Specialty
<i>guanidine hcl oral tablet 125 mg</i>	Tier 3	
MESTINON ORAL SOLUTION 60 MG/5ML	EX	Formulary Exclusion
MESTINON ORAL TABLET 60 MG	EX	Formulary Exclusion
MESTINON ORAL TABLET EXTENDED RELEASE 180 MG	EX	Formulary Exclusion
<i>neostigmine methylsulfate rfid intravenous solution 10 mg/10ml</i>	EX	Medical Only Exclusion
<i>neostigmine methylsulfate rfid intravenous solution prefilled syringe 3 mg/3ml</i>	EX	Medical Only Exclusion
<i>neostigmine methylsulfate solution 10 mg/10ml intravenous</i>	EX	Medical Only Exclusion
<i>neostigmine methylsulfate solution 3 mg/3ml intravenous</i>	EX	Non FDA Exclusion
<i>neostigmine methylsulfate solution 5 mg/10ml intravenous</i>	EX	Medical Only Exclusion
<i>neostigmine methylsulfate solution 5 mg/5ml intravenous</i>	EX	Non FDA Exclusion
<i>neostigmine methylsulfate solution prefilled syringe 2 mg/2ml intravenous</i>	EX	Non FDA Exclusion
<i>neostigmine methylsulfate solution prefilled syringe 3 mg/3ml intravenous</i>	EX	Medical Only Exclusion
<i>neostigmine methylsulfate solution prefilled syringe 3 mg/3ml intravenous</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>neostigmine methylsulfate solution prefilled syringe 4 mg/4ml intravenous</i>	EX	Non FDA Exclusion
<i>neostigmine methylsulfate solution prefilled syringe 5 mg/5ml intravenous</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>pyridostigmine bromide er oral tablet extended release 180 mg</i>	Tier 1	
<i>pyridostigmine bromide oral solution 60 mg/5ml</i>	Tier 1	
<i>pyridostigmine bromide tablet 30 mg oral</i>	Tier 3	
<i>pyridostigmine bromide tablet 60 mg oral</i>	Tier 1	
REGONOL INTRAVENOUS SOLUTION 10 MG/2ML	EX	Medical Only Exclusion
RUZURGI ORAL TABLET 10 MG	EX	Non FDA Exclusion; QL

Drug Name	Drug Tier	Notes
Antimycobacterial Agents		
*Antimycobacterial Agents***		
CAPASTAT SULFATE INJECTION SOLUTION RECONSTITUTED 1 GM	EX	Medical Only Exclusion
<i>cycloserine oral capsule 250 mg</i>	Tier 1	
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	Tier 1	
<i>isoniazid injection solution 100 mg/ml</i>	EX	Medical Only Exclusion
<i>isoniazid oral syrup 50 mg/5ml</i>	Tier 1	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	Tier 1	
MYAMBUTOL ORAL TABLET 400 MG	EX	Formulary Exclusion
MYCOBUTIN ORAL CAPSULE 150 MG	EX	Formulary Exclusion
PASER ORAL PACKET 4 GM	Tier 3	
<i>pretomanid oral tablet 200 mg</i>	Tier 3	QL
PRIFTIN ORAL TABLET 150 MG	Tier 2	
<i>pyrazinamide oral tablet 500 mg</i>	Tier 1	
<i>rifabutin oral capsule 150 mg</i>	Tier 1	
RIFADIN INTRAVENOUS SOLUTION RECONSTITUTED 600 MG	EX	Medical Only Exclusion
<i>rifampin intravenous solution reconstituted 600 mg</i>	EX	Medical Only Exclusion
<i>rifampin oral capsule 150 mg, 300 mg</i>	Tier 1	
RIFAMPIN+SYRSPEND SF ORAL SUSPENSION 25 MG/ML	EX	Non FDA Exclusion
SIRTURO ORAL TABLET 100 MG, 20 MG	Tier 4	PA; Specialty
TRECTOR ORAL TABLET 250 MG	Tier 3	
Antineoplastics And Adjunctive Therapies		
*Alkylating Agents***		
BELRAPZO INTRAVENOUS SOLUTION 100 MG/4ML	EX	Medical Only Exclusion
<i>bendamustine hcl intravenous solution 100 mg/4ml</i>	EX	Medical Only Exclusion
<i>bendamustine hcl intravenous solution reconstituted 100 mg, 25 mg</i>	EX	Medical Only Exclusion
BENDEKA INTRAVENOUS SOLUTION 100 MG/4ML	EX	Medical Only Exclusion
<i>busulfan intravenous solution 6 mg/ml</i>	EX	Medical Only Exclusion
BUSULFEX INTRAVENOUS SOLUTION 6 MG/ML	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
<i>carboplatin intravenous solution 150 mg/15ml, 450 mg/45ml, 50 mg/5ml, 600 mg/60ml</i>	EX	Medical Only Exclusion
<i>cisplatin intravenous solution reconstituted 50 mg</i>	EX	Medical Only Exclusion
<i>cisplatin solution 100 mg/100ml intravenous</i>	EX	Medical Only Exclusion
<i>cisplatin solution 200 mg/200ml intravenous</i>	EX	Medical Only Exclusion
<i>cisplatin solution 50 mg/50ml intravenous</i>	EX	Medical Only Exclusion
<i>cisplatin solution 50 mg/50ml intravenous</i>	EX	Non FDA Exclusion; Medical Only Exclusion
GRAFAPEX INTRAVENOUS SOLUTION RECONSTITUTED 1 GM, 5 GM	EX	Medical Only Exclusion
<i>kemoplat intravenous solution 50 mg/50ml</i>	EX	Non FDA Exclusion; Medical Only Exclusion
MYLERAN ORAL TABLET 2 MG	Tier 4	PA; Specialty
<i>oxaliplatin intravenous solution 100 mg/20ml, 200 mg/40ml, 50 mg/10ml</i>	EX	Medical Only Exclusion
<i>oxaliplatin intravenous solution reconstituted 100 mg, 50 mg</i>	EX	Medical Only Exclusion
PARAPLATIN INTRAVENOUS SOLUTION 1000 MG/100ML, 150 MG/15ML, 450 MG/45ML, 50 MG/5ML, 600 MG/60ML	EX	Medical Only Exclusion
TEPADINA INJECTION SOLUTION RECONSTITUTED 100 MG, 15 MG	EX	Medical Only Exclusion
<i>thiotepa injection solution reconstituted 100 mg, 15 mg</i>	EX	Medical Only Exclusion
TREANDA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 25 MG	EX	Medical Only Exclusion
<i>vivimusta intravenous solution 100 mg/4ml</i>	EX	Medical Only Exclusion
ZEPZELCA INTRAVENOUS SOLUTION RECONSTITUTED 4 MG	EX	Medical Only Exclusion
*Androgen Biosynthesis Inhibitors***		
<i>abiraterone acetate oral tablet 250 mg, 500 mg</i>	Tier 4	PA; Specialty; QL
ABIRTEGA ORAL TABLET 250 MG	Tier 4	PA; Specialty; QL
YONSA ORAL TABLET 125 MG	Tier 4	PA; Specialty
ZYTIGA ORAL TABLET 250 MG, 500 MG	EX	PA; Specialty; Formulary Exclusion
*Antiadrenals***		
LYSODREN ORAL TABLET 500 MG	Tier 4	PA; Specialty
*Antiandrogens***		
<i>bicalutamide oral tablet 50 mg</i>	Tier 1	QL
CASODEX ORAL TABLET 50 MG	EX	Formulary Exclusion; QL
ERLEADA TABLET 240 MG ORAL	Tier 4	PA; Specialty

Drug Name	Drug Tier	Notes
ERLEADA TABLET 60 MG ORAL	Tier 4	PA; Specialty; QL
EULEXIN ORAL CAPSULE 125 MG	Tier 3	QL
<i>flutamide oral capsule 125 mg</i>	Tier 1	QL
NILANDRON ORAL TABLET 150 MG	EX	PA; Specialty; Formulary Exclusion
<i>nilutamide oral tablet 150 mg</i>	Tier 4	PA; Specialty; QL
NUBEQA ORAL TABLET 300 MG	Tier 4	PA; Specialty
XTANDI ORAL CAPSULE 40 MG	Tier 4	PA; Specialty; QL
XTANDI ORAL TABLET 40 MG, 80 MG	Tier 4	PA; Specialty
*Antiestrogens***		
FARESTON ORAL TABLET 60 MG	EX	Formulary Exclusion; QL
SOLTAMOX ORAL SOLUTION 10 MG/5ML	Tier 2	
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	Tier 5	
<i>toremifene citrate oral tablet 60 mg</i>	Tier 1	QL
*Antimetabolites***		
ALIMTA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 500 MG	EX	Medical Only Exclusion
ARRANON INTRAVENOUS SOLUTION 5 MG/ML	EX	Medical Only Exclusion
AXTLE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 500 MG	EX	Medical Only Exclusion
<i>azacitidine injection suspension reconstituted 100 mg</i>	EX	Medical Only Exclusion
<i>capecitabine tablet 150 mg oral</i>	Tier 1	PA; Specialty
<i>capecitabine tablet 150 mg oral</i>	Tier 4	PA; Specialty
<i>capecitabine tablet 500 mg oral</i>	Tier 1	PA; Specialty
<i>capecitabine tablet 500 mg oral</i>	Tier 4	PA; Specialty
<i>cladribine intravenous solution 10 mg/10ml</i>	EX	Medical Only Exclusion
<i>clofarabine intravenous solution 1 mg/ml</i>	EX	Medical Only Exclusion
CLOLAR INTRAVENOUS SOLUTION 1 MG/ML	EX	Medical Only Exclusion
<i>cytarabine (pf) injection solution 100 mg/ml, 20 mg/ml</i>	EX	Medical Only Exclusion
<i>cytarabine injection solution 20 mg/ml</i>	EX	Medical Only Exclusion
DACOGEN INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	EX	Medical Only Exclusion
<i>decitabine intravenous solution reconstituted 50 mg</i>	EX	Medical Only Exclusion
<i>floxuridine injection solution reconstituted 0.5 gm</i>	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
<i>fludarabine phosphate intravenous solution reconstituted 50 mg</i>	EX	Medical Only Exclusion
<i>fludarabine phosphate solution 25 mg/ml intravenous</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>fludarabine phosphate solution 50 mg/2ml intravenous</i>	EX	Medical Only Exclusion
<i>fluorouracil intravenous solution 1 gm/20ml, 2.5 gm/50ml, 5 gm/100ml, 500 mg/10ml</i>	EX	Medical Only Exclusion
FOLOTYN INTRAVENOUS SOLUTION 20 MG/ML, 40 MG/2ML	EX	Medical Only Exclusion
<i>gemcitabine hcl intravenous solution 1 gm/10ml, 1 gm/26.3ml, 1.5 gm/15ml, 2 gm/20ml, 2 gm/52.6ml, 200 mg/2ml, 200 mg/5.26ml</i>	EX	Medical Only Exclusion
<i>gemcitabine hcl intravenous solution reconstituted 1 gm, 2 gm, 200 mg</i>	EX	Medical Only Exclusion
INFUGEM INTRAVENOUS SOLUTION 1200-0.9 MG/120ML-%, 1300-0.9 MG/130ML-%, 1400-0.9 MG/140ML-%, 1500-0.9 MG/150ML-%, 1600-0.9 MG/160ML-%, 1700-0.9 MG/170ML-%, 1800-0.9 MG/180ML-%, 1900-0.9 MG/190ML-%, 2000-0.9 MG/200ML-%, 2200-0.9 MG/220ML-%	EX	Medical Only Exclusion
JYLAMVO ORAL SOLUTION 2 MG/ML	Tier 3	
<i>mercaptopurine oral suspension 2000 mg/100ml</i>	Tier 1	ST; Specialty
<i>mercaptopurine oral tablet 50 mg</i>	Tier 1	
<i>methotrexate intravenous solution 1000 mg/40ml</i>	EX	Non FDA Exclusion
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml</i>	Tier 1	
<i>methotrexate sodium injection solution reconstituted 1 gm</i>	Tier 1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	Tier 1	
<i>methotrexate sodium solution 250 mg/10ml injection</i>	Tier 1	
<i>methotrexate sodium solution 50 mg/2ml injection</i>	Tier 1	
<i>methotrexate sodium solution 50 mg/2ml injection</i>	Tier 3	
<i>nelarabine intravenous solution 5 mg/ml</i>	EX	Medical Only Exclusion
ONUREG ORAL TABLET 200 MG, 300 MG	Tier 4	PA; Specialty
<i>pemetrexed dipotassium intravenous solution reconstituted 100 mg, 500 mg</i>	EX	Medical Only Exclusion
<i>pemetrexed disodium intravenous solution 1 gm/40ml, 100 mg/4ml, 500 mg/20ml, 850 mg/34ml</i>	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
<i>pemetrexed disodium intravenous solution reconstituted 100 mg, 1000 mg, 500 mg, 750 mg</i>	EX	Medical Only Exclusion
<i>pemetrexed ditromethamine intravenous solution reconstituted 100 mg, 500 mg</i>	EX	Medical Only Exclusion
<i>pemetrexed intravenous solution 1 gm/40ml, 100 mg/4ml, 500 mg/20ml</i>	EX	Medical Only Exclusion
PEMFEXY INTRAVENOUS SOLUTION 500 MG/20ML	EX	Medical Only Exclusion
PEMRYDI RTU INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	EX	Medical Only Exclusion
<i>pralatrexate intravenous solution 20 mg/ml, 40 mg/2ml</i>	EX	Medical Only Exclusion
PURIXAN ORAL SUSPENSION 2000 MG/100ML	EX	ST; Specialty; Formulary Exclusion
TABLOID ORAL TABLET 40 MG	Tier 4	PA; Specialty
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	Tier 3	
VIDAZA INJECTION SUSPENSION RECONSTITUTED 100 MG	EX	Medical Only Exclusion
XATMEP ORAL SOLUTION 2.5 MG/ML	Tier 3	
XELODA ORAL TABLET 150 MG, 500 MG	EX	PA; Specialty; Formulary Exclusion
*Antineoplastic - Akt Inhibitors***		
TRUQAP ORAL TABLET 160 MG, 200 MG	Tier 4	PA; Specialty
TRUQAP ORAL TABLET THERAPY PACK 160 MG, 200 MG	Tier 4	PA; Specialty
*Antineoplastic - Alk Inhibitors***		
ALECENSA ORAL CAPSULE 150 MG	Tier 4	PA; Specialty
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	Tier 4	PA; Specialty
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG	Tier 4	PA; Specialty
LORBRENA ORAL TABLET 100 MG, 25 MG	Tier 4	PA; Specialty
XALKORI ORAL CAPSULE 200 MG, 250 MG	Tier 4	PA; Specialty; QL
XALKORI ORAL CAPSULE SPRINKLE 150 MG, 20 MG, 50 MG	Tier 4	PA; Specialty
ZYKADIA ORAL TABLET 150 MG	Tier 4	PA; Specialty
*Antineoplastic - Allogeneic Cellular Immunotherapy***		
OMISIRGE INTRAVENOUS SUSPENSION	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
*Antineoplastic - Anti-Bcma Antibody-Drug Complex***		
BLENREP INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	EX	Non FDA Exclusion
*Antineoplastic - Antibody Combinations***		
OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20ML	EX	Medical Only Exclusion
*Antineoplastic - Anti-Ccr4 Antibodies***		
POTELIGEO INTRAVENOUS SOLUTION 20 MG/5ML	EX	Medical Only Exclusion
*Antineoplastic - Anti-Cd19 Antibodies***		
MONJUVI INTRAVENOUS SOLUTION RECONSTITUTED 200 MG	EX	Medical Only Exclusion
*Antineoplastic - Anti-Cd19 Antibody-Drug Complex***		
ZYNLONTA INTRAVENOUS SOLUTION RECONSTITUTED 10 MG	EX	Medical Only Exclusion
*Antineoplastic - Anti-Cd20 Antibodies***		
GAZYVA INTRAVENOUS SOLUTION 1000 MG/40ML	EX	Medical Only Exclusion
RIABNI INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	Tier 4	PA; Specialty
RITUXAN INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	Tier 4	PA; Specialty
RUXIENCE INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	EX	PA; Specialty; Formulary Exclusion
TRUXIMA INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	EX	PA; Specialty; Formulary Exclusion
*Antineoplastic - Anti-Cd22 Antibodies***		
LUMOXITI INTRAVENOUS SOLUTION RECONSTITUTED 1 MG	EX	Medical Only Exclusion
*Antineoplastic - Anti-Cd22 Antibody-Drug Complex***		
BESPOLSA INTRAVENOUS SOLUTION RECONSTITUTED 0.9 MG	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
*Antineoplastic - Anti-Cd30 Antibody-Drug Complex***		
ADCETRIS INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	EX	Medical Only Exclusion
*Antineoplastic - Anti-Cd33 Antibody-Drug Complex***		
MYLOTARG INTRAVENOUS SOLUTION RECONSTITUTED 4.5 MG	EX	Medical Only Exclusion
*Antineoplastic - Anti-Cd38 Antibodies***		
DARZALEX INTRAVENOUS SOLUTION 100 MG/5ML, 400 MG/20ML	EX	Medical Only Exclusion
SARCLISA INTRAVENOUS SOLUTION 100 MG/5ML, 500 MG/25ML	EX	Medical Only Exclusion
*Antineoplastic - Anti-Cd79b Antibody-Drug Complex***		
POLIVY INTRAVENOUS SOLUTION RECONSTITUTED 140 MG, 30 MG	EX	Medical Only Exclusion
*Antineoplastic - Anti-Cldn18.2 Antibodies***		
VYLOY INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	EX	Medical Only Exclusion
*Antineoplastic - Anti-Ctla-4 Antibodies***		
IMJUDO INTRAVENOUS SOLUTION 25 MG/1.25ML, 300 MG/15ML	EX	Medical Only Exclusion
YERVOY INTRAVENOUS SOLUTION 200 MG/40ML, 50 MG/10ML	Tier 4	PA; Specialty
*Antineoplastic - Anti-Gd2 Antibodies***		
DANYELZA INTRAVENOUS SOLUTION 40 MG/10ML	EX	Medical Only Exclusion
UNITUXIN INTRAVENOUS SOLUTION 17.5 MG/5ML	EX	Medical Only Exclusion
*Antineoplastic - Anti-Her2 Agents***		
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 150 MG	EX	Medical Only Exclusion
HERCESSI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	EX	Medical Only Exclusion
HERZUMA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
KANJINTI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	EX	Medical Only Exclusion
MARGENZA INTRAVENOUS SOLUTION 250 MG/10ML	EX	Medical Only Exclusion
OGIVRI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	EX	Medical Only Exclusion
ONTRUZANT INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	EX	Medical Only Exclusion
PERJETA INTRAVENOUS SOLUTION 420 MG/14ML	EX	Medical Only Exclusion
TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	EX	Medical Only Exclusion
TUKYSA ORAL TABLET 150 MG, 50 MG	Tier 4	PA; Specialty
ZIIHERA INTRAVENOUS SOLUTION RECONSTITUTED 300 MG	EX	Medical Only Exclusion
*Antineoplastic - Anti-Nectin-4 Antibody-Drug Complex***		
PADCEV INTRAVENOUS SOLUTION RECONSTITUTED 20 MG, 30 MG	EX	Medical Only Exclusion
*Antineoplastic - Anti-Pd-1 Antibodies***		
JEMPERLI INTRAVENOUS SOLUTION 500 MG/10ML	EX	Medical Only Exclusion
KEYTRUDA INTRAVENOUS SOLUTION 100 MG/4ML	EX	Medical Only Exclusion
LIBTAYO INTRAVENOUS SOLUTION 350 MG/7ML	EX	Medical Only Exclusion
LOQTORZI INTRAVENOUS SOLUTION 240 MG/6ML	EX	Medical Only Exclusion
OPDIVO INTRAVENOUS SOLUTION 100 MG/10ML, 120 MG/12ML, 240 MG/24ML, 40 MG/4ML	Tier 4	PA; Specialty
TEVIMBRA INTRAVENOUS SOLUTION 100 MG/10ML	EX	Medical Only Exclusion
ZYNYZ INTRAVENOUS SOLUTION 500 MG/20ML	EX	Medical Only Exclusion
*Antineoplastic - Anti-Pd-L1 Antibodies***		
BAVENCIO INTRAVENOUS SOLUTION 200 MG/10ML	EX	Medical Only Exclusion
IMFINZI INTRAVENOUS SOLUTION 120 MG/2.4ML, 500 MG/10ML	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
TECENTRIQ INTRAVENOUS SOLUTION 1200 MG/20ML, 840 MG/14ML	EX	Medical Only Exclusion
*Antineoplastic - Anti-Slamf7 Antibodies***		
EMPLICITI INTRAVENOUS SOLUTION RECONSTITUTED 300 MG, 400 MG	EX	Medical Only Exclusion
*Antineoplastic - Anti-Tf Antibody- Drug Complex***		
TIVDAK INTRAVENOUS SOLUTION RECONSTITUTED 40 MG	EX	Medical Only Exclusion
*Antineoplastic - Autologous Cellular Immunotherapy***		
ABECMA INTRAVENOUS SUSPENSION 460000000 CELLS	EX	Medical Only Exclusion
AMTAGVI INTRAVENOUS SUSPENSION 72000000000 CELLS	EX	Medical Only Exclusion
AUCATZYL INTRAVENOUS SUSPENSION 410000000 CELLS	EX	Medical Only Exclusion
BREYANZI INTRAVENOUS SUSPENSION 70000000 CELLS/ML	EX	Medical Only Exclusion
CARVYKTI INTRAVENOUS SUSPENSION 100000000 CELLS	EX	Medical Only Exclusion
KYMRIAH INTRAVENOUS SUSPENSION 250000000 CELLS, 600000000 CELLS	EX	Medical Only Exclusion
PROVENGE INTRAVENOUS SUSPENSION 50000000 CELLS	EX	Medical Only Exclusion
TECARTUS INTRAVENOUS SUSPENSION 100000000 CELLS, 200000000 CELLS	EX	Medical Only Exclusion
TECELRA INTRAVENOUS SUSPENSION 10000000000 CELLS	EX	Medical Only Exclusion
YESCARTA INTRAVENOUS SUSPENSION 200000000 CELLS	EX	Medical Only Exclusion
*Antineoplastic - Bcl-2 Inhibitors***		
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	Tier 4	PA; Specialty
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	Tier 4	PA; Specialty
*Antineoplastic - Bcr-Abl Kinase Inhibitors***		
BOSULIF ORAL CAPSULE 100 MG, 50 MG	Tier 4	PA; Specialty

Drug Name	Drug Tier	Notes
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	Tier 4	PA; Specialty; QL
DANZITEN ORAL TABLET 71 MG, 95 MG	Tier 4	PA; Specialty
<i>dasatinib tablet 100 mg oral</i>	Tier 1	PA; Specialty
<i>dasatinib tablet 100 mg oral</i>	Tier 4	PA; Specialty
<i>dasatinib tablet 140 mg oral</i>	Tier 1	PA; Specialty
<i>dasatinib tablet 140 mg oral</i>	Tier 4	PA; Specialty
<i>dasatinib tablet 20 mg oral</i>	Tier 1	PA; Specialty
<i>dasatinib tablet 20 mg oral</i>	Tier 4	PA; Specialty
<i>dasatinib tablet 50 mg oral</i>	Tier 1	PA; Specialty
<i>dasatinib tablet 50 mg oral</i>	Tier 4	PA; Specialty
<i>dasatinib tablet 70 mg oral</i>	Tier 1	PA; Specialty
<i>dasatinib tablet 70 mg oral</i>	Tier 4	PA; Specialty
<i>dasatinib tablet 80 mg oral</i>	Tier 1	PA; Specialty
<i>dasatinib tablet 80 mg oral</i>	Tier 4	PA; Specialty
GLEEVEC ORAL TABLET 100 MG, 400 MG	EX	PA; Specialty; Formulary Exclusion
ICLUSIG TABLET 10 MG ORAL	Tier 4	PA; Specialty
ICLUSIG TABLET 15 MG ORAL	Tier 4	PA; Specialty; QL
ICLUSIG TABLET 30 MG ORAL	Tier 4	PA; Specialty
ICLUSIG TABLET 45 MG ORAL	Tier 4	PA; Specialty; QL
<i>imatinib mesylate oral tablet 100 mg, 400 mg</i>	Tier 4	PA; Specialty; QL
<i>imkeldi oral solution 80 mg/ml</i>	Tier 4	PA; Specialty
SCEMBLIX ORAL TABLET 100 MG, 20 MG, 40 MG	Tier 4	PA; Specialty
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	Tier 4	PA; Specialty; Formulary Exclusion; QL
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	Tier 4	PA; Specialty; QL
*Antineoplastic - Bispecific T-Cell Engagers***		
BLINCYTO INTRAVENOUS SOLUTION RECONSTITUTED 35 MCG	EX	Medical Only Exclusion
COLUMVI INTRAVENOUS SOLUTION 10 MG/10ML, 2.5 MG/2.5ML	EX	Medical Only Exclusion
ELREXFIO SUBCUTANEOUS SOLUTION 44 MG/1.1ML, 76 MG/1.9ML	EX	Medical Only Exclusion
EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8ML, 48 MG/0.8ML	EX	Medical Only Exclusion
IMDELLTRA INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 10 MG	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5ML	EX	Medical Only Exclusion
LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML, 30 MG/30ML	EX	Medical Only Exclusion
TALVEY SUBCUTANEOUS SOLUTION 3 MG/1.5ML, 40 MG/ML	EX	Medical Only Exclusion
TECVAYLI SUBCUTANEOUS SOLUTION 153 MG/1.7ML, 30 MG/3ML	EX	Medical Only Exclusion
*Antineoplastic - Braf Kinase Inhibitors***		
BRAFTOVI ORAL CAPSULE 75 MG	Tier 4	PA; Specialty; QL
OJEMDA ORAL SUSPENSION RECONSTITUTED 25 MG/ML	Tier 4	PA; Specialty
OJEMDA ORAL TABLET 100 MG	Tier 4	PA; Specialty
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	Tier 4	PA; Specialty; QL
TAFINLAR ORAL TABLET SOLUBLE 10 MG	Tier 4	PA; Specialty
ZELBORAF ORAL TABLET 240 MG	Tier 4	PA; Specialty; QL
*Antineoplastic - Btk Inhibitors***		
BRUKINSA ORAL CAPSULE 80 MG	Tier 4	PA; Specialty
CALQUENCE ORAL CAPSULE 100 MG	Tier 4	PA; Specialty
CALQUENCE TABLET 100 MG ORAL	Tier 2	PA; Specialty
CALQUENCE TABLET 100 MG ORAL	Tier 4	PA; Specialty
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	Tier 4	PA; Specialty; QL
IMBRUVICA ORAL SUSPENSION 70 MG/ML	Tier 4	PA; Specialty
IMBRUVICA TABLET 140 MG ORAL	Benefit Exclusion	PA; Specialty
IMBRUVICA TABLET 280 MG ORAL	Benefit Exclusion	PA; Specialty
IMBRUVICA TABLET 420 MG ORAL	Tier 4	PA; Specialty; QL
IMBRUVICA TABLET 560 MG ORAL	Tier 4	PA; Specialty; QL
JAYPIRCA ORAL TABLET 100 MG, 50 MG	Tier 4	PA; Specialty
*Antineoplastic - Csf1r Kinase Inhibitors***		
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG	Tier 3	PA; Specialty; QL
*Antineoplastic - Egfr Inhibitors***		
ERBITUX INTRAVENOUS SOLUTION 100 MG/50ML, 200 MG/100ML	EX	Medical Only Exclusion
<i>erlotinib hcl oral tablet 100 mg, 150 mg, 25 mg</i>	Tier 4	PA; Specialty; QL

Drug Name	Drug Tier	Notes
EXKIVITY ORAL CAPSULE 40 MG	EX	Non FDA Exclusion
<i>gefitinib oral tablet 250 mg</i>	Tier 4	PA; Specialty
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	Tier 4	PA; Specialty
IRESSA ORAL TABLET 250 MG	Tier 4	PA; Specialty
LAZCLUZE ORAL TABLET 240 MG, 80 MG	Tier 4	PA; Specialty
PORTRAZZA INTRAVENOUS SOLUTION 800 MG/50ML	EX	Medical Only Exclusion
TAGRISSE ORAL TABLET 40 MG, 80 MG	Tier 4	PA; Specialty; QL
TARCEVA ORAL TABLET 100 MG, 150 MG, 25 MG	EX	PA; Specialty; Formulary Exclusion
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5ML, 400 MG/20ML	EX	Medical Only Exclusion
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	Tier 4	PA; Specialty
*Antineoplastic - Fgfr Kinase Inhibitors***		
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	Tier 4	PA; Specialty
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	Tier 4	PA; Specialty
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	Tier 4	PA; Specialty
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	Tier 4	PA; Specialty
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	Tier 4	PA; Specialty
TRUSELTIQ (100MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 MG	EX	Non FDA Exclusion
TRUSELTIQ (125MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 & 25 MG	EX	Non FDA Exclusion
TRUSELTIQ (50MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG	EX	Non FDA Exclusion
TRUSELTIQ (75MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG	EX	Non FDA Exclusion
*Antineoplastic - Gamma Secretase Inhibitors***		
OGSIVEO ORAL TABLET 100 MG, 150 MG, 50 MG	Tier 4	PA; Specialty

Drug Name	Drug Tier	Notes
*Antineoplastic - Hedgehog Pathway Inhibitors***		
DAURISMO ORAL TABLET 100 MG, 25 MG	Tier 4	PA; Specialty
ERIVEDGE ORAL CAPSULE 150 MG	Tier 4	PA; Specialty
ODOMZO ORAL CAPSULE 200 MG	Tier 4	PA; Specialty
*Antineoplastic - Hif-2-Alpha Inhibitors***		
WELIREG ORAL TABLET 40 MG	Tier 4	PA; Specialty
*Antineoplastic - Histone Deacetylase Inhibitors***		
BELEODAQ INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	EX	Medical Only Exclusion
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	Tier 4	Non FDA Exclusion; QL
ISTODAX INTRAVENOUS SOLUTION RECONSTITUTED 10 MG	EX	Medical Only Exclusion
<i>romidepsin intravenous solution 27.5 mg/5.5ml</i>	EX	Medical Only Exclusion
<i>romidepsin intravenous solution reconstituted 10 mg</i>	EX	Medical Only Exclusion
ZOLINZA ORAL CAPSULE 100 MG	Tier 4	PA; Specialty; QL
*Antineoplastic - Hormonal And Related Agent Combinations***		
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	EX	PA; Specialty; Formulary Exclusion
<i>leuprolide acetate-bupivacaine intramuscular solution 25-5 mg/ml</i>	EX	Non FDA Exclusion
*Antineoplastic - Immunomodulators***		
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	Tier 4	PA; Specialty; QL
*Antineoplastic - Kras Inhibitors***		
KRAZATI ORAL TABLET 200 MG	Tier 4	PA; Specialty
LUMAKRAS ORAL TABLET 120 MG, 240 MG, 320 MG	Tier 4	PA; Specialty
*Antineoplastic - Mek Inhibitors***		
COTELLIC ORAL TABLET 20 MG	Tier 4	PA; Specialty; QL
GOMEKLI ORAL CAPSULE 1 MG, 2 MG	Tier 3	PA; Specialty
GOMEKLI ORAL TABLET SOLUBLE 1 MG	Tier 3	PA; Specialty

Drug Name	Drug Tier	Notes
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	Tier 4	PA; Specialty
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML	Tier 4	PA; Specialty
MEKINIST TABLET 0.5 MG ORAL	Tier 4	PA; Specialty
MEKINIST TABLET 0.5 MG ORAL	Tier 4	PA; Specialty; QL
MEKINIST TABLET 2 MG ORAL	Tier 4	PA; Specialty; QL
MEKTOVI ORAL TABLET 15 MG	Tier 4	PA; Specialty; QL
*Antineoplastic - Menin Inhibitors***		
REVUFORJ ORAL TABLET 110 MG, 160 MG	Tier 4	PA; Specialty
*Antineoplastic - Met Inhibitors***		
TABRECTA ORAL TABLET 150 MG, 200 MG	Tier 4	PA; Specialty
TEPMETKO ORAL TABLET 225 MG	Tier 4	PA; Specialty
*Antineoplastic - Methyltransferase Inhibitors***		
TAZVERIK ORAL TABLET 200 MG	Tier 4	PA; Specialty
*Antineoplastic - Mtor Kinase Inhibitors***		
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 3 MG, 5 MG	EX	PA; Specialty; Formulary Exclusion
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	EX	PA; Specialty; Formulary Exclusion
<i>everolimus oral tablet soluble 2 mg, 3 mg, 5 mg</i>	Tier 4	PA; Specialty
<i>everolimus tablet 10 mg oral</i>	Tier 4	PA; Specialty; QL
<i>everolimus tablet 2.5 mg oral</i>	Tier 1	PA; Specialty; QL
<i>everolimus tablet 2.5 mg oral</i>	Tier 4	PA; Specialty; QL
<i>everolimus tablet 5 mg oral</i>	Tier 1	PA; Specialty; QL
<i>everolimus tablet 5 mg oral</i>	Tier 4	PA; Specialty; QL
<i>everolimus tablet 7.5 mg oral</i>	Tier 1	PA; Specialty; QL
<i>everolimus tablet 7.5 mg oral</i>	Tier 4	PA; Specialty; QL
FYARRO INTRAVENOUS SUSPENSION RECONSTITUTED 100 MG	EX	Medical Only Exclusion
<i>temsirolimus intravenous solution 25 mg/ml</i>	EX	Medical Only Exclusion
TORISEL INTRAVENOUS SOLUTION 25 MG/ML	EX	Medical Only Exclusion
TORPENZ ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	Tier 4	PA; Specialty; QL

Drug Name	Drug Tier	Notes
*Antineoplastic - Multikinase Inhibitors***		
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	Tier 4	PA; Specialty
CAPRELSA ORAL TABLET 100 MG, 300 MG	Tier 4	PA; Specialty
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	Tier 4	PA; Specialty
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	Tier 4	PA; Specialty
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	Tier 4	PA; Specialty
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	Tier 4	PA; Specialty
<i>lapatinib ditosylate oral tablet 250 mg</i>	Tier 4	PA; Specialty; QL
NERLYNX ORAL TABLET 40 MG	Tier 4	PA; Specialty; QL
NEXAVAR ORAL TABLET 200 MG	EX	PA; Specialty; Formulary Exclusion
<i>pazopanib hcl tablet 200 mg oral</i>	Tier 1	PA; Specialty
<i>pazopanib hcl tablet 200 mg oral</i>	Tier 4	PA; Specialty
QINLOCK ORAL TABLET 50 MG	Tier 4	PA; Specialty
RYDAPT ORAL CAPSULE 25 MG	Tier 4	PA; Specialty
<i>sorafenib tosylate oral tablet 200 mg</i>	Tier 4	PA; Specialty
STIVARGA ORAL TABLET 40 MG	Tier 4	PA; Specialty; QL
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	Tier 4	PA; Specialty; QL
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	EX	PA; Specialty; Formulary Exclusion; QL
TURALIO ORAL CAPSULE 125 MG, 200 MG	Tier 4	PA; Specialty; QL
TYKERB ORAL TABLET 250 MG	EX	PA; Specialty; Formulary Exclusion
UKONIQ ORAL TABLET 200 MG	EX	Non FDA Exclusion
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	Tier 4	PA; Specialty
VOTRIENT ORAL TABLET 200 MG	Tier 4	PA; Specialty; Formulary Exclusion; QL
XOSPATA ORAL TABLET 40 MG	Tier 4	PA; Specialty

Drug Name	Drug Tier	Notes
*Antineoplastic - Multiple Receptor Antibodies***		
BIZENGRI (750 MG DOSE) INTRAVENOUS SOLUTION THERAPY PACK 375 MG/18.75ML	EX	Medical Only Exclusion
RYBREVANT INTRAVENOUS SOLUTION 350 MG/7ML	EX	Medical Only Exclusion
*Antineoplastic - Pdgfr-Alpha Inhibitors***		
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	Tier 4	PA; Specialty
*Antineoplastic - Proteasome Inhibitors***		
<i>bortezomib injection solution reconstituted 1 mg, 2.5 mg, 3.5 mg</i>	EX	Medical Only Exclusion
<i>bortezomib intravenous solution 3.5 mg/1.4ml</i>	EX	Medical Only Exclusion
<i>bortezomib intravenous solution reconstituted 3.5 mg</i>	EX	Medical Only Exclusion
BORUZU INJECTION SOLUTION 3.5 MG/1.4ML	EX	Medical Only Exclusion
KYPROLIS INTRAVENOUS SOLUTION RECONSTITUTED 10 MG, 30 MG, 60 MG	EX	Medical Only Exclusion
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	Tier 4	PA; Specialty; QL
VELCADE INJECTION SOLUTION RECONSTITUTED 3.5 MG	EX	Medical Only Exclusion
*Antineoplastic - Ret Inhibitors***		
GAVRETO ORAL CAPSULE 100 MG	Tier 4	PA; Specialty
RETEVMO ORAL CAPSULE 40 MG, 80 MG	Tier 4	PA; Specialty
RETEVMO ORAL TABLET 120 MG, 160 MG, 40 MG, 80 MG	Tier 4	PA; Specialty
*Antineoplastic - Tropomyosin Receptor Kinase Inhibitors***		
AUGTYRO ORAL CAPSULE 160 MG, 40 MG	Tier 4	PA; Specialty
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	Tier 4	PA; Specialty
ROZLYTREK ORAL PACKET 50 MG	Tier 4	PA; Specialty
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	Tier 4	PA; Specialty
VITRAKVI ORAL SOLUTION 20 MG/ML	Tier 4	PA; Specialty

Drug Name	Drug Tier	Notes
*Antineoplastic - Xpo1 Inhibitors***		
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	Tier 4	PA; Specialty
XPOVIO (40 MG ONCE WEEKLY) TABLET THERAPY PACK 10 MG ORAL	Tier 3	PA; Specialty
XPOVIO (40 MG ONCE WEEKLY) TABLET THERAPY PACK 40 MG ORAL	Tier 4	PA; Specialty
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	Tier 4	PA; Specialty
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	Tier 4	PA; Specialty
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	Tier 4	PA; Specialty
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	Tier 4	PA; Specialty
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	Tier 4	PA; Specialty
*Antineoplastic Antibiotics***		
ADRIAMYCIN INTRAVENOUS SOLUTION 2 MG/ML	EX	Medical Only Exclusion
<i>adriamycin solution reconstituted 10 mg intravenous</i>	EX	Medical Only Exclusion
ADRIAMYCIN SOLUTION RECONSTITUTED 50 MG INTRAVENOUS	EX	Medical Only Exclusion
<i>bleomycin sulfate injection solution reconstituted 15 unit, 30 unit</i>	EX	Medical Only Exclusion
COSMEGEN INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG	EX	Medical Only Exclusion
<i>dactinomycin intravenous solution reconstituted 0.5 mg</i>	EX	Medical Only Exclusion
<i>daunorubicin hcl intravenous solution 20 mg/4ml, 50 mg/10ml</i>	EX	Medical Only Exclusion
DOXIL INTRAVENOUS SUSPENSION 2 MG/ML	EX	Medical Only Exclusion
<i>doxorubicin hcl intravenous solution 2 mg/ml</i>	EX	Medical Only Exclusion
<i>doxorubicin hcl intravenous solution reconstituted 10 mg, 50 mg</i>	EX	Medical Only Exclusion
<i>doxorubicin hcl liposomal intravenous suspension 2 mg/ml</i>	EX	Medical Only Exclusion
ELLEENCE INTRAVENOUS SOLUTION 200 MG/100ML, 50 MG/25ML	EX	Medical Only Exclusion
<i>epirubicin hcl intravenous solution 200 mg/100ml, 50 mg/25ml</i>	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
IDAMYCIN PFS INTRAVENOUS SOLUTION 10 MG/10ML, 20 MG/20ML, 5 MG/5ML	EX	Medical Only Exclusion
<i>idarubicin hcl intravenous solution 10 mg/10ml, 20 mg/20ml, 5 mg/5ml</i>	EX	Medical Only Exclusion
JELMYTO SOLUTION RECONSTITUTED 80 (2 X 40) MG	EX	Medical Only Exclusion
<i>mitomycin intravenous solution reconstituted 20 mg, 40 mg, 5 mg</i>	EX	Medical Only Exclusion
<i>mitomycin intravesical solution prefilled syringe 20 mg/40ml</i>	EX	Non FDA Exclusion
<i>mitoxantrone hcl intravenous concentrate 20 mg/10ml, 25 mg/12.5ml, 30 mg/15ml</i>	EX	Medical Only Exclusion
MUTAMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 20 MG, 40 MG, 5 MG	EX	Medical Only Exclusion
<i>valrubicin intravesical solution 40 mg/ml</i>	EX	Medical Only Exclusion
VALSTAR INTRAVESICAL SOLUTION 40 MG/ML	EX	Medical Only Exclusion
*Antineoplastic -Antibody For Radiopharmaceutical Therapy***		
ZEVALIN Y-90 INTRAVENOUS KIT 3.2 MG/2ML	EX	Medical Only Exclusion
*Antineoplastic Antibody-Drug Complexes***		
ELAHERE INTRAVENOUS SOLUTION 100 MG/20ML	EX	Medical Only Exclusion
ENHERTU INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	EX	Medical Only Exclusion
KADCYLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 160 MG	EX	Medical Only Exclusion
*Antineoplastic Combinations***		
DARZALEX FASPRO SUBCUTANEOUS SOLUTION 1800-30000 MG-UT/15ML	EX	Medical Only Exclusion
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600-10000 MG-UNT/5ML	EX	PA; Specialty; Formulary Exclusion
INQOVI ORAL TABLET 35-100 MG	Tier 4	PA; Specialty
KISQALI FEMARA (200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	Tier 4	PA; Specialty; QL
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	Tier 4	PA; Specialty; QL
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	Tier 4	PA; Specialty; QL

Drug Name	Drug Tier	Notes
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	Tier 4	PA; Specialty
OPDIVO QVANTIG SUBCUTANEOUS SOLUTION 600-10000 MG-UT/5ML	EX	Medical Only Exclusion
PHESGO SUBCUTANEOUS SOLUTION 60-60-2000 MG-MG-U/ML, 80-40-2000 MG-MG-U/ML	EX	Medical Only Exclusion
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400-23400 MG -UT/11.7ML, 1600-26800 MG -UT/13.4ML	Tier 4	PA; Specialty
TECENTRIQ HYBREZA SUBCUTANEOUS SOLUTION 1875-30000 MG-UT/15ML	EX	Medical Only Exclusion
VYXEOS INTRAVENOUS SUSPENSION RECONSTITUTED 44-100 MG	EX	Medical Only Exclusion
*Antineoplastic Enzymes***		
ASPARLAS INTRAVENOUS SOLUTION 3750 UNIT/5ML	EX	Medical Only Exclusion
ERWINASE INJECTION SOLUTION RECONSTITUTED 10000 UNIT	EX	Medical Only Exclusion
ONCASPAR INJECTION SOLUTION 750 UNIT/ML	EX	Medical Only Exclusion
RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5ML	EX	Medical Only Exclusion
*Antineoplastic Radiopharmaceuticals***		
AZEDRA DOSIMETRIC INTRAVENOUS SOLUTION 15 MCI/ML	EX	Medical Only Exclusion
AZEDRA THERAPEUTIC INTRAVENOUS SOLUTION 15 MCI/ML	EX	Medical Only Exclusion
LUTATHERA INTRAVENOUS SOLUTION 370 MBQ/ML	EX	Medical Only Exclusion
PLUVICTO INTRAVENOUS SOLUTION 1000 MBQ/ML	EX	Medical Only Exclusion
QUADRAMET INTRAVENOUS SOLUTION 1850 MBQ/ML	EX	Medical Only Exclusion
<i>strontium chloride sr-89 intravenous solution 1 mci/ml</i>	EX	Medical Only Exclusion
XOFIGO INTRAVENOUS SOLUTION 30 MCCI/ML	EX	Medical Only Exclusion
*Antineoplastics - Interleukins & Agonists***		
ANKTIVA INTRAVESICAL SOLUTION 400 MCG/0.4ML	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
ELZONRIS INTRAVENOUS SOLUTION 1000 MCG/ML	EX	Medical Only Exclusion
PROLEUKIN INTRAVENOUS SOLUTION RECONSTITUTED 22000000 UNIT	EX	Medical Only Exclusion
*Antineoplastics - Photoactivated Agents***		
PHOTOFRIN INTRAVENOUS SOLUTION RECONSTITUTED 75 MG	EX	Medical Only Exclusion
UVADEX EXTRACORPOREAL SOLUTION 20 MCG/ML	Tier 4	PA; Specialty
*Antineoplastics Misc.***		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML	Tier 4	PA; Specialty
ALFERON N INJECTION SOLUTION 5000000 UNIT/ML	EX	Medical Only Exclusion
<i>arsenic trioxide intravenous solution 10 mg/10ml, 12 mg/6ml</i>	EX	Medical Only Exclusion
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML	Tier 4	PA; Specialty
<i>dacarbazine intravenous solution reconstituted 100 mg, 200 mg</i>	EX	Medical Only Exclusion
HYDREA ORAL CAPSULE 500 MG	EX	Formulary Exclusion
<i>hydroxyurea oral capsule 500 mg</i>	Tier 1	
INTRON A INJECTION SOLUTION 10000000 UNIT/ML, 6000000 UNIT/ML	Tier 4	PA; Specialty
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT	Tier 4	PA; Specialty
MATULANE ORAL CAPSULE 50 MG	Tier 4	PA; Specialty
NIPENT INTRAVENOUS SOLUTION RECONSTITUTED 10 MG	EX	Medical Only Exclusion
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED 3.5 MG	Tier 4	PA; Specialty
TICE BCG INTRAVESICAL SUSPENSION RECONSTITUTED 50 MG	EX	Medical Only Exclusion
TRISENOX INTRAVENOUS SOLUTION 12 MG/6ML	EX	Medical Only Exclusion
*Aromatase Inhibitors***		
<i>anastrozole oral tablet 1 mg</i>	Tier 5	
ARIMIDEX ORAL TABLET 1 MG	EX	Formulary Exclusion
AROMASIN ORAL TABLET 25 MG	EX	Formulary Exclusion; QL
<i>exemestane oral tablet 25 mg</i>	Tier 5	QL

Drug Name	Drug Tier	Notes
FEMARA ORAL TABLET 2.5 MG	EX	Formulary Exclusion
<i>letrozole oral tablet 2.5 mg</i>	Tier 5	
*Carboxypeptidase Enzyme Agents***		
VORAXAZE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT	EX	Medical Only Exclusion
*Cardiac Protective Agents***		
<i>dexrazoxane hcl intravenous solution reconstituted 250 mg, 500 mg</i>	EX	Medical Only Exclusion
<i>dexrazoxane intravenous solution reconstituted 250 mg</i>	EX	Medical Only Exclusion
TOTECT INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	EX	Medical Only Exclusion
*Chemotherapy Adjuncts - Hyperuricemia Agents***		
ELITEK INTRAVENOUS SOLUTION RECONSTITUTED 1.5 MG, 7.5 MG	EX	Medical Only Exclusion
*Chemotherapy Adjuncts - Keratinocyte Growth Factors***		
KEPIVANCE INTRAVENOUS SOLUTION RECONSTITUTED 5.16 MG, 6.25 MG	EX	Medical Only Exclusion
*Cyclin-Dependent Kinases (Cdk) Inhibitors***		
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	Tier 4	PA; Specialty; QL
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	Tier 4	PA; Specialty
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK	Tier 4	PA; Specialty; QL
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	Tier 4	PA; Specialty; QL
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	Tier 4	PA; Specialty; QL
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	Tier 4	PA; Specialty; QL
*Estrogen Receptor Antagonist***		
FASLODEX INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 MG/5ML	Tier 4	PA; Specialty
<i>fulvestrant intramuscular solution prefilled syringe 250 mg/5ml</i>	Tier 4	PA; Specialty

Drug Name	Drug Tier	Notes
*Estrogens-Antineoplastic***		
EMCYT ORAL CAPSULE 140 MG	Tier 4	PA; Specialty
*Folic Acid Antagonists Rescue Agents***		
KHAPZORY INTRAVENOUS SOLUTION RECONSTITUTED 175 MG, 300 MG	EX	Medical Only Exclusion
<i>leucovorin calcium injection solution 100 mg/10ml, 500 mg/50ml</i>	EX	Medical Only Exclusion
<i>leucovorin calcium injection solution reconstituted 100 mg, 200 mg, 350 mg, 50 mg, 500 mg</i>	EX	Medical Only Exclusion
<i>leucovorin calcium tablet 10 mg oral</i>	EX	Formulary Exclusion
<i>leucovorin calcium tablet 15 mg oral</i>	Tier 1	
<i>leucovorin calcium tablet 25 mg oral</i>	Tier 1	
<i>leucovorin calcium tablet 5 mg oral</i>	Tier 1	
<i>levoleucovorin calcium intravenous solution reconstituted 50 mg</i>	EX	Medical Only Exclusion
<i>levoleucovorin calcium pf intravenous solution 175 mg/17.5ml, 250 mg/25ml</i>	EX	Medical Only Exclusion
*Gonadotropin Releasing Hormone (Gnrh) Antagonists***		
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL	Tier 4	PA; Specialty
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	Tier 4	PA; Specialty
ORGOVYX ORAL TABLET 120 MG	Tier 4	PA; Specialty; QL
*Imidazotetrazines***		
TEMODAR INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	EX	Medical Only Exclusion
TEMODAR ORAL CAPSULE 100 MG, 140 MG, 180 MG, 20 MG, 250 MG, 5 MG	EX	PA; Specialty; Formulary Exclusion
<i>temozolomide capsule 100 mg oral</i>	Tier 1	PA; Specialty
<i>temozolomide capsule 100 mg oral</i>	Tier 4	PA; Specialty
<i>temozolomide capsule 140 mg oral</i>	Tier 1	PA; Specialty
<i>temozolomide capsule 140 mg oral</i>	Tier 4	PA; Specialty
<i>temozolomide capsule 180 mg oral</i>	Tier 1	PA; Specialty
<i>temozolomide capsule 180 mg oral</i>	Tier 4	PA; Specialty
<i>temozolomide capsule 20 mg oral</i>	Tier 1	PA; Specialty
<i>temozolomide capsule 20 mg oral</i>	Tier 4	PA; Specialty
<i>temozolomide capsule 250 mg oral</i>	Tier 1	PA; Specialty

Drug Name	Drug Tier	Notes
<i>temozolomide capsule 250 mg oral</i>	Tier 4	PA; Specialty
<i>temozolomide capsule 5 mg oral</i>	Tier 1	PA; Specialty
<i>temozolomide capsule 5 mg oral</i>	Tier 4	PA; Specialty
*Isocitrate Dehydrogenase 1 & 2 (Idh1 & Idh2) Inhibitors***		
VORANIGO ORAL TABLET 10 MG, 40 MG	Tier 4	PA; Specialty
*Isocitrate Dehydrogenase-1 (Idh1) Inhibitors***		
REZLIDHIA ORAL CAPSULE 150 MG	Tier 4	PA; Specialty
TIBSOVO ORAL TABLET 250 MG	Tier 4	PA; Specialty
*Isocitrate Dehydrogenase-2 (Idh2) Inhibitors***		
IDHIFA ORAL TABLET 100 MG, 50 MG	Tier 4	PA; Specialty; QL
*Janus Associated Kinase (Jak) Inhibitors***		
INREBIC ORAL CAPSULE 100 MG	Tier 4	PA; Specialty
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	Tier 4	PA; Specialty; QL
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	Tier 4	PA; Specialty
VONJO ORAL CAPSULE 100 MG	Tier 4	PA; Specialty
*Lhrh Analogs***		
CAMCEVI SUBCUTANEOUS PREFILLED SYRINGE 42 MG	EX	PA; Specialty; Formulary Exclusion; QL
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG	Tier 4	PA; Specialty; QL
<i>leuprolide acetate (3 month) intramuscular injectable 22.5 mg</i>	Tier 4	PA; Specialty; QL
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	Tier 4	PA; Specialty; QL
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG	Tier 4	PA; Specialty; QL
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG	Tier 4	PA; Specialty; QL
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG	Tier 4	PA; Specialty; QL
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG	Tier 4	PA; Specialty; QL
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG	Tier 4	PA; Specialty
VANTAS SUBCUTANEOUS KIT 50 MG	Tier 4	PA; Specialty

Drug Name	Drug Tier	Notes
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG	Tier 4	PA; Specialty
*Mitotic Inhibitors***		
ABRAXANE INTRAVENOUS SUSPENSION RECONSTITUTED 100 MG	EX	Medical Only Exclusion
<i>docetaxel intravenous concentrate 160 mg/8ml, 20 mg/ml, 80 mg/4ml</i>	EX	Medical Only Exclusion
<i>docetaxel intravenous solution 160 mg/16ml, 20 mg/2ml, 80 mg/8ml</i>	EX	Medical Only Exclusion
DOCIVYX INTRAVENOUS SOLUTION 160 MG/16ML, 20 MG/2ML, 80 MG/8ML	EX	Medical Only Exclusion
<i>eribulin mesylate intravenous solution 1 mg/2ml</i>	EX	Medical Only Exclusion
ETOPOPHOS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	EX	Medical Only Exclusion
<i>etoposide intravenous solution 1 gm/50ml, 100 mg/5ml, 500 mg/25ml</i>	EX	Medical Only Exclusion
<i>etoposide oral capsule 50 mg</i>	Tier 4	PA; Specialty
HALAVEN INTRAVENOUS SOLUTION 1 MG/2ML	EX	Medical Only Exclusion
IXEMPRA KIT INTRAVENOUS SOLUTION RECONSTITUTED 15 MG, 45 MG	EX	Medical Only Exclusion
JEVTANA INTRAVENOUS SOLUTION 60 MG/1.5ML	EX	Medical Only Exclusion
MARQIBO INTRAVENOUS SUSPENSION 5 MG/31ML	EX	Non FDA Exclusion
NAVELBINE INTRAVENOUS SOLUTION 10 MG/ML, 50 MG/5ML	EX	Medical Only Exclusion
<i>paclitaxel intravenous concentrate 100 mg/16.7ml, 150 mg/25ml, 30 mg/5ml, 300 mg/50ml</i>	EX	Medical Only Exclusion
<i>paclitaxel protein-bound part intravenous suspension reconstituted 100 mg</i>	EX	Medical Only Exclusion
<i>teniposide intravenous solution 10 mg/ml</i>	EX	Medical Only Exclusion
TOPOSAR INTRAVENOUS SOLUTION 1 GM/50ML, 100 MG/5ML, 500 MG/25ML	EX	Medical Only Exclusion
<i>vinblastine sulfate intravenous solution 1 mg/ml</i>	EX	Medical Only Exclusion
VINCASAR PFS INTRAVENOUS SOLUTION 1 MG/ML	EX	Medical Only Exclusion
<i>vincristine sulfate intravenous solution 1 mg/ml, 2 mg/2ml</i>	EX	Medical Only Exclusion
<i>vinorelbine tartrate intravenous solution 10 mg/ml, 50 mg/5ml</i>	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
*Myeloprotective Agents***		
COSELA INTRAVENOUS SOLUTION RECONSTITUTED 300 MG	EX	Medical Only Exclusion
*Nitrogen Mustards And Related Analogues***		
ALKERAN INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	EX	Medical Only Exclusion
ALKERAN ORAL TABLET 2 MG	EX	PA; Specialty; Formulary Exclusion
<i>cyclophosphamide capsule 25 mg oral</i>	Tier 1	
<i>cyclophosphamide capsule 25 mg oral</i>	EX	Formulary Exclusion
<i>cyclophosphamide capsule 50 mg oral</i>	Tier 1	
<i>cyclophosphamide capsule 50 mg oral</i>	EX	Formulary Exclusion
<i>cyclophosphamide injection solution reconstituted 1 gm, 2 gm, 500 mg</i>	Tier 4	PA; Specialty
<i>cyclophosphamide intravenous solution 1 gm/2ml, 1 gm/5ml, 1000 mg/10ml, 2 gm/10ml, 2 gm/4ml, 2000 mg/20ml, 500 mg/2.5ml, 500 mg/5ml, 500 mg/ml</i>	Tier 4	PA; Specialty
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	Tier 2	
EVOMELA INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	EX	Medical Only Exclusion
FRINDOVYX INTRAVENOUS SOLUTION 1 GM/2ML, 2 GM/4ML, 500 MG/ML	Tier 4	PA; Specialty
HEPZATO W/50MM CATHETER INTRA-ARTERIAL SOLUTION RECONSTITUTED 50 MG	EX	Medical Only Exclusion
HEPZATO W/62MM CATHETER INTRA-ARTERIAL SOLUTION RECONSTITUTED 50 MG	EX	Medical Only Exclusion
IFEX INTRAVENOUS SOLUTION RECONSTITUTED 1 GM, 3 GM	EX	Medical Only Exclusion
<i>ifosfamide intravenous solution 1 gm/20ml, 3 gm/60ml</i>	EX	Medical Only Exclusion
<i>ifosfamide intravenous solution reconstituted 1 gm, 3 gm</i>	EX	Medical Only Exclusion
<i>ivra intravenous solution 90 mg/ml</i>	EX	Medical Only Exclusion
LEUKERAN ORAL TABLET 2 MG	Tier 4	PA; Specialty
<i>melfalan hcl intravenous solution reconstituted 50 mg</i>	EX	Medical Only Exclusion
<i>melfalan oral tablet 2 mg</i>	Tier 4	PA; Specialty

Drug Name	Drug Tier	Notes
PEPAXTO INTRAVENOUS SOLUTION RECONSTITUTED 20 MG	EX	Non FDA Exclusion
*Nitrosoureas***		
BICNU INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	EX	Medical Only Exclusion
<i>carmustine intravenous solution reconstituted 100 mg, 300 mg, 50 mg</i>	EX	Medical Only Exclusion
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	Tier 4	PA; Specialty
GLIADEL WAFER IMPLANT WAFER 7.7 MG	EX	Medical Only Exclusion
ZANOSAR INTRAVENOUS SOLUTION RECONSTITUTED 1 GM	EX	Medical Only Exclusion
*Oligonucleotide Telomerase Inhibitors***		
RYTELO INTRAVENOUS SOLUTION RECONSTITUTED 188 MG, 47 MG	EX	Medical Only Exclusion
*Oncolytic Viral Agents - Hsv1***		
IMLYGIC INTRALESIONAL SUSPENSION 1000000 UNIT/ML, 100000000 UNIT/ML	EX	Medical Only Exclusion
*Ornithine Decarboxylase (Odc) Inhibitors***		
IWILFIN ORAL TABLET 192 MG	Tier 4	PA; Specialty
*Otoprotective Agents***		
PEDMARK INTRAVENOUS SOLUTION 12.5 %	EX	Medical Only Exclusion
*Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors***		
ALIQOPA INTRAVENOUS SOLUTION RECONSTITUTED 60 MG	EX	Non FDA Exclusion
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	Tier 4	PA; Specialty; QL
ITOVEBI ORAL TABLET 3 MG, 9 MG	Tier 4	PA; Specialty
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK	Tier 4	PA; Specialty
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG	Tier 4	PA; Specialty
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG	Tier 4	PA; Specialty
ZYDELIG ORAL TABLET 100 MG, 150 MG	Tier 4	PA; Specialty; QL

Drug Name	Drug Tier	Notes
*Poly (Adp-Ribose) Polymerase (Parp) Inhibitors***		
LYNPARZA ORAL TABLET 100 MG, 150 MG	Tier 4	PA; Specialty; QL
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	Tier 4	PA; Specialty; QL
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	Tier 4	PA; Specialty
ZEJULA ORAL CAPSULE 100 MG	Tier 4	PA; Specialty; QL
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	Tier 4	PA; Specialty
*Progestins-Antineoplastic***		
<i>hydroxyprogesterone caproate intramuscular solution 1.25 gm/5ml</i>	Tier 4	PA; Specialty
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml</i>	Tier 1	
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	Tier 1	
*Retinoids***		
<i>tretinoin oral capsule 10 mg</i>	Tier 4	PA; Specialty
*Selective Estrogen Receptor Degradars***		
ORSERDU ORAL TABLET 345 MG, 86 MG	Tier 4	PA; Specialty
*Selective Retinoid X Receptor Agonists***		
<i>bexarotene oral capsule 75 mg</i>	Tier 4	PA; Specialty
TARGRETIN ORAL CAPSULE 75 MG	EX	PA; Specialty; Formulary Exclusion
*Tetrahydroisoquinolines***		
YONDELIS INTRAVENOUS SOLUTION RECONSTITUTED 1 MG	EX	Medical Only Exclusion
*Topoisomerase I Inhibitors - Antibody-Drug Complex***		
DATROWAY INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	EX	Medical Only Exclusion
TRODELVY INTRAVENOUS SOLUTION RECONSTITUTED 180 MG	EX	Medical Only Exclusion
*Topoisomerase I Inhibitors***		
CAMPTOSAR INTRAVENOUS SOLUTION 100 MG/5ML, 300 MG/15ML, 40 MG/2ML	EX	Medical Only Exclusion
HYCAMTIN INTRAVENOUS SOLUTION RECONSTITUTED 4 MG	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG	Tier 4	PA; Specialty
<i>irinotecan hcl intravenous solution 100 mg/5ml, 300 mg/15ml, 40 mg/2ml, 500 mg/25ml</i>	EX	Medical Only Exclusion
ONIVYDE INTRAVENOUS INJECTABLE 43 MG/10ML	EX	Medical Only Exclusion
<i>topotecan hcl intravenous solution 4 mg/4ml</i>	EX	Medical Only Exclusion
<i>topotecan hcl intravenous solution reconstituted 4 mg</i>	EX	Medical Only Exclusion
*Urinary Tract Protective Agents***		
ETHYOL INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	EX	Medical Only Exclusion
<i>mesna intravenous solution 100 mg/ml</i>	EX	Medical Only Exclusion
<i>mesna oral tablet 400 mg</i>	Tier 1	
MESNEX INTRAVENOUS SOLUTION 100 MG/ML	EX	Medical Only Exclusion
MESNEX ORAL TABLET 400 MG	EX	Formulary Exclusion
*Vascular Endothelial Growth Factor (Vegf) Inhibitors***		
ALYMSYS INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	EX	Medical Only Exclusion
AVASTIN INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	EX	Medical Only Exclusion
CYRAMZA INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	EX	Medical Only Exclusion
FRUZAQLA ORAL CAPSULE 1 MG, 5 MG	Tier 4	PA; Specialty
INLYTA ORAL TABLET 1 MG, 5 MG	Tier 4	PA; Specialty
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier 4	PA; Specialty; QL
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG	Tier 4	PA; Specialty; QL
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG	Tier 4	PA; Specialty; QL
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG	Tier 4	PA; Specialty; QL
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG	Tier 4	PA; Specialty; QL
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG	Tier 4	PA; Specialty; QL

Drug Name	Drug Tier	Notes
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier 4	PA; Specialty; QL
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG	Tier 4	PA; Specialty; QL
MVASI INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	EX	Medical Only Exclusion
VEGZELMA INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	EX	Medical Only Exclusion
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4ML, 200 MG/8ML	EX	Medical Only Exclusion
ZIRABEV INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	EX	Medical Only Exclusion
Antiparkinson And Related Therapy Agents		
*Adenosine Receptor Antagonist***		
NOURIANZ ORAL TABLET 20 MG, 40 MG	Tier 3	QL
*Antiparkinson Anticholinergics***		
<i>benztropine mesylate injection solution 1 mg/ml</i>	EX	Medical Only Exclusion
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
COGENTIN INJECTION SOLUTION 1 MG/ML	EX	Medical Only Exclusion
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>	Tier 1	
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	Tier 1	
*Antiparkinson Dopaminergics***		
<i>amantadine hcl oral capsule 100 mg</i>	Tier 1	
<i>amantadine hcl oral solution 50 mg/5ml</i>	Tier 1	
<i>amantadine hcl oral tablet 100 mg</i>	Tier 1	
<i>bromocriptine mesylate oral capsule 5 mg</i>	Tier 1	
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	Tier 1	
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG, 68.5 MG	EX	Non Essential Drug Exclusion; QL
INBRIJA INHALATION CAPSULE 42 MG	Tier 4	PA; Specialty; QL
OSMOLEX ER ORAL TABLET ER 24 HOUR THERAPY PACK 129 & 193 MG	Tier 3	QL
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG, 193 MG, 258 MG	Tier 3	QL
PARLODEL ORAL CAPSULE 5 MG	EX	Formulary Exclusion
PARLODEL ORAL TABLET 2.5 MG	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
*Antiparkinson Monoamine Oxidase Inhibitors***		
AZILECT ORAL TABLET 0.5 MG, 1 MG	EX	Formulary Exclusion
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	Tier 1	
<i>selegiline hcl oral capsule 5 mg</i>	Tier 1	
<i>selegiline hcl oral tablet 5 mg</i>	Tier 1	
XADAGO ORAL TABLET 100 MG, 50 MG	Tier 3	
ZELAPAR ORAL TABLET DISPERSIBLE 1.25 MG	Tier 3	
*Central/Peripheral Comt Inhibitors***		
TASMAR ORAL TABLET 100 MG	EX	PA; Formulary Exclusion
<i>tolcapone oral tablet 100 mg</i>	Tier 1	PA
*Decarboxylase Inhibitors***		
<i>carbidopa oral tablet 25 mg</i>	Tier 1	
LODOSYN ORAL TABLET 25 MG	EX	Formulary Exclusion
*Levodopa Combinations***		
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	Tier 1	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	Tier 1	
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>	Tier 1	
<i>carbidopa-levodopa-entacapone tablet 12.5-50-200 mg oral</i>	Tier 1	
<i>carbidopa-levodopa-entacapone tablet 12.5-50-200 mg oral</i>	Tier 3	
<i>carbidopa-levodopa-entacapone tablet 18.75-75-200 mg oral</i>	Tier 1	
<i>carbidopa-levodopa-entacapone tablet 18.75-75-200 mg oral</i>	Tier 3	
<i>carbidopa-levodopa-entacapone tablet 25-100-200 mg oral</i>	Tier 1	
<i>carbidopa-levodopa-entacapone tablet 31.25-125-200 mg oral</i>	Tier 1	
<i>carbidopa-levodopa-entacapone tablet 37.5-150-200 mg oral</i>	Tier 1	
<i>carbidopa-levodopa-entacapone tablet 37.5-150-200 mg oral</i>	Tier 3	
<i>carbidopa-levodopa-entacapone tablet 50-200-200 mg oral</i>	Tier 1	

Drug Name	Drug Tier	Notes
CREXONT ORAL CAPSULE EXTENDED RELEASE 35-140 MG, 52.5-210 MG, 70-280 MG, 87.5-350 MG	EX	Formulary Exclusion
DHIVY ORAL TABLET 25-100 MG	EX	Formulary Exclusion
DUOPA ENTERAL SUSPENSION 4.63-20 MG/ML	Tier 3	PA
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	Tier 3	ST
SINEMET ORAL TABLET 10-100 MG, 25-100 MG, 25-250 MG	EX	Formulary Exclusion
STALEVO 100 ORAL TABLET 25-100-200 MG	EX	Formulary Exclusion
STALEVO 125 TABLET 31.25-125-200 MG ORAL	EX	Formulary Exclusion
STALEVO 125 TABLET 31.25-125-200 MG ORAL	Tier 3	
STALEVO 150 TABLET 37.5-150-200 MG ORAL	EX	Formulary Exclusion
STALEVO 150 TABLET 37.5-150-200 MG ORAL	Tier 3	
STALEVO 200 TABLET 50-200-200 MG ORAL	EX	Formulary Exclusion
STALEVO 200 TABLET 50-200-200 MG ORAL	Tier 3	
STALEVO 50 TABLET 12.5-50-200 MG ORAL	EX	Formulary Exclusion
STALEVO 50 TABLET 12.5-50-200 MG ORAL	Tier 3	
STALEVO 75 TABLET 18.75-75-200 MG ORAL	EX	Formulary Exclusion
STALEVO 75 TABLET 18.75-75-200 MG ORAL	Tier 3	
VYALEV SUBCUTANEOUS SOLUTION 12-240 MG/ML	Tier 4	PA; Specialty
*Nonergoline Dopamine Receptor Agonists***		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML	Tier 4	PA; Specialty
<i>apomorphine hcl subcutaneous solution cartridge 30 mg/3ml</i>	Tier 4	PA; Specialty
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	Tier 2	

Drug Name	Drug Tier	Notes
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3 MG, 3.75 MG, 4.5 MG	EX	Formulary Exclusion
MIRAPEX ORAL TABLET 0.125 MG, 0.5 MG, 0.75 MG, 1 MG	EX	Formulary Exclusion
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR	Tier 3	
ONAPGO SUBCUTANEOUS SOLUTION CARTRIDGE 98 MG/20ML	Tier 3	PA; Specialty
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	Tier 1	
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	Tier 1	
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	Tier 1	
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	Tier 1	
*Peripheral Comt Inhibitors***		
COMTAN ORAL TABLET 200 MG	EX	Formulary Exclusion
<i>entacapone oral tablet 200 mg</i>	Tier 1	
ONGENTYS ORAL CAPSULE 25 MG, 50 MG	Tier 3	QL
Antipsychotics/Antimanic Agents		
*Antimanic Agents***		
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	Tier 1	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	Tier 1	
<i>lithium carbonate oral tablet 300 mg</i>	Tier 1	
<i>lithium oral solution 8 meq/5ml</i>	Tier 1	
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG	Tier 3	
*Antipsychotics - Misc.***		
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	EX	Formulary Exclusion; QL
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG	Tier 3	
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED 20 MG	Tier 3	

Drug Name	Drug Tier	Notes
GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG	EX	Formulary Exclusion
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG	EX	Formulary Exclusion
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1	
NUPLAZID ORAL CAPSULE 34 MG	Tier 4	PA; Specialty
NUPLAZID ORAL TABLET 10 MG	Tier 4	PA; Specialty
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	Tier 3	ST
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG	Tier 3	ST
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1	
<i>ziprasidone mesylate intramuscular solution reconstituted 20 mg</i>	Tier 1	
*Benzisoxazoles***		
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 351 MG/2.25ML, 39 MG/0.25ML, 78 MG/0.5ML	Tier 3	QL
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	Tier 3	ST
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG	Tier 3	ST
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML, 1560 MG/5ML	Tier 2	
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 1.5 MG, 3 MG, 6 MG, 9 MG	EX	Formulary Exclusion
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 39 MG/0.25ML, 78 MG/0.5ML	Tier 2	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML	Tier 2	
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg, 9 mg</i>	Tier 1	
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG	Tier 2	

Drug Name	Drug Tier	Notes
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG, 37.5 MG, 50 MG	EX	Formulary Exclusion
RISPERDAL ORAL SOLUTION 1 MG/ML	EX	Formulary Exclusion
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	EX	Formulary Exclusion
<i>risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	Tier 1	
<i>risperidone oral solution 1 mg/ml</i>	Tier 1	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 1	
<i>risperidone tablet dispersible 0.25 mg oral</i>	Tier 1	ST
<i>risperidone tablet dispersible 0.5 mg oral</i>	Tier 1	
<i>risperidone tablet dispersible 1 mg oral</i>	Tier 1	
<i>risperidone tablet dispersible 2 mg oral</i>	Tier 1	
<i>risperidone tablet dispersible 3 mg oral</i>	Tier 1	
<i>risperidone tablet dispersible 4 mg oral</i>	Tier 1	
RYKINDO INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 25 MG, 37.5 MG, 50 MG	Tier 2	
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML, 125 MG/0.35ML, 150 MG/0.42ML, 200 MG/0.56ML, 250 MG/0.7ML, 50 MG/0.14ML, 75 MG/0.21ML	Tier 2	
*Butyrophenones***		
HALDOL DECANOATE INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/ML	Tier 3	
HALDOL INJECTION SOLUTION 5 MG/ML	Tier 3	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	Tier 1	
<i>haloperidol lactate injection solution 5 mg/ml</i>	Tier 1	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	Tier 1	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	Tier 1	
*Dibenzodiazepines***		
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	
<i>clozapine tablet dispersible 100 mg oral</i>	Tier 1	

Drug Name	Drug Tier	Notes
<i>clozapine tablet dispersible 12.5 mg oral</i>	Tier 1	ST
<i>clozapine tablet dispersible 150 mg oral</i>	Tier 1	
<i>clozapine tablet dispersible 150 mg oral</i>	Tier 3	ST
<i>clozapine tablet dispersible 200 mg oral</i>	Tier 1	
<i>clozapine tablet dispersible 25 mg oral</i>	Tier 1	
CLOZARIL ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	EX	Formulary Exclusion
VERSACLOZ ORAL SUSPENSION 50 MG/ML	Tier 3	ST
*Dibenzo-Oxepino Pyrroles***		
<i>asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG	EX	Formulary Exclusion
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR	Tier 3	ST; QL
*Dibenzothiazepines***		
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	Tier 1	
<i>quetiapine fumarate tablet 100 mg oral</i>	Tier 1	
<i>quetiapine fumarate tablet 150 mg oral</i>	EX	Formulary Exclusion
<i>quetiapine fumarate tablet 200 mg oral</i>	Tier 1	
<i>quetiapine fumarate tablet 25 mg oral</i>	Tier 1	
<i>quetiapine fumarate tablet 300 mg oral</i>	Tier 1	
<i>quetiapine fumarate tablet 400 mg oral</i>	Tier 1	
<i>quetiapine fumarate tablet 50 mg oral</i>	Tier 1	
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 400 MG, 50 MG	EX	Formulary Exclusion
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG	EX	Formulary Exclusion
*Dibenzoxazepines***		
ADASUVE INHALATION AEROSOL POWDER BREATH ACTIVATED 10 MG	EX	Formulary Exclusion
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 1	
*Dihydroindolones***		
<i>molindone hcl oral tablet 10 mg, 25 mg, 5 mg</i>	Tier 3	

Drug Name	Drug Tier	Notes
*Muscarinic Agent - Combinations***		
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	Tier 3	ST
COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK 50-20 & 100-20 MG	Tier 3	ST
*Phenothiazines***		
<i>chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml</i>	Tier 1	
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	
<i>chlorpromazine hcl solution 25 mg/ml injection</i>	Tier 1	
<i>chlorpromazine hcl solution 50 mg/2ml injection</i>	Tier 1	
<i>chlorpromazine hcl solution 50 mg/2ml injection</i>	Tier 2	
COMPRO RECTAL SUPPOSITORY 25 MG	Tier 1	
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	Tier 1	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	Tier 2	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	Tier 3	
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	Tier 3	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	Tier 1	
<i>prochlorperazine edisylate solution 10 mg/2ml injection</i>	Tier 1	
<i>prochlorperazine edisylate solution 50 mg/10ml injection</i>	Tier 2	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>prochlorperazine rectal suppository 25 mg</i>	Tier 1	
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	EX	Formulary Exclusion
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1	
*Quinolinone Derivatives***		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML, 960 MG/3.2ML	Tier 2	
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	Tier 2	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	Tier 2	

Drug Name	Drug Tier	Notes
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	EX	Non Essential Drug Exclusion; Formulary Exclusion
ABILIFY MYCITE ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	EX	Non Essential Drug Exclusion; Formulary Exclusion
ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	EX	Non Essential Drug Exclusion; Formulary Exclusion
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	EX	Formulary Exclusion
<i>aripiprazole oral solution 1 mg/ml</i>	Tier 1	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1	
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>	Tier 1	
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML	Tier 2	
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML, 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML	Tier 2	
OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG	Tier 3	ST
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	Tier 2	
*Thienbenzodiazepines***		
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	Tier 1	
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	Tier 1	
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	Tier 1	
ZYPREXA INTRAMUSCULAR SOLUTION RECONSTITUTED 10 MG	Tier 3	
ZYPREXA ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG, 5 MG, 7.5 MG	EX	Formulary Exclusion
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG, 405 MG	Tier 3	
ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG	EX	Formulary Exclusion
*Thioxanthenes***		
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1	

Drug Name	Drug Tier	Notes
Antiseptics & Disinfectants		
*Antiseptics & Disinfectants***		
<i>formaldehyde external solution 10 %, 37 %</i>	EX	Formulary Exclusion
<i>glutaraldehyde external solution 25 %</i>	EX	Formulary Exclusion
<i>hydrogen peroxide solution 30 %</i>	EX	Formulary Exclusion
*Chlorine Antiseptics***		
<i>benzalkonium chloride external solution</i>	EX	Formulary Exclusion
<i>chlorhexidine gluconate solution 20 %</i>	EX	Formulary Exclusion
*Iodine Antiseptics***		
<i>iodine tincture external tincture 2 %</i>	EX	Formulary Exclusion
IODOFLEX EXTERNAL PAD 0.9 %	EX	Formulary Exclusion
<i>iodosorb external gel 0.9 %</i>	EX	Non FDA Exclusion
<i>lugols strong iodine solution 5-10 % external</i>	EX	Formulary Exclusion
<i>lugols strong iodine solution 5-10 % external</i>	EX	Non FDA Exclusion
Antivirals		
*Antiretroviral Combinations***		
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	Tier 1	QL
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	Tier 1	QL
ATRIPLA ORAL TABLET 600-200-300 MG	EX	Formulary Exclusion; QL
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	Tier 2	QL
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML, 600 & 900 MG/3ML	Tier 3	PA
CIMDUO ORAL TABLET 300-300 MG	Tier 2	QL
COMBIVIR ORAL TABLET 150-300 MG	EX	Formulary Exclusion; QL
COMPLERA ORAL TABLET 200-25-300 MG	Tier 3	QL
DELSTRIGO ORAL TABLET 100-300-300 MG	Tier 2	QL
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	Tier 5	QL
DOVATO ORAL TABLET 50-300 MG	Tier 2	QL
<i>efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg</i>	Tier 1	QL
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg</i>	Tier 1	QL
<i>emtricitabine-tenofovir df tablet 100-150 mg oral</i>	Tier 1	QL

Drug Name	Drug Tier	Notes
<i>emtricitabine-tenofovir df tablet 133-200 mg oral</i>	Tier 1	QL
<i>emtricitabine-tenofovir df tablet 167-250 mg oral</i>	Tier 1	QL
<i>emtricitabine-tenofovir df tablet 200-300 mg oral</i>	Tier 5	QL
EPZICOM ORAL TABLET 600-300 MG	EX	Formulary Exclusion; QL
EVOTAZ ORAL TABLET 300-150 MG	Tier 2	QL
GENVOYA ORAL TABLET 150-150-200-10 MG	Tier 2	QL
JULUCA ORAL TABLET 50-25 MG	Tier 2	QL
KALETRA ORAL SOLUTION 400-100 MG/5ML	EX	Formulary Exclusion
KALETRA ORAL TABLET 100-25 MG, 200-50 MG	EX	Formulary Exclusion; QL
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	Tier 1	QL
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	Tier 1	
<i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i>	Tier 1	QL
ODEFSEY ORAL TABLET 200-25-25 MG	Tier 2	QL
PREZCOBIX ORAL TABLET 800-150 MG	Tier 2	QL
STRIBILD ORAL TABLET 150-150-200-300 MG	Tier 3	QL
SYMFI LO ORAL TABLET 400-300-300 MG	EX	Formulary Exclusion; QL
SYMFI ORAL TABLET 600-300-300 MG	EX	Formulary Exclusion; QL
SYMTUZA ORAL TABLET 800-150-200-10 MG	Tier 2	QL
TEMIXYS ORAL TABLET 300-300 MG	Tier 2	QL
TRIUMEQ ORAL TABLET 600-50-300 MG	Tier 2	QL
<i>trumeq pd oral tablet soluble 60-5-30 mg</i>	Tier 2	QL
TRIZIVIR ORAL TABLET 300-150-300 MG	Tier 3	QL
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	EX	Formulary Exclusion; QL
*Antiretrovirals - Capsid Inhibitors***		
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG, 5 X 300 MG	Tier 3	PA
SUNLENCA SUBCUTANEOUS SOLUTION 463.5 MG/1.5ML	Tier 3	PA
*Antiretrovirals - Ccr5 Antagonists (Entry Inhibitor)***		
<i>maraviroc oral tablet 150 mg, 300 mg</i>	Tier 1	QL
SELZENTRY ORAL SOLUTION 20 MG/ML	Tier 3	
SELZENTRY TABLET 150 MG ORAL	EX	Formulary Exclusion; QL

Drug Name	Drug Tier	Notes
SELZENTRY TABLET 25 MG ORAL	Tier 3	QL
SELZENTRY TABLET 300 MG ORAL	EX	Formulary Exclusion; QL
SELZENTRY TABLET 75 MG ORAL	Tier 3	QL
*Antiretrovirals - Cd4-Directed Post-Attachment Inhibitor***		
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33ML	EX	Medical Only Exclusion
*Antiretrovirals - Fusion Inhibitors***		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	Tier 3	QL
*Antiretrovirals - Gp120-Directed Attachment Inhibitor***		
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG	Tier 3	PA; QL
*Antiretrovirals - Integrase Inhibitors***		
APRETUDE INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 MG/3ML	Tier 5	QL
ISENTRESS HD ORAL TABLET 600 MG	Tier 2	QL
ISENTRESS ORAL PACKET 100 MG	Tier 2	QL
ISENTRESS ORAL TABLET 400 MG	Tier 2	QL
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG	Tier 2	QL
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG	Tier 2	QL
TIVICAY PD ORAL TABLET SOLUBLE 5 MG	Tier 2	QL
*Antiretrovirals - Protease Inhibitors***		
APTIVUS ORAL CAPSULE 250 MG	Tier 3	QL
<i>atazanavir sulfate oral capsule 150 mg, 200 mg, 300 mg</i>	Tier 1	QL
CRIXIVAN ORAL CAPSULE 400 MG	Tier 3	QL
<i>darunavir oral tablet 600 mg, 800 mg</i>	Tier 1	QL
<i>fosamprenavir calcium oral tablet 700 mg</i>	Tier 1	QL
INVIRASE ORAL TABLET 500 MG	Tier 3	QL
LEXIVA ORAL SUSPENSION 50 MG/ML	Tier 3	
LEXIVA ORAL TABLET 700 MG	EX	Formulary Exclusion; QL
NORVIR ORAL CAPSULE 100 MG	EX	Formulary Exclusion; QL

Drug Name	Drug Tier	Notes
NORVIR ORAL PACKET 100 MG	Tier 3	
NORVIR ORAL SOLUTION 80 MG/ML	Tier 2	
NORVIR ORAL TABLET 100 MG	EX	Formulary Exclusion; QL
PREZISTA ORAL SUSPENSION 100 MG/ML	Tier 2	
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	Tier 2	QL
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	EX	Formulary Exclusion; QL
REYATAZ ORAL PACKET 50 MG	Tier 3	QL
<i>ritonavir oral tablet 100 mg</i>	Tier 1	QL
VIRACEPT ORAL TABLET 250 MG, 625 MG	Tier 3	QL
*Antiretrovirals - Rti-Non-Nucleoside Analogues***		
EDURANT ORAL TABLET 25 MG	Tier 3	QL
<i>efavirenz oral capsule 200 mg, 50 mg</i>	Tier 1	QL
<i>efavirenz oral tablet 600 mg</i>	Tier 1	QL
<i>etravirine oral tablet 100 mg, 200 mg</i>	Tier 1	QL
INTELENCE TABLET 100 MG ORAL	EX	Formulary Exclusion; QL
INTELENCE TABLET 200 MG ORAL	EX	Formulary Exclusion; QL
INTELENCE TABLET 25 MG ORAL	Tier 2	QL
<i>nevirapine er oral tablet extended release 24 hour 100 mg, 400 mg</i>	Tier 1	QL
<i>nevirapine oral suspension 50 mg/5ml</i>	Tier 1	
<i>nevirapine oral tablet 200 mg</i>	Tier 1	QL
PIFELTRO ORAL TABLET 100 MG	Tier 3	QL
SUSTIVA ORAL CAPSULE 200 MG, 50 MG	EX	Formulary Exclusion; QL
SUSTIVA ORAL TABLET 600 MG	EX	Formulary Exclusion; QL
VIRAMUNE ORAL SUSPENSION 50 MG/5ML	EX	Formulary Exclusion
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 400 MG	EX	Formulary Exclusion; QL
*Antiretrovirals - Rti-Nucleoside Analogues-Purines***		
<i>abacavir sulfate oral solution 20 mg/ml</i>	Tier 1	
<i>abacavir sulfate oral tablet 300 mg</i>	Tier 1	QL
ZIAGEN ORAL SOLUTION 20 MG/ML	EX	Formulary Exclusion
ZIAGEN ORAL TABLET 300 MG	EX	Formulary Exclusion; QL

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

Drug Name	Drug Tier	Notes
*Cmv Agents***		
<i>cidofovir intravenous solution 75 mg/ml</i>	EX	Medical Only Exclusion
<i>foscarnet sodium intravenous solution 6000 mg/250ml</i>	EX	Medical Only Exclusion
FOSCAVIR INTRAVENOUS SOLUTION 6000 MG/250ML	EX	Medical Only Exclusion
<i>ganciclovir intravenous solution 500 mg/250ml</i>	EX	Medical Only Exclusion
<i>ganciclovir sodium intravenous solution 500 mg/10ml</i>	EX	Medical Only Exclusion
<i>ganciclovir sodium intravenous solution reconstituted 500 mg</i>	EX	Medical Only Exclusion
LIVTENCITY ORAL TABLET 200 MG	Tier 4	PA; Specialty
PREVYMIS INTRAVENOUS SOLUTION 240 MG/12ML, 480 MG/24ML	EX	Medical Only Exclusion
PREVYMIS ORAL PACKET 120 MG, 20 MG	EX	New to Market Exclusion; QL
PREVYMIS ORAL TABLET 240 MG, 480 MG	Tier 3	
VALCYTE ORAL SOLUTION RECONSTITUTED 50 MG/ML	EX	Formulary Exclusion
VALCYTE ORAL TABLET 450 MG	EX	Formulary Exclusion
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	Tier 1	
<i>valganciclovir hcl oral tablet 450 mg</i>	Tier 1	
*Hepatitis B Agents***		
<i>adefovir dipivoxil oral tablet 10 mg</i>	Tier 1	QL
BARACLUDE ORAL SOLUTION 0.05 MG/ML	Tier 2	
BARACLUDE ORAL TABLET 0.5 MG, 1 MG	EX	Formulary Exclusion; QL
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	Tier 1	QL
EPIVIR HBV ORAL SOLUTION 5 MG/ML	Tier 3	
EPIVIR HBV ORAL TABLET 100 MG	EX	Formulary Exclusion; QL
HEPSERA ORAL TABLET 10 MG	EX	Formulary Exclusion; QL
<i>lamivudine oral tablet 100 mg</i>	Tier 1	QL
VEMLIDY ORAL TABLET 25 MG	Tier 2	
*Hepatitis C Agent - Combinations***		
EPCLUSA ORAL PACKET 150-37.5 MG, 200-50 MG	Tier 4	PA; Specialty; QL
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG	Tier 4	PA; Specialty; QL

Drug Name	Drug Tier	Notes
HARVONI ORAL PACKET 33.75-150 MG, 45-200 MG	Tier 2	Specialty; QL
HARVONI ORAL TABLET 45-200 MG, 90-400 MG	Tier 2	Specialty; QL
<i>ledipasvir-sofosbuvir oral tablet 90-400 mg</i>	EX	PA; Specialty; Formulary Exclusion; QL
MAVYRET ORAL PACKET 50-20 MG	Tier 4	PA; Specialty; QL
MAVYRET ORAL TABLET 100-40 MG	Tier 4	PA; Specialty; QL
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>	EX	PA; Specialty; Formulary Exclusion; QL
VOSEVI ORAL TABLET 400-100-100 MG	Tier 4	PA; Specialty; QL
ZEPATIER ORAL TABLET 50-100 MG	EX	PA; Specialty; Formulary Exclusion; QL
*Hepatitis C Agents***		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	Tier 4	PA; Specialty
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML	Tier 4	PA; Specialty
<i>ribavirin oral capsule 200 mg</i>	Tier 4	Specialty
<i>ribavirin oral tablet 200 mg</i>	Tier 4	Specialty
SOVALDI ORAL PACKET 150 MG, 200 MG	Tier 4	PA; Specialty; QL
SOVALDI ORAL TABLET 200 MG, 400 MG	Tier 4	PA; Specialty; QL
*Herpes Agents - Purine Analogues***		
<i>acyclovir oral capsule 200 mg</i>	Tier 1	
<i>acyclovir oral suspension 200 mg/5ml</i>	Tier 1	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	Tier 1	
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	EX	Medical Only Exclusion
<i>acyclovir sodium-nacl intravenous solution 200-0.9 mg/100ml-%</i>	EX	Non FDA Exclusion
SITAVIG BUCCAL TABLET 50 MG	EX	Non Essential Drug Exclusion
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	Tier 1	
VALTREX ORAL TABLET 1 GM, 500 MG	EX	Formulary Exclusion
ZOVIRAX ORAL SUSPENSION 200 MG/5ML	EX	Formulary Exclusion
*Herpes Agents - Thymidine Analogues***		
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	Tier 1	
*Influenza Agents***		
<i>rimantadine hcl oral tablet 100 mg</i>	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
*Misc. Antivirals***		
<i>favipiravir oral tablet 200 mg</i>	EX	Non FDA Exclusion
LAGEVRIO ORAL CAPSULE 200 MG	Tier 3	QL
<i>remdesivir intravenous solution reconstituted 100 mg, 150 mg</i>	EX	Medical Only Exclusion
TEMBEXA ORAL SUSPENSION 10 MG/ML	Tier 3	
TEMBEXA ORAL TABLET 100 MG	Tier 3	
TPOXX INTRAVENOUS SOLUTION 200 MG/20ML	EX	Medical Only Exclusion
TPOXX ORAL CAPSULE 200 MG	Tier 2	PA
VEKLURY INTRAVENOUS SOLUTION 100 MG/20ML	EX	Medical Only Exclusion
VEKLURY INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	EX	Medical Only Exclusion
*Neuraminidase Inhibitors***		
<i>oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg</i>	Tier 1	QL
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	Tier 1	
RAPIVAB INTRAVENOUS SOLUTION 200 MG/20ML	EX	Medical Only Exclusion
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	Tier 3	QL
TAMIFLU ORAL CAPSULE 30 MG, 45 MG, 75 MG	EX	Formulary Exclusion; QL
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML	EX	Formulary Exclusion
*Pa Endonuclease Inhibitors***		
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	Tier 3	QL
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	Tier 3	QL
*Rsv Agents - Nucleoside Analogues***		
<i>ribavirin inhalation solution reconstituted 6 gm</i>	EX	Medical Only Exclusion
VIRAZOLE INHALATION SOLUTION RECONSTITUTED 6 GM	EX	Medical Only Exclusion
Beta Blockers		
*Alpha-Beta Blockers***		
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	Tier 1	

Drug Name	Drug Tier	Notes
<i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i>	Tier 1	
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 40 MG, 80 MG	EX	Formulary Exclusion
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG	EX	Formulary Exclusion
<i>labetalol hcl solution 5 mg/ml intravenous</i>	EX	Medical Only Exclusion
<i>labetalol hcl solution 5 mg/ml intravenous</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>labetalol hcl solution prefilled syringe 10 mg/2ml intravenous</i>	EX	Medical Only Exclusion
<i>labetalol hcl solution prefilled syringe 20 mg/4ml intravenous</i>	EX	Non FDA Exclusion
<i>labetalol hcl tablet 100 mg oral</i>	Tier 1	
<i>labetalol hcl tablet 200 mg oral</i>	Tier 1	
<i>labetalol hcl tablet 300 mg oral</i>	Tier 1	
<i>labetalol hcl tablet 400 mg oral</i>	Tier 3	
<i>labetalol hcl-dextrose intravenous solution 200-5 mg/200ml-%</i>	EX	Medical Only Exclusion
<i>labetalol hcl-sodium chloride intravenous solution 100-0.72 mg/100ml-%, 200-0.72 mg/200ml-%, 300-0.72 mg/300ml-%</i>	EX	Medical Only Exclusion
*Beta Blockers Cardio-Selective***		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	Tier 1	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
ATENOLOL+SYRSPEND SF ORAL SUSPENSION 1 MG/ML	EX	Non FDA Exclusion
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	Tier 1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	Tier 1	
BREVIBLOC IN NAACL INTRAVENOUS SOLUTION 2000 MG/100ML, 2500 MG/250ML	EX	Medical Only Exclusion
BREVIBLOC INTRAVENOUS SOLUTION 100 MG/10ML	EX	Medical Only Exclusion
BREVIBLOC PREMIXED DS INTRAVENOUS SOLUTION 2000 MG/100ML	EX	Medical Only Exclusion
BREVIBLOC PREMIXED INTRAVENOUS SOLUTION 2500 MG/250ML	EX	Medical Only Exclusion
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
<i>esmolol hcl intravenous solution 100 mg/10ml, 2000 mg/100ml, 2500 mg/250ml</i>	EX	Medical Only Exclusion
<i>esmolol hcl intravenous solution prefilled syringe 100 mg/10ml</i>	EX	Non FDA Exclusion
<i>esmolol hcl-sodium chloride intravenous solution 2000 mg/100ml, 2500 mg/250ml</i>	EX	Medical Only Exclusion
KASPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG	EX	Non Essential Drug Exclusion
LOPRESSOR ORAL TABLET 100 MG, 50 MG	EX	Formulary Exclusion
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	
<i>metoprolol tartrate intravenous solution 5 mg/5ml</i>	EX	Medical Only Exclusion
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	Tier 1	
<i>nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Tier 1	
TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG	EX	Formulary Exclusion
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG	EX	Formulary Exclusion
*Beta Blockers Non-Selective***		
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG	EX	Formulary Exclusion
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	EX	Formulary Exclusion
CORGARD ORAL TABLET 20 MG, 40 MG, 80 MG	EX	Formulary Exclusion
HEMANGEOL ORAL SOLUTION 4.28 MG/ML	Tier 2	
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 160 MG, 60 MG, 80 MG	EX	Formulary Exclusion
INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG	EX	Non Essential Drug Exclusion
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG	EX	Non Essential Drug Exclusion
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	Tier 1	
<i>pindolol oral tablet 10 mg, 5 mg</i>	Tier 1	

Drug Name	Drug Tier	Notes
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	Tier 1	
<i>propranolol hcl intravenous solution 1 mg/ml</i>	EX	Medical Only Exclusion
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1	
<i>propranolol hcl solution 20 mg/5ml oral</i>	Tier 1	
<i>propranolol hcl solution 40 mg/5ml oral</i>	Tier 2	
SORINE ORAL TABLET 120 MG, 160 MG, 240 MG, 80 MG	Tier 1	
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	Tier 1	
<i>sotalol hcl intravenous solution 150 mg/10ml</i>	EX	Medical Only Exclusion
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	Tier 1	
SOTYLIZE ORAL SOLUTION 5 MG/ML	Tier 3	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	
Calcium Channel Blockers		
*Calcium Channel Blocker-Nsaid Combinations***		
CONSENSI ORAL TABLET 10-200 MG, 2.5-200 MG, 5-200 MG	EX	Non Essential Drug Exclusion
*Calcium Channel Blockers***		
AMLODIPINE BES+SYRSPEND SF ORAL SUSPENSION 1 MG/ML	EX	Non FDA Exclusion
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG, 180 MG, 240 MG	EX	Formulary Exclusion
CARDENE IV INTRAVENOUS SOLUTION 20-0.86 MG/200ML-%, 20-4.8 MG/200ML-%, 40-0.83 MG/200ML-%	EX	Medical Only Exclusion
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	EX	Formulary Exclusion
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	EX	Formulary Exclusion
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	EX	Formulary Exclusion
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG	Tier 1	

Drug Name	Drug Tier	Notes
CLEVIPREX INTRAVENOUS EMULSION 25 MG/50ML, 50 MG/100ML	EX	Medical Only Exclusion
CONJUPRI ORAL TABLET 2.5 MG, 5 MG	EX	Non Essential Drug Exclusion
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	Tier 1	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	Tier 1	
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	Tier 1	
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	Tier 1	
<i>diltiazem hcl er tablet extended release 24 hour 120 mg oral</i>	Tier 1	
<i>diltiazem hcl er tablet extended release 24 hour 180 mg oral</i>	EX	Formulary Exclusion
<i>diltiazem hcl er tablet extended release 24 hour 240 mg oral</i>	EX	Formulary Exclusion
<i>diltiazem hcl er tablet extended release 24 hour 300 mg oral</i>	EX	Formulary Exclusion
<i>diltiazem hcl er tablet extended release 24 hour 360 mg oral</i>	EX	Formulary Exclusion
<i>diltiazem hcl er tablet extended release 24 hour 420 mg oral</i>	EX	Formulary Exclusion
<i>diltiazem hcl intravenous solution 125 mg/25ml, 25 mg/5ml, 50 mg/10ml</i>	EX	Medical Only Exclusion
<i>diltiazem hcl intravenous solution reconstituted 100 mg</i>	EX	Medical Only Exclusion
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	Tier 1	
<i>diltiazem hcl-dextrose intravenous solution 125-5 mg/125ml-%, 5-125 %-mg/125ml</i>	EX	Non FDA Exclusion
<i>diltiazem hcl-sodium chloride intravenous solution 125-0.7 mg/125ml-%, 125-0.9 mg/125ml-%</i>	EX	Non FDA Exclusion
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	Tier 1	
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	EX	Formulary Exclusion
KATERZIA ORAL SUSPENSION 1 MG/ML	EX	Non Essential Drug Exclusion
<i>levamlodipine maleate oral tablet 2.5 mg, 5 mg</i>	EX	Non Essential Drug Exclusion

Drug Name	Drug Tier	Notes
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	EX	Formulary Exclusion
<i>nicardipine hcl in nacl intravenous solution 20-0.9 mg/200ml-%, 40-0.9 mg/200ml-%</i>	EX	Medical Only Exclusion
<i>nicardipine hcl in nacl intravenous solution prefilled syringe 1-0.9 mg/10ml-%</i>	EX	Non FDA Exclusion
<i>nicardipine hcl intravenous solution 2.5 mg/ml</i>	EX	Medical Only Exclusion
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>	EX	Formulary Exclusion
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	Tier 1	
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	Tier 1	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	Tier 1	
<i>nimodipine oral capsule 30 mg</i>	Tier 1	
<i>nimodipine oral solution 60 mg/20ml</i>	Tier 3	
<i>nisoldipine er tablet extended release 24 hour 17 mg oral</i>	Tier 1	
<i>nisoldipine er tablet extended release 24 hour 20 mg oral</i>	EX	Formulary Exclusion
<i>nisoldipine er tablet extended release 24 hour 25.5 mg oral</i>	EX	Formulary Exclusion
<i>nisoldipine er tablet extended release 24 hour 30 mg oral</i>	EX	Formulary Exclusion
<i>nisoldipine er tablet extended release 24 hour 34 mg oral</i>	Tier 1	
<i>nisoldipine er tablet extended release 24 hour 40 mg oral</i>	EX	Formulary Exclusion
<i>nisoldipine er tablet extended release 24 hour 8.5 mg oral</i>	Tier 1	
NORLIQVA ORAL SOLUTION 1 MG/ML	EX	Non Essential Drug Exclusion; Formulary Exclusion
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG	EX	Formulary Exclusion
NYMALIZE ORAL SOLUTION 6 MG/ML	Tier 3	
PROCARDIA ORAL CAPSULE 10 MG	EX	Formulary Exclusion
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 60 MG, 90 MG	EX	Formulary Exclusion
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	Tier 1	
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	Tier 1	
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	EX	Formulary Exclusion
<i>verapamil hcl er capsule extended release 24 hour 100 mg oral</i>	EX	Formulary Exclusion
<i>verapamil hcl er capsule extended release 24 hour 120 mg oral</i>	Tier 1	
<i>verapamil hcl er capsule extended release 24 hour 180 mg oral</i>	Tier 1	
<i>verapamil hcl er capsule extended release 24 hour 200 mg oral</i>	EX	Formulary Exclusion
<i>verapamil hcl er capsule extended release 24 hour 240 mg oral</i>	Tier 1	
<i>verapamil hcl er capsule extended release 24 hour 300 mg oral</i>	EX	Formulary Exclusion
<i>verapamil hcl er capsule extended release 24 hour 360 mg oral</i>	EX	Formulary Exclusion
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	Tier 1	
<i>verapamil hcl intravenous solution 2.5 mg/ml</i>	EX	Medical Only Exclusion
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	Tier 1	
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG	EX	Formulary Exclusion
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	EX	Formulary Exclusion
Cardiotonics		
*Cardiac Glycosides***		
DIGITEK ORAL TABLET 125 MCG, 250 MCG	Tier 1	
DIGOX ORAL TABLET 125 MCG, 250 MCG	Tier 1	
<i>digoxin injection solution 0.25 mg/ml</i>	EX	Medical Only Exclusion
<i>digoxin oral solution 0.05 mg/ml</i>	Tier 1	
<i>digoxin oral tablet 125 mcg, 250 mcg, 62.5 mcg</i>	Tier 1	
LANOXIN INJECTION SOLUTION 0.25 MG/ML	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
LANOXIN PEDIATRIC INJECTION SOLUTION 0.1 MG/ML	EX	Medical Only Exclusion
LANOXIN TABLET 125 MCG ORAL	Tier 3	
LANOXIN TABLET 250 MCG ORAL	Tier 1	
LANOXIN TABLET 62.5 MCG ORAL	Tier 3	
*Inotropes***		
<i>dobutamine hcl intravenous solution 12.5 mg/ml, 250 mg/20ml</i>	EX	Medical Only Exclusion
<i>dobutamine-dextrose intravenous solution 1-5 mg/ml-%, 2-5 mg/ml-%, 4-5 mg/ml-%</i>	EX	Medical Only Exclusion
<i>dopamine hcl intravenous solution 40 mg/ml</i>	EX	Medical Only Exclusion
<i>dopamine-dextrose intravenous solution 0.8-5 mg/ml-%, 1.6-5 mg/ml-%, 3.2-5 mg/ml-%</i>	EX	Medical Only Exclusion
<i>milrinone lactate in dextrose intravenous solution 20-5 mg/100ml-%, 40-5 mg/200ml-%</i>	EX	Medical Only Exclusion
<i>milrinone lactate intravenous solution 10 mg/10ml, 20 mg/20ml, 50 mg/50ml</i>	EX	Medical Only Exclusion
Cardiovascular Agents - Misc.		
*Calcium Channel Blocker & Hmg Coa Reductase Inhibit Comb***		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	Tier 1	
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG	EX	Formulary Exclusion
*Cardiac Myosin Inhibitors***		
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	Tier 4	PA; Specialty; QL
*Cardioplegic Solutions***		
ADENOCAINE INTRAVENOUS SOLUTION PREFILLED SYRINGE	EX	Non FDA Exclusion
<i>cardioplegia del nido formula perfusion solution</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>cardioplegia ind plas/hik/lido perfusion solution</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>cardioplegia ind plasma-tromet perfusion solution</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>cardioplegia induction high k perfusion solution</i>	EX	Non FDA Exclusion; Medical Only Exclusion

Drug Name	Drug Tier	Notes
<i>cardioplegia induction low dex perfusion solution</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>cardioplegia induction non-enr perfusion solution</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>cardioplegia main low dextrose perfusion solution</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>cardioplegia main low trometha perfusion solution</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>cardioplegia main plasma-trome perfusion solution</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>cardioplegia maintenance perfusion solution</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>cardioplegia reperfusate 4:1 perfusion solution</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>cardioplegic perfusion solution</i>	EX	Medical Only Exclusion
<i>cardioplegic soln w/ lidocaine perfusion solution</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>microplegia msa-msg perfusion solution</i>	EX	Non FDA Exclusion; Medical Only Exclusion
PLEGISOL PERFUSION SOLUTION	EX	Medical Only Exclusion
*Cardiovascular Anti-Inflammatory/Immune Modulators***		
LODOCO ORAL TABLET 0.5 MG	EX	PA; Formulary Exclusion
*Cardiovascular SglT2 Inhibitors**		
INPEFA ORAL TABLET 200 MG, 400 MG	EX	Formulary Exclusion; QL
*Impotence Agent Combinations***		
<i>bi-mix intracavernosal solution reconstituted 150-5 mg</i>	EX	Non FDA Exclusion
<i>quad-mix intracavernosal solution reconstituted 150-10-0.1-1 mg</i>	EX	Non FDA Exclusion
<i>super bi-mix intracavernosal solution reconstituted 150-10 mg</i>	EX	Non FDA Exclusion
<i>super quad-mix intracavernosal solution reconstituted 150-20-0.2-2 mg</i>	EX	Non FDA Exclusion
<i>super tri-mix intracavernosal solution reconstituted 150-10-100 mg-mg-mcg</i>	EX	Non FDA Exclusion
<i>tri-mix intracavernosal solution reconstituted 150-5-50 mg-mg-mcg</i>	EX	Non FDA Exclusion
*Impotence Agents - Other***		
<i>phenylephrine hcl intracavernosal solution 2 mg/2ml</i>	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
*Neprilysin Inhib (Arni)-Angiotensin II Recept Antag Comb***		
ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG	Tier 2	QL
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	Tier 2	QL
<i>sacubitril-valsartan oral tablet 24-26 mg, 49-51 mg, 97-103 mg</i>	EX	New to Market Exclusion; QL
*Nitrate & Vasodilator Combinations***		
BIDIL ORAL TABLET 20-37.5 MG	EX	Formulary Exclusion
<i>isosorb dinitrate-hydralazine oral tablet 20-37.5 mg</i>	Tier 1	
*Pde Inhibitor-Endothelin Receptor Antagonist Combinations***		
OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG	EX	PA; Specialty; Formulary Exclusion; QL
*Peripheral Vasodilators***		
<i>isoxsuprine hcl tablet 10 mg oral</i>	EX	Formulary Exclusion
<i>isoxsuprine hcl tablet 20 mg oral</i>	EX	Non FDA Exclusion
<i>isoxsuprine hcl tablet 20 mg oral</i>	EX	Formulary Exclusion
<i>papaverine hcl injection solution 30 mg/ml</i>	EX	Non FDA Exclusion
*Prostaglandin - Impotence Agents***		
CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG	Tier 3	QL
CAVERJECT INTRACAVERNOSAL SOLUTION RECONSTITUTED 20 MCG, 40 MCG	Tier 3	QL
EDEX INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG	Tier 3	QL
MUSE URETHRAL PELLETT 1000 MCG, 250 MCG, 500 MCG	Tier 3	QL
*Prostaglandin Vasodilators***		
AURLUMYN INTRAVENOUS SOLUTION 100 MCG/ML	EX	Medical Only Exclusion
<i>epoprostenol sodium intravenous solution reconstituted 0.5 mg, 1.5 mg</i>	Tier 4	PA; Specialty
FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG	Tier 4	PA; Specialty

Drug Name	Drug Tier	Notes
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG	Tier 4	PA; Specialty; QL
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG	Tier 4	PA; Specialty; QL
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 & 1 MG	Tier 4	PA; Specialty; QL
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	Tier 4	PA; Specialty; QL
REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML	Tier 4	PA; Specialty
<i>treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml</i>	Tier 4	PA; Specialty
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 112 X 32MCG & 112 X 48MCG, 16 MCG, 32 MCG, 48 MCG, 64 MCG	EX	PA; Specialty; Formulary Exclusion; QL
TYVASO DPI TITRATION KIT INHALATION POWDER 112 X 16MCG & 84 X 32MCG, 16 & 32 & 48 MCG	EX	PA; Specialty; Formulary Exclusion; QL
TYVASO INHALATION SOLUTION 0.6 MG/ML	Tier 4	PA; Specialty; QL
TYVASO REFILL KIT INHALATION SOLUTION 0.6 MG/ML	Tier 4	PA; Specialty; QL
TYVASO STARTER KIT INHALATION SOLUTION 0.6 MG/ML	Tier 4	PA; Specialty; QL
VELETRI INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG	Tier 4	PA; Specialty
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML	Tier 4	PA; Specialty; QL
*Pulm Hyperten-Soluble Guanylate Cyclase Stimulator (Sgc)***		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	Tier 4	PA; Specialty; QL
*Pulmonary Hypertension - Activin Signaling Inhibitor***		
WINREVAIR SUBCUTANEOUS KIT 2 X 45 MG, 2 X 60 MG, 45 MG, 60 MG	Tier 4	PA; Specialty

Drug Name	Drug Tier	Notes
*Pulmonary Hypertension - Endothelin Receptor Antagonists***		
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	Tier 4	PA; Specialty; QL
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	Tier 4	PA; Specialty; QL
LETAIRIS ORAL TABLET 10 MG, 5 MG	EX	PA; Specialty; Formulary Exclusion; QL
OPSUMIT ORAL TABLET 10 MG	Tier 4	PA; Specialty; QL
TRACLEER ORAL TABLET 125 MG, 62.5 MG	EX	PA; Specialty; Formulary Exclusion; QL
TRACLEER ORAL TABLET SOLUBLE 32 MG	Tier 4	PA; Specialty; QL
*Pulmonary Hypertension - Phosphodiesterase Inhibitors***		
ADCIRCA ORAL TABLET 20 MG	EX	PA; Specialty; Formulary Exclusion; QL
ALYQ ORAL TABLET 20 MG	Tier 4	PA; Specialty; QL
LIQREV ORAL SUSPENSION 10 MG/ML	EX	PA; Specialty; Formulary Exclusion
REVATIO INTRAVENOUS SOLUTION 10 MG/12.5ML	EX	Medical Only Exclusion
REVATIO ORAL SUSPENSION RECONSTITUTED 10 MG/ML	EX	PA; Specialty; Formulary Exclusion
REVATIO ORAL TABLET 20 MG	EX	PA; Specialty; Formulary Exclusion; QL
<i>sildenafil citrate intravenous solution 10 mg/12.5ml</i>	EX	Medical Only Exclusion
<i>sildenafil citrate oral suspension reconstituted 10 mg/ml</i>	Tier 4	PA; Specialty
<i>sildenafil citrate oral tablet 20 mg</i>	Tier 4	PA; Specialty; QL
<i>tadalafil (pah) oral tablet 20 mg</i>	Tier 4	PA; Specialty; QL
TADLIQ ORAL SUSPENSION 20 MG/5ML	EX	PA; Specialty; Formulary Exclusion
*Pulmonary Hypertension - Prostacyclin Receptor Agonist***		
UPTRAVI INTRAVENOUS SOLUTION RECONSTITUTED 1800 MCG	EX	Medical Only Exclusion
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	Tier 4	PA; Specialty; QL
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG	Tier 4	PA; Specialty; QL

Drug Name	Drug Tier	Notes
*Selective Cgmp Phosphodiesterase Type 5 Inhibitors***		
<i>avanafil oral tablet 100 mg, 200 mg, 50 mg</i>	Tier 1	QL
CIALIS TABLET 10 MG ORAL	EX	Formulary Exclusion; QL
CIALIS TABLET 2.5 MG ORAL	EX	PA; Formulary Exclusion; QL
CIALIS TABLET 20 MG ORAL	EX	Formulary Exclusion; QL
CIALIS TABLET 5 MG ORAL	EX	PA; Formulary Exclusion; QL
LEVITRA ORAL TABLET 10 MG, 20 MG	EX	Formulary Exclusion; QL
<i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	QL
STAXYN ORAL TABLET DISPERSIBLE 10 MG	EX	Formulary Exclusion; QL
STENDRA TABLET 100 MG ORAL	EX	Formulary Exclusion; QL
STENDRA TABLET 100 MG ORAL	Tier 3	QL
STENDRA TABLET 200 MG ORAL	EX	Formulary Exclusion; QL
STENDRA TABLET 50 MG ORAL	EX	Formulary Exclusion; QL
STENDRA TABLET 50 MG ORAL	Tier 3	QL
<i>tadalafil tablet 10 mg oral</i>	Tier 1	QL
<i>tadalafil tablet 2.5 mg oral</i>	Tier 1	PA; QL
<i>tadalafil tablet 20 mg oral</i>	Tier 1	QL
<i>tadalafil tablet 5 mg oral</i>	Tier 1	PA; QL
<i>vardenafil hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Tier 1	QL
<i>vardenafil hcl oral tablet dispersible 10 mg</i>	Tier 1	QL
VIAGRA ORAL TABLET 100 MG, 25 MG, 50 MG	EX	Formulary Exclusion; QL
*Septal Agents - Ablation**		
ABLYSINOL INTRA-ARTERIAL SOLUTION	EX	Medical Only Exclusion
*Sinus Node Inhibitors**		
CORLANOR ORAL SOLUTION 5 MG/5ML	Tier 2	QL
CORLANOR ORAL TABLET 5 MG, 7.5 MG	EX	Formulary Exclusion; QL
<i>ivabradine hcl oral tablet 5 mg, 7.5 mg</i>	Tier 1	QL
*Transthyretin Stabilizers***		
ATTRUBY ORAL TABLET THERAPY PACK 356 MG	Tier 4	PA; Specialty; QL
VYNDAMAX ORAL CAPSULE 61 MG	Tier 4	PA; Specialty; QL
VYNDAQEL ORAL CAPSULE 20 MG	Tier 4	PA; Specialty; QL

Drug Name	Drug Tier	Notes
*Vasoactive Soluble Guanylate Cyclase Stimulator (Sgc)***		
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	Tier 2	PA
Cephalosporins		
*Cephalosporin Combinations***		
AVYCAZ INTRAVENOUS SOLUTION RECONSTITUTED 2.5 (2-0.5) GM	EX	Medical Only Exclusion
ZERBAXA INTRAVENOUS SOLUTION RECONSTITUTED 1.5 (1-0.5) GM	EX	Medical Only Exclusion
*Cephalosporins - 1St Generation***		
<i>cefadroxil oral capsule 500 mg</i>	Tier 1	
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	Tier 1	
<i>cefadroxil oral tablet 1 gm</i>	Tier 1	
<i>cefazolin in sodium chloride solution 2-0.9 gm/100ml-% intravenous</i>	EX	Formulary Exclusion
<i>cefazolin in sodium chloride solution 2-0.9 gm/100ml-% intravenous</i>	EX	Non FDA Exclusion
<i>cefazolin in sodium chloride solution 3-0.9 gm/100ml-% intravenous</i>	EX	Formulary Exclusion
<i>cefazolin in sodium chloride solution 3-0.9 gm/100ml-% intravenous</i>	EX	Non FDA Exclusion
<i>cefazolin sodium injection solution prefilled syringe 3 gm/30ml</i>	EX	Non FDA Exclusion
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 100 gm, 2 gm, 3 gm, 300 gm, 500 mg</i>	EX	Medical Only Exclusion
<i>cefazolin sodium intravenous solution prefilled syringe 1 gm/10ml, 2 gm/10ml, 2 gm/20ml</i>	EX	Non FDA Exclusion
<i>cefazolin sodium intravenous solution reconstituted 1 gm, 2 gm, 3 gm</i>	EX	Medical Only Exclusion
<i>cefazolin sodium-dextrose intravenous solution reconstituted 1-4 gm-%(50ml), 2-3 gm-%(50ml)</i>	EX	Medical Only Exclusion
<i>cefazolin sodium-dextrose solution 1-4 gm/50ml-% intravenous</i>	EX	Medical Only Exclusion
<i>cefazolin sodium-dextrose solution 2-4 gm/100ml-% intravenous</i>	EX	Medical Only Exclusion
<i>cefazolin sodium-dextrose solution 2-5 gm/100ml-% intravenous</i>	EX	Non FDA Exclusion
<i>cefazolin sodium-dextrose solution 3-4 gm/150ml-% intravenous</i>	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>	Tier 1	
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	Tier 1	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	Tier 1	
KEFLEX ORAL CAPSULE 250 MG, 500 MG, 750 MG	EX	Formulary Exclusion
*Cephalosporins - 2Nd Generation***		
<i>cefaclor er oral tablet extended release 12 hour 500 mg</i>	Tier 3	
<i>cefaclor oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>cefaclor oral suspension reconstituted 125 mg/5ml, 250 mg/5ml, 375 mg/5ml</i>	Tier 3	
CEFOTAN INJECTION SOLUTION RECONSTITUTED 1 GM, 2 GM	EX	Medical Only Exclusion
<i>cefotetan disodium injection solution reconstituted 1 gm, 2 gm</i>	EX	Medical Only Exclusion
<i>cefotetan disodium-dextrose intravenous solution reconstituted 1-3.58 gm-%(50ml), 2-2.08 gm-%(50ml)</i>	EX	Medical Only Exclusion
<i>cefoxitin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>	EX	Medical Only Exclusion
<i>cefoxitin sodium-dextrose intravenous solution reconstituted 1-4 gm-%(50ml), 2-2.2 gm-%(50ml)</i>	EX	Medical Only Exclusion
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	Tier 1	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>cefuroxime sodium injection solution reconstituted 750 mg</i>	EX	Medical Only Exclusion
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>	EX	Medical Only Exclusion
*Cephalosporins - 3Rd Generation***		
<i>cefdinir oral capsule 300 mg</i>	Tier 1	
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	Tier 1	
<i>cefixime oral capsule 400 mg</i>	Tier 1	
<i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	Tier 1	
<i>cefotaxime sodium injection solution reconstituted 1 gm, 2 gm</i>	EX	Non FDA Exclusion
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	Tier 1	

Drug Name	Drug Tier	Notes
<i>cefepodoxime proxetil oral tablet 100 mg, 200 mg</i>	Tier 1	
<i>ceftazidime and dextrose intravenous solution reconstituted 1-5 gm-%(50ml), 2-5 gm-%(50ml)</i>	EX	Medical Only Exclusion
<i>ceftazidime injection solution reconstituted 1 gm, 6 gm</i>	EX	Medical Only Exclusion
<i>ceftazidime intravenous solution reconstituted 2 gm</i>	EX	Medical Only Exclusion
<i>ceftriaxone sodium in dextrose intravenous solution 20 mg/ml, 40 mg/ml</i>	EX	Medical Only Exclusion
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 100 gm, 2 gm, 250 mg, 500 mg</i>	EX	Medical Only Exclusion
<i>ceftriaxone sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>	EX	Medical Only Exclusion
<i>ceftriaxone sodium-dextrose intravenous solution reconstituted 1-3.74 gm-%(50ml), 2-2.22 gm-%(50ml)</i>	EX	Medical Only Exclusion
FORTAZ INJECTION SOLUTION RECONSTITUTED 1 GM, 500 MG	EX	Medical Only Exclusion
FORTAZ INTRAVENOUS SOLUTION RECONSTITUTED 2 GM	EX	Medical Only Exclusion
SUPRAX ORAL CAPSULE 400 MG	EX	Formulary Exclusion
SUPRAX ORAL TABLET CHEWABLE 100 MG, 200 MG	Tier 2	
SUPRAX SUSPENSION RECONSTITUTED 100 MG/5ML ORAL	EX	Formulary Exclusion
SUPRAX SUSPENSION RECONSTITUTED 200 MG/5ML ORAL	EX	Formulary Exclusion
SUPRAX SUSPENSION RECONSTITUTED 500 MG/5ML ORAL	Tier 2	
TAZICEF INJECTION SOLUTION RECONSTITUTED 1 GM	EX	Medical Only Exclusion
TAZICEF INTRAVENOUS SOLUTION 1 GM/50ML	EX	Formulary Exclusion
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 1 GM, 2 GM, 6 GM	EX	Medical Only Exclusion
*Cephalosporins - 4Th Generation***		
<i>cefepime hcl injection solution reconstituted 1 gm</i>	EX	Medical Only Exclusion
<i>cefepime hcl intravenous solution 1 gm/50ml, 2 gm/100ml</i>	EX	Medical Only Exclusion
<i>cefepime hcl intravenous solution reconstituted 100 gm, 2 gm</i>	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
<i>cefepime-dextrose intravenous solution reconstituted 1-5 gm-%(50ml), 2-5 gm-%(50ml)</i>	EX	Medical Only Exclusion
*Cephalosporins - 5Th Generation***		
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG	EX	Medical Only Exclusion
*Cephalosporins - Siderophores***		
FETROJA INTRAVENOUS SOLUTION RECONSTITUTED 1 GM	EX	Medical Only Exclusion
Chemicals		
*Bases***		
<i>potassium hydroxide external solution 5 %</i>	EX	Non FDA Exclusion
<i>sodium hydroxide external solution 10 %</i>	EX	Non FDA Exclusion
*Bulk Chemicals - Er***		
<i>erlotinib hcl (bulk) powder</i>	EX	Non FDA Exclusion
Contraceptives		
*Biphasic Contraceptives - Oral***		
AZURETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	Tier 5	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	Tier 5	
KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	Tier 5	
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG	Tier 2	
MIRCETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	EX	Formulary Exclusion
PIMTREA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	Tier 5	
SIMLIYA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	Tier 5	
<i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i>	Tier 5	
VOLNEA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	Tier 5	
*Combination Contraceptives - Oral***		
AFIRMELLE ORAL TABLET 0.1-20 MG-MCG	Tier 5	
ALTAVERA ORAL TABLET 0.15-30 MG-MCG	Tier 5	
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	Tier 5	
APRI ORAL TABLET 0.15-30 MG-MCG	Tier 5	

Drug Name	Drug Tier	Notes
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	Tier 5	
AUBRA ORAL TABLET 0.1-20 MG-MCG	Tier 5	
AUROVELA 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 5	
AUROVELA 1/20 ORAL TABLET 1-20 MG-MCG	Tier 5	
AUROVELA 24 FE ORAL TABLET 1-20 MG-MCG(24)	Tier 5	
AUROVELA FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 5	
AUROVELA FE 1/20 ORAL TABLET 1-20 MG-MCG	Tier 5	
AVIANE ORAL TABLET 0.1-20 MG-MCG	Tier 5	
AYUNA ORAL TABLET 0.15-30 MG-MCG	Tier 5	
BALCOLTRA ORAL TABLET 0.1-20 MG-MCG(21)	EX	Formulary Exclusion
BALZIVA ORAL TABLET 0.4-35 MG-MCG	Tier 5	
BEYAZ ORAL TABLET 3-0.02-0.451 MG	EX	Formulary Exclusion
BLISOVI 24 FE ORAL TABLET 1-20 MG-MCG(24)	Tier 5	
BLISOVI FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 5	
BLISOVI FE 1/20 ORAL TABLET 1-20 MG-MCG	Tier 5	
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	Tier 5	
CHARLOTTE 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	Tier 5	
CHATEAL EQ ORAL TABLET 0.15-30 MG-MCG	Tier 5	
CHATEAL ORAL TABLET 0.15-30 MG-MCG	Tier 5	
CRYSELLE-28 ORAL TABLET 0.3-30 MG-MCG	Tier 5	
CYCLAFEM 1/35 ORAL TABLET 1-35 MG-MCG	Tier 5	
CYRED EQ ORAL TABLET 0.15-30 MG-MCG	Tier 5	
CYRED ORAL TABLET 0.15-30 MG-MCG	Tier 5	
DASETTA 1/35 (28) ORAL TABLET 1-35 MG-MCG	Tier 5	
DELYLA ORAL TABLET 0.1-20 MG-MCG	Tier 5	

Drug Name	Drug Tier	Notes
<i>desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg</i>	Tier 5	
<i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg</i>	Tier 5	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	Tier 5	
ELINEST ORAL TABLET 0.3-30 MG-MCG	Tier 5	
EMOQUETTE ORAL TABLET 0.15-30 MG-MCG	Tier 5	
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	Tier 5	
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	Tier 5	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	Tier 5	
FALESSA ORAL KIT 20-1-0.1 MCG-MG	EX	Non FDA Exclusion
FALMINA ORAL TABLET 0.1-20 MG-MCG	Tier 5	
FEIRZA 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 5	
FEIRZA 1/20 ORAL TABLET 1-20 MG-MCG	Tier 5	
FEMLYV ORAL TABLET DISPERSIBLE 1-0.02 MG	Tier 3	
FEMYNOR ORAL TABLET 0.25-35 MG-MCG	Tier 5	
FINZALA ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	Tier 5	
GEMMILY ORAL CAPSULE 1-20 MG-MCG(24)	Tier 5	
GENERESS FE ORAL TABLET CHEWABLE 0.8-25 MG-MCG	EX	Formulary Exclusion
HAILEY 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 5	
HAILEY 24 FE ORAL TABLET 1-20 MG-MCG(24)	Tier 5	
HAILEY FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 5	
HAILEY FE 1/20 ORAL TABLET 1-20 MG-MCG	Tier 5	
ISIBLOOM ORAL TABLET 0.15-30 MG-MCG	Tier 5	
JASMIEL ORAL TABLET 3-0.02 MG	Tier 5	
JOYEAUX ORAL TABLET 0.1-20 MG-MCG(21)	Tier 1	

Drug Name	Drug Tier	Notes
JULEBER ORAL TABLET 0.15-30 MG-MCG	Tier 5	
JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 5	
JUNEL 1/20 ORAL TABLET 1-20 MG-MCG	Tier 5	
JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 5	
JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG	Tier 5	
JUNEL FE 24 ORAL TABLET 1-20 MG-MCG(24)	Tier 5	
KAITLIB FE ORAL TABLET CHEWABLE 0.8-25 MG-MCG	Tier 5	
KALLIGA ORAL TABLET 0.15-30 MG-MCG	Tier 5	
KELNOR 1/35 ORAL TABLET 1-35 MG-MCG	Tier 5	
KELNOR 1/50 ORAL TABLET 1-50 MG-MCG	Tier 5	
KURVELO ORAL TABLET 0.15-30 MG-MCG	Tier 5	
LARIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 5	
LARIN 1/20 ORAL TABLET 1-20 MG-MCG	Tier 5	
LARIN 24 FE ORAL TABLET 1-20 MG-MCG(24)	Tier 5	
LARIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 5	
LARIN FE 1/20 ORAL TABLET 1-20 MG-MCG	Tier 5	
LARISSIA ORAL TABLET 0.1-20 MG-MCG	Tier 5	
LAYOLIS FE ORAL TABLET CHEWABLE 0.8-25 MG-MCG	Tier 5	
LESSINA ORAL TABLET 0.1-20 MG-MCG	Tier 5	
<i>levonorgest-eth estradiol-iron oral tablet 0.1-20 mg-mcg(21)</i>	Tier 1	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg</i>	Tier 5	
LEVORA 0.15/30 (28) ORAL TABLET 0.15-30 MG-MCG	Tier 5	
LILLOW ORAL TABLET 0.15-30 MG-MCG	Tier 5	
LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	Tier 5	

Drug Name	Drug Tier	Notes
LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	Tier 5	
LOESTRIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 5	
LOESTRIN FE 1/20 ORAL TABLET 1-20 MG-MCG	Tier 5	
LORYNA ORAL TABLET 3-0.02 MG	Tier 5	
LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG	Tier 5	
LO-ZUMANDIMINE ORAL TABLET 3-0.02 MG	Tier 5	
LUTERA ORAL TABLET 0.1-20 MG-MCG	Tier 5	
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	Tier 5	
MERZEE ORAL CAPSULE 1-20 MG-MCG(24)	Tier 5	
MIBELAS 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	Tier 5	
MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 5	
MICROGESTIN 1/20 ORAL TABLET 1-20 MG-MCG	Tier 5	
MICROGESTIN 24 FE ORAL TABLET 1-20 MG-MCG	Tier 5	
MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 5	
MICROGESTIN FE 1/20 ORAL TABLET 1-20 MG-MCG	Tier 5	
MILI ORAL TABLET 0.25-35 MG-MCG	Tier 5	
MINASTRIN 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	EX	Formulary Exclusion
MINZOYA ORAL TABLET 0.1-20 MG-MCG(21)	Tier 1	
MONO-LINYAH ORAL TABLET 0.25-35 MG-MCG	Tier 5	
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	Tier 5	
NEXTSTELLIS ORAL TABLET 3-14.2 MG	Tier 5	
NIKKI ORAL TABLET 3-0.02 MG	Tier 5	
<i>norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)</i>	Tier 5	
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	Tier 5	

Drug Name	Drug Tier	Notes
<i>norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)</i>	Tier 5	
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	Tier 5	
<i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg</i>	Tier 5	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	Tier 5	
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	Tier 5	
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG	Tier 5	
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	Tier 5	
NYLIA 1/35 ORAL TABLET 1-35 MG-MCG	Tier 5	
NYMYO ORAL TABLET 0.25-35 MG-MCG	Tier 5	
OCELLA ORAL TABLET 3-0.03 MG	Tier 5	
ORSYTHIA ORAL TABLET 0.1-20 MG-MCG	Tier 5	
PHILITH ORAL TABLET 0.4-35 MG-MCG	Tier 5	
PIRMELLA 1/35 ORAL TABLET 1-35 MG-MCG	Tier 5	
PORTIA-28 ORAL TABLET 0.15-30 MG-MCG	Tier 5	
PREVIFEM ORAL TABLET 0.25-35 MG-MCG	Tier 5	
RECLIPSEN ORAL TABLET 0.15-30 MG-MCG	Tier 5	
SAFYRAL ORAL TABLET 3-0.03-0.451 MG	EX	Formulary Exclusion
SPRINTEC 28 ORAL TABLET 0.25-35 MG-MCG	Tier 5	
SRONYX ORAL TABLET 0.1-20 MG-MCG	Tier 5	
SYEDA ORAL TABLET 3-0.03 MG	Tier 5	
TARINA 24 FE ORAL TABLET 1-20 MG-MCG(24)	Tier 5	
TARINA FE 1/20 EQ ORAL TABLET 1-20 MG-MCG	Tier 5	
TARINA FE 1/20 ORAL TABLET 1-20 MG-MCG	Tier 5	
TAYSOFY ORAL CAPSULE 1-20 MG-MCG(24)	Tier 5	
TAYTULLA ORAL CAPSULE 1-20 MG-MCG(24)	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
TURQOZ ORAL TABLET 0.3-30 MG-MCG	Tier 5	
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG	Tier 1	
TYDEMY ORAL TABLET 3-0.03-0.451 MG	Tier 5	
VALTYA 1/50 ORAL TABLET 1-50 MG-MCG	Tier 5	
VESTURA ORAL TABLET 3-0.02 MG	Tier 5	
VIENVA ORAL TABLET 0.1-20 MG-MCG	Tier 5	
VYFEMLA ORAL TABLET 0.4-35 MG-MCG	Tier 5	
VYLIBRA ORAL TABLET 0.25-35 MG-MCG	Tier 5	
WERA ORAL TABLET 0.5-35 MG-MCG	Tier 5	
WYMZYA FE ORAL TABLET CHEWABLE 0.4-35 MG-MCG	Tier 5	
YASMIN 28 ORAL TABLET 3-0.03 MG	EX	Formulary Exclusion
YAZ ORAL TABLET 3-0.02 MG	EX	Formulary Exclusion
ZOVIA 1/35 (28) ORAL TABLET 1-35 MG-MCG	Tier 5	
ZOVIA 1/35E (28) ORAL TABLET 1-35 MG-MCG	Tier 5	
ZUMANDIMINE ORAL TABLET 3-0.03 MG	Tier 5	
*Combination Contraceptives - Transdermal***		
<i>norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr</i>	Tier 5	
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR	Tier 5	
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	Tier 5	
ZAFEMY TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	Tier 5	
*Combination Contraceptives - Vaginal***		
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR	Tier 5	QL
ELURYNG VAGINAL RING 0.12-0.015 MG/24HR	Tier 5	
ENILLORING VAGINAL RING 0.12-0.015 MG/24HR	Tier 5	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	Tier 5	
HALOETTE VAGINAL RING 0.12-0.015 MG/24HR	Tier 5	

Drug Name	Drug Tier	Notes
NUVARING VAGINAL RING 0.12-0.015 MG/24HR	EX	Formulary Exclusion
*Continuous Contraceptives - Oral***		
AMETHYST ORAL TABLET 90-20 MCG	Tier 5	
DOLISHALE ORAL TABLET 90-20 MCG	Tier 5	
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg</i>	Tier 5	
*Copper Contraceptives - Iud***		
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE	Benefit Exclusion	
*Emergency Contraceptives***		
AFTERA ORAL TABLET 1.5 MG	Tier 5	
AFTERPILL ORAL TABLET 1.5 MG	Tier 5	
CURAE ORAL TABLET 1.5 MG	Tier 5	
ECONTRA EZ ORAL TABLET 1.5 MG	Tier 5	
ECONTRA ONE-STEP ORAL TABLET 1.5 MG	Tier 5	
ELLA ORAL TABLET 30 MG	Tier 2	
HER STYLE ORAL TABLET 1.5 MG	Tier 5	
<i>levonorgestrel oral tablet 1.5 mg</i>	Tier 5	
MY CHOICE ORAL TABLET 1.5 MG	Tier 5	
MY WAY ORAL TABLET 1.5 MG	Tier 5	
NEW DAY ORAL TABLET 1.5 MG	Tier 5	
OPCICON ONE-STEP ORAL TABLET 1.5 MG	Tier 5	
OPTION 2 ORAL TABLET 1.5 MG	Tier 5	
REACT ORAL TABLET 1.5 MG	Tier 5	
TAKE ACTION ORAL TABLET 1.5 MG	Tier 5	
*Extended-Cycle Contraceptives - Oral***		
AMETHIA ORAL TABLET 0.15-0.03 &0.01 MG	Tier 5	
ASHLYNA ORAL TABLET 0.15-0.03 &0.01 MG	Tier 5	
CAMRESE LO ORAL TABLET 0.1-0.02 & 0.01 MG	Tier 5	
CAMRESE ORAL TABLET 0.15-0.03 &0.01 MG	Tier 5	
DAYSEE ORAL TABLET 0.15-0.03 &0.01 MG	Tier 5	

Drug Name	Drug Tier	Notes
FAYOSIM ORAL TABLET 42-21-21-7 DAYS	Tier 5	
ICLEVIA ORAL TABLET 0.15-0.03 MG	Tier 5	
INTROVALE ORAL TABLET 0.15-0.03 MG	Tier 5	
JAIMIESS ORAL TABLET 0.15-0.03 &0.01 MG	Tier 5	
JOLESSA ORAL TABLET 0.15-0.03 MG	Tier 5	
<i>levonorgest-eth est & eth est oral tablet 42-21-21-7 days</i>	Tier 5	
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 &0.01 mg, 0.15-0.03 mg</i>	Tier 5	
LOJAIMIESS ORAL TABLET 0.1-0.02 & 0.01 MG	Tier 5	
LOSEASONIQUE ORAL TABLET 0.1-0.02 & 0.01 MG	EX	Formulary Exclusion
QUARTETTE ORAL TABLET 42-21-21-7 DAYS	EX	Formulary Exclusion
RIVELSA ORAL TABLET 42-21-21-7 DAYS	Tier 5	
SEASONIQUE ORAL TABLET 0.15-0.03 &0.01 MG	EX	Formulary Exclusion
SETLAKIN ORAL TABLET 0.15-0.03 MG	Tier 5	
SIMPESSE ORAL TABLET 0.15-0.03 &0.01 MG	Tier 5	
*Four Phase Contraceptives - Oral***		
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG	Tier 3	
*Progestin Contraceptives - Implants***		
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG	Benefit Exclusion	
*Progestin Contraceptives - Injectable***		
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	EX	Formulary Exclusion
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 150 MG/ML	EX	Formulary Exclusion
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML	Tier 3	
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	Tier 5	
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	Tier 5	

Drug Name	Drug Tier	Notes
*Progestin Contraceptives - Iud***		
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG	Benefit Exclusion	
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY	Benefit Exclusion	
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY	Benefit Exclusion	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG	Benefit Exclusion	
*Progestin Contraceptives - Oral***		
CAMILA ORAL TABLET 0.35 MG	Tier 5	
DEBLITANE ORAL TABLET 0.35 MG	Tier 5	
EMZAHH ORAL TABLET 0.35 MG	Tier 5	
ERRIN ORAL TABLET 0.35 MG	Tier 5	
HEATHER ORAL TABLET 0.35 MG	Tier 5	
INCASSIA ORAL TABLET 0.35 MG	Tier 5	
JENCYCLA ORAL TABLET 0.35 MG	Tier 5	
LYLEQ ORAL TABLET 0.35 MG	Tier 5	
LYZA ORAL TABLET 0.35 MG	Tier 5	
NORA-BE ORAL TABLET 0.35 MG	Tier 5	
<i>norethindrone oral tablet 0.35 mg</i>	Tier 5	
NORLYDA ORAL TABLET 0.35 MG	Tier 5	
NORLYROC ORAL TABLET 0.35 MG	Tier 5	
ORTHO MICRONOR ORAL TABLET 0.35 MG	EX	Formulary Exclusion
SHAROBEL ORAL TABLET 0.35 MG	Tier 5	
SLYND ORAL TABLET 4 MG	Tier 5	
TULANA ORAL TABLET 0.35 MG	Tier 5	
*Triphasic Contraceptives - Oral***		
<i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	Tier 5	
ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG	Tier 5	
CAZIAN ORAL TABLET 0.1/0.125/0.15 - 0.025 MG	Tier 5	
CYCLAFEM 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	Tier 5	
DASETTA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	Tier 5	
ENPRESSE-28 ORAL TABLET 50-30/75-40/125-30 MCG	Tier 5	

Drug Name	Drug Tier	Notes
ESTROSTEP FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	EX	Formulary Exclusion
LEENA ORAL TABLET 0.5/1/0.5-35 MG-MCG	Tier 5	
LEVONEST ORAL TABLET 50-30/75-40/125-30 MCG	Tier 5	
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	Tier 5	
<i>norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	Tier 5	
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg</i>	Tier 5	
NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	Tier 5	
NYLIA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	Tier 5	
PIRMELLA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	Tier 5	
TILIA FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	Tier 5	
TRI FEMYNOR ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	Tier 5	
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	Tier 5	
TRI-LEGEST FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	Tier 5	
TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	Tier 5	
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	Tier 5	
TRI-LO-MARZIA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	Tier 5	
TRI-LO-MILI ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	Tier 5	
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	Tier 5	
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	Tier 5	
TRI-NYMYO ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	Tier 5	
TRI-PREVIFEM ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	Tier 5	

Drug Name	Drug Tier	Notes
TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	Tier 5	
TRIVORA (28) ORAL TABLET 50-30/75-40/ 125-30 MCG	Tier 5	
TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	Tier 5	
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	Tier 5	
VELIVET ORAL TABLET 0.1/0.125/0.15 - 0.025 MG	Tier 1	
XARAH FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	Tier 5	
Corticosteroids		
*Glucocorticosteroids***		
<i>active injection d injection kit 10 mg/ml</i>	EX	Non FDA Exclusion
AGAMREE ORAL SUSPENSION 40 MG/ML	Tier 4	PA; Specialty
ALKINDI SPRINKLE ORAL CAPSULE SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG	Tier 3	PA
<i>betamethasone sodium phosphate injection solution 12 mg/2ml, 6 mg/ml</i>	EX	Non FDA Exclusion
<i>budesonide er oral tablet extended release 24 hour 9 mg</i>	Tier 1	
<i>budesonide oral capsule delayed release particles 3 mg</i>	Tier 1	
CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG	EX	Formulary Exclusion
<i>cortisone acetate oral tablet 25 mg</i>	Tier 3	
DECADRON ORAL TABLET 0.5 MG, 0.75 MG, 4 MG, 6 MG	Tier 1	
<i>deflazacort oral suspension 22.75 mg/ml</i>	Tier 4	PA; Specialty
<i>deflazacort oral tablet 18 mg, 30 mg, 36 mg, 6 mg</i>	Tier 4	PA; Specialty
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML, 40 MG/ML, 80 MG/ML	Tier 3	
<i>dexabliss oral tablet therapy pack 1.5 mg (39)</i>	EX	Non Essential Drug Exclusion
<i>dexamethasone (la) injection suspension 16 mg/ml, 8 mg/ml</i>	EX	Non FDA Exclusion
<i>dexamethasone acetate injection suspension 8 mg/ml</i>	EX	Non FDA Exclusion
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML	Tier 3	
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	Tier 1	
<i>dexamethasone oral solution 0.5 mg/5ml</i>	Tier 3	

Drug Name	Drug Tier	Notes
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	Tier 1	
<i>dexamethasone oral tablet therapy pack 1.5 mg (21), 1.5 mg (35), 1.5 mg (51)</i>	EX	Non Essential Drug Exclusion
<i>dexamethasone sod phos +rfid injection solution prefilled syringe 4 mg/ml</i>	Tier 2	
<i>dexamethasone sod phos-nacl intravenous solution 6-0.9 mg/25ml-%</i>	EX	Non FDA Exclusion
<i>dexamethasone sod phosphate pf injection solution 10 mg/ml</i>	Tier 1	
<i>dexamethasone sod phosphate pf injection solution prefilled syringe 10 mg/ml</i>	EX	Formulary Exclusion
<i>dexamethasone sodium phosphate injection solution prefilled syringe 4 mg/ml</i>	Tier 1	
<i>dexamethasone sodium phosphate solution 10 mg/ml injection</i>	EX	Non FDA Exclusion
<i>dexamethasone sodium phosphate solution 10 mg/ml injection</i>	Tier 1	
<i>dexamethasone sodium phosphate solution 100 mg/10ml injection</i>	Tier 1	
<i>dexamethasone sodium phosphate solution 120 mg/30ml injection</i>	Tier 1	
<i>dexamethasone sodium phosphate solution 20 mg/5ml injection</i>	Tier 1	
<i>dexamethasone sodium phosphate solution 4 mg/ml injection</i>	EX	Non FDA Exclusion
<i>dexamethasone sodium phosphate solution 4 mg/ml injection</i>	Tier 1	
DEXONTO 0.4% IONTOPHORESIS SOLUTION 20 MG/5ML	EX	Non FDA Exclusion
DOUBLEDEX INJECTION KIT 10 MG/ML	EX	Non FDA Exclusion
DXEVO 11-DAY ORAL TABLET THERAPY PACK 1.5 MG	EX	Non Essential Drug Exclusion
EMFLAZA ORAL SUSPENSION 22.75 MG/ML	EX	PA; Specialty; Formulary Exclusion
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG	EX	PA; Specialty; Formulary Exclusion
ENTOCORT EC ORAL CAPSULE DELAYED RELEASE PARTICLES 3 MG	EX	Formulary Exclusion
EOHILIA ORAL SUSPENSION 2 MG/10ML	EX	PA; Specialty; Formulary Exclusion
HEMADY ORAL TABLET 20 MG	EX	Non Essential Drug Exclusion

Drug Name	Drug Tier	Notes
HEXATRIONE INTRA-ARTICULAR SUSPENSION 20 MG/ML	EX	Non FDA Exclusion
HIDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	EX	Non Essential Drug Exclusion
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	
<i>hydrocortisone sod suc (pf) injection solution reconstituted 100 mg</i>	Tier 1	
KENALOG-10 INJECTION SUSPENSION 10 MG/ML	Tier 3	
KENALOG-40 INJECTION SUSPENSION 40 MG/ML	Tier 3	
KENALOG-80 INJECTION SUSPENSION 80 MG/ML	Tier 3	
MAS CARE-PAK INJECTION KIT 10 MG/ML	EX	Non FDA Exclusion
MEDROL ORAL TABLET THERAPY PACK 4 MG	EX	Formulary Exclusion
MEDROL TABLET 16 MG ORAL	EX	Formulary Exclusion
MEDROL TABLET 2 MG ORAL	Tier 3	
MEDROL TABLET 32 MG ORAL	EX	Formulary Exclusion
MEDROL TABLET 4 MG ORAL	EX	Formulary Exclusion
MEDROL TABLET 8 MG ORAL	EX	Formulary Exclusion
<i>methylprednisolone acetate suspension 40 mg/ml injection</i>	EX	Non FDA Exclusion
<i>methylprednisolone acetate suspension 40 mg/ml injection</i>	Tier 1	
<i>methylprednisolone acetate suspension 50 mg/ml injection</i>	EX	Non FDA Exclusion
<i>methylprednisolone acetate suspension 80 mg/ml injection</i>	EX	Non FDA Exclusion
<i>methylprednisolone acetate suspension 80 mg/ml injection</i>	Tier 1	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	Tier 1	
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	Tier 1	
<i>methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg, 500 mg</i>	Tier 1	
MILLIPRED ORAL TABLET 5 MG	EX	Non Essential Drug Exclusion
ORAPRED ODT ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 30 MG	Tier 3	
ORTIKOS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 6 MG, 9 MG	EX	Non Essential Drug Exclusion

Drug Name	Drug Tier	Notes
<i>p-care k40 injection kit 40 mg/ml</i>	EX	Non FDA Exclusion
<i>p-care k80 injection kit 2 x 40 mg/ml</i>	EX	Non FDA Exclusion
PEDIAPRED ORAL SOLUTION 6.7 (5 BASE) MG/5ML	EX	Formulary Exclusion
<i>pod-care 100k injection kit 40 mg/ml</i>	EX	Non FDA Exclusion
<i>prednisolone oral solution 15 mg/5ml</i>	Tier 1	
<i>prednisolone oral tablet 5 mg</i>	EX	Non Essential Drug Exclusion
<i>prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg</i>	Tier 1	
<i>prednisolone sodium phosphate solution 10 mg/5ml oral</i>	EX	Non Essential Drug Exclusion
<i>prednisolone sodium phosphate solution 15 mg/5ml oral</i>	Tier 1	
<i>prednisolone sodium phosphate solution 20 mg/5ml oral</i>	Tier 1	
<i>prednisolone sodium phosphate solution 25 mg/5ml oral</i>	Tier 1	
<i>prednisolone sodium phosphate solution 6.7 (5 base) mg/5ml oral</i>	Tier 1	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	EX	Formulary Exclusion
<i>prednisone oral solution 5 mg/5ml</i>	Tier 1	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	Tier 1	
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	Tier 1	
PRO-C-DURE 5 INJECTION KIT 2 X 40 MG/ML	EX	Non FDA Exclusion
PRO-C-DURE 6 INJECTION KIT 3 X 40 MG/ML	EX	Non FDA Exclusion
RAYOS ORAL TABLET DELAYED RELEASE 1 MG, 2 MG, 5 MG	EX	Non Essential Drug Exclusion; Formulary Exclusion
READYSHARP DEXAMETHASONE INJECTION KIT 10 MG/ML	EX	Non FDA Exclusion
SOLU-CORTEF SOLUTION RECONSTITUTED 100 MG INJECTION	EX	Formulary Exclusion
SOLU-CORTEF SOLUTION RECONSTITUTED 1000 MG INJECTION	Tier 3	
SOLU-CORTEF SOLUTION RECONSTITUTED 250 MG INJECTION	Tier 3	
SOLU-CORTEF SOLUTION RECONSTITUTED 500 MG INJECTION	Tier 3	

Drug Name	Drug Tier	Notes
SOLU-MEDROL (PF) INJECTION SOLUTION RECONSTITUTED 1000 MG, 125 MG, 40 MG, 500 MG	Tier 3	
SOLU-MEDROL INJECTION SOLUTION RECONSTITUTED 1000 MG, 2 GM, 500 MG	Tier 3	
TAPERDEX 12-DAY ORAL TABLET THERAPY PACK 1.5 MG (49)	EX	Non Essential Drug Exclusion
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG, 1.5 MG (21)	EX	Non Essential Drug Exclusion
TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27)	EX	Non Essential Drug Exclusion
TARPEYO ORAL CAPSULE DELAYED RELEASE 4 MG	EX	PA; Specialty; Formulary Exclusion; QL
<i>topidex injection kit 10 mg/ml</i>	EX	Non FDA Exclusion
<i>triamcinolone acetonide suspension 40 mg/ml injection</i>	EX	Non FDA Exclusion
<i>triamcinolone acetonide suspension 40 mg/ml injection</i>	Tier 1	
<i>triamcinolone acetonide suspension 50 mg/ml injection</i>	EX	Non FDA Exclusion
<i>triamcinolone acetonide suspension 80 mg/ml injection</i>	EX	Non FDA Exclusion
<i>triamcinolone diacetate injection suspension 40 mg/ml, 80 mg/ml</i>	EX	Non FDA Exclusion
UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR 9 MG	EX	Formulary Exclusion
<i>zcort 7-day oral tablet therapy pack 1.5 mg (25)</i>	EX	Non Essential Drug Exclusion
ZILRETTA INTRA-ARTICULAR SUSPENSION RECONSTITUTED ER 32 MG	EX	Medical Only Exclusion
*Mineralocorticoids***		
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	Tier 1	
*Steroid Combinations***		
<i>active injection blm-1 injection kit 6 & 0.25 & 1 mg/ml-%-%</i>	EX	Non FDA Exclusion
<i>active injection bm injection kit 6 & 0.25 mg/ml-%</i>	EX	Non FDA Exclusion
<i>active injection dl injection kit 10 & 1 mg/ml-%</i>	EX	Non FDA Exclusion
<i>active injection dlm injection kit 10 & 0.25 & 1 mg/ml-%-%</i>	EX	Non FDA Exclusion
ACTIVE INJECTION KIT L INJECTION KIT 40 & 1 MG/ML-%	EX	Non FDA Exclusion
<i>active injection kl-3 combination kit 40-1 mg/ml-%</i>	EX	Non FDA Exclusion

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

Drug Name	Drug Tier	Notes
DYURAL-80 INJECTION KIT 80 & 0.25 & 1 MG/ML-%-%	EX	Non FDA Exclusion
DYURAL-L INJECTION KIT 40 & 1 MG/ML-%	EX	Non FDA Exclusion
DYURAL-LM INJECTION KIT 40 & 0.25 & 1 MG/ML-%-%	EX	Non FDA Exclusion
<i>lidocidex i injection solution 5-10 mg/1.5ml</i>	EX	Non FDA Exclusion
<i>lidolog injection kit 40 & 2 mg/ml-%</i>	EX	Non FDA Exclusion
MARBETA-25 INJECTION KIT 6 & 0.25 MG/ML-%	EX	Non FDA Exclusion
MARBETA-L INJECTION KIT 6 & 0.25 & 1 MG/ML-%-%	EX	Non FDA Exclusion
MARDEX-25 INJECTION KIT 10 & 0.25 MG/ML-%	EX	Non FDA Exclusion
MEDROLOAN II SUIK COMBINATION KIT 40 MG/ML	EX	Non FDA Exclusion
MEDROLOAN SUIK COMBINATION KIT 40 MG/ML	EX	Non FDA Exclusion
<i>methylprednisolone ace-lido injection suspension 40-10 mg/ml, 80-10 mg/ml</i>	EX	Non FDA Exclusion
<i>methylprednisolone-bupivacaine injection suspension 40-5 mg/ml, 80-5 mg/ml</i>	EX	Non FDA Exclusion
<i>mlk f1 injection kit 40 & 0.5 & 2 mg/ml-%-%</i>	EX	Non FDA Exclusion
<i>mlk f2 injection kit 40 & 0.5 & 2 mg/ml-%-%</i>	EX	Non FDA Exclusion
<i>mlk f3 injection kit 40 & 0.5 & 2 mg/ml-%-%</i>	EX	Non FDA Exclusion
MLK F4 INJECTION KIT 40 & 0.5 & 2 MG/ML-%-%	EX	Non FDA Exclusion
<i>multi-specialty injection kit 40 & 1 mg/ml-%</i>	EX	Non FDA Exclusion
<i>p-care k40g combination kit 40 mg/ml</i>	EX	Non FDA Exclusion
<i>p-care k40mx injection kit 40 & 0.5 & 1 mg/ml-%-%</i>	EX	Non FDA Exclusion
<i>p-care k80g combination kit 40 mg/ml</i>	EX	Non FDA Exclusion
<i>p-care k80mx injection kit 40 & 0.5 & 1 mg/ml-%-%</i>	EX	Non FDA Exclusion
<i>physicians ez use j/t/t kit ii injection kit 40 & 1 mg/ml-%</i>	EX	Non FDA Exclusion
<i>physicians ez use joint/tunnel combination kit 40-1 mg/ml-%</i>	EX	Non FDA Exclusion
<i>physicians ez use m-pred injection kit 40-0.5 mg/ml-%</i>	EX	Non FDA Exclusion
<i>pod-care 100c injection kit 30 mg/5ml</i>	EX	Non FDA Exclusion
<i>pod-care 100cg combination kit 30 mg/5ml</i>	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
<i>pod-care 100cmx injection kit 6 & 0.5 & 1 mg/ml-%-%</i>	EX	Non FDA Exclusion
<i>pod-care 100kg combination kit 40 mg/ml</i>	EX	Non FDA Exclusion
<i>pod-care 100kmx injection kit 40 & 0.5 & 1 mg/ml-%-%</i>	EX	Non FDA Exclusion
POINT OF CARE KM INJECTION KIT 40 & 0.5 MG/ML-%	EX	Non FDA Exclusion
POINT OF CARE L.2 INJECTION KIT 40 & 1 MG/ML-%	EX	Non FDA Exclusion
POINT OF CARE L.5 INJECTION KIT 40 & 1 MG/ML-%	EX	Non FDA Exclusion
POINT OF CARE LM DEP 2 INJECTION KIT 40 & 0.25 & 1 MG/ML-%-%	EX	Non FDA Exclusion
READYSHARP ANESTH + BETAMETH INJECTION KIT 6 & 0.5 & 1 MG/ML-%-%	EX	Non FDA Exclusion
READYSHARP ANESTH + DEXAMETH INJECTION KIT 10 & 0.5 & 1 MG/ML-%-%	EX	Non FDA Exclusion
READYSHARP ANESTH + METHYLPRED INJECTION KIT 80 & 0.5 & 1 MG/ML-%-%	EX	Non FDA Exclusion
READYSHARP BETAMETHASONE INJECTION KIT 30 MG/5ML	EX	Non FDA Exclusion
ROPIDEX INJECTION KIT 10-0.5 MG/ML-%	EX	Non FDA Exclusion
<i>triamcinolone-bupivacaine injection suspension 40-5 mg/ml</i>	EX	Non FDA Exclusion
TRILOAN II SUIK COMBINATION KIT 40 MG/ML	EX	Non FDA Exclusion
TRILOAN SUIK COMBINATION KIT 40 MG/ML	EX	Non FDA Exclusion
Cough/Cold/Allergy		
*Antitussive - Nonnarcotic***		
<i>benzonatate capsule 100 mg oral</i>	Tier 1	
<i>benzonatate capsule 150 mg oral</i>	EX	Non Essential Drug Exclusion
<i>benzonatate capsule 200 mg oral</i>	Tier 1	
TESSALON PERLES ORAL CAPSULE 100 MG	EX	Formulary Exclusion
*Antitussive - Opioid***		
HYCODAN ORAL SOLUTION 5-1.5 MG/5ML	EX	Formulary Exclusion
HYCODAN ORAL TABLET 5-1.5 MG	EX	Formulary Exclusion
<i>hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml</i>	Tier 1	

Drug Name	Drug Tier	Notes
<i>hydrocodone bit-homatrop mbr oral tablet 5-1.5 mg</i>	Tier 1	
<i>hydromet oral solution 5-1.5 mg/5ml</i>	Tier 1	
*Antitussive-Expectorant***		
<i>dextromethorphan-guaifenesin oral syrup 10-100 mg/5ml</i>	Tier 1	
*Decongestant & Antihistamine***		
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 2.5-120 MG	Tier 3	
<i>promethazine vc oral syrup 6.25-5 mg/5ml</i>	Tier 1	
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5ml</i>	Tier 1	
*Decongestant W/ Expectorant***		
GILPHEX TR ORAL TABLET 10-388 MG	EX	Non FDA Exclusion
*Iodine Expectorants***		
SSKI ORAL SOLUTION 1 GM/ML	Tier 3	
*Misc. Respiratory Inhalants***		
HYPERSAL NEBULIZATION SOLUTION 3.5 % INHALATION	Tier 3	
HYPERSAL NEBULIZATION SOLUTION 7 % INHALATION	EX	Formulary Exclusion
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %	Tier 1	
PULMOSAL INHALATION NEBULIZATION SOLUTION 7 %	Tier 1	
<i>sodium chloride nebulization solution 0.9 % inhalation (rx)</i>	Tier 1	
<i>sodium chloride nebulization solution 10 % inhalation</i>	EX	Non FDA Exclusion
<i>sodium chloride nebulization solution 10 % inhalation</i>	Tier 1	
<i>sodium chloride nebulization solution 3 % inhalation</i>	Tier 1	
<i>sodium chloride nebulization solution 7 % inhalation</i>	Tier 1	
*Mucolytics***		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	Tier 1	
*Non-Narc Antitussive-Antihistamine***		
<i>promethazine-dm syrup 6.25-15 mg/5ml oral</i>	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
<i>promethazine-dm syrup 6.25-15 mg/5ml oral</i>	Tier 1	
*Non-Narc Antitussive-Decongestant-Antihistamine***		
BROMFED DM ORAL SYRUP 2-30-10 MG/5ML	Tier 1	
<i>bromphen-pseudoeph-dm oral syrup 2-30-10 mg/5ml</i>	Tier 1	
NEOTUSS PLUS ORAL LIQUID 7.5-4-30 MG/5ML	EX	Formulary Exclusion
<i>pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	Tier 1	
*Opioid Antitussive-Antihistamine***		
<i>hydrocod poli-chlorphe poli er oral suspension extended release 10-8 mg/5ml</i>	Tier 1	Opioid Brochure
<i>promethazine-codeine oral solution 6.25-10 mg/5ml</i>	Tier 1	Opioid Brochure
<i>promethazine-codeine oral syrup 6.25-10 mg/5ml</i>	Tier 1	Opioid Brochure
TUSSICAPS ORAL CAPSULE EXTENDED RELEASE 12 HOUR 10-8 MG	EX	Non Essential Drug Exclusion
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR 54.3-8 MG	Tier 3	Opioid Brochure
TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE 14.7-2.8 MG/5ML	Tier 3	Opioid Brochure
*Opioid Antitussive-Decongestant-Antihistamine***		
<i>promethazine vc/codeine oral syrup 6.25-5-10 mg/5ml</i>	Tier 1	Opioid Brochure
<i>promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5ml</i>	Tier 1	Opioid Brochure
Dermatologicals		
*Acne Antibiotics***		
ACZONE EXTERNAL GEL 5 %, 7.5 %	EX	Formulary Exclusion
AMZEEQ EXTERNAL FOAM 4 %	Tier 3	ST
CLEOCIN-T EXTERNAL LOTION 1 %	EX	Formulary Exclusion
CLINDACIN ETZ EXTERNAL SWAB 1 %	Tier 1	
CLINDACIN EXTERNAL FOAM 1 %	Tier 1	
CLINDACIN-P EXTERNAL SWAB 1 %	Tier 1	
CLINDAGEL EXTERNAL GEL 1 %	EX	Formulary Exclusion
<i>clindamycin phosphate external foam 1 %</i>	Tier 1	
<i>clindamycin phosphate external gel 1 %</i>	Tier 1	

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

Drug Name	Drug Tier	Notes
<i>aluris lp external cream 4-0.025 %</i>	EX	Non FDA Exclusion
<i>aluris lp plus external cream 4-0.025 %</i>	EX	Non FDA Exclusion
<i>aluris plus external cream 4-0.05 %</i>	EX	Non FDA Exclusion
<i>aluxof external therapy pack 10-4 & 2-4-0.05 %</i>	EX	Non FDA Exclusion
<i>aluxof hp external therapy pack 10-4 & 2-4-0.1 %</i>	EX	Non FDA Exclusion
<i>alvox external cream 4-0.05 %</i>	EX	Non FDA Exclusion
<i>alvox hp external cream 4-0.1 %</i>	EX	Non FDA Exclusion
<i>apexol cleanser external suspension 2-8 %</i>	EX	Non FDA Exclusion
<i>apexol hp cleanser external suspension 5-10 %</i>	EX	Non FDA Exclusion
<i>aphoria external gel 0.3-2.5-4 %</i>	EX	Non FDA Exclusion
<i>aporix external gel 1-4 %</i>	EX	Non FDA Exclusion
<i>aporix external lotion 1-4 %</i>	EX	Non FDA Exclusion
<i>artilis external gel 1-2.5-4 %</i>	EX	Non FDA Exclusion
<i>artilis hp external gel 1-5-4 %</i>	EX	Non FDA Exclusion
<i>augustil external gel 1-4-2-0.025 %</i>	EX	Non FDA Exclusion
AVAR CLEANSER EXTERNAL LIQUID 10-5 %	EX	Non FDA Exclusion
AVAR LS CLEANSER EXTERNAL LIQUID 10-2 %	EX	Non FDA Exclusion
AVAR-E EMOLLIENT EXTERNAL CREAM 10-5 %	EX	Non FDA Exclusion
AVAR-E GREEN EXTERNAL CREAM 10-5 %	EX	Non FDA Exclusion
AVAR-E LS EXTERNAL CREAM 10-2 %	EX	Non FDA Exclusion
<i>avidora external cream 1-4-0.025 %</i>	EX	Non FDA Exclusion
<i>avidora external solution 1-4-0.025 %</i>	EX	Non FDA Exclusion
<i>avidora hp external cream 1-4-0.05 %</i>	EX	Non FDA Exclusion
<i>awanis external cream 8.5-2-0.025 %</i>	EX	Non FDA Exclusion
<i>azalta external gel 2-5-0.025 %</i>	EX	Non FDA Exclusion
<i>azalta hp external gel 2-5-0.05 %</i>	EX	Non FDA Exclusion
BENZAACLIN EXTERNAL GEL 1-5 %	EX	Formulary Exclusion
BENZAACLIN WITH PUMP EXTERNAL GEL 1-5 %	EX	Formulary Exclusion
BENZAMYCIN EXTERNAL GEL 5-3 %	EX	Formulary Exclusion
<i>benzoyl perox-hydrocortisone external lotion 5-0.5 %</i>	EX	Non FDA Exclusion
<i>benzoyl peroxide forte- hc external lotion 7.5-1 %</i>	EX	Non FDA Exclusion
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	Tier 1	
<i>bp 10-1 external emulsion 10-1 %</i>	EX	Non FDA Exclusion
<i>bp cleansing wash external emulsion 10-4 %</i>	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
CABTREO EXTERNAL GEL 0.15-3.1-1.2 %	Tier 3	
CLENIA PLUS EXTERNAL SUSPENSION 9-4.25 %	EX	Non FDA Exclusion
CLINDACIN ETZ EXTERNAL KIT 1 %	EX	Non FDA Exclusion
CLINDACIN PAC EXTERNAL KIT 1 %	EX	Non FDA Exclusion
<i>clindamycin phos-benzoyl perox external gel 1-5 %</i> , 1.2-2.5 %, 1.2-3.75 %, 1.2-5 %	Tier 1	
<i>clindamycin-tretinoin external gel 1.2-0.025 %</i>	EX	Non Essential Drug Exclusion
<i>clindavix external kit 1 & 1.8-2 %</i>	EX	Non FDA Exclusion
CLINOIN EXTERNAL CREAM 1.25-0.025-1 %	EX	Non FDA Exclusion
<i>deoxia external gel 1-4 %</i>	EX	Non FDA Exclusion
<i>deoxia external lotion 1-4 %</i>	EX	Non FDA Exclusion
<i>deoxiademtar external gel 1-4-2-0.025 %</i>	EX	Non FDA Exclusion
<i>deoxiatar external solution 1-4-0.025 %</i>	EX	Non FDA Exclusion
<i>deoxiavar external cream 1-4-0.05 %</i>	EX	Non FDA Exclusion
<i>diadimaxia external cream 6-2-5 %</i>	EX	Non FDA Exclusion
<i>diadimaxia external gel 6-2-5 %</i>	EX	Non FDA Exclusion
<i>diaoxia external gel 6-4 %</i>	EX	Non FDA Exclusion
<i>diasaxiatar external cream 8.5-2-0.025 %</i>	EX	Non FDA Exclusion
<i>diasaxiatar external gel 8.5-2-0.025 %</i>	EX	Non FDA Exclusion
<i>diasdimaxia external cream 8.5-2-5 %</i>	EX	Non FDA Exclusion
<i>diasdimaxia external gel 8.5-2-5 %</i>	EX	Non FDA Exclusion
<i>diasoxia external cream 6-4 %, 8.5-4 %</i>	EX	Non FDA Exclusion
<i>diasoxia external gel 8.5-4 %</i>	EX	Non FDA Exclusion
<i>dimoxia external gel 4-5 %</i>	EX	Non FDA Exclusion
<i>draxace lotion cleanser external suspension 2-8 %</i>	EX	Non FDA Exclusion
<i>draxacey external suspension 2-8 %</i>	EX	Non FDA Exclusion
<i>drixece external suspension 5-10 %</i>	EX	Non FDA Exclusion
<i>dynoma external cream 0.05-4 %</i>	EX	Non FDA Exclusion
<i>eceoxia external cream 4-10 %</i>	EX	Non FDA Exclusion
EPIDUO EXTERNAL GEL 0.1-2.5 %	EX	Formulary Exclusion
EPIDUO FORTE EXTERNAL GEL 0.3-2.5 %	EX	Formulary Exclusion
<i>ethoxia external cream 4-0.05 %</i>	EX	Non FDA Exclusion
<i>fluoxia external cream 0.05-4 %</i>	EX	Non FDA Exclusion
<i>idyyxiatar external gel 5-0.025 %</i>	EX	Non FDA Exclusion
INOVA 4/1 ACNE CONTROL THERAPY EXTERNAL KIT 4 & 1 & 5 %	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
INOVA 8/2 ACNE CONTROL THERAPY EXTERNAL KIT 8 & 2 & 5 %	EX	Non FDA Exclusion
INOVA EXTERNAL KIT 4 & 5 %, 8 & 5 %	EX	Non FDA Exclusion
<i>inzdeaxiatar external gel 2.5-1-2-0.025 %</i>	EX	Non FDA Exclusion
<i>inzdeaxiavar external gel 2.5-1-2-0.05 %</i>	EX	Non FDA Exclusion
<i>inzdeoxia external gel 2.5-1-4 %</i>	EX	Non FDA Exclusion
<i>ithoxia external cream 4-0.1 %</i>	EX	Non FDA Exclusion
<i>lounzdomdioxatar external therapy pack 10-4 & 2-4-0.05 %</i>	EX	Non FDA Exclusion
NEUAC EXTERNAL GEL 1.2-5 %	Tier 1	
NEUAC EXTERNAL KIT 1.2-5 %	EX	Non FDA Exclusion
NUCARACLINPAK EXTERNAL KIT 1 %	EX	Non FDA Exclusion
NUCARARXPAK EXTERNAL KIT 1-2.5 %	EX	Non FDA Exclusion
ONEXTON EXTERNAL GEL 1.2-3.75 %	Tier 2	ST
<i>onzdeaxiademtar external gel 5-1-2-2-0.025 %</i>	EX	Non FDA Exclusion
<i>onzdeaxiademvar external gel 5-1-2-2-0.05 %</i>	EX	Non FDA Exclusion
<i>onzdeaxiatar external gel 5-1-2-0.025 %</i>	EX	Non FDA Exclusion
<i>onzdeaxiavar external gel 5-1-2-0.05 %</i>	EX	Non FDA Exclusion
<i>onzdeaxiazar external gel 5-1-2-0.1 %</i>	EX	Non FDA Exclusion
<i>onzdeoxia external gel 1-5-4 %</i>	EX	Non FDA Exclusion
<i>oxiaice external lotion 4-15 %</i>	EX	Non FDA Exclusion
<i>oxiatar external cream 4-0.025 %</i>	EX	Non FDA Exclusion
<i>oxiavar external cream 4-0.05 %</i>	EX	Non FDA Exclusion
<i>oxiavarry external cream 4-0.05 %</i>	EX	Non FDA Exclusion
<i>oxiavary external cream 4-0.1 %</i>	EX	Non FDA Exclusion
<i>oxiazar external cream 4-0.1 %</i>	EX	Non FDA Exclusion
PLEXION CLEANSER EXTERNAL LIQUID 9.8-4.8 %	EX	Non FDA Exclusion
PLEXION CLEANSING CLOTH EXTERNAL PAD 9.8-4.8 %	EX	Non FDA Exclusion
PLEXION EXTERNAL CREAM 9.8-4.8 %	EX	Non FDA Exclusion
PLEXION EXTERNAL LOTION 9.8-4.8 %	EX	Non FDA Exclusion
<i>resorcinol-sulfur external lotion 2-5 %</i>	EX	Non FDA Exclusion
<i>rumilo external cream 15-4 %</i>	EX	Non FDA Exclusion
<i>saroxia external cream 4-0.05 %</i>	EX	Non FDA Exclusion
<i>sirvana external gel 5-0.025 %</i>	EX	Non FDA Exclusion
<i>sorixia external cream 4-0.05 %</i>	EX	Non FDA Exclusion
<i>sss 10-5 external cream 10-5 %</i>	EX	Non FDA Exclusion
<i>sss 10-5 external foam 10-5 %</i>	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
<i>sulfacetamide sodium-sulfur cream 10-2 % external</i>	EX	Non FDA Exclusion
<i>sulfacetamide sodium-sulfur cream 10-5 % external</i>	EX	Non FDA Exclusion
<i>sulfacetamide sodium-sulfur cream 9.8-4.8 % external</i>	EX	Non FDA Exclusion
<i>sulfacetamide sodium-sulfur cream 9.8-4.8 % external</i>	Tier 1	
<i>sulfacetamide sodium-sulfur external lotion 10-5 %, 9.8-4.8 %</i>	EX	Non FDA Exclusion
<i>sulfacetamide sodium-sulfur external pad 10-4 %, 9.8-4.8 %</i>	EX	Non FDA Exclusion
<i>sulfacetamide sodium-sulfur liquid 10-2 % external</i>	EX	Non FDA Exclusion
<i>sulfacetamide sodium-sulfur liquid 10-2 % external</i>	Tier 1	
<i>sulfacetamide sodium-sulfur liquid 10-5 % external</i>	EX	Non FDA Exclusion
<i>sulfacetamide sodium-sulfur liquid 10-5 % external</i>	Tier 1	
<i>sulfacetamide sodium-sulfur liquid 9.8-4.8 % external</i>	EX	Non FDA Exclusion
<i>sulfacetamide sodium-sulfur liquid 9-4 % external</i>	EX	Non FDA Exclusion
<i>sulfacetamide sodium-sulfur liquid 9-4 % external</i>	Tier 1	
<i>sulfacetamide sodium-sulfur liquid 9-4.5 % external</i>	Tier 1	
<i>sulfacetamide sodium-sulfur suspension 10-5 % external</i>	EX	Non FDA Exclusion
<i>sulfacetamide sodium-sulfur suspension 8-4 % external</i>	Tier 1	
<i>sulfacetamide sodium-sulfur suspension 9-4.25 % external</i>	EX	Non FDA Exclusion
<i>sulfacetamide sod-sulfur wash liquid 9-4 % external</i>	EX	Non FDA Exclusion
<i>sulfacetamide sod-sulfur wash liquid 9-4.5 % external</i>	Tier 1	
<i>sulfacetamide-sulfur in urea external emulsion 10-5 %</i>	EX	Non FDA Exclusion
SULFACLEANSE 8/4 EXTERNAL SUSPENSION 8-4 %	Tier 1	
<i>sulfamez wash external emulsion 10-1 %</i>	EX	Formulary Exclusion
SUMADAN EXTERNAL KIT 9-4.5 %	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
SUMADAN WASH EXTERNAL LIQUID 9-4.5 %	EX	Formulary Exclusion
SUMADAN XLT EXTERNAL KIT 9-4.5 %	EX	Non FDA Exclusion
SUMAXIN CP EXTERNAL KIT 10-4 %	EX	Non FDA Exclusion
SUMAXIN EXTERNAL PAD 10-4 %	EX	Non FDA Exclusion
<i>tardeoxia external cream 1-4-0.025 %</i>	EX	Non FDA Exclusion
<i>tardimaxia external gel 2-5-0.025 %</i>	EX	Non FDA Exclusion
<i>taroxia external cream 4-0.025 %</i>	EX	Non FDA Exclusion
<i>taroxia external gel 4-0.025 %</i>	EX	Non FDA Exclusion
TWYNEO EXTERNAL CREAM 0.1-3 %	EX	Formulary Exclusion
<i>unzdomdioxiazar external therapy pack 10-4 & 2-4-0.1 %</i>	EX	Non FDA Exclusion
VANOXIDE-HC EXTERNAL LOTION 5-0.5 %	EX	Non FDA Exclusion
<i>vardimaxia external gel 2-5-0.05 %</i>	EX	Non FDA Exclusion
<i>varoxia external cream 4-0.05 %</i>	EX	Non FDA Exclusion
<i>varoxia external gel 4-0.05 %</i>	EX	Non FDA Exclusion
VELTIN EXTERNAL GEL 1.2-0.025 %	EX	Non Essential Drug Exclusion; Formulary Exclusion
ZACARE EXTERNAL KIT 4 & 0.2 %, 8 & 0.2 %	EX	Non FDA Exclusion
ZIANA EXTERNAL GEL 1.2-0.025 %	EX	Non Essential Drug Exclusion; Formulary Exclusion
ZMA CLEAR EXTERNAL SUSPENSION 9-4.5 %	EX	Non FDA Exclusion
*Acne Products***		
ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG	EX	Non Essential Drug Exclusion
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG	EX	Non Essential Drug Exclusion; Formulary Exclusion
ACUTANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Tier 1	
<i>adapalene external cream 0.1 %</i>	Tier 1	
<i>adapalene external gel 0.1 %, 0.3 %</i>	Tier 1	
<i>adapalene external pad 0.1 %</i>	EX	ST; Non Essential Drug Exclusion
<i>adapalene external solution 0.1 %</i>	Tier 3	ST
AKLIEF EXTERNAL CREAM 0.005 %	Tier 3	ST
ALTRENO EXTERNAL LOTION 0.05 %	Tier 3	ST
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG	Tier 1	
ARAZLO EXTERNAL LOTION 0.045 %	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
ATRALIN EXTERNAL GEL 0.05 %	EX	Formulary Exclusion
AVITA EXTERNAL CREAM 0.025 %	Tier 1	
AVITA EXTERNAL GEL 0.025 %	Tier 1	
AZELEX EXTERNAL CREAM 20 %	Tier 3	ST
BENZAC AC WASH EXTERNAL LIQUID 5 %	EX	Formulary Exclusion
BENZEPRO CREAMY WASH EXTERNAL LIQUID 7 %	EX	Non FDA Exclusion
BENZEPRO EXTERNAL 5.8 %	EX	Non FDA Exclusion
BENZEPRO EXTERNAL FOAM 5.2 %, 5.3 %, 9.7 %	EX	Non FDA Exclusion
BENZEPRO EXTERNAL LIQUID 6.8 %	EX	Non FDA Exclusion
BENZEPRO FOAMING CLOTHS EXTERNAL 6 %	EX	Non FDA Exclusion
<i>benzoyl peroxide external foam 9.8 %</i>	EX	Non FDA Exclusion
<i>benzoyl peroxide external gel 6.5 %, 8 %</i>	EX	Non FDA Exclusion
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Tier 1	
DIFFERIN EXTERNAL CREAM 0.1 %	EX	Formulary Exclusion
DIFFERIN EXTERNAL GEL 0.3 %	EX	Formulary Exclusion
DIFFERIN EXTERNAL LOTION 0.1 %	Tier 3	ST
ENZOCLEAR EXTERNAL FOAM 9.8 %	EX	Non FDA Exclusion
EPSOLAY EXTERNAL CREAM 5 %	EX	Non Essential Drug Exclusion; Formulary Exclusion
FABIOR EXTERNAL FOAM 0.1 %	EX	Formulary Exclusion
<i>isotretinoin capsule 10 mg oral</i>	EX	Non Essential Drug Exclusion
<i>isotretinoin capsule 10 mg oral</i>	Tier 1	
<i>isotretinoin capsule 20 mg oral</i>	EX	Non Essential Drug Exclusion
<i>isotretinoin capsule 20 mg oral</i>	Tier 1	
<i>isotretinoin capsule 25 mg oral</i>	EX	Formulary Exclusion
<i>isotretinoin capsule 25 mg oral</i>	EX	Non Essential Drug Exclusion; Formulary Exclusion
<i>isotretinoin capsule 30 mg oral</i>	EX	Non Essential Drug Exclusion
<i>isotretinoin capsule 30 mg oral</i>	Tier 1	
<i>isotretinoin capsule 35 mg oral</i>	EX	Formulary Exclusion
<i>isotretinoin capsule 35 mg oral</i>	EX	Non Essential Drug Exclusion; Formulary Exclusion
<i>isotretinoin capsule 40 mg oral</i>	EX	Non Essential Drug Exclusion
<i>isotretinoin capsule 40 mg oral</i>	Tier 1	

Drug Name	Drug Tier	Notes
MYORISAN ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Tier 1	
PR BENZOYL PEROXIDE EXTERNAL LIQUID 6.9 %	EX	Non FDA Exclusion
PR BENZOYL PEROXIDE WASH LIQUID 7 % EXTERNAL	EX	Formulary Exclusion
PR BENZOYL PEROXIDE WASH LIQUID 7 % EXTERNAL	EX	Non FDA Exclusion
RETIN-A EXTERNAL CREAM 0.025 %, 0.05 %, 0.1 %	EX	Formulary Exclusion
RETIN-A EXTERNAL GEL 0.01 %, 0.025 %	EX	Formulary Exclusion
RETIN-A MICRO EXTERNAL GEL 0.04 %, 0.1 %	EX	Formulary Exclusion
RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.06 %, 0.08 %, 0.1 %	EX	Formulary Exclusion
<i>tazarotene external foam 0.1 %</i>	EX	Formulary Exclusion
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	Tier 1	
<i>tretinoin gel 0.01 % external</i>	Tier 1	
<i>tretinoin gel 0.025 % external</i>	EX	Formulary Exclusion
<i>tretinoin gel 0.05 % external</i>	Tier 1	
<i>tretinoin microsphere external gel 0.04 %, 0.08 %, 0.1 %</i>	Tier 1	
<i>tretinoin microsphere pump external gel 0.04 %, 0.08 %, 0.1 %</i>	Tier 1	
WINLEVI EXTERNAL CREAM 1 %	Tier 3	
<i>zaclir cleansing external lotion 8 %</i>	EX	Non FDA Exclusion
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Tier 1	
*Agents For External Genital And Perianal Warts***		
VEREGEN EXTERNAL OINTMENT 15 %	Tier 3	
*Agents For Facial Wrinkles - Retinoids***		
REFISSA EXTERNAL CREAM 0.05 %	Benefit Exclusion	Formulary Exclusion
RENOVA EXTERNAL CREAM 0.02 %	Benefit Exclusion	Formulary Exclusion
RENOVA PUMP EXTERNAL CREAM 0.02 %	Benefit Exclusion	Formulary Exclusion
<i>tretinoin (emollient) external cream 0.05 %</i>	Benefit Exclusion	Formulary Exclusion
*Alopecia Agents - Janus Kinus (Jak) Inhibitors***		
LITFULO ORAL CAPSULE 50 MG	Tier 4	PA; Specialty; QL

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

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

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

Drug Name	Drug Tier	Notes
NAFTIN GEL 1 % EXTERNAL	Tier 3	
NAFTIN GEL 2 % EXTERNAL	EX	Formulary Exclusion
NYAMYC EXTERNAL POWDER 100000 UNIT/GM	Tier 1	
<i>nystatin external cream 100000 unit/gm</i>	Tier 1	
<i>nystatin external ointment 100000 unit/gm</i>	Tier 1	
<i>nystatin external powder 100000 unit/gm</i>	Tier 1	
NYSTOP EXTERNAL POWDER 100000 UNIT/GM	Tier 1	
<i>rimi external solution 5 %</i>	EX	Non FDA Exclusion
*Anti-Inflammatory Agents - Topical***		
<i>diclofenac epolamine patch 1.3 % external</i>	Tier 1	
<i>diclofenac epolamine patch 1.3 % external</i>	Tier 3	
<i>diclofenac sodium external gel 1 %</i>	Tier 1	QL
<i>diclofenac sodium solution 1.5 % external</i>	EX	Non Essential Drug Exclusion; QL
<i>diclofenac sodium solution 2 % external</i>	EX	Non Essential Drug Exclusion; Formulary Exclusion
DICLOFONO EXTERNAL GEL 1.6 %	EX	Non FDA Exclusion
<i>enovarx-diclofenac sodium external cream 2.5 %</i>	EX	Non FDA Exclusion
<i>enovarx-ibuprofen external cream 10 %</i>	EX	Non FDA Exclusion
<i>enovarx-naproxen external cream 10 %</i>	EX	Non FDA Exclusion
FLECTOR EXTERNAL PATCH 1.3 %	Tier 3	
FROTEK EXTERNAL CREAM 10 %	EX	Non FDA Exclusion
KETOPHENE RAPIDPAQ EXTERNAL CREAM 20 %	EX	Non FDA Exclusion
<i>ketorolac tromethamine external gel 2 %</i>	EX	Non FDA Exclusion
LICART EXTERNAL PATCH 24 HOUR 1.3 %	EX	Non Essential Drug Exclusion
LIXOFEN EXTERNAL KIT 1.5 %	EX	Non FDA Exclusion
<i>napro external cream 15 %</i>	EX	Non FDA Exclusion
PENNSAID EXTERNAL SOLUTION 2 %	EX	Non Essential Drug Exclusion; Formulary Exclusion
VENNGEL ONE EXTERNAL KIT 1 %	EX	Non FDA Exclusion
VENNGEL TWO EXTERNAL KIT 1 %	EX	Non FDA Exclusion
VOLTAREN EXTERNAL GEL 1 %	EX	Formulary Exclusion; QL
XICLO EXTERNAL PATCH 1.25 %	EX	New to Market Exclusion; Non FDA Exclusion

Drug Name	Drug Tier	Notes
*Anti-Inflammatory Combinations - Topical***		
<i>aif #2 drug preparation kit external cream</i>	EX	Non FDA Exclusion
<i>aif #3 drug preparation kit external cream</i>	EX	Non FDA Exclusion
<i>biifenac 1000 external therapy pack 1.5-4 %</i>	EX	Non FDA Exclusion
<i>biifenac 500 external therapy pack 1.5-4 %</i>	EX	Non FDA Exclusion
<i>capsfenac pak external therapy pack 1.5 & 0.025 %</i>	EX	Non FDA Exclusion
<i>capsinac external therapy pack 0.025-1.5 %</i>	EX	Non FDA Exclusion
DERMACINRX LEXITRAL PHARMAPAK EXTERNAL THERAPY PACK 1.5 & 0.025 %	EX	Non FDA Exclusion
<i>dfs/ms/menth/cap pak external kit 1.5&25-6-0.025 %</i>	EX	Non FDA Exclusion
<i>diclareal external therapy pack 2 & 0.025 %</i>	EX	Non FDA Exclusion
DICLOGEN EXTERNAL THERAPY PACK 1.5 & 4-10 %	EX	Non FDA Exclusion
<i>dicloheal-60 external therapy pack 1.5 & 0.025 %</i>	EX	Non FDA Exclusion
<i>diclona external gel 1-4.5 %</i>	EX	Non FDA Exclusion
<i>diclona+ external patch 1.25-4.5 %</i>	EX	Non FDA Exclusion
<i>diclopr external kit 1 & 10-30 %</i>	EX	Non FDA Exclusion
DICLOSAICIN EXTERNAL THERAPY PACK 1.5-0.025 %	EX	Non FDA Exclusion
<i>diclostream external therapy pack 1.5-10 %</i>	EX	Non FDA Exclusion
DICLOTREX EXTERNAL THERAPY PACK 1.5 & 4-10 %	EX	Non FDA Exclusion
DICLOTREX II EXTERNAL THERAPY PACK 1.5 & 4-10 %	EX	Non FDA Exclusion
<i>diclovix external kit 1.5 & 2-2.5-4 %</i>	EX	Non FDA Exclusion
<i>diclovix m external therapy pack 1.5-8 %</i>	EX	Non FDA Exclusion
<i>diclozor external therapy pack 1 %</i>	EX	Non FDA Exclusion
<i>dimenthio external therapy pack 1.5 & 10 %</i>	EX	Non FDA Exclusion
<i>dual complex formula 1 kit external cream</i>	EX	Non FDA Exclusion
<i>fbl kit external cream 15-4-5 %</i>	EX	Non FDA Exclusion
FENOVAR EXTERNAL KIT 1.5-10-15 %	EX	Non FDA Exclusion
<i>gabapentin-naproxen cmpd kit external cream 5-10 %</i>	EX	Non FDA Exclusion
ICLOFENAC CP EXTERNAL THERAPY PACK 0.025-1.5 %	EX	Non FDA Exclusion
K.B.G.L IN TERODERM EXTERNAL CREAM 15-4-10-2 %	EX	Non FDA Exclusion
<i>kapzin dc external therapy pack 0.025-1.5 %</i>	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
LEXITRAL PHARMAPAK II EXTERNAL THERAPY PACK 1.5 & 0.025 %	EX	Non FDA Exclusion
LEXTOL EXTERNAL THERAPY PACK 1.5 & 0.025 %	EX	Non FDA Exclusion
<i>np #2 drug preparation kit external cream</i>	EX	Non FDA Exclusion
NUDICLO SOLUPAK EXTERNAL THERAPY PACK 1.5 & 0.025 %	EX	Non FDA Exclusion
<i>pennsaicin external therapy pack 1.5 & 0.025 %</i>	EX	Non FDA Exclusion
PROFINAC EXTERNAL THERAPY PACK 1.5 %	EX	Non FDA Exclusion
<i>sure result dss premium pack external therapy pack 1.5 & 0.025 %</i>	EX	Non FDA Exclusion
TRIFENA PAIN RELIEF EXTERNAL PATCH 1.2-5-4 %	EX	Non FDA Exclusion
<i>triple complex formula 3 kit external cream 20-2-10 %</i>	EX	Non FDA Exclusion
VAROPHEN EXTERNAL KIT 1.5-10-15 %	EX	Non FDA Exclusion
<i>vp fc kit external cream</i>	EX	Non FDA Exclusion
<i>vp gkl kit external cream 20-2-10 %</i>	EX	Non FDA Exclusion
XICLOFEN EXTERNAL OINTMENT 1-5 %	EX	New to Market Exclusion; Non FDA Exclusion
XRYLIX EXTERNAL THERAPY PACK 1.5 %	EX	Non FDA Exclusion
XRYLIX II EXTERNAL THERAPY PACK 1.5 %	EX	Non FDA Exclusion
<i>ziclocin external therapy pack 1.5 & 0.025 %</i>	EX	Non FDA Exclusion
ZICLOPRO EXTERNAL THERAPY PACK 1.5 & 0.025 %	EX	Non FDA Exclusion
*Antineoplastic Alkylating Agents - Topical***		
VALCHLOR EXTERNAL GEL 0.016 %	Tier 4	PA; Specialty; QL
*Antineoplastic Antimetabolites - Topical***		
CARAC EXTERNAL CREAM 0.5 %	EX	Non Essential Drug Exclusion
EFUDEX EXTERNAL CREAM 5 %	EX	Formulary Exclusion
FLUOROPLEX EXTERNAL CREAM 1 %	Tier 3	
<i>fluorouracil cream 0.5 % external</i>	EX	Non Essential Drug Exclusion
<i>fluorouracil cream 5 % external</i>	Tier 1	
<i>fluorouracil external solution 2 %, 5 %</i>	Tier 1	
TOLAK EXTERNAL CREAM 4 %	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
*Antineoplastic Or Premalignant Lesion Agent - Comb***		
<i>kazuri external gel 5-1-0.05 %</i>	EX	Non FDA Exclusion
<i>keraxa external gel 3-4 %</i>	EX	Non FDA Exclusion
<i>kerida external gel 5-30-0.1 %</i>	EX	Non FDA Exclusion
<i>kynara external gel 5-1-2 %</i>	EX	Non FDA Exclusion
ORMECA COMBINATION KIT 3 & 46-0.4-1.1 % & MG	EX	Non FDA Exclusion
<i>quidroxzar external gel 5-30-0.1 %</i>	EX	Non FDA Exclusion
<i>quihoxaxia external gel 5-1-2 %</i>	EX	Non FDA Exclusion
<i>quihoxvar external gel 5-1-0.05 %</i>	EX	Non FDA Exclusion
<i>quitar external gel 5-0.025 %</i>	EX	Non FDA Exclusion
<i>roaoxia external gel 3-4 %</i>	EX	Non FDA Exclusion
<i>solaravix external therapy pack 3 %</i>	EX	Non FDA Exclusion
*Antineoplastic Or Premalignant Lesions - Topical Misc.***		
PICATO EXTERNAL GEL 0.015 %, 0.05 %	EX	Formulary Exclusion
*Antineoplastic Or Premalignant Lesions - Topical Nsaid's***		
<i>diclofenac sodium gel 3 % external</i>	EX	PA; Non FDA Exclusion; QL
<i>diclofenac sodium gel 3 % external</i>	Tier 1	PA; QL
*Antineoplastic Retinoids - Topical***		
PANRETIN EXTERNAL GEL 0.1 %	Tier 3	
*Antipruritics - Topical***		
<i>doxepin hcl external cream 5 %</i>	EX	Non Essential Drug Exclusion
PRUDOXIN EXTERNAL CREAM 5 %	EX	Non Essential Drug Exclusion
ZONALON EXTERNAL CREAM 5 %	EX	Non Essential Drug Exclusion
*Antipsoriatic Combinations***		
<i>calsodore external kit 0.005 %</i>	EX	Non FDA Exclusion
<i>calsodore external therapy pack 0.005-5 %</i>	EX	Non FDA Exclusion
<i>diooxia external cream 0.005-4 %</i>	EX	Non FDA Exclusion
NUDERMRXPAK 120 EXTERNAL THERAPY PACK 0.005-5 %	EX	Non FDA Exclusion
NUDERMRXPAK 60 EXTERNAL THERAPY PACK 0.005-5 %	EX	Non FDA Exclusion
<i>purazil external cream 0.005-4 %</i>	EX	Non FDA Exclusion
TRIONEX EXTERNAL KIT 0.005 %	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
*Antipsoriatics - Systemic***		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	Tier 1	QL
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 160 MG/ML, 320 MG/2ML	Tier 4	PA; Specialty
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML, 320 MG/2ML	Tier 4	PA; Specialty
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	Tier 4	PA; Specialty; QL
COSENTYX INTRAVENOUS SOLUTION 125 MG/5ML	Tier 4	PA; Specialty
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	Tier 4	PA; Specialty; QL
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	Tier 4	PA; Specialty; QL
COSENTYX SOLUTION PREFILLED SYRINGE 150 MG/ML SUBCUTANEOUS	Tier 4	PA; Specialty; QL
COSENTYX SOLUTION PREFILLED SYRINGE 75 MG/0.5ML SUBCUTANEOUS	Tier 4	PA; Specialty
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	Tier 4	PA; Specialty
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	EX	PA; Specialty; Formulary Exclusion
<i>methoxsalen rapid oral capsule 10 mg</i>	Tier 1	PA
OTULFI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	EX	PA; New to Market Exclusion; Specialty
OXSORALEN ULTRA ORAL CAPSULE 10 MG	EX	PA; Formulary Exclusion
PYZCHIVA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	EX	New to Market Exclusion
SELARSDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	Tier 2	PA; Specialty
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.5ML	EX	PA; Specialty; Formulary Exclusion
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT 75 MG/0.83ML	Tier 4	PA; Specialty; QL

Drug Name	Drug Tier	Notes
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	Tier 4	PA; Specialty
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	Tier 4	PA; Specialty
SORIATANE ORAL CAPSULE 10 MG, 25 MG	EX	Formulary Exclusion; QL
SOTYKTU ORAL TABLET 6 MG	Tier 4	PA; Specialty; QL
SPEVIGO INTRAVENOUS SOLUTION 450 MG/7.5ML	EX	Medical Only Exclusion
SPEVIGO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	Tier 4	PA; Specialty
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	Tier 4	PA; Specialty; QL
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	Tier 4	PA; Specialty; QL
STEQEYMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	EX	New to Market Exclusion; Specialty
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML	EX	PA; Specialty; Formulary Exclusion
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.25ML, 40 MG/0.5ML, 80 MG/ML	EX	PA; Specialty; Formulary Exclusion
TREMFYA INTRAVENOUS SOLUTION 200 MG/20ML	Tier 4	PA; Specialty
TREMFYA SOLUTION AUTO-INJECTOR 100 MG/ML SUBCUTANEOUS	Tier 4	PA; Specialty; QL
TREMFYA SOLUTION AUTO-INJECTOR 200 MG/2ML SUBCUTANEOUS	Tier 4	PA; Specialty
TREMFYA SOLUTION PREFILLED SYRINGE 100 MG/ML SUBCUTANEOUS	Tier 4	PA; Specialty; QL
TREMFYA SOLUTION PREFILLED SYRINGE 200 MG/2ML SUBCUTANEOUS	Tier 4	PA; Specialty
<i>ustekinumab-ttwe subcutaneous solution prefilled syringe 45 mg/0.5ml, 90 mg/ml</i>	EX	New to Market Exclusion
WEZLANA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	EX	New to Market Exclusion; Specialty
WEZLANA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	EX	New to Market Exclusion; Specialty
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5ML	Tier 4	PA; Specialty

Drug Name	Drug Tier	Notes
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	Tier 4	PA; Specialty
*Antipsoriatics***		
<i>calcipotriene external cream 0.005 %</i>	Tier 1	
<i>calcipotriene external foam 0.005 %</i>	EX	Non Essential Drug Exclusion
<i>calcipotriene external ointment 0.005 %</i>	Tier 1	
<i>calcipotriene external solution 0.005 %</i>	Tier 1	
CALCITRENE EXTERNAL OINTMENT 0.005 %	Tier 1	
<i>calcitriol ointment 3 mcg/gm external</i>	Tier 3	
<i>calcitriol ointment 3 mcg/gm external</i>	Tier 1	
DOVONEX EXTERNAL CREAM 0.005 %	EX	Formulary Exclusion
DRITHO-CREME HP EXTERNAL CREAM 1 %	EX	Non FDA Exclusion
SORILUX EXTERNAL FOAM 0.005 %	EX	Non Essential Drug Exclusion
<i>tazarotene external cream 0.05 %, 0.1 %</i>	Tier 1	
<i>tazarotene external gel 0.05 %, 0.1 %</i>	Tier 1	
TAZORAC EXTERNAL CREAM 0.05 %, 0.1 %	EX	Formulary Exclusion
TAZORAC EXTERNAL GEL 0.05 %, 0.1 %	EX	Formulary Exclusion
VECTICAL EXTERNAL OINTMENT 3 MCG/GM	Tier 3	
VTAMA EXTERNAL CREAM 1 %	Tier 3	PA
ZITHRANOL EXTERNAL SHAMPOO 1 %	EX	Non FDA Exclusion
ZORYVE EXTERNAL CREAM 0.3 %	EX	PA; Formulary Exclusion
*Antiseborrheic Combinations***		
<i>dafilor external shampoo 0.77-2 %</i>	EX	Non FDA Exclusion
<i>dionaris external shampoo 0.77-0.05-3 %</i>	EX	Non FDA Exclusion
<i>divendo external shampoo 0.77-0.05 %</i>	EX	Non FDA Exclusion
<i>haxchlo external shampoo 0.77-0.05 %</i>	EX	Non FDA Exclusion
<i>haxchlodrex external shampoo 0.77-0.05-3 %</i>	EX	Non FDA Exclusion
<i>haxdrax external shampoo 0.77-2 %</i>	EX	Non FDA Exclusion
<i>micuraderm external emulsion</i>	EX	Non FDA Exclusion
NUTRASEB EXTERNAL CREAM	EX	Non FDA Exclusion
PROMISEB EXTERNAL CREAM	EX	Non FDA Exclusion
<i>sodium sulfacetamide-bakuchiol external liquid 10 %</i>	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
*Antiseborrheic Products***		
<i>glycolic acid solution 70 %</i>	EX	Non FDA Exclusion
OVACE PLUS EXTERNAL CREAM 10 %	EX	Non FDA Exclusion
OVACE PLUS EXTERNAL FOAM 9.8 %	EX	Non FDA Exclusion
OVACE PLUS EXTERNAL LOTION 9.8 %	EX	Non FDA Exclusion
OVACE PLUS EXTERNAL SHAMPOO 10 %	EX	Non FDA Exclusion
OVACE PLUS WASH EXTERNAL GEL 10 %	EX	Non FDA Exclusion
OVACE PLUS WASH EXTERNAL LIQUID 10 %	EX	Non FDA Exclusion
OVACE WASH EXTERNAL LIQUID 10 %	EX	Non FDA Exclusion
PLEXION NS EXTERNAL SHAMPOO 9.8 %	EX	Non FDA Exclusion
<i>selenium sulfide external lotion 2.5 %</i>	Tier 1	
<i>selenium sulfide external shampoo 2.25 %, 2.3 %</i>	EX	Non FDA Exclusion
SELRX EXTERNAL SHAMPOO 2.3 %	EX	Non FDA Exclusion
<i>sodium sulfacetamide external shampoo 10 %, 9.8 %</i>	EX	Non FDA Exclusion
<i>sodium sulfacetamide wash liquid 10 % external</i>	EX	Non FDA Exclusion
<i>sodium sulfacetamide wash liquid 10 % external</i>	Tier 1	
<i>sulfacetamide sodium (cleans) external gel 10 %</i>	EX	Non FDA Exclusion
<i>sulfacetamide sodium external liquid 10 %</i>	EX	Non FDA Exclusion
ZORYVE EXTERNAL FOAM 0.3 %	EX	PA; Formulary Exclusion
*Antiviral Topical Combinations***		
XERESE EXTERNAL CREAM 5-1 %	EX	Non Essential Drug Exclusion
*Antivirals - Topical***		
<i>acyclovir external cream 5 %</i>	Tier 1	
<i>acyclovir external ointment 5 %</i>	Tier 1	
DENAVIR EXTERNAL CREAM 1 %	EX	Formulary Exclusion
<i>penciclovir external cream 1 %</i>	Tier 1	
ZOVIRAX EXTERNAL CREAM 5 %	EX	Formulary Exclusion
ZOVIRAX EXTERNAL OINTMENT 5 %	EX	Formulary Exclusion
*Astringents***		
XERAC AC SOLUTION 6.25 % EXTERNAL	EX	Formulary Exclusion
XERAC AC SOLUTION 6.25 % EXTERNAL	EX	Non FDA Exclusion
*Atopic Dermatitis - Janus Kinase (Jak) Inhibitors***		
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG	EX	PA; Specialty; Formulary Exclusion; QL
OPZELURA EXTERNAL CREAM 1.5 %	Tier 2	PA; QL

Drug Name	Drug Tier	Notes
*Atopic Dermatitis - Monoclonal Antibodies***		
ADBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	Tier 4	PA; Specialty
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	Tier 4	PA; Specialty
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML, 300 MG/2ML	Tier 4	PA; Specialty
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML, 200 MG/1.14ML, 300 MG/2ML	Tier 4	PA; Specialty
EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR 250 MG/2ML	EX	PA; Specialty; Formulary Exclusion
EBGLYSS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 250 MG/2ML	EX	PA; Specialty; Formulary Exclusion
*Burn Product Combinations***		
<i>rayasore kit external kit 1 & 10 %</i>	EX	Non FDA Exclusion
*Burn Products***		
<i>mafenide acetate external packet 5 %</i>	EX	Non FDA Exclusion
SILVADENE EXTERNAL CREAM 1 %	EX	Formulary Exclusion
<i>silver sulfadiazine external cream 1 %</i>	Tier 1	
SSD EXTERNAL CREAM 1 %	Tier 1	
SULFAMYLON EXTERNAL CREAM 85 MG/GM	Tier 3	
SULFAMYLON EXTERNAL PACKET 5 %	EX	Non FDA Exclusion
*Cauterizing Agent Combinations***		
ARZOL SILVER NIT APPLICATORS EXTERNAL 75-25 %	EX	Non FDA Exclusion
<i>grafco silver nit applicator external 75-25 %</i>	EX	Non FDA Exclusion
*Cauterizing Agents***		
<i>silver nitrate external solution 0.5 %, 10 %, 25 %, 50 %</i>	EX	Non FDA Exclusion
TRI-CHLOR EXTERNAL LIQUID 80 %	EX	Non FDA Exclusion
*Corticosteroids - Topical***		
ADVANCED ALLERGY COLLECTION EXTERNAL KIT 2.5 %	EX	Non FDA Exclusion
ALA SCALP EXTERNAL LOTION 2 %	Tier 1	
<i>ala-cort external cream 1 %, 2.5 %</i>	Tier 1	Insufficient Evidence
<i>alclometasone dipropionate external cream 0.05 %</i>	Tier 1	

Drug Name	Drug Tier	Notes
<i>alclometasone dipropionate external ointment 0.05 %</i>	Tier 1	
<i>amcinonide external cream 0.1 %</i>	Tier 3	
<i>amcinonide external lotion 0.1 %</i>	Tier 3	
<i>amcinonide external ointment 0.1 %</i>	Tier 1	
APEXICON E EXTERNAL CREAM 0.05 %	Tier 3	
BESER EXTERNAL LOTION 0.05 %	Tier 1	
<i>betamethasone dipropionate aug external cream 0.05 %</i>	Tier 1	
<i>betamethasone dipropionate aug external gel 0.05 %</i>	Tier 1	
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	Tier 1	
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	Tier 1	
<i>betamethasone dipropionate external cream 0.05 %</i>	Tier 1	
<i>betamethasone dipropionate external lotion 0.05 %</i>	Tier 1	
<i>betamethasone dipropionate external ointment 0.05 %</i>	Tier 1	
<i>betamethasone valerate external cream 0.1 %</i>	Tier 1	
<i>betamethasone valerate external foam 0.12 %</i>	EX	Non Essential Drug Exclusion
<i>betamethasone valerate external lotion 0.1 %</i>	Tier 1	
<i>betamethasone valerate external ointment 0.1 %</i>	Tier 1	
BRYHALI EXTERNAL LOTION 0.01 %	EX	Non Essential Drug Exclusion
CAPEX EXTERNAL SHAMPOO 0.01 %	Tier 3	
<i>clobetasol prop emollient base external cream 0.05 %</i>	Tier 1	
<i>clobetasol propionate cream 0.025 % external</i>	Tier 3	Non Essential Drug Exclusion
<i>clobetasol propionate cream 0.05 % external</i>	Tier 1	
<i>clobetasol propionate cream 0.05 % external</i>	Tier 1	Insufficient Evidence
<i>clobetasol propionate e external cream 0.05 %</i>	Tier 1	
<i>clobetasol propionate emulsion external foam 0.05 %</i>	Tier 1	
<i>clobetasol propionate external foam 0.05 %</i>	Tier 1	
<i>clobetasol propionate external gel 0.05 %</i>	Tier 1	
<i>clobetasol propionate external liquid 0.05 %</i>	Tier 1	
<i>clobetasol propionate external lotion 0.05 %</i>	Tier 1	
<i>clobetasol propionate external ointment 0.05 %</i>	Tier 1	Insufficient Evidence
<i>clobetasol propionate external shampoo 0.05 %</i>	Tier 1	

Drug Name	Drug Tier	Notes
<i>clobetasol propionate external solution 0.05 %</i>	Tier 1	
CLOBEX EXTERNAL LOTION 0.05 %	EX	Formulary Exclusion
CLOBEX EXTERNAL SHAMPOO 0.05 %	EX	Formulary Exclusion
CLOBEX SPRAY EXTERNAL LIQUID 0.05 %	EX	Formulary Exclusion
<i>clocortolone pivalate external cream 0.1 %</i>	Tier 1	
CLODAN EXTERNAL SHAMPOO 0.05 %	Tier 1	
CLODERM EXTERNAL CREAM 0.1 %	EX	Formulary Exclusion
CORDRAN CREAM 0.025 % EXTERNAL	Tier 3	
CORDRAN CREAM 0.05 % EXTERNAL	EX	Formulary Exclusion
CORDRAN EXTERNAL LOTION 0.05 %	EX	Formulary Exclusion
CORDRAN EXTERNAL OINTMENT 0.05 %	Tier 3	
CORDRAN EXTERNAL TAPE 4 MCG/SQCM	Tier 3	
CUTIVATE EXTERNAL LOTION 0.05 %	EX	Formulary Exclusion
DERMA-SMOOTH/FS BODY EXTERNAL OIL 0.01 %	EX	Formulary Exclusion
DERMA-SMOOTH/FS SCALP EXTERNAL OIL 0.01 %	EX	Formulary Exclusion
DESONATE EXTERNAL GEL 0.05 %	EX	Formulary Exclusion
<i>desonide external cream 0.05 %</i>	Tier 1	
<i>desonide external gel 0.05 %</i>	Tier 1	
<i>desonide external lotion 0.05 %</i>	Tier 1	
<i>desonide external ointment 0.05 %</i>	Tier 1	
DESOWEN EXTERNAL CREAM 0.05 %	EX	Formulary Exclusion
<i>desoximetasone external cream 0.05 %, 0.25 %</i>	Tier 1	
<i>desoximetasone external gel 0.05 %</i>	Tier 1	
<i>desoximetasone external liquid 0.25 %</i>	Tier 1	
<i>desoximetasone external ointment 0.05 %, 0.25 %</i>	Tier 1	
DESRX EXTERNAL GEL 0.05 %	Tier 1	
<i>diflorasone diacetate external cream 0.05 %</i>	EX	Non Essential Drug Exclusion
<i>diflorasone diacetate external ointment 0.05 %</i>	Tier 1	
DIPROLENE AF EXTERNAL CREAM 0.05 %	EX	Formulary Exclusion
DIPROLENE EXTERNAL OINTMENT 0.05 %	EX	Formulary Exclusion
<i>fluocinolone acetonide body external oil 0.01 %</i>	Tier 1	
<i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i>	Tier 1	
<i>fluocinolone acetonide external ointment 0.025 %</i>	Tier 1	

Drug Name	Drug Tier	Notes
<i>fluocinolone acetonide external solution 0.01 %</i>	Tier 1	
<i>fluocinolone acetonide scalp external oil 0.01 %</i>	Tier 1	
<i>fluocinonide cream 0.05 % external</i>	Tier 1	
<i>fluocinonide cream 0.1 % external</i>	EX	Non Essential Drug Exclusion
<i>fluocinonide emulsified base external cream 0.05 %</i>	Tier 1	
<i>fluocinonide external gel 0.05 %</i>	Tier 1	
<i>fluocinonide external ointment 0.05 %</i>	Tier 1	
<i>fluocinonide external solution 0.05 %</i>	Tier 1	
<i>flurandrenolide external cream 0.05 %</i>	Tier 1	
<i>flurandrenolide external lotion 0.05 %</i>	Tier 1	
<i>flurandrenolide external ointment 0.05 %</i>	Tier 1	
<i>fluticasone propionate external cream 0.05 %</i>	Tier 1	
<i>fluticasone propionate external lotion 0.05 %</i>	Tier 1	
<i>fluticasone propionate external ointment 0.005 %</i>	Tier 1	
<i>halcinonide external cream 0.1 %</i>	Tier 1	
<i>halcinonide external solution 0.1 %</i>	Tier 3	
<i>halobetasol propionate external cream 0.05 %</i>	Tier 1	
<i>halobetasol propionate external foam 0.05 %</i>	EX	Non Essential Drug Exclusion
<i>halobetasol propionate external ointment 0.05 %</i>	Tier 1	
HALOG EXTERNAL CREAM 0.1 %	EX	Formulary Exclusion
HALOG EXTERNAL OINTMENT 0.1 %	Tier 3	
HALOG EXTERNAL SOLUTION 0.1 %	Tier 3	
<i>hydrocort lotion complete kit external therapy pack 2 %</i>	EX	Non FDA Exclusion
<i>hydrocortisone butyr lipo base external cream 0.1 %</i>	Tier 1	
<i>hydrocortisone butyrate external cream 0.1 %</i>	Tier 1	
<i>hydrocortisone butyrate external lotion 0.1 %</i>	Tier 1	
<i>hydrocortisone butyrate external ointment 0.1 %</i>	Tier 1	
<i>hydrocortisone butyrate external solution 0.1 %</i>	Tier 1	
<i>hydrocortisone complete kit external therapy pack 2 %</i>	EX	Non FDA Exclusion
<i>hydrocortisone external cream 1 %, 2.5 %</i>	Tier 1	Insufficient Evidence
<i>hydrocortisone external lotion 2 %, 2.5 %</i>	Tier 1	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	Tier 1	Insufficient Evidence
<i>hydrocortisone external solution 2.5 %</i>	Tier 3	
<i>hydrocortisone valerate external cream 0.2 %</i>	Tier 1	
<i>hydrocortisone valerate external ointment 0.2 %</i>	Tier 1	

Drug Name	Drug Tier	Notes
HYDROXATE EXTERNAL GEL 2 %	EX	Non FDA Exclusion
HYDROXYM EXTERNAL CREAM 2 %	EX	Non FDA Exclusion
HYDROXYM EXTERNAL GEL 2 %	EX	Non FDA Exclusion
IMPEKLO EXTERNAL LOTION 0.15 MG/ACT (0.05%)	EX	Non Essential Drug Exclusion
IMPOYZ EXTERNAL CREAM 0.025 %	EX	Non Essential Drug Exclusion
KENALOG EXTERNAL AEROSOL SOLUTION 0.147 MG/GM	EX	Formulary Exclusion
LEXETTE EXTERNAL FOAM 0.05 %	EX	Non Essential Drug Exclusion; Formulary Exclusion
LOCOID EXTERNAL LOTION 0.1 %	EX	Formulary Exclusion
LOCOID LIPOCREAM EXTERNAL CREAM 0.1 %	EX	Formulary Exclusion
LUXIQ EXTERNAL FOAM 0.12 %	EX	Non Essential Drug Exclusion; Formulary Exclusion
<i>mometasone furoate external cream 0.1 %</i>	Tier 1	Insufficient Evidence
<i>mometasone furoate external ointment 0.1 %</i>	Tier 1	Insufficient Evidence
<i>mometasone furoate external solution 0.1 %</i>	Tier 1	
NOLIX EXTERNAL CREAM 0.05 %	Tier 1	
NOLIX EXTERNAL LOTION 0.05 %	Tier 1	
NUCORT EXTERNAL LOTION 2 %	EX	Non FDA Exclusion
OLUX EXTERNAL FOAM 0.05 %	Benefit Exclusion	Formulary Exclusion
OLUX-E EXTERNAL FOAM 0.05 %	Benefit Exclusion	Formulary Exclusion
PANDEL EXTERNAL CREAM 0.1 %	EX	Non Essential Drug Exclusion
<i>prednicarbate external ointment 0.1 %</i>	Tier 1	
SERNIVO EXTERNAL EMULSION 0.05 %	EX	Non Essential Drug Exclusion
SYNALAR EXTERNAL CREAM 0.025 %	EX	Formulary Exclusion
SYNALAR EXTERNAL OINTMENT 0.025 %	EX	Formulary Exclusion
SYNALAR EXTERNAL SOLUTION 0.01 %	EX	Formulary Exclusion
TASOPROL EXTERNAL KIT 0.05 %	EX	Non FDA Exclusion
TEMOVATE EXTERNAL CREAM 0.05 %	EX	Formulary Exclusion
TEMOVATE EXTERNAL OINTMENT 0.05 %	EX	Formulary Exclusion
TEXACORT EXTERNAL SOLUTION 2.5 %	Tier 3	
TOPICORT EXTERNAL CREAM 0.05 %, 0.25 %	EX	Formulary Exclusion
TOPICORT EXTERNAL GEL 0.05 %	EX	Formulary Exclusion
TOPICORT EXTERNAL OINTMENT 0.05 %, 0.25 %	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
TOPICORT SPRAY EXTERNAL LIQUID 0.25 %	EX	Formulary Exclusion
TOVET EXTERNAL FOAM 0.05 %	Tier 1	
TOVET EXTERNAL KIT 0.05 %	EX	Non FDA Exclusion
<i>triamcinolone acetonide external aerosol solution 0.147 mg/gm</i>	Tier 1	
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %</i>	Tier 1	
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	Tier 1	
<i>triamcinolone acetonide ointment 0.025 % external</i>	Tier 1	
<i>triamcinolone acetonide ointment 0.05 % external</i>	EX	Non Essential Drug Exclusion
<i>triamcinolone acetonide ointment 0.1 % external</i>	Tier 1	
<i>triamcinolone acetonide ointment 0.1 % external</i>	Tier 1	Insufficient Evidence
<i>triamcinolone acetonide ointment 0.5 % external</i>	Tier 1	Insufficient Evidence
<i>triamcinolone in absorbase external ointment 0.05 %</i>	EX	Non Essential Drug Exclusion
TRIANEX EXTERNAL OINTMENT 0.05 %	EX	Non Essential Drug Exclusion
TRIDERM EXTERNAL CREAM 0.1 %, 0.5 %	Tier 1	
TRIDESILON EXTERNAL CREAM 0.05 %	EX	Non FDA Exclusion
TRITOCIN EXTERNAL OINTMENT 0.05 %	EX	Non Essential Drug Exclusion
ULTRAVATE EXTERNAL LOTION 0.05 %	EX	Non Essential Drug Exclusion
VANOS EXTERNAL CREAM 0.1 %	EX	Non Essential Drug Exclusion; Formulary Exclusion
VERDESO EXTERNAL FOAM 0.05 %	Tier 3	
*Depigmenting Agents***		
BLANCHE EXTERNAL CREAM 4 %	Benefit Exclusion	Non FDA Exclusion
<i>hydroquinone cream 4 % external</i>	Benefit Exclusion	Non FDA Exclusion
<i>hydroquinone cream 4 % external</i>	EX	Non FDA Exclusion
<i>kaxm external emulsion 4 %</i>	EX	Non FDA Exclusion
<i>keido external emulsion 6 %</i>	EX	Non FDA Exclusion
<i>kexm external emulsion 6 %</i>	EX	Non FDA Exclusion
<i>kutea external emulsion 8 %</i>	EX	Non FDA Exclusion
<i>kuxm external emulsion 8 %</i>	EX	Non FDA Exclusion
<i>medorfa external emulsion 6 %</i>	EX	Non FDA Exclusion
<i>medorfa hp external emulsion 8 %</i>	EX	Non FDA Exclusion
<i>medorfa hp plus external emulsion 8 %</i>	EX	Non FDA Exclusion
<i>medorfa lp external emulsion 4 %</i>	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
<i>medorfa plus external emulsion 6 %</i>	EX	Non FDA Exclusion
*Depigmenting Combinations***		
<i>kataraxap external emulsion 4-0.025-0.025 %</i>	EX	Non FDA Exclusion
KATARVIA EXTERNAL EMULSION 4-0.025 %	EX	Non FDA Exclusion
<i>katarya external emulsion 4-0.5-0.025 %</i>	EX	Non FDA Exclusion
<i>kataryaxn external emulsion 4-0.5-0.025 %</i>	EX	Non FDA Exclusion
<i>ketarya external emulsion 6-0.5-0.025 %</i>	EX	Non FDA Exclusion
<i>kevaraxap external emulsion 6-0.05-0.025 %</i>	EX	Non FDA Exclusion
<i>kevartia external emulsion 6-0.05 %</i>	EX	Non FDA Exclusion
<i>kevarya external emulsion 6-0.5-0.05 %</i>	EX	Non FDA Exclusion
<i>keya external emulsion 6-0.5 %</i>	EX	Non FDA Exclusion
<i>kotaraxap external emulsion 5-0.025-0.025 %</i>	EX	Non FDA Exclusion
<i>kutar external emulsion 8-0.025 %</i>	EX	Non FDA Exclusion
<i>kutarvia external emulsion 8-0.025 %</i>	EX	Non FDA Exclusion
<i>kutaryaxm external emulsion 8-0.5-0.025 %</i>	EX	Non FDA Exclusion
<i>kutaryaxmpa external emulsion 8-0.5-0.025 %</i>	EX	Non FDA Exclusion
<i>kuvarya external emulsion 8-0.5-0.05 %</i>	EX	Non FDA Exclusion
<i>kuvarye external emulsion 8-1-0.05 %</i>	EX	Non FDA Exclusion
<i>mavilo external emulsion 5-0.025-0.025 %</i>	EX	Non FDA Exclusion
<i>mavilo hp external emulsion 6-0.05-0.025 %</i>	EX	Non FDA Exclusion
<i>mavilo lp external emulsion 4-0.025-0.025 %</i>	EX	Non FDA Exclusion
<i>mecorix external emulsion 8-0.5-0.025 %</i>	EX	Non FDA Exclusion
<i>mecorix hp external emulsion 8-0.5-0.05 %</i>	EX	Non FDA Exclusion
<i>mecorix plus external emulsion 8-0.5-0.025 %</i>	EX	Non FDA Exclusion
<i>mekam external emulsion 6-0.5-0.025 %</i>	EX	Non FDA Exclusion
<i>mekam hp external emulsion 6-0.5-0.05 %</i>	EX	Non FDA Exclusion
<i>melidu external emulsion 4-0.5-0.025 %</i>	EX	Non FDA Exclusion
<i>melondis external emulsion 4-0.5-0.025 %</i>	EX	Non FDA Exclusion
<i>melondis plus external emulsion 4-0.5-0.025 %</i>	EX	Non FDA Exclusion
<i>mimora external emulsion 6-0.5 %</i>	EX	Non FDA Exclusion
<i>mokura external emulsion 8-0.025 %</i>	EX	Non FDA Exclusion
<i>mokura lp external emulsion 4-0.025 %</i>	EX	Non FDA Exclusion
<i>mokura mod external emulsion 6-0.05 %</i>	EX	Non FDA Exclusion
<i>mokura plus external emulsion 8-0.025 %</i>	EX	Non FDA Exclusion
<i>molexi external emulsion 4-2.5-0.025 %</i>	EX	Non FDA Exclusion
<i>mythius external emulsion 8-1-0.05 %</i>	EX	Non FDA Exclusion
<i>myvori external cream 10-4 %</i>	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
<i>prooxia external cream 10-4 %</i>	EX	Non FDA Exclusion
TRI-LUMA EXTERNAL CREAM 0.01-4-0.05 %	Benefit Exclusion	Formulary Exclusion
<i>yaxatarxyn external emulsion 4-0.5-0.025 %</i>	EX	Non FDA Exclusion
<i>yokatar external emulsion 4-2.5-0.025 %</i>	EX	Non FDA Exclusion
*Emollient Combinations***		
<i>lactic acid e external cream 10-3500 %-unt/30gm</i>	EX	Formulary Exclusion
*Emollient/Keratolytic Agents***		
CEM-UREA EXTERNAL SOLUTION 45 %	EX	Formulary Exclusion
CEROVEL EXTERNAL LOTION 40 %	EX	Formulary Exclusion
DERMACINRX UREA EXTERNAL CREAM 41 %	EX	Non FDA Exclusion
HYDRO 40 EXTERNAL FOAM 40 %	EX	Formulary Exclusion
KERALAC EXTERNAL CREAM 47 %	EX	Non FDA Exclusion
<i>protexa external cream 42 %</i>	EX	Non FDA Exclusion
UMECTA MOUSSE EXTERNAL FOAM 40 %	EX	Formulary Exclusion
URAMAXIN EXTERNAL GEL 45 %	EX	Formulary Exclusion
<i>urea cream 20 % external (rx)</i>	EX	Non FDA Exclusion
<i>urea cream 39 % external</i>	EX	Non FDA Exclusion
<i>urea cream 39 % external</i>	EX	Formulary Exclusion
<i>urea cream 39.5 % external</i>	EX	Non FDA Exclusion
<i>urea cream 40 % external</i>	EX	Non FDA Exclusion
<i>urea cream 40 % external</i>	EX	Formulary Exclusion
<i>urea cream 41 % external</i>	EX	Non FDA Exclusion
<i>urea cream 45 % external</i>	EX	Formulary Exclusion
<i>urea cream 47 % external</i>	EX	Non FDA Exclusion
<i>urea cream 47 % external</i>	EX	Formulary Exclusion
<i>urea external foam 35 %</i>	EX	Non FDA Exclusion
<i>urea lotion 40 % external</i>	EX	Non FDA Exclusion
<i>urea lotion 40 % external</i>	EX	Formulary Exclusion
<i>urea nail external gel 45 %</i>	EX	Formulary Exclusion
UREDEB EXTERNAL CREAM 39 %	EX	Non FDA Exclusion
<i>uremez-40 external cream 40 %</i>	EX	Non FDA Exclusion
URESOL EXTERNAL CREAM 42.5 %	EX	Non FDA Exclusion
UTOPIC EXTERNAL CREAM 41 %	EX	Non FDA Exclusion
<i>xurea external cream 39 %</i>	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
*Emollient/Keratolytic Combinations***		
PRONAL EXTERNAL GEL 40-10 %	EX	Non FDA Exclusion
<i>urea hydrating external foam 35 %</i>	EX	Formulary Exclusion
<i>xirun external gel 40-10 %</i>	EX	Non FDA Exclusion
*Emollients***		
<i>ammonium lactate external cream 12 %</i>	Tier 1	
<i>ammonium lactate external lotion 12 %</i>	Tier 1	
<i>lactic acid external lotion 10 %</i>	EX	Formulary Exclusion
<i>vitamin c brightening serum external liquid</i>	EX	Non FDA Exclusion
*Enzymes - Topical***		
NEXOBRID EXTERNAL GEL 8.8 %	EX	Medical Only Exclusion
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	Tier 3	QL
*Eyelid Cleansers & Lubricants***		
ACUICYN EXTERNAL SOLUTION	EX	Non FDA Exclusion
AVENOVA EXTERNAL SOLUTION 0.01 %	EX	Non FDA Exclusion
HYPOCYN EXTERNAL SOLUTION	EX	Non FDA Exclusion
*Glabellar Lines (Frown Lines) Agents***		
BOTOX COSMETIC INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 50 UNIT	Benefit Exclusion	Formulary Exclusion
DAXXIFY INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT	EX	PA; Specialty; Formulary Exclusion
JEUVEAU INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT	EX	Formulary Exclusion
*Hair Growth Agent - Combinations***		
<i>finapid external solution 0.1-5 %</i>	EX	Non FDA Exclusion
<i>finapod external solution 0.1-7 %</i>	EX	Non FDA Exclusion
<i>finapodtar external solution 0.1-7-0.025 %</i>	EX	Non FDA Exclusion
<i>flyprogpitdar external solution 0.1-0.1-5-0.025 %</i>	EX	Non FDA Exclusion
<i>harisis external solution 0.1-0.1-5-0.025 %</i>	EX	Non FDA Exclusion
<i>harviva external solution 0.1-5 %</i>	EX	Non FDA Exclusion
<i>harviva hp external solution 0.1-7 %</i>	EX	Non FDA Exclusion
<i>hemtara external solution 0.05-5 %</i>	EX	Non FDA Exclusion
<i>hemtara hp external solution 0.05-7 %</i>	EX	Non FDA Exclusion
<i>hentis external solution 5-0.1-0.025 %</i>	EX	Non FDA Exclusion
<i>hentis hp external solution 7-0.1-0.025 %</i>	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
<i>hesmilla external solution 0.05-5-2-0.5 %</i>	EX	Non FDA Exclusion
<i>hevona external solution 0.01-5-0.025 %</i>	EX	Non FDA Exclusion
<i>holixia external solution 0.1-7 %</i>	EX	Non FDA Exclusion
<i>holizar external solution 7-0.025 %</i>	EX	Non FDA Exclusion
<i>honista external solution 0.1-7-0.025 %</i>	EX	Non FDA Exclusion
<i>hovitra external solution 7-4 %</i>	EX	Non FDA Exclusion
<i>oxopid external solution 0.05-5 %</i>	EX	Non FDA Exclusion
<i>oxopidaxiaqup external solution 0.05-5-2-0.5 %</i>	EX	Non FDA Exclusion
<i>oxopod external solution 0.05-7 %</i>	EX	Non FDA Exclusion
<i>pidprogtar external solution 5-0.1-0.025 %</i>	EX	Non FDA Exclusion
<i>podoxia external solution 7-4 %</i>	EX	Non FDA Exclusion
<i>podprog external solution 0.1-7 %</i>	EX	Non FDA Exclusion
<i>podprogtar external solution 7-0.1-0.025 %</i>	EX	Non FDA Exclusion
<i>podtar external solution 7-0.025 %</i>	EX	Non FDA Exclusion
<i>tetpidtar external solution 0.01-5-0.025 %</i>	EX	Non FDA Exclusion
*Imidazole-Related Antifungals - Topical***		
<i>clotrimazole external cream 1 %</i>	Tier 1	
<i>clotrimazole external solution 1 %</i>	Tier 1	
<i>econazole nitrate external cream 1 %</i>	Tier 1	
ECOZA EXTERNAL FOAM 1 %	Tier 3	
ERTACZO EXTERNAL CREAM 2 %	EX	Non Essential Drug Exclusion
EXELDERM EXTERNAL CREAM 1 %	Tier 3	
EXELDERM EXTERNAL SOLUTION 1 %	Tier 3	
EXTINA EXTERNAL FOAM 2 %	EX	Non Essential Drug Exclusion; Formulary Exclusion
JUBLIA EXTERNAL SOLUTION 10 %	Tier 2	
<i>ketoconazole external cream 2 %</i>	Tier 1	
<i>ketoconazole external foam 2 %</i>	EX	Non Essential Drug Exclusion
<i>ketoconazole external shampoo 2 %</i>	Tier 1	
KETODAN EXTERNAL FOAM 2 %	EX	Non Essential Drug Exclusion
KETODAN EXTERNAL KIT 2 %	EX	Non FDA Exclusion
<i>luliconazole external cream 1 %</i>	Tier 3	
LUZU EXTERNAL CREAM 1 %	Tier 3	
<i>oxiconazole nitrate external cream 1 %</i>	Tier 1	
OXISTAT EXTERNAL CREAM 1 %	EX	Formulary Exclusion
OXISTAT EXTERNAL LOTION 1 %	Tier 3	
<i>sulconazole nitrate external cream 1 %</i>	Tier 3	

Drug Name	Drug Tier	Notes
<i>sulconazole nitrate external solution 1 %</i>	Tier 3	
XOLEGEL EXTERNAL GEL 2 %	EX	Non Essential Drug Exclusion
*Immunomodulators Imidazoquinolinamines - Topical***		
ALDARA EXTERNAL CREAM 5 %	EX	Formulary Exclusion
<i>imiquimod external cream 3.75 %, 5 %</i>	Tier 1	
<i>imiquimod pump external cream 3.75 %</i>	Tier 1	
ZYCLARA EXTERNAL CREAM 3.75 %	EX	Formulary Exclusion
ZYCLARA PUMP CREAM 2.5 % EXTERNAL	Tier 2	
ZYCLARA PUMP CREAM 3.75 % EXTERNAL	EX	Formulary Exclusion
*Immunosuppressive Agents - Topical Combinations***		
<i>elyzia external cream 4-0.1 %</i>	EX	Non FDA Exclusion
<i>elyzia external ointment 4-0.1 %</i>	EX	Non FDA Exclusion
<i>oxianuji external ointment 4-0.03 %</i>	EX	Non FDA Exclusion
<i>oxianujo external cream 4-0.1 %</i>	EX	Non FDA Exclusion
<i>oxianujo external ointment 4-0.1 %</i>	EX	Non FDA Exclusion
*Interleukin-31 Receptor Antagonists - Systemic***		
NEMLUVIO SUBCUTANEOUS AUTO- INJECTOR 30 MG	EX	PA; Specialty; Formulary Exclusion
*Keratolytic/Antimitotic/Vesicant Agents***		
ACNESIC EXTERNAL GEL 0.5 %	EX	Non FDA Exclusion
<i>bensal hp external ointment 3 %</i>	EX	Non FDA Exclusion
<i>cantharidin external solution 0.7 %</i>	EX	Non FDA Exclusion; Medical Only Exclusion
CONDYLOX EXTERNAL GEL 0.5 %	EX	Formulary Exclusion
KERALYT EXTERNAL GEL 6 %	EX	Non FDA Exclusion
KERALYT EXTERNAL SHAMPOO 6 %	EX	Non FDA Exclusion
KERALYT SCALP EXTERNAL KIT 6 %	EX	Non FDA Exclusion
PODOCON-25 EXTERNAL SOLUTION 25 %	EX	Non FDA Exclusion
<i>podofilox external gel 0.5 %</i>	Tier 1	
<i>podofilox external solution 0.5 %</i>	Tier 1	
<i>rayasal external cream 5.9 %</i>	EX	Non FDA Exclusion
SALEX EXTERNAL SHAMPOO 6 %	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
SALICATE EXTERNAL LIQUID 10 %	EX	Non FDA Exclusion
<i>salicylic acid er external solution 28.5 %</i>	EX	Non FDA Exclusion
<i>salicylic acid external foam 6 %</i>	EX	Non FDA Exclusion
<i>salicylic acid external gel 6 %</i>	EX	Non FDA Exclusion
<i>salicylic acid external ointment 3 %</i>	EX	Non FDA Exclusion
<i>salicylic acid external shampoo 6 %</i>	EX	Non FDA Exclusion
<i>salicylic acid external solution 26 %</i>	EX	Non FDA Exclusion
<i>salicylic acid wart remover external liquid 27.5 %</i>	EX	Non FDA Exclusion
<i>salicylic acid-cleanser external kit 6 % cream</i>	EX	Non FDA Exclusion
<i>salimez external cream 6 %</i>	EX	Non FDA Exclusion
<i>salimez forte external cream 10 %</i>	EX	Non FDA Exclusion
SALVAX EXTERNAL FOAM 6 %	EX	Non FDA Exclusion
SALYCIM EXTERNAL CREAM 6 %	EX	Non FDA Exclusion
<i>salyntra external gel 6 %</i>	EX	Non FDA Exclusion
ULTRASAL-ER EXTERNAL SOLUTION 28.5 %	EX	Non FDA Exclusion
VIRASAL EXTERNAL LIQUID 27.5 %	EX	Non FDA Exclusion
XALIX EXTERNAL SOLUTION 28 %	EX	Non FDA Exclusion
YCANTH EXTERNAL SOLUTION 0.7 %	EX	Medical Only Exclusion
*Keratolytic/Antimitotic/Vesicant Combinations***		
<i>geametdray external gel 5-2-17 %</i>	EX	Non FDA Exclusion
GORDOFILM EXTERNAL SOLUTION 16.7-16.7 %	EX	Non FDA Exclusion
<i>guanendrux external cream 10-5-40 %</i>	EX	Non FDA Exclusion
<i>pyrogallic acid external ointment 25-2 %</i>	EX	Non FDA Exclusion
SALVAX DUO PLUS EXTERNAL KIT 6 & 35 %	EX	Non FDA Exclusion
UREA-SALICYLIC ACID EXTERNAL CREAM 39.5-2 %	EX	Non FDA Exclusion
<i>weleris external gel 2-17 %</i>	EX	Non FDA Exclusion
*Liniment Combinations***		
<i>fordagel external kit 4-10-30 %</i>	EX	Non FDA Exclusion
*Liniments***		
<i>methyl salicylate external liquid</i>	EX	Formulary Exclusion
<i>turpentine external spirit</i>	EX	Formulary Exclusion
*Local Anesthetics - Topical***		
7T LIDO EXTERNAL GEL 2 %	EX	Non FDA Exclusion; QL
ANACAINE EXTERNAL OINTMENT 10 %	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
ASTERO EXTERNAL GEL 4 %	EX	Non FDA Exclusion
BRUSELIX EXTERNAL CREAM 3.88 %	EX	Non FDA Exclusion; QL
BRUSELIX EXTERNAL GEL 3.88 %	EX	Non FDA Exclusion
DERMACINRX LIDOGEL EXTERNAL GEL 2.8 %	EX	Non FDA Exclusion
<i>dyclopro external solution 0.5 %</i>	Tier 3	
<i>eha external lotion 4 %</i>	EX	Non FDA Exclusion; QL
<i>enovarx-lidocaine hcl external cream 10 %, 5 %</i>	EX	Non FDA Exclusion
<i>gen7t external lotion 3.5 %</i>	EX	Non FDA Exclusion
<i>gen7t external patch 3.5 %</i>	EX	Non FDA Exclusion
GLYDO EXTERNAL PREFILLED SYRINGE 2 %	EX	Medical Only Exclusion; QL
LDO PLUS EXTERNAL GEL 4 %	EX	Non FDA Exclusion
<i>lidocaine external patch 5 %</i>	Tier 1	QL
<i>lidocaine hcl cream 3 % external (rx)</i>	EX	Non FDA Exclusion; QL
<i>lidocaine hcl cream 4.12 % external</i>	EX	Non FDA Exclusion
<i>lidocaine hcl external lotion 3 %</i>	EX	Non FDA Exclusion
<i>lidocaine hcl external solution 4 %</i>	Tier 1	QL
<i>lidocaine hcl urethral/mucosal external gel 2 %</i>	EX	Medical Only Exclusion; QL
<i>lidocaine hcl urethral/mucosal external prefilled syringe 2 %</i>	EX	Medical Only Exclusion; QL
<i>lidocaine ointment 5 % external</i>	EX	Non FDA Exclusion; QL
<i>lidocaine ointment 5 % external</i>	Tier 1	QL
LIDOCAN PATCH 5 % EXTERNAL	EX	Non FDA Exclusion; QL
LIDOCAN PATCH 5 % EXTERNAL	Tier 1	QL
<i>lidocanna external patch 4 %</i>	EX	Non FDA Exclusion
LIDODERM EXTERNAL PATCH 5 %	EX	Formulary Exclusion; QL
<i>lidopin external cream 3 %, 3.25 %</i>	EX	Non FDA Exclusion; QL
LIDOREX EXTERNAL GEL 2.8 %	EX	Non FDA Exclusion
<i>lidorx external gel 3 %</i>	EX	Non FDA Exclusion
LIDO-SORB EXTERNAL LOTION 3 %	EX	Non FDA Exclusion
LIDOTRAL 1 EXTERNAL PATCH 4.88 %	EX	Non FDA Exclusion
LIDOTRAL EXTERNAL CREAM 3.88 %	EX	Non FDA Exclusion; QL
LIDOTRAL EXTERNAL GEL 3.88 %, 5 %	EX	Non FDA Exclusion
LIDOTRAL EXTERNAL LIQUID 2 %	EX	Non FDA Exclusion
LIDOTRAL EXTERNAL SOLUTION 5 %	EX	Non FDA Exclusion
LIDOTRAL ROLL-ON EXTERNAL GEL 5 %	EX	Non FDA Exclusion
LIDOTRAN EXTERNAL CREAM 3.88 %	EX	Non FDA Exclusion; QL

Drug Name	Drug Tier	Notes
LIDTOPIC EXTERNAL CREAM 7.5 %	EX	Non FDA Exclusion
LIDTOPIC MAX EXTERNAL CREAM 10 %	EX	Non FDA Exclusion
LYDEXA EXTERNAL CREAM 4.12 %	EX	Non FDA Exclusion
NEUROZYL EXTERNAL CREAM 4.12 %	EX	Non FDA Exclusion
PRAMOX EXTERNAL GEL 1 %	EX	Non FDA Exclusion
<i>premium lidocaine external ointment 5 %</i>	EX	Non FDA Exclusion; QL
PROXIVOL EXTERNAL GEL 2 %	EX	Non FDA Exclusion; QL
QUTENZA (2 PATCH) EXTERNAL KIT 8 %	EX	Non FDA Exclusion
QUTENZA (4 PATCH) EXTERNAL KIT 8 %	EX	Non FDA Exclusion
QUTENZA EXTERNAL KIT 8 %	EX	Non FDA Exclusion
TRIDACAINE II EXTERNAL PATCH 5 %	Tier 1	QL
TRIDACAINE III EXTERNAL PATCH 5 %	Tier 1	QL
TRILOCAINE EXTERNAL CREAM 4.12 %	EX	Non FDA Exclusion
<i>zionodil 100 external lotion 3 %</i>	EX	Non FDA Exclusion
<i>zionodil external lotion 3 %</i>	EX	Non FDA Exclusion
ZTLIDO EXTERNAL PATCH 1.8 %	EX	Non Essential Drug Exclusion
ZYLOTROL-L EXTERNAL KIT 4 %	EX	Non FDA Exclusion
*Macrolide Immunosuppressants - Topical***		
ELIDEL EXTERNAL CREAM 1 %	EX	Formulary Exclusion
<i>hovyn external solution 0.1 %</i>	EX	Non FDA Exclusion
HYFTOR EXTERNAL GEL 0.2 %	Tier 3	PA
<i>nujo external solution 0.1 %</i>	EX	Non FDA Exclusion
<i>nuju external cream 0.1 %</i>	EX	Non FDA Exclusion
<i>pimecrolimus external cream 1 %</i>	Tier 1	ST; Insufficient Evidence
PROTOPIC EXTERNAL OINTMENT 0.03 %, 0.1 %	EX	Formulary Exclusion
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	Tier 1	ST; Insufficient Evidence
<i>veven external cream 0.1 %</i>	EX	Non FDA Exclusion
*Melanocortin Receptor Agonists (Uv Protective)***		
SCENESSE SUBCUTANEOUS IMPLANT 16 MG	EX	Medical Only Exclusion
*Microtubule Inhibitors - Topical***		
KLISYRI (250 MG) EXTERNAL OINTMENT 1 %	Tier 3	
KLISYRI (350 MG) EXTERNAL OINTMENT 1 %	Tier 3	

Drug Name	Drug Tier	Notes
*Misc. Dermatological Products***		
ALADERM PLUS EXTERNAL EMULSION	EX	Non FDA Exclusion
<i>alevamax external cream</i>	EX	Non FDA Exclusion
ALEVICYN ANTIPRURITIC EXTERNAL GEL	EX	Non FDA Exclusion
ALEVICYN ANTIPRURITIC SG EXTERNAL GEL	EX	Non FDA Exclusion
<i>atopaderm external cream</i>	EX	Non FDA Exclusion
ATOPICLAIR EXTERNAL CREAM	EX	Non FDA Exclusion
CERACADE EXTERNAL EMULSION	EX	Non FDA Exclusion
CERAMAX EXTERNAL CREAM	EX	Non FDA Exclusion
CERAMAX EXTERNAL LOTION	EX	Non FDA Exclusion
DERMASO PLUS EXTERNAL CREAM	EX	Non FDA Exclusion
DEXERYL EXTERNAL CREAM	EX	Non FDA Exclusion
ELETONE EXTERNAL CREAM	EX	Non FDA Exclusion
EMULSION SB EXTERNAL EMULSION	EX	Non FDA Exclusion
ENTTY SPRAY EXTERNAL EMULSION	EX	Non FDA Exclusion
EPICERAM EXTERNAL EMULSION	EX	Non FDA Exclusion
GENADUR COMBINATION KIT	EX	Non FDA Exclusion
GENADUR EXTERNAL LIQUID	EX	Non FDA Exclusion
HALUCORT EXTERNAL GEL	EX	Non FDA Exclusion
HPR PLUS EXTERNAL CREAM	EX	Non FDA Exclusion
HPR PLUS EXTERNAL FOAM	EX	Non FDA Exclusion
HPR PLUS HYDROGEL EXTERNAL KIT	EX	Non FDA Exclusion
HYLAGUARD EXTERNAL CREAM	EX	Non FDA Exclusion
HYLATOPIC PLUS EXTERNAL CREAM	EX	Non FDA Exclusion
HYLATOPIC PLUS EXTERNAL LOTION	EX	Non FDA Exclusion
<i>iliderm external emulsion</i>	EX	Non FDA Exclusion
KAMDOY EXTERNAL EMULSION	EX	Non FDA Exclusion
KIVIK EXTERNAL EMULSION	EX	Non FDA Exclusion
LEVICYN EXTERNAL GEL	EX	Non FDA Exclusion
LOYON EXTERNAL SOLUTION	EX	Non FDA Exclusion
MIMYX EXTERNAL CREAM	EX	Non FDA Exclusion
NEOSALUS EXTERNAL CREAM	EX	Non FDA Exclusion
NEOSALUS EXTERNAL FOAM	EX	Non FDA Exclusion
NEOSALUS EXTERNAL LOTION	EX	Non FDA Exclusion
NUVAIL EXTERNAL SOLUTION	EX	Non FDA Exclusion
PENLEN EXTERNAL EMULSION	EX	Non FDA Exclusion
PHLAG SPRAY EXTERNAL EMULSION	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
PR CREAM EXTERNAL KIT	EX	Non FDA Exclusion
PRESERA EXTERNAL FOAM	EX	Non FDA Exclusion
PRUCLAIR EXTERNAL CREAM	EX	Non FDA Exclusion
PRUMYX EXTERNAL CREAM	EX	Non FDA Exclusion
<i>remigen external cream</i>	EX	Non FDA Exclusion
SEBUDERM EXTERNAL GEL	EX	Non FDA Exclusion
STRATA CTX EXTERNAL GEL	EX	Non FDA Exclusion
STRATA MARK EXTERNAL GEL	EX	Non FDA Exclusion
STRATA XRT EXTERNAL GEL	EX	Non FDA Exclusion
<i>suvicort external emulsion</i>	EX	Non FDA Exclusion
SYNERDERM EXTERNAL EMULSION	EX	Non FDA Exclusion
TETRIX EXTERNAL CREAM	EX	Non FDA Exclusion
XERALUX EXTERNAL CREAM	EX	Non FDA Exclusion
*Misc. Topical Combinations***		
DERMACINRX CLORHEXACIN EXTERNAL KIT 4 & 2 & 5 % (OINT)	EX	Non FDA Exclusion
<i>dermacinrx surgical combopak external kit</i>	EX	Non FDA Exclusion
NUSURGEPAK SURGICAL PREP/CARE EXTERNAL KIT 4 & 2 & 5 % (OINT)	EX	Non FDA Exclusion
PRE & POST SX POUCH EXTERNAL THERAPY PACK 4 & 2 & 5 %	EX	Non FDA Exclusion
*Misc. Topical***		
<i>arnica flower tincture</i>	EX	Formulary Exclusion
<i>boric acid external granules</i>	EX	Formulary Exclusion
DRYSOL EXTERNAL SOLUTION 20 %	EX	Formulary Exclusion
PROSILK EXTERNAL GEL	EX	Non FDA Exclusion
QBREXZA EXTERNAL PAD 2.4 %	Tier 3	
SOFDRA EXTERNAL GEL 12.45 %	EX	PA; Formulary Exclusion
*Ornithine Decarboxylase (Odc) Inhibitors - Topical***		
VANIQA EXTERNAL CREAM 13.9 %	Benefit Exclusion	Formulary Exclusion
*Oxaborole-Related Antifungals - Topical***		
KERYDIN EXTERNAL SOLUTION 5 %	EX	Non Essential Drug Exclusion; Formulary Exclusion
<i>tavaborole external solution 5 %</i>	EX	Non Essential Drug Exclusion; Formulary Exclusion

Drug Name	Drug Tier	Notes
*Phosphodiesterase 4 (Pde4) Inhibitors - Topical***		
EUCRISA EXTERNAL OINTMENT 2 %	Tier 2	ST
ZORYVE EXTERNAL CREAM 0.15 %	EX	PA; Formulary Exclusion
*Photodynamic Therapy Agents - Topical***		
AMELUZ EXTERNAL GEL 10 %	EX	Formulary Exclusion
LEVULAN KERASTICK EXTERNAL SOLUTION RECONSTITUTED 20 %	EX	Formulary Exclusion
*Prostaglandins - Topical***		
<i>bimatoprost external solution 0.03 %</i>	Benefit Exclusion	Formulary Exclusion
LATISSE EXTERNAL SOLUTION 0.03 %	Benefit Exclusion	Formulary Exclusion
*Rosacea Agents***		
<i>azelaic acid external gel 15 %</i>	Tier 1	
<i>brimonidine tartrate external gel 0.33 %</i>	Tier 1	
<i>dazomon external gel 0.25 %</i>	EX	Non FDA Exclusion
<i>doxycycline oral capsule delayed release 40 mg</i>	Benefit Exclusion	ST; QL
EMROSI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 40 MG	Tier 3	PA; QL
FINACEA EXTERNAL FOAM 15 %	EX	Formulary Exclusion
FINACEA EXTERNAL GEL 15 %	EX	Formulary Exclusion
<i>ivermectin external cream 1 %</i>	Tier 1	
METROCREAM EXTERNAL CREAM 0.75 %	EX	Formulary Exclusion
METROGEL EXTERNAL GEL 1 %	EX	Formulary Exclusion
METROLOTION EXTERNAL LOTION 0.75 %	EX	Formulary Exclusion
<i>metronidazole external cream 0.75 %</i>	Tier 1	
<i>metronidazole external gel 0.75 %, 1 %</i>	Tier 1	
<i>metronidazole external lotion 0.75 %</i>	EX	Formulary Exclusion
MIRVASO EXTERNAL GEL 0.33 %	EX	Formulary Exclusion
NORITATE EXTERNAL CREAM 1 %	EX	Non Essential Drug Exclusion; Formulary Exclusion
ORACEA ORAL CAPSULE DELAYED RELEASE 40 MG	Benefit Exclusion	ST; QL
<i>remyda external gel 0.25 %</i>	EX	Non FDA Exclusion
RHOFADE EXTERNAL CREAM 1 %	Tier 3	
ROSADAN EXTERNAL CREAM 0.75 %	Tier 1	
ROSADAN EXTERNAL GEL 0.75 %	Tier 1	

Drug Name	Drug Tier	Notes
ROSADAN EXTERNAL KIT 0.75 % CREAM, 0.75 % GEL	EX	Non FDA Exclusion
SOOLANTRA EXTERNAL CREAM 1 %	EX	Formulary Exclusion
ZILXI EXTERNAL FOAM 1.5 %	Tier 2	ST
*Rosacea Combinations***		
<i>aveida external gel 1-1 %</i>	EX	Non FDA Exclusion
<i>aveidaoxia external gel 1-1-4 %</i>	EX	Non FDA Exclusion
<i>dazaveidaoxia external gel 0.25-1-1-4 %</i>	EX	Non FDA Exclusion
<i>idaoxia external gel 1-4 %</i>	EX	Non FDA Exclusion
<i>restimo external gel 1-1 %</i>	EX	Non FDA Exclusion
<i>rositara external gel 1-1-4 %</i>	EX	Non FDA Exclusion
<i>rovis external gel 0.25-1-1-4 %</i>	EX	Non FDA Exclusion
*Scabicides & Pediculicides***		
CROTAN EXTERNAL LOTION 10 %	Tier 1	
ELIMITE EXTERNAL CREAM 5 %	EX	Formulary Exclusion
<i>ivermectin external lotion 0.5 %</i>	Tier 1	
<i>lindane external shampoo 1 %</i>	Tier 1	
<i>malathion external lotion 0.5 %</i>	Tier 1	
NATROBA EXTERNAL SUSPENSION 0.9 %	Tier 3	
OVIDE EXTERNAL LOTION 0.5 %	EX	Formulary Exclusion
<i>permethrin external cream 5 %</i>	Tier 1	
SKLICE EXTERNAL LOTION 0.5 %	EX	Formulary Exclusion
<i>spinosad suspension 0.9 % external</i>	Tier 3	
<i>spinosad suspension 0.9 % external</i>	Tier 1	
<i>sulfurated lime external solution</i>	EX	Non FDA Exclusion
*Scar Treatment Products - Combinations***		
<i>silipac external kit</i>	EX	Non FDA Exclusion
*Scar Treatment Products***		
<i>beau rx external gel</i>	EX	Non FDA Exclusion
CELACYN EXTERNAL GEL	EX	Non FDA Exclusion
COPASIL EXTERNAL GEL	EX	Non FDA Exclusion
DERMELLE EXTERNAL GEL	EX	Non FDA Exclusion
JUVAZIN EXTERNAL GEL	EX	Non FDA Exclusion
KELARX EXTERNAL GEL	EX	Non FDA Exclusion
RECEDO EXTERNAL GEL	EX	Non FDA Exclusion
<i>scarcin external gel</i>	EX	Non FDA Exclusion
<i>scarcin external liquid</i>	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
<i>scarsilk external gel</i>	EX	Non FDA Exclusion
STRATA TRIZ EXTERNAL GEL	EX	Non FDA Exclusion
*Seborrheic Keratosis Products**		
ESKATA EXTERNAL SOLUTION 40 %	EX	Medical Only Exclusion
*Skin Cleansers***		
EPICYN EXTERNAL SOLUTION	EX	Non FDA Exclusion
HYCLODEX EXTERNAL SOLUTION 0.012 %	EX	Non FDA Exclusion
HYPOCYN ANTIPRURITIC EXTERNAL GEL 0.012 %	EX	Non FDA Exclusion
HYPOCYN EXTERNAL SOLUTION 0.012 %	EX	Non FDA Exclusion
*Skin Protectants***		
<i>benzoin compound external tincture</i>	EX	Formulary Exclusion
<i>benzoin external tincture</i>	EX	Formulary Exclusion
SCARTRATE EXTERNAL CREAM 5-2.25 %	EX	Non FDA Exclusion
*Steroid-Local Anesthetic Combinations***		
CORTANE-B EXTERNAL LOTION 10-10-1 MG/ML	EX	Formulary Exclusion
EPIFOAM EXTERNAL FOAM 1-1 %	EX	Formulary Exclusion
HYDROCAINE EXTERNAL CREAM 3-0.5 %	EX	Non FDA Exclusion
<i>hydrocortisone ace-pramoxine external cream 2.5-1 %</i>	EX	Formulary Exclusion
<i>lidocaine-hydrocortisone ace external cream 1-1 %</i>	EX	Non FDA Exclusion
LIDOTRAL + HYDROCORTISONE EXTERNAL CREAM 3.88-1 %, 5-1 %	EX	Non FDA Exclusion
LIDOTRAL + HYDROCORTISONE EXTERNAL LOTION 3.88-1 %, 5-1 %	EX	Non FDA Exclusion
NOVACORT EXTERNAL GEL 1-2 %	EX	Non FDA Exclusion
PRAMOSONE EXTERNAL CREAM 1-1 %, 1-2.5 %	EX	Formulary Exclusion
PRAMOSONE EXTERNAL LOTION 1-1 %, 1-2.5 %	EX	Formulary Exclusion
PRAMOSONE EXTERNAL OINTMENT 1-1 %, 1-2.5 %	EX	Formulary Exclusion
<i>pramoxine-hc external cream 1-2.35 %</i>	EX	Non FDA Exclusion
RADIAURA EXTERNAL CREAM 3-0.5 %	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
*Tar Products***		
<i>coal tar external solution 20 %</i>	EX	Non FDA Exclusion
*Tissue Replacements***		
AFFINITY EXTERNAL SHEET 1.5 CM X 1.5 CM , 2.5 CM X 2.5 CM	EX	Non FDA Exclusion
AMNIOCORE AMNIOTIC MEMBRANE EXTERNAL SHEET 2 CM X 12 CM , 2 CM X 3 CM , 3 CM X 3 CM , 4 CM X 3 CM , 4 CM X 4 CM , 4 CM X 6 CM , 4 CM X 8 CM , 6 CM X 16 CM , 6 CM X 6 CM , 6 CM X 9 CM , 9 CM X 20 CM	EX	Non FDA Exclusion
AMNIOCORE HUMAN TISSUE EXTERNAL SHEET 9 CM X 20 CM	EX	Formulary Exclusion
AMNIOFIX INJECTION SUSPENSION RECONSTITUTED 100 MG, 160 MG, 20 MG, 40 MG	EX	Non FDA Exclusion; Medical Only Exclusion
AMNIOTEXT EXTERNAL SHEET 1 CM X 1 CM , 10 CM X 10 CM , 2 CM X 2 CM , 2 CM X 3 CM , 3 CM X 3 CM , 4 CM X 3 CM , 4 CM X 4 CM , 4 CM X 6 CM , 4 CM X 8 CM , 8 CM X 8 CM	EX	Non FDA Exclusion
<i>amphenol-40 injection suspension reconstituted 40 mg</i>	EX	Medical Only Exclusion
APLIGRAF EXTERNAL DISK	EX	Medical Only Exclusion
BIOVANCE EXTERNAL SHEET 1 CM X 2 CM , 2 CM X 3 CM , 4 CM X 4 CM , 6 CM X 6 CM	EX	Non FDA Exclusion
CORETEXT INJECTION SUSPENSION 1 ML, 2 ML	EX	Non FDA Exclusion; Medical Only Exclusion
CYGNUS DUAL EXTERNAL SHEET 2 CM X 3 CM , 4 CM X 4 CM , 4 CM X 6 CM	EX	Non FDA Exclusion
EPICORD EXTERNAL SHEET 2 CM X 3 CM , 3 CM X 5 CM	EX	Non FDA Exclusion
EPIFIX EXTERNAL DISK 14 MM , 18 MM , 24 MM	EX	Non FDA Exclusion
EPIFIX EXTERNAL SHEET 2 CM X 2 CM , 2 CM X 3 CM , 2 CM X 4 CM , 3 CM X 3 CM , 3 CM X 5 CM , 3.5 CM X 3.5 CM , 4 CM X 3 CM , 4 CM X 4 CM , 4 CM X 4.5 CM , 4 CM X 6 CM , 5 CM X 5.5 CM , 5 CM X 6 CM , 7 CM X 7 CM	EX	Non FDA Exclusion
EPIFIX MICRONIZED INJECTION SUSPENSION RECONSTITUTED 100 MG, 160 MG, 40 MG	EX	Non FDA Exclusion; Medical Only Exclusion
GRAFIX CORE 1.5CM X 2CM EXTERNAL	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
GRAFIX CORE 16MM EXTERNAL	EX	Non FDA Exclusion
GRAFIX CORE 2CM X 3CM EXTERNAL	EX	Non FDA Exclusion
GRAFIX CORE 3CM X 4CM EXTERNAL	EX	Non FDA Exclusion
GRAFIX CORE 5CM X 5CM EXTERNAL	EX	Non FDA Exclusion
GRAFIX PRIME 1.5CM X 2CM EXTERNAL	EX	Non FDA Exclusion
GRAFIX PRIME 16MM EXTERNAL	EX	Non FDA Exclusion
GRAFIX PRIME 2CM X 3CM EXTERNAL	EX	Non FDA Exclusion
GRAFIX PRIME 3CM X 4CM EXTERNAL	EX	Non FDA Exclusion
GRAFIX PRIME 5CM X 5CM EXTERNAL	EX	Non FDA Exclusion
GRAFIX XC 7.5CM X 15CM EXTERNAL	EX	Non FDA Exclusion
KARDIAMEMBRANE EXTERNAL SHEET 4 CM X 8 CM , 6 CM X 8 CM , 8 CM X 8 CM	EX	Non FDA Exclusion
NEOX 100 EXTERNAL SHEET 2 CM X 2 CM , 3 CM X 3 CM , 4 CM X 4 CM , 7 CM X 7 CM	EX	Non FDA Exclusion
NEOX CORD 1K EXTERNAL SHEET 1 CM X 2 CM , 1.5 CM X 1.5 CM , 2 CM X 2 CM , 2 CM X 3 CM , 2.5 CM X 2.5 CM , 3 CM X 3 CM , 4 CM X 3 CM , 6 CM X 3 CM , 8 CM X 3 CM	EX	Non FDA Exclusion
NOVACHOR EXTERNAL SHEET 1.5 CM X 2.75 CM , 2.5 CM X 2.5 CM	EX	Non FDA Exclusion
NUCEL INJECTION INJECTABLE 0.5 ML, 1 ML, 2 ML, 2.5 ML	EX	Non FDA Exclusion; Medical Only Exclusion
NUSHIELD EXTERNAL DISK 1.6 CM	EX	Non FDA Exclusion
NUSHIELD EXTERNAL SHEET 2 CM X 3 CM , 2 CM X 4 CM , 3.2 CM X 3.2 CM , 4 CM X 3 CM , 4 CM X 4 CM , 4 CM X 6 CM , 6 CM X 6 CM	EX	Non FDA Exclusion
OSTEOCONDUCTIVE MATRIX PLUS INJECTION INJECTABLE 10 ML, 2 ML, 5 ML	EX	Non FDA Exclusion; Medical Only Exclusion
PALINGEN FLOW INJECTION INJECTABLE 0.25 ML, 0.5 ML, 1 ML, 2 ML, 4 ML	EX	Non FDA Exclusion; Medical Only Exclusion
PALINGEN HYDROMEMBRANE EXTERNAL SHEET 1 CM X 1 CM , 1 CM X 2 CM , 2 CM X 2 CM , 2 CM X 3 CM , 2 CM X 4 CM , 2 CM X 6 CM , 2 CM X 9 CM , 4 CM X 4 CM , 4 CM X 6 CM , 4 CM X 8 CM , 8 CM X 8 CM	EX	Non FDA Exclusion
PALINGEN INOVOFLO INJECTION INJECTABLE 0.25 ML, 0.5 ML, 1 ML, 2 ML	EX	Non FDA Exclusion; Medical Only Exclusion

Drug Name	Drug Tier	Notes
PALINGEN MEMBRANE EXTERNAL SHEET 1 CM X 1 CM , 1 CM X 2 CM , 2 CM X 2 CM , 2 CM X 3 CM , 2 CM X 4 CM , 2 CM X 6 CM , 2 CM X 9 CM , 4 CM X 4 CM , 4 CM X 6 CM , 4 CM X 8 CM , 8 CM X 8 CM	EX	Non FDA Exclusion
PALINGEN XPLUS HYDROMEMBRANE EXTERNAL SHEET 1 CM X 1 CM , 1 CM X 2 CM , 2 CM X 2 CM , 2 CM X 3 CM , 2 CM X 4 CM , 2 CM X 6 CM , 2 CM X 9 CM , 4 CM X 4 CM , 4 CM X 6 CM , 4 CM X 8 CM , 8 CM X 8 CM	EX	Non FDA Exclusion
PALINGEN XPLUS MEMBRANE EXTERNAL SHEET 1 CM X 1 CM , 1 CM X 2 CM , 2 CM X 2 CM , 2 CM X 3 CM , 2 CM X 4 CM , 2 CM X 6 CM , 2 CM X 9 CM , 4 CM X 4 CM , 4 CM X 6 CM , 4 CM X 8 CM , 8 CM X 8 CM	EX	Non FDA Exclusion
PROTEXT INJECTION SUSPENSION 0.25 ML, 0.5 ML, 1 ML, 2 ML	EX	Non FDA Exclusion; Medical Only Exclusion
STRATAGRAFT EXTERNAL SHEET	EX	Medical Only Exclusion
STRAVIX EXTERNAL SHEET 2 CM X 4 CM , 6 CM X 3 CM	EX	Non FDA Exclusion
TRANSCYTE EXTERNAL SHEET	EX	Formulary Exclusion
TRUSKIN EXTERNAL SHEET 2 CM X 4 CM , 4 CM X 8 CM	EX	Non FDA Exclusion
*Topical Anesthetic Combinations***		
1ST MEDX-PATCH/ LIDOCAINE EXTERNAL PATCH 4-0.0375-5-20 %	EX	Non FDA Exclusion
ACCUCAINE COMBINATION KIT 1 %	EX	Medical Only Exclusion
<i>agoneaze external kit 2.5-2.5 %</i>	EX	Non FDA Exclusion
<i>anodyne lpt external kit 2.5-2.5 %</i>	EX	Non FDA Exclusion
APRIZIO PAK EXTERNAL KIT 2.5-2.5 %	EX	Non FDA Exclusion
APRIZIO PAK II EXTERNAL KIT 2.5-2.5 %	EX	Non FDA Exclusion
CADIRAMD EXTERNAL KIT 2.5-2.5 %	EX	Non FDA Exclusion
CETACAINE EXTERNAL AEROSOL 2-2-14 %	EX	Non FDA Exclusion
CETACAINE EXTERNAL GEL 2-2-14 %	EX	Non FDA Exclusion
CETACAINE EXTERNAL LIQUID 2-2-14 %	EX	Non FDA Exclusion
DERMACINRX PHN EXTERNAL THERAPY PACK 5 & 5 %	EX	Non FDA Exclusion
DERMACINRX ZRM EXTERNAL THERAPY PACK 5 %	EX	Non FDA Exclusion
<i>dermalid external therapy pack 5 %</i>	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
ELEMAR PATCH EXTERNAL KIT 5-6 %	EX	Non FDA Exclusion
EMPRICAINE-II EXTERNAL KIT 2.5-2.5 %	EX	Non FDA Exclusion
<i>emreal external kit 2.5-2.5 %</i>	EX	Non FDA Exclusion
<i>enznonuty external ointment 20-10-10 %</i>	EX	Non FDA Exclusion
<i>gen7t plus external lotion 3.5-7 %</i>	EX	Non FDA Exclusion
GEN7T PLUS EXTERNAL PATCH 3.5-7 %	EX	Non FDA Exclusion
<i>l.e.t. (racepinephrine) external gel 4-0.05-0.5 %</i>	EX	Non FDA Exclusion
<i>l.e.t. (racepinephrine) external solution 4-0.05-0.5 %</i>	EX	Non FDA Exclusion
<i>l.e.t. external gel 4-0.05-0.5 %</i>	EX	Non FDA Exclusion
<i>l.e.t. external solution 4-0.05-0.5 %</i>	EX	Non FDA Exclusion
<i>levatio external patch 0.03-5 %</i>	EX	Non FDA Exclusion
LIDO BDK EXTERNAL KIT 2.5-2.5 %	EX	Non FDA Exclusion
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	Tier 1	QL
<i>lidocaine-prilocaine external kit 2.5-2.5 %</i>	EX	Non FDA Exclusion
<i>lidocaine-tetracaine external cream 7-7 %</i>	EX	Non Essential Drug Exclusion; QL
<i>lido-epinephrine-tetracaine external solution 4-0.05-0.5 %</i>	EX	Non FDA Exclusion
<i>lidolite external kit 5 %</i>	EX	Non FDA Exclusion
<i>lidopac external kit 5 %</i>	EX	Non FDA Exclusion
<i>lidopril external kit 2.5-2.5 %</i>	EX	Non FDA Exclusion
<i>lidopril xr external kit 2.5-2.5 %</i>	EX	Non FDA Exclusion
LIDOPURE PATCH EXTERNAL KIT 5 %	EX	Non FDA Exclusion
<i>lido-racepinephrine-tetracaine external gel 4-0.05-0.5 %</i>	EX	Non FDA Exclusion
<i>lido-racepinephrine-tetracaine external solution 4-0.05-0.5 %</i>	EX	Non FDA Exclusion
<i>lidosol external kit 5 %</i>	EX	Non FDA Exclusion
<i>lidosol-50 external kit 5 %</i>	EX	Non FDA Exclusion
<i>lidostream external kit 5 & 10 %</i>	EX	Non FDA Exclusion
LIDOTHOL EXTERNAL GEL 4.5-5 %	EX	Non FDA Exclusion
LIDOTHOL EXTERNAL PATCH 4-1 %, 4.5-5 %	EX	Non FDA Exclusion
LIDOTOR EXTERNAL KIT 2.5-2.5 %	EX	Non FDA Exclusion
LIDOTRAL-MENTHOL EXTERNAL LIQUID 5-3 %	EX	Non FDA Exclusion
<i>lidovix l external kit 5 %</i>	EX	Non FDA Exclusion
LIVIXIL PAK EXTERNAL KIT 2.5-2.5 %	EX	Non FDA Exclusion
LM PLUS RELIEF EXTERNAL PATCH 3.5-7 %	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
LMR PLUS EXTERNAL KIT 5 & 0.5-0.5 %	EX	Non FDA Exclusion
MOXICAINE EXTERNAL KIT 5 %	EX	Non FDA Exclusion
<i>nendrux external gel 5-40 %</i>	EX	Non FDA Exclusion
<i>nobela external ointment 20-10-10 %</i>	EX	Non FDA Exclusion
<i>nolira external cream 23-7 %</i>	EX	Non FDA Exclusion
NUVAKAAN-II EXTERNAL KIT 2.5-2.5 %	EX	Non FDA Exclusion
<i>nynutey external cream 23-7 %</i>	EX	Non FDA Exclusion
<i>paingo kft external kit 2.5-2.5-10-30 %</i>	EX	Non FDA Exclusion
PLIAGLIS EXTERNAL CREAM 7-7 %	EX	Non Essential Drug Exclusion; QL
PLIAGLIS EXTERNAL KIT 7-7 %	EX	Non FDA Exclusion
<i>premium scar external patch 2-4-30 %</i>	EX	Non FDA Exclusion
<i>prepip supply combination kit 2.5-2.5 & 0.9 %</i>	EX	Non FDA Exclusion
PRILO PATCH EXTERNAL KIT 2.5-2.5 & 5 %	EX	Non FDA Exclusion
PRILO PATCH II EXTERNAL KIT 2.5-2.5 & 5 %	EX	Non FDA Exclusion
<i>priloheal plus 30 external kit 2.5-2.5 %</i>	EX	Non FDA Exclusion
<i>prilolid external kit 2.5-2.5 %</i>	EX	Non FDA Exclusion
<i>prilovix external kit 2.5-2.5 %</i>	EX	Non FDA Exclusion
<i>prilovix lite external kit 2.5-2.5 %</i>	EX	Non FDA Exclusion
<i>prilovix lite plus external kit 2.5-2.5 %</i>	EX	Non FDA Exclusion
<i>prilovix plus external kit 2.5-2.5 %</i>	EX	Non FDA Exclusion
<i>prilovix ultralite external kit 2.5-2.5 %</i>	EX	Non FDA Exclusion
<i>prilovix ultralite plus external kit 2.5-2.5 %</i>	EX	Non FDA Exclusion
<i>prilovixil external kit 2.5-2.5 %</i>	EX	Non FDA Exclusion
PRIZOPAK II EXTERNAL KIT 2.5-2.5 %	EX	Non FDA Exclusion
PRIZOTRAL-II EXTERNAL KIT 2.5-2.5 & 3.88 %	EX	Non FDA Exclusion
REAL HEAL-I EXTERNAL KIT 2.5-2.5 %	EX	Non FDA Exclusion
RELADOR PAK EXTERNAL KIT 2.5-2.5 %	EX	Non FDA Exclusion
RELADOR PAK PLUS EXTERNAL KIT 2.5-2.5 %	EX	Non FDA Exclusion
SKYADERM-LP EXTERNAL KIT 2.5-2.5 %	EX	Non FDA Exclusion
SOOTHEE EXTERNAL PATCH 0.5-0.0375-5-2 %	EX	Non FDA Exclusion
STERILE TOPICAL L.E.T. GEL EXTERNAL GEL 4-0.18-0.5 %	EX	Non FDA Exclusion
SX1 MEDICATED POST-OPERATIVE EXTERNAL KIT 2 %	EX	Non FDA Exclusion
SYNERA EXTERNAL PATCH 70-70 MG	EX	Non Essential Drug Exclusion

Drug Name	Drug Tier	Notes
<i>topical l.e.t. external gel 4-0.09-0.5 %</i>	EX	Non FDA Exclusion
TRUBREXA EXTERNAL PATCH 4.75-0.025 %	EX	Non FDA Exclusion
<i>valladerm-90 external kit 2.5-2.5 %</i>	EX	Non FDA Exclusion
VENIPUNCTURE PX1 PHLEBOTOMY EXTERNAL KIT 2 %	EX	Non FDA Exclusion
<i>vexatrol external kit 2.5-2.5 %</i>	EX	Non FDA Exclusion
<i>wayzen external gel 5-40 %</i>	EX	Non FDA Exclusion
<i>wpr plus wound healing system external therapy pack 4 & 10-30 %</i>	EX	Non FDA Exclusion
XYLIDERM EXTERNAL KIT 5 %	EX	Non FDA Exclusion
<i>zeruvia external patch 4-1 %</i>	EX	Non FDA Exclusion
ZILACAINE PATCH EXTERNAL THERAPY PACK 5 %	EX	Non FDA Exclusion
<i>ziloval external kit 5 %</i>	EX	Non FDA Exclusion
*Topical Anesthetic Gases***		
CRYODOSE TA EXTERNAL AEROSOL	EX	Non FDA Exclusion
<i>ethyl chloride external aerosol</i>	EX	Non FDA Exclusion
GEBAUERS PAIN EASE EXTERNAL AEROSOL	EX	Non FDA Exclusion
GEBAUERS SPRAY AND STRETCH EXTERNAL AEROSOL	EX	Non FDA Exclusion
*Topical Selective Retinoid X Receptor Agonists***		
<i>bexarotene external gel 1 %</i>	Tier 4	PA; Specialty; QL
TARGRETIN EXTERNAL GEL 1 %	EX	PA; Specialty; Formulary Exclusion; QL
*Topical Steroid Combinations***		
<i>acioxia external gel 0.5-0.1 %</i>	EX	Non FDA Exclusion
BESER EXTERNAL KIT 0.05 %	EX	Non FDA Exclusion
<i>calcipotriene-betameth diprop external ointment 0.005-0.064 %</i>	Tier 1	
<i>calcipotriene-betameth diprop external suspension 0.005-0.064 %</i>	Tier 1	
<i>chlohux external shampoo 0.05-2 %</i>	EX	Non FDA Exclusion
<i>chlloxia external cream 0.05-4 %</i>	EX	Non FDA Exclusion
<i>chlloxia external ointment 0.05-4 %</i>	EX	Non FDA Exclusion
<i>chlloxia external solution 0.05-4 %</i>	EX	Non FDA Exclusion
<i>clobetavix external kit 0.05 %</i>	EX	Non FDA Exclusion
CLODAN EXTERNAL KIT 0.05 %	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
<i>diochloy external solution 0.005-0.05 %</i>	EX	Non FDA Exclusion
<i>divinix external cream 0.05-4 %</i>	EX	Non FDA Exclusion
<i>divinix external ointment 0.05-4 %</i>	EX	Non FDA Exclusion
<i>divinix external solution 0.05-4 %</i>	EX	Non FDA Exclusion
<i>domela external cream 0.01-4 %</i>	EX	Non FDA Exclusion
DUOBRII EXTERNAL LOTION 0.01-0.045 %	Tier 3	
ENSTILAR EXTERNAL FOAM 0.005-0.064 %	Tier 2	
FLUOPAR EXTERNAL KIT 0.1 & 5 %	EX	Non FDA Exclusion
<i>fluovix external therapy pack 0.1 %</i>	EX	Non FDA Exclusion
<i>fluovix plus external therapy pack 0.1 %</i>	EX	Non FDA Exclusion
<i>ilexor external shampoo 0.05-2 %</i>	EX	Non FDA Exclusion
MOMETACURE EXTERNAL THERAPY PACK 0.1 & 5 %	EX	Non FDA Exclusion
NUTRIARX CREAMPAK EXTERNAL KIT 0.1 & 5 %	EX	Non FDA Exclusion
<i>oxiachlo external solution 0.05-4 %</i>	EX	Non FDA Exclusion
<i>plenura external solution 0.005-0.05 %</i>	EX	Non FDA Exclusion
QUINIXIL EXTERNAL THERAPY PACK 0.1 & 5 %	EX	Non FDA Exclusion
<i>sanadermr skin repair external kit 0.1 & 5 %</i>	EX	Non FDA Exclusion
SCALACORT DK EXTERNAL KIT 2 & 2-2 %	EX	Non FDA Exclusion
SCARZEN SKIN REPAIR EXTERNAL KIT 0.1 & 5 % (LOTION)	EX	Non FDA Exclusion
SILA III EXTERNAL THERAPY PACK 0.1 %	EX	Non FDA Exclusion
SYNALAR (CREAM) EXTERNAL KIT 0.025 %	EX	Non FDA Exclusion
SYNALAR (OINTMENT) EXTERNAL KIT 0.025 %	EX	Non FDA Exclusion
SYNALAR TS EXTERNAL KIT 0.01 %	EX	Non FDA Exclusion
TACLONEX EXTERNAL OINTMENT 0.005-0.064 %	EX	Formulary Exclusion
TACLONEX EXTERNAL SUSPENSION 0.005-0.064 %	EX	Formulary Exclusion
<i>teliora external gel 0.1-0.5 %</i>	EX	Non FDA Exclusion
<i>tetoxia external cream 0.01-4 %</i>	EX	Non FDA Exclusion
<i>triadime external kit 0.1 & 5 %</i>	EX	Non FDA Exclusion
<i>triadime-80 external kit 5-0.1 %</i>	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
TRIASIL EXTERNAL THERAPY PACK 0.1 %	EX	Non FDA Exclusion
<i>triheal-80 external kit 0.1 & 5 %</i>	EX	Non FDA Exclusion
TRILOCICLO EXTERNAL KIT 0.1 & 8 %	EX	Non FDA Exclusion
TRIVIX EXTERNAL KIT 0.1 & 5 %	EX	Non FDA Exclusion
WYNZORA EXTERNAL CREAM 0.005-0.064 %	EX	Formulary Exclusion
*Type II 5-Alpha Reductase Inhibitors***		
<i>finasteride oral tablet 1 mg</i>	Benefit Exclusion	Formulary Exclusion
PROPECIA ORAL TABLET 1 MG	Benefit Exclusion	Formulary Exclusion
*Wound Care - Growth Factor Agents***		
REGANEX EXTERNAL GEL 0.01 %	Tier 3	
*Wound Care Combinations***		
<i>b & c external ointment</i>	EX	Non FDA Exclusion
<i>balsam peru-castor oil external ointment</i>	EX	Non FDA Exclusion
<i>bpc0 external ointment</i>	EX	Non FDA Exclusion
LIDOTREX (ALOE VERA) EXTERNAL GEL 2 %	EX	Non FDA Exclusion
REGENECARE EXTERNAL GEL 2 %	EX	Non FDA Exclusion
REXASIL PATCH & VITAMIN E LIQ EXTERNAL KIT	EX	Non FDA Exclusion
SCARCARE GEL-PAD KIT/LARGE EXTERNAL KIT	EX	Non FDA Exclusion
VENELEX EXTERNAL OINTMENT	EX	Non FDA Exclusion
XEROFORM OCCLUSIVE GAUZE PATCH EXTERNAL PAD 3 %	EX	Non FDA Exclusion
XEROFORM OCCLUSIVE GAUZE STRIP EXTERNAL PAD	EX	Non FDA Exclusion
XEROFORM OIL EMULSION 2"X2" EXTERNAL PAD	EX	Non FDA Exclusion
XEROFORM OIL EMULSION GAUZE EXTERNAL PAD	EX	Non FDA Exclusion
XEROFORM OIL EMULSION STRIP EXTERNAL	EX	Non FDA Exclusion
XEROFORM OIL ROLL 4"X9' EXTERNAL 3 %	EX	Non FDA Exclusion
XEROFORM PETROLAT GAUZE 1"X8" EXTERNAL	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
XEROFORM PETROLAT GAUZE 5"X9" EXTERNAL	EX	Non FDA Exclusion
XEROFORM PETROLAT PATCH 2"X2" EXTERNAL PAD	EX	Non FDA Exclusion
XEROFORM PETROLAT PATCH 4"X4" EXTERNAL PAD	EX	Non FDA Exclusion
<i>xeroform petrolatum dres 4"x4" external pad 3 %</i>	EX	Non FDA Exclusion
<i>xeroform petrolatum dres 5"x9" external pad 3 %</i>	EX	Non FDA Exclusion
XEROFORM PETROLATUM ROLL 4"X9' EXTERNAL	EX	Non FDA Exclusion
*Wound Cleansers/Decubitus Ulcer Therapy***		
ALEVICYN DERMAL SPRAY EXTERNAL SOLUTION	EX	Non FDA Exclusion
DELUO EXTERNAL SOLUTION	EX	Non FDA Exclusion
<i>lavare wound wash external gel</i>	EX	Non FDA Exclusion
LEVICYN DERMAL SPRAY EXTERNAL SOLUTION	EX	Non FDA Exclusion
MICROCYN EXTERNAL GEL	EX	Non FDA Exclusion
MICROCYN EXTERNAL LIQUID 0.023 %	EX	Non FDA Exclusion
MICROCYN SKIN AND WOUND EXTERNAL GEL	EX	Non FDA Exclusion
VASHE CLEANSING EXTERNAL SOLUTION	EX	Non FDA Exclusion
VASHE WOUND EXTERNAL SOLUTION 0.033 %	EX	Non FDA Exclusion
VASHE WOUND THERAPY EXTERNAL SOLUTION	EX	Non FDA Exclusion
*Wound Dressings***		
<i>abravo external emulsion</i>	EX	Non FDA Exclusion
<i>aceso ag external pad 4"x4"</i>	EX	Non FDA Exclusion
ACTICOAT 7 EXTERNAL PAD 2"X2" , 4"X5"	EX	Non FDA Exclusion
ACTICOAT 7 EXTERNAL SHEET 6"X6"	EX	Non FDA Exclusion
ACTICOAT ANTIMICROBIAL EXTERNAL PAD 2"X2" , 4"X4"	EX	Non FDA Exclusion
ACTICOAT EXTERNAL SHEET 16"X16" , 4"X4" , 4"X48" , 4"X8" , 5"X5" , 8"X16"	EX	Non FDA Exclusion
ACTICOAT FLEX 3 4"X4" EXTERNAL PAD	EX	Non FDA Exclusion
ACTICOAT FLEX 3 EXTERNAL SHEET 16"X16" , 2"X2" , 4"X48" , 4"X8" , 8"X16"	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
ACTICOAT FLEX 7 EXTERNAL SHEET 1"X24" , 16"X16" , 2"X2" , 4"X5" , 6"X6" , 8"X16"	EX	Non FDA Exclusion
ACTICOAT SURGICAL EXTERNAL PAD 4"X10" , 4"X13-3/4" , 4"X4-3/4" , 4"X8"	EX	Non FDA Exclusion
ALLEVYN AG ADHESIVE EXTERNAL PAD 12.5X12.5CM , 17.5X17.5CM , 7.5X7.5CM	EX	Non FDA Exclusion
ALLEVYN AG GENTLE BORDER EXTERNAL PAD 12.5X12.5CM , 17.5X17.5CM , 7.5X7.5CM	EX	Non FDA Exclusion
ALLEVYN AG GENTLE EXTERNAL PAD 2"X2" , 4"X4" , 6"X6" , 8"X8"	EX	Non FDA Exclusion
ALLEVYN AG NON-ADHESIVE EXTERNAL PAD 2"X2" , 4"X4" , 6"X6" , 8"X8"	EX	Non FDA Exclusion
ALLEVYN AG SACRUM 6-3/4" EXTERNAL	EX	Non FDA Exclusion
ALLEVYN AG SACRUM 9"X9" EXTERNAL	EX	Non FDA Exclusion
ALLEVYN GENTLE EXTERNAL PAD	EX	Non FDA Exclusion
AQUACEL AG BURN EXTERNAL PAD 4"X5"	EX	Non FDA Exclusion
AQUACEL AG FOAM EXTERNAL PAD 12.5X12.5CM , 17.5X17.5CM	EX	Non FDA Exclusion
ARIDA EXTERNAL GEL	EX	Non FDA Exclusion
<i>atopavo external emulsion</i>	EX	Non FDA Exclusion
AVO CREAM EXTERNAL EMULSION	EX	Non FDA Exclusion
AZADROX EXTERNAL GEL	EX	Non FDA Exclusion
BASADROX EXTERNAL GEL	EX	Non FDA Exclusion
BIAFINE EXTERNAL EMULSION	EX	Non FDA Exclusion
<i>bilayer matrix wound dressing external sheet 5 cm x 5 cm</i>	EX	Non FDA Exclusion
BIONECT EXTERNAL CREAM 0.2 %	EX	Non FDA Exclusion
BIONECT EXTERNAL FOAM 0.2 %	EX	Non FDA Exclusion
BIONECT EXTERNAL GEL 0.2 %	EX	Non FDA Exclusion
BIOSTEP AG EXTERNAL SHEET 2"X2" , 4"X4"	EX	Non FDA Exclusion
BIOSTEP EXTERNAL SHEET 2"X2" , 4"X4"	EX	Non FDA Exclusion
COLLANEX EXTERNAL POWDER	EX	Non FDA Exclusion
COLLATYL EXTERNAL GEL	EX	Non FDA Exclusion
CURAFOAM AG FOAM DRESSING EXTERNAL PAD 4"X4"	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
CURITY HYPERTONIC NAACL STRIP EXTERNAL	EX	Non FDA Exclusion
CURITY NAACL DRESSING 6"X6-3/4" EXTERNAL PAD	EX	Non FDA Exclusion
DERPIXA EXTERNAL GEL	EX	Non FDA Exclusion
DURAFIBER AG EXTERNAL PAD 2"X2" , 3/4"X18" , 4"X4" , 4"X4-3/4" , 6"X6" , 8"X11-3/4"	EX	Non FDA Exclusion
DURAFIBER EXTERNAL PAD 4"X4-3/4"	EX	Non FDA Exclusion
DYNAFOAM AG FOAM DRESSING EXTERNAL PAD 4"X4"	EX	Non FDA Exclusion
DYNAGINATE AG CA ALG ROPE 30CM EXTERNAL 1/4" X 12"	EX	Non FDA Exclusion
DYNAGINATE AG SILVER CAL 2"X2" EXTERNAL PAD	EX	Non FDA Exclusion
DYNAGINATE AG SILVER CAL 4"X5" EXTERNAL PAD	EX	Non FDA Exclusion
DYNAGINATE AG SILVER CAL 4"X8" EXTERNAL PAD	EX	Non FDA Exclusion
ENDOFORM DERMAL TEMPLATE EXTERNAL SHEET 10X12.7CM , 5X5CM	EX	Non FDA Exclusion
ENDOFORM DERMAL/FENESTRATED EXTERNAL SHEET 10X12.7CM , 5X5CM	EX	Non FDA Exclusion
FILSUVEZ EXTERNAL GEL 10 %	Tier 4	PA; Specialty
<i>foraxa external emulsion</i>	EX	Non FDA Exclusion
<i>haproderm external gel</i>	EX	Non FDA Exclusion
HYDROFERA BLUE 4"X4" EXTERNAL PAD	EX	Non FDA Exclusion
HYDROFERA BLUE 6"X6" EXTERNAL PAD	EX	Non FDA Exclusion
HYDROFERA BLUE FOAM DRESSING EXTERNAL PAD	EX	Non FDA Exclusion
HYDROFERA BLUE FOAM/TUNNELING EXTERNAL PAD	EX	Non FDA Exclusion
HYDROFERA BLUE MRF DRESSING EXTERNAL PAD	EX	Non FDA Exclusion
HYDROFERA BLUE READY FOAM EXTERNAL PAD	EX	Non FDA Exclusion
<i>hygel external gel 2.5 %</i>	EX	Non FDA Exclusion
INNOVAMATRIX AC EXTERNAL DISK 15 MM	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
INNOVAMATRIX AC EXTERNAL SHEET 2 CM X 2 CM , 2"X2" , 4 CM X 4 CM , 4 CM X 6 CM	EX	Non FDA Exclusion
KENDALL ALGINATE 12" ROPE EXTERNAL	EX	Non FDA Exclusion
KENDALL ALGINATE DRESS 2"X2" EXTERNAL PAD	EX	Non FDA Exclusion
KENDALL ALGINATE DRESS 4"X8" EXTERNAL PAD	EX	Non FDA Exclusion
KENDALL AMORPHOUS WOUND EXTERNAL GEL	EX	Non FDA Exclusion
KENDALL HYDROGEL GAUZE 2"X2" EXTERNAL PAD	EX	Non FDA Exclusion
KENDALL HYDROGEL GAUZE 4"X4" EXTERNAL PAD	EX	Non FDA Exclusion
KENDALL HYDROGEL GAUZE 4"X8" EXTERNAL PAD	EX	Non FDA Exclusion
KENDALL HYDROGEL WOUND DRESS EXTERNAL	EX	Non FDA Exclusion
KENDALL ZINC CA ALGINATE 4"X4" EXTERNAL PAD	EX	Non FDA Exclusion
KERAGEL EXTERNAL GEL	EX	Non FDA Exclusion
KERAGELT EXTERNAL GEL	EX	Non FDA Exclusion
KERAMATRIX REPLICINE 10CMX10CM EXTERNAL SHEET	EX	Non FDA Exclusion
KERAMATRIX REPLICINE 2CMX3CM EXTERNAL SHEET	EX	Non FDA Exclusion
KERAMATRIX REPLICINE 5CMX5CM EXTERNAL SHEET	EX	Non FDA Exclusion
KERASTAT EXTERNAL CREAM	EX	Non FDA Exclusion
KERASTAT EXTERNAL GEL 5 %	EX	Non FDA Exclusion
L-MESITRAN SOFT WOUND EXTERNAL GEL	EX	Non FDA Exclusion
LUXAMEND EXTERNAL CREAM	EX	Non FDA Exclusion
MEDIHONEY CA ALGINATE 2"X2" EXTERNAL PAD	EX	Non FDA Exclusion
MEDIHONEY CA ALGINATE 4"X5" EXTERNAL PAD	EX	Non FDA Exclusion
MEDIHONEY WOUND &BURN DRESSING EXTERNAL PASTE	EX	Non FDA Exclusion
MEDIHONEY WOUND/BURN DRESSING EXTERNAL GEL	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
MEDIHONEY WOUND/BURN DRESSING EXTERNAL PAD	EX	Non FDA Exclusion
MEDIHONEY WOUND/BURN DRESSING EXTERNAL PASTE	EX	Non FDA Exclusion
MEPILEX AG EXTERNAL PAD 4"X4"	EX	Non FDA Exclusion
MICROMATRIX WOUND POWDER EXTERNAL POWDER	EX	Non FDA Exclusion
MIRO3D WOUND MATRIX EXTERNAL 10 X 5 X 2 CM, 2 X 2 X 2 CM, 3 X 3 X 2 CM, 4 X 4 X 2 CM, 5 X 5 X 2 CM, 7 X 5 X 2 CM	EX	Non FDA Exclusion
MIRODERM BIO MATRIX FENESTRAT EXTERNAL SHEET 2X2CM , 2X3CM , 3X3CM , 3X7CM , 4X4CM , 5X5CM , 7X10CM , 8X15CM , 8X8CM	EX	Non FDA Exclusion
MIRODERM BIO MATRIX FENESTRAT+ EXTERNAL SHEET 3X3CM , 3X7CM , 4X4CM , 5X5CM , 7X10CM , 8X15CM , 8X8CM	EX	Non FDA Exclusion
MIROTRACT WOUND MATRIX DEVICE 3 MM X 5 CM , 3 MM X 9 CM , 5 MM X 5 CM , 5 MM X 9 CM	EX	Non FDA Exclusion
NORMLGEL AG EXTERNAL GEL	EX	Non FDA Exclusion
OASIS ULTRA MATRIX FENESTRATED EXTERNAL SHEET 3X3.5CM , 3X7CM	EX	Non FDA Exclusion
OASIS ULTRA TRI-LAYER MATRIX EXTERNAL SHEET 5X7CM , 7X10CM , 7X20CM	EX	Non FDA Exclusion
OASIS WOUND MATRIX FENESTRATED EXTERNAL SHEET 3X3.5CM , 3X7CM	EX	Non FDA Exclusion
OMEZA COLLAGEN MATRIX EXTERNAL LIQUID 1.6 GM	EX	Non FDA Exclusion
PETROLEUM GAUZE NON-WOVEN 3X9" EXTERNAL	EX	Non FDA Exclusion
PROTYL AG EXTERNAL GEL 1 %	EX	Non FDA Exclusion
PURAPLY 1.6CM EXTERNAL DISK	EX	Non FDA Exclusion
PURAPLY ANTIMICRO 3.76X3.76CM EXTERNAL SHEET	EX	Non FDA Exclusion
PURAPLY ANTIMICROBIAL 2X2CM EXTERNAL SHEET	EX	Non FDA Exclusion
PURAPLY ANTIMICROBIAL 2X4CM EXTERNAL SHEET	EX	Non FDA Exclusion
PURAPLY ANTIMICROBIAL 3.02CM EXTERNAL SHEET	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
PURAPLY ANTIMICROBIAL 3X4CM EXTERNAL SHEET	EX	Non FDA Exclusion
PURAPLY ANTIMICROBIAL 4X4CM EXTERNAL SHEET	EX	Non FDA Exclusion
PURAPLY ANTIMICROBIAL 5X5CM EXTERNAL SHEET	EX	Non FDA Exclusion
PURAPLY ANTIMICROBIAL 6X9CM EXTERNAL SHEET	EX	Non FDA Exclusion
PURAPLY ANTIMICROBIAL 8X16CM EXTERNAL SHEET	EX	Non FDA Exclusion
PURAPLY EXTERNAL SHEET 2X4CM , 5X5CM , 6X9CM	EX	Non FDA Exclusion
PURAPLY XT ANTIMICROBIAL 5X5CM EXTERNAL SHEET 0.1 %	EX	Non FDA Exclusion
PURAPLY XT ANTIMICROBIAL 6X9CM EXTERNAL SHEET 0.1 %	EX	Non FDA Exclusion
PURAPLY XT ANTIMICROBIAL EXTERNAL SHEET	EX	Non FDA Exclusion
RADIAPLEXRX EXTERNAL GEL	EX	Non FDA Exclusion
RESTORE SILVER DRESSING EXTERNAL PAD 2"X2" , 4"X4" , 4"X4.75" , 4"X5" , 6"X8"	EX	Non FDA Exclusion
RTD WOUND CARE DRESSING EXTERNAL PAD	EX	Non FDA Exclusion
SILIGENTLE AG FOAM DRESSING EXTERNAL PAD 2"X2"	EX	Non FDA Exclusion
SILIGENTLE AG SILVER FOAM DRES EXTERNAL PAD 2"X2" , 4"X4" , 4"X5" , 6"X6"	EX	Non FDA Exclusion
SILVERSEAL HYDROGEL DRESSING EXTERNAL PAD 2"X3" , 4"X5"	EX	Non FDA Exclusion
SILVRSTAT WOUND DRESSING EXTERNAL GEL	EX	Non FDA Exclusion
SOLOX EXTERNAL GEL	EX	Non FDA Exclusion
SONAFINE EXTERNAL EMULSION	EX	Non FDA Exclusion
STRATA GRT EXTERNAL GEL	EX	Non FDA Exclusion
TEGADERM AG MESH EXTERNAL PAD 2"X2" , 4"X5" , 4"X8" , 8"X8"	EX	Non FDA Exclusion
<i>vexasyn external gel</i>	EX	Non FDA Exclusion
WOUNDGELHA MATRIX EXTERNAL GEL 2.5 %	EX	Non FDA Exclusion
XCELLSTEM WOUND POWDER EXTERNAL POWDER	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
<i>zanabin hydrogel external gel</i>	EX	Non FDA Exclusion
<i>zenifiber ag external pad 2"x2" , 4"x5" , 6"x6" , 8"x8"</i>	EX	Non FDA Exclusion
<i>zenifoam ag external pad 2"x2" , 4"x5"</i>	EX	Non FDA Exclusion
<i>zenphor wound gel external gel</i>	EX	Non FDA Exclusion
<i>zenphor wound pad external pad</i>	EX	Non FDA Exclusion
*Wound Treatment - Gene Therapy***		
VYJUVEK EXTERNAL GEL 5000000000 PFU/2.5ML	EX	Medical Only Exclusion
Diagnostic Products		
*Diagnostic Biologicals***		
<i>almond (diagnostic) injection solution 1:10 , 1:20</i>	EX	Medical Only Exclusion
<i>alternaria alternat (diagnost) injection solution 1:20</i>	EX	Medical Only Exclusion
<i>american elm (diagnostic) injection solution 1:20</i>	EX	Medical Only Exclusion
<i>american lobster (diagnostic) injection solution 1:20</i>	EX	Medical Only Exclusion
APLISOL INTRADERMAL SOLUTION 5 UNIT/0.1ML	EX	Medical Only Exclusion
<i>apple (diagnostic) injection solution 1:10 , 1:40</i>	EX	Medical Only Exclusion
<i>aspergillus fumigat (diagnost) injection solution 1:20</i>	EX	Medical Only Exclusion
<i>aspergillus fumigatus intradermal solution 1:20</i>	EX	Medical Only Exclusion
<i>atlantic cod (diagnostic) injection solution 1:20</i>	EX	Medical Only Exclusion
<i>atlantic salmon (diagnostic) injection solution 1:20</i>	EX	Medical Only Exclusion
<i>atlantic/eastern oyster(diagn) injection solution 1:20</i>	EX	Medical Only Exclusion
<i>aureobasidium pullulans intradermal solution 1:20</i>	EX	Medical Only Exclusion
<i>avocado (diagnostic) injection solution 1:10</i>	EX	Medical Only Exclusion
<i>banana (diagnostic) injection solution 1:10 , 1:40</i>	EX	Medical Only Exclusion
<i>beef (diagnostic) injection solution 1:10 , 1:20</i>	EX	Medical Only Exclusion
<i>bipolaris sorokin (diagnostic) injection solution 1:20</i>	EX	Medical Only Exclusion
<i>black walnut (diagnostic) injection solution 1:20</i>	EX	Medical Only Exclusion
<i>black willow (diagnostic) injection solution 1:20</i>	EX	Medical Only Exclusion
<i>blue crab (diagnostic) injection solution 1:20</i>	EX	Medical Only Exclusion
<i>botrytis cinerea (diagnostic) intradermal solution 1:20</i>	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
<i>brazil nut (diagnostic) injection solution 1:20</i>	EX	Medical Only Exclusion
<i>brown shrimp (diagnostic) injection solution 1:20</i>	EX	Medical Only Exclusion
<i>candida albicans skn tst antgn injection solution 1:10</i>	EX	Medical Only Exclusion
<i>candida albicans skn tst antgn intradermal solution</i>	EX	Medical Only Exclusion
CANDIN INTRADERMAL SOLUTION	EX	Medical Only Exclusion
<i>cantaloupe (diagnostic) injection solution 1:10</i>	EX	Medical Only Exclusion
<i>casein (diagnostic) injection solution 1:100</i>	EX	Medical Only Exclusion
<i>cashew nut (diagnostic) injection solution 1:20</i>	EX	Medical Only Exclusion
<i>celery (diagnostic) injection solution 1:40</i>	EX	Medical Only Exclusion
<i>chicken meat (diagnostic) injection solution 1:10 , 1:20</i>	EX	Medical Only Exclusion
<i>cladosporium sphaer (diagnost) injection solution 1:20</i>	EX	Medical Only Exclusion
<i>cocoa bean (diagnostic) injection solution 1:10</i>	EX	Medical Only Exclusion
<i>coconut (diagnostic) injection solution 1:20</i>	EX	Medical Only Exclusion
<i>corn (zea mays) (diagnostic) injection solution 1:40</i>	EX	Medical Only Exclusion
<i>cow milk (diagnostic) injection solution 1:20</i>	EX	Medical Only Exclusion
<i>crab (diagnostic) injection solution 1:10</i>	EX	Medical Only Exclusion
<i>dog epithelium (diagnostic) injection solution 1:20</i>	EX	Medical Only Exclusion
<i>eastern cottonwood(diagnostic) injection solution 1:20</i>	EX	Medical Only Exclusion
<i>egg white (diagnostic) injection solution 1:100</i>	EX	Medical Only Exclusion
<i>english plantain (diagnostic) injection solution 1:20</i>	EX	Medical Only Exclusion
<i>english walnut (diagnostic) injection solution 1:20</i>	EX	Medical Only Exclusion
<i>hazelnut (filbert)(diagnostic) injection solution 1:20</i>	EX	Medical Only Exclusion
<i>horse epithelium (diagnostic) injection solution 1:20</i>	EX	Medical Only Exclusion
<i>lambs quarters (diagnostic) injection solution 1:20</i>	EX	Medical Only Exclusion
<i>mosquito (diagnostic) intradermal solution 1:100</i>	EX	Medical Only Exclusion
<i>mountain cedar (diagnostic) injection solution 1:20</i>	EX	Medical Only Exclusion
<i>mouse epithelium (diagnostic) injection solution 1:20</i>	EX	Medical Only Exclusion
<i>nettle (diagnostic) injection solution 1:40</i>	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
<i>northern quahog clam(diagnost) injection solution 1:20</i>	EX	Medical Only Exclusion
<i>oat (diagnostic) injection solution 1:20</i>	EX	Medical Only Exclusion
<i>oat grain (diagnostic) injection solution 1:10</i>	EX	Medical Only Exclusion
<i>orange (diagnostic) injection solution 1:10 , 1:20</i>	EX	Medical Only Exclusion
<i>peanut (diagnostic) injection solution 1:10 , 1:20</i>	EX	Medical Only Exclusion
<i>pecan nut (diagnostic) injection solution 1:10 , 1:20</i>	EX	Medical Only Exclusion
<i>penicillium notatum (diagnost) injection solution 1:20</i>	EX	Medical Only Exclusion
<i>penicillium notatum (diagnost) intradermal solution 1:20</i>	EX	Medical Only Exclusion
<i>pineapple (diagnostic) injection solution 1:20</i>	EX	Medical Only Exclusion
<i>pistachio nut (diagnostic) injection solution 1:10</i>	EX	Medical Only Exclusion
<i>pork (diagnostic) injection solution 1:10 , 1:20</i>	EX	Medical Only Exclusion
<i>red maple (diagnostic) injection solution 1:20</i>	EX	Medical Only Exclusion
<i>red oak (diagnostic) injection solution 1:20</i>	EX	Medical Only Exclusion
<i>rice (diagnostic) injection solution 1:10 , 1:20</i>	EX	Medical Only Exclusion
<i>saccharomyces cerevisiae intradermal solution 1:20</i>	EX	Medical Only Exclusion
<i>sagebrush (diagnostic) injection solution 1:20</i>	EX	Medical Only Exclusion
<i>sea scallops (diagnostic) injection solution 1:20</i>	EX	Medical Only Exclusion
<i>sesame seed (diagnostic) injection solution 1:10 , 1:20</i>	EX	Medical Only Exclusion
<i>shrimp (diagnostic) injection solution 1:10</i>	EX	Medical Only Exclusion
<i>soybean (diagnostic) injection solution 1:10 , 1:40</i>	EX	Medical Only Exclusion
SPHERUSOL INTRADERMAL SOLUTION 127 MCG/0.1ML	EX	Medical Only Exclusion
<i>strawberry (diagnostic) injection solution 1:10 , 1:40</i>	EX	Medical Only Exclusion
<i>sweet cherry (diagnostic) injection solution 1:20</i>	EX	Medical Only Exclusion
<i>sweet corn (diagnostic) injection solution 1:10</i>	EX	Medical Only Exclusion
<i>tomato (diagnostic) injection solution 1:10 , 1:40</i>	EX	Medical Only Exclusion
<i>trichophyton mentag (diagnost) subcutaneous solution 1:20</i>	EX	Medical Only Exclusion
TUBERSOL INTRADERMAL SOLUTION 5 UNIT/0.1ML	EX	Medical Only Exclusion
<i>western juniper (diagnostic) injection solution 1:40</i>	EX	Medical Only Exclusion
<i>white alder (diagnostic) injection solution 1:20</i>	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
<i>white ash (diagnostic) injection solution 1:20</i>	EX	Medical Only Exclusion
<i>white birch (diagnostic) injection solution 1:20</i>	EX	Medical Only Exclusion
<i>white potato (diagnostic) injection solution 1:20</i>	EX	Medical Only Exclusion
<i>whole egg (diagnostic) injection solution 1:100</i>	EX	Medical Only Exclusion
<i>whole grain barley(diagnostic) injection solution 1:20</i>	EX	Medical Only Exclusion
<i>whole wheat (diagnostic) injection solution 1:20</i>	EX	Medical Only Exclusion
*Diagnostic Drugs***		
<i>adenosine (diagnostic) intravenous solution 3 mg/ml</i>	EX	Medical Only Exclusion
<i>adenosine intravenous solution 3 mg/ml</i>	EX	Medical Only Exclusion
ARIDOL INHALATION KIT 0 & 5 & 10 & 20 & 40 MG	EX	Formulary Exclusion
BLUDIGO INTRAVENOUS SOLUTION 8 MG/ML	EX	Medical Only Exclusion
CHIRHOSTIM INTRAVENOUS SOLUTION RECONSTITUTED 16 MCG	EX	Medical Only Exclusion
CORTROSYN INJECTION SOLUTION RECONSTITUTED 0.25 MG	EX	Medical Only Exclusion
<i>cosyntropin injection solution reconstituted 0.25 mg</i>	EX	Medical Only Exclusion
CYSVIEW INTRAVESICAL SOLUTION RECONSTITUTED 100 MG	EX	Medical Only Exclusion
CYTALUX INTRAVENOUS SOLUTION 3.2 MG/1.6ML	EX	Medical Only Exclusion
<i>dipyridamole intravenous solution 5 mg/ml</i>	EX	Medical Only Exclusion
<i>d-xylose powder</i>	EX	Formulary Exclusion
GLEOLAN ORAL SOLUTION RECONSTITUTED 1.5 GM	EX	Medical Only Exclusion
GLUCAGEN DIAGNOSTIC INJECTION SOLUTION RECONSTITUTED 1 MG	EX	Medical Only Exclusion
<i>glucagon hcl (diagnostic) injection solution reconstituted 1 mg</i>	EX	Medical Only Exclusion
HISTATROL INJECTION SOLUTION 2.75 MG/ML	EX	Medical Only Exclusion
HISTATROL INTRADERMAL SOLUTION 0.275 MG/ML	EX	Medical Only Exclusion
IC GREEN INTRAVENOUS SOLUTION RECONSTITUTED 25 MG	EX	Medical Only Exclusion
<i>indigo carmine injection solution 8 mg/ml</i>	EX	Non FDA Exclusion
<i>indocyanine green intravenous solution reconstituted 25 mg</i>	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
<i>isosulfan blue subcutaneous solution 1 %</i>	EX	Medical Only Exclusion
KINEVAC INJECTION SOLUTION RECONSTITUTED 5 MCG	EX	Medical Only Exclusion
LEXISCAN INTRAVENOUS SOLUTION 0.4 MG/5ML	EX	Medical Only Exclusion
LUMISIGHT INTRAVENOUS SOLUTION RECONSTITUTED 39 MG	EX	Medical Only Exclusion
MACRILEN ORAL PACKET 60 MG	EX	Medical Only Exclusion
<i>methacholine chloride inhalation kit</i>	EX	Non FDA Exclusion
METOPIRONE ORAL CAPSULE 250 MG	EX	Formulary Exclusion
PRE-PEN INTRADERMAL SOLUTION 0.25 ML	EX	Medical Only Exclusion
PROVOCHOLINE INHALATION KIT	Tier 3	
PROVOCHOLINE INHALATION SOLUTION RECONSTITUTED 100 MG	EX	Formulary Exclusion
<i>regadenoson intravenous solution 0.4 mg/5ml</i>	EX	Medical Only Exclusion
R-GENE 10 INTRAVENOUS SOLUTION 10 %	EX	Medical Only Exclusion
SECREFLO INTRAVENOUS SOLUTION RECONSTITUTED 16 MCG	EX	Medical Only Exclusion
<i>sincalide injection solution reconstituted 5 mcg</i>	EX	Medical Only Exclusion
SPY AGENT GREEN INJECTION SOLUTION RECONSTITUTED 25 MG	EX	Medical Only Exclusion
SPY- MIS KIT INJECTION SOLUTION RECONSTITUTED 25 MG	EX	Medical Only Exclusion
SPY-PHI KIT INJECTION SOLUTION RECONSTITUTED 25 MG	EX	Medical Only Exclusion
THYROGEN INTRAMUSCULAR SOLUTION RECONSTITUTED 0.9 MG	EX	Medical Only Exclusion
VUEBLU INJECTION SOLUTION 50 MG/10ML	EX	Medical Only Exclusion
*Diagnostic Infection Test Combinations***		
BD VERITOR SARS-COV-2/FLU A+B IN VITRO KIT	EX	Non FDA Exclusion
COBAS LIAT SARS-COV-2-AB ASSAY IN VITRO KIT	EX	Non FDA Exclusion
COBAS LIAT SARS-COV-2-AB CNTRL IN VITRO KIT	EX	Non FDA Exclusion
LUCIRA COVID-19 & FLU TEST IN VITRO KIT	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
SOFIA2 FLU+SARS ANTIGEN FIA IN VITRO KIT	EX	Non FDA Exclusion
STATUS COVID-19/FLU A&B IN VITRO KIT	EX	Non FDA Exclusion
*Diagnostic Products, Misc.***		
BREEZA FOR ORAL IODINATED CONT ORAL SOLUTION	EX	Non FDA Exclusion
BREEZA NEUTRAL ABD/PELVIC IMAG ORAL SOLUTION	EX	Non FDA Exclusion
*Diagnostic Radiopharmaceuticals - Brain***		
AMYVID INTRAVENOUS SOLUTION 500-1900 MBQ/ML	EX	Medical Only Exclusion
DATSCAN INTRAVENOUS SOLUTION 185 MBQ/2.5ML	EX	Medical Only Exclusion
<i>fluorodopa f 18 intravenous solution 37-1480 mbq/ml</i>	EX	Medical Only Exclusion
NEURACEQ INTRAVENOUS SOLUTION 1.4-135 MCI/ML	EX	Medical Only Exclusion
TAUVID INTRAVENOUS SOLUTION 300-1900 MBQ/ML, 300-3700 MBQ/ML	EX	Medical Only Exclusion
VIZAMYL INTRAVENOUS SOLUTION 4.05 MCI/ML	EX	Medical Only Exclusion
*Diagnostic Radiopharmaceuticals - Cardiac***		
<i>ammonia n 13 intravenous solution 3.75-37.5 mci/ml</i>	EX	Medical Only Exclusion
CARDIOGEN-82 INTRAVENOUS SOLUTION RECONSTITUTED	EX	Medical Only Exclusion
CARDIOLITE INTRAVENOUS KIT	EX	Medical Only Exclusion
FLYRCADO INTRAVENOUS SOLUTION 5-55 MCI/ML	Tier 3	
MYOVIEW 30ML INTRAVENOUS KIT	EX	Medical Only Exclusion
MYOVIEW INTRAVENOUS KIT	EX	Medical Only Exclusion
<i>technetium tc 99m sestamibi intravenous kit</i>	EX	Medical Only Exclusion
<i>thallous chloride tl 201 intravenous solution 2 mci/ml</i>	EX	Medical Only Exclusion
*Diagnostic Radiopharmaceuticals - Endocrine***		
ADREVIEW INTRAVENOUS SOLUTION 10 MCI/5ML	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
DETECTNET INTRAVENOUS SOLUTION 1 MCI/ML	EX	Medical Only Exclusion
DOTATOC GA 68 INTRAVENOUS SOLUTION 0.5-4 MCI/ML	EX	Medical Only Exclusion
<i>indium in 111 dtpa intrathecal solution</i>	EX	Medical Only Exclusion
<i>indium in-111 pentetreotide intravenous kit</i>	EX	Medical Only Exclusion
NETSPOT INTRAVENOUS KIT	EX	Medical Only Exclusion
*Diagnostic Radiopharmaceuticals - Gases***		
<i>xenon xe 133 inhalation gas 10 mci, 20 mci</i>	EX	Medical Only Exclusion
*Diagnostic Radiopharmaceuticals - Hepatobiliary***		
CHOLETEC INTRAVENOUS KIT	EX	Medical Only Exclusion
<i>technetium tc 99m mebrofenin intravenous kit</i>	EX	Medical Only Exclusion
*Diagnostic Radiopharmaceuticals - Lymphatic System**		
LYMPHOSEEK INJECTION KIT	EX	Medical Only Exclusion
*Diagnostic Radiopharmaceuticals - Miscellaneous***		
CERIANNA INTRAVENOUS SOLUTION 4-100 MCI/ML	EX	Medical Only Exclusion
<i>fludeoxyglucose f 18 intravenous solution 20-200 mci/ml, 20-300 mci/ml, 20-500 mci/ml</i>	EX	Medical Only Exclusion
<i>gallium citrate ga 67 intravenous solution 2 mci/ml</i>	EX	Medical Only Exclusion
LEU TECHNELITE COMBINATION KIT	EX	Medical Only Exclusion
NEUROLITE INTRAVENOUS KIT	EX	Medical Only Exclusion
TECHNELITE COMBINATION KIT	EX	Medical Only Exclusion
<i>technet tc 99m sulfur colloid combination kit</i>	EX	Medical Only Exclusion
<i>technetium tc 99m pyrophos intravenous kit</i>	EX	Medical Only Exclusion
<i>volumex intravenous solution prefilled syringe 25 mcci/ml</i>	EX	Medical Only Exclusion
*Diagnostic Radiopharmaceuticals - Prostatic***		
AXUMIN INTRAVENOUS SOLUTION 9-221 MCI/ML	EX	Medical Only Exclusion
<i>gallium ga 68 gozetotide intravenous solution 0.5-5 mci/ml</i>	EX	Medical Only Exclusion
ILLUCCIX CONFIGURATION A INTRAVENOUS KIT 25 MCG	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
ILLUCCIX CONFIGURATION B INTRAVENOUS KIT 25 MCG	EX	Medical Only Exclusion
LOCAMETZ INTRAVENOUS KIT 25 MCG	EX	Medical Only Exclusion
POSLUMA INTRAVENOUS SOLUTION 296-5846 MBQ/ML	EX	Medical Only Exclusion
PYLARIFY INTRAVENOUS SOLUTION 1-80 MCI/ML	EX	Medical Only Exclusion
PYLARIFY INTRAVENOUS SOLUTION PREFILLED SYRINGE 9 MCI	EX	Medical Only Exclusion
*Diagnostic Radiopharmaceuticals - Renal***		
<i>dmsa intravenous kit</i>	Tier 3	
*Diagnostic Radiopharmaceuticals - Skeletal***		
<i>sodium fluoride f 18 intravenous solution 10-200 mci/ml</i>	EX	Medical Only Exclusion
<i>technetium tc 99m medronate intravenous kit</i>	EX	Medical Only Exclusion
*Diagnostic Radiopharmaceuticals- Immune Cell Radiolabeling**		
CERETEC INTRAVENOUS KIT	EX	Medical Only Exclusion
<i>indium in 111 oxyquinoline intravenous solution 1 mci/ml</i>	EX	Medical Only Exclusion
*Diagnostic Supplies***		
<i>cervical specimen collection swab</i>	EX	Non FDA Exclusion
<i>ultrasound gel external gel</i>	EX	Non FDA Exclusion
*Diagnostic Tests***		
12-PANEL POC TOXICOLOGY SYSTEM IN VITRO KIT	EX	Medical Only Exclusion
ACCU-CHEK AVIVA PLUS IN VITRO STRIP	EX	Formulary Exclusion; QL
ACCU-CHEK GUIDE TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
ACCU-CHEK SMARTVIEW IN VITRO STRIP	EX	Formulary Exclusion; QL
ACCUTREND GLUCOSE IN VITRO STRIP	EX	Formulary Exclusion; QL
ADVANCE INTUITION TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
ADVANCE MICRO-DRAW TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
ADVOCATE REDI-CODE IN VITRO STRIP	EX	Formulary Exclusion; QL

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

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

Drug Name	Drug Tier	Notes
EASYPRO BLOOD GLUCOSE TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
EASYPRO PLUS IN VITRO STRIP	EX	Formulary Exclusion; QL
<i>element compact test in vitro strip</i>	EX	Formulary Exclusion; QL
ELEMENT TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
EMBRACE BLOOD GLUCOSE TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
EMBRACE EVO BLOOD GLUCOSE TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
EMBRACE PRO GLUCOSE TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
EMBRACE TALK GLUCOSE TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
EMBRACE WAVE BLOOD GLUCOSE IN VITRO STRIP	EX	Formulary Exclusion; QL
<i>eq blood glucose test in vitro strip</i>	EX	Formulary Exclusion; QL
EVENCARE + BLOOD GLUCOSE TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
EVENCARE BLOOD GLUCOSE TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
EVENCARE G2 TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
EVENCARE G3 TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
EVENCARE MINI GLUCOSE TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
EVENCARE PROVIEW GLUCOSE TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
EVOLUTION AUTOCODE IN VITRO STRIP	EX	Formulary Exclusion; QL
EXACTECH R-S-G TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
EXACTECH TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
FIFTY50 GLUCOSE TEST 2.0 IN VITRO STRIP	EX	Formulary Exclusion; QL
FORA 6 CONNECT IN VITRO STRIP	EX	Formulary Exclusion; QL
FORA 6 CONNECT/GTEL TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
FORA BLOOD GLUCOSE TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
FORA D15G BLOOD GLUCOSE TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
FORA D20 BLOOD GLUCOSE TEST IN VITRO STRIP	EX	Formulary Exclusion; QL

Drug Name	Drug Tier	Notes
FORA D40/G31 BLOOD GLUCOSE IN VITRO STRIP	EX	Formulary Exclusion; QL
FORA G20 BLOOD GLUCOSE TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
FORA G30/PREM V10 GLUCOSE TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
FORA GD20 TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
FORA GD50 BLOOD GLUCOSE TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
FORA GTEL BLOOD GLUCOSE TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
FORA TN'G ADVANCE PRO IN VITRO STRIP	EX	Formulary Exclusion; QL
FORA TN'G/TN'G VOICE IN VITRO STRIP	EX	Formulary Exclusion; QL
FORA V10 BLOOD GLUCOSE TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
FORA V12 BLOOD GLUCOSE TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
FORA V20 BLOOD GLUCOSE TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
FORA V30A BLOOD GLUCOSE TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
FORACARE GD40 TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
FORACARE PREMIUM V10 TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
FORACARE TEST N GO TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
FORTISCARE G1 TEST STRIP IN VITRO STRIP	EX	Formulary Exclusion; QL
FORTISCARE TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
FREESTYLE INSULINX TEST IN VITRO STRIP	Tier 2	QL
FREESTYLE LITE TEST IN VITRO STRIP	Tier 2	QL
FREESTYLE PRECISION NEO TEST IN VITRO STRIP	Tier 2	QL
FREESTYLE TEST IN VITRO STRIP	Tier 2	QL
<i>ge100 blood glucose test in vitro strip</i>	EX	Formulary Exclusion; QL
GENULTIMATE TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
<i>ght test in vitro strip</i>	EX	Formulary Exclusion; QL
GLUCO PERFECT 3 TEST IN VITRO STRIP	EX	Formulary Exclusion; QL

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

Drug Name	Drug Tier	Notes
KROGER HEALTHPRO GLUCOSE TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
<i>kroger premium glucose test in vitro strip</i>	EX	Formulary Exclusion; QL
<i>kroger test in vitro strip</i>	EX	Formulary Exclusion; QL
LIBERTY NEXT GENERATION TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
<i>liberty test in vitro strip</i>	EX	Formulary Exclusion; QL
<i>medicated dna collection 2 combination kit</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>medicated dna collection kit combination</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>medicated dna collection kit combination</i>	EX	Medical Only Exclusion
<i>meijer blood glucose test in vitro strip</i>	EX	Formulary Exclusion; QL
<i>meijer essential glucose test in vitro strip</i>	EX	Formulary Exclusion; QL
<i>meijer premium glucose test in vitro strip</i>	EX	Formulary Exclusion; QL
MEIJER TRUETEST TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
MEIJER TRUETRACK TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
MICRODOT TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
MM BLULINK GLUCOSE TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
MM EASY TOUCH GLUCOSE IN VITRO STRIP	EX	Formulary Exclusion; QL
MYGLUCOHEALTH TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
NEUTEK 2TEK TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
NOVA MAX GLUCOSE TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
ON CALL EXPRESS BLOOD GLUCOSE IN VITRO STRIP	EX	Formulary Exclusion; QL
<i>one drop test in vitro strip</i>	EX	Formulary Exclusion; QL
ONETOUCH ULTRA BLUE TEST IN VITRO STRIP	Tier 2	QL
ONETOUCH ULTRA IN VITRO STRIP	Tier 2	QL
ONETOUCH ULTRA TEST IN VITRO STRIP	Tier 2	QL
ONETOUCH VERIO IN VITRO STRIP	Tier 2	QL
OPTIUM TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
OPTIUMEZ TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
<i>ph strips in vitro diagnostic test</i>	Tier 3	

Drug Name	Drug Tier	Notes
PHARMACIST CHOICE AUTOCODE IN VITRO STRIP	EX	Formulary Exclusion; QL
<i>pharmacist choice no coding in vitro strip</i>	EX	Formulary Exclusion; QL
PIP BLOOD GLUCOSE TEST STRIP IN VITRO STRIP	EX	Formulary Exclusion; QL
POCKETCHEM EZ TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
POGO AUTOMATIC TEST CARTRIDGES IN VITRO DIAGNOSTIC TEST	EX	Formulary Exclusion; QL
PRECISION XTRA BLOOD GLUCOSE IN VITRO STRIP	Tier 2	QL
<i>premium blood glucose test in vitro strip</i>	EX	Formulary Exclusion; QL
PRO DNA COLLECTION COMBINATION KIT 2 %	EX	Medical Only Exclusion
<i>pro voice v8/v9 glucose in vitro strip</i>	EX	Formulary Exclusion; QL
PRODIGY NO CODING BLOOD GLUC IN VITRO STRIP	EX	Formulary Exclusion; QL
<i>professional dna collection combination kit</i>	EX	Medical Only Exclusion
PTS PANELS EGLU TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
PTS PANELS GLUCOSE TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
PTS PANELS LIPID PANEL+EGLU IN VITRO STRIP	EX	Formulary Exclusion; QL
QUICK TOUCH BLOOD GLUCOSE TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
QUICKTEK TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
REFUAH PLUS BLOOD GLUCOSE TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
RELION BLOOD GLUCOSE TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
RELION CONFIRM/MICRO TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
RELION GLUCOSE TEST STRIPS IN VITRO STRIP	EX	Formulary Exclusion; QL
RELION PREMIER TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
RELION PRIME TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
RELION TRUE METRIX TEST STRIPS IN VITRO STRIP	EX	Formulary Exclusion; QL
RELION ULTIMA TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
REXALL BLOOD GLUCOSE TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
RIGHTEST GS100 BLOOD GLUCOSE IN VITRO STRIP	EX	Formulary Exclusion; QL

Drug Name	Drug Tier	Notes
RIGHTEST GS300 BLOOD GLUCOSE IN VITRO STRIP	EX	Formulary Exclusion; QL
RIGHTEST GS550 BLOOD GLUCOSE IN VITRO STRIP	EX	Formulary Exclusion; QL
RIGHTEST GT333 BLOOD GLUCOSE IN VITRO STRIP	EX	Formulary Exclusion; QL
RIGHTEST GT333 GLUCOSE TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
SMART SENSE PREMIUM TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
SMART SENSE VALUE TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
SMARTEST BLOOD GLUCOSE TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
SOLUS V2 TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
SURE EDGE TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
SURECHEK BLOOD GLUCOSE TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
SURE-TEST EASYPLUS MINI TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
<i>tgt blood glucose test in vitro strip</i>	EX	Formulary Exclusion; QL
TOXICOLOGY MED COLLECTION SYS IN VITRO KIT	EX	Medical Only Exclusion
<i>true focus blood glucose strip in vitro strip</i>	EX	Formulary Exclusion; QL
TRUE METRIX BLOOD GLUCOSE TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
TRUETEST TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
TRUETRACK TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
<i>udsx medicated system combination kit 20 mg</i>	EX	Non FDA Exclusion
<i>udsxmp medicated system combination kit 20 mg</i>	EX	Non FDA Exclusion
ULTRATRAK PRO TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
ULTRATRAK ULTIMATE TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
UNISTRIP1 GENERIC IN VITRO STRIP	EX	Formulary Exclusion; QL
<i>verasens blood glucose test in vitro strip</i>	EX	Formulary Exclusion; QL
VIVAGUARD INO TEST STRIPS IN VITRO STRIP	EX	Formulary Exclusion; QL
VOCAL POINT BLOOD GLUCOSE TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
*Digital Diagnostic Aids***		
CANVAS DX DIAGNOSIS AID AUTISM	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
*Infection Tests***		
ACCUA SARS-COV-2 IN VITRO KIT	EX	Non FDA Exclusion
BD VERITOR SYSTEM GROUP A STRP IN VITRO KIT	EX	Non FDA Exclusion
BD VERITOR SYSTEM SARS-COV-2 IN VITRO KIT	EX	Non FDA Exclusion
BINAXNOW COVID-19 AG CARD IN VITRO KIT	EX	Non FDA Exclusion
COBAS LIAT SARS-COV-2 ASSAY IN VITRO KIT	EX	Non FDA Exclusion
COBAS LIAT SARS-COV-2 CONTROL IN VITRO KIT	EX	Non FDA Exclusion
<i>covid-19 otc antigen 1-pack in vitro kit</i>	Benefit Exclusion	Non FDA Exclusion
<i>covid-19 otc antigen 2-pack in vitro kit</i>	Benefit Exclusion	Non FDA Exclusion
<i>covid-19 specimen collection kit</i>	Benefit Exclusion	Non FDA Exclusion
CUE COVID-19 TEST IN VITRO CARTRIDGE	EX	Non FDA Exclusion
CUE HEALTH MONITORING SYSTEM IN VITRO	EX	Non FDA Exclusion
DXTERITY COVID-19 HOME TEST IN VITRO KIT	EX	Non FDA Exclusion
ECOTEST COVID-19 RAPID TEST IN VITRO KIT	EX	Non FDA Exclusion
EVERLYWELL COVID-19 HOME TEST IN VITRO KIT	EX	Non FDA Exclusion
FASTEP COVID-19 RAPID TEST IN VITRO KIT	EX	Non FDA Exclusion
ID NOW COVID-19 2.0 TEST IN VITRO KIT	EX	Non FDA Exclusion
ID NOW COVID-19 CONTROL IN VITRO KIT	EX	Non FDA Exclusion
ID NOW COVID-19 IN VITRO KIT	EX	Non FDA Exclusion
ID NOW INFLUENZA A & B 2 CONTR IN VITRO KIT	EX	Non FDA Exclusion
ID NOW INFLUENZA A & B 2 IN VITRO KIT	EX	Non FDA Exclusion
ID NOW RSV CONTROL SWAB IN VITRO KIT	EX	Non FDA Exclusion
ID NOW RSV IN VITRO KIT	EX	Non FDA Exclusion
ID NOW STREP A2 CONTROL SWAB IN VITRO KIT	EX	Non FDA Exclusion
ID NOW STREP A2 IN VITRO KIT	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
LUCIRA CHECK IT COVID-19 TEST IN VITRO KIT	EX	Non FDA Exclusion
LUCIRA COVID-19 ALL-IN-ONE IN VITRO KIT	EX	Non FDA Exclusion
LYRA DIRECT SARS-COV-2 ASSAY IN VITRO KIT	EX	Non FDA Exclusion
LYRA SARS-COV-2 ASSAY IN VITRO KIT	EX	Non FDA Exclusion
PIXEL COVID-19 PCR HOME TEST IN VITRO KIT	EX	Non FDA Exclusion
QUICKVUE + STREP A TEST IN VITRO KIT	EX	Non FDA Exclusion
QUICKVUE DIPSTICK STREP A TEST IN VITRO KIT	EX	Non FDA Exclusion
QUICKVUE INFLUENZA A+B TEST IN VITRO KIT	EX	Non FDA Exclusion
QUICKVUE IN-LINE STREP A TEST IN VITRO KIT	EX	Non FDA Exclusion
QUICKVUE SARS ANTIGEN TEST IN VITRO KIT	EX	Non FDA Exclusion
SIMPLICITY COVID-19 AT-HOME IN VITRO KIT	EX	Non FDA Exclusion
SOFIA INFLUENZA A+B FIA IN VITRO KIT	EX	Non FDA Exclusion
SOFIA SARS ANTIGEN FIA IN VITRO KIT	EX	Non FDA Exclusion
SOFIA STREP A FIA IN VITRO KIT	EX	Non FDA Exclusion
SOFIA STREP A+ FIA IN VITRO KIT	EX	Non FDA Exclusion
SOFIA2 SARS ANTIGEN FIA IN VITRO KIT	EX	Non FDA Exclusion
XPERT XPRESS SARS-COV-2 IN VITRO KIT	EX	Non FDA Exclusion
*Miscellaneous Contrast Media Combinations***		
BL-C INJECTION KIT	EX	Non FDA Exclusion
BL-CONTRAST INJECTION KIT	EX	Non FDA Exclusion
*Miscellaneous Contrast Media***		
CLARISCAN INTRAVENOUS SOLUTION 10 MMOL/20ML, 2.5 MMOL/5ML, 5 MMOL/10ML, 50 MMOL/100ML, 7.5 MMOL/15ML	EX	Medical Only Exclusion
CLARISCAN INTRAVENOUS SOLUTION PREFILLED SYRINGE 10 MMOL/20ML, 5 MMOL/10ML, 7.5 MMOL/15ML	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
DEFINITY INTRAVENOUS SUSPENSION 6.52 MG/ML	EX	Medical Only Exclusion
DEFINITY RT INTRAVENOUS SUSPENSION 6.52 MG/ML	EX	Medical Only Exclusion
DOTAREM INTRAVENOUS SOLUTION 10 MMOL/20ML, 2.5 MMOL/5ML, 5 MMOL/10ML, 50 MMOL/100ML, 7.5 MMOL/15ML	EX	Medical Only Exclusion
DOTAREM INTRAVENOUS SOLUTION PREFILLED SYRINGE 10 MMOL/20ML, 5 MMOL/10ML, 7.5 MMOL/15ML	EX	Medical Only Exclusion
ELUCIREM INTRAVENOUS SOLUTION 0.5 MMOL/ML	EX	Medical Only Exclusion
EOVIST INTRAVENOUS SOLUTION 0.25 MMOL/ML	EX	Medical Only Exclusion
EXEM INTRAUTERINE FOAM 10 ML	EX	Medical Only Exclusion
GDAVIST INTRAVENOUS SOLUTION 1 MMOL/ML	EX	Medical Only Exclusion
GDAVIST INTRAVENOUS SOLUTION PREFILLED SYRINGE 10 MMOL/10ML, 15 MMOL/15ML, 7.5 MMOL/7.5ML	EX	Medical Only Exclusion
<i>gadobutrol intravenous solution 1 mmol/ml</i>	EX	Medical Only Exclusion
<i>gadoterate meglumine intravenous solution 10 mmol/20ml, 2.5 mmol/5ml, 5 mmol/10ml, 50 mmol/100ml, 7.5 mmol/15ml</i>	EX	Medical Only Exclusion
LUMASON INJECTION SUSPENSION RECONSTITUTED 60.7-25 MG	EX	Medical Only Exclusion
MULTIHANCE INTRAVENOUS SOLUTION 529 MG/ML	EX	Medical Only Exclusion
OMNISCAN INJECTION INJECTABLE 287 MG/ML	EX	Medical Only Exclusion
OMNISCAN INTRAVENOUS SOLUTION 287 MG/ML	EX	Medical Only Exclusion
OPTISON INTRAVENOUS SUSPENSION	EX	Medical Only Exclusion
PROHANCE INTRAVENOUS SOLUTION 279.3 MG/ML	EX	Medical Only Exclusion
VUEWAY INTRAVENOUS SOLUTION 0.5 MMOL/ML	EX	Medical Only Exclusion
XENOVIEW INHALATION GAS 1 %	EX	Medical Only Exclusion
*Multiple Skin Tests***		
<i>cockroach mixed (diagnostic) injection solution 1:20</i>	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
<i>sheep sorrel-dock (diagnostic) injection solution 1:20</i>	EX	Medical Only Exclusion
<i>short-giant ragweed (diagnost) injection solution 1:20</i>	EX	Medical Only Exclusion
T.R.U.E. TEST EXTERNAL DIAGNOSTIC TEST	EX	Formulary Exclusion
*Radiographic Contrast Media - Barium***		
<i>barium sulfate powder</i>	EX	Formulary Exclusion
ENTERO VU ORAL SUSPENSION 24 %	EX	Formulary Exclusion
E-Z-DISK ORAL TABLET 700 MG	EX	Formulary Exclusion
E-Z-HD ORAL SUSPENSION RECONSTITUTED 98 %	EX	Formulary Exclusion
LIQUID E-Z-PAQUE ORAL SUSPENSION 60 %	EX	Formulary Exclusion
LIQUID POLIBAR PLUS COMBINATION SUSPENSION 105 %	EX	Non FDA Exclusion
NEULUMEX ORAL SUSPENSION 0.1 %	EX	Formulary Exclusion
READI-CAT 2 ORAL SUSPENSION 2 %	EX	Formulary Exclusion
SITZMARKS COMBO PACKAGE ORAL CAPSULE THERAPY PACK	EX	Non FDA Exclusion
SITZMARKS FOR KIDS ORAL CAPSULE	EX	Non FDA Exclusion
SITZMARKS ORAL CAPSULE	EX	Non FDA Exclusion
TAGITOL V ORAL SUSPENSION 40 %	EX	Formulary Exclusion
VANILLA SILQ COMBINATION SUSPENSION 2.1 %	EX	Non FDA Exclusion
VARIBAR NECTAR ORAL SUSPENSION 40 %	EX	Formulary Exclusion
VARIBAR THIN LIQUID ORAL SUSPENSION RECONSTITUTED 40 %	EX	Formulary Exclusion
*Radiographic Contrast Media - Iodinated***		
CONRAY INJECTION SOLUTION 60 %	EX	Medical Only Exclusion
CYSTO-CONRAY II URETHRAL SOLUTION 17.2 %	EX	Medical Only Exclusion
CYSTOGRAFIN URETHRAL SOLUTION 30 %	EX	Medical Only Exclusion
CYSTOGRAFIN-DILUTE URETHRAL SOLUTION 18 %	EX	Medical Only Exclusion
<i>diatrizoate meglumine & sodium oral solution 66-10 %</i>	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
GASTROGRAFIN ORAL SOLUTION 66-10 %	EX	Formulary Exclusion
<i>iodixanol intravenous solution 270 mg/ml, 320 mg/ml</i>	EX	Medical Only Exclusion
<i>iohexol epidural solution 240 mg/ml, 300 mg/ml</i>	EX	Non FDA Exclusion
<i>iopamidol injection solution 41 %, 61 %</i>	EX	Medical Only Exclusion
<i>iopamidol intravenous solution 41 %, 51 %, 61 %, 76 %</i>	EX	Medical Only Exclusion
ISOVUE-200 INTRAVENOUS SOLUTION 41 %	EX	Medical Only Exclusion
ISOVUE-250 INTRAVENOUS SOLUTION 51 %	EX	Medical Only Exclusion
ISOVUE-300 INTRAVENOUS SOLUTION 61 %	EX	Medical Only Exclusion
ISOVUE-370 INTRAVENOUS SOLUTION 76 %	EX	Medical Only Exclusion
ISOVUE-M 200 INJECTION SOLUTION 41 %	EX	Medical Only Exclusion
ISOVUE-M 300 INJECTION SOLUTION 61 %	EX	Medical Only Exclusion
LIPIODOL INJECTION OIL 480 MG/ML	EX	Medical Only Exclusion
OMNIPAQUE COMBINATION SOLUTION 300 MG/ML, 350 MG/ML	EX	Medical Only Exclusion
OMNIPAQUE INTRAVENOUS SOLUTION 140 MG/ML, 350 MG/ML	EX	Medical Only Exclusion
OMNIPAQUE ORAL SOLUTION 12 MG/ML, 9 MG/ML	EX	Formulary Exclusion
OMNIPAQUE SOLUTION 180 MG/ML INJECTION	EX	Medical Only Exclusion
OMNIPAQUE SOLUTION 240 MG/ML INJECTION	EX	Non FDA Exclusion; Medical Only Exclusion
OMNIPAQUE SOLUTION 240 MG/ML INJECTION	EX	Medical Only Exclusion
OMNIPAQUE SOLUTION 300 MG/ML INJECTION	EX	Non FDA Exclusion; Medical Only Exclusion
OMNIPAQUE SOLUTION 300 MG/ML INJECTION	EX	Medical Only Exclusion
ULTRAVIST SOLUTION 62 % INJECTION	EX	Non FDA Exclusion; Medical Only Exclusion
ULTRAVIST SOLUTION 62 % INJECTION	EX	Medical Only Exclusion
ULTRAVIST SOLUTION 77 % INJECTION	EX	Non FDA Exclusion; Medical Only Exclusion
ULTRAVIST SOLUTION 77 % INJECTION	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
VISIPAQUE INTRAVENOUS SOLUTION 270 MG/ML, 320 MG/ML	EX	Medical Only Exclusion
Dietary Products/Dietary Management Products		
*Dietary Management Product Combinations***		
ASTAMED MYO ORAL CAPSULE	EX	Non FDA Exclusion
AXONA ORAL PACKET	Benefit Exclusion	Non FDA Exclusion
CEREFOLIN BRAIN WELLNESS ORAL TABLET 6-2-600 MG	EX	Non FDA Exclusion
CEREFOLIN NAC ORAL TABLET 6-90.314- 2-600 MG	EX	Non FDA Exclusion
CEREFOLIN ORAL TABLET 6-1-50-5 MG	EX	Non FDA Exclusion
DEPLIN 15 ORAL CAPSULE 15-90.314 MG	EX	Non FDA Exclusion
DEPLIN 7.5 ORAL CAPSULE 7.5-90.314 MG	Benefit Exclusion	Non FDA Exclusion
ELFOLATE PLUS ORAL TABLET 3-35-2 MG	EX	Non FDA Exclusion
ENLYTE ORAL CAPSULE	Benefit Exclusion	Non FDA Exclusion
FOLBIC RF ORAL TABLET 1.13-25-2 MG	EX	Non FDA Exclusion
FOLTANX ORAL TABLET 3-35-2 MG	EX	Non FDA Exclusion
FOLTANX RF ORAL CAPSULE 3-90.314-2- 35 MG	EX	Non FDA Exclusion
FOLTX ORAL TABLET 1.13-25-2 MG	EX	Non FDA Exclusion
FOSTEUM ORAL CAPSULE 27-20-200 MG- MG-UNIT	EX	Non FDA Exclusion
FOSTEUM PLUS ORAL CAPSULE	Benefit Exclusion	Non FDA Exclusion
LDL CARE ORAL POWDER	EX	Non FDA Exclusion
LIMBREL250 ORAL CAPSULE 250-50 MG	EX	Non FDA Exclusion
LIMBREL500 ORAL CAPSULE 500-50 MG	EX	Non FDA Exclusion
<i>l-methylfolate ca me-cbl nac oral tablet 6-90.314- 2-600 mg</i>	EX	Non FDA Exclusion
<i>l-methylfolate forte capsule 15-90.314 mg oral</i>	EX	Non FDA Exclusion
<i>l-methylfolate forte capsule 7.5-90.314 mg oral</i>	EX	Non FDA Exclusion
<i>l-methylfolate forte capsule 7.5-90.314 mg oral</i>	Benefit Exclusion	Non FDA Exclusion
<i>l-methylfolate-algae oral capsule 15-90.314 mg</i>	EX	Non FDA Exclusion
<i>l-methylfolate-algae-b12-b6 oral capsule 3- 90.314-2-35 mg</i>	EX	Non FDA Exclusion
<i>l-methylfolate-b6-b12 oral tablet 3-35-2 mg</i>	EX	Non FDA Exclusion
<i>l-methyl-mc nac oral tablet 6-2-600 mg</i>	EX	Non FDA Exclusion
<i>l-methyl-mc oral tablet 6-1-50-5 mg</i>	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
<i>lormate oral capsule</i>	Benefit Exclusion	Non FDA Exclusion
<i>medactiv oral tablet</i>	EX	Non FDA Exclusion
METAFOLBIC ORAL TABLET 6-1-50-5 MG	EX	Non FDA Exclusion
METAFOLBIC PLUS ORAL TABLET 6-2-600 MG	EX	Non FDA Exclusion
METAFOLBIC PLUS RF ORAL TABLET 6-90.314-2-600 MG	EX	Non FDA Exclusion
METANX FC ORAL CAPSULE 3-35-2 MG	EX	Non FDA Exclusion
METANX ORAL CAPSULE 3-90.314-2-35 MG	EX	Non FDA Exclusion
<i>methaver oral capsule</i>	Benefit Exclusion	Non FDA Exclusion
<i>methylfol-algae-b12-acetylcyst oral tablet 6-90.314-2-600 mg</i>	EX	Non FDA Exclusion
<i>neoke bhb oral powder</i>	EX	Non FDA Exclusion
NICAPRIN ORAL TABLET	Benefit Exclusion	Non FDA Exclusion
<i>nicazyme oral tablet</i>	Benefit Exclusion	Non FDA Exclusion
<i>omnivex oral tablet</i>	Benefit Exclusion	Non FDA Exclusion
PODIAPN ORAL CAPSULE	EX	Non FDA Exclusion
<i>pro-critic oral packet</i>	Benefit Exclusion	Non FDA Exclusion
PROLEEVA ORAL CAPSULE	Benefit Exclusion	Non FDA Exclusion
<i>proleva oral tablet</i>	Benefit Exclusion	Non FDA Exclusion
PROTEOLIN ORAL TABLET	Benefit Exclusion	Non FDA Exclusion
RHEUMATE ORAL CAPSULE	Benefit Exclusion	Non FDA Exclusion
<i>ribozel oral capsule</i>	Benefit Exclusion	Non FDA Exclusion
TOBAKIENT ORAL CAPSULE	Benefit Exclusion	Non FDA Exclusion
VASCULERA ORAL TABLET	Benefit Exclusion	Non FDA Exclusion
<i>vb6 p5p oral powder</i>	EX	Non FDA Exclusion
<i>westab max oral tablet 2.5-25-2 mg</i>	Benefit Exclusion	Non FDA Exclusion
<i>xyzbac oral tablet</i>	Benefit Exclusion	Non FDA Exclusion
<i>zyvexol oral tablet</i>	Benefit Exclusion	Non FDA Exclusion
*Dietary Management Products***		
AVAILNEX ORAL TABLET CHEWABLE 750 MG	EX	Non FDA Exclusion
DEPLIN FC ORAL CAPSULE 15 MG, 7.5 MG	EX	Non FDA Exclusion
ELFOLATE ORAL TABLET 15 MG, 7.5 MG	EX	Non FDA Exclusion
ENTERAGAM ORAL PACKET 5 GM	EX	Non FDA Exclusion
GALAXTRA ORAL POWDER	EX	Non FDA Exclusion
LIMBREL ORAL CAPSULE 250 MG, 500 MG	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
<i>l-methylfolate calcium oral tablet 15 mg, 7.5 mg</i>	EX	Non FDA Exclusion
<i>l-methylfolate oral tablet 15 mg, 7.5 mg</i>	EX	Non FDA Exclusion
VASCAZEN ORAL CAPSULE 1 GM	EX	Non FDA Exclusion
XAQUIL XR ORAL TABLET EXTENDED RELEASE 25.5 MG	EX	Non FDA Exclusion
*Nutritional Supplements - Diet Aids***		
APP SLIM RMS ORAL CAPSULE	EX	Non FDA Exclusion
*Nutritional Supplements***		
AMINOPMRMS ORAL CAPSULE	EX	Non FDA Exclusion
ASILNASALRMS ORAL CAPSULE	EX	Non FDA Exclusion
CAMINO PRO COMPLETE/GLYTACTIN ORAL BAR	EX	Non FDA Exclusion
ENU NUTRITIONAL SHAKE ORAL LIQUID	Benefit Exclusion	Non FDA Exclusion
ENU PRO3 PLUS ORAL POWDER	Benefit Exclusion	Non FDA Exclusion
<i>equacare jr oral powder</i>	Benefit Exclusion	Non FDA Exclusion
ESSENTIAL CARE JR ORAL POWDER	Benefit Exclusion	Non FDA Exclusion
FIBERSOURCE HN ORAL LIQUID	Benefit Exclusion	Non FDA Exclusion
GLYTACTIN BETTERMILK 15 ORAL PACKET	EX	Non FDA Exclusion
GLYTACTIN BETTERMILK DE-LITE ORAL PACKET	EX	Non FDA Exclusion
GLYTACTIN BUILD 10PE ORAL PACKET	EX	Non FDA Exclusion
GLYTACTIN BUILD 20/20 ORAL PACKET	EX	Non FDA Exclusion
GLYTACTIN BUILD 20/20 PKU ORAL PACKET	EX	Non FDA Exclusion
GLYTACTIN BURST ORAL PACKET	EX	Non FDA Exclusion
GLYTACTIN COMPLETE 10PE ORAL BAR	EX	Non FDA Exclusion
GLYTACTIN RESTORE 10 ORAL LIQUID	Benefit Exclusion	Non FDA Exclusion
GLYTACTIN RESTORE 5 ORAL PACKET	EX	Non FDA Exclusion
GLYTACTIN RESTORE LITE 10 ORAL LIQUID	Benefit Exclusion	Non FDA Exclusion
GLYTACTIN RESTORE LITE 10PE ORAL PACKET	EX	Non FDA Exclusion
GLYTACTIN RTD 10 ORAL LIQUID	Benefit Exclusion	Non FDA Exclusion
GLYTACTIN RTD 15 ORAL LIQUID	Benefit Exclusion	Non FDA Exclusion
GLYTACTIN RTD LITE 15 ORAL LIQUID	Benefit Exclusion	Non FDA Exclusion
GLYTACTIN SWIRL 15 ORAL PACKET	EX	Non FDA Exclusion
GLYTACTIN SWIRL 15PE ORAL PACKET	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
HCU EASY ORAL TABLET	Benefit Exclusion	Non FDA Exclusion
HCU EXPRESS 15 PLUS+ ORAL PACKET	EX	Non FDA Exclusion
HCU EXPRESS 20 PLUS+ ORAL PACKET	EX	Non FDA Exclusion
HOMACTIN AA PLUS ORAL LIQUID	Benefit Exclusion	Non FDA Exclusion
HOMACTIN AA PLUS ORAL PACKET	EX	Non FDA Exclusion
ISOVACTIN AA PLUS ORAL PACKET	EX	Non FDA Exclusion
KATE FARMS PEPTIDE 1.5 ENTERAL LIQUID	EX	Non FDA Exclusion
KATE FARMS STANDARD 1.4 ENTERAL LIQUID	EX	Non FDA Exclusion
KETOVIE 3:1 ORAL LIQUID	EX	Non FDA Exclusion
KETOVIE 4:1 ORAL LIQUID	Benefit Exclusion	Non FDA Exclusion
KETOVIE ORAL LIQUID	Benefit Exclusion	Non FDA Exclusion
KETOVIE PEPTIDE ORAL LIQUID	Benefit Exclusion	Non FDA Exclusion
MSUD EASY ORAL TABLET	Benefit Exclusion	Non FDA Exclusion
NOURISH ORAL LIQUID	Benefit Exclusion	Non FDA Exclusion
PHENYLADE GMP MIX DHA/FIBER ORAL POWDER	Benefit Exclusion	Non FDA Exclusion
PKU EASY MICROTABS ORAL TABLET DELAYED RELEASE	Benefit Exclusion	Non FDA Exclusion
PKU EASY MICROTABS PLUS ORAL TABLET DELAYED RELEASE	EX	Non FDA Exclusion
PKU EASY ORAL TABLET	Benefit Exclusion	Non FDA Exclusion
PKU EXPRESS 15 PLUS+ ORAL PACKET	EX	Non FDA Exclusion
PKU EXPRESS 20 PLUS+ ORAL PACKET	EX	Non FDA Exclusion
PKU GO ORAL PACKET	EX	Non FDA Exclusion
<i>thrivacin 30 oral liquid</i>	Benefit Exclusion	Non FDA Exclusion
<i>thrivacin detox oral liquid</i>	Benefit Exclusion	Non FDA Exclusion
TYLACTIN BUILD 20PE TYR ORAL PACKET	EX	Non FDA Exclusion
TYLACTIN COMPLETE 15 PE ORAL BAR	EX	Non FDA Exclusion
TYLACTIN RESTORE 10 ORAL LIQUID	Benefit Exclusion	Non FDA Exclusion
TYLACTIN RESTORE 5PE ORAL PACKET	EX	Non FDA Exclusion
TYLACTIN RTD 15 ORAL LIQUID	Benefit Exclusion	Non FDA Exclusion
TYR EASY ORAL TABLET	Benefit Exclusion	Non FDA Exclusion
TYR EXPRESS 15 PLUS+ ORAL PACKET	EX	Non FDA Exclusion
TYR EXPRESS 20 PLUS+ ORAL PACKET	EX	Non FDA Exclusion
VILACTIN AA PLUS ORAL LIQUID	Benefit Exclusion	Non FDA Exclusion
VILACTIN AA PLUS ORAL PACKET	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
*Sweeteners***		
<i>sodium saccharin granules</i>	Benefit Exclusion	Formulary Exclusion
<i>sodium saccharin powder</i>	Benefit Exclusion	Formulary Exclusion
Digestive Aids		
*Digestive Enzyme Combinations***		
<i>enzadyne oral capsule</i>	EX	Non FDA Exclusion
*Digestive Enzymes***		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT	Tier 2	
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 37000-97300 UNIT, 4200-14200 UNIT	EX	Formulary Exclusion
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000-57500 UNIT, 24000-86250 UNIT, 4000-14375 UNIT, 8000-28750 UNIT	EX	Formulary Exclusion
SUCRAID ORAL SOLUTION 8500 UNIT/ML	Tier 4	PA; Specialty
VIOKACE ORAL TABLET 10440-39150 UNIT, 20880-78300 UNIT	EX	Formulary Exclusion
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT	Tier 2	
Diuretics		
*Carbonic Anhydrase Inhibitors***		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	Tier 1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	Tier 1	
<i>acetazolamide sodium injection solution reconstituted 500 mg</i>	EX	Medical Only Exclusion
<i>dichlorphenamide oral tablet 50 mg</i>	Tier 4	PA; Specialty
KEVEYIS ORAL TABLET 50 MG	EX	PA; Specialty; Formulary Exclusion
<i>methazolamide oral tablet 25 mg, 50 mg</i>	Tier 1	
ORMALVI ORAL TABLET 50 MG	Tier 4	PA; Specialty
*Diuretic Combinations***		
ALDACTAZIDE TABLET 25-25 MG ORAL	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
ALDACTAZIDE TABLET 50-50 MG ORAL	Tier 3	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	Tier 1	
DYAZIDE ORAL CAPSULE 37.5-25 MG	EX	Formulary Exclusion
MAXZIDE ORAL TABLET 75-50 MG	EX	Formulary Exclusion
MAXZIDE-25 ORAL TABLET 37.5-25 MG	EX	Formulary Exclusion
<i>spironolactone-hctz oral tablet 25-25 mg</i>	Tier 1	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	Tier 1	
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	Tier 1	
*Loop Diuretics***		
<i>bumetanide injection solution 0.25 mg/ml</i>	EX	Medical Only Exclusion
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
BUMEX ORAL TABLET 0.5 MG, 1 MG, 2 MG	EX	Formulary Exclusion
EDECRIN ORAL TABLET 25 MG	EX	Formulary Exclusion
<i>ethacrynate sodium intravenous solution reconstituted 50 mg</i>	EX	Medical Only Exclusion
<i>ethacrynic acid oral tablet 25 mg</i>	Tier 1	
FUROSCIX SUBCUTANEOUS CARTRIDGE KIT 80 MG/10ML	EX	PA; Specialty; Formulary Exclusion; QL
<i>furosemide in sodium chloride intravenous solution 100-0.9 mg/100ml-%</i>	EX	Formulary Exclusion
<i>furosemide injection solution 10 mg/ml</i>	EX	Medical Only Exclusion
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	Tier 1	
<i>furosemide solution 10 mg/ml oral</i>	Tier 1	
<i>furosemide solution 8 mg/ml oral</i>	Tier 3	
LASIX ORAL TABLET 20 MG, 40 MG, 80 MG	EX	Formulary Exclusion
SOANZ ORAL TABLET 20 MG, 40 MG, 60 MG	EX	Non Essential Drug Exclusion; Formulary Exclusion
SODIUM EDECRIN INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	EX	Medical Only Exclusion
<i>toremide tablet 10 mg oral</i>	Tier 1	
<i>toremide tablet 100 mg oral</i>	Tier 1	
<i>toremide tablet 20 mg oral</i>	Tier 2	
<i>toremide tablet 20 mg oral</i>	Tier 1	
<i>toremide tablet 5 mg oral</i>	Tier 1	
*Osmotic Diuretics***		
<i>mannitol intravenous solution 20 %, 25 %</i>	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
OSMITROL INTRAVENOUS SOLUTION 10 %, 15 %, 20 %	EX	Medical Only Exclusion
*Potassium Sparing Diuretics***		
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG	EX	Formulary Exclusion
<i>amiloride hcl oral tablet 5 mg</i>	Tier 1	
CAROSPIR ORAL SUSPENSION 25 MG/5ML	EX	Non Essential Drug Exclusion; Formulary Exclusion
DYRENIUM ORAL CAPSULE 100 MG, 50 MG	EX	Formulary Exclusion
<i>spironolactone oral suspension 25 mg/5ml</i>	EX	Non Essential Drug Exclusion
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>triamterene oral capsule 100 mg, 50 mg</i>	Tier 1	
*Thiazides And Thiazide-Like Diuretics***		
<i>chlorothiazide sodium intravenous solution reconstituted 500 mg</i>	EX	Medical Only Exclusion
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	Tier 1	
DIURIL ORAL SUSPENSION 250 MG/5ML	Tier 3	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	Tier 1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	Tier 1	
INZIRQO ORAL SUSPENSION RECONSTITUTED 10 MG/ML	Tier 3	PA
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
SODIUM DIURIL INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	EX	Medical Only Exclusion
THALITONE ORAL TABLET 15 MG	Tier 3	
Endocrine And Metabolic Agents - Misc.		
*Abortifacient - Progesterone Receptor Antagonists***		
MIFEPREX ORAL TABLET 200 MG	Benefit Exclusion	Formulary Exclusion
<i>mifepristone tablet 200 mg oral</i>	Benefit Exclusion	Formulary Exclusion
<i>mifepristone tablet 200 mg oral</i>	EX	Formulary Exclusion
*Acid Sphingomyelinase Deficiency (Asmd) - Agents***		
XENPOZYME INTRAVENOUS SOLUTION RECONSTITUTED 20 MG, 4 MG	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
*Adenosine Deaminase Scid Treatment - Agents***		
RECOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5ML	Tier 4	PA; Specialty
*Alpha-Mannosidosis Treatment - Agents***		
LAMZEDE INTRAVENOUS SOLUTION RECONSTITUTED 10 MG	EX	Medical Only Exclusion
*Aromatic Amino Acid Decarboxylate Deficiency - Agents***		
KEBILIDI INJECTION SUSPENSION 280000000000 VG/0.5ML	EX	Medical Only Exclusion
*Bisphosphonates***		
ACTONEL ORAL TABLET 150 MG, 35 MG	EX	ST; Formulary Exclusion; QL
<i>alendronate sodium oral solution 70 mg/75ml</i>	Tier 1	QL
<i>alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	Tier 1	QL
ATELVIA ORAL TABLET DELAYED RELEASE 35 MG	EX	ST; Formulary Exclusion; QL
BINOSTO ORAL TABLET EFFERVESCENT 70 MG	EX	Non Essential Drug Exclusion; QL
BONIVA ORAL TABLET 150 MG	EX	Formulary Exclusion; QL
FOSAMAX ORAL TABLET 70 MG	EX	Formulary Exclusion; QL
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT	EX	Non Essential Drug Exclusion; QL
<i>ibandronate sodium intravenous solution 3 mg/3ml</i>	Tier 1	
<i>ibandronate sodium oral tablet 150 mg</i>	Tier 1	QL
<i>pamidronate disodium intravenous solution 30 mg/10ml, 6 mg/ml, 90 mg/10ml</i>	EX	Medical Only Exclusion
RECLAST INTRAVENOUS SOLUTION 5 MG/100ML	Tier 4	PA; Specialty; QL
<i>risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg</i>	Tier 1	ST; QL
<i>risedronate sodium oral tablet delayed release 35 mg</i>	EX	ST; Formulary Exclusion; QL
<i>zoledronic acid intravenous concentrate 4 mg/5ml</i>	Tier 4	PA; Specialty
<i>zoledronic acid solution 4 mg/100ml 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 oral tablet 30 mg, 60 mg, 90 mg</i>	Tier 1	QL

Drug Name	Drug Tier	Notes
PARSABIV INTRAVENOUS SOLUTION 10 MG/2ML, 2.5 MG/0.5ML, 5 MG/ML	EX	Medical Only Exclusion
SENSIPAR ORAL TABLET 30 MG, 60 MG, 90 MG	EX	Formulary Exclusion; QL
*Calcitonins***		
<i>calcitonin (salmon) injection solution 200 unit/ml</i>	Tier 1	QL
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	Tier 1	QL
MIACALCIN INJECTION SOLUTION 200 UNIT/ML	EX	Formulary Exclusion; QL
*Carnitine Replenisher - Agents***		
CARNITOR INTRAVENOUS SOLUTION 200 MG/ML	Tier 3	
CARNITOR ORAL SOLUTION 1 GM/10ML	EX	Formulary Exclusion
CARNITOR ORAL TABLET 330 MG	EX	Formulary Exclusion
CARNITOR SF ORAL SOLUTION 1 GM/10ML	EX	Formulary Exclusion
<i>levocarnitine injection solution 500 mg/ml</i>	EX	Non FDA Exclusion
<i>levocarnitine intravenous solution 200 mg/ml</i>	Tier 1	
<i>levocarnitine oral solution 1 gm/10ml</i>	Tier 1	
<i>levocarnitine oral tablet 330 mg</i>	Tier 1	
<i>levocarnitine sf oral solution 1 gm/10ml</i>	Tier 1	
*Ckd Agent-Sodium/Hydrogen Exchanger 3 (Nhe3) Inhibitor***		
XPHOZAH ORAL TABLET 20 MG, 30 MG	EX	PA; Formulary Exclusion
*Corticotropin***		
ACTHAR GEL SUBCUTANEOUS AUTO-INJECTOR 40 UNIT/0.5ML, 80 UNIT/ML	Tier 4	PA; Specialty
ACTHAR INJECTION GEL 80 UNIT/ML	Tier 4	PA; Specialty
CORTROPHIN INJECTION GEL 80 UNIT/ML	Tier 4	PA; Specialty
PURIFIED CORTROPHIN GEL SUBCUTANEOUS PREFILLED SYRINGE 40 UNIT/0.5ML, 80 UNIT/ML	Tier 3	PA; Specialty
Corticotropin-Releasing Factor (Crf) Receptor Type 1 Antag		
CRENESSITY ORAL CAPSULE 100 MG, 50 MG	Tier 4	PA; Specialty; QL
CRENESSITY ORAL SOLUTION 50 MG/ML	Tier 4	PA; Specialty; QL

Drug Name	Drug Tier	Notes
*Cortisol Synthesis Inhibitors***		
ISTURISA ORAL TABLET 1 MG, 10 MG, 5 MG	Tier 4	PA; Specialty; QL
RECORLEV ORAL TABLET 150 MG	EX	PA; Specialty; Formulary Exclusion; QL
*Dopamine Receptor Agonists***		
<i>cabergoline oral tablet 0.5 mg</i>	Tier 1	
*Fabry Disease - Agents***		
ELFABRIO INTRAVENOUS SOLUTION 20 MG/10ML, 5 MG/2.5ML	EX	PA; Specialty; Formulary Exclusion
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED 35 MG, 5 MG	Tier 4	PA; Specialty; QL
GALAFOLD ORAL CAPSULE 123 MG	Tier 4	PA; Specialty; QL
*Gaa Deficiency Treatment - Agents***		
LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	Tier 4	PA; Specialty
NEXVIAZYME INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	EX	PA; Specialty; Formulary Exclusion
OPFOLDA ORAL CAPSULE 65 MG	EX	PA; Specialty; Formulary Exclusion
POMBILITI INTRAVENOUS SOLUTION RECONSTITUTED 105 MG	EX	PA; Specialty; Formulary Exclusion
*Gnrh/Lhrh Antagonists***		
<i>cetrotexil acetate subcutaneous kit 0.25 mg</i>	Tier 4	PA; Specialty
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	EX	PA; Specialty; Formulary Exclusion
FYREMADEL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 250 MCG/0.5ML	Tier 4	PA; Specialty
<i>ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous</i>	EX	PA; Specialty; Formulary Exclusion
<i>ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous</i>	Tier 4	PA; Specialty
ORILISSA ORAL TABLET 150 MG, 200 MG	Tier 2	PA; QL
*Growth Hormone Receptor Antagonists***		
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	Tier 4	PA; Specialty

Drug Name	Drug Tier	Notes
*Growth Hormone Releasing Hormones (Ghrh)***		
EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED 2 MG	Tier 3	QL
*Growth Hormones***		
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG, 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG	Tier 4	PA; Specialty
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG, 5 MG	Tier 4	PA; Specialty
HUMATROPE INJECTION CARTRIDGE 12 MG, 24 MG, 6 MG	EX	PA; Specialty; Formulary Exclusion
HUMATROPE INJECTION SOLUTION RECONSTITUTED 5 MG	EX	PA; Specialty; Formulary Exclusion
NGENLA SUBCUTANEOUS SOLUTION PEN-INJECTOR 24 MG/1.2ML, 60 MG/1.2ML	EX	PA; Specialty; Formulary Exclusion
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML	Tier 4	PA; Specialty
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/2ML	EX	PA; Specialty; Formulary Exclusion
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MG/2ML	EX	PA; Specialty; Formulary Exclusion
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MG/2ML	EX	PA; Specialty; Formulary Exclusion
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML	Tier 4	PA; Specialty
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG	Tier 4	PA; Specialty
SAIZEN INJECTION SOLUTION RECONSTITUTED 5 MG, 8.8 MG	EX	PA; Specialty; Formulary Exclusion
SAIZENPREP INJECTION SOLUTION RECONSTITUTED 8.8 MG	EX	PA; Specialty; Formulary Exclusion
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	EX	PA; Formulary Exclusion

Drug Name	Drug Tier	Notes
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG	Tier 4	PA; Specialty
SOGROYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML	Tier 4	PA; Specialty
ZOMACTON (FOR ZOMA-JET 10) SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG	EX	PA; Specialty; Formulary Exclusion
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 5 MG	EX	PA; Specialty; Formulary Exclusion
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED 8.8 MG	EX	PA; Specialty; Formulary Exclusion
*Hereditary Orotic Aciduria Treatment - Agents**		
XURIDEN ORAL PACKET 2 GM	Tier 4	PA; Specialty
*Hereditary Tyrosinemia Type 1 (Ht-1) Treatment - Agents***		
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>	Tier 4	PA; Specialty
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	Tier 4	PA; Specialty
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG	EX	PA; Specialty; Formulary Exclusion
ORFADIN ORAL SUSPENSION 4 MG/ML	Tier 4	PA; Specialty
*Homocystinuria Treatment - Agents***		
<i>betaine powder oral</i>	EX	PA; Non FDA Exclusion
<i>betaine powder oral</i>	Tier 1	PA
CYSTADANE ORAL POWDER	EX	PA; Formulary Exclusion
*Hyperammonemia Treatment - Agents***		
CARBAGLU ORAL TABLET SOLUBLE 200 MG	EX	PA; Specialty; Formulary Exclusion
<i>carglumic acid oral tablet soluble 200 mg</i>	Tier 4	PA; Specialty
*Hyperparathyroid Treatment - Vitamin D Analogs***		
<i>calcitriol intravenous solution 1 mcg/ml</i>	EX	Medical Only Exclusion
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	Tier 1	
<i>calcitriol oral solution 1 mcg/ml</i>	EX	Formulary Exclusion
<i>doxercalciferol intravenous solution 4 mcg/2ml</i>	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	EX	Formulary Exclusion
HECTOROL INTRAVENOUS SOLUTION 4 MCG/2ML	EX	Medical Only Exclusion
<i>paricalcitol intravenous solution 2 mcg/ml, 5 mcg/ml</i>	EX	Medical Only Exclusion
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	EX	Formulary Exclusion
RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG	Tier 3	
ROCALTROL ORAL CAPSULE 0.25 MCG, 0.5 MCG	EX	Formulary Exclusion
ROCALTROL ORAL SOLUTION 1 MCG/ML	EX	Formulary Exclusion
ZEMPLAR INTRAVENOUS SOLUTION 2 MCG/ML, 5 MCG/ML	EX	Medical Only Exclusion
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	EX	Formulary Exclusion
*Hypoparathyroid Treatment - Parathyroid Hormone Analogs***		
YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR 168 MCG/0.56ML, 294 MCG/0.98ML, 420 MCG/1.4ML	Tier 4	PA; Specialty; QL
*Hypophosphatasia (Hpp) Agents***		
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML	Tier 4	PA; Specialty
*Insulin-Like Growth Factor-1 Receptor Inhibitors(Igf-1R)***		
TEPEZZA INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	EX	Medical Only Exclusion
*Insulin-Like Growth Factors (Somatomedins)***		
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	Tier 4	PA; Specialty
*Leptin Analogues***		
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED 11.3 MG	Tier 4	PA; Specialty
*Lhrh/Gnrh Agonist Analog Pituitary Suppressants***		
FENSOLVI (6 MONTH) SUBCUTANEOUS KIT 45 MG	EX	PA; Specialty; Formulary Exclusion; QL

Drug Name	Drug Tier	Notes
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG	Tier 4	PA; Specialty; QL
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 30 MG	Tier 4	PA; Specialty; QL
LUPRON DEPOT-PED (6-MONTH) INTRAMUSCULAR KIT 45 MG	Tier 4	PA; Specialty; QL
SUPPRELIN LA SUBCUTANEOUS KIT 50 MG	Tier 4	PA; Specialty; QL
SYNAREL NASAL SOLUTION 2 MG/ML	Tier 4	PA; Specialty
TRIPTODUR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 22.5 MG	EX	PA; Specialty; Formulary Exclusion; QL
*Lipoprotein Lipase Deficiency (Lpld) Deficiency - Agents***		
TRYNGOLZA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	Tier 4	PA; Specialty; QL
*Lysosomal Acid Lipase (Lal) Deficiency - Agents***		
KANUMA INTRAVENOUS SOLUTION 20 MG/10ML	EX	Medical Only Exclusion
*Molybdenum Cofactor Deficiency (Mocd) - Agents***		
NULIBRY INTRAVENOUS SOLUTION RECONSTITUTED 9.5 MG	Tier 4	PA; Specialty
*Mucopolysaccharidosis I (Mps I) - Agents***		
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5ML	EX	Medical Only Exclusion
*Mucopolysaccharidosis Ii (Mps Ii) - Agents***		
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3ML	Tier 4	PA; Specialty; QL
*Mucopolysaccharidosis Iv (Mps Iv) - Agents***		
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5ML	EX	Medical Only Exclusion
*Mucopolysaccharidosis Vi (Mps Vi) - Agents***		
NAGLAZYME INTRAVENOUS SOLUTION 1 MG/ML	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
*Mucopolysaccharidosis Vii (Mps Vii) - Agents***		
MEPSEVII INTRAVENOUS SOLUTION 10 MG/5ML	EX	Medical Only Exclusion
*Natriuretic Peptides***		
VOXZOGO SUBCUTANEOUS SOLUTION RECONSTITUTED 0.4 MG, 0.56 MG, 1.2 MG	Tier 4	PA; Specialty
*Neurokinin 3 (Nk3) Receptor Antagonists***		
VEOZAH ORAL TABLET 45 MG	Tier 3	
*Non-Steroidal Mineralocorticoid Receptor Antagonists***		
KERENDIA ORAL TABLET 10 MG, 20 MG	Tier 3	PA; QL
*Ovulation Stimulants-Gonadotropins***		
<i>chorionic gonadotropin intramuscular solution reconstituted 10000 unit</i>	EX	PA; Specialty; Formulary Exclusion
FOLLISTIM AQ SUBCUTANEOUS SOLUTION 300 UNT/0.36ML, 600 UNT/0.72ML, 900 UNT/1.08ML	Tier 4	PA; Specialty
GONAL-F INJECTION SOLUTION RECONSTITUTED 1050 UNIT, 450 UNIT	Tier 4	PA; Specialty
GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/0.5ML, 450 UNT/0.75ML, 900 UNIT/1.5ML	Tier 4	PA; Specialty
GONAL-F RFF SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT	Tier 4	PA; Specialty
MENOPUR SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT	Tier 4	PA; Specialty
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT, 5000 UNIT	Tier 4	PA; Specialty
OVIDREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 250 MCG/0.5ML	Tier 4	PA; Specialty
PREGNYL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT	Tier 4	PA; Specialty
*Ovulation Stimulants-Synthetic***		
CLOMID ORAL TABLET 50 MG	Benefit Exclusion	PA
<i>clomiphene citrate tablet 50 mg oral</i>	EX	PA
<i>clomiphene citrate tablet 50 mg oral</i>	Benefit Exclusion	PA

Drug Name	Drug Tier	Notes
*Parathyroid Hormone And Derivatives***		
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML	EX	PA; Specialty; Formulary Exclusion; QL
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG	Tier 4	PA; Specialty; 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>	EX	PA; Specialty; Formulary Exclusion; QL
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML	Tier 4	PA; Specialty; QL
*Phenylketonuria Treatment - Agents***		
JAVYGTOR ORAL PACKET 100 MG, 500 MG	EX	PA; Specialty; Formulary Exclusion
JAVYGTOR ORAL TABLET 100 MG	EX	PA; Specialty; Formulary Exclusion
KUVAN ORAL PACKET 100 MG, 500 MG	EX	PA; Specialty; Formulary Exclusion
KUVAN ORAL TABLET 100 MG	EX	PA; Specialty; Formulary Exclusion
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML, 20 MG/ML	Tier 4	PA; Specialty; QL
<i>sapropterin dihydrochloride oral packet 100 mg, 500 mg</i>	Tier 4	PA; Specialty
<i>sapropterin dihydrochloride oral tablet 100 mg</i>	Tier 4	PA; Specialty
*Rank Ligand (Rankl) Inhibitors***		
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	Tier 4	PA; Specialty; QL
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML	Tier 4	PA; Specialty; QL
*Sclerostin Inhibitors***		
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 105 MG/1.17ML	EX	PA; Specialty; Formulary Exclusion; QL
*Selective Estrogen Receptor Modulators (Serms)***		
EVISTA ORAL TABLET 60 MG	EX	Formulary Exclusion
OSPHENA ORAL TABLET 60 MG	Tier 3	
<i>raloxifene hcl oral tablet 60 mg</i>	Tier 5	

Drug Name	Drug Tier	Notes
*Selective Vasopressin V2-Receptor Antagonists***		
JYNARQUE ORAL TABLET 15 MG, 30 MG	Tier 4	PA; Specialty; QL
JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 30 & 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG	Tier 4	PA; Specialty; QL
SAMSCA ORAL TABLET 15 MG, 30 MG	EX	PA; Specialty; Formulary Exclusion; QL
<i>tolvaptan oral tablet 15 mg, 30 mg</i>	Tier 4	PA; Specialty; QL
*Somatostatic Agents***		
BYNFEZIA PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 2500 MCG/ML	EX	PA; Specialty; Formulary Exclusion
<i>lanreotide acetate solution 120 mg/0.5ml subcutaneous</i>	EX	PA; Specialty; Formulary Exclusion
<i>lanreotide acetate solution 120 mg/0.5ml subcutaneous</i>	Tier 4	PA; Specialty
MYCAPSSA ORAL CAPSULE DELAYED RELEASE 20 MG	Tier 4	PA; Specialty
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	Tier 4	PA; Specialty
<i>octreotide acetate intramuscular kit 20 mg, 30 mg</i>	Tier 4	PA; Specialty
<i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	Tier 4	PA; Specialty
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	EX	PA; Specialty; Formulary Exclusion
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 20 MG, 30 MG	EX	PA; Specialty; Formulary Exclusion
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 10 MG, 20 MG, 30 MG, 40 MG, 60 MG	EX	PA; Specialty; Formulary Exclusion
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	Tier 4	PA; Specialty
SOMATULINE DEPOT SOLUTION 120 MG/0.5ML SUBCUTANEOUS	EX	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
*Tripeptidyl Peptidase 1 Deficiency Treatment - Agents***		
BRINEURA KIT 2 X 150 MG/5ML	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
*Urea Cycle Disorder - Agents***		
AMMONUL INTRAVENOUS SOLUTION 10-10 %	EX	Medical Only Exclusion
BUPHENYL ORAL POWDER 3 GM/TSP	EX	PA; Specialty; Formulary Exclusion
BUPHENYL ORAL TABLET 500 MG	EX	PA; Specialty; Formulary Exclusion
<i>citrulline easy oral tablet extended release 1 gm</i>	EX	Non FDA Exclusion
OLPRUVA (2 GM DOSE) ORAL THERAPY PACK	EX	PA; Specialty; Formulary Exclusion
OLPRUVA (3 GM DOSE) ORAL THERAPY PACK	EX	PA; Specialty; Formulary Exclusion
OLPRUVA (4 GM DOSE) ORAL THERAPY PACK 2 & 2 GM	EX	PA; Specialty; Formulary Exclusion
OLPRUVA (5 GM DOSE) ORAL THERAPY PACK 2 & 3 GM	EX	PA; Specialty; Formulary Exclusion
OLPRUVA (6 GM DOSE) ORAL THERAPY PACK 3 & 3 GM	EX	PA; Specialty; Formulary Exclusion
OLPRUVA (6.67 GM DOSE) ORAL THERAPY PACK 3 & 3.67 GM	EX	PA; Specialty; Formulary Exclusion
PHEBURANE ORAL PELLETT 483 MG/GM	Tier 4	PA; Specialty
RAVICTI ORAL LIQUID 1.1 GM/ML	EX	PA; Specialty; Formulary Exclusion
<i>sod benz-sod phenylacet intravenous solution 10-10 %</i>	EX	Medical Only Exclusion
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	Tier 4	PA; Specialty
<i>sodium phenylbutyrate oral tablet 500 mg</i>	Tier 4	PA; Specialty
*V1a/V2-Arginine Vasopressin (Avp) Receptor Antagonists***		
VAPRISOL INTRAVENOUS SOLUTION 20-5 MG/100ML-%	Tier 3	
*Vasopressin***		
DDAVP INJECTION SOLUTION 4 MCG/ML	EX	Formulary Exclusion
DDAVP NASAL SOLUTION 0.01 %	EX	Formulary Exclusion
DDAVP ORAL TABLET 0.1 MG, 0.2 MG	EX	Formulary Exclusion
DDAVP PF INJECTION SOLUTION 4 MCG/ML	EX	Formulary Exclusion
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	Tier 1	
<i>desmopressin acetate injection solution 4 mcg/ml</i>	Tier 1	
<i>desmopressin acetate nasal solution 1.5 mg/ml</i>	EX	PA; Non FDA Exclusion

Drug Name	Drug Tier	Notes
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	Tier 1	
<i>desmopressin acetate pf injection solution 4 mcg/ml</i>	Tier 1	
<i>desmopressin acetate spray nasal solution 0.01 %</i>	Tier 1	
NOCDURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG	Tier 3	
STIMATE NASAL SOLUTION 1.5 MG/ML	Tier 2	PA
TERLIVAZ INTRAVENOUS SOLUTION RECONSTITUTED 0.85 MG	EX	Medical Only Exclusion
<i>vasopressin + rfid intravenous solution 20 unit/ml</i>	EX	Non FDA Exclusion
<i>vasopressin intravenous solution prefilled syringe 5 unit/5ml</i>	EX	Non FDA Exclusion
<i>vasopressin solution 20 unit/ml intravenous</i>	EX	Non FDA Exclusion
<i>vasopressin solution 20 unit/ml intravenous</i>	Tier 1	
<i>vasopressin-dextrose intravenous solution 20-5 ut/100ml-%, 50-5 ut/50ml-%</i>	EX	Non FDA Exclusion
<i>vasopressin-dextrose intravenous solution prefilled syringe 5-5 unit/5ml-%</i>	EX	Non FDA Exclusion
<i>vasopressin-sodium chloride injection solution prefilled syringe 2-0.9 unit/2ml-%</i>	EX	Non FDA Exclusion
<i>vasopressin-sodium chloride solution 20-0.9 ut/100ml-% intravenous</i>	EX	Medical Only Exclusion
<i>vasopressin-sodium chloride solution 20-0.9 ut/100ml-% intravenous</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>vasopressin-sodium chloride solution 40-0.9 ut/100ml-% intravenous</i>	EX	Medical Only Exclusion
<i>vasopressin-sodium chloride solution 40-0.9 ut/100ml-% intravenous</i>	EX	Non FDA Exclusion; Medical Only Exclusion
VASOSTRICT INTRAVENOUS SOLUTION 20 UNIT/ML, 20-5 UT/100ML-%, 40-5 UT/100ML-%	Tier 3	
*X-Linked Hypophosphatemia (Xlh) Treatment - Agents***		
CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML, 20 MG/ML, 30 MG/ML	Tier 4	PA; Specialty
Estrogens		
*Estrogen & Androgen***		
COVARYX HS ORAL TABLET 0.625-1.25 MG	EX	Formulary Exclusion
COVARYX ORAL TABLET 1.25-2.5 MG	EX	Formulary Exclusion
EEMT HS ORAL TABLET 0.625-1.25 MG	EX	Formulary Exclusion
EEMT ORAL TABLET 1.25-2.5 MG	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
<i>est estrogens-methyltest ds oral tablet 1.25-2.5 mg</i>	EX	Formulary Exclusion
<i>est estrogens-methyltest hs oral tablet 0.625-1.25 mg</i>	EX	Formulary Exclusion
<i>est estrogens-methyltest oral tablet 0.625-1.25 mg, 1.25-2.5 mg</i>	EX	Formulary Exclusion
ESTRATEST F.S. ORAL TABLET 1.25-2.5 MG	EX	Formulary Exclusion
ESTRATEST H.S. ORAL TABLET 0.625-1.25 MG	EX	Formulary Exclusion
*Estrogen & Progestin***		
ACTIVELLA ORAL TABLET 1-0.5 MG	EX	Formulary Exclusion
AMABELZ ORAL TABLET 0.5-0.1 MG, 1-0.5 MG	Tier 1	
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	Tier 3	
BIJUVA ORAL CAPSULE 0.5-100 MG, 1-100 MG	EX	Non Essential Drug Exclusion
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY	EX	Formulary Exclusion
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY	Tier 2	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	Tier 1	
FEMHRT ORAL TABLET 0.5-2.5 MG-MCG	EX	Formulary Exclusion
FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG, 1-5 MG-MCG	Tier 1	
JINTELI ORAL TABLET 1-5 MG-MCG	Tier 1	
MIMVEY ORAL TABLET 1-0.5 MG	Tier 1	
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	Tier 1	
PREFEST ORAL TABLET 1/1-0.09 MG (15/15)	Tier 3	
PREMPHASE ORAL TABLET 0.625-5 MG	Tier 2	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	Tier 2	
*Estrogen-Progestin-Gnrh Antagonist***		
MYFEMBREE ORAL TABLET 40-1-0.5 MG	Tier 2	PA
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG	Tier 2	PA

Drug Name	Drug Tier	Notes
*Estrogens***		
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	Tier 3	
CLIMARA TRANSDERMAL PATCH WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	EX	Formulary Exclusion
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML, 20 MG/ML, 40 MG/ML	EX	Formulary Exclusion
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML	Tier 3	
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM, 1.25 MG/1.25GM	EX	Formulary Exclusion
DOTTI TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	Tier 1	
<i>ec-rx estradiol transdermal cream 0.4 %, 0.6 %</i>	EX	Non FDA Exclusion
ELESTRIN TRANSDERMAL GEL 0.52 MG/0.87 GM (0.06%)	Tier 3	ST
ESTRACE ORAL TABLET 0.5 MG, 1 MG, 2 MG	EX	Formulary Exclusion
<i>estradiol gel 0.25 mg/0.25gm transdermal</i>	Tier 1	ST
<i>estradiol gel 0.5 mg/0.5gm transdermal</i>	Tier 1	ST
<i>estradiol gel 0.75 mg/0.75gm transdermal</i>	Tier 1	ST
<i>estradiol gel 0.75 mg/1.25 gm (0.06%) transdermal</i>	Tier 1	
<i>estradiol gel 1 mg/gm transdermal</i>	Tier 1	ST
<i>estradiol gel 1.25 mg/1.25gm transdermal</i>	Tier 1	ST
<i>estradiol implant pellet 6 mg</i>	EX	Non FDA Exclusion
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	Tier 1	
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	Tier 1	
<i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml</i>	Tier 1	
ESTROGEL TRANSDERMAL GEL 0.75 MG/1.25 GM (0.06%)	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY	Tier 3	ST
LYLLANA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	Tier 1	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG	Tier 3	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24HR	Tier 3	
MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	EX	Formulary Exclusion
PREMARIN INJECTION SOLUTION RECONSTITUTED 25 MG	EX	Medical Only Exclusion
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	Tier 2	
VIVELLE-DOT TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	EX	Formulary Exclusion
*Estrogen-Selective Estrogen Receptor Modulator Comb***		
DUAVEE ORAL TABLET 0.45-20 MG	Tier 2	
Fluoroquinolones		
*Fluoroquinolones***		
BAXDELA INTRAVENOUS SOLUTION RECONSTITUTED 300 MG	EX	Medical Only Exclusion
BAXDELA ORAL TABLET 450 MG	Tier 3	QL
CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%), 500 MG/5ML (10%)	Tier 3	
CIPRO ORAL TABLET 250 MG, 500 MG	EX	Formulary Exclusion
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	Tier 1	
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml, 400 mg/200ml</i>	EX	Medical Only Exclusion
<i>ciprofloxacin oral suspension reconstituted 250 mg/5ml (5%), 500 mg/5ml (10%)</i>	Tier 1	
<i>levofloxacin in d5w intravenous solution 250 mg/50ml, 500 mg/100ml, 750 mg/150ml</i>	EX	Medical Only Exclusion
<i>levofloxacin intravenous solution 25 mg/ml</i>	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
<i>levofloxacin oral solution 25 mg/ml</i>	Tier 1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	Tier 1	
<i>moxifloxacin hcl in nacl intravenous solution 400 mg/250ml</i>	EX	Medical Only Exclusion
<i>moxifloxacin hcl intravenous solution 400 mg/250ml</i>	EX	Medical Only Exclusion
<i>moxifloxacin hcl oral tablet 400 mg</i>	Tier 1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	Tier 1	
Gastrointestinal Agents - Misc.		
*5-Ht4 Receptor Agonists***		
MOTEGRITY ORAL TABLET 1 MG, 2 MG	EX	Formulary Exclusion; QL
<i>prucalopride succinate oral tablet 1 mg, 2 mg</i>	Tier 1	QL
*Bile Acid Synthesis Disorder Agents***		
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	Tier 4	PA; Specialty
*Cic Agents - Guanylate Cyclase-C (Gc-C) Agonists***		
TRULANCE ORAL TABLET 3 MG	Tier 2	
*Farnesoid X Receptor (Fxr) Agonists***		
OCALIVA ORAL TABLET 10 MG, 5 MG	Tier 4	PA; Specialty
*Gallstone Solubilizing Agents***		
ACTIGALL ORAL CAPSULE 300 MG	EX	Formulary Exclusion
CHENODAL ORAL TABLET 250 MG	Tier 4	PA; Specialty
RELTONE ORAL CAPSULE 200 MG, 400 MG	EX	Non Essential Drug Exclusion
URSO 250 ORAL TABLET 250 MG	EX	Formulary Exclusion
URSO FORTE ORAL TABLET 500 MG	EX	Formulary Exclusion
<i>ursodiol capsule 200 mg oral</i>	EX	Non Essential Drug Exclusion
<i>ursodiol capsule 300 mg oral</i>	Tier 1	
<i>ursodiol capsule 400 mg oral</i>	EX	Non Essential Drug Exclusion
<i>ursodiol oral tablet 250 mg, 500 mg</i>	Tier 1	
URSODIOL+SYRSPEND SF ORAL SUSPENSION 30 MG/ML	EX	Non FDA Exclusion
*Gastrointestinal Antiallergy Agents***		
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	Tier 1	
GASTROCROM ORAL CONCENTRATE 100 MG/5ML	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
*Gastrointestinal Chloride Channel Activators***		
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	EX	Formulary Exclusion; QL
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	Tier 1	QL
*Gastrointestinal Stimulants***		
<i>dexpanthenol injection solution 250 mg/ml</i>	EX	Non FDA Exclusion
GIMOTI NASAL SOLUTION 15 MG/ACT	EX	Non Essential Drug Exclusion
<i>metoclopramide hcl injection solution 5 mg/ml</i>	EX	Medical Only Exclusion
<i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</i>	Tier 1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>metoclopramide hcl oral tablet dispersible 10 mg, 5 mg</i>	Tier 3	
REGLAN ORAL TABLET 10 MG	EX	Formulary Exclusion
*Glucagon-Like Peptide-2 (Glp-2) Analogs***		
GATTEX SUBCUTANEOUS KIT 5 MG	Tier 4	PA; Specialty; QL
*Hepatotropics - Thyroid Hormone Receptor-Beta Agonists***		
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG	Tier 4	PA; Specialty; QL
*Ibs Agent - 5-Ht4 Receptor Partial Agonists***		
ZELNORM ORAL TABLET 6 MG	EX	Formulary Exclusion
*Ibs Agent - Guanylate Cyclase-C (Gc-C) Agonists***		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	Tier 2	QL
*Ibs Agent - Mu-Opioid Receptor Agonists***		
VIBERZI ORAL TABLET 100 MG, 75 MG	Tier 2	QL
*Ibs Agent - Selective 5-Ht3 Receptor Antagonists***		
<i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>	Tier 1	
LOTRONEX ORAL TABLET 0.5 MG, 1 MG	EX	Formulary Exclusion
*Ibs Agent - Sodium/Hydrogen Exchanger 3 (Nhe3) Inhibitor***		
IBSRELA ORAL TABLET 50 MG	EX	PA; Formulary Exclusion

Drug Name	Drug Tier	Notes
*Ileal Bile Acid Transporter (Ibat) Inhibitors***		
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG, 600 MCG	Tier 4	PA; Specialty; QL
BYLVAY ORAL CAPSULE 1200 MCG, 400 MCG	Tier 4	PA; Specialty; QL
LIVMARLI ORAL SOLUTION 19 MG/ML, 9.5 MG/ML	Tier 4	PA; Specialty
*Inflammatory Bowel Agents***		
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM	EX	Formulary Exclusion
ASACOL HD ORAL TABLET DELAYED RELEASE 800 MG	EX	Formulary Exclusion
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE 500 MG	EX	Formulary Exclusion
AZULFIDINE ORAL TABLET 500 MG	EX	Formulary Exclusion
<i>balsalazide disodium oral capsule 750 mg</i>	Tier 1	
CANASA RECTAL SUPPOSITORY 1000 MG	EX	Formulary Exclusion
COLAZAL ORAL CAPSULE 750 MG	EX	Formulary Exclusion
DELZICOL ORAL CAPSULE DELAYED RELEASE 400 MG	EX	Formulary Exclusion
DIPENTUM ORAL CAPSULE 250 MG	Tier 3	
LIALDA ORAL TABLET DELAYED RELEASE 1.2 GM	EX	Formulary Exclusion
<i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>	Tier 1	
<i>mesalamine er oral capsule extended release 500 mg</i>	Tier 1	
<i>mesalamine oral capsule delayed release 400 mg</i>	Tier 1	
<i>mesalamine oral tablet delayed release 1.2 gm, 800 mg</i>	Tier 1	
<i>mesalamine rectal enema 4 gm</i>	Tier 1	
<i>mesalamine rectal suppository 1000 mg</i>	Tier 1	
<i>mesalamine-cleanser rectal kit 4 gm</i>	Tier 1	
PENTASA CAPSULE EXTENDED RELEASE 250 MG ORAL	Tier 3	
PENTASA CAPSULE EXTENDED RELEASE 500 MG ORAL	EX	Formulary Exclusion
ROWASA RECTAL KIT 4 GM	Tier 3	
SFROWASA RECTAL ENEMA 4 GM/60ML	Tier 3	

Drug Name	Drug Tier	Notes
<i>sulfasalazine oral tablet 500 mg</i>	Tier 1	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	Tier 1	
*Integrin Receptor Antagonists***		
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED 300 MG	EX	PA; Specialty; Formulary Exclusion
ENTYVIO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 108 MG/0.68ML	Tier 4	PA; Specialty
*Interleukin Antagonists***		
OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML & 200 MG/2ML	EX	PA; Specialty; Formulary Exclusion
OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML & 200 MG/2ML	EX	PA; Specialty; Formulary Exclusion
OMVOH INTRAVENOUS SOLUTION 300 MG/15ML	EX	PA; Specialty; Formulary Exclusion
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	EX	PA; Specialty; Formulary Exclusion
OMVOH SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	EX	PA; Specialty; Formulary Exclusion
OTULFI INTRAVENOUS SOLUTION 130 MG/26ML	EX	PA; New to Market Exclusion; Specialty
PYZCHIVA INTRAVENOUS SOLUTION 130 MG/26ML	EX	New to Market Exclusion
SKYRIZI INTRAVENOUS SOLUTION 600 MG/10ML	Tier 4	PA; Specialty; QL
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML, 360 MG/2.4ML	Tier 4	PA; Specialty; QL
STELARA INTRAVENOUS SOLUTION 130 MG/26ML	Tier 4	PA; Specialty; QL
STEQEYMA INTRAVENOUS SOLUTION 130 MG/26ML	EX	New to Market Exclusion; Specialty
<i>ustekinumab-ttwe intravenous solution 130 mg/26ml</i>	EX	New to Market Exclusion
WEZLANA INTRAVENOUS SOLUTION 130 MG/26ML	EX	New to Market Exclusion; Specialty
YESINTEK INTRAVENOUS SOLUTION 130 MG/26ML	Tier 4	PA; Specialty
*Intestinal Acidifiers***		
<i>enulose oral solution 10 gm/15ml</i>	Tier 1	
<i>generlac oral solution 10 gm/15ml</i>	Tier 1	

Drug Name	Drug Tier	Notes
<i>lactulose encephalopathy oral solution 10 gm/15ml</i>	Tier 1	
*Live Fecal Microbiota (Human)**		
REBYOTA RECTAL SUSPENSION 150 ML	EX	Medical Only Exclusion
VOWST ORAL CAPSULE	EX	PA; Specialty; Formulary Exclusion; QL
*Peripheral Opioid Receptor Antagonists***		
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	Tier 2	
RELISTOR ORAL TABLET 150 MG	Tier 3	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML	Tier 3	PA
SYMPROIC ORAL TABLET 0.2 MG	Tier 2	
*Peroxisome Proliferator-Activated Receptor Agonists***		
IQIRVO ORAL TABLET 80 MG	Tier 4	PA; Specialty; QL
LIVDELZI ORAL CAPSULE 10 MG	Tier 4	PA; Specialty; QL
*Phosphate Binder Agents***		
AURYXIA ORAL TABLET 1 GM 210 MG(Fe)	Tier 3	
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	Tier 1	
<i>calcium acetate (phos binder) oral tablet 667 mg</i>	Tier 1	
<i>calcium acetate oral tablet 667 mg</i>	Tier 1	
FOSRENOL ORAL PACKET 1000 MG, 750 MG	Tier 3	
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG	EX	Formulary Exclusion
<i>lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg</i>	Tier 1	
PHOSLYRA ORAL SOLUTION 667 MG/5ML	Tier 3	
RENAGEL ORAL TABLET 800 MG	EX	Formulary Exclusion
RENVELA ORAL PACKET 0.8 GM, 2.4 GM	EX	Formulary Exclusion
RENVELA ORAL TABLET 800 MG	EX	Formulary Exclusion
<i>sevelamer carbonate oral packet 0.8 gm, 2.4 gm</i>	Tier 1	
<i>sevelamer carbonate oral tablet 800 mg</i>	Tier 1	
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	Tier 1	
VELPHORO ORAL TABLET CHEWABLE 500 MG	Tier 2	

Drug Name	Drug Tier	Notes
*Sphingosine 1-Phosphate (S1p) Receptor Modulators (Gi)***		
VELSIPITY ORAL TABLET 2 MG	EX	PA; Specialty; Formulary Exclusion; QL
*Tryptophan Hydroxylase Inhibitors***		
XERMELO ORAL TABLET 250 MG	Tier 4	PA; Specialty
*Tumor Necrosis Factor Alpha Blockers***		
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	Tier 4	PA; Specialty
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML	Tier 4	PA; Specialty; QL
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	EX	PA; Specialty; Formulary Exclusion
CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML	Tier 4	PA; Specialty; QL
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	EX	PA; Specialty; Formulary Exclusion
<i>infliximab intravenous solution reconstituted 100 mg</i>	EX	PA; Specialty; Formulary Exclusion
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	EX	PA; Specialty; Formulary Exclusion
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	Tier 4	PA; Specialty
ZYMFENTRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 120 MG/ML	EX	PA; Specialty; Formulary Exclusion
ZYMFENTRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 120 MG/ML	EX	PA; Specialty; Formulary Exclusion
ZYMFENTRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 120 MG/ML	EX	PA; Specialty; Formulary Exclusion
General Anesthetics		
*Anesthetics - Misc.***		
AMIDATE INTRAVENOUS SOLUTION 2 MG/ML	EX	Medical Only Exclusion
<i>anesthesia s/i-40a intravenous kit 200 mg/20ml</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>anesthesia s/i-40h intravenous kit 200 mg/20ml</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>anesthesia s/i-40s intravenous kit 200 mg/20ml</i>	EX	Non FDA Exclusion; Medical Only Exclusion

Drug Name	Drug Tier	Notes
DIPRIVAN INTRAVENOUS EMULSION 100 MG/10ML, 1000 MG/100ML, 200 MG/20ML, 500 MG/50ML	EX	Medical Only Exclusion
<i>etomidate intravenous solution 2 mg/ml</i>	EX	Medical Only Exclusion
<i>fresenius propoven intravenous emulsion 1000 mg/100ml, 200 mg/20ml, 2000 mg/100ml, 500 mg/50ml</i>	EX	Medical Only Exclusion
KETALAR INJECTION SOLUTION 10 MG/ML, 100 MG/ML, 50 MG/ML	EX	Medical Only Exclusion
<i>ketamine hcl intravenous solution 100 mg/100ml</i>	EX	Non FDA Exclusion
<i>ketamine hcl solution 0.6 mg/ml injection</i>	EX	Non FDA Exclusion
<i>ketamine hcl solution 1 mg/ml injection</i>	EX	Non FDA Exclusion
<i>ketamine hcl solution 10 mg/ml injection</i>	EX	Medical Only Exclusion
<i>ketamine hcl solution 10 mg/ml injection</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>ketamine hcl solution 100 mg/ml injection</i>	EX	Medical Only Exclusion
<i>ketamine hcl solution 50 mg/ml injection</i>	EX	Medical Only Exclusion
<i>ketamine hcl solution prefilled syringe 100 mg/2ml injection</i>	EX	Non FDA Exclusion
<i>ketamine hcl solution prefilled syringe 100 mg/2ml intravenous</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>ketamine hcl solution prefilled syringe 20 mg/2ml injection</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>ketamine hcl solution prefilled syringe 30 mg/3ml intravenous</i>	EX	Non FDA Exclusion
<i>ketamine hcl solution prefilled syringe 300 mg/30ml injection</i>	EX	Non FDA Exclusion
<i>ketamine hcl solution prefilled syringe 50 mg/5ml injection</i>	EX	Non FDA Exclusion
<i>ketamine hcl solution prefilled syringe 50 mg/5ml intravenous</i>	EX	Non FDA Exclusion
<i>ketamine hcl solution prefilled syringe 50 mg/ml injection</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>ketamine hcl solution prefilled syringe 50 mg/ml intravenous</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>ketamine hcl sublingual troche 100 mg</i>	EX	Non FDA Exclusion
<i>ketamine hcl-sodium chloride injection solution prefilled syringe 100-0.9 mg/10ml-%, 50-0.9 mg/5ml-%</i>	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
<i>ketamine hcl-sodium chloride intravenous solution 1000-0.65 mg/100ml-%, 1000-0.69 mg/100ml-%, 1000-0.9 mg/100ml-%, 1250-0.9 mg/250ml-%, 2500-0.9 mg/250ml-%, 500-0.8 mg/100ml-%, 500-0.9 mg/250ml-%</i>	EX	Non FDA Exclusion
<i>ketamine hcl-sodium chloride solution prefilled syringe 10-0.9 mg/ml-% intravenous</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>ketamine hcl-sodium chloride solution prefilled syringe 100-0.9 mg/10ml-% intravenous</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>ketamine hcl-sodium chloride solution prefilled syringe 20-0.9 mg/2ml-% intravenous</i>	EX	Non FDA Exclusion
<i>ketamine hcl-sodium chloride solution prefilled syringe 50-0.9 mg/5ml-% intravenous</i>	EX	Medical Only Exclusion
<i>ketamine hcl-sodium chloride solution prefilled syringe 50-0.9 mg/5ml-% intravenous</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>propofol intravenous emulsion 1000 mg/100ml, 200 mg/20ml, 500 mg/50ml</i>	EX	Medical Only Exclusion
<i>propofol-lipuro intravenous emulsion 1000 mg/100ml</i>	EX	Non FDA Exclusion; Medical Only Exclusion
*Barbiturate Anesthetics***		
BREVITAL SODIUM INJECTION SOLUTION RECONSTITUTED 500 MG	EX	Medical Only Exclusion
<i>methohexital sodium injection solution reconstituted 500 mg</i>	EX	Medical Only Exclusion
<i>methohexital sodium intravenous solution prefilled syringe 100 mg/10ml</i>	EX	Non FDA Exclusion
*Volatile Anesthetics***		
<i>desflurane inhalation solution</i>	EX	Formulary Exclusion
FORANE INHALATION SOLUTION	EX	Formulary Exclusion
<i>isoflurane inhalation solution</i>	EX	Formulary Exclusion
<i>sevoflurane inhalation solution</i>	EX	Formulary Exclusion
SUPRANE INHALATION SOLUTION	EX	Formulary Exclusion
TERRELL INHALATION SOLUTION	EX	Formulary Exclusion
ULTANE INHALATION SOLUTION	EX	Formulary Exclusion
Genitourinary Agents - Miscellaneous		
*5-Alpha Reductase Inhibitors***		
AVODART ORAL CAPSULE 0.5 MG	EX	Formulary Exclusion
<i>dutasteride oral capsule 0.5 mg</i>	Tier 1	
<i>finasteride oral tablet 5 mg</i>	Tier 1	
PROSCAR ORAL TABLET 5 MG	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
*Alpha 1-Adrenoceptor Antagonists***		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	Tier 1	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG	Tier 3	
FLOMAX ORAL CAPSULE 0.4 MG	EX	Formulary Exclusion
RAPAFLO ORAL CAPSULE 4 MG, 8 MG	EX	Formulary Exclusion
<i>silodosin oral capsule 4 mg, 8 mg</i>	Tier 1	
<i>tamsulosin hcl oral capsule 0.4 mg</i>	Tier 1	
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG	EX	Formulary Exclusion
*Anti-Infective Genitourinary Irrigants***		
<i>neomycin-polymyxin b gu irrigation solution 40-200000</i>	EX	Formulary Exclusion
*Citrates***		
<i>cytra k crystals oral packet 3300-1002 mg</i>	EX	Formulary Exclusion
<i>cytra-2 oral solution 500-334 mg/5ml</i>	Tier 1	
ORACIT ORAL SOLUTION 490-640 MG/5ML	EX	Formulary Exclusion
<i>oral citrate oral solution 490-640 mg/5ml</i>	EX	Formulary Exclusion
<i>pot & sod cit-cit ac solution 550-500-334 mg/5ml oral</i>	Tier 1	
<i>pot & sod cit-cit ac solution 550-500-334 mg/5ml oral</i>	EX	Formulary Exclusion
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	Tier 1	
<i>potassium citrate-citric acid solution 1100-334 mg/5ml oral</i>	EX	Formulary Exclusion
<i>potassium citrate-citric acid solution 1100-334 mg/5ml oral</i>	EX	Non FDA Exclusion
<i>sod citrate-citric acid solution 1.5-1 gm/15ml oral</i>	EX	Non FDA Exclusion
<i>sod citrate-citric acid solution 3-2 gm/30ml oral</i>	EX	Non FDA Exclusion
<i>sod citrate-citric acid solution 500-334 mg/5ml oral (rx)</i>	EX	Non FDA Exclusion
<i>sod citrate-citric acid solution 500-334 mg/5ml oral (rx)</i>	Tier 1	
<i>tricitrates solution 550-500-334 mg/5ml oral</i>	EX	Non FDA Exclusion
<i>tricitrates solution 550-500-334 mg/5ml oral</i>	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE 10 MEQ (1080 MG)	EX	Formulary Exclusion
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE 15 MEQ (1620 MG)	EX	Formulary Exclusion
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG)	EX	Formulary Exclusion
*Cystinosis Agents***		
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	Tier 4	PA; Specialty
PROCYSBI ORAL CAPSULE DELAYED RELEASE 25 MG, 75 MG	Tier 4	PA; Specialty
PROCYSBI ORAL PACKET 300 MG, 75 MG	Tier 4	PA; Specialty
*Genitourinary Irrigants***		
<i>acetic acid irrigation solution 0.25 %</i>	EX	Formulary Exclusion
ARGYLE STERILE SALINE IRRIGATION SOLUTION 0.9 %	EX	Non FDA Exclusion
CURITY STERILE SALINE IRRIGATION SOLUTION 0.9 %	EX	Non FDA Exclusion
<i>glycine irrigation solution 1.5 %</i>	EX	Formulary Exclusion
<i>glycine urologic irrigation solution 1.5 %</i>	EX	Formulary Exclusion
RENACIDIN IRRIGATION SOLUTION	EX	Formulary Exclusion
<i>sodium chloride solution 0.9 % irrigation</i>	EX	Non FDA Exclusion
<i>sodium chloride solution 0.9 % irrigation</i>	EX	Formulary Exclusion
<i>sorbitol irrigation solution 3 %</i>	EX	Formulary Exclusion
<i>sorbitol-mannitol irrigation solution 2.7-0.54 gm/100ml</i>	EX	Formulary Exclusion
*Igan Agents - Endothelin & Angiotensin Ii Receptor Antag***		
FILSPARI ORAL TABLET 200 MG, 400 MG	Tier 4	PA; Specialty
*Interstitial Cystitis Agents***		
ELMIRON ORAL CAPSULE 100 MG	Tier 3	
<i>pentosan polysulfate sodium oral capsule delayed release 150 mg, 200 mg</i>	EX	Non FDA Exclusion
RIMSO-50 INTRAVESICAL SOLUTION 50 %	EX	Formulary Exclusion
*Phosphates***		
K-PHOS NO 2 ORAL TABLET 305-700 MG	Tier 2	

Drug Name	Drug Tier	Notes
*Prostatic Hypertrophy Agent Combinations***		
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>	EX	Formulary Exclusion
ENTADFI ORAL CAPSULE 5-5 MG	EX	PA; Non Essential Drug Exclusion; Formulary Exclusion
JALYN ORAL CAPSULE 0.5-0.4 MG	EX	Formulary Exclusion
*Small Interfering Ribonucleic Acid Agents (Sirna)***		
OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5ML	EX	Medical Only Exclusion
RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5ML	Tier 4	PA; Specialty
RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 128 MG/0.8ML, 160 MG/ML	Tier 4	PA; Specialty
*Urinary Analgesics***		
PHENAZO ORAL TABLET 200 MG	Tier 1	
<i>phenazopyridine hcl tablet 100 mg oral</i>	EX	Non FDA Exclusion
<i>phenazopyridine hcl tablet 100 mg oral</i>	Tier 1	
<i>phenazopyridine hcl tablet 200 mg oral</i>	EX	Non FDA Exclusion
<i>phenazopyridine hcl tablet 200 mg oral</i>	Tier 1	
PYRIDIDIUM ORAL TABLET 100 MG, 200 MG	Tier 3	
*Urinary Stone Agents***		
LITHOSTAT ORAL TABLET 250 MG	Tier 3	
THIOLA EC ORAL TABLET DELAYED RELEASE 100 MG, 300 MG	EX	PA; Formulary Exclusion
THIOLA ORAL TABLET 100 MG	EX	PA; Formulary Exclusion
<i>tiopronin oral tablet 100 mg</i>	Tier 1	PA
<i>tiopronin oral tablet delayed release 100 mg, 300 mg</i>	Tier 1	PA
VENXXIVA ORAL TABLET DELAYED RELEASE 100 MG, 300 MG	Tier 1	PA
*Vesicoureteral Reflux (Vur) Agent Combinations***		
DEFLUX INJECTION PREFILLED SYRINGE 50-15 MG/ML	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
Gout Agents		
*Gout Agent Combinations***		
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	Tier 1	
*Gout Agents***		
<i>allopurinol sodium intravenous solution reconstituted 500 mg</i>	EX	Medical Only Exclusion
<i>allopurinol tablet 100 mg oral</i>	Tier 1	
<i>allopurinol tablet 200 mg oral</i>	EX	Non Essential Drug Exclusion; Formulary Exclusion
<i>allopurinol tablet 300 mg oral</i>	Tier 1	
ALOPRIM INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	EX	Medical Only Exclusion
<i>colchicine oral capsule 0.6 mg</i>	Tier 1	
<i>colchicine oral tablet 0.6 mg</i>	Tier 1	
COLCRYS ORAL TABLET 0.6 MG	EX	Formulary Exclusion
<i>febuxostat tablet 40 mg oral</i>	Tier 1	
<i>febuxostat tablet 40 mg oral</i>	Tier 1	ST
<i>febuxostat tablet 80 mg oral</i>	Tier 1	
<i>febuxostat tablet 80 mg oral</i>	Tier 1	ST
GLOPERBA ORAL SOLUTION 0.6 MG/5ML	EX	Non Essential Drug Exclusion
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML	EX	Medical Only Exclusion; QL
MITIGARE ORAL CAPSULE 0.6 MG	EX	Formulary Exclusion
ULORIC ORAL TABLET 40 MG, 80 MG	EX	Formulary Exclusion
ZYLOPRIM ORAL TABLET 100 MG, 300 MG	EX	Formulary Exclusion
*Uricosurics***		
<i>probenecid oral tablet 500 mg</i>	Tier 1	
Hematological Agents - Misc.		
Agents For Congenital Thrombotic Thrombocytopenic Purpura		
<i>adzynma intravenous kit 1500 unit, 500 unit</i>	Tier 4	PA; Specialty
*Aminolevulinate Synthase 1-Directed Sirna***		
GIVLAARI SUBCUTANEOUS SOLUTION 189 MG/ML	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
*Antihemophilic Products - Gene Therapy Agents***		
BEQVEZ INTRAVENOUS SUSPENSION THERAPY PACK 4 X 1 ML, 5 X 1 ML, 6 X 1 ML, 7 X 1 ML	EX	Medical Only Exclusion
HEMGENIX INTRAVENOUS SUSPENSION THERAPY PACK 10 X 10 ML, 11 X 10 ML, 12 X 10 ML, 13 X 10 ML, 14 X 10 ML, 15 X 10 ML, 16 X 10 ML, 17 X 10 ML, 18 X 10 ML, 19 X 10 ML, 20 X 10 ML, 21 X 10 ML, 22 X 10 ML, 23 X 10 ML, 24 X 10 ML, 25 X 10 ML, 26 X 10 ML, 27 X 10 ML, 28 X 10 ML, 29 X 10 ML, 30 X 10 ML, 31 X 10 ML, 32 X 10 ML, 33 X 10 ML, 34 X 10 ML, 35 X 10 ML, 36 X 10 ML, 37 X 10 ML, 38 X 10 ML, 39 X 10 ML, 40 X 10 ML, 41 X 10 ML, 42 X 10 ML, 43 X 10 ML, 44 X 10 ML, 45 X 10 ML, 46 X 10 ML, 47 X 10 ML, 48 X 10 ML	EX	Medical Only Exclusion
ROCTAVIAN INTRAVENOUS SUSPENSION 2000000000000000 VG/ML	EX	Medical Only Exclusion
*Antihemophilic Products - Monoclonal Antibodies***		
ALHEMO SOLUTION PEN-INJECTOR 150 MG/1.5ML SUBCUTANEOUS	Tier 4	PA; Specialty
ALHEMO SOLUTION PEN-INJECTOR 300 MG/3ML SUBCUTANEOUS	Tier 3	PA; Specialty
ALHEMO SOLUTION PEN-INJECTOR 60 MG/1.5ML SUBCUTANEOUS	Tier 4	PA; Specialty
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 12 MG/0.4ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML	Tier 4	PA; Specialty
HYMPAVZI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	Tier 4	PA; Specialty; QL
*Antihemophilic Products***		
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	Tier 4	PA; Specialty
<i>adynovate intravenous solution reconstituted 1000 unit, 1500 unit, 2000 unit, 250 unit, 3000 unit, 500 unit, 750 unit</i>	Tier 4	PA; Specialty
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 500 UNIT	Tier 4	PA; Specialty

Drug Name	Drug Tier	Notes
ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	Tier 4	PA; Specialty
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT	Tier 4	PA; Specialty
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	Tier 4	PA; Specialty
ALTUVIHO INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	Tier 4	PA; Specialty
BALFAXAR INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 500 UNIT	EX	Medical Only Exclusion
BENEFIX INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	Tier 4	PA; Specialty
COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT, 500 UNIT	Tier 4	PA; Specialty
CORIFACT INTRAVENOUS KIT 1000-1600 UNIT	Tier 4	PA; Specialty
ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT, 5000 UNIT, 6000 UNIT, 750 UNIT	Tier 4	PA; Specialty
ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	Tier 4	PA; Specialty
FEIBA INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2500 UNIT, 500 UNIT	Tier 4	PA; Specialty
FIBRYGA INTRAVENOUS SOLUTION RECONSTITUTED	Benefit Exclusion	Medical Only Exclusion
HEMOFIL M SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	EX	PA; Specialty
HEMOFIL M SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
HEMOFIL M SOLUTION RECONSTITUTED 1700 UNIT INTRAVENOUS	Tier 4	PA; Specialty
HEMOFIL M SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS	EX	PA; Specialty

Drug Name	Drug Tier	Notes
HEMOFIL M SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
HEMOFIL M SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	EX	PA; Specialty
HEMOFIL M SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT	Tier 4	PA; Specialty
IDELVION INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3500 UNIT, 500 UNIT	Tier 4	PA; Specialty
IXINITY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	Tier 4	PA; Specialty
JIVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	Tier 4	PA; Specialty
KCENTRA INTRAVENOUS KIT 1000 UNIT, 500 UNIT	Benefit Exclusion	Medical Only Exclusion
KOATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT	Benefit Exclusion	PA; Specialty
KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 500 UNIT	Benefit Exclusion	PA; Specialty
KOGENATE FS KIT 1000 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
KOGENATE FS KIT 2000 UNIT INTRAVENOUS	Tier 4	PA; Specialty
KOGENATE FS KIT 250 UNIT INTRAVENOUS	Tier 4	PA; Specialty
KOGENATE FS KIT 3000 UNIT INTRAVENOUS	Tier 4	PA; Specialty
KOGENATE FS KIT 500 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	Tier 4	PA; Specialty
MONONINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT	Tier 4	PA; Specialty

Drug Name	Drug Tier	Notes
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	Tier 4	PA; Specialty
NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG, 8 MG	Tier 4	PA; Specialty
NUWIQ INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	Tier 4	PA; Specialty
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	Tier 4	PA; Specialty
<i>obizur intravenous solution reconstituted 500 unit</i>	Benefit Exclusion	PA; Specialty
PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT	Tier 4	PA; Specialty
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT	Tier 4	PA; Specialty
RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED 1241-1800 UNIT, 1801-2400 UNIT, 220-400 UNIT, 401-800 UNIT, 801-1240 UNIT	Tier 4	PA; Specialty
RIASTAP INTRAVENOUS SOLUTION RECONSTITUTED	Benefit Exclusion	Medical Only Exclusion
<i>rixubis intravenous solution reconstituted 1000 unit, 2000 unit, 250 unit, 3000 unit, 500 unit</i>	Tier 4	PA; Specialty
SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 5 MG	Tier 4	PA; Specialty
TRETTEN INTRAVENOUS SOLUTION RECONSTITUTED 2500 UNIT	Tier 4	PA; Specialty
VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED 1300 UNIT, 650 UNIT	Tier 4	PA; Specialty
WILATE INTRAVENOUS KIT 1000-1000 UNIT, 500-500 UNIT	Tier 4	PA; Specialty
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	Tier 4	PA; Specialty
XYNTHA SOLOFUSE INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	Tier 4	PA; Specialty
*Anti-Von Willebrand Factor Agents***		
CABLIVI INJECTION KIT 11 MG	Tier 4	PA; Specialty

Drug Name	Drug Tier	Notes
*Bradykinin B2 Receptor Antagonists***		
FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/3ML	Benefit Exclusion	PA; Specialty; Formulary Exclusion
<i>icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml</i>	Benefit Exclusion	PA; Specialty
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/3ML	Benefit Exclusion	PA; Specialty
*C1 Esterase Inhibitors***		
BERINERT INTRAVENOUS KIT 500 UNIT	Benefit Exclusion	PA; Specialty
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	Benefit Exclusion	PA; Specialty
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT	Tier 4	PA; Specialty
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT	Benefit Exclusion	PA; Specialty
*Complement C1 Inhibitors***		
ENJAYMO INTRAVENOUS SOLUTION 1100 MG/22ML	EX	Medical Only Exclusion
*Complement C3 Inhibitors***		
EMPAVELI SUBCUTANEOUS SOLUTION 1080 MG/20ML	Tier 4	PA; Specialty; QL
*Complement C5 Inhibitors***		
BKEMV INTRAVENOUS SOLUTION 300 MG/30ML	EX	Medical Only Exclusion
EPYSQLI INTRAVENOUS SOLUTION 300 MG/30ML	EX	Medical Only Exclusion
PIASKY INJECTION SOLUTION 340 MG/2ML	EX	Medical Only Exclusion
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30ML	EX	Medical Only Exclusion
ULTOMIRIS INTRAVENOUS SOLUTION 1100 MG/11ML, 300 MG/3ML	EX	Medical Only Exclusion
VEOPOZ INJECTION SOLUTION 400 MG/2ML	EX	Medical Only Exclusion
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 16.6 MG/0.416ML, 23 MG/0.574ML, 32.4 MG/0.81ML	Tier 4	PA; Specialty
*Complement C5a Inhibitors***		
<i>gohibic intravenous solution 200 mg/20ml</i>	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
*Complement C5a Receptor Inhibitors***		
TAVNEOS ORAL CAPSULE 10 MG	Tier 4	PA; Specialty
*Complement Factor B Inhibitors***		
FABHALTA ORAL CAPSULE 200 MG	Tier 4	PA; Specialty
*Complement Factor D Inhibitors***		
VOYDEYA ORAL TABLET 100 MG	Tier 4	PA; Specialty; QL
VOYDEYA ORAL TABLET THERAPY PACK 50 & 100 MG	Tier 4	PA; Specialty; QL
*Direct-Acting P2y12 Inhibitors***		
BRILINTA ORAL TABLET 60 MG, 90 MG	Tier 2	
KENGREAL INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	EX	Medical Only Exclusion
*Glycoprotein Iib/Iiia Receptor Inhibitors***		
AGGRASTAT CONCENTRATE 3.75 MG/15ML INTRAVENOUS	EX	Medical Only Exclusion
AGGRASTAT CONCENTRATE 3.75 MG/15ML INTRAVENOUS	Benefit Exclusion	Medical Only Exclusion
AGGRASTAT SOLUTION 12.5-0.9 MG/250ML-% INTRAVENOUS	EX	Medical Only Exclusion
AGGRASTAT SOLUTION 12.5-0.9 MG/250ML-% INTRAVENOUS	Benefit Exclusion	Medical Only Exclusion
AGGRASTAT SOLUTION 5-0.9 MG/100ML-% INTRAVENOUS	EX	Medical Only Exclusion
AGGRASTAT SOLUTION 5-0.9 MG/100ML-% INTRAVENOUS	Benefit Exclusion	Medical Only Exclusion
<i>eptifibatide solution 20 mg/10ml intravenous</i>	Benefit Exclusion	Medical Only Exclusion
<i>eptifibatide solution 20 mg/10ml intravenous</i>	EX	Medical Only Exclusion
<i>eptifibatide solution 200 mg/100ml intravenous</i>	Benefit Exclusion	Medical Only Exclusion
<i>eptifibatide solution 75 mg/100ml intravenous</i>	Benefit Exclusion	Medical Only Exclusion
<i>eptifibatide solution 75 mg/100ml intravenous</i>	EX	Medical Only Exclusion
<i>tirofiban hcl in nacl intravenous solution 12.5-0.9 mg/250ml-%, 5-0.9 mg/100ml-%</i>	EX	Medical Only Exclusion
*Hematorheologic Agents***		
<i>pentoxifylline er oral tablet extended release 400 mg</i>	Tier 1	
*Hemin***		
PANHEMATIN INTRAVENOUS SOLUTION RECONSTITUTED 350 MG	Benefit Exclusion	Medical Only Exclusion

Drug Name	Drug Tier	Notes
*Human Protein C***		
CEPROTIN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 500 UNIT	EX	Medical Only Exclusion
*Phosphodiesterase Iii Inhibitors***		
<i>cilostazol oral tablet 100 mg, 50 mg</i>	Tier 1	
*Plasma Expanders***		
HESPAN INTRAVENOUS SOLUTION 6-0.9 %	Benefit Exclusion	Medical Only Exclusion
<i>hetastarch-nacl intravenous solution 6-0.9 %</i>	Benefit Exclusion	Medical Only Exclusion
HEXTEND INTRAVENOUS SOLUTION 6 %	Benefit Exclusion	Medical Only Exclusion
LMD IN D5W INTRAVENOUS SOLUTION 10-5 %	EX	Medical Only Exclusion
LMD IN NACL INTRAVENOUS SOLUTION 10-0.9 %	EX	Medical Only Exclusion
*Plasma Kallikrein Inhibitors - Monoclonal Antibodies***		
TAKHZYRO SOLUTION PREFILLED SYRINGE 150 MG/ML SUBCUTANEOUS	Tier 4	PA; Specialty
TAKHZYRO SOLUTION PREFILLED SYRINGE 300 MG/2ML SUBCUTANEOUS	Benefit Exclusion	PA; Specialty
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML	Benefit Exclusion	PA; Specialty
*Plasma Kallikrein Inhibitors***		
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML	Tier 4	PA; Specialty
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	Tier 4	PA; Specialty; QL
*Plasma Proteins***		
ALBUKED 25 INTRAVENOUS SOLUTION 25 %	Benefit Exclusion	Medical Only Exclusion
ALBUKED 5 INTRAVENOUS SOLUTION 5 %	Benefit Exclusion	Medical Only Exclusion
<i>albumin human intravenous solution 25 %, 5 %</i>	Benefit Exclusion	Medical Only Exclusion
ALBUMINEX INTRAVENOUS SOLUTION 25 %, 5 %	Benefit Exclusion	Medical Only Exclusion
<i>albumin-zlb intravenous solution 25 %, 5 %</i>	Benefit Exclusion	Medical Only Exclusion
<i>alburx intravenous solution 5 %</i>	Benefit Exclusion	Medical Only Exclusion
ALBUTEIN SOLUTION 25 % INTRAVENOUS	Benefit Exclusion	Medical Only Exclusion
ALBUTEIN SOLUTION 5 % INTRAVENOUS	Benefit Exclusion	Medical Only Exclusion

Drug Name	Drug Tier	Notes
ALBUTEIN SOLUTION 5 % INTRAVENOUS	EX	Medical Only Exclusion
FLEXBUMIN SOLUTION 25 % INTRAVENOUS	EX	Medical Only Exclusion
FLEXBUMIN SOLUTION 25 % INTRAVENOUS	Benefit Exclusion	Medical Only Exclusion
FLEXBUMIN SOLUTION 5 % INTRAVENOUS	EX	Medical Only Exclusion
FLEXBUMIN SOLUTION 5 % INTRAVENOUS	Benefit Exclusion	Medical Only Exclusion
HUMAN ALBUMIN GRIFOLS INTRAVENOUS SOLUTION 25 %	Benefit Exclusion	Medical Only Exclusion
<i>kedbumin intravenous solution 25 %</i>	Benefit Exclusion	Medical Only Exclusion
OCTAPLAS BLOOD GROUP A INTRAVENOUS SOLUTION	Benefit Exclusion	Medical Only Exclusion
OCTAPLAS BLOOD GROUP AB INTRAVENOUS SOLUTION	Benefit Exclusion	Medical Only Exclusion
OCTAPLAS BLOOD GROUP B INTRAVENOUS SOLUTION	Benefit Exclusion	Medical Only Exclusion
OCTAPLAS BLOOD GROUP O INTRAVENOUS SOLUTION	Benefit Exclusion	Medical Only Exclusion
PLASBUMIN-25 INTRAVENOUS SOLUTION 25 %	Benefit Exclusion	Medical Only Exclusion
PLASBUMIN-5 INTRAVENOUS SOLUTION 5 %	Benefit Exclusion	Medical Only Exclusion
PLASMANATE INTRAVENOUS SOLUTION 5 %	Benefit Exclusion	Medical Only Exclusion
RYPLAZIM INTRAVENOUS SOLUTION RECONSTITUTED 68.8 MG	Benefit Exclusion	PA; Specialty
THROMBATE III INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 500 UNIT	Benefit Exclusion	Medical Only Exclusion
*Platelet Aggregation Inhibitor Combinations***		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	Tier 1	
<i>aspirin-omeprazole oral tablet delayed release 325-40 mg, 81-40 mg</i>	EX	Non Essential Drug Exclusion
YOSPRALA ORAL TABLET DELAYED RELEASE 325-40 MG, 81-40 MG	EX	Non Essential Drug Exclusion
*Platelet Aggregation Inhibitors***		
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	Tier 1	

Drug Name	Drug Tier	Notes
DURLAZA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 162.5 MG	EX	Non Essential Drug Exclusion
*Protamine***		
<i>protamine sulfate solution 10 mg/ml intravenous</i>	EX	Medical Only Exclusion
<i>protamine sulfate solution 10 mg/ml intravenous</i>	Benefit Exclusion	Medical Only Exclusion
*Protease-Activated Receptor-1 (Par-1) Antagonists***		
ZONTIVITY ORAL TABLET 2.08 MG	Tier 3	
*Pyruvate Kinase Activators***		
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG	Tier 4	PA; Specialty; QL
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 5 MG, 7 X 20 MG & 7 X 5 MG, 7 X 50 MG & 7 X 20 MG	Tier 4	PA; Specialty; QL
*Quinazoline Agents***		
AGRYLIN ORAL CAPSULE 0.5 MG	EX	Formulary Exclusion
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	Tier 1	
*Spleen Tyrosine Kinase (Syk) Inhibitors***		
TAVALISSE ORAL TABLET 100 MG, 150 MG	Tier 4	PA; Specialty; QL
*Thienopyridine Derivatives***		
<i>clopidogrel bisulfate oral tablet 300 mg, 75 mg</i>	Tier 1	
EFFIENT ORAL TABLET 10 MG, 5 MG	EX	Formulary Exclusion
PLAVIX ORAL TABLET 75 MG	EX	Formulary Exclusion
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	Tier 1	
*Thrombolytic Agent - Misc***		
DEFITELIO INTRAVENOUS SOLUTION 200 MG/2.5ML	EX	Medical Only Exclusion
*Tissue Plasminogen Activators***		
ACTIVASE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 50 MG	EX	Medical Only Exclusion
CATHFLO ACTIVASE INJECTION SOLUTION RECONSTITUTED 2 MG	Benefit Exclusion	Medical Only Exclusion
RETAVASE HALF-KIT INTRAVENOUS KIT 1 X 10 UNIT	EX	Non FDA Exclusion; Medical Only Exclusion
RETAVASE INTRAVENOUS KIT 2 X 10 UNIT	EX	Non FDA Exclusion; Medical Only Exclusion
TNKASE INTRAVENOUS KIT 50 MG	Benefit Exclusion	Medical Only Exclusion

Drug Name	Drug Tier	Notes
Hematopoietic Agents		
*Agents For Gaucher Disease***		
CERDELGA ORAL CAPSULE 84 MG	Tier 4	PA; Specialty; QL
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT	EX	Medical Only Exclusion
ELELYSO INTRAVENOUS SOLUTION RECONSTITUTED 200 UNIT	EX	Medical Only Exclusion
<i>miglustat oral capsule 100 mg</i>	Tier 4	PA; Specialty
VPRIV INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT	EX	Medical Only Exclusion
YARGESA ORAL CAPSULE 100 MG	Tier 4	PA; Specialty
ZAVESCA ORAL CAPSULE 100 MG	EX	PA; Specialty; Formulary Exclusion
*Agents For Sickle Cell Disease - Autologous Gene Therapy***		
CASGEVY INTRAVENOUS SUSPENSION	EX	Medical Only Exclusion
LYFGENIA INTRAVENOUS SUSPENSION	EX	Medical Only Exclusion
*Amino Acids***		
ENDARI ORAL PACKET 5 GM	EX	PA; Specialty; Formulary Exclusion; QL
<i>l-glutamine oral packet 5 gm</i>	Tier 4	PA; Specialty; QL
*Cobalamin Combinations***		
ABANEU-SL SUBLINGUAL TABLET SUBLINGUAL 600-600 MCG	Benefit Exclusion	
BIOPAR DELTA-FORTE ORAL CAPSULE	EX	Non FDA Exclusion
FOLTRATE ORAL TABLET 500-1 MCG-MG	Benefit Exclusion	Formulary Exclusion
<i>lipo-b intramuscular solution</i>	EX	Non FDA Exclusion
<i>neurin-sl sublingual tablet sublingual 600-600 mcg</i>	Benefit Exclusion	Formulary Exclusion
<i>vit b12-methionine-inos-chol intramuscular solution</i>	EX	Non FDA Exclusion
*Cobalamins***		
<i>cyanocobalamin nasal solution 500 mcg/0.1ml</i>	EX	Non Essential Drug Exclusion
<i>cyanocobalamin solution 1000 mcg/ml injection</i>	EX	
<i>cyanocobalamin solution 1000 mcg/ml injection</i>	Benefit Exclusion	
<i>cyanocobalamin solution 2000 mcg/ml injection</i>	Benefit Exclusion	Non FDA Exclusion
DODEX SOLUTION 1000 MCG/ML INJECTION	Benefit Exclusion	

Drug Name	Drug Tier	Notes
DODEX SOLUTION 1000 MCG/ML INJECTION	EX	
<i>hydroxocobalamin acetate intramuscular solution 1000 mcg/ml</i>	Tier 3	
<i>methylcobalamin injection solution 150 mg/30ml, 30 mg/30ml, 300 mg/30ml</i>	EX	Non FDA Exclusion
<i>methylcobalamin injection solution reconstituted 10000 mcg, 50000 mcg</i>	EX	Non FDA Exclusion
NASCOBAL NASAL SOLUTION 500 MCG/0.1ML	EX	Non Essential Drug Exclusion; Formulary Exclusion
<i>physicians ez use b-12 injection kit 1000 mcg/ml</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>vitamin deficiency system-b12 injection kit 1000 mcg/ml</i>	EX	Non FDA Exclusion; Medical Only Exclusion
*Cxcr4 Receptor Antagonist***		
APHEXDA SUBCUTANEOUS SOLUTION RECONSTITUTED 62 MG	EX	PA; Specialty; Formulary Exclusion
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2ML	Tier 4	PA; Specialty
<i>plerixafor subcutaneous solution 24 mg/1.2ml</i>	Tier 4	PA; Specialty
XOLREMDI ORAL CAPSULE 100 MG	Tier 4	PA; Specialty; QL
*Cytotoxic Agents***		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	Tier 3	
SIKLOS ORAL TABLET 100 MG, 1000 MG	Tier 3	
XROMI ORAL SOLUTION 100 MG/ML	Tier 3	PA
*Erythroid Maturation Agents***		
REBLOZYL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG, 75 MG	EX	PA; Specialty; Formulary Exclusion
*Erythropoiesis-Stimulating Agents (Esas)***		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	Tier 4	PA; Specialty
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML	Tier 4	PA; Specialty
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	EX	PA; Specialty; Formulary Exclusion

Drug Name	Drug Tier	Notes
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.3ML, 120 MCG/0.3ML, 150 MCG/0.3ML, 200 MCG/0.3ML, 30 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML	EX	Medical Only Exclusion
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	EX	PA; Specialty; Formulary Exclusion
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	Tier 4	PA; Specialty
*Folic Acid/Folate Combinations***		
AIRAVITE ORAL TABLET 2.5-25-1 MG	Benefit Exclusion	
ANIMI-3 ORAL CAPSULE 1 MG	Benefit Exclusion	Formulary Exclusion
ANIMI-3/VITAMIN D ORAL CAPSULE 1 MG	Benefit Exclusion	Formulary Exclusion
<i>b-6 folic acid oral capsule 8.333-100-1 mg</i>	EX	Formulary Exclusion
<i>bp vit 3 oral capsule 1 mg</i>	EX	Non FDA Exclusion
CENFOL ORAL TABLET 2.3-24.5-2 MG	Benefit Exclusion	Formulary Exclusion
<i>cholecal df oral tablet 1-3800 mg-unit</i>	EX	Non FDA Exclusion
CIFEREX ORAL CAPSULE 1-3775 MG- UNIT	EX	Non FDA Exclusion
DERMACINRX DOTREMIN ORAL TABLET 1-10000 MG-UNIT	EX	Non FDA Exclusion
DERMACINRX FOLTAMIN ORAL TABLET 125-1 MCG-MG	Benefit Exclusion	Non FDA Exclusion
DERMACINRX PUREFOLIX ORAL TABLET 1-5000 MG-UNIT	Benefit Exclusion	Non FDA Exclusion
<i>fabb oral tablet 2.2-25-1 mg</i>	Benefit Exclusion	Non FDA Exclusion
<i>fa-vitamin b-6-vitamin b-12 oral tablet 2.2-25-0.5 mg</i>	Benefit Exclusion	
<i>folbee oral tablet 2.5-25-1 mg</i>	Benefit Exclusion	
FOLDITAM ORAL TABLET 1-10000 MG- UNIT	EX	Non FDA Exclusion
FOLGARD RX ORAL TABLET 2.2-25-1 MG	Benefit Exclusion	Formulary Exclusion
<i>folic d3 oral capsule 1-3775 mg-unit</i>	EX	Non FDA Exclusion
FOLI-D ORAL TABLET 1-2000 MG-UNIT	EX	Non FDA Exclusion
<i>folite oral tablet</i>	EX	Non FDA Exclusion
FOLIXAPURE ORAL TABLET 1-5000 MG- UNIT	Benefit Exclusion	Non FDA Exclusion

Drug Name	Drug Tier	Notes
FOLIXATE ORAL TABLET 1-125 MG-MCG	EX	Non FDA Exclusion
<i>folplex 2.2 oral tablet 2.2-25-0.5 mg</i>	Benefit Exclusion	
FOLTREXYL ORAL TABLET 1-5000 MG-UNIT	Benefit Exclusion	Non FDA Exclusion
FOLVITE-D ORAL TABLET 1-3775 MG-UNIT	Benefit Exclusion	Non FDA Exclusion
GENICIN VITA-D ORAL TABLET 1-3775 MG-UNIT	EX	Non FDA Exclusion
NUFOL ORAL TABLET 2.5-25-1 MG	Benefit Exclusion	
<i>ortho df oral capsule 1-3775 mg-unit</i>	EX	Non FDA Exclusion
<i>ostachol oral tablet 1-3800 mg-unit</i>	EX	Non FDA Exclusion
OVEEZA ORAL CAPSULE 0.5 MG	EX	Non FDA Exclusion
<i>revesta oral capsule 1-5750 mg-unit</i>	Benefit Exclusion	Non FDA Exclusion
TALIVA ORAL CAPSULE 1 MG	EX	Non FDA Exclusion
VIRT-GARD ORAL TABLET 2.2-25-1 MG	Benefit Exclusion	
VITAMEZ ORAL CAPSULE 1 MG	EX	Non FDA Exclusion
<i>westab mini oral tablet 2.2-25-1 mg</i>	Benefit Exclusion	Non FDA Exclusion
<i>westab one oral tablet 2.5-25-1 mg</i>	Benefit Exclusion	
*Folic Acid/Folates***		
<i>cvs folic acid oral tablet 800 mcg</i>	Tier 1	
FA-8 ORAL CAPSULE 0.8 MG	Tier 1	
<i>folate oral tablet 400 mcg</i>	Tier 1	
<i>folic acid injection solution 5 mg/ml</i>	EX	Medical Only Exclusion
<i>folic acid oral capsule 0.8 mg</i>	Tier 1	
<i>folic acid oral tablet 1 mg, 400 mcg, 800 mcg</i>	Tier 1	
<i>gnp folic acid oral tablet 400 mcg</i>	Tier 1	
<i>hm folic acid oral tablet 400 mcg</i>	Tier 1	
<i>kp folic acid oral tablet 800 mcg</i>	Tier 1	
<i>px folic acid oral tablet 400 mcg</i>	Tier 1	
<i>qc folic acid oral tablet 800 mcg</i>	Tier 1	
<i>ra folic acid oral tablet 400 mcg, 800 mcg</i>	Tier 1	
<i>sm folic acid oral tablet 400 mcg</i>	Tier 1	
<i>yl folic acid oral tablet 400 mcg</i>	Tier 1	
*Granulocyte Colony-Stimulating Factors (G-Csf)***		
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	EX	PA; Specialty; Formulary Exclusion
FYLNETRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	EX	PA; Specialty; Formulary Exclusion

Drug Name	Drug Tier	Notes
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6ML	EX	PA; Specialty; Formulary Exclusion
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	EX	PA; Specialty; Formulary Exclusion
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT 6 MG/0.6ML	EX	PA; Specialty; Formulary Exclusion
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	EX	PA; Specialty; Formulary Exclusion
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	EX	PA; Specialty; Formulary Exclusion
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	EX	PA; Specialty; Formulary Exclusion
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	Tier 4	PA; Specialty
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	Tier 4	PA; Specialty
NYPOZI INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	EX	PA; Specialty; Formulary Exclusion
NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	EX	PA; Specialty; Formulary Exclusion
RELEUKO SOLUTION 300 MCG/ML INJECTION	EX	PA; Specialty; Formulary Exclusion
<i>releuko solution 480 mcg/1.6ml injection</i>	EX	PA; Specialty; Formulary Exclusion
<i>releuko subcutaneous solution prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml</i>	EX	PA; Specialty; Formulary Exclusion
ROLVEDON SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 13.2 MG/0.6ML	EX	PA; Specialty; Formulary Exclusion
STIMUFEND SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	EX	PA; Specialty; Formulary Exclusion
UDENYCA ONBODY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	Tier 4	PA; Specialty
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6 MG/0.6ML	EX	PA; Specialty; Formulary Exclusion
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	EX	PA; Specialty; Formulary Exclusion
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	EX	PA; Specialty; Formulary Exclusion

Drug Name	Drug Tier	Notes
ZIEXTENZO SOLUTION PREFILLED SYRINGE 6 MG/0.6ML SUBCUTANEOUS	Tier 2	PA; Specialty
ZIEXTENZO SOLUTION PREFILLED SYRINGE 6 MG/0.6ML SUBCUTANEOUS	Tier 4	PA; Specialty
*Granulocyte/Macrophage Colony-Stimulating Factor(Gm-Csf)***		
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG	Tier 4	PA; Specialty
*Hematopoietic Autologous Cellular Gene Therapy**		
ZYNTGLO INTRAVENOUS SUSPENSION	EX	Medical Only Exclusion
*Hemoglobin S (Hbs) Polymerization Inhibitors***		
OXBRYTA ORAL TABLET 300 MG, 500 MG	EX	Non FDA Exclusion; QL
OXBRYTA ORAL TABLET SOLUBLE 300 MG	EX	Non FDA Exclusion; QL
*Hypoxia-Inducible Factor Prolyl Hydroxylase Inhibitors***		
JESDUVROQ ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG, 8 MG	Tier 3	PA; QL
VAFSEO ORAL TABLET 150 MG, 300 MG	EX	PA; Formulary Exclusion; QL
*Iron Combinations***		
<i>active fe oral tablet 75-1.25 mg</i>	EX	Non FDA Exclusion
CENTRATEX ORAL CAPSULE 106-1 MG	Benefit Exclusion	Formulary Exclusion
CHROMAGEN ORAL CAPSULE	Benefit Exclusion	Non FDA Exclusion
CORVITA 150 ORAL TABLET 150-1.25 MG	Benefit Exclusion	Formulary Exclusion
CORVITE 150 TABLET 150-1.25 MG ORAL	Benefit Exclusion	Formulary Exclusion
CORVITE 150 TABLET ORAL	EX	Non FDA Exclusion
<i>corvite fe oral tablet</i>	EX	Non FDA Exclusion
<i>feonyx oral tablet</i>	EX	Non FDA Exclusion
FERIVAFA ORAL CAPSULE 110-1 MG	EX	Non FDA Exclusion
<i>ferocon oral capsule</i>	Benefit Exclusion	
<i>ferotrinsic oral capsule</i>	Benefit Exclusion	
FERROCITE PLUS ORAL TABLET 106-1 MG	Benefit Exclusion	
FERRO-PLEX ORAL TABLET 115-1 MG	EX	Non FDA Exclusion
FOLIVANE-PLUS ORAL CAPSULE	Benefit Exclusion	Formulary Exclusion
<i>foltrin oral capsule</i>	Benefit Exclusion	
FUSION PLUS ORAL CAPSULE	Benefit Exclusion	Formulary Exclusion

Drug Name	Drug Tier	Notes
<i>hematinic plus vit/minerals oral tablet 106-1 mg</i>	Benefit Exclusion	
HEMATOGEN FA ORAL CAPSULE 200-250-0.01-1 MG	EX	Formulary Exclusion
HEMATRON-AF (WITH DOCUSATE) ORAL TABLET 150-1 MG	Benefit Exclusion	Formulary Exclusion
HEMOCYTE PLUS ORAL CAPSULE 106-1 MG	Benefit Exclusion	Formulary Exclusion
ICAR-C PLUS ORAL TABLET 100-250-0.025-1 MG	EX	Formulary Exclusion
IFEREX 150 FORTE ORAL CAPSULE 150-25-1 MG-MCG-MG	Benefit Exclusion	
INTEGRA PLUS ORAL CAPSULE	Benefit Exclusion	Formulary Exclusion
<i>iron folate plus oral capsule</i>	EX	Non FDA Exclusion
IROSPAN 24/6 ORAL	Benefit Exclusion	Non FDA Exclusion
K-TAN PLUS ORAL CAPSULE 162-115.2-1 MG	Benefit Exclusion	
MULTIGEN FOLIC ORAL TABLET 70-150-2-1 MG	Benefit Exclusion	Formulary Exclusion
MULTIGEN ORAL TABLET 70 MG	Benefit Exclusion	Formulary Exclusion
MULTIGEN PLUS ORAL TABLET 50-101-1 MG	Benefit Exclusion	Formulary Exclusion
NEPHRON FA ORAL TABLET	Benefit Exclusion	Formulary Exclusion
NIFEREX ORAL TABLET	EX	Non FDA Exclusion
NUFERA ORAL TABLET	EX	Non FDA Exclusion
<i>poly-iron 150 forte oral capsule 150-25-1 mg-mcg-mg</i>	Benefit Exclusion	
<i>polysaccharide iron forte oral capsule 150-25-1 mg-mcg-mg</i>	Benefit Exclusion	
<i>purevit dualfe plus oral capsule 162-115.2-1 mg</i>	Benefit Exclusion	Formulary Exclusion
<i>se-tan plus oral capsule 162-115.2-1 mg</i>	Benefit Exclusion	
TANDEM PLUS ORAL CAPSULE 162-115.2-1 MG	Benefit Exclusion	Non FDA Exclusion
<i>taron forte oral capsule</i>	Benefit Exclusion	Formulary Exclusion
<i>tl-hem 150 oral tablet 150-1 mg</i>	Benefit Exclusion	
TRICON ORAL CAPSULE	Benefit Exclusion	
<i>trigels-f forte oral capsule 460-60-0.01-1 mg</i>	Benefit Exclusion	
<i>virt-fefa plus oral capsule</i>	Benefit Exclusion	Non FDA Exclusion
*Iron W/ Folic Acid***		
BENTIVITE ORAL TABLET 35-1 MG	EX	Non FDA Exclusion
FOLIVANE-F ORAL CAPSULE 125-1 MG	Benefit Exclusion	Formulary Exclusion
<i>hematinic/folic acid oral tablet 324-1 mg</i>	Tier 1	

Drug Name	Drug Tier	Notes
HEMOCYTE-F ORAL TABLET 324-1 MG	Tier 1	
INTEGRA F ORAL CAPSULE 125-1 MG	Benefit Exclusion	Formulary Exclusion
<i>iron folate-f oral capsule 125-1 mg</i>	EX	Non FDA Exclusion
<i>tulivite oral tablet 35-1 mg</i>	EX	Non FDA Exclusion
*Iron***		
ACCRUFER ORAL CAPSULE 30 MG	EX	Non Essential Drug Exclusion; QL
BPROTECTED PEDIA IRON ORAL SOLUTION 75 (15 FE) MG/ML	Tier 1	
FERAHEME INTRAVENOUS SOLUTION 510 MG/17ML	EX	Medical Only Exclusion
FERRLECIT INTRAVENOUS SOLUTION 12.5 MG/ML	EX	Medical Only Exclusion
<i>ferrous sulfate oral solution 220 (44 fe) mg/5ml, 300 (60 fe) mg/5ml, 300 mg/6.8ml, 75 (15 fe) mg/ml</i>	Tier 1	
<i>ferumoxytol intravenous solution 510 mg/17ml</i>	EX	Medical Only Exclusion
<i>fe-vite iron oral solution 75 (15 fe) mg/ml</i>	Tier 1	
INFED INJECTION SOLUTION 50 MG/ML	EX	Medical Only Exclusion
INJECTAFER INTRAVENOUS SOLUTION 100 MG/2ML, 750 MG/15ML	EX	Medical Only Exclusion
<i>iron (ferrous sulfate) oral solution 75 (15 fe) mg/ml</i>	Tier 1	
<i>iron infant & toddler oral solution 75 (15 fe) mg/ml</i>	Tier 1	
<i>iron infant/toddler oral solution 75 (15 fe) mg/ml</i>	Tier 1	
<i>iron supplement childrens oral solution 75 (15 fe) mg/ml</i>	Tier 1	
<i>iron supplement oral solution 15 mg/ml, 220 (44 fe) mg/5ml</i>	Tier 1	
MONOFERRIC INTRAVENOUS SOLUTION 1000 MG/10ML	Benefit Exclusion	Medical Only Exclusion
<i>na ferric gluc cplx in sucrose intravenous solution 12.5 mg/ml</i>	EX	Medical Only Exclusion
<i>pc pediatric iron drops oral solution 75 (15 fe) mg/ml</i>	Tier 1	
TRIFERIC AVNU INTRAVENOUS SOLUTION 6.75 MG/4.5ML	EX	Medical Only Exclusion
TRIFERIC HEMODIALYSIS PACKET 272 MG	Benefit Exclusion	Medical Only Exclusion
TRIFERIC HEMODIALYSIS SOLUTION 27.2 MG/5ML	Benefit Exclusion	Medical Only Exclusion

Drug Name	Drug Tier	Notes
VENOFER INTRAVENOUS SOLUTION 20 MG/ML	EX	Medical Only Exclusion
*Iron-B12-Folate***		
FERIVA 21/7 ORAL TABLET 75-1 MG	EX	Non FDA Exclusion
FERRALET 90 ORAL TABLET 90-1 MG	Benefit Exclusion	Formulary Exclusion
<i>ferraplus 90 oral tablet 90-1 mg</i>	Benefit Exclusion	Formulary Exclusion
*Selectin Blockers***		
ADAKVEO INTRAVENOUS SOLUTION 100 MG/10ML	Benefit Exclusion	Medical Only Exclusion
*Thrombopoietin (Tpo) Receptor Agonists***		
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG	Tier 4	PA; Specialty
DOPTELET ORAL TABLET 20 MG	Tier 4	PA; Specialty
MULPLETA ORAL TABLET 3 MG	Tier 4	PA; Specialty; QL
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED 125 MCG, 250 MCG, 500 MCG	Tier 4	PA; Specialty
PROMACTA ORAL PACKET 12.5 MG, 25 MG	Tier 4	PA; Specialty; QL
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	Tier 4	PA; Specialty; QL
Hemostatics		
*Hemostatic Combinations - Topical***		
ARTISS EXTERNAL KIT 10 ML, 2 ML, 4 ML	EX	Medical Only Exclusion
ARTISS EXTERNAL SOLUTION	EX	Medical Only Exclusion
GEL-FLOW EXTERNAL KIT	EX	Non FDA Exclusion
GELFOAM-JMI POWDER EXTERNAL KIT	EX	Non FDA Exclusion
GELFOAM-JMI SPONGE EXTERNAL KIT	EX	Non FDA Exclusion
TISSEEL EXTERNAL KIT 10 ML, 2 ML, 4 ML	EX	Medical Only Exclusion
TISSEEL EXTERNAL SOLUTION	EX	Medical Only Exclusion
*Hemostatics - Systemic***		
AMICAR ORAL SOLUTION 0.25 GM/ML	EX	Formulary Exclusion
AMICAR ORAL TABLET 1000 MG, 500 MG	EX	Formulary Exclusion
<i>aminocaproic acid intravenous solution 250 mg/ml</i>	EX	Medical Only Exclusion
<i>aminocaproic acid oral solution 0.25 gm/ml</i>	Tier 1	
<i>aminocaproic acid oral tablet 1000 mg, 500 mg</i>	Tier 1	

Drug Name	Drug Tier	Notes
CYKLOKAPRON INTRAVENOUS SOLUTION 1000 MG/10ML	Benefit Exclusion	Medical Only Exclusion
LYSTEDA ORAL TABLET 650 MG	EX	Formulary Exclusion
<i>tranexamic acid oral tablet 650 mg</i>	Tier 1	
<i>tranexamic acid solution 1000 mg/10ml intravenous</i>	EX	Medical Only Exclusion
<i>tranexamic acid solution 1000 mg/10ml intravenous</i>	Benefit Exclusion	Medical Only Exclusion
<i>tranexamic acid-nacl solution 1000-0.7 mg/100ml-% intravenous</i>	Benefit Exclusion	Medical Only Exclusion
<i>tranexamic acid-nacl solution 1000-0.7 mg/100ml-% intravenous</i>	EX	Medical Only Exclusion
*Hemostatics - Topical***		
ASTRINGYN EXTERNAL SOLUTION 259 MG/GM	EX	Non FDA Exclusion
RECOTHROM EXTERNAL SOLUTION RECONSTITUTED 20000 UNIT, 5000 UNIT	EX	Medical Only Exclusion
RECOTHROM SPRAY KIT EXTERNAL SOLUTION RECONSTITUTED 20000 UNIT	EX	Medical Only Exclusion
SURGICEL SNOW 1"X2" EXTERNAL PAD	EX	Formulary Exclusion
SURGICEL SNOW 2"X4" EXTERNAL PAD	EX	Formulary Exclusion
SURGICEL SNOW 4"X4" EXTERNAL PAD	EX	Formulary Exclusion
SURGIFOAM POWDER	EX	Non FDA Exclusion
THROMBIN-JMI EPISTAXIS EXTERNAL KIT 5000 UNIT	EX	Medical Only Exclusion
THROMBIN-JMI EXTERNAL KIT 20000 UNIT, 5000 UNIT	EX	Medical Only Exclusion
THROMBIN-JMI EXTERNAL SOLUTION RECONSTITUTED 20000 UNIT, 5000 UNIT	EX	Medical Only Exclusion
THROMBOGEN EXTERNAL KIT 10000 UNIT	EX	Non FDA Exclusion
THROMBOGEN EXTERNAL SOLUTION RECONSTITUTED 1000 UNIT, 10000 UNIT	EX	Non FDA Exclusion
Hypnotics/Sedatives/Sleep Disorder Agents		
*Barbiturate Hypnotics***		
AMYTAL SODIUM INJECTION SOLUTION RECONSTITUTED 500 MG	EX	Non FDA Exclusion
NEMBUTAL INJECTION SOLUTION 50 MG/ML	EX	Medical Only Exclusion
<i>pentobarbital sodium injection solution 50 mg/ml</i>	EX	Medical Only Exclusion
<i>phenobarbital oral elixir 20 mg/5ml</i>	Tier 1	

Drug Name	Drug Tier	Notes
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	Tier 1	
<i>phenobarbital sodium solution 130 mg/ml injection</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>phenobarbital sodium solution 130 mg/ml injection</i>	EX	Medical Only Exclusion
<i>phenobarbital sodium solution 65 mg/ml injection</i>	EX	Medical Only Exclusion
SEZABY INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	EX	Medical Only Exclusion
*Benzodiazepine Hypnotics***		
BYFAVO INTRAVENOUS SOLUTION RECONSTITUTED 20 MG	EX	Medical Only Exclusion
DORAL ORAL TABLET 15 MG	Tier 3	
<i>estazolam oral tablet 1 mg, 2 mg</i>	Tier 1	
<i>flurazepam hcl capsule 15 mg oral</i>	Tier 2	QL
<i>flurazepam hcl capsule 15 mg oral</i>	Tier 3	QL
<i>flurazepam hcl capsule 15 mg oral</i>	Tier 1	QL
<i>flurazepam hcl capsule 30 mg oral</i>	Tier 2	QL
<i>flurazepam hcl capsule 30 mg oral</i>	Tier 3	QL
<i>flurazepam hcl capsule 30 mg oral</i>	Tier 1	QL
HALCION ORAL TABLET 0.25 MG	EX	Formulary Exclusion
<i>midazolam hcl (pf) injection solution 10 mg/2ml, 2 mg/2ml, 5 mg/5ml, 5 mg/ml</i>	Tier 1	
<i>midazolam hcl injection solution 10 mg/10ml, 10 mg/2ml, 2 mg/2ml, 25 mg/5ml, 5 mg/5ml, 5 mg/ml, 50 mg/10ml</i>	Tier 1	
<i>midazolam hcl intravenous solution 150 mg/30ml</i>	EX	Non FDA Exclusion
<i>midazolam hcl intravenous solution prefilled syringe 150 mg/30ml</i>	EX	Non FDA Exclusion
<i>midazolam hcl oral syrup 2 mg/ml</i>	EX	Formulary Exclusion
<i>midazolam hcl-sodium chloride intravenous solution 100-0.8 mg/100ml-%, 100-0.9 mg/100ml-%, 50-0.8 mg/50ml-%, 50-0.9 mg/50ml-%</i>	EX	Non FDA Exclusion
<i>midazolam hcl-sodium chloride intravenous solution prefilled syringe 2-0.9 mg/2ml-%, 30-0.9 mg/30ml-%, 5-0.9 mg/5ml-%, 50-0.9 mg/50ml-%, 55-0.9 mg/55ml-%, 60-0.9 mg/30ml-%</i>	EX	Non FDA Exclusion
<i>midazolam injection solution prefilled syringe 2 mg/2ml, 3 mg/3ml, 5 mg/5ml</i>	EX	Non FDA Exclusion
<i>midazolam intravenous solution 100 mg/100ml, 50 mg/50ml</i>	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
<i>midazolam intravenous solution prefilled syringe 2 mg/2ml, 25 mg/25ml, 30 mg/30ml, 50 mg/50ml</i>	EX	Non FDA Exclusion
MIDAZOLAM+SYRSPEND SF ORAL SUSPENSION 1 MG/ML	EX	Non FDA Exclusion
<i>midazolam-sodium chloride (pf) intravenous solution 100-0.8 mg/100ml-%</i>	Tier 3	
<i>midazolam-sodium chloride solution 100-0.9 mg/100ml-% intravenous</i>	EX	Non FDA Exclusion
<i>midazolam-sodium chloride solution 100-0.9 mg/100ml-% intravenous</i>	Tier 1	
<i>midazolam-sodium chloride solution 100-0.9 mg/100ml-% intravenous</i>	Tier 3	
<i>midazolam-sodium chloride solution 50-0.9 mg/50ml-% intravenous</i>	EX	Non FDA Exclusion
<i>midazolam-sodium chloride solution 50-0.9 mg/50ml-% intravenous</i>	Tier 1	
<i>midazolam-sodium chloride solution 50-0.9 mg/50ml-% intravenous</i>	Tier 3	
<i>quazepam tablet 15 mg oral</i>	Tier 1	
<i>quazepam tablet 15 mg oral</i>	Tier 3	
RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG, 7.5 MG	EX	Formulary Exclusion; QL
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>	Tier 1	QL
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	EX	Formulary Exclusion
*Hypnotic Combinations***		
<i>mko melt dose pack sublingual troche 3-25-2 mg</i>	EX	Non FDA Exclusion; Medical Only Exclusion
*Hypnotics - Tricyclic Agents***		
<i>doxepin hcl oral tablet 3 mg, 6 mg</i>	EX	Non Essential Drug Exclusion; Formulary Exclusion; QL
SILENOR ORAL TABLET 3 MG, 6 MG	EX	ST; Non Essential Drug Exclusion; Formulary Exclusion; QL
*Non-Benzodiazepine - Gaba-Receptor Modulators***		
AMBIEN CR ORAL TABLET EXTENDED RELEASE 12.5 MG, 6.25 MG	EX	ST; Formulary Exclusion; QL
AMBIEN ORAL TABLET 10 MG, 5 MG	EX	ST; Formulary Exclusion; QL
EDLUAR SUBLINGUAL TABLET SUBLINGUAL 10 MG, 5 MG	Tier 3	ST; QL
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	Tier 1	QL

Drug Name	Drug Tier	Notes
INTERMEZZO SUBLINGUAL TABLET SUBLINGUAL 1.75 MG	EX	Formulary Exclusion; QL
LUNESTA ORAL TABLET 1 MG, 2 MG, 3 MG	EX	ST; Formulary Exclusion; QL
<i>zaleplon oral capsule 10 mg, 5 mg</i>	Tier 1	QL
<i>zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg</i>	Tier 1	QL
<i>zolpidem tartrate oral capsule 7.5 mg</i>	EX	Non Essential Drug Exclusion; Formulary Exclusion; QL
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	Tier 1	QL
<i>zolpidem tartrate tablet sublingual 1.75 mg sublingual</i>	Tier 1	QL
<i>zolpidem tartrate tablet sublingual 1.75 mg sublingual</i>	Tier 1	ST; QL
<i>zolpidem tartrate tablet sublingual 3.5 mg sublingual</i>	Tier 1	QL
<i>zolpidem tartrate tablet sublingual 3.5 mg sublingual</i>	Tier 1	ST; QL
ZOLPIMIST ORAL SOLUTION 5 MG/ACT	Tier 3	ST; QL
*Orexin Receptor Antagonists***		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	Tier 2	ST; QL
DAYVIGO ORAL TABLET 10 MG, 5 MG	EX	ST; Formulary Exclusion; QL
QUVIVIQ ORAL TABLET 25 MG, 50 MG	EX	ST; Formulary Exclusion; QL
*Selective Alpha2-Adrenoreceptor Agonist Sedatives***		
<i>dexmedetomidine hcl in nacl intravenous solution prefilled syringe 20-0.9 mcg/5ml-%, 40-0.9 mcg/10ml-%</i>	EX	Non FDA Exclusion
<i>dexmedetomidine hcl in nacl solution 200 mcg/50ml intravenous</i>	EX	Medical Only Exclusion
<i>dexmedetomidine hcl in nacl solution 200 mcg/50ml intravenous</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>dexmedetomidine hcl in nacl solution 400 mcg/100ml intravenous</i>	EX	Medical Only Exclusion
<i>dexmedetomidine hcl in nacl solution 400 mcg/100ml intravenous</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>dexmedetomidine hcl in nacl solution 80 mcg/20ml intravenous</i>	EX	Medical Only Exclusion
<i>dexmedetomidine hcl intravenous solution 1000 mcg/10ml, 200 mcg/2ml, 400 mcg/4ml</i>	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
<i>dexmedetomidine hcl-dextrose intravenous solution 200mcg/50ml -5%, 400mcg/100ml -5%</i>	EX	Medical Only Exclusion
IGALMI SUBLINGUAL FILM 120 MCG, 180 MCG	EX	Medical Only Exclusion
PRECEDEX INTRAVENOUS SOLUTION 1000 MCG/250ML, 200 MCG/2ML, 200 MCG/50ML, 400 MCG/100ML, 80 MCG/20ML	EX	Medical Only Exclusion
*Selective Melatonin Receptor Agonists***		
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	Tier 4	PA; Specialty; QL
HETLIOZ ORAL CAPSULE 20 MG	EX	PA; Specialty; Formulary Exclusion; QL
<i>ramelteon oral tablet 8 mg</i>	EX	Formulary Exclusion
ROZEREM ORAL TABLET 8 MG	EX	ST; Formulary Exclusion
<i>tasimelteon oral capsule 20 mg</i>	Tier 4	PA; Specialty; QL
Laxatives		
*Bowel Evacuant Combinations***		
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/160ML, 10-3.5-12 MG-GM -GM/175ML	EX	Formulary Exclusion
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM	Tier 5	
GAVILYTE-G ORAL SOLUTION RECONSTITUTED 236 GM	Tier 5	
GAVILYTE-N WITH FLAVOR PACK ORAL SOLUTION RECONSTITUTED 420 GM	Tier 5	
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM	EX	Formulary Exclusion
MOVIPREP ORAL SOLUTION RECONSTITUTED 100 GM	EX	Formulary Exclusion
<i>na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml</i>	Tier 5	
NULYTELY LEMON-LIME ORAL SOLUTION RECONSTITUTED 420 GM	EX	Formulary Exclusion
NULYTELY WITH FLAVOR PACKS ORAL SOLUTION RECONSTITUTED 420 GM	EX	Formulary Exclusion
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	Tier 5	
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	Tier 5	

Drug Name	Drug Tier	Notes
<i>peg-3350/electrolytes/ascorbat oral solution reconstituted 100 gm</i>	EX	Formulary Exclusion
<i>peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm</i>	EX	Formulary Exclusion
PEG-PREP ORAL KIT 5-210 MG-GM	Tier 5	
PLENVU ORAL SOLUTION RECONSTITUTED 140 GM	EX	Formulary Exclusion
SUFLAVE ORAL SOLUTION RECONSTITUTED 178.7 GM	EX	Formulary Exclusion
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML	EX	Formulary Exclusion
SUTAB ORAL TABLET 1479-225-188 MG	EX	Formulary Exclusion
*Laxatives - Miscellaneous***		
<i>constulose oral solution 10 gm/15ml</i>	Tier 1	
GIALAX ORAL KIT	EX	Non FDA Exclusion
KRISTALOSE ORAL PACKET 10 GM, 20 GM	Tier 3	
<i>lactulose oral packet 10 gm, 20 gm</i>	Tier 3	
<i>lactulose oral solution 10 gm/15ml, 20 gm/30ml</i>	Tier 1	
VIBRANT ORAL CAPSULE	EX	Non FDA Exclusion
VIBRANT STARTER KIT ORAL KIT	EX	Non FDA Exclusion
*Lubricant Laxatives***		
<i>mineral oil heavy oral oil</i>	EX	Formulary Exclusion
*Saline Laxative Mixtures***		
OSMOPREP ORAL TABLET 1.102-0.398 GM	EX	Formulary Exclusion
Local Anesthetics-Parenteral		
*Local Anesthetic & Sympathomimetic***		
ARTICADENT DENTAL INJECTION SOLUTION CARTRIDGE 4 %-1:100000	EX	Medical Only Exclusion
<i>bupivacaine-epinephrine (pf) injection solution 0.25% -1:200000, 0.5% -1:200000</i>	EX	Medical Only Exclusion
<i>bupivacaine-epinephrine injection solution 0.25% -1:200000, 0.5% -1:200000</i>	EX	Medical Only Exclusion
<i>lets kit</i>	EX	Non FDA Exclusion
<i>lidocaine(bufferd)-epinephrine injection solution prefilled syringe 0.5 %-1:100000, 1 %-1:100000</i>	EX	Non FDA Exclusion
<i>lidocaine-epinephrine (3 ml) injection solution prefilled syringe 0.5 %-1:100000</i>	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
<i>lidocaine-epinephrine (pf) injection solution 1 %-1:100000, 1.5 %-1:200000, 2 %-1:200000</i>	EX	Medical Only Exclusion
<i>lidocaine-epinephrine solution 0.5 %-1:200000 injection</i>	EX	Medical Only Exclusion
<i>lidocaine-epinephrine solution 1 %-1:100000 injection</i>	EX	Medical Only Exclusion
<i>lidocaine-epinephrine solution 2 %-1:100000 injection</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>lidocaine-epinephrine solution 2 %-1:100000 injection</i>	EX	Medical Only Exclusion
<i>lidocaine-epinephrine solution 2 %-1:50000 injection</i>	EX	Medical Only Exclusion
MARCAINE/EPINEPHRINE INJECTION SOLUTION 0.25% -1:200000, 0.25-1:200000 %, 0.5% -1:200000	EX	Medical Only Exclusion
MARCAINE/EPINEPHRINE PF INJECTION SOLUTION 0.25% -1:200000, 0.25-1:200000 %, 0.5% -1:200000	EX	Medical Only Exclusion
ORABLOC INJECTION SOLUTION CARTRIDGE 4 %-1:100000, 4 %-1:200000	EX	Medical Only Exclusion
<i>reck solution prefilled syringe 123-0.25-0.04- 15 mg/50ml</i>	EX	Non FDA Exclusion
<i>ropiv-clonidine-ketorolac solution prefilled syringe 123-0.04-15 mg/50ml</i>	EX	Non FDA Exclusion
SENSORCAINE/EPINEPHRINE INJECTION SOLUTION 0.25% -1:200000, 0.5% -1:200000	EX	Medical Only Exclusion
SENSORCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 0.25% -1:200000, 0.5% -1:200000, 0.75-1:200000 %	EX	Medical Only Exclusion
XYLOCAINE/EPINEPHRINE INJECTION SOLUTION 0.5 %-1:200000, 1 %-1:100000, 2 %-1:100000	EX	Medical Only Exclusion
XYLOCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 1 %-1:200000, 1.5 %-1:200000, 2 %-1:200000	EX	Medical Only Exclusion
*Local Anesthetic Combinations***		
<i>active injection lm-2 injection kit 1 & 0.25 %</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>lidocaine hcl-tetracaine hcl injection solution 0.4-0.2 %</i>	EX	Non FDA Exclusion
<i>lidocaine-sodium bicarbonate injection solution prefilled syringe 1-8.4 %</i>	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
LIDOMAR INJECTION SOLUTION 50-18.75 MG/5ML	EX	Non FDA Exclusion
<i>marlido injection kit 2 & 0.5 %</i>	EX	Non FDA Exclusion
MARLIDO-25 INJECTION KIT 1 & 0.25 %	EX	Non FDA Exclusion; Medical Only Exclusion
MARVONA SUIK COMBINATION KIT 0.5 %	EX	Non FDA Exclusion
POINT OF CARE LM-2.2 INJECTION KIT 1 & 0.25 %	EX	Non FDA Exclusion; Medical Only Exclusion
POINT OF CARE LM-2.5 INJECTION KIT 1 & 0.25 %	EX	Non FDA Exclusion; Medical Only Exclusion
READYSHARP-A INJECTION KIT 1 & 0.5 %	EX	Non FDA Exclusion; Medical Only Exclusion
*Local Anesthetics - Amides***		
<i>bupivacaine fisiopharma injection solution 2.5 mg/ml, 5 mg/ml</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>bupivacaine hcl (pf) injection solution 0.25 %, 0.5 %, 0.75 %</i>	EX	Medical Only Exclusion
<i>bupivacaine hcl injection solution prefilled syringe 0.25 % (10 ml)</i>	EX	Non FDA Exclusion
<i>bupivacaine hcl solution 0.125 % injection</i>	EX	Non FDA Exclusion
<i>bupivacaine hcl solution 0.25 % injection</i>	EX	Medical Only Exclusion
<i>bupivacaine hcl solution 0.5 % injection</i>	EX	Medical Only Exclusion
<i>bupivacaine hcl-nacl epidural solution 0.125-0.9 %</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>bupivacaine hcl-nacl epidural solution prefilled syringe 0.25-0.9 %</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>bupivacaine in dextrose intrathecal solution 0.75-8.25 %</i>	EX	Medical Only Exclusion
<i>bupivacaine spinal intrathecal solution 0.75-8.25 %</i>	EX	Medical Only Exclusion
CARBOCAINE INJECTION SOLUTION 1 %	EX	Medical Only Exclusion
EXPAREL INJECTION SUSPENSION 1.3 %	EX	Medical Only Exclusion
<i>lidocaine hcl (buffered) injection solution prefilled syringe 100 mg/10ml</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>lidocaine hcl (pf) injection solution 0.5 %, 1 %, 1.5 %, 2 %, 4 %</i>	EX	Medical Only Exclusion
<i>lidocaine hcl injection solution prefilled syringe 10 mg/ml, 100 mg/10ml, 100 mg/5ml, 200 mg/10ml, 60 mg/3ml, 9 mg/ml</i>	EX	Non FDA Exclusion
<i>lidocaine hcl intradermal jet-injector 0.5 mg</i>	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
<i>lidocaine hcl intravenous solution prefilled syringe 10 mg/ml, 100 mg/5ml</i>	EX	Non FDA Exclusion
<i>lidocaine hcl solution 0.5 % injection</i>	EX	Medical Only Exclusion
<i>lidocaine hcl solution 1 % injection</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>lidocaine hcl solution 1 % injection</i>	EX	Medical Only Exclusion
<i>lidocaine hcl solution 2 % injection</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>lidocaine hcl solution 2 % injection</i>	EX	Medical Only Exclusion
<i>lidomark 1/5 injection kit 1 %</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>lidomark 2/5 injection kit 2 %</i>	EX	Non FDA Exclusion
MARCAINE INJECTION SOLUTION 0.25 %, 0.5 %, 0.75 %	EX	Medical Only Exclusion
MARCAINE PRESERVATIVE FREE INJECTION SOLUTION 0.25 %, 0.5 %	EX	Medical Only Exclusion
MARCAINE SPINAL INTRATHECAL SOLUTION 0.75-8.25 %	EX	Medical Only Exclusion
MONOJECT BONE MARROW BIOPSY INJECTION KIT 1 %	EX	Non FDA Exclusion; Medical Only Exclusion
NAROPIN SOLUTION 10 MG/ML INJECTION	EX	Medical Only Exclusion
NAROPIN SOLUTION 2 MG/ML INJECTION	EX	Medical Only Exclusion
NAROPIN SOLUTION 2 MG/ML INJECTION	EX	Non FDA Exclusion; Medical Only Exclusion
NAROPIN SOLUTION 5 MG/ML INJECTION	EX	Medical Only Exclusion
NAROPIN SOLUTION 7.5 MG/ML INJECTION	EX	Medical Only Exclusion
POLOCAINE INJECTION SOLUTION 1 %, 2 %	EX	Medical Only Exclusion
POLOCAINE-MPF INJECTION SOLUTION 1 %, 1.5 %, 2 %	EX	Medical Only Exclusion
POSIMIR INJECTION SOLUTION 660 MG/5ML	EX	Medical Only Exclusion
READYSHARP LIDOCAINE INJECTION KIT 1 %	EX	Non FDA Exclusion; Medical Only Exclusion
<i>ropivacaine hcl epidural solution 0.2 %</i>	EX	Non FDA Exclusion
<i>ropivacaine hcl injection solution prefilled syringe 0.2 %, 0.5 %</i>	EX	Non FDA Exclusion
<i>ropivacaine hcl solution 10 mg/ml injection</i>	EX	Medical Only Exclusion
<i>ropivacaine hcl solution 2 mg/ml injection</i>	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
<i>ropivacaine hcl solution 2 mg/ml injection</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>ropivacaine hcl solution 5 mg/ml injection</i>	EX	Medical Only Exclusion
<i>ropivacaine hcl solution 7.5 mg/ml injection</i>	EX	Medical Only Exclusion
<i>ropivacaine hcl-nacl epidural solution 0.15-0.9 % , 0.2-0.9 %</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>ropivacaine hcl-nacl injection solution 0.2-0.9 %</i>	EX	Non FDA Exclusion; Medical Only Exclusion
SENSORCAINE INJECTION SOLUTION 0.25 % , 0.5 %	EX	Medical Only Exclusion
SENSORCAINE-MPF INJECTION SOLUTION 0.25 % , 0.5 % , 0.75 %	EX	Medical Only Exclusion
XARACOLL IMPLANT IMPLANT 3 X 100 MG	EX	Medical Only Exclusion
XYLOCAINE INJECTION SOLUTION 0.5 % , 1 % , 2 %	EX	Medical Only Exclusion
XYLOCAINE MPF +RFID INJECTION SOLUTION 1 %	EX	Medical Only Exclusion
XYLOCAINE-MPF +RFID INJECTION SOLUTION 2 %	EX	Medical Only Exclusion
XYLOCAINE-MPF INJECTION SOLUTION 0.5 % , 1 % , 1.5 % , 2 %	EX	Medical Only Exclusion
ZINGO INTRADERMAL JET-INJECTOR 0.5 MG	EX	Medical Only Exclusion
*Local Anesthetics - Esters***		
<i>chloroprocaine hcl (pf) injection solution 2 % , 3 %</i>	EX	Medical Only Exclusion
CLOROTEKAL INTRATHECAL SOLUTION 50 MG/5ML	EX	Medical Only Exclusion
NESACAINE INJECTION SOLUTION 1 % , 2 %	EX	Medical Only Exclusion
NESACAINE-MPF INJECTION SOLUTION 2 % , 3 %	EX	Medical Only Exclusion
<i>tetracaine hcl injection solution 1 %</i>	EX	Non FDA Exclusion
Macrolides		
*Azithromycin***		
<i>azithromycin intravenous solution reconstituted 500 mg</i>	EX	Medical Only Exclusion
<i>azithromycin oral packet 1 gm</i>	Tier 2	
<i>azithromycin oral suspension reconstituted 100 mg/5ml , 200 mg/5ml</i>	Tier 1	
<i>azithromycin oral tablet 250 mg , 500 mg , 600 mg</i>	Tier 1	

Drug Name	Drug Tier	Notes
ZITHROMAX INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	EX	Medical Only Exclusion
ZITHROMAX ORAL PACKET 1 GM	Tier 3	
ZITHROMAX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML, 200 MG/5ML	EX	Formulary Exclusion
ZITHROMAX ORAL TABLET 250 MG, 500 MG	EX	Formulary Exclusion
ZITHROMAX TRI-PAK ORAL TABLET 500 MG	EX	Formulary Exclusion
ZITHROMAX Z-PAK ORAL TABLET 250 MG	EX	Formulary Exclusion
*Clarithromycin***		
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	Tier 1	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	Tier 1	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	Tier 1	
*Erythromycins***		
E.E.S. 400 ORAL TABLET 400 MG	Tier 1	
E.E.S. GRANULES ORAL SUSPENSION RECONSTITUTED 200 MG/5ML	EX	Formulary Exclusion
ERYPED 200 ORAL SUSPENSION RECONSTITUTED 200 MG/5ML	EX	Formulary Exclusion
ERYPED 400 ORAL SUSPENSION RECONSTITUTED 400 MG/5ML	EX	Formulary Exclusion
ERY-TAB ORAL TABLET DELAYED RELEASE 250 MG, 333 MG, 500 MG	Tier 1	
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	EX	Medical Only Exclusion
ERYTHROCIN STEARATE ORAL TABLET 250 MG	Tier 2	
<i>erythromycin base capsule delayed release particles 250 mg oral</i>	Tier 3	
<i>erythromycin base capsule delayed release particles 250 mg oral</i>	Tier 1	
<i>erythromycin base oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>erythromycin base oral tablet delayed release 250 mg, 333 mg, 500 mg</i>	Tier 1	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml</i>	Tier 1	
<i>erythromycin ethylsuccinate tablet 400 mg oral</i>	Tier 1	

Drug Name	Drug Tier	Notes
<i>erythromycin ethylsuccinate tablet 400 mg oral</i>	Tier 3	
<i>erythromycin lactobionate intravenous solution reconstituted 500 mg</i>	EX	Medical Only Exclusion
<i>erythromycin oral tablet delayed release 250 mg, 333 mg, 500 mg</i>	Tier 1	
*Fidaxomicin***		
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML	Tier 2	
DIFICID ORAL TABLET 200 MG	Tier 2	
Medical Devices And Supplies		
*Adhesive Bandages***		
CURITY WOUND CLOSURE 1/2"X4"	EX	Non FDA Exclusion
CURITY WOUND CLOSURE 1/4"X1.5"	EX	Non FDA Exclusion
CURITY WOUND CLOSURE 1/4"X3"	EX	Non FDA Exclusion
CURITY WOUND CLOSURE 1/4"X4"	EX	Non FDA Exclusion
CURITY WOUND CLOSURE 1/8"X3"	EX	Non FDA Exclusion
*Catheters***		
<i>apogee ic catheter 14fr/16"</i>	EX	Formulary Exclusion
<i>vapro plus catheter 12fr/16"</i>	EX	Formulary Exclusion
*Cervical Caps***		
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM	Tier 5	
*Condoms - Male***		
<i>aimsco lubricated</i>	Tier 2	
<i>condoms</i>	Tier 2	
DUREX EXTRA SENSITIVE THIN DEVICE	Tier 2	
DUREX REALFEEL DEVICE	Tier 2	
FANTASY LUBRICATED	Tier 2	
FANTASY LUBRICATED/SPERMICIDE	Tier 2	
KAMELEON LUBRICATED	Tier 2	
<i>kimono</i>	Tier 2	
KIMONO COLORS DEVICE	Tier 2	
KIMONO MAXX-LARGE FLARE	Tier 2	
<i>kimono micro thin</i>	Tier 2	
<i>kimono micro thin plus</i>	Tier 2	
<i>kimono plus</i>	Tier 2	
<i>kimono ps</i>	Tier 2	
<i>kimono ps plus</i>	Tier 2	

Drug Name	Drug Tier	Notes
<i>kimono sensation</i>	Tier 2	
<i>kimono sensation plus</i>	Tier 2	
KIMONO SPECIAL DEVICE	Tier 2	
K-Y ME & YOU EXTRA LUBRICATED DEVICE	Tier 2	
K-Y ME & YOU INTENSE DEVICE	Tier 2	
<i>maxx</i>	Tier 2	
<i>maxx plus</i>	Tier 2	
<i>premium condoms lubricated</i>	Tier 2	
REALITY LATEX CONDOMS	Tier 2	
REALITY LATEX/ULTRA TEXTURED DEVICE	Tier 2	
REALITY LATEX/ULTRA THIN DEVICE	Tier 2	
TRUSTEX COLOR CONDOMS + LUBE	Tier 2	
TRUSTEX LUB/RIBBED/STUDED	Tier 2	
TRUSTEX LUB/SPERMICIDE EX ST	Tier 2	
TRUSTEX LUB/SPERMICIDE XL	Tier 2	
TRUSTEX LUBRICATED	Tier 2	
TRUSTEX LUBRICATED EX LARGE	Tier 2	
TRUSTEX LUBRICATED EXTRA ST	Tier 2	
TRUSTEX LUBRICATED/SPERMICIDE	Tier 2	
TRUSTEX NATURAL CONDOMS + LUBE	Tier 2	
TRUSTEX NON-LUBRICATED	Tier 2	
TRUSTEX RIA LUB/SPERMICIDE	Tier 2	
TRUSTEX RIA LUBRICATED	Tier 2	
TRUSTEX RIA NON-LUBRICATED	Tier 2	
TRUSTEX-NONOXYNOL-9/RIB/STUD	Tier 2	
*Diaphragms***		
CAYA VAGINAL DIAPHRAGM	Tier 5	
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM	Tier 2	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 %	Tier 2	
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 %	Tier 2	
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 %	Tier 2	
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 %	Tier 2	

Drug Name	Drug Tier	Notes
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 %	Tier 2	
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 %	Tier 2	
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 %	Tier 2	
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 %	Tier 2	
*Elastic Bandages & Supports***		
SKINEEZ TED STOCKINGS	EX	Non FDA Exclusion
*Embolization Supplies***		
ONCOZENE 100 MICROMETER (2 ML) INJECTION PREFILLED SYRINGE	EX	Non FDA Exclusion
ONCOZENE 100 MICROMETER (3 ML) INJECTION PREFILLED SYRINGE	EX	Non FDA Exclusion
ONCOZENE 40 MICROMETER (2 ML) INJECTION PREFILLED SYRINGE	EX	Non FDA Exclusion
ONCOZENE 40 MICROMETER (3 ML) INJECTION PREFILLED SYRINGE	EX	Non FDA Exclusion
ONCOZENE 75 MICROMETER (2 ML) INJECTION PREFILLED SYRINGE	EX	Non FDA Exclusion
ONCOZENE 75 MICROMETER (3 ML) INJECTION PREFILLED SYRINGE	EX	Non FDA Exclusion
*Enteral Nutrition Supplies***		
ENFIT AMBER LOW DOSE SYR/0.5ML	EX	Formulary Exclusion
ENFIT AMBER LOW DOSE SYR/1ML	EX	Formulary Exclusion
ENFIT AMBER LOW DOSE SYR/3ML	EX	Formulary Exclusion
ENFIT AMBER SYRINGE/10ML	EX	Formulary Exclusion
ENFIT AMBER SYRINGE/20ML	EX	Formulary Exclusion
ENFIT AMBER SYRINGE/35ML	EX	Formulary Exclusion
ENFIT AMBER SYRINGE/60ML	EX	Formulary Exclusion
ENFIT AMBER TIP SYRINGE/5ML	EX	Formulary Exclusion
ENFIT CAP	EX	Formulary Exclusion
ENFIT IRRIGATION KIT	EX	Formulary Exclusion
ENFIT IRRIGATION SYR/THUMB CNT	EX	Formulary Exclusion
ENFIT LOW DOSE TIP SYRINGE	EX	Formulary Exclusion
ENFIT LOW DOSE TIP SYRINGE/1ML	EX	Formulary Exclusion
ENFIT LOW DOSE TIP SYRINGE/3ML	EX	Formulary Exclusion
ENFIT MED BOTTLE ADAPTER/SZ 1	EX	Formulary Exclusion
ENFIT MED BOTTLE ADAPTER/SZ 2	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
ENFIT MED BOTTLE ADAPTER/SZ 3	EX	Formulary Exclusion
ENFIT MED BOTTLE ADAPTER/SZ 4	EX	Formulary Exclusion
ENFIT MED BOTTLE ADAPTER/SZ 5	EX	Formulary Exclusion
ENFIT MED BOTTLE ADAPTER/SZ 6	EX	Formulary Exclusion
ENFIT MED BOTTLE ADAPTER/SZ 7	EX	Formulary Exclusion
ENFIT MEDICINE STRAW/2"/5CM	EX	Formulary Exclusion
ENFIT MEDICINE STRAW/4"/10CM	EX	Formulary Exclusion
ENFIT MEDICINE STRAW/6"/15CM	EX	Formulary Exclusion
ENFIT POP ON CAP	EX	Formulary Exclusion
ENFIT SCREW ON CAP	EX	Formulary Exclusion
ENFIT SYRINGE/10ML	EX	Formulary Exclusion
ENFIT SYRINGE/20ML	EX	Formulary Exclusion
ENFIT SYRINGE/35ML	EX	Formulary Exclusion
ENFIT SYRINGE/60ML	EX	Formulary Exclusion
ENFIT TIP SYRINGE/10ML	EX	Formulary Exclusion
ENFIT TIP SYRINGE/20ML	EX	Formulary Exclusion
ENFIT TIP SYRINGE/35ML	EX	Formulary Exclusion
ENFIT TIP SYRINGE/5ML	EX	Formulary Exclusion
ENFIT TIP SYRINGE/60ML	EX	Formulary Exclusion
ENFIT TRANSITION CONNECTOR	EX	Formulary Exclusion
*Feeding Tubes***		
KANGAROO FEEDING SET/ENFIT	EX	Formulary Exclusion
*Foot Care Products***		
BIOFREQUENCY INSOLES	EX	Non FDA Exclusion
*Gauze Pads & Dressings***		
AMD FOAM DRESSING PAD 3-1/2"X3" , 4"X4" , 6"X6"	EX	Non FDA Exclusion
AMD FOAM DRESSING TOPSHEET PAD 4"X4"	EX	Non FDA Exclusion
BIOGUARD GAUZE SPONGES PAD 2"X2" , 4"X4"	EX	Non FDA Exclusion
BIOGUARD ISLAND DRESSINGS PAD 4"X10" , 4"X14" , 4"X5"	EX	Non FDA Exclusion
BIOGUARD NON-ADHERENT DRESSING PAD 3"X4" , 3"X8"	EX	Non FDA Exclusion
CURITY AMD ANTIMICROBIAL SPNGE PAD 4"X4"	EX	Non FDA Exclusion
CURITY AMD ANTIMICROBIAL STRIP	EX	Non FDA Exclusion
CURITY IODOFORM PACKING STRIP	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
EXCILON AMD DRAIN SPONGES PAD 4"X4"	EX	Non FDA Exclusion
KERLIX AMD ANTIMICROBIAL	EX	Non FDA Exclusion
KERLIX AMD SUPER SPONGES PAD 6"X6-3/4"	EX	Non FDA Exclusion
TELFA AMD ISLAND DRESSING PAD 4"X5" , 4"X8"	EX	Non FDA Exclusion
TELFA AMD NON-ADHERENT PAD 3"X8"	EX	Non FDA Exclusion
*Glucose Monitor & Blood Pressure Monitor Combinations***		
ADVOCATE DUO DEVICE	EX	Formulary Exclusion
<i>cardiometabolic solution kit</i>	EX	Non FDA Exclusion
<i>care activation solution kit</i>	EX	Non FDA Exclusion
CLEVER CHEK AUTO-CODE DEVICE	EX	Formulary Exclusion
DUO-CARE DEVICE	EX	Formulary Exclusion
FORA D10 2-IN-1 MONITOR DEVICE	EX	Formulary Exclusion
FORA D15G 2-IN-1 MONITOR DEVICE	EX	Formulary Exclusion
FORA D20 2-IN-1 MONITOR DEVICE	EX	Formulary Exclusion
FORA D40 GLUCOSE/PRESSURE DEVICE	EX	Formulary Exclusion
FORA D40G GLUCOSE/PRESSURE DEVICE	EX	Formulary Exclusion
*Glucose Monitor & Cholesterol Monitor Combinations***		
ACCUTREND PLUS DEVICE	Tier 3	
*Glucose Monitoring Test Supplies***		
<i>1st tier unilet comfortouch</i>	Tier 2	
ACCU-CHEK AVIVA PLUS KIT W/DEVICE	EX	Formulary Exclusion
ACCU-CHEK FASTCLIX LANCET KIT	Tier 2	
ACCU-CHEK FASTCLIX LANCETS	Tier 2	
ACCU-CHEK GUIDE KIT W/DEVICE	EX	Formulary Exclusion
ACCU-CHEK GUIDE ME KIT W/DEVICE	EX	Formulary Exclusion
ACCU-CHEK SAFE-T PRO LANCETS	Tier 2	
ACCU-CHEK SOFTCLIX LANCET DEV KIT	Tier 2	
ACCU-CHEK SOFTCLIX LANCETS	Tier 2	
<i>acti-lance 28g</i>	Tier 2	
<i>acti-lance lite lancets 28g</i>	Tier 2	
<i>acti-lance special lancets 17g</i>	Tier 2	
<i>acti-lance universal 23g</i>	Tier 2	

Drug Name	Drug Tier	Notes
<i>adjustable lancing device</i>	Tier 2	
ADVANCE INTUITION METER DEVICE	EX	Formulary Exclusion
ADVANCE INTUITION MONITOR KIT	EX	Formulary Exclusion
ADVANCE MICRO-DRAW METER DEVICE	EX	Formulary Exclusion
<i>advanced mobile lancet</i>	Tier 2	
ADVOCATE BLOOD GLUCOSE MONITOR DEVICE	EX	Formulary Exclusion
ADVOCATE BLOOD GLUCOSE SYSTEM KIT W/DEVICE	EX	Formulary Exclusion
ADVOCATE LANCETS	Tier 2	
ADVOCATE LANCETS 30G	Tier 2	
ADVOCATE REDI-CODE DEVICE	EX	Formulary Exclusion
ADVOCATE REDI-CODE KIT W/DEVICE	EX	Formulary Exclusion
ADVOCATE REDI-CODE+ DEVICE	EX	Formulary Exclusion
ADVOCATE SAFETY LANCETS	Tier 2	
ADVOCATE SAFETY LANCETS 26G	Tier 2	
AGAMATRIX AMP DEVICE	EX	Formulary Exclusion
AGAMATRIX JAZZ WIRELESS 2 KIT W/DEVICE	EX	Formulary Exclusion
AGAMATRIX PRESTO KIT W/DEVICE	EX	Formulary Exclusion
AGAMATRIX PRESTO PRO METER DEVICE	EX	Formulary Exclusion
AGAMATRIX ULTRA-THIN LANCETS	Tier 2	
<i>aimSCO twist lancets 32g</i>	Tier 2	
AIMSCO TWIST LANCETS 33G	Tier 2	
AQUALANCE LANCETS 30G	Tier 2	
ASSURE 3 METER KIT	EX	Formulary Exclusion
ASSURE 4 METER DEVICE	EX	Formulary Exclusion
<i>assure comfort lancets 28g</i>	Tier 2	
ASSURE HAEMOLANCE PLUS HIGH	Tier 2	
ASSURE HAEMOLANCE PLUS LOW	Tier 2	
ASSURE HAEMOLANCE PLUS MICRO	Tier 2	
ASSURE HAEMOLANCE PLUS NORMAL	Tier 2	
ASSURE HAEMOLANCE PLUS PED	Tier 2	
ASSURE LANCE LANCETS	Tier 2	
ASSURE LANCE LANCETS 21G	Tier 2	
ASSURE LANCE PLUS SAFETY 25G	Tier 2	
ASSURE LANCE PLUS SAFETY 30G	Tier 2	

Drug Name	Drug Tier	Notes
ASSURE LANCE SAFETY LANCET 28G	Tier 2	
ASSURE PLATINUM METER DEVICE	EX	Formulary Exclusion
ASSURE PRISM MULTI METER DEVICE	EX	Formulary Exclusion
ASSURE PRO BLOOD GLUCOSE METER DEVICE	EX	Formulary Exclusion
<i>aurora lancet super thin 30g</i>	Tier 2	
<i>aurora lancet thin 23g</i>	Tier 2	
AUTOLET II CLINISAFE KIT	Tier 2	
AUTOLET LANCING DEVICE	Tier 2	
AUTOLET LITE CLINISAFE KIT	Tier 2	
AUTOLET LITE LANCING DEVICE	Tier 2	
AUTOLET LITE STARTER PACK KIT	Tier 2	
AUTOLET MINI	Tier 2	
AUTOLET PLATFORMS	Tier 2	
AUTOLET PLUS	Tier 2	
BD LANCET ULTRAFINE 30G	Tier 2	
BD LANCET ULTRAFINE 33G	Tier 2	
BD LATITUDE DIABETES KIT	EX	Formulary Exclusion
BD LOGIC BLOOD GLUCOSE MONITOR KIT W/DEVICE	EX	Formulary Exclusion
BD MAGNI-GUIDE MAGNIFIER	EX	Formulary Exclusion
BD MICROTAINER LANCETS	Tier 2	
BIGFOOT UNITY PROGRAM KIT	EX	Formulary Exclusion
BIOTEL CARE BLOOD GLUCOSE KIT W/DEVICE	EX	Formulary Exclusion
BIOTEL CARE BLOOD GLUCOSE SYST KIT W/DEVICE	EX	Formulary Exclusion
<i>blood glucose monitor system kit w/device</i>	EX	Formulary Exclusion
<i>blood glucose system pak kit</i>	EX	Formulary Exclusion
BLUESTAR DEVICE (OTC)	EX	Formulary Exclusion
BLUESTAR DEVICE (RX)	EX	Non FDA Exclusion
BLULINK GLUCOSE MONITORING SYS DEVICE	EX	Formulary Exclusion
CARDIOCOM LANCING DEVICE	Tier 2	
<i>careone advanced lancing dev</i>	Tier 2	
CAREONE BLOOD GLUCOSE SYSTEM KIT W/DEVICE	EX	Formulary Exclusion
CAREONE LANCET SUPER THIN 30G	Tier 2	
<i>careone lancet thin 23g</i>	Tier 2	
CARESENS LANCETS	Tier 2	

Drug Name	Drug Tier	Notes
CARESENS LANCETS 30G	Tier 2	
CARESENS N FELIZ BT DEVICE	EX	Formulary Exclusion
CARESENS N GLUCOSE SYSTEM DEVICE	EX	Formulary Exclusion
CARETOUCH LANCING/EJECTOR	Tier 2	
CARETOUCH MONITOR SYSTEM KIT W/DEVICE	EX	Formulary Exclusion
CARETOUCH SAFETY LANCETS	Tier 2	
CARETOUCH SAFETY LANCETS 26G	Tier 2	
CARETOUCH TWIST LANCETS 28G	Tier 2	
CARETOUCH TWIST LANCETS 30G	Tier 2	
CARETOUCH TWIST LANCETS 33G	Tier 2	
CARETOUCH TWIST MC LANCETS 30G	Tier 2	
CHEMSTRIP BG LOG BOOK	EX	Formulary Exclusion
CHOSEN LANCETS 30G	Tier 2	
CHOSEN SAFETY LANCETS 28G	Tier 2	
CLEANLET LANCETS 28G	Tier 2	
CLEVER CHEK AUTO-CODE SYSTEM DEVICE	EX	Formulary Exclusion
CLEVER CHEK AUTO-CODE VOICE DEVICE	EX	Formulary Exclusion
CLEVER CHEK LANCETS	Tier 2	
CLEVER CHEK SYSTEM KIT W/DEVICE	EX	Formulary Exclusion
CLEVER CHOICE AUTO-CODE SYSTEM DEVICE	EX	Formulary Exclusion
CLEVER CHOICE COMFORT EZ	Tier 2	
CLEVER CHOICE LANCETS 21G	Tier 2	
CLEVER CHOICE LANCETS 23G	Tier 2	
CLEVER CHOICE LANCETS 28G	Tier 2	
CLEVER CHOICE MICRO SYSTEM KIT W/DEVICE	EX	Formulary Exclusion
CLEVER CHOICE MINI SYSTEM DEVICE	EX	Formulary Exclusion
CLEVER CHOICE TALK SYSTEM DEVICE	EX	Formulary Exclusion
COAGUCHEK LANCETS	Tier 2	
<i>comfort assured lancets 28g</i>	Tier 2	
<i>comfort assured lancets 33g</i>	Tier 2	
<i>comfort lancets</i>	Tier 2	
COMFORT TOUCH LANCETS 31G	Tier 2	
COMFORT TOUCH PLUS LANCETS 28G	Tier 2	
COMFORT TOUCH PLUS LANCETS 30G	Tier 2	

Drug Name	Drug Tier	Notes
COMFORT TOUCH TWIST LANCET 30G	Tier 2	
CONTOUR CONTROL IN VITRO LIQUID HIGH , LOW , NORMAL	EX	Formulary Exclusion
CONTOUR MONITOR DEVICE	EX	Formulary Exclusion
CONTOUR NEXT CONTROL IN VITRO SOLUTION LOW , NORMAL	EX	Formulary Exclusion
CONTOUR NEXT EZ KIT W/DEVICE	EX	Formulary Exclusion
CONTOUR NEXT GEN MONITOR KIT W/DEVICE	EX	Formulary Exclusion
CONTOUR NEXT LINK KIT W/DEVICE	EX	Formulary Exclusion
CONTOUR NEXT MONITOR KIT W/DEVICE	EX	Formulary Exclusion
CONTOUR NEXT ONE DEVICE	EX	Formulary Exclusion
CONTOUR NEXT ONE KIT	EX	Formulary Exclusion
CONTOUR PLUS BLUE KIT W/DEVICE	EX	Formulary Exclusion
COOL MONITOR DEVICE	EX	Formulary Exclusion
COOL MONITOR KIT KIT W/DEVICE	EX	Formulary Exclusion
CVS BLOOD GLUCOSE METER KIT W/DEVICE	EX	Formulary Exclusion
<i>cvs lancets 21g</i>	Tier 2	
<i>cvs lancets micro thin 33g</i>	Tier 2	
<i>cvs lancets original</i>	Tier 2	
<i>cvs lancets thin 26g</i>	Tier 2	
<i>cvs lancets ultra thin 30g</i>	Tier 2	
<i>cvs lancets ultra-thin 30g</i>	Tier 2	
<i>cvs lancing device</i>	Tier 2	
<i>cvs ultra thin lancets</i>	Tier 2	
D-CARE GLUCOMETER KIT W/DEVICE	EX	Formulary Exclusion
DEXCOM G4 PLAT PED RCV/SHARE DEVICE	EX	Formulary Exclusion; QL
DEXCOM G4 PLAT PED RECEIVER DEVICE	EX	Formulary Exclusion; QL
DEXCOM G4 PLATINUM RCV/SHARE DEVICE	EX	Formulary Exclusion; QL
DEXCOM G4 PLATINUM RECEIVER DEVICE	EX	Formulary Exclusion; QL
DEXCOM G4 PLATINUM TRANSMITTER	EX	Formulary Exclusion; QL
DEXCOM G5 MOB/G4 PLAT SENSOR	EX	PA; Formulary Exclusion; QL
DEXCOM G5 MOBILE RECEIVER DEVICE	EX	PA; Formulary Exclusion; QL
DEXCOM G5 MOBILE TRANSMITTER	EX	PA; Formulary Exclusion; QL

Drug Name	Drug Tier	Notes
DEXCOM G5 RECEIVER KIT DEVICE	EX	PA; Formulary Exclusion; QL
DEXCOM G6 RECEIVER DEVICE	Tier 2	ST; QL
DEXCOM G6 SENSOR	Tier 2	ST; QL
DEXCOM G6 TRANSMITTER	Tier 2	ST; QL
DEXCOM G7 RECEIVER DEVICE	Tier 2	ST; QL
DEXCOM G7 SENSOR	Tier 2	ST; QL
<i>diabetes care kit</i>	EX	Formulary Exclusion
DIATHRIVE BLOOD GLUCOSE METER DEVICE	EX	Formulary Exclusion
DIATHRIVE LANCET ULTRA THIN 30	Tier 2	
DIATHRIVE LANCETS	Tier 2	
DIATHRIVE+ GLUCOSE MONITOR DEVICE	EX	Formulary Exclusion
<i>diatrue plus blood glucose device</i>	EX	Formulary Exclusion
DROPLET GENTEEL LANCING DEVICE	Tier 2	
DROPLET LANCETS ULTRA THIN 30G	Tier 2	
DROPLET LANCING DEVICE	Tier 2	
DROPLET PERSONAL LANCETS 30G	Tier 2	
DROPSAFE ACTI-LANCE 23G	Tier 2	
<i>drug mart lancets thin 26g</i>	Tier 2	
DRUG MART LANCING DEVICE	Tier 2	
DRUG MART ON-THE-GO LANCET 30G	Tier 2	
DRUG MART UNILET LANCETS 28G	Tier 2	
DRUG MART UNILET LANCETS 30G	Tier 2	
DRUG MART UNILET LANCETS 33G	Tier 2	
<i>easy comfort lancets</i>	Tier 2	
<i>easy comfort lancets twist top</i>	Tier 2	
EASY MAX T1 GLUCOSE SYSTEM KIT W/DEVICE	EX	Formulary Exclusion
<i>easy plus ii glucose system device</i>	EX	Formulary Exclusion
EASY STEP GLUCOSE MONITOR DEVICE	EX	Formulary Exclusion
<i>easy talk blood glucose system device</i>	EX	Formulary Exclusion
EASY TOUCH GLUCOSE SYSTEM KIT W/DEVICE	EX	Formulary Exclusion
EASY TOUCH LANCETS 21G	Tier 2	
EASY TOUCH LANCETS 23G	Tier 2	
EASY TOUCH LANCETS 26G	Tier 2	
EASY TOUCH LANCETS 28G	Tier 2	
EASY TOUCH LANCETS 28G/TWIST	Tier 2	

Drug Name	Drug Tier	Notes
EASY TOUCH LANCETS 30G	Tier 2	
EASY TOUCH LANCETS 30G/TWIST	Tier 2	
EASY TOUCH LANCETS 32G	Tier 2	
EASY TOUCH LANCETS 32G/TWIST	Tier 2	
EASY TOUCH LANCETS 33G/TWIST	Tier 2	
EASY TOUCH LANCING DEVICE	Tier 2	
EASY TOUCH SAFETY LANCETS 21G	Tier 2	
EASY TOUCH SAFETY LANCETS 23G	Tier 2	
EASY TOUCH SAFETY LANCETS 26G	Tier 2	
EASY TOUCH SAFETY LANCETS 28G	Tier 2	
<i>easy trak blood glucose system device</i>	EX	Formulary Exclusion
<i>easy trak ii blood glucose sys device</i>	EX	Formulary Exclusion
EASYGLUCO KIT	EX	Formulary Exclusion
EASYMAX NG BLOOD GLUCOSE DEVICE	EX	Formulary Exclusion
EASYMAX NG BLOOD GLUCOSE KIT W/DEVICE	EX	Formulary Exclusion
EASYMAX V BLOOD GLUCOSE DEVICE	EX	Formulary Exclusion
EASYPRO BLOOD GLUCOSE MONITOR KIT W/DEVICE	EX	Formulary Exclusion
EASYPRO PLUS KIT W/DEVICE	EX	Formulary Exclusion
ELEMENT AUTOCODE SYSTEM KIT W/DEVICE	EX	Formulary Exclusion
<i>element compact glucose system device</i>	EX	Formulary Exclusion
<i>element compact v glucose sys device</i>	EX	Formulary Exclusion
ELEMENT PLUS DEVICE	EX	Formulary Exclusion
EMBRACE BLOOD GLUCOSE MONITOR DEVICE	EX	Formulary Exclusion
EMBRACE EVO GLUCOSE MONITOR DEVICE	EX	Formulary Exclusion
EMBRACE EVO GLUCOSE MONITORING KIT W/DEVICE	EX	Formulary Exclusion
EMBRACE LANCETS ULTRA THIN 30G	Tier 2	
EMBRACE PRESSURE ACTIVATED 21G	Tier 2	
EMBRACE PRESSURE ACTIVATED 28G	Tier 2	
EMBRACE PRO GLUCOSE METER DEVICE	EX	Formulary Exclusion
EMBRACE TALK BLOOD GLUCOSE DEVICE	EX	Formulary Exclusion
EMBRACE TALK MONITORING SYSTEM KIT W/DEVICE	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
ENLITE GLUCOSE SENSOR	EX	Formulary Exclusion; QL
<i>eql color lancets 21g</i>	Tier 2	
<i>eql color lancets micro 33g</i>	Tier 2	
<i>eql super thin lancets 30g</i>	Tier 2	
<i>eql thin lancets 26g</i>	Tier 2	
EVERSENSE 365 SENSOR/HOLDER	Tier 3	PA; QL
EVERSENSE 365 SMART TRANSMIT	Tier 3	PA; QL
EVERSENSE E3 SENSOR/HOLDER	EX	PA; Formulary Exclusion; QL
EVERSENSE E3 SMART TRANSMITTER	EX	PA; Formulary Exclusion; QL
EVERSENSE SENSOR/HOLDER	Tier 3	QL
EVERSENSE SMART TRANSMITTER	Tier 3	PA; QL
EVOLUTION AUTOCODE DEVICE	EX	Formulary Exclusion
E-Z JECT LANCET MICRO-THIN 33G	Tier 2	
E-Z JECT LANCET SUPER THIN 30G	Tier 2	
E-Z JECT LANCETS	Tier 2	
E-Z JECT LANCETS 21G	Tier 2	
E-Z JECT LANCETS THIN 26G	Tier 2	
EZ-LETS LANCETS 21G	Tier 2	
EZ-LETS LANCETS 26G	Tier 2	
EZ-LETS LANCETS 28G	Tier 2	
EZ-LETS LANCETS 30G	Tier 2	
FIFTY50 GLUCOSE METER 2.0 KIT W/DEVICE	EX	Formulary Exclusion
FIFTY50 SAFETY SEAL LANCETS	Tier 2	
FIFTY50 UNILET LANCETS 33G	Tier 2	
FINE 30	Tier 2	
FINGERSTIX LANCETS	Tier 2	
FORA G20 BLOOD GLUCOSE SYSTEM KIT W/DEVICE	EX	Formulary Exclusion
FORA G30A BLOOD GLUCOSE SYSTEM DEVICE	EX	Formulary Exclusion
FORA GD20 BLOOD GLUCOSE SYSTEM DEVICE	EX	Formulary Exclusion
FORA GD50 BLOOD GLUCOSE SYSTEM DEVICE	EX	Formulary Exclusion
FORA GTEL BLOOD GLUCOSE SYSTEM DEVICE	EX	Formulary Exclusion
FORA LANCETS	Tier 2	
FORA PREMIUM V10 BLE SYSTEM DEVICE	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
FORA TEST N' GO MONITOR DEVICE	EX	Formulary Exclusion
FORA TN'G VOICE KIT W/DEVICE	EX	Formulary Exclusion
FORA V10 BLOOD GLUCOSE SYSTEM DEVICE	EX	Formulary Exclusion
FORA V10/V12/D10/D20 TEST KIT	EX	Formulary Exclusion
FORA V12 BLOOD GLUCOSE SYSTEM DEVICE	EX	Formulary Exclusion
FORA V20 BLOOD GLUCOSE SYSTEM DEVICE	EX	Formulary Exclusion
FORA V30A BLOOD GLUCOSE SYSTEM DEVICE	EX	Formulary Exclusion
FORA V30A BLOOD GLUCOSE SYSTEM KIT W/DEVICE	EX	Formulary Exclusion
FORACARE GD40 MONITOR DEVICE	EX	Formulary Exclusion
FORACARE PREMIUM V10 DEVICE	EX	Formulary Exclusion
FORACARE TEST N GO MONITOR DEVICE	EX	Formulary Exclusion
FORTISCARE T1 GLUCOSE SYSTEM DEVICE	EX	Formulary Exclusion
<i>freds pharmacy autolet lancing</i>	Tier 2	
<i>freds pharmacy unilet lanc 28g</i>	Tier 2	
<i>freds pharmacy unilet lanc 30g</i>	Tier 2	
FREESTYLE FREEDOM LITE KIT W/DEVICE	EX	Formulary Exclusion
FREESTYLE LANCETS	Tier 2	
FREESTYLE LIBRE 14 DAY READER DEVICE	Tier 2	ST; QL
FREESTYLE LIBRE 14 DAY SENSOR	Tier 2	ST; QL
FREESTYLE LIBRE 2 PLUS SENSOR	Tier 2	ST; QL
FREESTYLE LIBRE 2 READER DEVICE	Tier 2	ST; QL
FREESTYLE LIBRE 2 SENSOR	Tier 2	ST; QL
FREESTYLE LIBRE 3 PLUS SENSOR	Tier 2	ST; QL
FREESTYLE LIBRE 3 READER DEVICE	Tier 2	ST; QL
FREESTYLE LIBRE 3 SENSOR	Tier 2	ST; QL
FREESTYLE LIBRE READER DEVICE	Tier 2	ST; QL
FREESTYLE LIBRE SENSOR SYSTEM	Tier 2	ST; QL
FREESTYLE LITE DEVICE	EX	Formulary Exclusion
FREESTYLE LITE KIT W/DEVICE	EX	Formulary Exclusion
FREESTYLE PRECISION NEO SYSTEM KIT W/DEVICE	EX	Formulary Exclusion
FREESTYLE UNISTICK II LANCETS	Tier 2	

Drug Name	Drug Tier	Notes
<i>ge100 blood glucose system device</i>	EX	Formulary Exclusion
<i>ge100 blood glucose system kit w/device</i>	EX	Formulary Exclusion
GENTEEL BUTTERFLY TOUCH LANCET	Tier 2	
GENTLE-LET GP LANCETS	Tier 2	
GENTLE-LET LANCETS	Tier 2	
GENTLE-LET PLATFORMS	Tier 2	
<i>ght blood glucose monitor kit w/device</i>	EX	Formulary Exclusion
<i>global inject ease lancets 28g</i>	Tier 2	
<i>global inject ease lancets 30g</i>	Tier 2	
GLUCO PERFECT 3 METER DEVICE	EX	Formulary Exclusion
GLUCOCARD 01 BLOOD GLUCOSE DEVICE	EX	Formulary Exclusion
GLUCOCARD 01 BLOOD GLUCOSE KIT W/DEVICE	EX	Formulary Exclusion
GLUCOCARD 01-MINI GLUCOSE KIT W/DEVICE	EX	Formulary Exclusion
GLUCOCARD EXPRESSION MONITOR KIT W/DEVICE	EX	Formulary Exclusion
GLUCOCARD SHINE CONNEX KIT W/DEVICE	EX	Formulary Exclusion
GLUCOCARD SHINE DEVICE	EX	Formulary Exclusion
GLUCOCARD SHINE EXPRESS KIT W/DEVICE	EX	Formulary Exclusion
GLUCOCARD SHINE KIT W/DEVICE	EX	Formulary Exclusion
GLUCOCARD SHINE XL DEVICE	EX	Formulary Exclusion
GLUCOCARD VITAL MONITOR KIT W/DEVICE	EX	Formulary Exclusion
GLUCOCARD X-METER KIT W/DEVICE	EX	Formulary Exclusion
GLUCOCOM AUTOLINK TELEMONITOR	EX	Formulary Exclusion
GLUCOCOM BLOOD GLUCOSE MONITOR DEVICE	EX	Formulary Exclusion
GLUCOCOM LANCETS 28G	Tier 2	
GLUCOCOM LANCETS 30G	Tier 2	
GLUCOCOM LANCETS 33G	Tier 2	
GLUCOCOM MONITOR KIT W/DEVICE	EX	Formulary Exclusion
GLUCONAVII BLOOD GLUCOSE SYS KIT W/DEVICE	EX	Formulary Exclusion
GNP EASY TOUCH GLUCOSE METER DEVICE	EX	Formulary Exclusion
<i>gnp lancets 21g</i>	Tier 2	
<i>gnp lancets thin 26g</i>	Tier 2	

Drug Name	Drug Tier	Notes
<i>gnp sterile lancets 28g</i>	Tier 2	
<i>gnp sterile lancets 30g</i>	Tier 2	
<i>gnp sterile lancets 33g</i>	Tier 2	
GNP TRUE METRIX AIR METER KIT W/DEVICE	EX	Formulary Exclusion
GNP TRUE METRIX GLUCOSE METER KIT W/DEVICE	EX	Formulary Exclusion
GOJJI STERILE LANCETS	Tier 2	
<i>goodsense blood glucose kit w/device</i>	EX	Formulary Exclusion
<i>goodsense color lancets 33g</i>	Tier 2	
<i>goodsense lancets 26g univ</i>	Tier 2	
<i>goodsense lancets 30g</i>	Tier 2	
<i>goodsense lancets 30g univ</i>	Tier 2	
<i>goodsense lancets 33g</i>	Tier 2	
<i>goodsense lancets 33g univ</i>	Tier 2	
GUARDIAN 4 GLUCOSE SENSOR	Tier 3	PA; QL
GUARDIAN 4 TRANSMITTER	Tier 3	PA; QL
GUARDIAN CONNECT TRANSMITTER	EX	Formulary Exclusion; QL
GUARDIAN CONNECT TRANSMITTER	EX	PA; Formulary Exclusion; QL
GUARDIAN LINK 3 TRANSMITTER	Tier 3	PA; QL
GUARDIAN REAL-TIME CHARGER	EX	Formulary Exclusion
GUARDIAN REAL-TIME REPLACE PED DEVICE	Tier 3	QL
GUARDIAN REAL-TIME TEST PLUG	EX	Formulary Exclusion
GUARDIAN SENSOR (3)	Tier 3	PA; QL
<i>guardian sensor 3</i>	Tier 3	PA; QL
HAEMOLANCE PLUS	Tier 2	
HAEMOLANCE PLUS HIGH FLOW	Tier 2	
HAEMOLANCE PLUS LOW FLOW	Tier 2	
HAEMOLANCE PLUS MAX FLOW	Tier 2	
HAEMOLANCE PLUS PEDIATRIC FLOW	Tier 2	
HEALTH CARE LANCING DEVICE	Tier 2	
HEALTHPRO BLOOD GLUCOSE MONITO KIT W/DEVICE	EX	Formulary Exclusion
<i>healthy accents lancing device</i>	Tier 2	
<i>healthy accents unilet lancets</i>	Tier 2	
<i>h-e-b incontrol adv lancing</i>	Tier 2	
<i>h-e-b incontrol lancets 28g</i>	Tier 2	
<i>h-e-b incontrol lancets 30g</i>	Tier 2	

Drug Name	Drug Tier	Notes
<i>h-e-b incontrol lancets 33g</i>	Tier 2	
HM EMBRACE TALK SYSTEM KIT W/DEVICE	EX	Formulary Exclusion
HW EMBRACE PRO GLUCOSE METER DEVICE	EX	Formulary Exclusion
HW EMBRACE TALK BLOOD GLUCOSE DEVICE	EX	Formulary Exclusion
HYPOLANCE AST LANCING KIT	Tier 2	
HY-VEE LANCETS	Tier 2	
<i>hy-vee thin lancets</i>	Tier 2	
IGLUCOSE MONITORING SYSTEM KIT W/DEVICE	EX	Formulary Exclusion
IHEALTH GLUCO+ KIT 10 KIT	EX	Formulary Exclusion
IHEALTH GLUCO+ KIT 100 KIT	EX	Formulary Exclusion
IN TOUCH	EX	Formulary Exclusion
IN TOUCH DEVICE	EX	Formulary Exclusion
IN TOUCH STERILE LANCETS 30G	Tier 2	
INFINITY BLOOD GLUCOSE SYSTEM KIT W/DEVICE	EX	Formulary Exclusion
INFINITY VOICE KIT W/DEVICE	EX	Formulary Exclusion
INSUL-TOTE	EX	Formulary Exclusion
INSUL-TOTE JR	EX	Formulary Exclusion
<i>kinney lancets</i>	Tier 2	
<i>kinney thin lancets</i>	Tier 2	
KROGER AUTOLET LANCING DEVICE	Tier 2	
<i>croger blood glucose kit w/device</i>	EX	Formulary Exclusion
KROGER HEALTHPRO LANCET 26G	Tier 2	
<i>croger lancets</i>	Tier 2	
<i>croger lancets 21g</i>	Tier 2	
<i>croger lancets micro thin 33g</i>	Tier 2	
<i>croger lancets super thin</i>	Tier 2	
<i>croger lancets thin</i>	Tier 2	
<i>croger lancets thin 26g</i>	Tier 2	
<i>croger lancets ultrathin 30g</i>	Tier 2	
<i>croger lancet device</i>	Tier 2	
<i>croger premium blood glucose kit w/device</i>	EX	Formulary Exclusion
<i>lancet device with ejector</i>	Tier 2	
<i>lancet transporter case</i>	Tier 2	
<i>lancets</i>	Tier 2	

Drug Name	Drug Tier	Notes
<i>lancets 28g</i>	Tier 2	
<i>lancets 28g thin</i>	Tier 2	
<i>lancets 30g</i>	Tier 2	
<i>lancets 33g</i>	Tier 2	
<i>lancets micro thin 33g</i>	Tier 2	
LANCETS SUPER THIN	Tier 2	
<i>lancets super thin 28g</i>	Tier 2	
<i>lancets thin</i>	Tier 2	
LANCETS ULTRA THIN	Tier 2	
<i>lancets ultra thin 30g</i>	Tier 2	
<i>lancing device</i>	Tier 2	
LANZO	Tier 2	
<i>leader advanced lancing device</i>	Tier 2	
<i>liberty blood glucose meter device</i>	EX	Formulary Exclusion
LIBERTY MEDICAL LANCETS	Tier 2	
LIBERTY MINI LANCING DEVICE	Tier 2	
LIBERTY NXT GENERATION MONITOR DEVICE	EX	Formulary Exclusion
LIFESCAN UNISTIK 2	Tier 2	
LIFESCAN UNISTIK II LANCETS	Tier 2	
<i>lite touch lancets</i>	Tier 2	
LITETOUCH LANCETS	Tier 2	
<i>live better adv lancing device</i>	Tier 2	
<i>live better lancet super thin</i>	Tier 2	
<i>live better lancet ultra thin</i>	Tier 2	
<i>longs lancets standard</i>	Tier 2	
<i>longs lancets thin</i>	Tier 2	
<i>longs lancets ultra thin</i>	Tier 2	
<i>medichoice safety lancet</i>	Tier 2	
<i>medichoice safety lancet extra</i>	Tier 2	
<i>medichoice safety lancet norm</i>	Tier 2	
MEDISENSE THIN LANCETS	Tier 2	
MEDLANCE EXTRA 21G	Tier 2	
MEDLANCE LITE 25G	Tier 2	
MEDLANCE PLUS EXTRA 21G	Tier 2	
MEDLANCE PLUS LANCETS	Tier 2	
MEDLANCE PLUS LITE 25G	Tier 2	
MEDLANCE PLUS SPECIAL 0.8MM	Tier 2	

Drug Name	Drug Tier	Notes
MEDLANCE PLUS SUPERLITE 30G	Tier 2	
MEDLANCE PLUS UNIVERSAL 21G	Tier 2	
MEDLANCE UNIVERSAL 21G	Tier 2	
<i>meijer blood glucose kit w/device</i>	EX	Formulary Exclusion
<i>meijer essential blood glucose kit w/device</i>	EX	Formulary Exclusion
MEIJER LANCETS	Tier 2	
MEIJER LANCETS THIN	Tier 2	
MEIJER LANCETS UNIVERSAL 21G	Tier 2	
MEIJER LANCETS UNIVERSAL 30G	Tier 2	
MEIJER LANCETS UNIVERSAL 33G	Tier 2	
<i>meijer premium blood glucose kit w/device</i>	EX	Formulary Exclusion
MEIJER SUPER THIN LANCETS	Tier 2	
MEIJER TRUE2GO BLOOD GLUCOSE KIT W/DEVICE	EX	Formulary Exclusion
MEIJER TRUERESULT GLUCOSE SYS KIT W/DEVICE	EX	Formulary Exclusion
MEIJER TRUETRACK GLUCOSE SYS KIT W/DEVICE	EX	Formulary Exclusion
MICRODOT BLOOD GLUCOSE SYSTEM KIT W/DEVICE	EX	Formulary Exclusion
MICROLET LANCETS	Tier 2	
MICROLET NEXT LANCING DEVICE	Tier 2	
<i>mini lancing device</i>	Tier 2	
MINILINK REAL-TIME TRANSMITTER	EX	Formulary Exclusion; QL
MINIMED 630G GUARDIAN PRESS	Tier 3	PA; QL
MM BLOOD GLUCOSE SYSTEM KIT W/DEVICE	EX	Formulary Exclusion
MM BLOOD GLUCOSE SYSTEM REFILL KIT	EX	Formulary Exclusion
MM BLULINK GLUCOSE MONIT SYS DEVICE	EX	Formulary Exclusion
MM EASY TOUCH GLUCOSE METER KIT W/DEVICE	EX	Formulary Exclusion
MM TWIST LANCETS	Tier 2	
MONOLET LANCETS	Tier 2	
MONOLET OPD LANCETS	Tier 2	
MONOLETTOR SAFETY LANCETS	Tier 2	
<i>mpd safety lancet 21g</i>	Tier 2	
<i>mpd safety lancet 23g</i>	Tier 2	
<i>mpd safety lancet 28g</i>	Tier 2	

Drug Name	Drug Tier	Notes
<i>mpd safety lancet 30g</i>	Tier 2	
<i>multi-lancet device</i>	Tier 2	
MULTI-LANCET DEVICE 2 KIT	Tier 2	
MYGLUCOHEALTH BLOOD GLUCOSE KIT W/DEVICE	EX	Formulary Exclusion
MYGLUCOHEALTH LANCETS 30G	Tier 2	
NOVA MAX BLOOD GLUCOSE SYSTEM DEVICE	EX	Formulary Exclusion
NOVA MAX BLOOD GLUCOSE SYSTEM KIT W/DEVICE	EX	Formulary Exclusion
NOVA SAFETY LANCETS 23G	Tier 2	
NOVA SAFETY LANCETS 28G	Tier 2	
NOVA SUREFLEX LANCETS	Tier 2	
NOVA SUREFLEX LANCING DEVICE	Tier 2	
<i>one drop blood glucose monitor kit w/device</i>	EX	Formulary Exclusion
ONETOUCH CLUB LANCETS FINE PT	Tier 2	
ONETOUCH DELICA LANCETS 30G	Tier 2	
ONETOUCH DELICA LANCETS 33G	Tier 2	
ONETOUCH DELICA PLUS LANCET30G	Tier 2	
ONETOUCH DELICA PLUS LANCET33G	Tier 2	
ONETOUCH DELICA PLUS LANCING	Tier 2	
ONETOUCH DELICA SAFETY LANCING	Tier 2	
ONETOUCH FINEPOINT LANCETS	Tier 2	
ONETOUCH ULTRA 2 KIT W/DEVICE	EX	Formulary Exclusion
ONETOUCH ULTRA CONTROL IN VITRO LIQUID	Tier 3	
ONETOUCH ULTRA MINI KIT W/DEVICE	EX	Formulary Exclusion
ONETOUCH ULTRASOFT 2 LANCETS	Tier 2	
ONETOUCH ULTRASOFT LANCETS	Tier 2	
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE	EX	Formulary Exclusion
ONETOUCH VERIO IN VITRO LIQUID	Tier 3	
ONETOUCH VERIO REFLECT KIT W/DEVICE	EX	Formulary Exclusion
<i>oval tape</i>	Tier 3	
PARADIGM REAL-TIME TRANSMITTER	EX	Formulary Exclusion; QL
<i>pc lancets super thin 30g</i>	Tier 2	
PENLET II BLOOD SAMPLER KIT	Tier 2	
PENLET II REPLACEMENT CAP	Tier 2	
PERFECT LANCETS 28G	Tier 2	

Drug Name	Drug Tier	Notes
PERFECT LANCETS 30G	Tier 2	
PERFECT POINT SAFETY LANCETS	Tier 2	
PHARMACIST CHOICE AUTOCODE SYS KIT W/DEVICE	EX	Formulary Exclusion
PHARMACIST CHOICE LANCETS	Tier 2	
PHARMACIST CHOICE MINI SYSTEM DEVICE	EX	Formulary Exclusion
PHARMACY COUNTER LANCETS	Tier 2	
<i>pip lancets 28g</i>	Tier 2	
<i>pip lancets 30g</i>	Tier 2	
POCKETCHEM EZ SYSTEM KIT W/DEVICE	EX	Formulary Exclusion
POGO AUTOMATIC BLOOD GLUCOSE DEVICE	EX	Formulary Exclusion
PRECISION THINS GP LANCETS	Tier 2	
PRECISION XTRA KIT W/DEVICE	EX	Formulary Exclusion
<i>preferred plus lancets colored</i>	Tier 2	
<i>preferred plus lancets thin</i>	Tier 2	
<i>pressure activat safety lancet</i>	Tier 2	
<i>pro comfort lancets 30g</i>	Tier 2	
<i>pro comfort lancets 31g</i>	Tier 2	
<i>pro comfort safety lancets 30g</i>	Tier 2	
<i>pro voice v8 glucose system device</i>	EX	Formulary Exclusion
<i>pro voice v9 glucose system device</i>	EX	Formulary Exclusion
PRODIGY AUTOCODE BLOOD GLUCOSE DEVICE	EX	Formulary Exclusion
PRODIGY AUTOCODE BLOOD GLUCOSE KIT W/DEVICE	EX	Formulary Exclusion
PRODIGY LANCETS 28G	Tier 2	
PRODIGY LANCING DEVICE	Tier 2	
PRODIGY NO CODING BLOOD GLUC KIT W/DEVICE	EX	Formulary Exclusion
PRODIGY POCKET BLOOD GLUCOSE KIT W/DEVICE	EX	Formulary Exclusion
PRODIGY SAFETY LANCETS 26G	Tier 2	
PRODIGY TWIST TOP LANCETS 28G	Tier 2	
PRODIGY VOICE BLOOD GLUCOSE KIT W/DEVICE	EX	Formulary Exclusion
PSS SELECT GP LANCETS	Tier 2	
PSS SELECT PLATFORMS	Tier 2	

Drug Name	Drug Tier	Notes
PSS SELECT SAFETY LANCETS	Tier 2	
<i>pure comfort lancets 30g</i>	Tier 2	
<i>push button safety lancets</i>	Tier 2	
<i>px advanced lancing device</i>	Tier 2	
<i>px lancets microthin 33g</i>	Tier 2	
<i>px lancets ultra thin</i>	Tier 2	
<i>px lancets ultra thin 28g</i>	Tier 2	
<i>qc advanced lancing device</i>	Tier 2	
<i>qc lancets super thin 30g</i>	Tier 2	
<i>qc lancets ultra thin</i>	Tier 2	
<i>qc unilet lancets 28g</i>	Tier 2	
<i>qc unilet lancets micro thin</i>	Tier 2	
QUICK TOUCH BLOOD GLUCOSE KIT W/DEVICE	EX	Formulary Exclusion
QUICKTEK KIT	EX	Formulary Exclusion
QUICKTEK/METER KIT	EX	Formulary Exclusion
RA E-ZJECT LANCETS 28G	Tier 2	
RA E-ZJECT LANCETS THIN 26G	Tier 2	
RA E-ZJECT LANCETS THIN 28G	Tier 2	
RA E-ZJECT LANCETS ULTRA THIN	Tier 2	
READYLANCE SAFETY LANCETS	Tier 2	
<i>reality lancets</i>	Tier 2	
<i>reality trigger lancets</i>	Tier 2	
REFUAH PLUS MONITORING SYSTEM KIT W/DEVICE	EX	Formulary Exclusion
RELION ALL-IN-ONE DEVICE	EX	Formulary Exclusion
RELION CONFIRM GLUCOSE MONITOR KIT W/DEVICE	EX	Formulary Exclusion
RELION LANCETS	Tier 2	
RELION LANCETS MICRO-THIN 33G	Tier 2	
RELION LANCETS THIN 26G	Tier 2	
RELION LANCETS ULTRA-THIN 30G	Tier 2	
RELION LANCING DEVICE KIT	Tier 2	
RELION MICRO KIT W/DEVICE	EX	Formulary Exclusion
RELION PREMIER BLU MONITOR DEVICE	EX	Formulary Exclusion
RELION PREMIER CLASSIC DEVICE	EX	Formulary Exclusion
RELION PREMIER COMPACT SYSTEM KIT W/DEVICE	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
RELION PREMIER VOICE MONITOR DEVICE	EX	Formulary Exclusion
RELION PRIME MONITOR DEVICE	EX	Formulary Exclusion
RELION TRUE MET AIR GLUC METER KIT W/DEVICE	EX	Formulary Exclusion
RELION ULTIMA GLUCOSE SYSTEM KIT W/DEVICE	EX	Formulary Exclusion
RELION ULTRA THIN LANCETS 30G	Tier 2	
RELION ULTRA THIN PLUS LANCETS	Tier 2	
REXALL BLOOD GLUCOSE SYSTEM KIT W/DEVICE	EX	Formulary Exclusion
REXALL LANCETS ULTRA THIN 30G	Tier 2	
RIGHTEST ALTERNATE SITE ADAPT	Tier 2	
RIGHTEST GD500 LANCING DEVICE	Tier 2	
RIGHTEST GL300 LANCETS	Tier 2	
RIGHTEST GM100 BLOOD GLUCOSE KIT W/DEVICE	EX	Formulary Exclusion
RIGHTEST GM300 BLOOD GLUCOSE KIT W/DEVICE	EX	Formulary Exclusion
RIGHTEST GM550 BLOOD GLUCOSE KIT W/DEVICE	EX	Formulary Exclusion
RIGHTEST GT333 BLOOD GLUCOSE DEVICE	EX	Formulary Exclusion
SAFE-T-LANCE	Tier 2	
SAFE-T-LANCE PLUS	Tier 2	
<i>safety lancet 21g/pressure act</i>	Tier 2	
<i>safety lancet 28g/pressure act</i>	Tier 2	
<i>safety lancet 30g/pressure act</i>	Tier 2	
SAFETY LANCETS	Tier 2	
SAFETY LANCETS 21G	Tier 2	
SAFETY LANCETS 23G	Tier 2	
<i>safety lancets 28g</i>	Tier 2	
<i>saps health plus lancets</i>	Tier 2	
<i>saps health twist top lancets</i>	Tier 2	
<i>saps twist top lancets</i>	Tier 2	
<i>saps scare twist top lancets</i>	Tier 2	
<i>sb lancets thin</i>	Tier 2	
<i>sb lancets ultra thin</i>	Tier 2	
SHOPKO AUTOLET LANCING DEVICE	Tier 2	
SHOPKO ON-THE-GO LANCETS 30G	Tier 2	

Drug Name	Drug Tier	Notes
SHOPKO UNILET LANCETS 28G	Tier 2	
SHOPKO UNILET LANCETS 30G	Tier 2	
<i>side button safety lancet</i>	Tier 2	
SINGLE-LET	Tier 2	
<i>sm lancets 33g</i>	Tier 2	
SMART DIABETES VANTAGE LANCING	Tier 2	
SMART SENSE COLOR LANCETS 33G	Tier 2	
SMART SENSE PREMIUM SYSTEM KIT W/DEVICE	EX	Formulary Exclusion
SMART SENSE STANDARD LANCETS	Tier 2	
SMART SENSE SUPER THIN LANCETS	Tier 2	
SMART SENSE THIN LANCETS 26G	Tier 2	
SMART SENSE VALUE GLUCOSE SYS KIT W/DEVICE	EX	Formulary Exclusion
SMARTEST EJECT DEVICE	EX	Formulary Exclusion
SMARTEST EJECT STARTER KIT W/DEVICE	EX	Formulary Exclusion
SMARTEST LANCETS 28G	Tier 2	
SMARTEST PERSONA STARTER KIT W/DEVICE	EX	Formulary Exclusion
SMARTEST PRONTO STARTER KIT W/DEVICE	EX	Formulary Exclusion
SMARTEST PROTEGE DEVICE	EX	Formulary Exclusion
SMARTEST PROTEGE STARTER KIT W/DEVICE	EX	Formulary Exclusion
SOLUS V2 BLOOD GLUCOSE SYSTEM DEVICE	EX	Formulary Exclusion
SOLUS V2 BLOOD GLUCOSE SYSTEM KIT W/DEVICE	EX	Formulary Exclusion
SOLUS V2 LANCETS 28G	Tier 2	
SOLUS V2 LANCING DEVICE	Tier 2	
SOLUS V2 TWIST LANCETS 30G	Tier 2	
STERILANCE PA	Tier 2	
STERILANCE TL	Tier 2	
<i>super thin lancets</i>	Tier 2	
<i>sure comfort lancets 18g</i>	Tier 2	
<i>sure comfort lancets 21g</i>	Tier 2	
<i>sure comfort lancets 23g</i>	Tier 2	
<i>sure comfort lancets 28g</i>	Tier 2	
<i>sure comfort lancets 30g</i>	Tier 2	

Drug Name	Drug Tier	Notes
SURE-LANCE FLAT LANCETS	Tier 2	
SURE-LANCE LANCETS 26G	Tier 2	
SURE-LANCE THIN LANCETS 28G	Tier 2	
SURE-LANCE ULTRA THIN LANCETS	Tier 2	
SURELITE LANCETS	Tier 2	
SURESTEP PRO LINEARITY KIT	EX	Formulary Exclusion
SURE-TOUCH LANCETS UNIVERSAL	Tier 2	
TECHLITE AST LANCETS	Tier 2	
TECHLITE LANCETS	Tier 2	
TECHLITE LANCETS 26G	Tier 2	
TECHLITE LANCETS 30G	Tier 2	
TEMPO REFILL KIT	EX	Formulary Exclusion
TEMPO SMART BUTTON	EX	Formulary Exclusion
TEMPO WELCOME KIT W/DEVICE	EX	Formulary Exclusion
<i>tgt blood glucose monitoring kit w/device</i>	EX	Formulary Exclusion
<i>tgt lancet micro thin 33g</i>	Tier 2	
<i>tgt lancet thin 26g</i>	Tier 2	
<i>tgt lancet ultra thin 30g</i>	Tier 2	
<i>tgt lancing device</i>	Tier 2	
THINLETS GP LANCETS	Tier 2	
<i>todays health lancing device</i>	Tier 2	
<i>todays health thin lancets 28g</i>	Tier 2	
<i>todays health thin lancets 30g</i>	Tier 2	
<i>topcare lancets micro-thin 33g</i>	Tier 2	
TRACER II 3 VOLT BATTERY	EX	Formulary Exclusion
<i>travel lancets</i>	Tier 2	
TRAVEL LANCETS ADVANCED 28G	Tier 2	
<i>true comfort safety lancets</i>	Tier 2	
<i>true comfort twist top lancets</i>	Tier 2	
TRUE FOCUS BLOOD GLUCOSE METER DEVICE	EX	Formulary Exclusion
TRUE METRIX AIR GLUCOSE METER DEVICE	EX	Formulary Exclusion
TRUE METRIX AIR GLUCOSE METER KIT W/DEVICE	EX	Formulary Exclusion
TRUE METRIX GO GLUCOSE METER KIT W/DEVICE	EX	Formulary Exclusion
TRUE METRIX METER DEVICE	EX	Formulary Exclusion
TRUE METRIX METER KIT W/DEVICE	EX	Formulary Exclusion

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

Drug Name	Drug Tier	Notes
UNISTIK 3	Tier 2	
UNISTIK 3 COMFORT	Tier 2	
UNISTIK 3 EXTRA	Tier 2	
UNISTIK 3 GENTLE	Tier 2	
UNISTIK 3 NEONATAL	Tier 2	
UNISTIK 3 NORMAL	Tier 2	
UNISTIK CZT COMFORT	Tier 2	
UNISTIK CZT NORMAL	Tier 2	
UNISTIK NORMAL	Tier 2	
UNISTIK PRO SAFETY LANCET	Tier 2	
UNISTIK SAFETY LANCETS 28G	Tier 2	
UNISTIK SAFETY LANCETS 30G	Tier 2	
UNISTIK TOUCH SAFETY LANC 21G	Tier 2	
UNISTIK TOUCH SAFETY LANC 23G	Tier 2	
UNISTIK TOUCH SAFETY LANC 28G	Tier 2	
UNISTIK TOUCH SAFETY LANC 30G	Tier 2	
UNIVERSAL 1 LANCETS THIN 26G	Tier 2	
UNIVERSAL 1 LANCETS THIN 33G	Tier 2	
UNIVERSAL 1 LANCETS ULTRA THIN	Tier 2	
<i>value plus lancet standard 21g</i>	Tier 2	
<i>value plus lancets super thin</i>	Tier 2	
<i>value plus lancets thin 26g</i>	Tier 2	
<i>valumark lancet super thin 30g</i>	Tier 2	
<i>valumark lancet ultra thin 28g</i>	Tier 2	
<i>verasens blood glucose meter device</i>	EX	Formulary Exclusion
<i>verasens blood glucose system kit w/device</i>	EX	Formulary Exclusion
VERIFINE SAFE LANCET MINI 21G	Tier 2	
VERIFINE SAFE LANCET MINI 23G	Tier 2	
VERIFINE SAFE LANCET MINI 28G	Tier 2	
VERIFINE SAFE LANCET MINI 30G	Tier 2	
VERIFINE UNIVERSAL LANCETS 28G	Tier 2	
VERIFINE UNIVERSAL LANCETS 30G	Tier 2	
VERIFINE UNIVERSAL LANCETS 33G	Tier 2	
VIDA MIA AUTOLET LANCING DEV	Tier 2	
VIDA MIA UNILET LANCETS 28G	Tier 2	
VIDA MIA UNILET LANCETS 30G	Tier 2	
VIVAGUARD INO GLUCOSE METER DEVICE	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
VIVAGUARD INO GLUCOSE METER KIT	EX	Formulary Exclusion
VIVAGUARD INO SMART GLUC METER DEVICE	EX	Formulary Exclusion
VIVAGUARD LANCETS	Tier 2	
VIVAGUARD LANCETS 30G	Tier 2	
VIVAGUARD SAFETY LANCETS 28G	Tier 2	
<i>walgreens adv travel lancets</i>	Tier 2	
WALGREENS LANCETS	Tier 2	
<i>walgreens lancets micro thin</i>	Tier 2	
<i>walgreens lancets super thin</i>	Tier 2	
WALGREENS THIN LANCETS	Tier 2	
WALGREENS ULTRA THIN LANCETS	Tier 2	
WAVESENSE AMP KIT W/DEVICE	EX	Formulary Exclusion
<i>zevrx twist top lancets 30g</i>	Tier 2	
*Glucose/Ketone Monitoring Test Supplies***		
FORA TEST N' GO ADVANCE DEVICE	EX	Formulary Exclusion
FORA TN'G ADVANCE PRO DEVICE	Benefit Exclusion	Formulary Exclusion
GOJJI MULTI-FUNCTIONAL SYSTEM DEVICE	Benefit Exclusion	Formulary Exclusion
GOJJI MULTI-FUNCTIONAL SYSTEM KIT W/DEVICE	Benefit Exclusion	Formulary Exclusion
PRECISION XTRA-GLUCOSE/KETONE DEVICE	EX	Formulary Exclusion
*Incontinence Supplies***		
URESTA STARTER KIT	EX	Non FDA Exclusion
<i>yoni fit bladder support kit 1 vaginal device</i>	EX	Non FDA Exclusion
<i>yoni fit bladder support kit 2 vaginal device</i>	EX	Non FDA Exclusion
<i>yoni fit bladder support kit 3 vaginal device</i>	EX	Non FDA Exclusion
<i>yoni fit bladder support kit 4 vaginal device</i>	EX	Non FDA Exclusion
<i>yoni fit bladder support kit 5 vaginal device</i>	EX	Non FDA Exclusion
*Insulin Administration Supplies***		
ACCU-CHEK LINKASSIST	EX	Formulary Exclusion
AUTOSOFT 30 INFUSION SET	EX	Formulary Exclusion
AUTOSOFT XC INFUSION SET	EX	Formulary Exclusion
BIGFOOT UNITY PEN CAP/ADMELOG	EX	Formulary Exclusion
BIGFOOT UNITY PEN CAP/APIDRA	EX	Formulary Exclusion
BIGFOOT UNITY PEN CAP/ASPART	EX	Formulary Exclusion
BIGFOOT UNITY PEN CAP/BASAGLAR	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
BIGFOOT UNITY PEN CAP/FIASP	EX	Formulary Exclusion
BIGFOOT UNITY PEN CAP/HUMALOG	EX	Formulary Exclusion
BIGFOOT UNITY PEN CAP/LANTUS	EX	Formulary Exclusion
BIGFOOT UNITY PEN CAP/LISPRO	EX	Formulary Exclusion
BIGFOOT UNITY PEN CAP/LYUMJEV	EX	Formulary Exclusion
BIGFOOT UNITY PEN CAP/NOVOLOG	EX	Formulary Exclusion
BIGFOOT UNITY PEN CAP/TOUJEO	EX	Formulary Exclusion
BIGFOOT UNITY PEN CAP/TOUJEO M	EX	Formulary Exclusion
BIGFOOT UNITY PEN CAP/TRESIBA	EX	Formulary Exclusion
<i>extended infusion set 23"/6mm</i>	EX	Formulary Exclusion
<i>extended infusion set 23"/9mm</i>	EX	Formulary Exclusion
<i>extended infusion set 32"/6mm</i>	EX	Formulary Exclusion
<i>extended infusion set 32"/9mm</i>	EX	Formulary Exclusion
EXTENDED RESERVOIR 3ML	EX	Formulary Exclusion
ILET CONTACT DETACH 23" 6MM	Tier 3	
ILET INFUSION-INSET 23" 6MM	Tier 3	
ILET INFUSION-INSET 32" 6MM	Tier 3	
<i>ilet insulin pump device</i>	Tier 3	PA
ILET STARTER - CONTACT DETACH	Tier 3	
ILET STARTER KIT - INSET 23"	Tier 3	
ILET STARTER KIT - INSET 32"	Tier 3	
MINIMED 770G INSULIN PUMP SYS KIT	EX	PA; Formulary Exclusion
MINIMED 780G INSULIN PUMP KIT	EX	PA; Formulary Exclusion
MINIMED MIO ADVANCE INFUSE SET	EX	Formulary Exclusion
MINIMED MIO INFUSION SET	EX	Formulary Exclusion
MINIMED QUICK SET INF SET 18"	EX	Formulary Exclusion
MINIMED QUICK SET INF SET 23"	EX	Formulary Exclusion
MINIMED QUICK SET INF SET 32"	EX	Formulary Exclusion
MINIMED QUICK SET INF SET 43"	EX	Formulary Exclusion
MOBI 2ML CARTRIDGE	EX	Formulary Exclusion
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT	Tier 2	
OMNIPOD 5 DEXG7G6 PODS GEN 5	Tier 2	
OMNIPOD 5 G7 INTRO (GEN 5) KIT	Tier 2	
OMNIPOD 5 G7 PODS (GEN 5)	Tier 2	
OMNIPOD 5 LIBRE2 PLUS G6 KIT	Tier 2	
OMNIPOD 5 LIBRE2 PLUS G6 PODS	Tier 2	
OMNIPOD CLASSIC PDM (GEN 3) KIT	EX	Formulary Exclusion
OMNIPOD CLASSIC PODS (GEN 3)	Tier 2	

Drug Name	Drug Tier	Notes
OMNIPOD DASH INTRO (GEN 4) KIT	Tier 2	
OMNIPOD DASH PODS (GEN 4)	Tier 2	
OMNIPOD GO KIT 10 UNIT/24HR, 15 UNIT/24HR, 20 UNIT/24HR, 25 UNIT/24HR, 30 UNIT/24HR, 35 UNIT/24HR, 40 UNIT/24HR	Tier 2	
OMNIPOD POD PALS	Tier 2	
SILHOUETTE 23" INFUSION SET	EX	Formulary Exclusion
SILHOUETTE 43" INFUSION SET	EX	Formulary Exclusion
SILHOUETTE INFUSION SET 18"	EX	Formulary Exclusion
SURE T INFUSION SET 18"/6MM	Tier 3	
SURE T INFUSION SET 23"/10MM	EX	Formulary Exclusion
SURE T INFUSION SET 23"/6MM	EX	Formulary Exclusion
SURE T INFUSION SET 23"/8MM	EX	Formulary Exclusion
SURE T INFUSION SET 32"/10MM	EX	Formulary Exclusion
SURE T INFUSION SET 32"/6MM	EX	Formulary Exclusion
SURE T INFUSION SET 32"/8MM	EX	Formulary Exclusion
T: SLIM X2 INS PMP/CONTROL 7.4 DEVICE	EX	PA; Formulary Exclusion
T:SLIM X2 3ML CARTRIDGE	EX	Formulary Exclusion
T:SLIM X2 BASAL-IQ PUMP DEVICE	EX	PA; Formulary Exclusion
T:SLIM X2 CONTROL-IQ 7.7 PUMP DEVICE	EX	PA; Formulary Exclusion
T:SLIM X2 CONTROL-IQ 7.8 PUMP DEVICE	EX	PA; Formulary Exclusion
T:SLIM X2 CONTROL-IQ PUMP DEVICE	EX	PA; Formulary Exclusion
T:SLIM X2 INSULIN PMP BASAL6.4 DEVICE	EX	PA; Formulary Exclusion
TANDEM MOBI AUTOSOFT 30 KIT	EX	Formulary Exclusion
TANDEM MOBI AUTOSOFT XC KIT	EX	Formulary Exclusion
TANDEM MOBI CARTRIDGE 2ML	EX	Formulary Exclusion
TANDEM MOBI SYSTEM STARTER KIT	EX	PA; Formulary Exclusion
TANDEM MOBI TRUSTEEL SUPP KIT	EX	Formulary Exclusion
TRUSTEEL INFUSION SET	EX	Formulary Exclusion
TWIIST REFILL KIT	EX	New to Market Exclusion
TWIIST REFILL KIT/INFUSION SET	EX	New to Market Exclusion
TWIIST STARTER KIT KIT	EX	PA; New to Market Exclusion
V-GO 20 KIT 20 UNIT/24HR	Tier 2	
V-GO 30 KIT 30 UNIT/24HR	Tier 2	
V-GO 40 KIT 40 UNIT/24HR	Tier 2	

Drug Name	Drug Tier	Notes
*Masks***		
SAFE-SENSE EARLOOP FACE MASK	EX	Non FDA Exclusion
*Misc. Devices***		
CLEVER CHOICE PULSE OXIMETER	EX	Non FDA Exclusion
<i>dispenser md pump 0.25ml</i>	EX	Non FDA Exclusion
<i>dispenser md pump bottle 150ml</i>	EX	Non FDA Exclusion
<i>face shield full length</i>	EX	Non FDA Exclusion
<i>face shield full length/clear</i>	EX	Non FDA Exclusion
MAD NASAL ATOMIZATION DEVICE	EX	Non FDA Exclusion
<i>powder insufflator-#4 capsules</i>	EX	Non FDA Exclusion
<i>provate 61mm</i>	EX	Non FDA Exclusion
<i>provate 67mm</i>	EX	Non FDA Exclusion
<i>provate 73mm</i>	EX	Non FDA Exclusion
<i>provate 79mm</i>	EX	Non FDA Exclusion
<i>provate 85mm</i>	EX	Non FDA Exclusion
<i>provate 91mm</i>	EX	Non FDA Exclusion
<i>suppository shells small 1.3ml</i>	EX	Non FDA Exclusion
<i>vaginal suppository applicator</i>	EX	Non FDA Exclusion
*Nebulizers***		
AEROECLIPSE II W/ELBOW ADAPTER	EX	Formulary Exclusion
AEROECLIPSE II W/UNIV TUBING	EX	Formulary Exclusion
AEROECLIPSE XL NEBULIZER	EX	Formulary Exclusion
INNOSPIRE ELEGANCE NEBULIZER	Benefit Exclusion	Formulary Exclusion
MC 300 W/UNIVERSAL TUBING	EX	Formulary Exclusion
MC 300-MOUTHPIECE	EX	Formulary Exclusion
<i>neb 200 compressor nebulizer</i>	EX	Formulary Exclusion
PARI BABY NEBULIZER SET	EX	Formulary Exclusion
PULMONEB LT	Benefit Exclusion	Formulary Exclusion
*Needles & Syringes***		
<i>1st tier unifine pentips 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 32g x 6 mm , 33g x 4 mm</i>	Tier 2	
<i>1st tier unifine pentips plus 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 33g x 4 mm</i>	Tier 2	
ABOUTTIME PEN NEEDLE 30G X 8 MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM	Tier 2	
ADVOCATE INSULIN PEN NEEDLE 32G X 4 MM	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
ADVOCATE INSULIN PEN NEEDLES 29G X 12.7MM , 31G X 5 MM , 31G X 8 MM , 33G X 4 MM	Tier 2	
ADVOCATE INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 2	
<i>aq insulin syringe 29g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	Tier 2	
<i>aqinject pen needle 31g x 5 mm , 32g x 4 mm</i>	Tier 2	
ASSURE ID DUO PRO PEN NEEDLES 31G X 5 MM	Tier 3	
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML	Tier 2	
ASSURE ID PRO PEN NEEDLES 30G X 5 MM	Tier 3	
ASSURE ID SAFETY PEN NEEDLES 30G X 5 MM , 30G X 8 MM , 31G X 5 MM	Tier 2	
<i>aum insulin safety pen needle 31g x 4 mm , 31g x 5 mm</i>	Tier 2	
<i>aum mini insulin pen needle 32g x 4 mm , 32g x 5 mm , 32g x 6 mm , 32g x 8 mm , 33g x 4 mm , 33g x 5 mm , 33g x 6 mm</i>	Tier 2	
<i>aum pen needle 32g x 4 mm , 32g x 5 mm , 32g x 6 mm , 33g x 4 mm , 33g x 5 mm , 33g x 6 mm</i>	Tier 2	
AUM READYGARD DUO PEN NEEDLE 32G X 4 MM	Tier 2	
AUM SAFETY PEN NEEDLE 31G X 4 MM , 31G X 5 MM	Tier 2	
<i>aurora pen needles 29g x 12mm , 31g x 6 mm , 31g x 8 mm</i>	Tier 2	
<i>aurora unifine pentips 31g x 5 mm , 32g x 4 mm</i>	Tier 2	
<i>autopen device</i>	Tier 2	
BD ALLERGIST TRAY KIT 27G X 1/2" 1 ML	Tier 2	
BD ALLERGY SYRINGE 27G X 3/8" 1 ML, 28G X 1/2" 1 ML	Tier 2	
BD AUTOSHIELD 29G X 5MM , 29G X 8MM	Tier 2	
BD AUTOSHIELD DUO 30G X 5 MM	Tier 2	
BD DISP NEEDLE 25G X 1" , 30G X 1"	Tier 2	
BD DISP NEEDLES 18G X 1-1/2" , 22G X 1-1/2" , 25G X 5/8"	Tier 2	

Drug Name	Drug Tier	Notes
BD ECLIPSE LUER-LOK NEEDLE 30G X 1/2"	Tier 2	
BD ECLIPSE NEEDLE 18G X 1-1/2" , 23G X 1" , 25G X 1" , 25G X 1-1/2" , 25G X 5/8"	Tier 2	
BD ECLIPSE SHIELDED NEEDLE 18G X 1-1/2"	Tier 2	
BD ECLIPSE SYRINGE 27G X 1/2" 1 ML, 30G X 1/2" 1 ML	Tier 2	
BD ECLIPSE SYRINGE/NEEDLE 22G X 1" 3 ML, 23G X 1-1/2" 3 ML, 25G X 5/8" 3 ML	Tier 2	
BD FILTER NEEDLE 18G X 1-1/2"	Tier 2	
BD HYPODERMIC NEEDLE 22G X 1" , 23G X 1"	Tier 2	
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML	Tier 2	
BD INSULIN SYRINGE 25G X 1" 1 ML, 25G X 5/8" 1 ML, 26G X 1/2" 1 ML, 27.5G X 5/8" 2 ML, 27G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, U-100 1 ML	Tier 2	
BD INSULIN SYRINGE HALF-UNIT 31G X 5/16" 0.3 ML	Tier 2	
BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	Tier 2	
BD INSULIN SYRINGE U/F 1/2UNIT 31G X 5/16" 0.3 ML	Tier 2	
BD INSULIN SYRINGE U/F 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 2	
BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML	Tier 2	
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 31G X 5/16" 0.5 ML	Tier 2	
BD INTEGRA SYRINGE 21G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 5/8" 3 ML	Tier 2	
BD LUER-LOK SYRINGE 10 ML , 23G X 1" 3 ML, 23G X 1-1/2" 3 ML, 25G X 5/8" 3 ML	Tier 2	
BD PEN	Tier 2	
BD PEN MINI	Tier 2	
BD PEN NEEDLE MICRO U/F 32G X 6 MM	Tier 2	

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

Drug Name	Drug Tier	Notes
<i>careone insulin syringe 30g x 1/2" 0.3 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	Tier 2	
<i>careone unifine pentips 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm</i>	Tier 2	
<i>careone unifine pentips plus 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 33g x 4 mm</i>	Tier 2	
<i>carepoint poly hub needle 18g x 1" , 18g x 1-1/2" , 20g x 1" , 21g x 1" , 21g x 1-1/2" , 22g x 1" , 22g x 1-1/2" , 23g x 1" , 23g x 1-1/2" , 25g x 1" , 25g x 1-1/2" , 25g x 5/8" , 27g x 1/2" , 30g x 1/2"</i>	Tier 2	
<i>carepoint safety 1st needle 23g x 1" , 23g x 1-1/2" , 25g x 1" , 25g x 1-1/2" , 25g x 5/8"</i>	Tier 2	
CAREPOINT SAFETY1ST SYR/NEEDLE 23G X 1" 1 ML, 23G X 1" 3 ML, 25G X 1" 1 ML, 25G X 1" 3 ML, 25G X 5/8" 3 ML	Tier 2	
<i>carepoint syringe catheter tip 60 ml</i>	Tier 2	
<i>carepoint syringe luer lock 1 ml</i>	Tier 2	
<i>carepoint syringe luer lock 10 ml</i>	Tier 2	
<i>carepoint syringe luer lock 20 ml</i>	Tier 2	
CAREPOINT SYRINGE LUER LOCK 20G X 1" 3 ML	Tier 2	
CAREPOINT SYRINGE LUER LOCK 20G X 1-1/2" 3 ML	Tier 2	
CAREPOINT SYRINGE LUER LOCK 22G X 1" 3 ML	Tier 2	
CAREPOINT SYRINGE LUER LOCK 22G X 1-1/2" 3 ML	Tier 2	
CAREPOINT SYRINGE LUER LOCK 23G X 1" 3 ML	Tier 2	
CAREPOINT SYRINGE LUER LOCK 23G X 1-1/2" 3 ML	Tier 2	
CAREPOINT SYRINGE LUER LOCK 25G X 1" 3 ML	Tier 2	
<i>carepoint syringe luer lock 3 ml</i>	Tier 2	
<i>carepoint syringe luer lock 30 ml</i>	Tier 2	
<i>carepoint syringe luer lock 5 ml</i>	Tier 2	
<i>carepoint syringe luer lock 60 ml</i>	Tier 2	
<i>carepoint syringe luer slip 1 ml , 60 ml</i>	Tier 2	
<i>carepoint tubercln syr/luer sl 25g x 5/8" 1 ml</i>	Tier 2	
CARETOUCH HYPODERMIC NEEDLE 27G X 1-1/2"	Tier 2	

Drug Name	Drug Tier	Notes
CARETOUCH INSULIN SYRINGE 28G X 5/16" 1 ML, 29G X 5/16" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 2	
CARETOUCH LUER LOCK 10 ML	Tier 2	
CARETOUCH LUER SLIP 3 ML	Tier 2	
CARETOUCH PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 33G X 4 MM	Tier 2	
CEQR SIMPLICITY 2U DEVICE	Tier 2	
CEQR SIMPLICITY INSERTER	Tier 2	
CEQR SIMPLICITY INSERTER	Tier 3	
CLEVER CHOICE COMFORT EZ 29G X 12MM , 33G X 4 MM	Tier 2	
CLICKFINE PEN NEEDLES 31G X 5 MM	Tier 2	
CLICKFINE PEN NEEDLES 31G X 6 MM	Tier 2	
<i>clickfine pen needles 31g x 8 mm</i>	Tier 2	
CLICKFINE PEN NEEDLES 32G X 4 MM	Tier 2	
COMFORT ASSIST INSULIN SYRINGE 31G X 5/16" 0.3 ML	Tier 2	
COMFORT EZ INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 2	
COMFORT EZ MICRO PEN NEEDLES 32G X 4 MM	Tier 2	
COMFORT EZ PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM , 33G X 8 MM	Tier 2	
COMFORT EZ PRO PEN NEEDLES 30G X 8 MM , 31G X 4 MM , 31G X 5 MM	Tier 2	
COMFORT EZ SHORT PEN NEEDLES 31G X 8 MM	Tier 2	
COMFORT TOUCH INSULIN PEN NEED 31G X 4 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM	Tier 2	

Drug Name	Drug Tier	Notes
DIATHRIVE PEN NEEDLE 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	Tier 2	
DROPLET INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 15/64" 0.3 ML, 30G X 15/64" 0.5 ML, 30G X 15/64" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 2	
DROPLET MICRON 34G X 3.5 MM	Tier 2	
DROPLET PEN NEEDLES 29G X 10MM , 29G X 12MM , 30G X 8 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM	Tier 2	
<i>dropsafe safety pen needles 31g x 5 mm , 31g x 6 mm , 31g x 8 mm</i>	Tier 2	
DROPSAFE SAFETY SYRINGE/NEEDLE 29G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 2	
<i>drug mart unifine pentips 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm</i>	Tier 2	
<i>drug mart unifine pentips plus 32g x 4 mm</i>	Tier 2	
<i>easy comfort insulin syringe 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 1/2" 0.3 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml, 32g x 5/16" 0.5 ml, 32g x 5/16" 1 ml</i>	Tier 2	
<i>easy comfort pen needles 31g x 5 mm</i>	Tier 2	
<i>easy comfort pen needles 31g x 5 mm</i>	Tier 3	
<i>easy comfort pen needles 31g x 6 mm</i>	Tier 2	
<i>easy comfort pen needles 31g x 6 mm</i>	Tier 3	
<i>easy comfort pen needles 31g x 8 mm</i>	Tier 2	
<i>easy comfort pen needles 32g x 4 mm</i>	Tier 2	
<i>easy comfort pen needles 32g x 4 mm</i>	Tier 3	
<i>easy comfort pen needles 33g x 4 mm</i>	Tier 2	
<i>easy comfort pen needles 33g x 5 mm</i>	Tier 2	
<i>easy comfort pen needles 33g x 6 mm</i>	Tier 2	
<i>easy glide pen needles 33g x 4 mm</i>	Tier 2	

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

Drug Name	Drug Tier	Notes
EMBECTA INSULIN SYRINGE U-100 27G X 5/8" 1 ML, 28G X 1/2" 1 ML	Tier 2	
EMBECTA INSULIN SYRINGE U-500 31G X 6MM 0.5 ML	Tier 2	
EMBECTA PEN NEEDLE NANO 2 GEN 32G X 4 MM	Tier 2	
EMBECTA PEN NEEDLE NANO 32G X 4 MM	Tier 2	
EMBECTA PEN NEEDLE U/F 29G X 12.7MM , 31G X 5 MM , 31G X 8 MM , 32G X 6 MM	Tier 2	
EMBRACE PEN NEEDLES 30G X 5 MM , 30G X 8 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	Tier 2	
<i>eql insulin syringe 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	Tier 2	
EXEL COMFORT POINT INSULIN SYR 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML	Tier 2	
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM , 31G X 4 MM , 31G X 6 MM , 31G X 8 MM	Tier 2	
FIFTY50 PEN NEEDLES 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM	Tier 2	
FIFTY50 SUPERIOR COMFORT SYR 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 2	
<i>freds pharmacy unifine pentip+ 31g x 5 mm , 31g x 8 mm</i>	Tier 2	
<i>freds pharmacy unifine pentips 32g x 4 mm</i>	Tier 2	
FREESTYLE PRECISION INS SYR 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 2	
<i>global ease inject pen needles 29g x 12mm , 31g x 5 mm , 31g x 8 mm , 32g x 4 mm</i>	Tier 2	
<i>global easy glide insulin syr 31g x 15/64" 0.3 ml, 31g x 15/64" 0.5 ml, 31g x 15/64" 1 ml, 31g x 5/16" 0.3 ml</i>	Tier 2	
<i>global easy glide pen needles 32g x 4 mm</i>	Tier 2	

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

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

Drug Name	Drug Tier	Notes
<i>insupen pen needles 29g x 12mm , 31g x 5 mm , 31g x 8 mm , 32g x 4 mm , 33g x 4 mm</i>	Tier 2	
INSUPEN SENSITIVE 32G X 6 MM , 32G X 8 MM	Tier 2	
INSUPEN ULTRAFIN 30G X 8 MM , 31G X 6 MM , 31G X 8 MM	Tier 2	
<i>kinray insulin syringe 29g x 1/2" 0.5 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	Tier 2	
<i>kmart valu insulin syringe 29g u-100 0.5 ml, u-100 1 ml</i>	Tier 2	
<i>kmart valu insulin syringe 30g u-100 0.3 ml, u-100 0.5 ml, u-100 1 ml</i>	Tier 2	
<i>croger insulin syringe 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	Tier 2	
<i>croger pen needles 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 33g x 4 mm</i>	Tier 2	
<i>leader insulin syringe 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	Tier 2	
LEADER UNIFINE PENTIPS 31G X 5 MM , 32G X 4 MM	Tier 2	
LEADER UNIFINE PENTIPS PLUS 31G X 5 MM , 31G X 8 MM , 32G X 4 MM	Tier 2	
LITETOUCH INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 2	
LITETOUCH PEN NEEDLES 29G X 12.7MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	Tier 2	
<i>longs insulin syringe 31g x 5/16" 0.5 ml</i>	Tier 2	
MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML	Tier 2	
MAGELLAN SYRINGE-SAFETY NEEDLE 23G X 1" 1 ML	Tier 2	

Drug Name	Drug Tier	Notes
MAGELLAN TUBERCULIN SYRINGE 27G X 1/2" 1 ML, 28G X 1/2" 1 ML	Tier 2	
MARATHON MEDICAL PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM	Tier 2	
MAXICOMFORT II PEN NEEDLE 31G X 6 MM	Tier 2	
MAXI-COMFORT INSULIN SYRINGE 28G X 1/2" 0.5 ML	Tier 2	
MAXI-COMFORT SAFETY PEN NEEDLE 29G X 5MM , 29G X 8MM	Tier 2	
MAXICOMFORT SYR 27G X 1/2" 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML	Tier 2	
<i>medic insulin syringe 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml</i>	Tier 2	
<i>medicine shoppe pen needles 29g x 12mm , 31g x 6 mm , 31g x 8 mm</i>	Tier 2	
<i>meijer pen needles 29g x 12mm , 31g x 6 mm , 31g x 8 mm</i>	Tier 2	
MICRODOT PEN NEEDLE 31G X 6 MM , 32G X 4 MM , 33G X 4 MM	Tier 2	
<i>mm insulin syringe/needle 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	Tier 2	
MM PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	Tier 2	
MONOJECT ALLERGIST TRAY KIT 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	Tier 2	
MONOJECT BLUNTIP CANNULA 20G X 1-1/2" , 21G X 1"	Tier 2	
MONOJECT BLUNTIP SYR/CANNULA 3 ML , 6 ML	Tier 2	
MONOJECT CONTROL SYRINGE 12 ML , 20 ML	Tier 2	
MONOJECT FILTER ASPIRATOR	Tier 2	
MONOJECT FILTER NEEDLE 18G X 1-1/2" , 20G X 1-1/2"	Tier 2	

Drug Name	Drug Tier	Notes
MONOJECT HYPODERMIC NEEDLE 14G X 1" , 14G X 1-1/2" , 14G X 2" , 16G X 1" , 16G X 1-1/2" , 16G X 3/4" , 16G X 5/8" , 18G X 1" , 18G X 1-1/2" , 19G X 1" , 19G X 1-1/2" , 20G X 1" , 20G X 1-1/2" , 21G X 1" , 21G X 1-1/2" , 21G X 2" , 22G X 1" , 22G X 1-1/2" , 23G X 1" , 23G X 3/4" , 25G X 1" , 25G X 1-1/2" , 25G X 1-1/4" , 25G X 2" , 25G X 5/8" , 26G X 1-1/2" , 26G X 1/2" , 27G X 1-1/2" , 27G X 1-1/4" , 27G X 1/2" , 30G X 3/4"	Tier 2	
MONOJECT INSULIN SYRINGE 25G X 5/8" 1 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 1 ML, U-100 1 ML	Tier 2	
MONOJECT INTRODUCER NEEDLE 18G X 1-1/4"	Tier 2	
MONOJECT LIFESHIELD SYRINGE 18G X 1" 12 ML, 18G X 1" 3 ML	Tier 2	
MONOJECT MAGELLAN SAFETY NDL 18G X 1" , 18G X 1-1/2" , 19G X 1" , 19G X 1-1/2" , 20G X 1" , 20G X 1-1/2" , 21G X 1" , 21G X 1-1/2" , 21G X 5/8" , 22G X 1" , 22G X 1-1/2" , 23G X 1" , 23G X 5/8" , 25G X 1" , 25G X 5/8"	Tier 2	
MONOJECT MAGELLAN SYRINGE 18G X 1" 12 ML, 18G X 1" 6 ML, 20G X 1-1/2" 12 ML, 20G X 1-1/2" 3 ML, 20G X 1-1/2" 6 ML, 21G X 1" 12 ML, 21G X 1" 3 ML, 21G X 1" 6 ML, 21G X 1-1/2" 12 ML, 21G X 1-1/2" 3 ML, 21G X 1-1/2" 6 ML, 22G X 1-1/2" 12 ML, 22G X 1-1/2" 3 ML, 22G X 1-1/2" 6 ML, 23G X 1" 1 ML, 23G X 1" 3 ML, 25G X 1" 1 ML, 25G X 1" 3 ML, 25G X 5/8" 1 ML, 25G X 5/8" 3 ML	Tier 2	
MONOJECT PHARMACY TRAY 12 ML , 20 ML , 3 ML , 35 ML , 6 ML , 60 ML	Tier 2	
MONOJECT PISTON SYRINGE 140 ML	Tier 2	
MONOJECT SYRINGE 12 ML , 18G X 1" 12 ML, 20G X 1" 3 ML, 20G X 1-1/2" 3 ML, 20G X 1-1/2" 6 ML, 20G X 3/4" 3 ML, 21G X 1" 3 ML, 21G X 1" 6 ML, 21G X 1-1/2" 3 ML, 21G X 1-1/2" 6 ML, 22G X 1-1/2" 3 ML, 22G X 1-1/2" 6 ML, 23G X 1" 3 ML, 25G X 1" 3 ML, 25G X 1-1/4" 3 ML, 25G X 5/8" 3 ML, 27G X 1-1/4" 3 ML, 3 ML , 6 ML	Tier 2	

Drug Name	Drug Tier	Notes
MONOJECT SYRINGE CATH TIP 35 ML , 60 ML	Tier 2	
MONOJECT SYRINGE ECC LUER 20 ML , 35 ML	Tier 2	
MONOJECT SYRINGE ECCENTRIC TIP 60 ML	Tier 2	
MONOJECT SYRINGE LUER LOCK 20 ML , 35 ML , 6 ML , 60 ML	Tier 2	
MONOJECT SYRINGE LUER-LOCK TIP 140 ML , 60 ML	Tier 2	
MONOJECT SYRINGE PHARMACY TRAY 1 ML	Tier 2	
MONOJECT SYRINGE REG LUER 20 ML , 3 ML , 35 ML , 6 ML	Tier 2	
MONOJECT SYRINGE REGULAR TIP 20 ML , 3 ML , 6 ML , 60 ML	Tier 2	
MONOJECT SYRINGE TOOMEY TYPE 60 ML	Tier 2	
MONOJECT TB SAFETY SYRINGE 25G X 5/8" 1 ML, 28G X 1/2" 1 ML	Tier 2	
MONOJECT TB SYRINGE 1 ML , 25G X 5/8" 1 ML, 26G X 3/8" 1 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	Tier 2	
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML	Tier 2	
<i>ms insulin syringe 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	Tier 2	
<i>multi-draw needle 20g x 1" , 21g x 1" , 22g x 1"</i>	Tier 2	
NORDIPEN 5 INJECTION DEVICE	Tier 2	
NORDIPEN DELIVERY SYSTEM	Tier 2	
NORM-JECT LUER SLIP SYRINGE 1 ML	Tier 2	
NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM	Tier 2	
NOVOFINE PEN NEEDLE 32G X 6 MM	Tier 2	
NOVOFINE PLUS PEN NEEDLE 32G X 4 MM	Tier 2	
NOVOPEN ECHO DEVICE	Tier 2	
NOVOTWIST PEN NEEDLE 32G X 5 MM	Tier 2	
OMNITROPE PEN 5 INJ DEVICE	Tier 2	

Drug Name	Drug Tier	Notes
<i>pc unifine pentips 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm</i>	Tier 2	
<i>pen needle/5-bevel tip 32g x 4 mm</i>	Tier 2	
<i>pen needles 29g x 12mm , 30g x 5 mm , 30g x 8 mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 32g x 5 mm , 32g x 6 mm , 33g x 4 mm</i>	Tier 2	
<i>pen needles 5/16" 31g x 8 mm</i>	Tier 2	
PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM	Tier 2	
PENTIPS GENERIC PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM	Tier 2	
PERFECT POINT SAFETY NEEDLE 25G X 1"	Tier 2	
<i>pip pen needles 31g x 5mm</i>	Tier 2	
<i>pip pen needles 32g x 4mm</i>	Tier 2	
PRECISION SUREDOSE PLUS SYR 29G X 1/2" 0.3 ML, 29G X 1/2" 1 ML	Tier 2	
PRECISION SURE-DOSE SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 30G X 3/8" 0.5 ML, 30G X 5/16" 0.3 ML	Tier 2	
<i>preferred plus insulin syringe 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml</i>	Tier 2	
<i>preferred plus unifine pentips 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm</i>	Tier 2	
PREVENT DROPSAFE PEN NEEDLES 31G X 6 MM , 31G X 8 MM	Tier 2	
PREVENT SAFETY PEN NEEDLES 31G X 6 MM , 31G X 8 MM	Tier 2	
PRO COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 2	
<i>pro comfort pen needles 31g x 8 mm , 32g x 4 mm , 32g x 5 mm , 32g x 6 mm</i>	Tier 2	
PRODIGY INSULIN SYRINGE 28G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML	Tier 2	
<i>pure comfort pen needle 32g x 4 mm , 32g x 5 mm , 32g x 6 mm , 32g x 8 mm</i>	Tier 2	
<i>pure comfort safety pen needle 31g x 5 mm , 31g x 6 mm , 32g x 4 mm</i>	Tier 2	

Drug Name	Drug Tier	Notes
<i>px extra short pen needles 31g x 6 mm</i>	Tier 2	
<i>px insulin syringe 30g x 1/2" 0.5 ml</i>	Tier 2	
<i>px mini pen needles 31g x 5 mm</i>	Tier 2	
<i>px pen needle 29g x 12mm , 31g x 8 mm</i>	Tier 2	
<i>px shortlength pen needles 31g x 8 mm</i>	Tier 2	
<i>qc pen needles 29g x 12mm , 31g x 6 mm , 31g x 8 mm</i>	Tier 2	
<i>qc unifine pentips 32g x 4 mm</i>	Tier 2	
QUICK TOUCH INSULIN PEN NEEDLE 31G X 4 MM , 31G X 5 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM , 33G X 8 MM	Tier 2	
<i>ra insulin syringe 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml</i>	Tier 2	
<i>ra pen needles 31g x 5 mm , 31g x 8 mm</i>	Tier 2	
<i>raya sure pen needle 29g x 12mm , 31g x 4 mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm</i>	Tier 2	
<i>reality insulin syringe 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml</i>	Tier 2	
RELION INSULIN SYRINGE 29G X 1/2" 0.5 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 2	
RELION MINI PEN NEEDLES 31G X 6 MM	Tier 2	
RELION PEN NEEDLES 29G X 12MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	Tier 2	
RELION SHORT PEN NEEDLES 31G X 8 MM	Tier 2	
<i>safety insulin syringes 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.5 ml</i>	Tier 2	
<i>safety pen needles 30g x 5 mm , 30g x 8 mm</i>	Tier 2	
<i>sb insulin syringe 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 1 ml</i>	Tier 2	
SECURESAFE INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	Tier 2	
SECURESAFE SAFETY PEN NEEDLES 30G X 8 MM	Tier 2	
SHOPKO UNIFINE PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM	Tier 2	

Drug Name	Drug Tier	Notes
SHOPKO UNIFINE PENTIPS PLUS 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM	Tier 2	
<i>sure comfort insulin syringe 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 1/2" 0.3 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 1/4" 0.3 ml, 31g x 1/4" 0.5 ml, 31g x 1/4" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	Tier 2	
<i>sure comfort pen needles 29g x 12.7mm , 30g x 8 mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 32g x 6 mm</i>	Tier 2	
SURE-FINE PEN NEEDLES 29G X 12.7MM , 31G X 5 MM , 31G X 8 MM	Tier 2	
SURE-JECT INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 2	
<i>syringe luer lock 30 ml</i>	Tier 2	
<i>syringe luer slip 1 ml</i>	Tier 2	
<i>tb syringe 1 ml</i>	Tier 2	
<i>techlite insulin syringe 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 1/2" 0.3 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 15/64" 0.3 ml, 31g x 15/64" 0.5 ml, 31g x 15/64" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	Tier 2	
TECHLITE PEN NEEDLES 29G X 10MM , 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM , 32G X 8 MM	Tier 2	
TECHLITE PLUS PEN NEEDLES 32G X 4 MM	Tier 2	
<i>today's health mini pen needles 31g x 6 mm</i>	Tier 2	
<i>today's health pen needles 29g x 12mm</i>	Tier 2	
<i>today's health short pen needle 31g x 8 mm</i>	Tier 2	
<i>toomey syringe 70 ml</i>	Tier 2	
<i>topcare clickfine pen needles 31g x 6 mm , 31g x 8 mm</i>	Tier 2	

Drug Name	Drug Tier	Notes
<i>topcare ultra comfort ins syr 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	Tier 2	
<i>true comfort insulin syringe 30g x 1/2" 0.5 ml</i>	Tier 3	
<i>true comfort insulin syringe 30g x 1/2" 1 ml</i>	Tier 3	
<i>true comfort insulin syringe 30g x 5/16" 0.5 ml</i>	Tier 3	
<i>true comfort insulin syringe 30g x 5/16" 1 ml</i>	Tier 3	
<i>true comfort insulin syringe 31g x 5/16" 0.5 ml</i>	Tier 2	
<i>true comfort insulin syringe 31g x 5/16" 0.5 ml</i>	Tier 3	
<i>true comfort insulin syringe 31g x 5/16" 1 ml</i>	Tier 2	
<i>true comfort insulin syringe 31g x 5/16" 1 ml</i>	Tier 3	
<i>true comfort insulin syringe 32g x 5/16" 1 ml</i>	Tier 3	
<i>true comfort pen needles 31g x 5 mm , 31g x 6 mm , 32g x 4 mm</i>	Tier 2	
<i>true comfort pro insulin syr 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml, 32g x 5/16" 0.5 ml, 32g x 5/16" 1 ml</i>	Tier 2	
<i>true comfort pro pen needles 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 32g x 5 mm , 32g x 6 mm , 33g x 4 mm , 33g x 5 mm , 33g x 6 mm</i>	Tier 2	
<i>true comfort safety pen needle 31g x 5 mm , 31g x 6 mm , 32g x 4 mm</i>	Tier 2	
TRUEPLUS 5-BEVEL PEN NEEDLES 29G X 12.7MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	Tier 2	
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 2	
TRUEPLUS PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	Tier 2	
ULTICARE INSULIN SAFETY SYR 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	Tier 2	
ULTICARE INSULIN SYR 1/2 UNIT 31G X 1/4" 0.3 ML	Tier 2	

Drug Name	Drug Tier	Notes
ULTICARE INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 1/4" 0.3 ML, 31G X 1/4" 0.5 ML, 31G X 1/4" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 2	
ULTICARE MICRO PEN NEEDLES 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	Tier 2	
ULTICARE MINI PEN NEEDLES 30G X 5 MM , 31G X 6 MM , 32G X 6 MM	Tier 2	
ULTICARE PEN NEEDLES 29G X 12.7MM , 31G X 5 MM	Tier 2	
ULTICARE SHORT PEN NEEDLES 30G X 8 MM , 31G X 8 MM	Tier 2	
ULTIGUARD SAFEPACK PEN NEEDLE 29G X 12.7MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM	Tier 2	
ULTIGUARD SAFEPACK SYR/NEEDLE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 2	
ULTILET INSULIN SYRINGE 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 1/4" 0.3 ML, 31G X 1/4" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 1 ML	Tier 2	
ULTILET INSULIN SYRINGE SHORT 30G X 1/2" 0.3 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 2	
ULTILET PEN NEEDLE 29G X 12.7MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM	Tier 2	
<i>ultra comfort insulin syringe 30g x 5/16" 0.3 ml</i>	Tier 2	
ULTRA FLO INSULIN PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 33G X 4 MM	Tier 2	
ULTRA FLO INSULIN SYR 1/2 UNIT 30G X 1/2" 0.3 ML, 30G X 5/16" 0.3 ML, 31G X 5/16" 0.3 ML	Tier 2	

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

Drug Name	Drug Tier	Notes
VERIFINE INSULIN PEN NEEDLE 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM	Tier 2	
VERIFINE INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 2	
VERIFINE PLUS PEN NEEDLE 31G X 5 MM , 31G X 8 MM , 32G X 4 MM	Tier 2	
VIDA MIA UNIFINE PENTIPS 29G X 12MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	Tier 2	
<i>vp insulin syringe 29g x 1/2" 0.3 ml</i>	Tier 2	
<i>wegmans unifine pentips plus 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm</i>	Tier 2	
<i>zevrx insulin syringe 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml</i>	Tier 2	
<i>zevrx pen needles 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm</i>	Tier 2	
*Nerve Stimulators***		
GAMMACORE DEVICE	EX	Non FDA Exclusion
GAMMACORE SAPPHIRE 31-DAY DEVICE	EX	Non FDA Exclusion
GAMMACORE SAPPHIRE D DEVICE	EX	Non FDA Exclusion
GAMMACORE SAPPHIRE DEVICE	EX	Non FDA Exclusion
GAMMACORE SAPPHIRE REFILL KIT	EX	Non FDA Exclusion
NERIVIO DEVICE	EX	Non FDA Exclusion
PONS MOUTHPIECE	EX	Non FDA Exclusion
PONS SYSTEM DEVICE	EX	Non FDA Exclusion
S.T. GENESIS NERVE STIMULATOR DEVICE	EX	Non FDA Exclusion
*Ocular Implants***		
SUSVIMO OCULAR IMPLANT INTRAVITREAL IMPLANT	EX	Medical Only Exclusion
*Peak Flow Meters***		
STRIVE DUAL ZONE PEAK FLOW MTR DEVICE	EX	Formulary Exclusion
*Respiratory Therapy Supplies***		
ACE AEROSOL CLOUD ENHANCER	EX	Formulary Exclusion
<i>adult mask device</i>	Tier 2	
AEROBIKA DEVICE	Tier 2	
AEROBIKA OPEP W/MANOMETER KIT	EX	Formulary Exclusion
AEROECLIPSE EZ TWIST TUBING	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
AEROECLIPSE MASK LARGE	EX	Formulary Exclusion
AEROECLIPSE MASK MEDIUM	EX	Formulary Exclusion
AEROECLIPSE MASK SMALL	EX	Formulary Exclusion
ALL FLOW 1000 PFT FILTER DEVICE	Tier 2	
ALL FLOW 2000 PFT FILTER DEVICE	Tier 2	
ALL FLOW 3000 PFT FILTER DEVICE	Tier 2	
ALL FLOW 4000 PFT FILTER DEVICE	Tier 2	
ALL FLOW 5000 PFT FILTER DEVICE	Tier 2	
ALL FLOW 6000 PFT FILTER DEVICE	Tier 2	
ALL FLOW 7000 PFT FILTER DEVICE	Tier 2	
<i>co monitor device</i>	Tier 2	
IN-CHECK DIAL FLOW TRAINER DEVICE	Tier 2	
IN-CHECK INSPIRATORY FLOW MTR DEVICE	Tier 2	
<i>nebulizer mask adult</i>	EX	Formulary Exclusion
<i>nebulizer mask child</i>	EX	Formulary Exclusion
<i>nebulizer mask ped/tubing</i>	EX	Formulary Exclusion
OMBRA COMPRESSOR ADULT KIT	EX	Formulary Exclusion
OMBRA COMPRESSOR CHILD KIT	EX	Formulary Exclusion
OMBRA TABLE TOP COMPRESSOR DEVICE	Tier 2	
ONE FLOW SPIROMETER DEVICE	Tier 2	
PARI MANUAL INTERRUPTER DEVICE	Tier 2	
PARI TREK S COMBO PACK DEVICE	Tier 2	
QUAKE DEVICE	Tier 2	
REUSABLE COMFORTSEAL MASK-LRG	EX	Formulary Exclusion
REUSABLE COMFORTSEAL MASK-MED	EX	Formulary Exclusion
REUSABLE COMFORTSEAL MASK-SML	EX	Formulary Exclusion
<i>silicone mask/adult</i>	EX	Formulary Exclusion
<i>silicone mask/infant</i>	EX	Formulary Exclusion
<i>silicone mask/pediatric</i>	EX	Formulary Exclusion
<i>spiro pd device</i>	Tier 2	
THRESHOLD PEP DEVICE	Tier 2	
VERSAPAP DEVICE	EX	Formulary Exclusion
VERSAPAP W/UNIVERSAL TUBING DEVICE	EX	Formulary Exclusion
*Scar Treatments***		
<i>cellpad sheet</i>	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
CICASIL SHEET	EX	Non FDA Exclusion
<i>coatamax patch sheet</i>	EX	Non FDA Exclusion
KELOTOP SHEET	EX	Non FDA Exclusion
NUVA III SHEET	EX	Non FDA Exclusion
NUVAGEL SHEET	EX	Non FDA Exclusion
NUVAZIL II SHEET	EX	Non FDA Exclusion
NUVAZIL SHEET	EX	Non FDA Exclusion
<i>polytoza patch sheet</i>	EX	Non FDA Exclusion
PROSILK SHEET	EX	Non FDA Exclusion
<i>realsil-6 sheet</i>	EX	Non FDA Exclusion
<i>realsil-8 sheet</i>	EX	Non FDA Exclusion
<i>scarcin pad plus sheet</i>	EX	Non FDA Exclusion
<i>scarcinpad sheet</i>	EX	Non FDA Exclusion
<i>scarheal sheet</i>	EX	Non FDA Exclusion
<i>scarsilk sheet</i>	EX	Non FDA Exclusion
SILADERM SHEET	EX	Non FDA Exclusion
<i>siladone scar patch sheet</i>	EX	Non FDA Exclusion
<i>silinoin 8 day supply sheet</i>	EX	Non FDA Exclusion
<i>silivex sheet</i>	EX	Non FDA Exclusion
SILTREX SHEET	EX	Non FDA Exclusion
<i>skarlite sheet</i>	EX	Non FDA Exclusion
SZOSIL 15 DAY SUPPLY SHEET	EX	Non FDA Exclusion
SZOSIL 8 DAY SUPPLY SHEET	EX	Non FDA Exclusion
*Spacer/Aerosol-Holding Chambers & Supplies***		
AEROCHAMBER HOLDING CHAMBER DEVICE	Tier 2	
AEROCHAMBER MINI CHAMBER DEVICE	Tier 2	
AEROCHAMBER MV	Tier 2	
AEROCHAMBER PLS FLOVU MTHPIECE DEVICE	Tier 2	
AEROCHAMBER PLUS FLO-VU	Tier 2	
AEROCHAMBER PLUS FLO-VU INTERM DEVICE	Tier 2	
AEROCHAMBER PLUS FLO-VU LARGE	Tier 2	
AEROCHAMBER PLUS FLO-VU LARGE DEVICE	Tier 2	
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	Tier 2	

Drug Name	Drug Tier	Notes
AEROCHAMBER PLUS FLO-VU SMALL	Tier 2	
AEROCHAMBER PLUS FLO-VU SMALL DEVICE	Tier 2	
AEROCHAMBER PLUS FLO-VU W/MASK	Tier 2	
AEROCHAMBER Z-STAT PLUS	Tier 2	
AEROCHAMBER Z-STAT PLUS CHAMBR	Tier 2	
AEROCHAMBER Z-STAT PLUS/LARGE	Tier 2	
AEROCHAMBER Z-STAT PLUS/MEDIUM	Tier 2	
AEROCHAMBER Z-STAT PLUS/SMALL	Tier 2	
AEROVENT PLUS DEVICE	Tier 2	
<i>breathe comfort chamber/adult device</i>	Tier 2	
<i>breathe comfort chamber/child device</i>	Tier 2	
<i>breathe ease large device</i>	Tier 2	
<i>breathe ease medium device</i>	Tier 2	
<i>breathe ease small device</i>	Tier 2	
BREATHERITE	Tier 2	
BREATHERITE COLL SPACER ADULT	Tier 2	
BREATHERITE COLL SPACER CHILD	Tier 2	
BREATHERITE COLL SPACER INFANT	Tier 2	
BREATHERITE RIGID SPACER/MASK	Tier 2	
BREATHERITE SPACER NEONATE	Tier 2	
BREATHERITE SPACER SMALL CHILD	Tier 2	
BREATHERITE VALVED MDI CHAMBER DEVICE	Tier 2	
BREATHERITE/LARGE MASK	Tier 2	
BREATHERITE/MEDIUM MASK	Tier 2	
BREATHERITE/SMALL MASK	Tier 2	
CLEVER CHOICE HOLDING CHAMBER DEVICE	Tier 2	
COMPACT SPACE CHAMBER DEVICE	Tier 2	
COMPACT SPACE CHAMBER/LG MASK DEVICE	Tier 2	
COMPACT SPACE CHAMBER/MED MASK DEVICE	Tier 2	
COMPACT SPACE CHAMBER/SM MASK DEVICE	Tier 2	
EASIVENT	Tier 2	
EASIVENT MASK LARGE	Tier 2	
EASIVENT MASK MEDIUM	Tier 2	
EASIVENT MASK SMALL	Tier 2	

Drug Name	Drug Tier	Notes
<i>eq space chamber anti-static device</i>	Tier 2	
<i>eq space chamber anti-static l device</i>	Tier 2	
<i>eq space chamber anti-static m device</i>	Tier 2	
<i>eq space chamber anti-static s device</i>	Tier 2	
FLEXICHAMBER ADULT MASK/SMALL	Tier 2	
FLEXICHAMBER CHILD MASK/LARGE	Tier 2	
FLEXICHAMBER CHILD MASK/SMALL	Tier 2	
FLEXICHAMBER DEVICE	Tier 2	
INSPIRACHAMBER/LARGE DEVICE	Tier 2	
INSPIRACHAMBER/MEDIUM DEVICE	Tier 2	
INSPIRACHAMBER/MOUTHPIECE DEVICE	Tier 2	
INSPIRACHAMBER/SMALL DEVICE	Tier 2	
INSPIREASE	Tier 2	
INSPIREASE RESERVOIR BAGS	Tier 2	
LITEAIRE DEVICE	Tier 2	
MASK VORTEX/CHILD/FROG	Tier 2	
MASK VORTEX/TODDLER/LADYBUG	Tier 2	
MICROCHAMBER	Tier 2	
MICROCHAMBER DEVICE	Tier 2	
MICROSPACER	Tier 2	
OPTICHAMBER ADVANTAGE-LG MASK	Tier 2	
OPTICHAMBER ADVANTAGE-MED MASK	Tier 2	
OPTICHAMBER ADVANTAGE-SM MASK	Tier 2	
OPTICHAMBER DIAMOND	Tier 2	
OPTICHAMBER DIAMOND DEVICE	Tier 2	
OPTICHAMBER DIAMOND-LG MASK DEVICE	Tier 2	
OPTICHAMBER DIAMOND-MD MASK	Tier 2	
OPTICHAMBER DIAMOND-SM MASK	Tier 2	
OPTICHAMBER FACE MASK-LARGE	Tier 2	
OPTICHAMBER FACE MASK-MEDIUM	Tier 2	
OPTICHAMBER FACE MASK-SMALL	Tier 2	
OPTIHALER	Tier 2	
OPTIHALER DEVICE	Tier 2	
PANDA MASK LARGE	Tier 2	
PANDA MASK MEDIUM	Tier 2	
PANDA MASK SMALL	Tier 2	

Drug Name	Drug Tier	Notes
PEDIATRIC PANDA MASK	Tier 2	
POCKET CHAMBER DEVICE	Tier 2	
POCKET SPACER DEVICE	Tier 2	
<i>pro comfort spacer adult</i>	Tier 2	
<i>pro comfort spacer child</i>	Tier 2	
<i>pro comfort spacer infant device</i>	Tier 2	
<i>procare spacer/adult mask device</i>	Tier 2	
<i>procare spacer/child mask device</i>	Tier 2	
<i>prochamber vhc device</i>	Tier 2	
<i>pure comfort spacer chamber device</i>	Tier 2	
RITEFLO DEVICE	Tier 2	
VORTEX HOLD CHMBR/MASK/CHILD DEVICE	Tier 2	
VORTEX HOLD CHMBR/MASK/TODDLER DEVICE	Tier 2	
VORTEX VALVE CHAMBER-PEDI MASK DEVICE	Tier 2	
VORTEX VALVED HOLDING CHAMBER DEVICE	Tier 2	
WATCHHALER DEVICE	Tier 2	
*Transcranial Magnetic Stimulators***		
SAVI DUAL DEVICE	EX	Formulary Exclusion
*Tumor Treating Fields Products (Ttfields)***		
OPTUNE DEVICE	EX	Non FDA Exclusion
OPTUNE LUA DEVICE	EX	Non FDA Exclusion
Migraine Products		
*Calcitonin Gene-Related Peptide Receptor Antag (Cgrp)***		
NURTEC ORAL TABLET DISPERSIBLE 75 MG	Tier 2	PA; QL
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	Tier 2	PA; QL
UBRELVY ORAL TABLET 100 MG, 50 MG	Tier 2	PA; QL
ZAVZPRET NASAL SOLUTION 10 MG/ACT	EX	PA; Formulary Exclusion; QL
*Cgrp Receptor Antagonists - Monoclonal Antibodies***		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	Tier 2	PA; QL

Drug Name	Drug Tier	Notes
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 225 MG/1.5ML	Tier 2	PA; QL
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML	Tier 2	PA; QL
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	Tier 2	PA
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	Tier 2	PA
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	Tier 2	PA
VYEPTI INTRAVENOUS SOLUTION 100 MG/ML	EX	Medical Only Exclusion
*Ergot Combinations***		
CAFERGOT ORAL TABLET 1-100 MG	EX	Formulary Exclusion
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	EX	Formulary Exclusion
MIGERGOT RECTAL SUPPOSITORY 2-100 MG	Tier 3	PA; QL
*Migraine Combinations***		
MIGRANOW COMBINATION THERAPY PACK 50 & 4-10 MG & %	EX	Non FDA Exclusion
SUMANSETRON ORAL TABLET THERAPY PACK 50 & 4 MG	EX	Non FDA Exclusion
*Migraine Products - Cyclooxygenase 2 (Cox-2) Inhibitors***		
ELYXYB ORAL SOLUTION 120 MG/4.8ML	EX	Non Essential Drug Exclusion
*Migraine Products - Nsaids***		
CAMBIA ORAL PACKET 50 MG	EX	Non Essential Drug Exclusion; Formulary Exclusion
<i>diclofenac potassium(migraine) oral packet 50 mg</i>	EX	Non Essential Drug Exclusion
*Migraine Products***		
D.H.E. 45 INJECTION SOLUTION 1 MG/ML	EX	Formulary Exclusion
<i>dihydroergotamine mesylate injection solution 1 mg/ml</i>	Tier 1	
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	Tier 1	PA
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL 2 MG	Tier 3	PA
MIGRANAL NASAL SOLUTION 4 MG/ML	EX	PA; Formulary Exclusion
TRUDHESA NASAL AEROSOL SOLUTION 0.725 MG/ACT	EX	PA; Formulary Exclusion

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

Drug Name	Drug Tier	Notes
<i>sumatriptan succinate refill solution cartridge 6 mg/0.5ml subcutaneous</i>	Tier 1	QL
<i>sumatriptan succinate refill solution cartridge 6 mg/0.5ml subcutaneous</i>	Tier 1	ST; QL
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	Tier 1	QL
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>	Tier 1	QL
<i>sumatriptan succinate subcutaneous solution prefilled syringe 6 mg/0.5ml</i>	Tier 2	QL
TOSYMRA NASAL SOLUTION 10 MG/ACT	Tier 3	ST
ZEMBRACE SYMTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 3 MG/0.5ML	Tier 3	PA; ST; QL
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	Tier 1	QL
<i>zolmitriptan oral tablet dispersible 2.5 mg, 5 mg</i>	EX	Formulary Exclusion; QL
<i>zolmitriptan solution 2.5 mg nasal</i>	Tier 3	ST; QL
<i>zolmitriptan solution 5 mg nasal</i>	Tier 1	ST; QL
ZOMIG SOLUTION 2.5 MG NASAL	Tier 3	ST; QL
ZOMIG SOLUTION 5 MG NASAL	EX	ST; Formulary Exclusion; QL
ZOMIG TABLET 2.5 MG ORAL	EX	ST; Formulary Exclusion; QL
ZOMIG TABLET 2.5 MG ORAL	Tier 1	QL
ZOMIG TABLET 5 MG ORAL	EX	ST; Formulary Exclusion; QL
ZOMIG TABLET 5 MG ORAL	Tier 1	QL
ZOMIG ZMT ORAL TABLET DISPERSIBLE 2.5 MG, 5 MG	EX	Formulary Exclusion; QL
*Selective Serotonin Agonists 5-Ht(1F)***		
REYVOW ORAL TABLET 100 MG, 50 MG	Tier 2	PA; QL
Minerals & Electrolytes		
*Bicarbonates***		
<i>sodium acetate intravenous solution 2 meq/ml, 4 meq/ml</i>	EX	Medical Only Exclusion
<i>sodium bicarbonate solution 4.2 % intravenous</i>	EX	Medical Only Exclusion
<i>sodium bicarbonate solution 7.5 % intravenous</i>	EX	Medical Only Exclusion
<i>sodium bicarbonate solution 8.4 % intravenous</i>	EX	Medical Only Exclusion
<i>sodium bicarbonate solution 8.4 % intravenous</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>sodium bicarbonate-dextrose solution 150-5 meq/l-% intravenous</i>	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
<i>sodium bicarbonate-dextrose solution 150-5 meq/l-% intravenous</i>	EX	Non FDA Exclusion
THAM INTRAVENOUS SOLUTION 30 MEQ/100ML	EX	Medical Only Exclusion
<i>tromethamine solution 30 meq/100ml intravenous</i>	EX	Medical Only Exclusion
<i>tromethamine solution 30 meq/100ml intravenous</i>	EX	Non FDA Exclusion; Medical Only Exclusion
*Calcium Combinations***		
CALCIFOL ORAL WAFER 1342-1.6 MG	EX	Formulary Exclusion
<i>calcium gluconate-nacl solution 1-0.675 gm/50ml-% intravenous</i>	EX	Medical Only Exclusion
<i>calcium gluconate-nacl solution 1-0.8 gm/100ml-% intravenous</i>	EX	Medical Only Exclusion
<i>calcium gluconate-nacl solution 1-0.9 gm/100ml-% intravenous</i>	EX	Formulary Exclusion
<i>calcium gluconate-nacl solution 2-0.675 gm/100ml-% intravenous</i>	EX	Medical Only Exclusion
<i>calcium gluconate-nacl solution 2-0.9 gm/100ml-% intravenous</i>	EX	Formulary Exclusion
<i>calcium-folic acid plus d oral wafer 1342-1 mg</i>	Benefit Exclusion	Formulary Exclusion
LIQUICAL PLUS ORAL LIQUID 84-24-0.7-10 MG-MCG/5ML	EX	Non FDA Exclusion
*Calcium***		
<i>calcium chloride intravenous solution 10 %</i>	EX	Medical Only Exclusion
<i>calcium gluconate intravenous solution 10 %</i>	EX	Medical Only Exclusion
<i>calcium gluconate intravenous solution prefilled syringe 1000 mg/10ml</i>	EX	Non FDA Exclusion; Medical Only Exclusion
*Electrolytes & Dextrose***		
<i>dextrose 5%/electrolyte #48 intravenous solution</i>	Tier 3	
<i>dextrose in lactated ringers intravenous solution 5 %</i>	Tier 1	
<i>dextrose-nacl intravenous solution 5-0.9 %</i>	EX	Non FDA Exclusion
<i>dextrose-sodium chloride solution 10-0.2 % intravenous</i>	Tier 3	
<i>dextrose-sodium chloride solution 10-0.45 % intravenous</i>	Tier 2	
<i>dextrose-sodium chloride solution 2.5-0.45 % intravenous</i>	Tier 1	
<i>dextrose-sodium chloride solution 5-0.2 % intravenous</i>	Tier 1	
<i>dextrose-sodium chloride solution 5-0.225 % intravenous</i>	Tier 1	

Drug Name	Drug Tier	Notes
<i>dextrose-sodium chloride solution 5-0.3 % intravenous</i>	Tier 1	
<i>dextrose-sodium chloride solution 5-0.3 % intravenous</i>	Tier 3	
<i>dextrose-sodium chloride solution 5-0.33 % intravenous</i>	Tier 1	
<i>dextrose-sodium chloride solution 5-0.45 % intravenous</i>	Tier 1	
<i>dextrose-sodium chloride solution 5-0.9 % intravenous</i>	Tier 1	
ELLIOTTS B INTRATHECAL SOLUTION	EX	Medical Only Exclusion
IONOSOL-MB IN D5W INTRAVENOUS SOLUTION	Tier 3	
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	Tier 3	
<i>kcl in dextrose-nacl solution 10-5-0.45 meq/l-%-% intravenous</i>	Tier 1	
<i>kcl in dextrose-nacl solution 20-5-0.2 meq/l-%-% intravenous</i>	Tier 1	
<i>kcl in dextrose-nacl solution 20-5-0.225 meq/l-%-% intravenous</i>	Tier 1	
<i>kcl in dextrose-nacl solution 20-5-0.225 meq/l-%-% intravenous</i>	Tier 3	
<i>kcl in dextrose-nacl solution 20-5-0.45 meq/l-%-% intravenous</i>	Tier 1	
<i>kcl in dextrose-nacl solution 20-5-0.9 meq/l-%-% intravenous</i>	Tier 1	
<i>kcl in dextrose-nacl solution 30-5-0.45 meq/l-%-% intravenous</i>	Tier 1	
<i>kcl in dextrose-nacl solution 40-5-0.45 meq/l-%-% intravenous</i>	Tier 1	
<i>kcl in dextrose-nacl solution 40-5-0.9 meq/l-%-% intravenous</i>	Tier 1	
<i>kcl in dextrose-nacl solution 40-5-0.9 meq/l-%-% intravenous</i>	Tier 3	
<i>kcl-lactated ringers-d5w intravenous solution 20 meq/l</i>	Tier 3	
NORMOSOL-M IN D5W INTRAVENOUS SOLUTION	Tier 3	
NORMOSOL-R IN D5W INTRAVENOUS SOLUTION	Tier 3	
<i>potassium cl in dextrose 5% intravenous solution 10 meq/l, 20 meq/l</i>	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
*Electrolytes Parenteral***		
HYPERLYTE-CR INTRAVENOUS CONCENTRATE	EX	Medical Only Exclusion
ISOLYTE-S INTRAVENOUS SOLUTION	EX	Medical Only Exclusion
ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION	EX	Medical Only Exclusion
<i>kcl (0.149%) in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%</i>	EX	Medical Only Exclusion
<i>kcl (0.298%) in nacl intravenous solution 40-0.9 meq/l-%</i>	EX	Medical Only Exclusion
<i>kcl (in nacl 0.9%) intravenous solution 40 meq/500ml</i>	EX	Non FDA Exclusion
<i>kcl-lidocaine-nacl solution 10-10 meq-mg /100ml intravenous</i>	EX	Formulary Exclusion
<i>kcl-lidocaine-nacl solution 10-10 meq-mg /100ml intravenous</i>	EX	Non FDA Exclusion
<i>lactated ringers intravenous solution</i>	EX	Medical Only Exclusion
<i>multiple electro type 1 ph 5.5 intravenous solution</i>	EX	Medical Only Exclusion
<i>multiple electro type 1 ph 7.4 intravenous solution</i>	EX	Medical Only Exclusion
NORMOSOL-R INTRAVENOUS SOLUTION	EX	Medical Only Exclusion
NORMOSOL-R PH 7.4 INTRAVENOUS SOLUTION	EX	Medical Only Exclusion
PLASMA-LYTE 148 INTRAVENOUS SOLUTION	EX	Medical Only Exclusion
PLASMA-LYTE A INTRAVENOUS SOLUTION	EX	Medical Only Exclusion
<i>potassium chloride in nacl solution 20 meq/250ml intravenous</i>	EX	Non FDA Exclusion
<i>potassium chloride in nacl solution 20-0.45 meq/l-% intravenous</i>	EX	Medical Only Exclusion
<i>potassium chloride in nacl solution 20-0.9 meq/l-% intravenous</i>	EX	Medical Only Exclusion
<i>potassium chloride in nacl solution 40-0.9 meq/l-% intravenous</i>	EX	Medical Only Exclusion
<i>ringers intravenous solution</i>	EX	Medical Only Exclusion
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	EX	Medical Only Exclusion
*Fluoride Combinations***		
FLORIVA ORAL LIQUID 0.25-400 MG-UNIT/ML	Tier 3	

Drug Name	Drug Tier	Notes
*Fluoride***		
<i>fluoritab oral solution 0.275 (0.125 f) mg/drop</i>	Tier 5	
FLURA-DROPS ORAL SOLUTION 0.55 (0.25 F) MG/DROP	Tier 5	
NAFRINSE DROPS ORAL SOLUTION 0.275 (0.125 F) MG/DROP	Tier 5	
NAFRINSE ORAL TABLET CHEWABLE 2.2 (1 F) MG	Tier 5	
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>	Tier 5	
<i>sodium fluoride oral tablet 1.1 (0.5 f) mg, 2.2 (1 f) mg</i>	Tier 5	
<i>sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg, 2.2 (1 f) mg</i>	Tier 5	
*Iodine Products***		
<i>iodine strong oral solution 5 %</i>	EX	Formulary Exclusion
*Magnesium***		
<i>magnesium chloride injection solution 200 mg/ml</i>	EX	Formulary Exclusion
<i>magnesium sulfate in d5w intravenous solution 1-5 gm/100ml-%</i>	EX	Medical Only Exclusion
<i>magnesium sulfate intravenous solution 2 gm/50ml, 20 gm/500ml, 4 gm/100ml, 4 gm/50ml, 40 gm/1000ml</i>	EX	Medical Only Exclusion
<i>magnesium sulfate solution 50 % injection</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>magnesium sulfate solution 50 % injection</i>	EX	Medical Only Exclusion
<i>magnesium sulfate-nacl intravenous solution 2-0.9 gm/50ml-%</i>	EX	Formulary Exclusion
*Manganese***		
<i>manganese chloride intravenous solution 0.1 mg/ml</i>	EX	Medical Only Exclusion
*Phosphate***		
GLYCOPHOS INTRAVENOUS SOLUTION 1 MMOLE/ML	EX	Formulary Exclusion
K-PHOS ORAL TABLET 500 MG	EX	Formulary Exclusion
K-PHOS-NEUTRAL ORAL TABLET 155-852-130 MG	EX	Formulary Exclusion
PHOSPHA 250 NEUTRAL ORAL TABLET 155-852-130 MG	Tier 1	
<i>phosphorous oral tablet 155-852-130 mg</i>	Tier 1	
PHOSPHO-TRIN 250 NEUTRAL ORAL TABLET 155-852-130 MG	Tier 1	

Drug Name	Drug Tier	Notes
PHOSPHO-TRIN K500 ORAL TABLET 500 MG	Tier 1	
<i>potassium phosphates intravenous solution 15 mmole/5ml, 150 mmole/50ml, 45 mmole/15ml</i>	EX	Medical Only Exclusion
<i>potassium phosphates(66 meq k) intravenous solution 45 mmole/15ml</i>	EX	Medical Only Exclusion
<i>potassium phosphates(71 meq k) intravenous solution 45 mmole/15ml</i>	EX	Medical Only Exclusion
<i>potassium phosphates-nacl solution 15 mmol/250ml intravenous</i>	EX	Medical Only Exclusion
<i>potassium phosphates-nacl solution 15 mmol/250ml intravenous</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>potassium phosphates-nacl solution 30 mmol/500ml intravenous</i>	EX	Non FDA Exclusion
<i>sodium phosphates solution 15 mmole/5ml intravenous</i>	Tier 1	
<i>sodium phosphates solution 15 mmole/5ml intravenous</i>	EX	Formulary Exclusion
<i>sodium phosphates solution 150 mmole/50ml intravenous</i>	Tier 1	
<i>sodium phosphates solution 45 mmole/15ml intravenous</i>	EX	Medical Only Exclusion
<i>virt-phos 250 neutral oral tablet 155-852-130 mg</i>	Tier 1	
<i>wes-phos 250 neutral oral tablet 155-852-130 mg</i>	Tier 1	
*Potassium Combinations***		
EFFER-K TABLET EFFERVESCENT 10 MEQ ORAL	EX	Formulary Exclusion
EFFER-K TABLET EFFERVESCENT 20 MEQ ORAL	EX	Non FDA Exclusion
EFFER-K TABLET EFFERVESCENT 20 MEQ ORAL	EX	Formulary Exclusion
*Potassium***		
EFFER-K ORAL TABLET EFFERVESCENT 25 MEQ	EX	Formulary Exclusion
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	Tier 1	
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE 10 MEQ	Tier 1	
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ	Tier 1	
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE 20 MEQ	Tier 1	
KLOR-CON ORAL PACKET 20 MEQ	Tier 1	

Drug Name	Drug Tier	Notes
KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ	Tier 1	
KLOR-CON/EF ORAL TABLET EFFERVESCENT 25 MEQ	EX	Formulary Exclusion
K-PRIME ORAL TABLET EFFERVESCENT 25 MEQ	EX	Formulary Exclusion
K-TAB TABLET EXTENDED RELEASE 10 MEQ ORAL	EX	Formulary Exclusion
K-TAB TABLET EXTENDED RELEASE 20 MEQ ORAL	EX	Formulary Exclusion
K-TAB TABLET EXTENDED RELEASE 8 MEQ ORAL	Tier 3	
POKONZA ORAL PACKET 10 MEQ	Tier 3	
<i>potassium acetate solution 2 meq/ml intravenous</i>	EX	Medical Only Exclusion
<i>potassium acetate solution 2 meq/ml intravenous</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>potassium chloride crystals oral tablet extended release 10 meq, 15 meq, 20 meq</i>	Tier 1	
<i>potassium chloride oral capsule extended release 10 meq, 8 meq</i>	Tier 1	
<i>potassium chloride oral tablet extended release 10 meq oral</i>	Tier 1	
<i>potassium chloride oral tablet extended release 15 meq oral</i>	Tier 3	
<i>potassium chloride oral tablet extended release 20 meq oral</i>	Tier 1	
<i>potassium chloride oral tablet extended release 8 meq oral</i>	Tier 1	
<i>potassium chloride intravenous solution 10 meq/100ml, 10 meq/50ml, 2 meq/ml, 20 meq/100ml, 20 meq/50ml, 40 meq/100ml</i>	EX	Medical Only Exclusion
<i>potassium chloride intravenous solution prefilled syringe 100 meq/50ml</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>potassium chloride oral packet 20 meq</i>	Tier 1	
<i>potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	Tier 1	
*Sodium***		
AQUASTAT INTRAVENOUS SOLUTION 0.9 %	EX	Formulary Exclusion
AQUASTAT SFR INTRAVENOUS SOLUTION 0.9 %	EX	Formulary Exclusion
BD POSIFLUSH INTRAVENOUS SOLUTION 0.9 %	EX	Formulary Exclusion

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

Drug Name	Drug Tier	Notes
<i>selenious acid solution 60 mcg/ml intravenous</i>	EX	Medical Only Exclusion
*Zinc***		
GALZIN ORAL CAPSULE 25 MG, 50 MG	Tier 3	
<i>zinc chloride intravenous solution 1 mg/ml</i>	EX	Medical Only Exclusion
<i>zinc sulfate intravenous solution 1 mg/ml, 3 mg/ml, 5 mg/ml</i>	EX	Medical Only Exclusion
Miscellaneous Therapeutic Classes		
*Activated Phosphoinositide 3-Kinase Delta Syndrome Agent***		
JOENJA ORAL TABLET 70 MG	Tier 4	PA; Specialty; QL
*Allogeneic Thymus Tissue***		
RETHYMIC INTRAMUSCULAR IMPLANT	EX	Medical Only Exclusion
*Antileptics***		
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	Tier 4	PA; Specialty
*B-Lymphocyte Stimulator (Blys)-Specific Inhibitors***		
BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED 120 MG, 400 MG	Tier 4	PA; Specialty
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	Tier 4	PA; Specialty
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	Tier 4	PA; Specialty
*Chelating Agents***		
CLOVIQUE ORAL CAPSULE 250 MG	Tier 4	PA; Specialty
CUPRIMINE ORAL CAPSULE 250 MG	EX	PA; Specialty; Formulary Exclusion
CUVRIOR ORAL TABLET 300 MG	EX	PA; Specialty; Formulary Exclusion
DEPEN TITRATABS ORAL TABLET 250 MG	EX	PA; Specialty; Formulary Exclusion
<i>edetate disodium intravenous solution 150 mg/ml</i>	EX	Non FDA Exclusion
<i>penicillamine oral capsule 250 mg</i>	EX	PA; Specialty; Formulary Exclusion
<i>penicillamine oral tablet 250 mg</i>	Tier 4	PA; Specialty
SYPRINE ORAL CAPSULE 250 MG	EX	PA; Specialty; Formulary Exclusion
<i>trientine hcl capsule 250 mg oral</i>	Tier 4	PA; Specialty
<i>trientine hcl capsule 500 mg oral</i>	Tier 4	Specialty

Drug Name	Drug Tier	Notes
*Colony Stimulating Factor-1 Receptor (Csf-1R) Antibodies**		
NIKTIMVO INTRAVENOUS SOLUTION 22 MG/0.44ML, 9 MG/0.18ML	EX	Medical Only Exclusion
*Continuous Renal Replacement Therapy (Crrt) Solutions***		
<i>phoxillum b22k4/0 extracorporeal solution 22-4-1 meq-mmol/l</i>	Tier 3	
PRISMASOL BGK 4/0/1.2 EXTRACORPOREAL SOLUTION 32-4-1.2 MEQ/L	EX	Medical Only Exclusion
REGIOCIT EXTRACORPOREAL SOLUTION 0.529 %	EX	Non FDA Exclusion; Medical Only Exclusion
<i>trisodium citrate/crrt extracorporeal solution</i>	EX	Non FDA Exclusion
*Cyclosporine Analogs***		
<i>cyclosporine intravenous solution 50 mg/ml</i>	EX	Medical Only Exclusion
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>cyclosporine modified oral solution 100 mg/ml</i>	Tier 1	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	Tier 1	
GENGRAF ORAL CAPSULE 100 MG, 25 MG	Tier 1	
GENGRAF ORAL SOLUTION 100 MG/ML	Tier 1	
LUPKYNIS ORAL CAPSULE 7.9 MG	Tier 4	PA; Specialty; QL
NEORAL ORAL CAPSULE 100 MG, 25 MG	Tier 3	
NEORAL ORAL SOLUTION 100 MG/ML	Tier 3	
SANDIMMUNE INTRAVENOUS SOLUTION 50 MG/ML	EX	Medical Only Exclusion
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG	Tier 3	
SANDIMMUNE ORAL SOLUTION 100 MG/ML	Tier 3	
*Digital Therapy Application - Behavior & Mental Health***		
ENDEAVORRX	EX	Non FDA Exclusion
MODIA	EX	Non FDA Exclusion
REJOYN	EX	Non FDA Exclusion
RESET	EX	Non FDA Exclusion
RESET FOR IOS OR ANDROID APP	EX	Non FDA Exclusion
RESET NON-MONETARY CM	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
RESET-O	EX	Non FDA Exclusion
RESET-O FOR IOS OR ANDROID APP	EX	Non FDA Exclusion
RESET-O NON-MONETARY CM	EX	Non FDA Exclusion
SOMRYST	EX	Non FDA Exclusion
VORVIDA	EX	Non FDA Exclusion
*Digital Therapy Application - Gastrointestinal***		
MAHANA IBS	EX	Non FDA Exclusion
*Digital Therapy Application - Genitourinary***		
LEVA PELVIC HEALTH SYSTEM KIT	EX	Non FDA Exclusion
*Digital Therapy Application - Musculoskeletal***		
RELIEVRX KIT	EX	Non FDA Exclusion
*Digital Therapy Application - Type 2 Diabetes***		
ASPYRERX	EX	Non FDA Exclusion
*Digital Therapy Application - Visual***		
LUMINOPIA	EX	Non FDA Exclusion
*Digital Therapy Application - Women's Health***		
<i>natural cycles contraceptive</i>	EX	Non FDA Exclusion
*Enzymes***		
AMPHADASE INJECTION SOLUTION 150 UNIT/ML	EX	Medical Only Exclusion
HYLENEX INJECTION SOLUTION 150 UNIT/ML	EX	Medical Only Exclusion
VITRASE INJECTION SOLUTION 200 UNIT/ML	EX	Medical Only Exclusion
XIAFLEX INJECTION SOLUTION RECONSTITUTED 0.9 MG	Tier 4	PA; Specialty
*Farnesyltransferase Inhibitors***		
ZOKINVY ORAL CAPSULE 50 MG, 75 MG	Tier 4	PA; Specialty
*Fecal Incontinence Bulking Agent - Combinations***		
SOLESTA INJECTION GEL 50-15 MG/ML	EX	Medical Only Exclusion
*Homeopathic Products***		
ACUNOL ORAL TABLET	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
<i>bhi uri-control oral tablet</i>	EX	Non FDA Exclusion
COLCIGEL EXTERNAL GEL	EX	Non FDA Exclusion
ECZEMOL ORAL TABLET	EX	Non FDA Exclusion
HYLAFEM VAGINAL SUPPOSITORY	EX	Non FDA Exclusion
<i>morcin external cream</i>	EX	Non FDA Exclusion
PSORIZIDE FORTE ORAL TABLET 30-1-15 MG	EX	Non FDA Exclusion
PSORIZIDE ULTRA ORAL TABLET	EX	Non FDA Exclusion
SPEEDGEL RX EXTERNAL GEL	EX	Non FDA Exclusion
<i>streptococcinum 30c sublingual pellet</i>	EX	Non FDA Exclusion
TRANZGEL EXTERNAL GEL	EX	Non FDA Exclusion
TRAUMEEL EXTERNAL OINTMENT	EX	Non FDA Exclusion
TRAUMEEL ORAL TABLET	EX	Non FDA Exclusion
WELLMIND VERTIGO ORAL TABLET	EX	Non FDA Exclusion
*Immune Globulin Immunosuppressants***		
ATGAM INTRAVENOUS SOLUTION 50 MG/ML	EX	Medical Only Exclusion
THYMOGLOBULIN INTRAVENOUS SOLUTION RECONSTITUTED 25 MG	EX	Medical Only Exclusion
*Immunomodulators - Allogeneic Cellular Immunotherapy**		
RYONCIL <12.5KG INTRAVENOUS KIT 1 X 3.8 ML	EX	Medical Only Exclusion
RYONCIL 12.5KG TO <25KG INTRAVENOUS KIT 2 X 3.8 ML	EX	Medical Only Exclusion
RYONCIL 25KG TO <37.5KG INTRAVENOUS KIT 3 X 3.8 ML	EX	Medical Only Exclusion
RYONCIL 37.5KG TO <50KG INTRAVENOUS KIT 4 X 3.8 ML	EX	Medical Only Exclusion
RYONCIL 50KG TO <62.5KG INTRAVENOUS KIT 5 X 3.8 ML	EX	Medical Only Exclusion
RYONCIL 62.5KG TO <75KG INTRAVENOUS KIT 6 X 3.8 ML	EX	Medical Only Exclusion
RYONCIL 75KG TO <87.5KG INTRAVENOUS KIT 7 X 3.8 ML	EX	Medical Only Exclusion
RYONCIL 87.5KG TO <100KG INTRAVENOUS KIT 8 X 3.8 ML	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
*Immunomodulators - Combinations***		
VYVGART HYTRULO SUBCUTANEOUS SOLUTION 180-2000 MG-UNIT/ML	EX	Medical Only Exclusion
*Immunomodulators For Myelodysplastic Syndromes***		
<i>lenalidomide capsule 10 mg oral</i>	Tier 1	PA; Specialty
<i>lenalidomide capsule 10 mg oral</i>	Tier 4	PA; Specialty
<i>lenalidomide capsule 15 mg oral</i>	Tier 1	PA; Specialty
<i>lenalidomide capsule 15 mg oral</i>	Tier 4	PA; Specialty
<i>lenalidomide capsule 2.5 mg oral</i>	Tier 1	PA; Specialty
<i>lenalidomide capsule 2.5 mg oral</i>	Tier 4	PA; Specialty
<i>lenalidomide capsule 20 mg oral</i>	Tier 1	PA; Specialty
<i>lenalidomide capsule 20 mg oral</i>	Tier 4	PA; Specialty
<i>lenalidomide capsule 25 mg oral</i>	Tier 1	PA; Specialty
<i>lenalidomide capsule 25 mg oral</i>	Tier 4	PA; Specialty
<i>lenalidomide capsule 5 mg oral</i>	Tier 1	PA; Specialty
<i>lenalidomide capsule 5 mg oral</i>	Tier 4	PA; Specialty
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	Tier 4	PA; Specialty
*Inosine Monophosphate Dehydrogenase Inhibitors***		
CELLCEPT INTRAVENOUS INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	EX	Medical Only Exclusion
CELLCEPT ORAL CAPSULE 250 MG	Tier 3	
CELLCEPT ORAL SUSPENSION RECONSTITUTED 200 MG/ML	Tier 3	
CELLCEPT ORAL TABLET 500 MG	Tier 3	
<i>mycophenolate mofetil hcl intravenous solution reconstituted 500 mg</i>	EX	Medical Only Exclusion
<i>mycophenolate mofetil intravenous solution reconstituted 500 mg</i>	EX	Medical Only Exclusion
<i>mycophenolate mofetil oral capsule 250 mg</i>	Tier 1	
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	Tier 1	
<i>mycophenolate mofetil oral tablet 500 mg</i>	Tier 1	
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	Tier 1	
<i>mycophenolic acid oral tablet delayed release 180 mg, 360 mg</i>	Tier 1	

Drug Name	Drug Tier	Notes
MYFORTIC ORAL TABLET DELAYED RELEASE 180 MG, 360 MG	Tier 3	
MYHIBBIN ORAL SUSPENSION 200 MG/ML	Tier 3	PA; QL
*Interleukin-6 (Il-6) Antagonists***		
SYLVANT INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 400 MG	EX	Medical Only Exclusion
*Irrigation Solutions***		
PHYSIOLYTE IRRIGATION SOLUTION	EX	Medical Only Exclusion
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION	EX	Medical Only Exclusion
<i>sterile water for irrigation irrigation solution</i>	EX	Formulary Exclusion
*Macrolide Immunosuppressants***		
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 5 MG	Tier 3	
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG	Tier 3	
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	Tier 1	
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	EX	Medical Only Exclusion
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG	Tier 3	
PROGRAF ORAL PACKET 0.2 MG, 1 MG	Tier 3	
RAPAMUNE ORAL SOLUTION 1 MG/ML	Tier 3	
RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG	Tier 3	
<i>sirolimus oral solution 1 mg/ml</i>	Tier 1	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	Tier 1	
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	Tier 3	
*Misc Natural Products***		
<i>azalgia oral capsule</i>	EX	Non FDA Exclusion
BRUSELIX ORAL TABLET	EX	Non FDA Exclusion
<i>ultra hers rx oral capsule</i>	EX	Non FDA Exclusion
<i>ultra his oral capsule</i>	EX	Non FDA Exclusion
<i>ultra pcos oral capsule</i>	EX	Non FDA Exclusion
<i>xyzmune oral capsule</i>	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
*Miscellaneous Therapeutic Classes***		
NEXAVIR INJECTION SOLUTION 25.5 MG/ML	EX	Medical Only Exclusion
<i>phenol injection solution 6 %</i>	EX	Non FDA Exclusion
*Monoclonal Antibodies***		
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	Tier 4	PA; Specialty
GAMIFANT INTRAVENOUS SOLUTION 10 MG/2ML, 100 MG/20ML, 50 MG/10ML	EX	Medical Only Exclusion
SIMULECT INTRAVENOUS SOLUTION RECONSTITUTED 10 MG, 20 MG	EX	Medical Only Exclusion
UPLIZNA INTRAVENOUS SOLUTION 100 MG/10ML	EX	Medical Only Exclusion
*Neonatal Fc Receptor (FcγRn) Antagonists***		
RYSTIGGO SUBCUTANEOUS SOLUTION 280 MG/2ML, 420 MG/3ML, 560 MG/4ML, 840 MG/6ML	EX	Medical Only Exclusion
VYVGART INTRAVENOUS SOLUTION 400 MG/20ML	EX	Medical Only Exclusion
*Patient Assessment Services - No Drug Dispensed***		
<i>eua patient assessment</i>	Tier 3	
*Peritoneal Dialysis Solutions***		
DELFLX-LC/1.5% DEXTROSE INTRAPERITONEAL SOLUTION 344 MOSM/L	EX	Medical Only Exclusion
DELFLX-LC/2.5% DEXTROSE INTRAPERITONEAL SOLUTION 394 MOSM/L	EX	Medical Only Exclusion
DELFLX-LC/4.25% DEXTROSE INTRAPERITONEAL SOLUTION 483 MOSM/L	EX	Medical Only Exclusion
DELFLX-SM/1.5% DEXTROSE INTRAPERITONEAL SOLUTION 347 MOSM/L	EX	Medical Only Exclusion
DELFLX-SM/2.5% DEXTROSE INTRAPERITONEAL SOLUTION 398 MOSM/L	EX	Medical Only Exclusion
DIANEAL LOW CALCIUM/1.5% DEX INTRAPERITONEAL SOLUTION 344 MOSM/L	EX	Medical Only Exclusion

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

Drug Name	Drug Tier	Notes
SPS (SODIUM POLYSTYRENE SULF) RECTAL SUSPENSION 30 GM/120ML	Tier 1	
VELTASSA ORAL PACKET 1 GM, 16.8 GM, 25.2 GM, 8.4 GM	Tier 3	PA
*Prostaglandins***		
<i>alprostadil injection solution 500 mcg/ml</i>	Tier 1	
PROSTIN VR INJECTION SOLUTION 500 MCG/ML	EX	Formulary Exclusion
*Purine Analogs***		
AZASAN ORAL TABLET 100 MG, 75 MG	Tier 1	
<i>azathioprine oral tablet 100 mg, 50 mg, 75 mg</i>	Tier 1	
<i>azathioprine sodium injection solution reconstituted 100 mg</i>	EX	Formulary Exclusion
IMURAN ORAL TABLET 50 MG	Tier 3	
*Rock Inhibitors***		
REZUROCK ORAL TABLET 200 MG	Tier 4	PA; Specialty
*Sclerosing Agents***		
ASCLERA INTRAVENOUS SOLUTION 0.5 %, 1 %	EX	Medical Only Exclusion
ETHAMOLIN INTRAVENOUS SOLUTION 5 %	EX	Medical Only Exclusion
<i>polidocanol intravenous solution 5 %</i>	EX	Non FDA Exclusion
<i>sodium tetradecyl sulfate intravenous solution 3 %</i>	EX	Medical Only Exclusion
SOTRADECOL INTRAVENOUS SOLUTION 1 %, 3 %	EX	Medical Only Exclusion
VARITHENA INTRAVENOUS FOAM 180 MG/18ML	EX	Medical Only Exclusion
*Selective T-Cell Costimulation Blockers***		
NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED 250 MG	EX	Medical Only Exclusion
*Type I Interferon (Ifn) Receptor Antagonists***		
SAPHNELO INTRAVENOUS SOLUTION 300 MG/2ML	EX	PA; Specialty; Formulary Exclusion
*Uremic Pruritus Agents***		
KORSUVA INTRAVENOUS SOLUTION 65 MCG/1.3ML	EX	Medical Only Exclusion

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

Drug Name	Drug Tier	Notes
<i>sodium fluoride 5000 enamel dental gel 1.1-5 %</i>	Benefit Exclusion	
<i>sodium fluoride 5000 sensitive dental gel 1.1-5 %</i>	Benefit Exclusion	
*Dry Mouth Agents And Artificial Saliva***		
AQUORAL MOUTH/THROAT SOLUTION	EX	Non FDA Exclusion
BOCASAL MOUTH/THROAT PACKET	EX	Non FDA Exclusion
CAPHOSOL MOUTH/THROAT SOLUTION	EX	Non FDA Exclusion
MUCOSITISRX MOUTH/THROAT PACKET	EX	Non FDA Exclusion
NEUTRASAL MOUTH/THROAT PACKET	EX	Non FDA Exclusion
NUMOISYN MOUTH/THROAT LIQUID	EX	Formulary Exclusion
NUMOISYN MOUTH/THROAT LOZENGE	EX	Formulary Exclusion
SALIVAMAX MOUTH/THROAT PACKET	EX	Non FDA Exclusion
*Fluoride Dental Products***		
CLINPRO 5000 DENTAL PASTE 1.1 %	Tier 1	
DENTA 5000 PLUS CREAM 1.1 % DENTAL	Benefit Exclusion	
DENTA 5000 PLUS CREAM 1.1 % DENTAL	Tier 1	
DENTAGEL GEL 1.1 % DENTAL	Benefit Exclusion	
DENTAGEL GEL 1.1 % DENTAL	Tier 1	
EASYGEL DENTAL GEL 0.4 %	Tier 1	
FLUORIDEX DAILY RENEWAL MOUTH/THROAT CONCENTRATE 0.63 %	Benefit Exclusion	
FLUORIDEX DENTAL PASTE 1.1 %	Benefit Exclusion	
FLUORIDEX ENHANCED WHITENING DENTAL PASTE 1.1 %	Benefit Exclusion	
FLUORIMAX 5000 DENTAL PASTE 1.1 %	Benefit Exclusion	
<i>fraiche 5000 dental dental gel 1.1 %</i>	Benefit Exclusion	
JUST FOR KIDS DENTAL GEL 0.4 %	Tier 1	
JUST RIGHT 5000 DENTAL GEL 1.1 %	Benefit Exclusion	
JUST RIGHT 5000 DENTAL PASTE 1.1 %	Benefit Exclusion	
NAFRINSE DAILY/NEUTRAL MOUTH/THROAT SOLUTION RECONSTITUTED 0.05 %	Tier 3	
NAFRINSE WEEKLY MOUTH/THROAT SOLUTION RECONSTITUTED 0.2 %	Tier 3	
PERIOMED MOUTH/THROAT CONCENTRATE 0.63 %	Benefit Exclusion	
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 %	EX	Formulary Exclusion

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

Drug Name	Drug Tier	Notes
*Saliva Stimulants***		
<i>cevimeline hcl oral capsule 30 mg</i>	Tier 1	
EVOXAC ORAL CAPSULE 30 MG	EX	Formulary Exclusion
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	Tier 1	
SALAGEN ORAL TABLET 5 MG, 7.5 MG	EX	Formulary Exclusion
*Steroid Combinations - Mouth/Throat/Dental***		
<i>acyclonine mum mouth/throat aerosol powder 36.7-16.7-3.33 %</i>	EX	Non FDA Exclusion
*Steroids - Mouth/Throat/Dental***		
KOURZEQ MOUTH/THROAT PASTE 0.1 %	Tier 1	
ORALONE MOUTH/THROAT PASTE 0.1 %	Tier 1	
<i>triamcinolone acetamide mouth/throat paste 0.1 %</i>	Tier 1	
Multivitamins		
*B-Complex Vitamins***		
<i>b-complex injection solution</i>	EX	Non FDA Exclusion
EB-N3 DR ORAL CAPSULE DELAYED RELEASE	EX	Non FDA Exclusion
<i>vitamin b complex 100 injection solution</i>	EX	Formulary Exclusion
<i>vitamin b complex-hydroxocobal injection solution</i>	EX	Non FDA Exclusion
<i>vitamin b-complex 100 injection solution</i>	EX	Formulary Exclusion
*B-Complex W/ C & Folic Acid***		
<i>activite oral tablet 1 mg</i>	Benefit Exclusion	Non FDA Exclusion
<i>b-plex oral tablet</i>	EX	Formulary Exclusion
DEXIFOL ORAL TABLET 5 MG	Tier 5	Non FDA Exclusion
DIALYVITE ORAL TABLET	Benefit Exclusion	Formulary Exclusion
<i>folbee plus oral tablet</i>	Tier 5	Formulary Exclusion
GENICIN VITA-S ORAL TABLET 1 MG	Benefit Exclusion	Non FDA Exclusion
<i>hylavite oral tablet</i>	EX	Non FDA Exclusion
MYNEPHRON ORAL CAPSULE 1 MG	Benefit Exclusion	Non FDA Exclusion
NEPHRONEX ORAL TABLET	Benefit Exclusion	Formulary Exclusion
NEPHRO-VITE RX ORAL TABLET 1 MG	Benefit Exclusion	Formulary Exclusion
RENAL ORAL CAPSULE 1 MG	Benefit Exclusion	Formulary Exclusion
<i>reno caps oral capsule 1 mg</i>	Tier 5	Formulary Exclusion
<i>tm-vite rx oral tablet 1 mg</i>	Benefit Exclusion	Non FDA Exclusion
<i>triphrocaps oral capsule 1 mg</i>	Benefit Exclusion	Formulary Exclusion
<i>tronvite oral tablet 1 mg</i>	Benefit Exclusion	Non FDA Exclusion

Drug Name	Drug Tier	Notes
<i>virt-caps oral capsule 1 mg</i>	Tier 5	Formulary Exclusion
<i>vitasure oral tablet 1 mg</i>	Benefit Exclusion	Non FDA Exclusion
<i>vp-vite rx oral tablet 1 mg</i>	Benefit Exclusion	Formulary Exclusion
<i>wescaps oral capsule 1 mg</i>	Benefit Exclusion	Formulary Exclusion
<i>xvite oral tablet 1 mg</i>	Benefit Exclusion	Non FDA Exclusion
*B-Complex W/ C-Biotin-D-Zinc & Folic Acid***		
VITAL-D RX ORAL TABLET 1 MG	Benefit Exclusion	Formulary Exclusion
*B-Complex W/ C-Biotin-E & Folic Acid***		
RENATABS ORAL TABLET 1 MG	Benefit Exclusion	Formulary Exclusion
*B-Complex W/ C-Biotin-E-Folic Acid & Iron***		
RENATABS WITH IRON ORAL 1 & 100 MG	Benefit Exclusion	Formulary Exclusion
*B-Complex W/ C-Biotin-E-Minerals & Folic Acid***		
DIALYVITE 3000 ORAL TABLET 3 MG	Tier 5	Formulary Exclusion
DIALYVITE 5000 ORAL TABLET 5 MG	EX	Formulary Exclusion
*B-Complex W/ C-Biotin-Minerals & Folic Acid***		
FOLBEE PLUS CZ ORAL TABLET 5 MG	Benefit Exclusion	Formulary Exclusion
*B-Complex W/ C-Zn & Folic Acid***		
DIALYVITE/ZINC ORAL TABLET	Benefit Exclusion	Formulary Exclusion
NEHPLEX RX ORAL TABLET	Benefit Exclusion	Formulary Exclusion
*B-Complex W/ E & Folic Acid***		
<i>folic-k oral capsule 1 mg</i>	Benefit Exclusion	Non FDA Exclusion
*B-Complex W/ Lysine-Min-Fe & Folic Acid***		
NUTRIVIT ORAL LIQUID	EX	Formulary Exclusion
*B-Complex W/ Lysine-Zn & Folic Acid***		
SUPERVITE ORAL LIQUID	EX	Formulary Exclusion
*Bioflavonoid Products***		
ADRENAL C FORMULA ORAL TABLET	EX	Formulary Exclusion
*Iron W/ Vitamins***		
VITAFOL ORAL TABLET	Benefit Exclusion	Formulary Exclusion

Drug Name	Drug Tier	Notes
*Multiple Vitamins W/ Iron***		
DAVIMET-IRON ORAL TABLET CHEWABLE	EX	Non FDA Exclusion
*Multiple Vitamins W/ Minerals & Calcium-Folic Acid***		
FOLGARD OS ORAL TABLET 500-1.1 MG	Benefit Exclusion	Formulary Exclusion
*Multiple Vitamins W/ Minerals & Fluoride-Iron-Folic Acid***		
QUFLORA FE ORAL TABLET CHEWABLE 0.25 MG	Benefit Exclusion	Formulary Exclusion
*Multiple Vitamins W/ Minerals***		
BACMIN ORAL TABLET	Benefit Exclusion	Formulary Exclusion
<i>biocel oral tablet</i>	Benefit Exclusion	Formulary Exclusion
<i>b-plex plus oral tablet</i>	Benefit Exclusion	Formulary Exclusion
CORVITA ORAL TABLET	EX	Formulary Exclusion
<i>dayavite oral tablet</i>	Benefit Exclusion	Non FDA Exclusion
DEPLIN MA ORAL CAPSULE	EX	Non FDA Exclusion
DERMACINRX MULTITAM ORAL TABLET	Benefit Exclusion	Non FDA Exclusion
DERMACINRX RIBOTIN-E ORAL TABLET	Benefit Exclusion	Non FDA Exclusion
DERMACINRX ZINTREXYL-C ORAL TABLET	Benefit Exclusion	Non FDA Exclusion
DEXATRAN ORAL CAPSULE	Benefit Exclusion	Non FDA Exclusion
DIALYVITE SUPREME D ORAL TABLET	EX	Formulary Exclusion
DIATROL ORAL TABLET	EX	Non FDA Exclusion
FINAZOL ORAL TABLET	EX	Non FDA Exclusion
FLORRAVITE ORAL TABLET	EX	Non FDA Exclusion
FLORRAXYL ORAL TABLET	EX	Non FDA Exclusion
<i>folamax oral tablet</i>	Benefit Exclusion	Non FDA Exclusion
<i>folamed dha oral capsule</i>	Benefit Exclusion	Non FDA Exclusion
<i>folaprime oral tablet</i>	EX	Non FDA Exclusion
FOLIFLEX ORAL TABLET	Benefit Exclusion	Non FDA Exclusion
FOLITIN-Z ORAL TABLET	Benefit Exclusion	Non FDA Exclusion
<i>hylazinc oral tablet</i>	Benefit Exclusion	Non FDA Exclusion
<i>keyfolic oral tablet</i>	Benefit Exclusion	Non FDA Exclusion
KEYLOSA ORAL TABLET	EX	Non FDA Exclusion
LIVITA ADULTS ORAL LIQUID	EX	Non FDA Exclusion
LYSIPLEX PLUS ORAL TABLET	Benefit Exclusion	Formulary Exclusion
<i>medi tab oral tablet</i>	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
MENATROL ORAL CAPSULE	EX	Non FDA Exclusion
<i>multipro oral capsule</i>	Benefit Exclusion	Non FDA Exclusion
MULTITOL-M ORAL TABLET	EX	Non FDA Exclusion
<i>neovite oral tablet</i>	Benefit Exclusion	Formulary Exclusion
NICADAN ORAL TABLET	Benefit Exclusion	Formulary Exclusion
NICAZEL FORTE ORAL TABLET	Benefit Exclusion	Formulary Exclusion
NICAZEL ORAL TABLET	Benefit Exclusion	Formulary Exclusion
NUTRICAP ORAL TABLET	Benefit Exclusion	Formulary Exclusion
NUTRIFAC ZX ORAL TABLET	Benefit Exclusion	Formulary Exclusion
OCUVEL ORAL CAPSULE	EX	Formulary Exclusion
<i>onevite oral tablet</i>	EX	Formulary Exclusion
<i>profola oral tablet</i>	Benefit Exclusion	Non FDA Exclusion
REMEDIENT ORAL CAPSULE	Benefit Exclusion	Non FDA Exclusion
REQ 49+ ORAL TABLET	Benefit Exclusion	Formulary Exclusion
SIDEROL ORAL TABLET	Benefit Exclusion	Non FDA Exclusion
STROVITE FORTE ORAL SYRUP	Benefit Exclusion	Formulary Exclusion
STROVITE FORTE ORAL TABLET	Benefit Exclusion	Formulary Exclusion
STROVITE ONE ORAL TABLET	Benefit Exclusion	Formulary Exclusion
<i>support oral liquid</i>	Benefit Exclusion	Non FDA Exclusion
<i>thrivite 19 oral tablet</i>	Benefit Exclusion	Formulary Exclusion
UDAMIN SP ORAL TABLET	EX	Formulary Exclusion
<i>v-c forte oral capsule</i>	Benefit Exclusion	Formulary Exclusion
VENEXA FE ORAL TABLET	Benefit Exclusion	Non FDA Exclusion
VENEXA ORAL TABLET	Benefit Exclusion	Non FDA Exclusion
VENTRIXYL FE ORAL TABLET	Benefit Exclusion	Non FDA Exclusion
VENTRIXYL ORAL TABLET	Benefit Exclusion	Non FDA Exclusion
VIC-FORTE ORAL CAPSULE	Benefit Exclusion	Formulary Exclusion
VITA S FORTE ORAL TABLET	Benefit Exclusion	Formulary Exclusion
VITACEL ORAL TABLET	Benefit Exclusion	Formulary Exclusion
VITACORE ORAL TABLET	EX	Non FDA Exclusion
VITAROCA PLUS ORAL TABLET	Benefit Exclusion	Formulary Exclusion
VITRAMYN ORAL TABLET	Benefit Exclusion	Non FDA Exclusion
VITRANOL FE ORAL TABLET	Benefit Exclusion	Non FDA Exclusion
VITRANOL ORAL TABLET	Benefit Exclusion	Non FDA Exclusion
VITREXATE FE ORAL TABLET	Benefit Exclusion	Non FDA Exclusion
VITREXATE ORAL TABLET	Benefit Exclusion	Non FDA Exclusion
VITREXYL + IRON ORAL TABLET	Benefit Exclusion	Non FDA Exclusion
VITREXYL ORAL TABLET	Benefit Exclusion	Non FDA Exclusion

Drug Name	Drug Tier	Notes
<i>wellfola oral tablet</i>	EX	Non FDA Exclusion
<i>zyvana oral capsule</i>	Benefit Exclusion	Non FDA Exclusion
*Multivitamins***		
<i>altrixa oral tablet</i>	EX	Non FDA Exclusion
AMLADEX ORAL TABLET	Benefit Exclusion	Non FDA Exclusion
DAVIMET-M ORAL TABLET CHEWABLE	EX	Non FDA Exclusion
DERMACINRX DAVIMET ORAL TABLET CHEWABLE	EX	Non FDA Exclusion
FOLCYTEINE ORAL TABLET	EX	Non FDA Exclusion
GENICIN VITA-Q ORAL TABLET	Benefit Exclusion	Non FDA Exclusion
INFUVITE ADULT INTRAVENOUS SOLUTION	EX	Medical Only Exclusion
<i>mincora oral tablet</i>	EX	Non FDA Exclusion
<i>novite oral capsule</i>	EX	Non FDA Exclusion
<i>trivia complete oral capsule</i>	EX	Non FDA Exclusion
VITLIPID N ADULT INTRAVENOUS EMULSION	EX	Medical Only Exclusion
*Niacinamide W/ Zinc-Copper & Folic Acid***		
NICOMIDE ORAL TABLET 750-27-2-0.5 MG	Benefit Exclusion	Formulary Exclusion
<i>nicotinamide oral tablet 750-27-2-0.5 mg</i>	EX	Non FDA Exclusion
*Ped Multi Vitamins W/Fl & Fe***		
FLORAFOL FE PEDIATRIC ORAL SOLUTION 0.25-7 MG/ML	EX	Non FDA Exclusion
<i>multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml</i>	Benefit Exclusion	Formulary Exclusion
POLY-VI-FLOR/IRON ORAL TABLET CHEWABLE 0.5-10 MG	Benefit Exclusion	Formulary Exclusion
POLY-VI-FLOR/IRON SUSPENSION 0.25-7 MG/ML ORAL (OTC)	Benefit Exclusion	Formulary Exclusion
POLY-VI-FLOR/IRON SUSPENSION 0.25-7 MG/ML ORAL (RX)	EX	Formulary Exclusion
QUFLORA FE PEDIATRIC ORAL LIQUID 0.25-9.5 MG/ML	Benefit Exclusion	Formulary Exclusion
*Ped Multiple Vitamins W/ Minerals***		
LIVITA CHILDREN ORAL LIQUID	EX	Non FDA Exclusion
*Ped Mv W/ Fluoride***		
DAVIMET-FLUORIDE ORAL TABLET CHEWABLE 0.75 MG	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
FLORAFOL PEDIATRIC ORAL SOLUTION 0.25 MG/ML	EX	Non FDA Exclusion
FLORAFOL PEDIATRIC ORAL TABLET CHEWABLE 0.5 MG, 1 MG	EX	Non FDA Exclusion
FLORIVA PLUS ORAL SOLUTION 0.25 MG/ML	Benefit Exclusion	Formulary Exclusion
FLOTREX ORAL TABLET CHEWABLE 0.5 MG	EX	Non FDA Exclusion
<i>multivitamin w/fluoride tablet chewable 0.25 mg oral</i>	Benefit Exclusion	Formulary Exclusion
<i>multivitamin w/fluoride tablet chewable 0.25 mg oral</i>	EX	Non FDA Exclusion
<i>multivitamin w/fluoride tablet chewable 0.5 mg oral</i>	Benefit Exclusion	Formulary Exclusion
<i>multivitamin w/fluoride tablet chewable 0.5 mg oral</i>	EX	Non FDA Exclusion
<i>multivitamin w/fluoride tablet chewable 1 mg oral</i>	Benefit Exclusion	Formulary Exclusion
<i>multivitamin w/fluoride tablet chewable 1 mg oral</i>	EX	Non FDA Exclusion
<i>multi-vitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	Benefit Exclusion	Formulary Exclusion
<i>multivitamin/fluoride tablet chewable 0.25 mg oral (rx)</i>	Benefit Exclusion	Formulary Exclusion
<i>multivitamin/fluoride tablet chewable 0.25 mg oral (rx)</i>	EX	Formulary Exclusion
<i>multivitamin/fluoride tablet chewable 0.5 mg oral (rx)</i>	Benefit Exclusion	Formulary Exclusion
<i>multivitamin/fluoride tablet chewable 0.5 mg oral (rx)</i>	EX	Formulary Exclusion
<i>multivitamin/fluoride tablet chewable 1 mg oral (rx)</i>	Benefit Exclusion	Formulary Exclusion
<i>multivitamin/fluoride tablet chewable 1 mg oral (rx)</i>	EX	Formulary Exclusion
MULTI-VIT-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG	Benefit Exclusion	Formulary Exclusion
POLY-VI-FLOR SUSPENSION 0.25 MG/ML ORAL	Benefit Exclusion	Formulary Exclusion
POLY-VI-FLOR SUSPENSION 0.25 MG/ML ORAL	EX	Formulary Exclusion
POLY-VI-FLOR TABLET CHEWABLE 0.25 MG ORAL	Benefit Exclusion	Formulary Exclusion
POLY-VI-FLOR TABLET CHEWABLE 0.5 MG ORAL	Benefit Exclusion	Formulary Exclusion

Drug Name	Drug Tier	Notes
POLY-VI-FLOR TABLET CHEWABLE 0.5 MG ORAL	EX	Formulary Exclusion
POLY-VI-FLOR TABLET CHEWABLE 1 MG ORAL	Benefit Exclusion	Formulary Exclusion
QUFLORA GUMMIES ORAL TABLET CHEWABLE 0.125 MG	Benefit Exclusion	Formulary Exclusion
QUFLORA PEDIATRIC ORAL SOLUTION 0.25 MG/ML, 0.5 MG/ML	Benefit Exclusion	Formulary Exclusion
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG	Benefit Exclusion	Formulary Exclusion
*Ped Vitamins Acd & Fa W/ Fluoride***		
TRI-VI-FLOR ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML	Benefit Exclusion	Formulary Exclusion
<i>tri-vi-floro oral suspension 0.25 mg/ml, 0.5 mg/ml</i>	Benefit Exclusion	Formulary Exclusion
*Ped Vitamins Acd W/ Fluoride***		
<i>tri-vite/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	Benefit Exclusion	Formulary Exclusion
<i>vitamins acd-fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	Benefit Exclusion	Formulary Exclusion
*Pediatric Multiple Vitamins & Minerals W/ Fluoride***		
FLORIVA ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG	Benefit Exclusion	Formulary Exclusion
*Pediatric Multiple Vitamins***		
INFUVITE PEDIATRIC INTRAVENOUS SOLUTION	Benefit Exclusion	Medical Only Exclusion
VITALIPID N INFANT INTRAVENOUS EMULSION	EX	Medical Only Exclusion
VITLIPID N INFANT INTRAVENOUS EMULSION	EX	Medical Only Exclusion
*Prenatal Mv & Min W/Fe-Fa***		
ATABEX EC ORAL TABLET DELAYED RELEASE 29-1 MG	Tier 3	
ATABEX OB ORAL TABLET 29-1 MG	Tier 3	
<i>azeschew prenatal/postnatal oral tablet chewable 13-1 mg</i>	Benefit Exclusion	
<i>azesco oral tablet 13-1 mg</i>	EX	Non FDA Exclusion
CITRANATAL B-CALM ORAL 20-1 MG & 2 X 25 MG	Tier 3	
CITRANATAL BLOOM ORAL TABLET 90-1 MG	Tier 3	

Drug Name	Drug Tier	Notes
CITRANATAL RX ORAL TABLET 27-1 MG	Tier 3	
<i>c-nate dha oral capsule 28-1-200 mg</i>	Tier 3	
<i>completenate oral tablet chewable 29-1 mg</i>	Tier 3	
CO-NATAL FA ORAL TABLET	Tier 3	
CONCEPT DHA ORAL CAPSULE 53.5-38-1 MG	Tier 5	
CONCEPT OB ORAL CAPSULE 130-92.4-1 MG	Tier 3	
DERMACINRX PRETRATE ORAL TABLET 1 MG	Tier 3	
DUET DHA 400 ORAL 25-1 & 400 MG	Benefit Exclusion	
DUET DHA BALANCED ORAL 25-1 & 267 MG	Benefit Exclusion	
ELITE-OB ORAL TABLET 50-1.25 MG	Benefit Exclusion	
ENBRACE HR ORAL CAPSULE	Benefit Exclusion	
FOLIVANE-OB ORAL CAPSULE 85-1 MG	Tier 3	
INATAL GT ORAL TABLET	Tier 3	
<i>jenliva prenatal/postnatal oral capsule 1 mg</i>	EX	Non FDA Exclusion
<i>kosher prenatal plus iron oral tablet 30-1 mg</i>	Benefit Exclusion	
MATERNACEL ORAL TABLET 20-1 MG	EX	Non FDA Exclusion
<i>m-natal plus oral tablet 27-1 mg</i>	Benefit Exclusion	Non FDA Exclusion
<i>multi-mac oral tablet 15-0.75-1 mg</i>	EX	Non FDA Exclusion
NATACHEW ORAL TABLET CHEWABLE 28-1 MG	Tier 3	
<i>natal pnv oral tablet 6-0.5 mg</i>	EX	Non FDA Exclusion
NATALVIT ORAL TABLET	Tier 3	
NEEVO DHA ORAL CAPSULE 27-1.13 MG	Benefit Exclusion	
<i>neonatal complete tablet 27-1 mg oral</i>	Benefit Exclusion	
<i>neonatal complete tablet 29-1 mg oral</i>	Tier 3	
<i>neonatal fe oral tablet 90-1 mg</i>	Tier 3	
NEONATAL PLUS TABLET 27-1 MG ORAL	Benefit Exclusion	
NEONATAL PLUS TABLET 27-1 MG ORAL	Benefit Exclusion	Non FDA Exclusion
NESTABS DHA ORAL 32-1 MG	Benefit Exclusion	
NESTABS ORAL TABLET 32-1 MG	Benefit Exclusion	
NIVA-PLUS ORAL TABLET 27-1 MG	Benefit Exclusion	
OB COMPLETE ONE ORAL CAPSULE 50-1-476 MG	Benefit Exclusion	
OB COMPLETE ORAL TABLET 50-1.25 MG	Benefit Exclusion	

Drug Name	Drug Tier	Notes
OB COMPLETE PETITE ORAL CAPSULE 35-5-1-200 MG	Benefit Exclusion	
OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG	Benefit Exclusion	
OB COMPLETE/DHA ORAL CAPSULE 30-10-1-200 MG	Benefit Exclusion	
OBSTETRIX EC (WITH DOCUSATE) ORAL TABLET 29-1 MG	Tier 3	
<i>one vite womens plus oral tablet 27-1 mg</i>	Benefit Exclusion	
<i>pnv tabs 20-1 oral tablet 20-1 mg</i>	EX	Non FDA Exclusion
<i>pnv tabs 29-1 oral tablet 29-1 mg</i>	Tier 5	
<i>pnv-omega oral capsule 28-0.6-0.4-340 mg</i>	Tier 3	
<i>pnv-select oral tablet 27-0.6-0.4 mg</i>	Tier 3	
<i>pregenna oral tablet 20-1 mg</i>	EX	Non FDA Exclusion
<i>prenal pearl oral capsule extended release 30-1.4-200 mg</i>	Tier 3	
<i>prenara oral capsule 15-1 mg</i>	EX	Non FDA Exclusion
PRENATABS RX ORAL TABLET 29-1 MG	Tier 5	
<i>prenatal 19 oral tablet 29-1 mg</i>	Tier 2	
<i>prenatal 19 tablet chewable 29-1 mg oral</i>	Tier 2	
<i>prenatal 19 tablet chewable oral</i>	Tier 5	
<i>prenatal plus iron oral tablet 29-1 mg</i>	Tier 2	
<i>prenatal plus oral tablet 27-1 mg</i>	Benefit Exclusion	
<i>prenatal plus vitamin/mineral oral tablet 27-1 mg</i>	Benefit Exclusion	
<i>prenatal tablet 27-1 mg oral</i>	Benefit Exclusion	
<i>prenatal tablet 27-1 mg oral</i>	Tier 5	
<i>prenatal vitamin plus low iron oral tablet 27-1 mg</i>	Tier 5	
PRENATAL-U ORAL CAPSULE 106.5-1 MG	Tier 2	
PRENATE ELITE ORAL TABLET 20-0.6-0.4 MG	Benefit Exclusion	
PRENATOL-M ORAL TABLET 27-1.2 MG	EX	Non FDA Exclusion
PRENATRIX ORAL TABLET 27-1 MG	Benefit Exclusion	Non FDA Exclusion
PRENATRYL ORAL TABLET 27-1 MG	Benefit Exclusion	Non FDA Exclusion
<i>prenatvite complete oral tablet 1 mg</i>	Tier 3	
<i>prenatvite plus oral tablet 1 mg</i>	Tier 3	
<i>prenatvite rx oral tablet 0.8 mg</i>	Tier 3	
<i>preplus oral tablet 27-1 mg</i>	Tier 5	
<i>pretab oral tablet 29-1 mg</i>	Tier 5	
PRIMACARE ORAL CAPSULE 30-1-470 MG	Benefit Exclusion	

Drug Name	Drug Tier	Notes
PROVIDA OB ORAL CAPSULE 20-20-1.25 MG	Tier 3	
<i>relnate dha oral capsule 28-1-200 mg</i>	Tier 3	
SELECT-OB ORAL TABLET CHEWABLE 29-0.6-0.4 MG, 29-1 MG	Benefit Exclusion	
<i>se-natal 19 oral tablet 29-1 mg</i>	Tier 5	
<i>se-natal 19 oral tablet chewable 29-1 mg</i>	Tier 2	
TARON-C DHA ORAL CAPSULE 35-1 MG	Tier 5	
<i>thrivite rx oral tablet 29-1 mg</i>	Tier 5	
TRICARE ORAL TABLET	Benefit Exclusion	
<i>trinatal rx 1 oral tablet 60-1 mg</i>	Tier 3	
TRINATE ORAL TABLET	Tier 5	
<i>trinaz oral tablet 12-1 mg</i>	EX	Non FDA Exclusion
VINATE DHA RF ORAL CAPSULE 27-1.13 MG	Benefit Exclusion	
VINATE II ORAL TABLET 29-1 MG	Tier 2	
VINATE ONE ORAL TABLET 60-1 MG	Tier 2	
<i>virt-c dha oral capsule 53.5-38-1 mg</i>	Tier 3	
<i>virt-nate dha oral capsule 28-1-200 mg</i>	Tier 3	
<i>virt-pn plus oral capsule 28-0.6-0.4-340 mg</i>	Tier 3	
VITAFOL GUMMIES ORAL TABLET CHEWABLE 3.33-0.333-34.8 MG	Benefit Exclusion	
VITAFOL-NANO ORAL TABLET 18-0.6-0.4 MG	Benefit Exclusion	
VITAFOL-OB ORAL TABLET	Benefit Exclusion	
<i>vitalara oral tablet 20-1 mg</i>	EX	Non FDA Exclusion
VITAPEARL ORAL CAPSULE EXTENDED RELEASE 30-1.4-200 MG	Tier 3	
VITATHELY WITH GINGER ORAL TABLET 27-1 MG	Benefit Exclusion	Non FDA Exclusion
VIVA DHA ORAL CAPSULE 28-1-200 MG	Tier 3	
<i>vp-pnv-dha oral capsule 28-1-215.8 mg</i>	Tier 5	
<i>wescap-c dha oral capsule 53.5-38-1 mg</i>	Tier 3	
<i>wesnate dha oral capsule 28-1-200 mg</i>	Tier 3	
<i>westab plus oral tablet 27-1 mg</i>	Tier 5	
<i>zalvit oral tablet 13-1 mg</i>	EX	Non FDA Exclusion
ZATEAN-PN PLUS ORAL CAPSULE 28-0.6-0.4-340 MG	Tier 3	
<i>ziphex oral tablet 13-1 mg</i>	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
*Prenatal Mv & Min W/Fe-Fa-Ca-Omega 3 Fish Oil***		
<i>complete natal dha oral 29-1-200 & 200 mg</i>	Tier 3	
TRIVEEN-DUO DHA ORAL 29-1-200 & 300 MG	Tier 3	
<i>wesnatal dha complete oral 29-1-200 & 200 mg</i>	Tier 3	
*Prenatal Mv & Min W/Fe-Fa-Dha***		
CITRANATAL 90 DHA ORAL 90-1 & 300 MG	Tier 3	
CITRANATAL ASSURE ORAL 35-1 & 300 MG	Tier 3	
CITRANATAL BLOOM DHA ORAL 90-1 & 300 MG	Tier 3	
CITRANATAL DHA ORAL 27-1 & 250 MG	Tier 3	
CITRANATAL ESSENCE ORAL THERAPY PACK 35-1 & 300 MG	Tier 3	
CITRANATAL HARMONY ORAL CAPSULE 27-1-260 MG	Tier 3	
CITRANATAL MEDLEY ORAL CAPSULE 27-1-200 MG	Tier 3	
<i>neonatal + dha oral 29-1 & 200 mg</i>	Tier 3	
NESTABS ONE ORAL CAPSULE 38-1-225 MG	Benefit Exclusion	
OBSTETRIX DHA ORAL 29-1 & 350 MG	Tier 3	
OBSTETRIX ONE (WITH DOCUSATE) ORAL CAPSULE 38-1-225 MG	Tier 3	
<i>pnv-dha oral capsule 27-0.6-0.4-300 mg</i>	Tier 3	
<i>pnv-dha+docusate oral capsule 27-1.25-300 mg</i>	Tier 3	
<i>pregen dha oral capsule 28-1-35 mg</i>	EX	Non FDA Exclusion
<i>prena 1 true oral 30-1.4 & 300 mg</i>	Tier 3	
<i>prenaissance oral capsule 29-1.25-325 mg</i>	Tier 3	
<i>prenaissance plus oral capsule 28-1-250 mg</i>	Tier 3	
PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG	Benefit Exclusion	
PRENATE ENHANCE ORAL CAPSULE 28-0.6-0.4-400 MG	Benefit Exclusion	
PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG	Benefit Exclusion	
PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG	Benefit Exclusion	

Drug Name	Drug Tier	Notes
PRENATE PIXIE ORAL CAPSULE 10-0.6-0.4-200 MG	Benefit Exclusion	
PRENATE RESTORE ORAL CAPSULE 27-0.6-0.4-400 MG	Benefit Exclusion	
SELECT-OB+DHA ORAL 29-1 & 250 MG	Benefit Exclusion	
TARON-PREX ORAL CAPSULE 30-1.2-265 MG	Tier 5	
<i>tristart dha oral capsule 31-0.6-0.4-200 mg</i>	Benefit Exclusion	
TRISTART FREE ORAL CAPSULE 33-1 MG	EX	Non FDA Exclusion
TRISTART ONE ORAL CAPSULE 35-1-215 MG	Benefit Exclusion	
<i>virt-pn dha oral capsule 27-0.6-0.4-300 mg</i>	Tier 5	
VITAFOL FE+ ORAL CAPSULE 90-0.6-0.4-200 MG	Tier 3	
VITAFOL ULTRA ORAL CAPSULE 29-0.6-0.4-200 MG	Benefit Exclusion	
VITAFOL-OB+DHA ORAL 65-1 & 250 MG	Benefit Exclusion	
VITAFOL-ONE ORAL CAPSULE 29-1-200 MG	Benefit Exclusion	
VITAMEDMD ONE RX/QUATREFOLIC ORAL CAPSULE 30-0.6-0.4-200 MG	Tier 3	
VITATRUE ORAL 30-1.4 & 300 MG	Tier 3	
<i>wescap-pn dha oral capsule 27-0.6-0.4-300 mg</i>	Tier 3	
<i>westgel dha oral capsule 31-0.6-0.4-200 mg</i>	Benefit Exclusion	
ZATEAN-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG	Tier 5	
*Prenatal Mv & Minerals W/Fa Without Iron***		
PRENATE ORAL TABLET CHEWABLE 0.6-0.4 MG	Benefit Exclusion	
*Prenatal Vitamins***		
<i>neonatal 19 oral tablet 1 mg</i>	Tier 3	
PREMESISRX ORAL TABLET 1 MG	Benefit Exclusion	
<i>prenal oral tablet chewable 1.4 mg</i>	Tier 3	
PRENATE AM ORAL TABLET 1 MG	Benefit Exclusion	
VITAFOL STRIPS ORAL FILM 1 MG	Benefit Exclusion	
VITAMEDMD REDICHEW RX ORAL TABLET CHEWABLE 1.4 MG	Tier 3	
*Specialty Vitamins Products***		
INFLAMEX ORAL CAPSULE	EX	Non FDA Exclusion
<i>nitriuvia oral capsule</i>	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
<i>pro hers rx oral capsule</i>	Benefit Exclusion	Non FDA Exclusion
<i>pro his rx oral capsule</i>	Benefit Exclusion	Non FDA Exclusion
<i>pro pcos rx oral capsule</i>	Benefit Exclusion	Non FDA Exclusion
<i>urosex oral tablet</i>	EX	Non FDA Exclusion
*Vitamins A & D***		
<i>cod liver oil oral oil</i>	Benefit Exclusion	Formulary Exclusion
Musculoskeletal Therapy Agents		
*Articular Cartilage Repair Therapy***		
MACI INTRA-ARTICULAR SHEET	EX	Medical Only Exclusion
*Central Muscle Relaxants***		
AMRIX ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG, 30 MG	EX	Non Essential Drug Exclusion; Formulary Exclusion
<i>baclofen intrathecal solution 10 mg/20ml, 20000 mcg/20ml, 40 mg/20ml, 40000 mcg/20ml</i>	EX	Medical Only Exclusion
<i>baclofen intrathecal solution prefilled syringe 50 mcg/ml</i>	EX	Medical Only Exclusion
<i>baclofen oral suspension 25 mg/5ml</i>	EX	Non Essential Drug Exclusion
<i>baclofen solution 10 mg/5ml oral</i>	Tier 3	
<i>baclofen solution 5 mg/5ml oral</i>	Tier 1	
<i>baclofen tablet 10 mg oral</i>	Tier 1	
<i>baclofen tablet 15 mg oral</i>	EX	Non Essential Drug Exclusion; Formulary Exclusion
<i>baclofen tablet 20 mg oral</i>	Tier 1	
<i>baclofen tablet 5 mg oral</i>	Tier 1	
<i>carisoprodol tablet 250 mg oral</i>	EX	ST; Formulary Exclusion
<i>carisoprodol tablet 350 mg oral</i>	Tier 1	
<i>carisoprodol tablet 350 mg oral</i>	Tier 1	Formulary Exclusion
<i>chlorzoxazone tablet 250 mg oral</i>	EX	Non Essential Drug Exclusion
<i>chlorzoxazone tablet 375 mg oral</i>	EX	Non Essential Drug Exclusion
<i>chlorzoxazone tablet 500 mg oral</i>	Tier 1	
<i>chlorzoxazone tablet 750 mg oral</i>	EX	Non Essential Drug Exclusion
<i>cyclobenzaprine hcl er oral capsule extended release 24 hour 15 mg, 30 mg</i>	EX	Non Essential Drug Exclusion
<i>cyclobenzaprine hcl tablet 10 mg oral</i>	Tier 1	
<i>cyclobenzaprine hcl tablet 5 mg oral</i>	Tier 1	
<i>cyclobenzaprine hcl tablet 7.5 mg oral</i>	Tier 1	ST
CYCLOPHENE RAPIDPAQ TRANSDERMAL CREAM 5 %	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
<i>enovarx-cyclobenzaprine hcl transdermal cream 20 mg/gm</i>	EX	Non FDA Exclusion
FEXMID ORAL TABLET 7.5 MG	Tier 1	ST
FIRST-BACLOFEN ORAL SUSPENSION 1 MG/ML, 5 MG/ML	Tier 3	
FLEQSUVY ORAL SUSPENSION 25 MG/5ML	EX	Non Essential Drug Exclusion; Formulary Exclusion
GABLOFEN INTRATHECAL SOLUTION 10000 MCG/20ML, 20000 MCG/20ML, 40000 MCG/20ML	EX	Medical Only Exclusion
GABLOFEN INTRATHECAL SOLUTION PREFILLED SYRINGE 10000 MCG/20ML, 20000 MCG/20ML, 40000 MCG/20ML, 50 MCG/ML	EX	Medical Only Exclusion
LIORESAL INTRATHECAL SOLUTION 0.05 MG/ML, 10 MG/20ML, 10 MG/5ML, 40 MG/20ML	EX	Medical Only Exclusion
LORZONE ORAL TABLET 375 MG, 750 MG	EX	Non Essential Drug Exclusion
LYVISPAH ORAL PACKET 10 MG, 20 MG, 5 MG	EX	Non Essential Drug Exclusion; Formulary Exclusion
<i>metaxalone tablet 400 mg oral</i>	Tier 1	ST
<i>metaxalone tablet 640 mg oral</i>	EX	ST; Non Essential Drug Exclusion; Formulary Exclusion
<i>metaxalone tablet 800 mg oral</i>	Tier 1	ST
<i>methocarbamol injection solution 1000 mg/10ml</i>	EX	Medical Only Exclusion
<i>methocarbamol tablet 1000 mg oral</i>	EX	Non Essential Drug Exclusion; Formulary Exclusion
<i>methocarbamol tablet 500 mg oral</i>	Tier 1	
<i>methocarbamol tablet 750 mg oral</i>	Tier 1	
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>	Tier 1	
<i>orphenadrine citrate injection solution 30 mg/ml</i>	EX	Medical Only Exclusion
OZOBAX ORAL SOLUTION 5 MG/5ML	Tier 3	
ROBAXIN INJECTION SOLUTION 1000 MG/10ML	EX	Medical Only Exclusion
ROBAXIN-750 ORAL TABLET 750 MG	EX	Formulary Exclusion
SKELAXIN ORAL TABLET 800 MG	EX	Formulary Exclusion
SOMA TABLET 250 MG ORAL	EX	ST; Formulary Exclusion
SOMA TABLET 350 MG ORAL	EX	Formulary Exclusion
TABRADOL FUSEPAQ ORAL SUSPENSION 1 MG/ML	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
TABRADOL RAPIDPAQ ORAL SUSPENSION 1 MG/ML	EX	Non FDA Exclusion
TANLOR ORAL TABLET 1000 MG	EX	Non Essential Drug Exclusion; Formulary Exclusion
<i>tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg</i>	Benefit Exclusion	
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	Tier 1	
VANADOM ORAL TABLET 350 MG	Tier 1	Formulary Exclusion
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG	Benefit Exclusion	Formulary Exclusion
ZANAFLEX ORAL TABLET 4 MG	Benefit Exclusion	Formulary Exclusion
*Direct Muscle Relaxants***		
DANTRIUM INTRAVENOUS SOLUTION RECONSTITUTED 20 MG	EX	Medical Only Exclusion
DANTRIUM ORAL CAPSULE 25 MG, 50 MG	EX	Formulary Exclusion
<i>dantrolene sodium intravenous solution reconstituted 20 mg</i>	EX	Medical Only Exclusion
<i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	
REVONTO INTRAVENOUS SOLUTION RECONSTITUTED 20 MG	EX	Medical Only Exclusion
RYANODEX INTRAVENOUS SUSPENSION RECONSTITUTED 250 MG	EX	Medical Only Exclusion
*Muscle Relaxant Combinations***		
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>	EX	Formulary Exclusion
CYCLOPAK COMBINATION THERAPY PACK 5 & 2.5-2.5 MG & %	EX	Non FDA Exclusion
METAXALL CP COMBINATION KIT 800 & 0.025 MG & %	EX	Non FDA Exclusion
<i>norgesic forte oral tablet 50-770-60 mg</i>	EX	Non Essential Drug Exclusion; Formulary Exclusion
NORGESIC ORAL TABLET 25-385-30 MG	EX	Non Essential Drug Exclusion
<i>orphenadrine-asa-caffeine oral tablet 50-770-60 mg</i>	EX	Non Essential Drug Exclusion
<i>orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg</i>	EX	Non Essential Drug Exclusion
ORPHENGESIC FORTE ORAL TABLET 50-770-60 MG	EX	Non Essential Drug Exclusion

Drug Name	Drug Tier	Notes
*Muscle Relaxant-Liniments Combinations***		
NOPIOID-LMC KIT COMBINATION THERAPY PACK 7.5 & 4-4 MG & %	EX	Non FDA Exclusion
*Retinoic Acid Receptor Gamma Selective Agonists***		
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG	Tier 4	PA; Specialty
*Viscosupplement Combinations***		
HYRONAN INJECTION KIT 1 & 2 %	EX	Non FDA Exclusion
*Viscosupplements***		
DUROLANE INTRA-ARTICULAR PREFILLED SYRINGE 60 MG/3ML	Tier 2	PA; QL
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML	Tier 2	PA; QL
GEL-ONE INTRA-ARTICULAR PREFILLED SYRINGE 30 MG/3ML	EX	PA; Formulary Exclusion; QL
GELSYN-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 16.8 MG/2ML	Tier 2	PA; QL
GENVISC 850 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML	EX	PA; Formulary Exclusion; QL
HYALGAN INTRA-ARTICULAR SOLUTION 20 MG/2ML	EX	PA; Formulary Exclusion; QL
HYALGAN INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML	EX	PA; Formulary Exclusion; QL
HYMOVIS INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 24 MG/3ML	EX	PA; Formulary Exclusion; QL
MONOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 88 MG/4ML	EX	PA; Formulary Exclusion; QL
ORTHOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 30 MG/2ML	EX	PA; Formulary Exclusion; QL
SUPARTZ FX INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML	Tier 2	PA; QL
SYNOJOYNT INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML	EX	PA; Formulary Exclusion; QL

Drug Name	Drug Tier	Notes
SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 16 MG/2ML	EX	PA; Formulary Exclusion; QL
SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 48 MG/6ML	EX	PA; Formulary Exclusion; QL
TRILURON INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML	EX	PA; Formulary Exclusion; QL
TRIVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML	EX	PA; Formulary Exclusion; QL
VISCO-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML	EX	PA; Formulary Exclusion; QL
Nasal Agents - Systemic And Topical		
*Anesthetic Combinations**		
<i>lidocaine hcl-oxymetazoline nasal solution prefilled syringe 2-0.025 % (2 ml)</i>	EX	Non FDA Exclusion
*Antihistamine-Steroid***		
<i>azelastine-fluticasone nasal suspension 137-50 mcg/act</i>	Tier 1	
DYMISTA NASAL SUSPENSION 137-50 MCG/ACT	EX	Formulary Exclusion
RYALTRIS NASAL SUSPENSION 665-25 MCG/ACT	EX	Non Essential Drug Exclusion; Formulary Exclusion
*Nasal Anesthetics***		
<i>cocaine hcl nasal solution 40 mg/ml</i>	EX	Medical Only Exclusion
<i>goprelto nasal solution 40 mg/ml</i>	EX	Medical Only Exclusion
NUMBRINO NASAL SOLUTION 40 MG/ML	EX	Medical Only Exclusion
*Nasal Anticholinergics***		
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>	Tier 1	
*Nasal Antihistamines***		
<i>azelastine hcl nasal solution 0.1 %, 0.15 %, 137 mcg/spray</i>	Tier 1	
<i>olopatadine hcl nasal solution 0.6 %</i>	Benefit Exclusion	
PATANASE NASAL SOLUTION 0.6 %	Benefit Exclusion	Formulary Exclusion
*Nasal Steroids***		
BECONASE AQ NASAL SUSPENSION 42 MCG/SPRAY	Benefit Exclusion	ST
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	Tier 1	Insufficient Evidence
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	Tier 1	Insufficient Evidence

Drug Name	Drug Tier	Notes
<i>mometasone furoate nasal suspension 50 mcg/act</i>	Tier 1	Insufficient Evidence
NASONEX NASAL SUSPENSION 50 MCG/ACT	Benefit Exclusion	Formulary Exclusion
OMNARIS NASAL SUSPENSION 50 MCG/ACT	Benefit Exclusion	ST
PROPEL MINI NASAL IMPLANT 370 MCG	EX	Medical Only Exclusion
PROPEL MINI SDS NASAL IMPLANT 370 MCG	EX	Non FDA Exclusion; Medical Only Exclusion
PROPEL NASAL IMPLANT 370 MCG	EX	Medical Only Exclusion
QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT	Tier 3	
QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT	Tier 3	
SINUVA NASAL IMPLANT 1350 MCG	EX	Medical Only Exclusion
XHANCE NASAL EXHALER SUSPENSION 93 MCG/ACT	Benefit Exclusion	ST
ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT	Benefit Exclusion	ST
*Topical Decongestants***		
ADRENALIN NASAL SOLUTION 0.1 %	EX	Non FDA Exclusion
<i>epinephrine hcl (nasal) nasal solution 0.1 %</i>	EX	Non FDA Exclusion
Neuromuscular Agents		
*Als Agent Combinations***		
RELYVRIO ORAL PACKET 3-1 GM	EX	Non FDA Exclusion
*Als Agents - Antisense Oligonucleotides***		
QALSODY INTRATHECAL SOLUTION 100 MG/15ML	EX	Medical Only Exclusion
*Als Agents - Miscellaneous***		
<i>edaravone intravenous solution 30 mg/100ml, 60 mg/100ml</i>	Tier 4	PA; Specialty
RADICAVA INTRAVENOUS SOLUTION 30 MG/100ML	EX	PA; Specialty; Formulary Exclusion
RADICAVA ORS ORAL SUSPENSION 105 MG/5ML	Tier 4	PA; Specialty; QL
RADICAVA ORS STARTER KIT ORAL SUSPENSION 105 MG/5ML	Tier 4	PA; Specialty; QL
*Benzothiazoles***		
EXSERVAN ORAL FILM 50 MG	Tier 4	PA; Specialty
RILUTEK ORAL TABLET 50 MG	EX	PA; Specialty; Formulary Exclusion

Drug Name	Drug Tier	Notes
<i>riluzole oral tablet 50 mg</i>	Tier 4	PA; Specialty
TEGLUTIK ORAL SUSPENSION 50 MG/10ML	Tier 4	PA; Specialty
TIGLUTIK ORAL SUSPENSION 50 MG/10ML	Tier 4	PA; Specialty
*Depolarizing Muscle Relaxants***		
ANECTINE INJECTION SOLUTION 20 MG/ML	EX	Medical Only Exclusion
QUELICIN INJECTION SOLUTION 20 MG/ML	EX	Medical Only Exclusion
<i>succinylcholine chloride intravenous solution prefilled syringe 100 mg/5ml, 140 mg/7ml, 200 mg/10ml</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>succinylcholine chloride solution 20 mg/ml injection</i>	EX	Medical Only Exclusion
<i>succinylcholine chloride solution 20 mg/ml injection</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>succinylcholine chloride solution prefilled syringe 100 mg/5ml injection</i>	EX	Medical Only Exclusion
<i>succinylcholine chloride solution prefilled syringe 100 mg/5ml injection</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>succinylcholine chloride solution prefilled syringe 140 mg/7ml injection</i>	EX	Non FDA Exclusion
<i>succinylcholine chloride solution prefilled syringe 200 mg/10ml injection</i>	EX	Non FDA Exclusion
*Friedrich's Ataxia Agents - Nrf2 Pathway Activators***		
SKYCLARYS ORAL CAPSULE 50 MG	Tier 4	PA; Specialty
*Muscular Dystrophy - Gene Therapy Agents***		
<i>amondys 45 intravenous solution 100 mg/2ml</i>	EX	Medical Only Exclusion
ELEVIDYS 10.0-10.4 KG INTRAVENOUS KIT 10 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 10.5-11.4 KG INTRAVENOUS KIT 11 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 11.5-12.4 KG INTRAVENOUS KIT 12 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 12.5-13.4 KG INTRAVENOUS KIT 13 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 13.5-14.4 KG INTRAVENOUS KIT 14 X 10 ML	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
ELEVIDYS 14.5-15.4 KG INTRAVENOUS KIT 15 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 15.5-16.4 KG INTRAVENOUS KIT 16 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 16.5-17.4 KG INTRAVENOUS KIT 17 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 17.5-18.4 KG INTRAVENOUS KIT 18 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 18.5-19.4 KG INTRAVENOUS KIT 19 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 19.5-20.4 KG INTRAVENOUS KIT 20 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 20.5-21.4 KG INTRAVENOUS KIT 21 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 21.5-22.4 KG INTRAVENOUS KIT 22 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 22.5-23.4 KG INTRAVENOUS KIT 23 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 23.5-24.4 KG INTRAVENOUS KIT 24 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 24.5-25.4 KG INTRAVENOUS KIT 25 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 25.5-26.4 KG INTRAVENOUS KIT 26 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 26.5-27.4 KG INTRAVENOUS KIT 27 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 27.5-28.4 KG INTRAVENOUS KIT 28 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 28.5-29.4 KG INTRAVENOUS KIT 29 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 29.5-30.4 KG INTRAVENOUS KIT 30 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 30.5-31.4 KG INTRAVENOUS KIT 31 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 31.5-32.4 KG INTRAVENOUS KIT 32 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 32.5-33.4 KG INTRAVENOUS KIT 33 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 33.5-34.4 KG INTRAVENOUS KIT 34 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 34.5-35.4 KG INTRAVENOUS KIT 35 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 35.5-36.4 KG INTRAVENOUS KIT 36 X 10 ML	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
ELEVIDYS 36.5-37.4 KG INTRAVENOUS KIT 37 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 37.5-38.4 KG INTRAVENOUS KIT 38 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 38.5-39.4 KG INTRAVENOUS KIT 39 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 39.5-40.4 KG INTRAVENOUS KIT 40 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 40.5-41.4 KG INTRAVENOUS KIT 41 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 41.5-42.4 KG INTRAVENOUS KIT 42 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 42.5-43.4 KG INTRAVENOUS KIT 43 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 43.5-44.4 KG INTRAVENOUS KIT 44 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 44.5-45.4 KG INTRAVENOUS KIT 45 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 45.5-46.4 KG INTRAVENOUS KIT 46 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 46.5-47.4 KG INTRAVENOUS KIT 47 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 47.5-48.4 KG INTRAVENOUS KIT 48 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 48.5-49.4 KG INTRAVENOUS KIT 49 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 49.5-50.4 KG INTRAVENOUS KIT 50 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 50.5-51.4 KG INTRAVENOUS KIT 51 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 51.5-52.4 KG INTRAVENOUS KIT 52 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 52.5-53.4 KG INTRAVENOUS KIT 53 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 53.5-54.4 KG INTRAVENOUS KIT 54 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 54.5-55.4 KG INTRAVENOUS KIT 55 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 55.5-56.4 KG INTRAVENOUS KIT 56 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 56.5-57.4 KG INTRAVENOUS KIT 57 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 57.5-58.4 KG INTRAVENOUS KIT 58 X 10 ML	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
ELEVIDYS 58.5-59.4 KG INTRAVENOUS KIT 59 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 59.5-60.4 KG INTRAVENOUS KIT 60 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 60.5-61.4 KG INTRAVENOUS KIT 61 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 61.5-62.4 KG INTRAVENOUS KIT 62 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 62.5-63.4 KG INTRAVENOUS KIT 63 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 63.5-64.4 KG INTRAVENOUS KIT 64 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 64.5-65.4 KG INTRAVENOUS KIT 65 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 65.5-66.4 KG INTRAVENOUS KIT 66 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 66.5-67.4 KG INTRAVENOUS KIT 67 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 67.5-68.4 KG INTRAVENOUS KIT 68 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 68.5-69.4 KG INTRAVENOUS KIT 69 X 10 ML	EX	Medical Only Exclusion
ELEVIDYS 69.5 KG PLUS INTRAVENOUS KIT 70 X 10 ML	EX	Medical Only Exclusion
EXONDYS 51 INTRAVENOUS SOLUTION 100 MG/2ML, 500 MG/10ML	EX	Medical Only Exclusion
VILTEPSO INTRAVENOUS SOLUTION 250 MG/5ML	EX	Medical Only Exclusion
VYONDYS 53 INTRAVENOUS SOLUTION 100 MG/2ML	EX	Medical Only Exclusion
*Muscular Dystrophy - Histone Deacetylase Inhibitors**		
DUVYZAT ORAL SUSPENSION 8.86 MG/ML	Tier 4	PA; Specialty; QL
*Neuromuscular Blocking Agent - Neurotoxins***		
BOTOX INJECTION SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT	Tier 4	PA; Specialty
DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED 300 UNIT, 500 UNIT	Tier 4	PA; Specialty
MYOBLOC INTRAMUSCULAR SOLUTION 10000 UNIT/2ML, 2500 UNIT/0.5ML, 5000 UNIT/ML	Tier 4	PA; Specialty

Drug Name	Drug Tier	Notes
XEOMIN SOLUTION RECONSTITUTED 100 UNIT INTRAMUSCULAR	Tier 3	PA; Specialty
XEOMIN SOLUTION RECONSTITUTED 100 UNIT INTRAMUSCULAR	Tier 4	PA; Specialty
XEOMIN SOLUTION RECONSTITUTED 200 UNIT INTRAMUSCULAR	Tier 4	PA; Specialty
XEOMIN SOLUTION RECONSTITUTED 50 UNIT INTRAMUSCULAR	Tier 4	PA; Specialty
*Nondepolarizing Muscle Relaxants***		
<i>atracurium besylate intravenous solution 100 mg/10ml, 50 mg/5ml</i>	EX	Medical Only Exclusion
<i>cisatracurium besylate (pf) intravenous solution 10 mg/5ml, 200 mg/20ml</i>	EX	Medical Only Exclusion
<i>cisatracurium besylate intravenous solution 20 mg/10ml</i>	EX	Medical Only Exclusion
NIMBEX INTRAVENOUS SOLUTION 10 MG/5ML, 20 MG/10ML, 200 MG/20ML	EX	Medical Only Exclusion
<i>rocuronium bromide intravenous solution 10 mg/ml, 100 mg/10ml, 50 mg/5ml</i>	EX	Medical Only Exclusion
<i>rocuronium bromide intravenous solution prefilled syringe 100 mg/10ml, 50 mg/5ml, 75 mg/7.5ml</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>vecuronium bromide intravenous solution prefilled syringe 10 mg/10ml</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>vecuronium bromide intravenous solution reconstituted 10 mg, 20 mg</i>	EX	Medical Only Exclusion
*Rett Syndrome Agents - Glycine-Proline-Glutamate Analogs***		
DAYBUE ORAL SOLUTION 200 MG/ML	Tier 4	PA; Specialty
*Spinal Muscular Atrophy-Antisense Oligonucleotides***		
SPINRAZA INTRATHECAL SOLUTION 12 MG/5ML	EX	Medical Only Exclusion
*Spinal Muscular Atrophy-Gene Therapy Agents***		
ZOLGENSMA 20.6-21.0 KG INTRAVENOUS KIT 14X8.3 ML	EX	Medical Only Exclusion
ZOLGENSMA 10.1-10.5 KG INTRAVENOUS KIT 7X8.3 ML	EX	Medical Only Exclusion
ZOLGENSMA 10.6-11.0 KG INTRAVENOUS KIT 2X5.5ML & 6X8.3ML	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
ZOLGENSMA 11.1-11.5 KG INTRAVENOUS KIT 1X5.5ML & 7X8.3ML	EX	Medical Only Exclusion
ZOLGENSMA 11.6-12.0 KG INTRAVENOUS KIT 8X8.3 ML	EX	Medical Only Exclusion
ZOLGENSMA 12.1-12.5 KG INTRAVENOUS KIT 2X5.5ML & 7X8.3ML	EX	Medical Only Exclusion
ZOLGENSMA 12.6-13.0 KG INTRAVENOUS KIT 1X5.5ML & 8X8.3ML	EX	Medical Only Exclusion
ZOLGENSMA 13.1-13.5 KG INTRAVENOUS KIT 9X8.3 ML	EX	Medical Only Exclusion
ZOLGENSMA 13.6-14.0 KG INTRAVENOUS KIT 2X5.5ML & 8X8.3ML	EX	Medical Only Exclusion
ZOLGENSMA 14.1-14.5 KG INTRAVENOUS KIT 1X5.5ML & 9X8.3ML	EX	Medical Only Exclusion
ZOLGENSMA 14.6-15.0 KG INTRAVENOUS KIT 10X8.3 ML	EX	Medical Only Exclusion
ZOLGENSMA 15.1-15.5 KG INTRAVENOUS KIT 2X5.5ML & 9X8.3ML	EX	Medical Only Exclusion
ZOLGENSMA 15.6-16.0 KG INTRAVENOUS KIT 1X5.5ML & 10X8.3ML	EX	Medical Only Exclusion
ZOLGENSMA 16.1-16.5 KG INTRAVENOUS KIT 11X8.3 ML	EX	Medical Only Exclusion
ZOLGENSMA 16.6-17.0 KG INTRAVENOUS KIT 2X5.5ML & 10X8.3ML	EX	Medical Only Exclusion
ZOLGENSMA 17.1-17.5 KG INTRAVENOUS KIT 1X5.5ML & 11X8.3ML	EX	Medical Only Exclusion
ZOLGENSMA 17.6-18.0 KG INTRAVENOUS KIT 12X8.3 ML	EX	Medical Only Exclusion
ZOLGENSMA 18.1-18.5 KG INTRAVENOUS KIT 2X5.5ML & 11X8.3ML	EX	Medical Only Exclusion
ZOLGENSMA 18.6-19.0 KG INTRAVENOUS KIT 1X5.5ML & 12X8.3ML	EX	Medical Only Exclusion
ZOLGENSMA 19.1-19.5 KG INTRAVENOUS KIT 13X8.3 ML	EX	Medical Only Exclusion
ZOLGENSMA 19.6-20.0 KG INTRAVENOUS KIT 2X5.5ML & 12X8.3ML	EX	Medical Only Exclusion
ZOLGENSMA 2.6-3.0 KG INTRAVENOUS KIT 2X8.3 ML	EX	Medical Only Exclusion
ZOLGENSMA 20.1-20.5 KG INTRAVENOUS KIT 1X5.5ML & 13X8.3ML	EX	Medical Only Exclusion
ZOLGENSMA 3.1-3.5 KG INTRAVENOUS KIT 2X5.5ML & 1X8.3ML	EX	Medical Only Exclusion
ZOLGENSMA 3.6-4.0 KG INTRAVENOUS KIT 1X5.5ML & 2X8.3ML	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
ZOLGENSMA 4.1-4.5 KG INTRAVENOUS KIT 3X8.3 ML	EX	Medical Only Exclusion
ZOLGENSMA 4.6-5.0 KG INTRAVENOUS KIT 2X5.5ML & 2X8.3ML	EX	Medical Only Exclusion
ZOLGENSMA 5.1-5.5 KG INTRAVENOUS KIT 1X5.5ML & 3X8.3ML	EX	Medical Only Exclusion
ZOLGENSMA 5.6-6.0 KG INTRAVENOUS KIT 4X8.3 ML	EX	Medical Only Exclusion
ZOLGENSMA 6.1-6.5 KG INTRAVENOUS KIT 2X5.5ML & 3X8.3ML	EX	Medical Only Exclusion
ZOLGENSMA 6.6-7.0 KG INTRAVENOUS KIT 1X5.5ML & 4X8.3ML	EX	Medical Only Exclusion
ZOLGENSMA 7.1-7.5 KG INTRAVENOUS KIT 5X8.3 ML	EX	Medical Only Exclusion
ZOLGENSMA 7.6-8.0 KG INTRAVENOUS KIT 2X5.5ML & 4X8.3ML	EX	Medical Only Exclusion
ZOLGENSMA 8.1-8.5 KG INTRAVENOUS KIT 1X5.5ML & 5X8.3ML	EX	Medical Only Exclusion
ZOLGENSMA 8.6-9.0 KG INTRAVENOUS KIT 6X8.3 ML	EX	Medical Only Exclusion
ZOLGENSMA 9.1-9.5 KG INTRAVENOUS KIT 2X5.5ML & 5X8.3ML	EX	Medical Only Exclusion
ZOLGENSMA 9.6-10.0 KG INTRAVENOUS KIT 1X5.5ML & 6X8.3ML	EX	Medical Only Exclusion
*Spinal Muscular Atrophy-Smn2 Splicing Modifiers***		
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML	Tier 4	PA; Specialty
EVRYSDI ORAL TABLET 5 MG	Tier 3	PA; Specialty
Nutrients		
*Amino Acid Mixtures***		
<i>amino acid infusion in d10w intravenous solution 2.5 %, 3 %, 3.5 %, 4 %</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>amino acid intravenous solution 5 %</i>	EX	Non FDA Exclusion
<i>amino acid-calcium-hep in d10w intravenous solution 3 %, 3.5 %, 4 %</i>	EX	Non FDA Exclusion
<i>amino acid-calcium-hep in d5w intravenous solution 3 %</i>	EX	Non FDA Exclusion
<i>amino acid-heparin-d10w intravenous solution 3.5 %</i>	EX	Non FDA Exclusion
<i>amino ac-low calcium-hep d10w intravenous solution 3.5 %</i>	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
<i>amino ac-lowcalcium-hep in d5w intravenous solution 3 %</i>	EX	Non FDA Exclusion
AMINOAMRMS ORAL CAPSULE	EX	Non FDA Exclusion
AMINOPROTECT INTRAVENOUS SOLUTION 5 %	EX	Non FDA Exclusion
AMINORELIEFRMS ORAL CAPSULE	EX	Non FDA Exclusion
AMINOSYN II INTRAVENOUS SOLUTION 10 %, 15 %	Benefit Exclusion	Medical Only Exclusion
AMINOSYN-PF 7% INTRAVENOUS SOLUTION	Benefit Exclusion	Medical Only Exclusion
AMINOSYN-PF INTRAVENOUS SOLUTION 10 %, 7 %	Benefit Exclusion	Medical Only Exclusion
CLINIMIX E/DEXTROSE (2.75/5) SOLUTION 2.75 % INTRAVENOUS	EX	Medical Only Exclusion
CLINIMIX E/DEXTROSE (2.75/5) SOLUTION 2.75 % INTRAVENOUS	Benefit Exclusion	Medical Only Exclusion
CLINIMIX E/DEXTROSE (4.25/10) SOLUTION 4.25 % INTRAVENOUS	EX	Medical Only Exclusion
CLINIMIX E/DEXTROSE (4.25/10) SOLUTION 4.25 % INTRAVENOUS	Benefit Exclusion	Medical Only Exclusion
CLINIMIX E/DEXTROSE (4.25/5) SOLUTION 4.25 % INTRAVENOUS	EX	Medical Only Exclusion
CLINIMIX E/DEXTROSE (4.25/5) SOLUTION 4.25 % INTRAVENOUS	Benefit Exclusion	Medical Only Exclusion
CLINIMIX E/DEXTROSE (5/15) SOLUTION 5 % INTRAVENOUS	EX	Medical Only Exclusion
CLINIMIX E/DEXTROSE (5/15) SOLUTION 5 % INTRAVENOUS	Benefit Exclusion	Medical Only Exclusion
CLINIMIX E/DEXTROSE (5/20) SOLUTION 5 % INTRAVENOUS	EX	Medical Only Exclusion
CLINIMIX E/DEXTROSE (5/20) SOLUTION 5 % INTRAVENOUS	Benefit Exclusion	Medical Only Exclusion
<i>clinimix e/dextrose (8/10) intravenous solution 8 %</i>	Benefit Exclusion	Medical Only Exclusion
<i>clinimix e/dextrose (8/14) intravenous solution 8 %</i>	Benefit Exclusion	Medical Only Exclusion
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 %	Benefit Exclusion	Medical Only Exclusion
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 %	Benefit Exclusion	Medical Only Exclusion
CLINIMIX/DEXTROSE (5/15) SOLUTION 5 % INTRAVENOUS	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
CLINIMIX/DEXTROSE (5/15) SOLUTION 5 % INTRAVENOUS	Benefit Exclusion	Medical Only Exclusion
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 %	Benefit Exclusion	Medical Only Exclusion
<i>clinimix/dextrose (6/5) intravenous solution 6 %</i>	Benefit Exclusion	Medical Only Exclusion
<i>clinimix/dextrose (8/10) intravenous solution 8 %</i>	Benefit Exclusion	Medical Only Exclusion
<i>clinimix/dextrose (8/14) intravenous solution 8 %</i>	Benefit Exclusion	Medical Only Exclusion
CLINISOL SF INTRAVENOUS SOLUTION 15 %	Benefit Exclusion	Medical Only Exclusion
FREAMINE III INTRAVENOUS SOLUTION 10 %	Benefit Exclusion	Medical Only Exclusion
<i>neonatal pn starter (heparin) intravenous solution 3 %</i>	EX	Non FDA Exclusion
<i>neonatal pn starter bag intravenous solution 2.5 %, 3 %</i>	EX	Non FDA Exclusion
<i>neonatal pn starter bag(w hep) intravenous solution 3 %</i>	EX	Non FDA Exclusion
PLENAMINE INTRAVENOUS SOLUTION 15 %	Benefit Exclusion	Medical Only Exclusion
PREMASOL INTRAVENOUS SOLUTION 10 %	Benefit Exclusion	Medical Only Exclusion
PROCALAMINE INTRAVENOUS SOLUTION 3 %	Benefit Exclusion	Medical Only Exclusion
PROSOL INTRAVENOUS SOLUTION 20 %	Benefit Exclusion	Medical Only Exclusion
TRAVASOL INTRAVENOUS SOLUTION 10 %	Benefit Exclusion	Medical Only Exclusion
TROPHAMINE INTRAVENOUS SOLUTION 10 %	Benefit Exclusion	Medical Only Exclusion
*Amino Acids-Single***		
<i>arginine hcl injection solution 6 gm/30ml</i>	EX	Non FDA Exclusion
ELCYS INTRAVENOUS SOLUTION 50 MG/ML	Benefit Exclusion	Medical Only Exclusion
<i>glutathione injection solution 200 mg/ml, 6 gm/30ml</i>	EX	Non FDA Exclusion
<i>glutathione intravenous solution 6 gm/30ml</i>	EX	Non FDA Exclusion
<i>glycine injection solution 50 mg/ml</i>	EX	Non FDA Exclusion
<i>lysine hcl injection solution 100 mg/ml</i>	EX	Non FDA Exclusion
NEOKE ALCAR ORAL POWDER	EX	Non FDA Exclusion
<i>taurine injection solution 50 mg/ml</i>	EX	Non FDA Exclusion
*Carbohydrates***		
<i>dextrose solution 10 % intravenous</i>	Benefit Exclusion	

Drug Name	Drug Tier	Notes
<i>dextrose solution 20 % intravenous</i>	Benefit Exclusion	
<i>dextrose solution 250 mg/ml intravenous</i>	Benefit Exclusion	Non FDA Exclusion
<i>dextrose solution 250 mg/ml intravenous</i>	Benefit Exclusion	
<i>dextrose solution 30 % intravenous</i>	Benefit Exclusion	Non FDA Exclusion
<i>dextrose solution 40 % intravenous</i>	Benefit Exclusion	
<i>dextrose solution 5 % intravenous</i>	EX	
<i>dextrose solution 5 % intravenous</i>	Benefit Exclusion	
<i>dextrose solution 50 % intravenous</i>	Benefit Exclusion	
<i>dextrose solution 50 % intravenous</i>	EX	Non FDA Exclusion
<i>dextrose solution 50 % intravenous</i>	Benefit Exclusion	Non FDA Exclusion
<i>dextrose solution 70 % intravenous</i>	EX	
<i>dextrose solution 70 % intravenous</i>	EX	Non FDA Exclusion
<i>dextrose solution 70 % intravenous</i>	Benefit Exclusion	
<i>glucose (dextrose) intravenous solution 50 %</i>	Tier 3	
*Lipids***		
CLINOLIPID INTRAVENOUS EMULSION 20 %	Benefit Exclusion	Medical Only Exclusion
DOJOLVI ORAL LIQUID 100 %	Benefit Exclusion	PA; Specialty
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	Benefit Exclusion	Medical Only Exclusion
NEOKE MCT70 ORAL POWDER 70 GM/100GM	EX	Non FDA Exclusion
NUTRILIPID INTRAVENOUS EMULSION 20 %	Benefit Exclusion	Medical Only Exclusion
OMEGAVEN INTRAVENOUS EMULSION 10 GM/100ML, 5 GM/50ML	Benefit Exclusion	Medical Only Exclusion
SMOFLIPID INTRAVENOUS EMULSION 20 %	Benefit Exclusion	Medical Only Exclusion
*Lipotropic Combinations***		
<i>lecithin oral granules</i>	EX	Non FDA Exclusion
<i>lipo intramuscular solution 50-50-25 mg/ml</i>	Benefit Exclusion	Non FDA Exclusion
<i>lipo-c intramuscular solution</i>	Benefit Exclusion	Non FDA Exclusion
<i>mic-l-carnitine injection solution 25-50-50-50 mg/ml</i>	EX	Non FDA Exclusion
*Misc. Nutritional Substances***		
ALTEMIA ORAL EMULSION	EX	Non FDA Exclusion
CYTOTINE ORAL POWDER	EX	Non FDA Exclusion
*Protein Combinations***		
<i>tri-amino injection solution 100-100-100 mg/ml</i>	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
*Protein-Carbohydrate-Lipid With Electrolyte Combinations***		
KABIVEN INTRAVENOUS EMULSION 3.3-10.8-3.9 %	Benefit Exclusion	Medical Only Exclusion
PERIKABIVEN INTRAVENOUS EMULSION 2.4-6.8-3.5-0.5 %	Benefit Exclusion	Medical Only Exclusion
Ophthalmic Agents		
*Alpha Adrenergic Agonist & Carbonic Anhydrase Inhib Comb***		
<i>brimonidine-dorzolamide ophthalmic solution 0.1-2 %, 0.15-2 %</i>	EX	Non FDA Exclusion
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %	Tier 2	
*Artificial Tear Inserts***		
LACRISERT OPHTHALMIC INSERT 5 MG	EX	Formulary Exclusion
*Beta-Blockers - Ophthalmic Combinations***		
<i>bimatoprost-timolol maleate ophthalmic solution 0.01-0.5 %</i>	EX	Non FDA Exclusion
<i>brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %</i>	Tier 1	
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 %	EX	Formulary Exclusion
COSOPT OPHTHALMIC SOLUTION 2-0.5 %	EX	Formulary Exclusion
COSOPT PF OPHTHALMIC SOLUTION 2-0.5 %	EX	Formulary Exclusion
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>	Tier 1	
<i>dorzolamide hcl-timolol mal solution 2-0.5 % ophthalmic</i>	EX	Non FDA Exclusion
<i>dorzolamide hcl-timolol mal solution 2-0.5 % ophthalmic</i>	Tier 1	
<i>latanoprost-timolol maleate ophthalmic solution 0.005-0.5 %</i>	EX	Non FDA Exclusion
<i>timolol-brimon-dorzol-bimatopr ophthalmic solution 0.5-0.1-2-0.01 %, 0.5-0.15-2-0.01 %</i>	EX	Non FDA Exclusion
<i>timolol-brimon-dorzol-latanopr ophthalmic solution 0.5-0.15-2 -0.005%</i>	EX	Non FDA Exclusion
<i>timolol-brimonidine-dorzolamid ophthalmic solution 0.5-0.1-2 %, 0.5-0.15-2 %</i>	EX	Non FDA Exclusion

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

Drug Name	Drug Tier	Notes
<i>tropicamide-cyclopentolate-pe ophthalmic solution 1-1-2.5 %</i>	EX	Non FDA Exclusion
<i>tropicamide-phenylephrine ophthalmic solution 1-2.5 %</i>	EX	Non FDA Exclusion
<i>tropic-cyclopent-pe-ketorolac ophthalmic solution 1-1-10-0.5 %, 1-1-2.5-0.5 %</i>	EX	Non FDA Exclusion
<i>tropic-cyclopent-pe-ketorolac ophthalmic solution prefilled syringe 1-1-10-0.5 %, 1-1-2.5-0.5 %</i>	EX	Non FDA Exclusion
<i>tropic-cyclop-pe-keto-propar ophthalmic solution prefilled syringe</i>	EX	Non FDA Exclusion
<i>tropic-proparaca-pe-ketorolac ophthalmic solution 1-0.5-2.5-0.5 %</i>	EX	Non FDA Exclusion
*Cycloplegic Mydriatics***		
ALTAFRIN OPHTHALMIC SOLUTION 10 %, 2.5 %	Tier 1	
<i>atropine sulfate ophthalmic ointment 1 %</i>	EX	Formulary Exclusion
<i>atropine sulfate solution 0.01 % ophthalmic</i>	EX	Non FDA Exclusion
<i>atropine sulfate solution 0.025 % ophthalmic</i>	EX	Non FDA Exclusion
<i>atropine sulfate solution 0.05 % ophthalmic</i>	EX	Non FDA Exclusion
<i>atropine sulfate solution 1 % ophthalmic</i>	Tier 1	
<i>atropine sulfate solution 1 % ophthalmic</i>	Tier 3	
<i>atropine sulfate solution 1 % ophthalmic</i>	EX	Formulary Exclusion
CYCLOGYL OPHTHALMIC SOLUTION 0.5 %, 1 %, 2 %	EX	Formulary Exclusion
<i>cyclopentolate hcl ophthalmic solution 0.5 %, 1 %, 2 %</i>	Tier 1	
HOMATROPAIRE OPHTHALMIC SOLUTION 5 %	EX	Formulary Exclusion
ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 %	Tier 3	
MYDRIACYL OPHTHALMIC SOLUTION 1 %	EX	Formulary Exclusion
<i>phenylephrine hcl intraocular solution prefilled syringe 1.5 %</i>	EX	Non FDA Exclusion
<i>phenylephrine hcl solution 10 % ophthalmic</i>	Tier 1	
<i>phenylephrine hcl solution 2.5 % ophthalmic</i>	Tier 2	
<i>phenylephrine hcl solution 2.5 % ophthalmic</i>	Tier 1	
<i>tropicamide ophthalmic solution 0.5 %, 1 %</i>	EX	Formulary Exclusion
*Lymphocyte Function-Associated Antigen-1 (Lfa-1) Antag***		
XIIDRA OPHTHALMIC SOLUTION 5 %	Tier 2	

Drug Name	Drug Tier	Notes
*Miotics - Direct Acting***		
ISOPTO CARPINE OPHTHALMIC SOLUTION 1 %, 2 %, 4 %	EX	Formulary Exclusion
MIOCHOL-E INTRAOCULAR SOLUTION RECONSTITUTED 20 MG	EX	Medical Only Exclusion
MIOSTAT INTRAOCULAR SOLUTION 0.01 %	EX	Medical Only Exclusion
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	Tier 1	
QLOSI OPHTHALMIC SOLUTION 0.4 %	Tier 3	PA; QL
VUITY OPHTHALMIC SOLUTION 1.25 %	Benefit Exclusion	Formulary Exclusion; QL
*Ophthalmic - Multiple Receptor Angiogenesis Inhibitors***		
VABYSMO INTRAVITREAL SOLUTION 6 MG/0.05ML	EX	Medical Only Exclusion
VABYSMO INTRAVITREAL SOLUTION PREFILLED SYRINGE 6 MG/0.05ML	EX	Medical Only Exclusion
*Ophthalmic Adrenergic Agents***		
<i>epinephrine hcl intraocular solution prefilled syringe 1 mg/ml</i>	EX	Non FDA Exclusion
*Ophthalmic Antiallergic***		
ALOCRILOPHTHALMIC SOLUTION 2 %	Tier 3	
ALOMIDE OPHTHALMIC SOLUTION 0.1 %	Tier 3	
<i>azelastine hcl ophthalmic solution 0.05 %</i>	Tier 1	
<i>bepotastine besilate ophthalmic solution 1.5 %</i>	Tier 1	
BEPREVE OPHTHALMIC SOLUTION 1.5 %	EX	Formulary Exclusion
<i>cromolyn sodium ophthalmic solution 4 %</i>	Tier 1	
<i>epinastine hcl ophthalmic solution 0.05 %</i>	Tier 1	
LASTACAFTOPHTHALMIC SOLUTION 0.25 %	Tier 3	
<i>olopatadine hcl ophthalmic solution 0.1 %, 0.2 %</i>	Tier 1	
PAZEO OPHTHALMIC SOLUTION 0.7 %	Tier 2	
ZERVIAE OPHTHALMIC SOLUTION 0.24 %	Tier 3	
*Ophthalmic Antibiotics***		
AZASITE OPHTHALMIC SOLUTION 1 %	EX	Formulary Exclusion
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	Tier 2	
BESIVANCE OPHTHALMIC SUSPENSION 0.6 %	Tier 2	

Drug Name	Drug Tier	Notes
CILOXAN OPHTHALMIC OINTMENT 0.3 %	EX	Formulary Exclusion
CILOXAN OPHTHALMIC SOLUTION 0.3 %	EX	Formulary Exclusion
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	Tier 1	
<i>erythromycin ointment 5 mg/gm ophthalmic</i>	Tier 1	
<i>erythromycin ointment 5 mg/gm ophthalmic</i>	Tier 2	
<i>gatifloxacin ophthalmic solution 0.5 %</i>	Tier 1	
GENTAK OPHTHALMIC OINTMENT 0.3 %	Tier 1	
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	Tier 1	
KLARITY-A OPHTHALMIC SOLUTION 1 %	EX	Non FDA Exclusion
<i>levofloxacin solution 0.5 % ophthalmic</i>	Tier 1	
<i>levofloxacin solution 1.5 % ophthalmic</i>	EX	Non FDA Exclusion
<i>mitomycin intraocular solution prefilled syringe 0.02 %, 0.04 %</i>	EX	Non FDA Exclusion
MITOSOL OPHTHALMIC KIT 0.2 MG	EX	Formulary Exclusion
MOXEZA OPHTHALMIC SOLUTION 0.5 %	EX	Formulary Exclusion
<i>moxifloxacin hcl (2x day) ophthalmic solution 0.5 %</i>	EX	Formulary Exclusion
<i>moxifloxacin hcl intraocular solution 1 mg/ml, 5 mg/ml</i>	EX	Non FDA Exclusion
<i>moxifloxacin hcl intraocular solution prefilled syringe 0.16 %, 0.3 mg/0.3ml</i>	EX	Non FDA Exclusion
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	Tier 1	
<i>moxifloxacin hcl ophthalmic solution prefilled syringe 0.5 %</i>	EX	Non FDA Exclusion
OCUFLOX OPHTHALMIC SOLUTION 0.3 %	EX	Formulary Exclusion
<i>ofloxacin ophthalmic solution 0.3 %</i>	Tier 1	
<i>tobramycin ophthalmic solution 0.3 %</i>	Tier 1	
TOBREX OPHTHALMIC OINTMENT 0.3 %	EX	Formulary Exclusion
TOBREX OPHTHALMIC SOLUTION 0.3 %	EX	Formulary Exclusion
<i>vancomycin hcl ophthalmic solution prefilled syringe 10 mg/ml</i>	EX	Non FDA Exclusion
VIGAMOX OPHTHALMIC SOLUTION 0.5 %	EX	Formulary Exclusion
ZYMAXID OPHTHALMIC SOLUTION 0.5 %	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
*Ophthalmic Antifungal***		
NATACYN OPHTHALMIC SUSPENSION 5 %	Tier 2	
*Ophthalmic Anti-Infective Combinations***		
<i>ak-poly-bac ophthalmic ointment 500-10000 unit/gm</i>	Tier 1	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	Tier 1	
<i>moxifloxacin hcl-bss intravitreal solution 1 mg/ml</i>	EX	Non FDA Exclusion
<i>moxifloxacin-bromfenac ophthalmic solution 0.5-0.075 %</i>	EX	Non FDA Exclusion
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 3.5-400-10000 , 5-400-10000</i>	Tier 1	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	Tier 1	
NEO-POLYCIN OPHTHALMIC OINTMENT 3.5-400-10000	Tier 1	
POLYCIN OPHTHALMIC OINTMENT 500-10000 UNIT/GM	Tier 1	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	Tier 1	
POLYTRIM OPHTHALMIC SOLUTION 10000-0.1 UNIT/ML-%	EX	Formulary Exclusion
<i>tobramycin-vancomycin hcl ophthalmic solution 1.5-5 %</i>	EX	Non FDA Exclusion
*Ophthalmic Antiseptics***		
BETADINE OPHTHALMIC PREP OPHTHALMIC SOLUTION 5 %	EX	Formulary Exclusion
<i>povidone-iodine ophthalmic solution 5 %</i>	EX	Non FDA Exclusion
*Ophthalmic Antivirals***		
<i>trifluridine ophthalmic solution 1 %</i>	Tier 1	
ZIRGAN OPHTHALMIC GEL 0.15 %	EX	Formulary Exclusion
*Ophthalmic Carbonic Anhydrase Inhibitors***		
AZOPT OPHTHALMIC SUSPENSION 1 %	EX	Formulary Exclusion
<i>brinzolamide ophthalmic suspension 1 %</i>	Tier 1	
<i>dorzolamide hcl solution 2 % ophthalmic</i>	EX	Non FDA Exclusion
<i>dorzolamide hcl solution 2 % ophthalmic</i>	Tier 1	
TRUSOPT OPHTHALMIC SOLUTION 2 %	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
*Ophthalmic Complement C3 Inhibitors***		
SYFOVRE INTRAVITREAL SOLUTION 15 MG/0.1ML	EX	Medical Only Exclusion
*Ophthalmic Complement C5 Inhibitors***		
IZERVAY INTRAVITREAL SOLUTION 2 MG/0.1ML	EX	Medical Only Exclusion
*Ophthalmic Diagnostic Products***		
<i>ak-fluor intravenous solution 10 %, 25 %</i>	EX	Medical Only Exclusion
<i>altafluor benox ophthalmic solution 0.25-0.4 %</i>	EX	Formulary Exclusion
BIO GLO OPHTHALMIC STRIP 1 MG	EX	Non FDA Exclusion
FLUCAINE OPHTHALMIC SOLUTION 0.25-0.5 %	EX	Non FDA Exclusion
<i>fluorescein intravenous solution 10 %</i>	EX	Medical Only Exclusion
<i>fluorescein sodium intravenous solution 25 %</i>	EX	Medical Only Exclusion
<i>fluorescein sodium/benoxinate ophthalmic solution 0.3-0.4 %</i>	EX	Formulary Exclusion
<i>fluorescein-benoxinate ophthalmic solution 0.25-0.4 %</i>	Tier 1	
FLUORESCITE INTRAVENOUS SOLUTION 10 %	EX	Medical Only Exclusion
FLUOR-I-STRIPS A.T. OPHTHALMIC STRIP 1 MG	EX	Non FDA Exclusion
FLURA-SAFE OPHTHALMIC SOLUTION 0.35-0.4 %	EX	Non FDA Exclusion
FUL-GLO OPHTHALMIC STRIP 0.6 MG, 1 MG	EX	Non FDA Exclusion
GREEN GLO LISSAMINE GREEN OPHTHALMIC STRIP 1.5 MG	EX	Non FDA Exclusion
PAREMYD OPHTHALMIC SOLUTION 1-0.25 %	EX	Formulary Exclusion
<i>proparacaine-fluorescein ophthalmic solution 0.5-0.25 %</i>	EX	Non FDA Exclusion
*Ophthalmic Ectoparasiticide**		
XDEMVY OPHTHALMIC SOLUTION 0.25 %	Tier 3	PA
*Ophthalmic Gene Therapy***		
LUXTURNA INTRAOCULAR SUSPENSION 5000000000000 VG/ML	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
*Ophthalmic Immunomodulators***		
CEQUA OPHTHALMIC SOLUTION 0.09 %	EX	Formulary Exclusion
<i>cyclosporine ophthalmic emulsion 0.05 %</i>	Tier 1	
KLARITY-C DROPS OPHTHALMIC EMULSION 0.1 %	EX	PA; Non FDA Exclusion
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	EX	Formulary Exclusion
RESTASIS OPHTHALMIC EMULSION 0.05 %	Tier 2	
VERKAZIA OPHTHALMIC EMULSION 0.1 %	EX	PA; Formulary Exclusion
VEVYE OPHTHALMIC SOLUTION 0.1 %	EX	Formulary Exclusion
*Ophthalmic Irrigation Solutions***		
<i>balanced salt intraocular solution</i>	EX	Medical Only Exclusion
BSS INTRAOCULAR SOLUTION	EX	Medical Only Exclusion
BSS PLUS INTRAOCULAR SOLUTION	EX	Medical Only Exclusion
*Ophthalmic Kinase Inhibitors - Combinations***		
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 %	Tier 3	ST
*Ophthalmic Local Anesthetic - Combinations***		
<i>bup-lido intraocular solution prefilled syringe 0.375-2 %</i>	EX	Non FDA Exclusion
<i>lidocaine hcl-bupivacaine hcl intraocular solution prefilled syringe 2-0.375 % (10 ml)</i>	EX	Non FDA Exclusion
<i>lidocaine-epinephrine intraocular solution 7.5-0.25 mg/ml</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>lidocaine-phenylephrine intraocular solution 1-1.5 %</i>	EX	Non FDA Exclusion
<i>lidocaine-phenylephrine-bss intraocular solution prefilled syringe 1-1.5 % (1ml)</i>	EX	Non FDA Exclusion
*Ophthalmic Local Anesthetics***		
AKTEN OPHTHALMIC GEL 3.5 %	EX	Medical Only Exclusion
ALCAINE OPHTHALMIC SOLUTION 0.5 %	EX	Medical Only Exclusion
ALTACAIN OPHTHALMIC SOLUTION 0.5 %	Tier 1	
IHEEZO OPHTHALMIC GEL 3 %	EX	Medical Only Exclusion
<i>proparacaine hcl ophthalmic solution 0.5 %</i>	EX	Medical Only Exclusion
<i>tetracaine hcl ophthalmic solution 0.5 %</i>	Tier 1	

Drug Name	Drug Tier	Notes
*Ophthalmic Nerve Growth Factors***		
OXERVATE OPHTHALMIC SOLUTION 0.002 %	Tier 4	PA; Specialty
*Ophthalmic Nonsteroidal Anti-Inflammatory Agents***		
ACULAR LS OPHTHALMIC SOLUTION 0.4 %	EX	Formulary Exclusion
ACULAR OPHTHALMIC SOLUTION 0.5 %	EX	Formulary Exclusion
ACUVAIL OPHTHALMIC SOLUTION 0.45 %	EX	Formulary Exclusion
<i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i>	EX	Formulary Exclusion
<i>bromfenac sodium solution 0.07 % ophthalmic</i>	EX	Formulary Exclusion
<i>bromfenac sodium solution 0.075 % ophthalmic</i>	Tier 1	
BROMSITE OPHTHALMIC SOLUTION 0.075 %	EX	Formulary Exclusion
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	Tier 1	
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	Tier 1	
ILEVRO OPHTHALMIC SUSPENSION 0.3 %	Tier 3	
<i>ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %</i>	Tier 1	
NEVANAC OPHTHALMIC SUSPENSION 0.1 %	EX	Formulary Exclusion
PROLENSA OPHTHALMIC SOLUTION 0.07 %	EX	Formulary Exclusion
*Ophthalmic Photodynamic Therapy Agents***		
VISUDYNE INTRAVENOUS SOLUTION RECONSTITUTED 15 MG	EX	Medical Only Exclusion
*Ophthalmic Photoenhancer Combinations***		
PHOTREXA-PHOTREXA VISCOUS KIT OPHTHALMIC SOLUTION PREFILLED SYRINGE 0.146 & 0.146-20 %	EX	Medical Only Exclusion
*Ophthalmic Rho Kinase Inhibitors***		
RHOPRESSA OPHTHALMIC SOLUTION 0.02 %	Tier 3	ST

Drug Name	Drug Tier	Notes
*Ophthalmic Selective Alpha Adrenergic Agonists***		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %, 0.15 %	EX	Formulary Exclusion
<i>apraclonidine hcl ophthalmic solution 0.5 %</i>	Tier 1	
<i>brimonidine tartrate ophthalmic solution 0.1 %, 0.15 %, 0.2 %</i>	Tier 1	
IOPIDINE OPHTHALMIC SOLUTION 1 %	EX	Formulary Exclusion
*Ophthalmic Steroid Combinations***		
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	Tier 1	
BLEPHAMIDE OPHTHALMIC SUSPENSION 10-0.2 %	Tier 3	
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT 10-0.2 %	Tier 3	
<i>dexamethasone-moxifloxacin intraocular solution 1-5 mg/ml</i>	EX	Non FDA Exclusion
<i>dexameth-moxiflox-ketorolac intraocular solution 1-0.5-0.4 mg/ml</i>	EX	Non FDA Exclusion
<i>double pm ophthalmic solution reconstituted 1-0.5 %</i>	EX	Non FDA Exclusion
MAXITROL OPHTHALMIC OINTMENT 3.5-10000-0.1	EX	Formulary Exclusion
MAXITROL OPHTHALMIC SUSPENSION 0.1 %, 3.5-10000-0.1	EX	Formulary Exclusion
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	Tier 1	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	Tier 1	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	EX	Formulary Exclusion
NEO-POLYCIN HC OPHTHALMIC OINTMENT 1 %	Tier 1	
PRED-G OPHTHALMIC SUSPENSION 0.3-1 %	Tier 3	
PRED-G S.O.P. OPHTHALMIC OINTMENT 0.3-0.6 %	Tier 3	
<i>prednisol ace-moxiflox-bromfen ophthalmic suspension 1-0.5-0.075 %</i>	EX	Non FDA Exclusion
<i>prednisolone acetate-nepafenac ophthalmic suspension 1-0.1 %</i>	EX	Non FDA Exclusion
<i>prednisolone acet-moxifloxacin ophthalmic suspension 1-0.5 %</i>	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
<i>prednisolone-bromfenac ophthalmic solution 1-0.075 %</i>	EX	Non FDA Exclusion
<i>prednisolone-bromfenac ophthalmic suspension 1-0.075 %</i>	EX	Non FDA Exclusion
<i>prednisolone-gatifloxacin ophthalmic suspension 1-0.5 %</i>	EX	Non FDA Exclusion
<i>prednisolone-moxifloxacin ophthalmic solution 1-0.5 %</i>	EX	Non FDA Exclusion
<i>prednisolon-gatiflox-bromfenac ophthalmic solution 1-0.5-0.075 %</i>	EX	Non FDA Exclusion
<i>prednisolon-gatiflox-bromfenac ophthalmic suspension 1-0.5-0.075 %</i>	EX	Non FDA Exclusion
<i>prednisolon-moxiflox-bromfenac ophthalmic solution 1-0.5-0.075 %</i>	EX	Non FDA Exclusion
<i>prednisolon-moxiflox-ketorolac ophthalmic solution 1-0.5-0.5 %</i>	EX	Non FDA Exclusion
<i>prednisolon-moxiflox-nepafenac ophthalmic suspension 1-0.5-0.1 %</i>	EX	Non FDA Exclusion
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	Tier 1	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 %	EX	Formulary Exclusion
TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1 %	EX	Formulary Exclusion
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 %	Tier 3	
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	Tier 1	
<i>triamcinolone-moxifloxacin intraocular suspension 15-1 mg/ml</i>	EX	Non FDA Exclusion
TRIMOXI+ INTRAOCULAR SUSPENSION 15-1 MG/ML	EX	Non FDA Exclusion
<i>triple pmb ophthalmic solution reconstituted 1-0.5-0.09 %</i>	EX	Non FDA Exclusion
<i>triple pmk ophthalmic solution reconstituted 1-0.5-0.5 %</i>	EX	Non FDA Exclusion
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 %	Tier 3	
*Ophthalmic Steroids***		
ALREX OPHTHALMIC SUSPENSION 0.2 %	EX	Formulary Exclusion
<i>clobetasol propionate ophthalmic suspension 0.05 %</i>	Tier 3	ST

Drug Name	Drug Tier	Notes
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	Tier 1	Insufficient Evidence
DEXTENZA OPHTHALMIC INSERT 0.4 MG	EX	Medical Only Exclusion
DEXYCU INTRAOCULAR SUSPENSION 9 %	EX	Medical Only Exclusion
<i>difluprednate ophthalmic emulsion 0.05 %</i>	Tier 1	
DUREZOL OPHTHALMIC EMULSION 0.05 %	EX	Formulary Exclusion
EYSUVIS OPHTHALMIC SUSPENSION 0.25 %	Tier 2	QL
FLAREX OPHTHALMIC SUSPENSION 0.1 %	Tier 3	
<i>fluorometholone ophthalmic suspension 0.1 %</i>	Tier 1	Insufficient Evidence
FML FORTE OPHTHALMIC SUSPENSION 0.25 %	EX	Formulary Exclusion
FML LIQUIFILM OPHTHALMIC SUSPENSION 0.1 %	EX	Formulary Exclusion
FML OPHTHALMIC OINTMENT 0.1 %	EX	Formulary Exclusion
ILUVIEN INTRAVITREAL IMPLANT 0.19 MG	EX	Medical Only Exclusion
INVELTYS OPHTHALMIC SUSPENSION 1 %	EX	Formulary Exclusion
KLARITY-L OPHTHALMIC EMULSION 0.2 %, 0.5 %	EX	Non FDA Exclusion
LOTEMAX OPHTHALMIC GEL 0.5 %	EX	Formulary Exclusion
LOTEMAX OPHTHALMIC OINTMENT 0.5 %	Tier 2	
LOTEMAX OPHTHALMIC SUSPENSION 0.5 %	EX	Formulary Exclusion
LOTEMAX SM OPHTHALMIC GEL 0.38 %	Tier 2	
<i>loteprednol etabonate ophthalmic gel 0.5 %</i>	Tier 1	
<i>loteprednol etabonate ophthalmic suspension 0.2 %, 0.5 %</i>	Tier 1	
MAXIDEX OPHTHALMIC SUSPENSION 0.1 %	Tier 3	
OZURDEX INTRAVITREAL IMPLANT 0.7 MG	EX	Medical Only Exclusion
PRED FORTE OPHTHALMIC SUSPENSION 1 %	EX	Formulary Exclusion
PRED MILD OPHTHALMIC SUSPENSION 0.12 %	EX	Formulary Exclusion
<i>prednisolone acetate ophthalmic suspension 1 %</i>	Tier 1	

Drug Name	Drug Tier	Notes
<i>prednisolone acetate p-f ophthalmic suspension 1 %</i>	EX	Non FDA Exclusion
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>	Tier 3	Insufficient Evidence
RETISERT INTRAVITREAL IMPLANT 0.59 MG	EX	Medical Only Exclusion
TRIESENCE INTRAOCULAR SUSPENSION 40 MG/ML	EX	Medical Only Exclusion
XIPERE INTRAOCULAR SUSPENSION 40 MG/ML	EX	Medical Only Exclusion
YUTIQ INTRAVITREAL IMPLANT 0.18 MG	EX	Medical Only Exclusion
*Ophthalmic Sulfonamides***		
BLEPH-10 OPHTHALMIC SOLUTION 10 %	EX	Formulary Exclusion
<i>sulfacetamide sodium ophthalmic ointment 10 %</i>	Tier 1	
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	Tier 1	
*Ophthalmic Surgical Aids - Combinations***		
DISCOVISC INTRAOCULAR SOLUTION 40-17 MG/ML	EX	Medical Only Exclusion
DUOVISC KIT 0.4-0.35 ML INTRAOCULAR	EX	Medical Only Exclusion
DUOVISC KIT 0.55-0.5 ML INTRAOCULAR	EX	Medical Only Exclusion
DUOVISC KIT 0.85-0.5 ML INTRAOCULAR	EX	Non FDA Exclusion; Medical Only Exclusion
OMIDRIA INTRAOCULAR SOLUTION 1-0.3 %	EX	Medical Only Exclusion
VISCOAT INTRAOCULAR SOLUTION PREFILLED SYRINGE 20-15 MG/0.5ML, 30-22.5 MG/0.75ML	EX	Medical Only Exclusion
*Ophthalmic Surgical Aids***		
AMVISC INTRAOCULAR SOLUTION PREFILLED SYRINGE 9.6 MG/0.8ML	EX	Medical Only Exclusion
CELLUGEL INTRAOCULAR SOLUTION 2 %	EX	Medical Only Exclusion
GELFILM OPHTHALMIC FILM	EX	Non FDA Exclusion
HEALON DUET PRO INTRAOCULAR SOLUTION PREFILLED SYRINGE 1 & 3 %	EX	Medical Only Exclusion
HEALON GV PRO INTRAOCULAR SOLUTION PREFILLED SYRINGE 15.3 MG/0.85ML	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
HEALON PRO INTRAOCULAR SOLUTION PREFILLED SYRINGE 5.5 MG/0.55ML, 8.5 MG/0.85ML	EX	Medical Only Exclusion
HEALON5 PRO INTRAOCULAR SOLUTION PREFILLED SYRINGE 13.8 MG/0.6ML	EX	Medical Only Exclusion
MEMBRANEBLUE INTRAOCULAR SOLUTION PREFILLED SYRINGE 0.15 %	EX	Formulary Exclusion
NUVISC INTRAOCULAR SOLUTION PREFILLED SYRINGE 9.6 MG/0.8ML	EX	Medical Only Exclusion
PROVISC INTRAOCULAR SOLUTION PREFILLED SYRINGE 4 MG/0.4ML, 5.5 MG/0.55ML, 8.5 MG/0.85ML	EX	Medical Only Exclusion
TISSUEBLUE INTRAOCULAR SOLUTION PREFILLED SYRINGE 0.025 %	EX	Medical Only Exclusion
TOTALVISC INTRAOCULAR SOLUTION PREFILLED SYRINGE 1 & 2.5 %	EX	Medical Only Exclusion
VISIONBLUE INTRAOCULAR SOLUTION PREFILLED SYRINGE 0.06 %	EX	Formulary Exclusion
*Ophthalmics - Blepharoptosis Agents**		
UPNEEQ OPHTHALMIC SOLUTION 0.1 %	EX	Formulary Exclusion
*Ophthalmics - Cystinosis Agents**		
CYSTADROPS OPHTHALMIC SOLUTION 0.37 %	Tier 4	PA; Specialty
CYSTARAN OPHTHALMIC SOLUTION 0.44 %	Tier 4	PA; Specialty
*Ophthalmics Misc. - Other***		
<i>chondroitin sulfate ophthalmic solution 0.25 %</i>	EX	Non FDA Exclusion
MIEBO OPHTHALMIC SOLUTION 1.338 GM/ML	Tier 2	
*Prostaglandins - Ophthalmic***		
<i>bimatoprost ophthalmic solution 0.03 %</i>	EX	Formulary Exclusion
DURYSTA INTRAOCULAR IMPLANT 10 MCG	EX	Medical Only Exclusion
IDOSE TR INTRAOCULAR IMPLANT 75 MCG	EX	Medical Only Exclusion
IYUZEH OPHTHALMIC SOLUTION 0.005 %	EX	Formulary Exclusion
<i>latanoprost solution 0.005 % ophthalmic</i>	EX	Non FDA Exclusion
<i>latanoprost solution 0.005 % ophthalmic</i>	Tier 1	

Drug Name	Drug Tier	Notes
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	Tier 2	
<i>tafluprost (pf) ophthalmic solution 0.0015 %</i>	Tier 1	
TRAVATAN Z OPHTHALMIC SOLUTION 0.004 %	EX	Formulary Exclusion
<i>travoprost (bak free) ophthalmic solution 0.004 %</i>	Tier 1	
VYZULTA OPHTHALMIC SOLUTION 0.024 %	Tier 3	
XALATAN OPHTHALMIC SOLUTION 0.005 %	EX	Formulary Exclusion
XELPROS OPHTHALMIC EMULSION 0.005 %	EX	Formulary Exclusion
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 %	EX	Formulary Exclusion
*Vascular Endothelial Growth Factor (Vegf) Antagonists***		
BEOVU INTRAVITREAL SOLUTION 6 MG/0.05ML	EX	Medical Only Exclusion
BEOVU INTRAVITREAL SOLUTION PREFILLED SYRINGE 6 MG/0.05ML	EX	Medical Only Exclusion
<i>bevacizumab solution prefilled syringe 1.25 mg/0.05ml intravitreal</i>	EX	Medical Only Exclusion
<i>bevacizumab solution prefilled syringe 1.25 mg/0.05ml intravitreal</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>bevacizumab solution prefilled syringe 2 mg/0.08ml intravitreal</i>	EX	Medical Only Exclusion
<i>bevacizumab solution prefilled syringe 2.25 mg/0.09ml intravitreal</i>	EX	Medical Only Exclusion
<i>bevacizumab solution prefilled syringe 2.5 mg/0.1ml intravitreal</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>bevacizumab solution prefilled syringe 2.75 mg/0.11ml intravitreal</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>bevacizumab solution prefilled syringe 3.25 mg/0.13ml intravitreal</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>bevacizumab solution prefilled syringe 3.75 mg/0.15ml intravitreal</i>	EX	Non FDA Exclusion; Medical Only Exclusion
BYOOVIZ INTRAVITREAL SOLUTION 0.5 MG/0.05ML	EX	Medical Only Exclusion
CIMERLI INTRAVITREAL SOLUTION 0.3 MG/0.05ML, 0.5 MG/0.05ML	EX	Medical Only Exclusion
EYLEA HD INTRAVITREAL SOLUTION 8 MG/0.07ML	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
EYLEA INTRAVITREAL SOLUTION 2 MG/0.05ML	EX	Medical Only Exclusion
EYLEA INTRAVITREAL SOLUTION PREFILLED SYRINGE 2 MG/0.05ML	EX	Medical Only Exclusion
LUCENTIS INTRAVITREAL SOLUTION 0.3 MG/0.05ML, 0.5 MG/0.05ML	EX	Medical Only Exclusion
LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE 0.3 MG/0.05ML, 0.5 MG/0.05ML	EX	Medical Only Exclusion
PAVBLU INTRAVITREAL SOLUTION 2 MG/0.05ML	EX	Medical Only Exclusion
PAVBLU INTRAVITREAL SOLUTION PREFILLED SYRINGE 2 MG/0.05ML	EX	Medical Only Exclusion
SUSVIMO (IMPLANT 1ST FILL) INTRAVITREAL SOLUTION 10 MG/0.1ML	EX	Medical Only Exclusion
SUSVIMO (IMPLANT REFILL) INTRAVITREAL SOLUTION 10 MG/0.1ML	EX	Medical Only Exclusion
Otic Agents		
*Otic Agents - Miscellaneous***		
<i>acetic acid otic solution 2 %</i>	Tier 1	
*Otic Analgesic Combinations***		
CORTIC-ND OTIC SOLUTION 10-10-1 MG/ML	EX	Non FDA Exclusion
PRAMOTIC OTIC LIQUID 1-0.1 %	EX	Non FDA Exclusion
*Otic Anti-Infectives***		
CETRAXAL OTIC SOLUTION 0.2 %	EX	Formulary Exclusion
<i>ciprofloxacin hcl otic solution 0.2 %</i>	Tier 1	
<i>ofloxacin otic solution 0.3 %</i>	Tier 1	
OTIPRIO INTRATYMPANIC SUSPENSION 6 %	EX	Medical Only Exclusion
*Otic Steroid-Anti-Infective Combinations***		
CIPRO HC OTIC SUSPENSION 0.2-1 %	Tier 3	
CIPRODEX OTIC SUSPENSION 0.3-0.1 %	EX	Formulary Exclusion
<i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i>	Tier 1	
<i>ciprofloxacin-fluocinolone pf otic solution 0.3-0.025 %</i>	Tier 3	
CORTISPORIN-TC OTIC SUSPENSION 3.3-3-10-0.5 MG/ML	Tier 3	

Drug Name	Drug Tier	Notes
<i>neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1</i>	Tier 1	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	Tier 1	
OTOVEL OTIC SOLUTION 0.3-0.025 %	Tier 3	
*Otic Steroids***		
DERMOTIC OTIC OIL 0.01 %	EX	Formulary Exclusion
DEX24 INTRATYMPANIC SOLUTION 24 MG/ML	EX	Non FDA Exclusion
FLAC OTIC OIL 0.01 %	Tier 1	
<i>fluocinolone acetonide otic oil 0.01 %</i>	Tier 1	
<i>hydrocortisone-acetic acid solution 1-2 % otic</i>	EX	Formulary Exclusion
<i>hydrocortisone-acetic acid solution 1-2 % otic</i>	Tier 1	
Oxytocics		
*Abortifacient Combinations***		
MPM PAK ORAL THERAPY PACK 200-0.2-8-800 MG	EX	Non FDA Exclusion
*Abortifacients/Cervical Ripening - Prostaglandins***		
<i>carboprost tromethamine intramuscular solution prefilled syringe 250 mcg/ml</i>	EX	Medical Only Exclusion
<i>carboprost tromethamine solution 250 mcg/ml intramuscular</i>	Benefit Exclusion	Medical Only Exclusion
<i>carboprost tromethamine solution 250 mcg/ml intramuscular</i>	EX	Medical Only Exclusion
CERVIDIL VAGINAL INSERT 10 MG	Tier 3	
HEMABATE INTRAMUSCULAR SOLUTION 250 MCG/ML	Benefit Exclusion	Medical Only Exclusion
PREPIDIL VAGINAL GEL 0.5 MG/3GM	EX	Formulary Exclusion
PROSTIN E2 VAGINAL SUPPOSITORY 20 MG	EX	Formulary Exclusion
*Oxytocics***		
METHERGINE ORAL TABLET 0.2 MG	Tier 1	
<i>methylergonovine maleate injection solution 0.2 mg/ml</i>	EX	Medical Only Exclusion
<i>methylergonovine maleate oral tablet 0.2 mg</i>	Tier 1	
<i>oxytocin injection solution 10 unit/ml</i>	EX	Medical Only Exclusion
<i>oxytocin-lactated ringers solution 10 unit/500ml intravenous</i>	EX	Non FDA Exclusion
<i>oxytocin-lactated ringers solution 15 unit/250ml intravenous</i>	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
<i>oxytocin-lactated ringers solution 20 unit/l intravenous</i>	EX	Formulary Exclusion
<i>oxytocin-lactated ringers solution 20 unit/l intravenous</i>	EX	Non FDA Exclusion
<i>oxytocin-lactated ringers solution 30 unit/500ml intravenous</i>	EX	Formulary Exclusion
<i>oxytocin-lactated ringers solution 30 unit/500ml intravenous</i>	EX	Non FDA Exclusion
<i>oxytocin-sodium chloride solution 15-0.9 ut/250ml-% intravenous</i>	EX	Formulary Exclusion
<i>oxytocin-sodium chloride solution 20-0.9 unit/l-% intravenous</i>	EX	Non FDA Exclusion
<i>oxytocin-sodium chloride solution 30-0.9 ut/500ml-% intravenous</i>	EX	Non FDA Exclusion
<i>oxytocin-sodium chloride solution 40-0.9 unit/l-% intravenous</i>	EX	Non FDA Exclusion
PITOCIN INJECTION SOLUTION 10 UNIT/ML	EX	Medical Only Exclusion
Passive Immunizing And Treatment Agents		
*Antitoxins-Antivenins***		
ANASCORP INTRAVENOUS SOLUTION RECONSTITUTED	EX	Medical Only Exclusion
ANAVIP INTRAVENOUS SOLUTION RECONSTITUTED	EX	Medical Only Exclusion
<i>antivenin latrodectus mactans injection kit</i>	EX	Medical Only Exclusion
<i>antivenin micrurus fulvius intravenous solution reconstituted</i>	EX	Medical Only Exclusion
CROFAB INTRAVENOUS SOLUTION RECONSTITUTED	EX	Medical Only Exclusion
*Antiviral Monoclonal Antibodies***		
<i>bamlanivimab intravenous solution 700 mg/20ml</i>	EX	Medical Only Exclusion
<i>bebtelovimab intravenous solution 175 mg/2ml</i>	EX	Medical Only Exclusion
BEYFORTUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML	Tier 5	
<i>casirivimab injection solution 1332 mg/11.1ml, 300 mg/2.5ml</i>	EX	Medical Only Exclusion
<i>etesevimab intravenous solution 700 mg/20ml</i>	EX	Medical Only Exclusion
<i>imdevimab injection solution 1332 mg/11.1ml, 300 mg/2.5ml</i>	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
PEMGARDA INTRAVENOUS SOLUTION 500 MG/4ML	EX	Medical Only Exclusion
<i>sotrovimab intravenous solution 500 mg/8ml</i>	EX	Medical Only Exclusion
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML	Tier 4	PA; Specialty
*Bacterial Monoclonal Antibodies***		
ZINPLAVA INTRAVENOUS SOLUTION 1000 MG/40ML	EX	Medical Only Exclusion; QL
*Immune Serums***		
ALYGLO INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 5 GM/50ML	Tier 4	PA; Specialty
ASCENIV INTRAVENOUS SOLUTION 5 GM/50ML	EX	PA; Specialty; Formulary Exclusion
BABYBIG INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	EX	Medical Only Exclusion
BIVIGAM INTRAVENOUS SOLUTION 10 GM/100ML, 5 GM/50ML	Tier 4	PA; Specialty
CNJ-016 INTRAVENOUS SOLUTION 50000 UNIT/VIAL	EX	Medical Only Exclusion
CUTAQUIG SUBCUTANEOUS SOLUTION 1 GM/6ML, 1.65 GM/10ML, 2 GM/12ML, 3.3 GM/20ML, 4 GM/24ML, 8 GM/48ML	EX	PA; Specialty; Formulary Exclusion
CUVITRU SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML, 8 GM/40ML	EX	PA; Specialty; Formulary Exclusion
CYTOGAM INTRAVENOUS SOLUTION 50 MG/ML	EX	Medical Only Exclusion
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 0.5 GM/10ML, 10 GM/100ML, 10 GM/200ML, 2.5 GM/50ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML	Tier 4	PA; Specialty
GAMASTAN INTRAMUSCULAR INJECTABLE	Tier 4	PA; Specialty
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	Tier 4	PA; Specialty
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM	Tier 4	PA; Specialty
GAMMAKED SOLUTION 1 GM/10ML INJECTION	EX	PA; Specialty; Formulary Exclusion
GAMMAKED SOLUTION 10 GM/100ML INJECTION	Tier 4	PA; Specialty

Drug Name	Drug Tier	Notes
GAMMAKED SOLUTION 20 GM/200ML INJECTION	Tier 4	PA; Specialty
GAMMAKED SOLUTION 5 GM/50ML INJECTION	Tier 4	PA; Specialty
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML	Tier 4	PA; Specialty
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	Tier 4	PA; Specialty
HEPAGAM B INJECTION SOLUTION 312 UNIT/ML	EX	Medical Only Exclusion
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML	Tier 4	PA; Specialty
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML	Tier 4	PA; Specialty
HYPERHEP B INTRAMUSCULAR SOLUTION 220 UNIT/ML	EX	Medical Only Exclusion
HYPERHEP B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 110 UNIT/0.5ML, 220 UNIT/ML	EX	Medical Only Exclusion
HYPERRAB INJECTION SOLUTION 1500 UNIT/5ML, 300 UNIT/ML, 900 UNIT/3ML	EX	Medical Only Exclusion
HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT, 250 UNIT	Tier 3	
HYPERTET INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 UNIT/ML	EX	Medical Only Exclusion
IMOGAM RABIES-HT INJECTION SOLUTION 300 UNIT/2ML	EX	Medical Only Exclusion
<i>kedrab injection solution 1500 unit/10ml, 300 unit/2ml</i>	EX	Medical Only Exclusion
MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 UNIT	Tier 3	
NABI-HB INTRAMUSCULAR SOLUTION 312 UNIT/ML	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 25 GM/500ML, 30 GM/300ML, 5 GM/100ML, 5 GM/50ML	Tier 4	PA; Specialty
PANZYGA INTRAVENOUS SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	Tier 4	PA; Specialty
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	Tier 4	PA; Specialty
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT	Tier 3	
RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE 1500 UNIT/2ML	Tier 3	
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2ML	EX	Medical Only Exclusion
WINRHO SDF INJECTION SOLUTION 1500 UNIT/1.3ML, 15000 UNIT/13ML, 2500 UNIT/2.2ML, 5000 UNIT/4.4ML	Tier 3	
XEMBIFY SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML	EX	PA; Specialty; Formulary Exclusion
*Monoclonal Antibody - Combinations***		
EVUSHELD INTRAMUSCULAR SOLUTION 150 & 150 MG/1.5ML	EX	Medical Only Exclusion
REGEN-COV INJECTION SOLUTION (4)300 & (4)300 MG/2.5ML, (4)300MG &1332/2.5&11.1ML, 1332 & 1332 MG/11.1ML, 1332 &(4)300MG/ 11.1&2.5ML, 300 & 300 MG/2.5ML, 600-600 MG/10ML	EX	Medical Only Exclusion
*Passive Immunizing Agents - Combinations***		
HYQVIA SUBCUTANEOUS KIT 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	Tier 4	PA; Specialty
Penicillins		
*Aminopenicillins***		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	Tier 1	
<i>amoxicillin suspension reconstituted 125 mg/5ml oral</i>	Tier 1	

Drug Name	Drug Tier	Notes
<i>amoxicillin suspension reconstituted 200 mg/5ml oral</i>	Tier 1	
<i>amoxicillin suspension reconstituted 250 mg/5ml oral</i>	Tier 1	
<i>amoxicillin suspension reconstituted 400 mg/5ml oral</i>	Tier 3	
<i>amoxicillin suspension reconstituted 400 mg/5ml oral</i>	Tier 1	
<i>amoxicillin tablet chewable 125 mg oral</i>	Tier 3	
<i>amoxicillin tablet chewable 250 mg oral</i>	Tier 1	
<i>ampicillin oral capsule 500 mg</i>	Tier 1	
<i>ampicillin sodium injection solution reconstituted 1 gm, 125 mg, 2 gm, 250 mg, 500 mg</i>	EX	Medical Only Exclusion
<i>ampicillin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>	EX	Medical Only Exclusion
*Natural Penicillins***		
BICILLIN L-A SUSPENSION PREFILLED SYRINGE 1200000 UNIT/2ML INTRAMUSCULAR	Tier 3	
BICILLIN L-A SUSPENSION PREFILLED SYRINGE 2400000 UNIT/4ML INTRAMUSCULAR	EX	Medical Only Exclusion
BICILLIN L-A SUSPENSION PREFILLED SYRINGE 600000 UNIT/ML INTRAMUSCULAR	Tier 3	
EXTENCILLINE INTRAMUSCULAR SUSPENSION RECONSTITUTED 1200000 UNIT, 2400000 UNIT	Tier 3	
LENTOCILIN INTRAMUSCULAR SUSPENSION RECONSTITUTED 1200000 UNIT	Tier 3	
<i>penicillin g pot in dextrose intravenous solution 20000 unit/ml, 40000 unit/ml, 60000 unit/ml</i>	EX	Medical Only Exclusion
<i>penicillin g potassium injection solution reconstituted 20000000 unit, 5000000 unit</i>	EX	Medical Only Exclusion
<i>penicillin g procaine intramuscular suspension 600000 unit/ml</i>	EX	Medical Only Exclusion
<i>penicillin g sodium injection solution reconstituted 5000000 unit</i>	EX	Medical Only Exclusion
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	Tier 1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	Tier 1	

Drug Name	Drug Tier	Notes
PFIZERPEN INJECTION SOLUTION RECONSTITUTED 2000000 UNIT, 5000000 UNIT	EX	Medical Only Exclusion
*Penicillin Combinations***		
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i>	Tier 1	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	Tier 1	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	Tier 1	
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>	Tier 1	
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	EX	Medical Only Exclusion
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 1.5 (1-0.5) gm, 15 (10-5) gm, 3 (2-1) gm</i>	EX	Medical Only Exclusion
AUGMENTIN ES-600 ORAL SUSPENSION RECONSTITUTED 600-42.9 MG/5ML	EX	Formulary Exclusion
AUGMENTIN ORAL TABLET 500-125 MG	EX	Formulary Exclusion
AUGMENTIN SUSPENSION RECONSTITUTED 125-31.25 MG/5ML ORAL	Tier 3	
AUGMENTIN SUSPENSION RECONSTITUTED 250-62.5 MG/5ML ORAL	EX	Formulary Exclusion
BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION 900000-300000 UNIT/2ML	EX	Medical Only Exclusion
BICILLIN C-R INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML	EX	Medical Only Exclusion
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 13.5 (12-1.5) gm, 2.25 (2-0.25) gm, 3-0.375 gm, 3.375 (3-0.375) gm, 4-0.5 gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm</i>	EX	Medical Only Exclusion
UNASYN INJECTION SOLUTION RECONSTITUTED 1.5 (1-0.5) GM, 3 (2-1) GM	EX	Medical Only Exclusion
UNASYN INTRAVENOUS SOLUTION RECONSTITUTED 15 (10-5) GM	EX	Medical Only Exclusion
ZOSYN INTRAVENOUS SOLUTION 2-0.25 GM/50ML, 3-0.375 GM/50ML, 4-0.5 GM/100ML	EX	Medical Only Exclusion
*Penicillinase-Resistant Penicillins***		
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	Tier 1	

Drug Name	Drug Tier	Notes
<i>nafcillin sodium in dextrose intravenous solution 1 gm/50ml, 2 gm/100ml</i>	EX	Medical Only Exclusion
<i>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</i>	EX	Medical Only Exclusion
<i>nafcillin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>	EX	Medical Only Exclusion
<i>oxacillin sodium in dextrose intravenous solution 1 gm/50ml, 2 gm/50ml</i>	EX	Medical Only Exclusion
<i>oxacillin sodium injection solution reconstituted 1 gm, 2 gm</i>	EX	Medical Only Exclusion
<i>oxacillin sodium intravenous solution reconstituted 10 gm</i>	EX	Medical Only Exclusion
Pharmaceutical Adjuvants		
*External Vehicles***		
FOAMIL EXTERNAL LIQUID	EX	Non FDA Exclusion
RHEOSPRAY EXTERNAL LIQUID	EX	Non FDA Exclusion
TRICHOSOL EXTERNAL SOLUTION	EX	Non FDA Exclusion
*Misc. Vehicles***		
<i>multi-peptide serum external liquid</i>	EX	Formulary Exclusion
*Non Gelatin Capsules (Empty)***		
<i>non gelatin capsules (empty) capsule</i>	EX	Non FDA Exclusion
*Oral Vehicles***		
ORAPENN SD ANHYD SWEETENED ORAL LIQUID	EX	Non FDA Exclusion
*Parenteral Vehicles***		
<i>diluent for treprostinil intravenous solution</i>	EX	Medical Only Exclusion
<i>saline bacteriostatic injection solution 0.9 %</i>	Tier 1	
<i>saline-phenol injection solution 0.4-0.9 %</i>	Tier 3	
<i>sodium chloride bacteriostatic injection solution 0.9 %</i>	Tier 1	
STERILE DILUENT FLOLAN PH 12 INTRAVENOUS SOLUTION	EX	Medical Only Exclusion
STERILE DILUENT FOR REMODULIN INTRAVENOUS SOLUTION	EX	Medical Only Exclusion
<i>sterile diluent/epoprostenol intravenous solution</i>	EX	Medical Only Exclusion
<i>sterile water for injection solution injection</i>	EX	Non FDA Exclusion
<i>sterile water for injection solution injection</i>	Tier 1	
<i>sterile water for injection solution injection</i>	Tier 3	

Drug Name	Drug Tier	Notes
*Semi Solid Vehicles***		
AUXIPRO VANISHING EXTERNAL CREAM	EX	Non FDA Exclusion
<i>cream base niosomes external cream</i>	EX	Non FDA Exclusion
<i>cream-heavy base niosomes external cream</i>	EX	Non FDA Exclusion
<i>freedom adaptaderm external cream</i>	EX	Non FDA Exclusion
<i>freedom derma serum external cream</i>	EX	Non FDA Exclusion
FREEDOM DERMA-D EXTERNAL CREAM	EX	Non FDA Exclusion
FREEDOM DERMA-N EXTERNAL CREAM	EX	Non FDA Exclusion
<i>hormone cr heavy base niosomes external cream</i>	EX	Non FDA Exclusion
<i>hormone cream base niosomes external cream</i>	EX	Non FDA Exclusion
LIOPEN ABSORPTION ENHANCING EXTERNAL CREAM	EX	Non FDA Exclusion
<i>multi-phasic penetrating compd external cream</i>	EX	Non FDA Exclusion
<i>pensomal external cream</i>	EX	Non FDA Exclusion
PLO GEL - MEDIFLO 30 EXTERNAL KIT	EX	Non FDA Exclusion
<i>sa3 derm external cream</i>	EX	Non FDA Exclusion
<i>salt durable cream external cream</i>	EX	Non FDA Exclusion
SALTSTABLE LO EXTERNAL CREAM	EX	Non FDA Exclusion
TDC MAX EXTERNAL CREAM	EX	Formulary Exclusion
<i>teroderm-plus external cream</i>	EX	Non FDA Exclusion
VERSAPRO EXTERNAL CREAM	EX	Non FDA Exclusion
Progestins		
*Progestins***		
AYGESTIN ORAL TABLET 5 MG	EX	Formulary Exclusion
<i>ec-rx progesterone transdermal cream 10 %, 20 %</i>	EX	Non FDA Exclusion
GALLIFREY ORAL TABLET 5 MG	Tier 1	
<i>hydroxyprogesterone caproate intramuscular oil 250 mg/ml</i>	EX	Non FDA Exclusion
MAKENA INTRAMUSCULAR OIL 250 MG/ML	EX	Non FDA Exclusion
MAKENA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 275 MG/1.1ML	EX	Non FDA Exclusion
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>megestrol acetate oral suspension 625 mg/5ml</i>	EX	Formulary Exclusion
<i>norethindrone acetate oral tablet 5 mg</i>	Tier 1	
<i>progesterone intramuscular oil 50 mg/ml</i>	Tier 1	

Drug Name	Drug Tier	Notes
<i>progesterone micronized transdermal cream 10 %</i>	EX	Non FDA Exclusion
<i>progesterone oral capsule 100 mg, 200 mg</i>	Tier 1	
PROMETRIUM ORAL CAPSULE 100 MG, 200 MG	EX	Formulary Exclusion
PROVERA ORAL TABLET 10 MG, 2.5 MG, 5 MG	EX	Formulary Exclusion
Psychotherapeutic And Neurological Agents - Misc.		
*Agents For Opioid Withdrawal***		
<i>lofexidine hcl oral tablet 0.18 mg</i>	Tier 1	QL
LUCEMYRA TABLET 0.18 MG ORAL	EX	Formulary Exclusion; QL
LUCEMYRA TABLET 0.18 MG ORAL	Tier 3	QL
*Alcohol Deterrents***		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	Tier 1	
ANTABUSE ORAL TABLET 250 MG, 500 MG	EX	Formulary Exclusion
<i>disulfiram oral tablet 250 mg, 500 mg</i>	Tier 1	
*Alzheimer's Treatment - Anti-Amyloid Antibodies***		
ADUHELM INTRAVENOUS SOLUTION 170 MG/1.7ML, 300 MG/3ML	EX	Medical Only Exclusion
KISUNLA INTRAVENOUS SOLUTION 350 MG/20ML	EX	Medical Only Exclusion
LEQEMBI INTRAVENOUS SOLUTION 200 MG/2ML, 500 MG/5ML	EX	Medical Only Exclusion
*Anti-Cataplectic Agents***		
LUMRYZ ORAL PACKET 4.5 GM, 6 GM, 7.5 GM, 9 GM	EX	PA; Specialty; Formulary Exclusion; QL
LUMRYZ STARTER PACK ORAL THERAPY PACK 4.5 & 6 & 7.5 GM	EX	PA; Specialty; Formulary Exclusion; QL
<i>sodium oxybate oral solution 500 mg/ml</i>	Tier 4	PA; Specialty; QL
XYREM ORAL SOLUTION 500 MG/ML	EX	PA; Specialty; Formulary Exclusion; QL
*Anti-Cataplectic Combinations***		
XYWAV ORAL SOLUTION 500 MG/ML	Tier 4	PA; Specialty; QL
*Antidementia Agent Combinations***		
<i>memantine hcl-donepezil hcl oral capsule extended release 24 hour 14-10 mg, 21-10 mg, 28-10 mg</i>	Tier 1	ST

Drug Name	Drug Tier	Notes
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG ORAL	EX	ST; Formulary Exclusion
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 21-10 MG ORAL	Tier 3	ST
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 28-10 MG ORAL	EX	ST; Formulary Exclusion
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 7-10 MG ORAL	Tier 3	ST
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 & 28 -10 MG	Tier 3	ST
*Antisense Oligonucleotide (Aso) Inhibitor Agents***		
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	Tier 4	PA; Specialty; QL
WAINUA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 45 MG/0.8ML	EX	PA; Specialty; Formulary Exclusion
*Benzodiazepines & Tricyclic Agents***		
<i>chlordiazepoxide-amitriptyline tablet 10-25 mg oral</i>	Tier 1	
<i>chlordiazepoxide-amitriptyline tablet 5-12.5 mg oral</i>	Tier 3	
*Cald - Autologous Cellular Gene Therapy Agents***		
SKYSONA INTRAVENOUS SUSPENSION	EX	Medical Only Exclusion
*Cholinomimetics - Ache Inhibitors***		
ADLARITY TRANSDERMAL PATCH WEEKLY 10 MG/DAY, 5 MG/DAY	EX	Formulary Exclusion; QL
ARICEPT ORAL TABLET 10 MG, 23 MG, 5 MG	EX	Formulary Exclusion
<i>donepezil hcl oral tablet 10 mg, 23 mg, 5 mg</i>	Tier 1	
<i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>	Tier 1	
EXELON TRANSDERMAL PATCH 24 HOUR 13.3 MG/24HR, 4.6 MG/24HR, 9.5 MG/24HR	EX	Formulary Exclusion
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	Tier 1	
<i>galantamine hydrobromide oral solution 4 mg/ml</i>	Tier 1	
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	Tier 1	

Drug Name	Drug Tier	Notes
RAZADYNE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 16 MG, 24 MG, 8 MG	EX	Formulary Exclusion
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	Tier 1	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	Tier 1	
ZUNVEYL ORAL TABLET DELAYED RELEASE 10 MG, 15 MG, 5 MG	Tier 3	ST; QL
*Fibromyalgia Agent - Snris***		
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	Tier 3	ST
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG	Tier 3	ST
*Melanocortin Receptor Agonists***		
VYLEESI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.75 MG/0.3ML	Tier 3	PA; QL
*Mld - Autologous Cellular Gene Therapy Agents***		
LENMELDY INTRAVENOUS SUSPENSION	EX	Medical Only Exclusion
*Movement Disorder Drug Therapy***		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	Tier 4	PA; Specialty; QL
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 18 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG	Tier 4	PA; Specialty; QL
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG, 6 & 12 & 24 MG	Tier 4	PA; Specialty; QL
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	Tier 4	PA; Specialty; QL
INGREZZA ORAL CAPSULE SPRINKLE 40 MG, 60 MG, 80 MG	EX	PA; Specialty; Formulary Exclusion; QL
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG	Tier 4	PA; Specialty; QL
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	Tier 4	PA; Specialty
XENAZINE ORAL TABLET 12.5 MG, 25 MG	EX	PA; Specialty; Formulary Exclusion

Drug Name	Drug Tier	Notes
*Ms Agents - Pyrimidine Synthesis Inhibitors***		
AUBAGIO ORAL TABLET 14 MG, 7 MG	EX	PA; Specialty; Formulary Exclusion; QL
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	Tier 4	PA; Specialty; QL
*Multiple Sclerosis Agents - Antimetabolites***		
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK 10 MG	Benefit Exclusion	PA; Specialty
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK 10 MG	Benefit Exclusion	PA; Specialty
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK 10 MG	Benefit Exclusion	PA; Specialty
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK 10 MG	Benefit Exclusion	PA; Specialty
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK 10 MG	Benefit Exclusion	PA; Specialty
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK 10 MG	Benefit Exclusion	PA; Specialty
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK 10 MG	Benefit Exclusion	PA; Specialty
*Multiple Sclerosis Agents - Combinations***		
OCREVUS ZUNOVO SUBCUTANEOUS SOLUTION 920-23000 MG-UT/23ML	EX	Medical Only Exclusion
*Multiple Sclerosis Agents - Interferons***		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML	Tier 4	PA; Specialty; QL
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML	Tier 4	PA; Specialty; QL
BETASERON SUBCUTANEOUS KIT 0.3 MG	Tier 4	PA; Specialty; QL
EXTAVIA SUBCUTANEOUS KIT 0.3 MG	EX	PA; Specialty; Formulary Exclusion; QL
PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML	Tier 4	PA; Specialty; QL
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 63 & 94 MCG/0.5ML	Tier 4	PA; Specialty; QL
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML	Tier 4	PA; Specialty; QL

Drug Name	Drug Tier	Notes
PLEGRIDY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MCG/0.5ML	Tier 4	PA; Specialty; QL
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML	Tier 4	PA; Specialty; QL
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML	Tier 4	PA; Specialty; QL
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG	Tier 4	PA; Specialty; QL
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML	Tier 4	PA; Specialty; QL
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG	Tier 4	PA; Specialty; QL
*Multiple Sclerosis Agents - Monoclonal Antibodies***		
BRIUMVI INTRAVENOUS SOLUTION 150 MG/6ML	EX	PA; Specialty; Formulary Exclusion; QL
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML	Tier 4	PA; Specialty
LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2ML	Tier 4	PA; Specialty; QL
OCREVUS INTRAVENOUS SOLUTION 300 MG/10ML	Tier 4	PA; Specialty; QL
TYSABRI INTRAVENOUS CONCENTRATE 300 MG/15ML	Tier 4	PA; Specialty; QL
*Multiple Sclerosis Agents - Nrf2 Pathway Activators***		
BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG	EX	PA; Specialty; Formulary Exclusion; QL
<i>dimethyl fumarate capsule delayed release 120 mg oral</i>	Tier 1	PA; Specialty; 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 1	PA; Specialty; QL
<i>dimethyl fumarate capsule delayed release 240 mg oral</i>	Tier 4	PA; Specialty; QL
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg</i>	Tier 4	PA; Specialty; QL
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG, 240 MG	EX	PA; Specialty; Formulary Exclusion; QL

Drug Name	Drug Tier	Notes
TECFIDERA ORAL CAPSULE DELAYED RELEASE THERAPY PACK 120 & 240 MG	EX	PA; Specialty; Formulary Exclusion; QL
VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG	Tier 4	PA; Specialty; QL
*Multiple Sclerosis Agents - Potassium Channel Blockers***		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR 10 MG	EX	PA; Specialty; Formulary Exclusion; QL
<i>dalfampridine er tablet extended release 12 hour 10 mg oral</i>	Tier 1	PA; Specialty; 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	EX	PA; Specialty; Formulary Exclusion; QL
COPAXONE SOLUTION PREFILLED SYRINGE 40 MG/ML SUBCUTANEOUS	Tier 4	PA; Specialty; QL
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml</i>	Tier 1	Specialty; QL
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML, 40 MG/ML	Tier 4	PA; Specialty; QL
*N-Methyl-D-Aspartate (Nmda) Receptor Antagonists***		
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>	Tier 1	
<i>memantine hcl oral solution 10 mg/5ml, 2 mg/ml</i>	Tier 1	
<i>memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg, 5 mg</i>	Tier 1	
NAMENDA ORAL TABLET 10 MG, 5 MG	EX	Formulary Exclusion
NAMENDA TITRATION PAK ORAL TABLET 28 X 5 MG & 21 X 10 MG	EX	Formulary Exclusion
NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14 MG, 21 MG, 28 MG, 7 MG	EX	Formulary Exclusion
*Phenothiazines & Tricyclic Agents***		
<i>perphenazine-amitriptyline tablet 2-10 mg oral</i>	Tier 3	
<i>perphenazine-amitriptyline tablet 2-25 mg oral</i>	Tier 1	
<i>perphenazine-amitriptyline tablet 4-10 mg oral</i>	Tier 3	
<i>perphenazine-amitriptyline tablet 4-25 mg oral</i>	Tier 3	
<i>perphenazine-amitriptyline tablet 4-50 mg oral</i>	Tier 3	

Drug Name	Drug Tier	Notes
*Postherpetic Neuralgia (Phn)/Neuropathic Pain Agents***		
<i>gabapentin (once-daily) oral tablet 300 mg, 600 mg</i>	EX	Non Essential Drug Exclusion; Formulary Exclusion; QL
GRALISE TABLET 300 MG ORAL	EX	Non Essential Drug Exclusion; Formulary Exclusion; QL
GRALISE TABLET 300 MG ORAL	EX	Non Essential Drug Exclusion; QL
GRALISE TABLET 450 MG ORAL	EX	Non Essential Drug Exclusion; QL
GRALISE TABLET 600 MG ORAL	EX	Non Essential Drug Exclusion; Formulary Exclusion; QL
GRALISE TABLET 600 MG ORAL	EX	Non Essential Drug Exclusion; QL
GRALISE TABLET 750 MG ORAL	EX	Non Essential Drug Exclusion; QL
GRALISE TABLET 900 MG ORAL	EX	Non Essential Drug Exclusion; QL
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 165 MG, 330 MG, 82.5 MG	EX	Formulary Exclusion; QL
<i>pregabalin er oral tablet extended release 24 hour 165 mg, 330 mg, 82.5 mg</i>	EX	Formulary Exclusion; QL
*Postherpetic Neuralgia(Phn)/Neuropathic Pain Comb Agents***		
CONVENIENCE PAK COMBINATION THERAPY PACK 600 & 5 MG & %	EX	Non FDA Exclusion
*Premenstrual Dysphoric Disorder (Pmdd) Agents - Ssris***		
<i>fluoxetine hcl (pmdd) oral tablet 10 mg, 20 mg</i>	EX	Non Essential Drug Exclusion
SARAFEM ORAL TABLET 10 MG, 20 MG	EX	Non Essential Drug Exclusion; Formulary Exclusion
*Pseudobulbar Affect Agent Combinations***		
NUEDEXTA ORAL CAPSULE 20-10 MG	Tier 2	PA; QL
*Psychotherapeutic And Neurological Agents - Misc.***		
AQNEURSA ORAL PACKET 1 GM	Tier 4	PA; Specialty; QL
<i>ergoloid mesylates tablet 1 mg oral</i>	Tier 1	
<i>ergoloid mesylates tablet 1 mg oral</i>	Tier 1	Formulary Exclusion
MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG	Tier 4	PA; Specialty; QL
<i>pimozide oral tablet 1 mg, 2 mg</i>	Tier 1	

Drug Name	Drug Tier	Notes
*Restless Leg Syndrome (RLS) Agents***		
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG, 600 MG	EX	Non Essential Drug Exclusion; QL
*Serotonin 1A Recept Agonist/Serotonin 2A Recept Antag***		
ADDYI ORAL TABLET 100 MG	Benefit Exclusion	PA
*Small Interfering Ribonucleic Acid (Sirna) Agents***		
AMVUTTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	EX	PA; Specialty; Formulary Exclusion; QL
ONPATTRO INTRAVENOUS SOLUTION 10 MG/5ML	EX	Medical Only Exclusion
*Smoking Deterrents***		
<i>apo-varenicline oral tablet 0.5 mg, 1 mg</i>	Tier 5	
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	Tier 5	
CHANTIX CONTINUING MONTH PAK ORAL TABLET 1 MG	EX	Formulary Exclusion
CHANTIX ORAL TABLET 0.5 MG, 1 MG	EX	Formulary Exclusion
CHANTIX STARTING MONTH PAK ORAL TABLET THERAPY PACK 0.5 MG X 11 & 1 MG X 42	Tier 5	
<i>cvs nicotine mouth/throat gum 2 mg, 4 mg</i>	Tier 5	
<i>cvs nicotine mouth/throat lozenge 2 mg</i>	Tier 5	
<i>cvs nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	Tier 5	
<i>cvs nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	Tier 5	
<i>cvs nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	Tier 5	
<i>eq nicotine mouth/throat gum 4 mg</i>	Tier 5	
<i>eq nicotine mouth/throat lozenge 4 mg</i>	Tier 5	
<i>eq nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	Tier 5	
<i>eq nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	Tier 5	
<i>eq nicotine step 3 transdermal patch 24 hour 7 mg/24hr</i>	Tier 5	
<i>eq nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr</i>	Tier 5	

Drug Name	Drug Tier	Notes
<i>eql nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	Tier 5	
<i>ft nicotine mini mouth/throat lozenge 2 mg, 4 mg</i>	Tier 5	
<i>ft nicotine mouth/throat lozenge 2 mg</i>	Tier 5	
<i>gnp nicotine mini mouth/throat lozenge 2 mg, 4 mg</i>	Tier 5	
<i>gnp nicotine mouth/throat gum 2 mg, 4 mg</i>	Tier 5	
<i>gnp nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	Tier 5	
<i>gnp nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	Tier 5	
<i>gnp nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	Tier 5	
<i>goodsense nicotine mouth/throat gum 2 mg, 4 mg</i>	Tier 5	
<i>goodsense nicotine mouth/throat lozenge 2 mg, 4 mg</i>	Tier 5	
HABITROL TRANSDERMAL PATCH 24 HOUR 21 MG/24HR	Tier 5	
<i>hm nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	Tier 5	
<i>hm nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	Tier 5	
<i>hm nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	Tier 5	
KLS QUIT2 MOUTH/THROAT GUM 2 MG	Tier 5	
KLS QUIT2 MOUTH/THROAT LOZENGE 2 MG	Tier 5	
KLS QUIT4 MOUTH/THROAT GUM 4 MG	Tier 5	
KLS QUIT4 MOUTH/THROAT LOZENGE 4 MG	Tier 5	
<i>nicotine mini mouth/throat lozenge 2 mg, 4 mg</i>	Tier 5	
<i>nicotine polacrilex mini mouth/throat lozenge 2 mg</i>	Tier 5	
<i>nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	Tier 5	
<i>nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	Tier 5	
<i>nicotine step 1 transdermal patch 24 hour 21 mg/24hr</i>	Tier 5	
<i>nicotine step 2 transdermal patch 24 hour 14 mg/24hr</i>	Tier 5	
<i>nicotine step 3 transdermal patch 24 hour 7 mg/24hr</i>	Tier 5	

Drug Name	Drug Tier	Notes
<i>nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	Tier 5	
NICOTROL INHALATION INHALER 10 MG	Tier 5	
NICOTROL NS NASAL SOLUTION 10 MG/ML	Tier 5	
<i>px stop smoking aid mouth/throat gum 2 mg, 4 mg</i>	Tier 5	
<i>px stop smoking aid mouth/throat lozenge 2 mg, 4 mg</i>	Tier 5	
<i>qc nicotine transdermal system transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr</i>	Tier 5	
<i>ra mini nicotine mouth/throat lozenge 2 mg, 4 mg</i>	Tier 5	
<i>ra nicotine gum mouth/throat gum 2 mg, 4 mg</i>	Tier 5	
<i>ra nicotine mouth/throat gum 2 mg, 4 mg</i>	Tier 5	
<i>ra nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	Tier 5	
<i>ra nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr</i>	Tier 5	
<i>sm nicotine mouth/throat gum 4 mg</i>	Tier 5	
<i>sm nicotine mouth/throat lozenge 2 mg</i>	Tier 5	
<i>sm nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	Tier 5	
<i>sm nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	Tier 5	
<i>sm nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	Tier 5	
THRIVE MOUTH/THROAT GUM 2 MG	Tier 5	
<i>varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42</i>	Tier 5	
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	Tier 5	
<i>varenicline tartrate(continue) oral tablet 1 mg</i>	Tier 5	
*Snris & Anesthetics/Analgesics***		
DULOXICAINE COMBINATION KIT 30 & 4 MG & %	EX	Non FDA Exclusion
*Sphingosine 1-Phosphate (S1p) Receptor Modulators***		
<i>fingolimod hcl oral capsule 0.5 mg</i>	Tier 4	PA; Specialty; QL
GILENYA ORAL CAPSULE 0.5 MG	EX	PA; Specialty; Formulary Exclusion; QL
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG	Tier 4	PA; Specialty; QL

Drug Name	Drug Tier	Notes
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG, 7 X 0.25 MG	Tier 4	PA; Specialty; QL
PONVORY ORAL TABLET 20 MG	EX	PA; Specialty; Formulary Exclusion; QL
PONVORY STARTER PACK ORAL TABLET THERAPY PACK 2-3-4-5-6-7-8-9 & 10 MG	EX	PA; Specialty; Formulary Exclusion; QL
TASCENSO ODT ORAL TABLET DISPERSIBLE 0.25 MG, 0.5 MG	EX	PA; Specialty; Formulary Exclusion; QL
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG	Tier 4	PA; Specialty; QL
ZEPOSIA ORAL CAPSULE 0.92 MG	Tier 4	PA; Specialty; QL
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG & 0.92MG, 0.23MG & 0.46MG 0.92MG(21)	Tier 4	PA; Specialty; QL
*Thienbenzodiazepines & Opioid Antagonists***		
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	EX	Formulary Exclusion
*Thienbenzodiazepines & Ssris***		
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	Tier 1	
SYMBYAX ORAL CAPSULE 12-50 MG, 3-25 MG, 6-25 MG, 6-50 MG	EX	Formulary Exclusion
*Vasomotor Symptom Agents - Ssris***		
BRISDELLE ORAL CAPSULE 7.5 MG	EX	Formulary Exclusion
<i>paroxetine mesylate oral capsule 7.5 mg</i>	Tier 1	
Respiratory Agents - Misc.		
*Alpha-Proteinase Inhibitor (Human)***		
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG	EX	PA; Specialty; Formulary Exclusion
GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML	Tier 4	PA; Specialty
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML	Tier 4	PA; Specialty
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	Tier 4	PA; Specialty

Drug Name	Drug Tier	Notes
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 4000 MG, 5000 MG	EX	PA; Specialty; Formulary Exclusion
*Cftr Potentiators***		
KALYDECO ORAL PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	Tier 4	PA; Specialty
KALYDECO ORAL TABLET 150 MG	Tier 4	PA; Specialty
*Cystic Fibrosis Agent - Combinations***		
ALYFTREK ORAL TABLET 10-50-125 MG, 4-20-50 MG	Tier 4	PA; Specialty
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG, 75-94 MG	Tier 4	PA; Specialty
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	Tier 4	PA; Specialty
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG	Tier 4	PA; Specialty
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG	Tier 4	PA; Specialty
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG	Tier 4	PA; Specialty
*Cystic Fibrosis Agents - Miscellaneous***		
BRONCHITOL INHALATION CAPSULE 40 MG	Tier 4	PA; Specialty; QL
BRONCHITOL TOLERANCE TEST INHALATION CAPSULE 40 MG	Tier 4	PA; Specialty; QL
*Hydrolytic Enzymes***		
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	Tier 4	PA; Specialty; QL
*Pleural Sclerosing Agents***		
SCLEROSOL INTRAPLEURAL INTRAPLEURAL AEROSOL POWDER 4 GM	EX	Medical Only Exclusion
STERILE TALC POWDER INTRAPLEURAL SUSPENSION RECONSTITUTED 5 GM	EX	Medical Only Exclusion
STERITALC INTRAPLEURAL POWDER 2 GM, 3 GM, 4 GM	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
*Pulmonary Fibrosis Agents - Kinase Inhibitors***		
OFEV ORAL CAPSULE 100 MG, 150 MG	Tier 4	PA; Specialty; QL
*Pulmonary Fibrosis Agents***		
ESBRIET ORAL CAPSULE 267 MG	EX	PA; Specialty; Formulary Exclusion; QL
ESBRIET ORAL TABLET 267 MG, 801 MG	EX	PA; Specialty; Formulary Exclusion; QL
<i>pirfenidone oral capsule 267 mg</i>	Tier 4	PA; Specialty; QL
<i>pirfenidone oral tablet 267 mg, 534 mg, 801 mg</i>	Tier 4	PA; Specialty; QL
*Respiratory Agents - Misc.***		
CUROSURF INTRATRACHEAL SUSPENSION 120 MG/1.5ML, 240 MG/3ML	EX	Medical Only Exclusion
INFASURF INTRATRACHEAL SUSPENSION 35-0.9 MG/ML-%	EX	Medical Only Exclusion
SURVANTA INTRATRACHEAL SUSPENSION 25-0.9 MG/ML-%	EX	Medical Only Exclusion
Sulfonamides		
*Sulfonamides***		
<i>sulfadiazine oral tablet 500 mg</i>	Tier 1	
Tetracyclines		
*Aminomethylcyclines***		
NUZYRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	EX	Medical Only Exclusion; QL
NUZYRA ORAL TABLET 150 MG	Tier 3	QL
*Fluorocyclines***		
XERAVA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 50 MG	EX	Medical Only Exclusion
*Glycylcyclines***		
<i>tigecycline intravenous solution reconstituted 50 mg</i>	EX	Medical Only Exclusion
TYGACIL INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	EX	Medical Only Exclusion
*Tetracycline Combinations***		
AVIDOXY DK COMBINATION KIT 100 MG	EX	Non FDA Exclusion
BENZODOX COMBINATION THERAPY PACK 30 X 100 MG & 4.4%, 60 X 100 MG & 4.4%	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
*Tetracyclines***		
ACTICLATE ORAL TABLET 150 MG, 75 MG	EX	Non Essential Drug Exclusion; Formulary Exclusion
<i>avidoxy oral tablet 100 mg</i>	EX	Non Essential Drug Exclusion
COREMINO ORAL TABLET EXTENDED RELEASE 24 HOUR 135 MG, 45 MG, 90 MG	EX	Non FDA Exclusion
<i>demeclocycline hcl oral tablet 150 mg, 300 mg</i>	Tier 1	
DORYX MPC ORAL TABLET DELAYED RELEASE 120 MG, 60 MG	EX	Non Essential Drug Exclusion; Formulary Exclusion
DORYX ORAL TABLET DELAYED RELEASE 200 MG, 50 MG, 80 MG	EX	Non Essential Drug Exclusion; Formulary Exclusion
DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	EX	Medical Only Exclusion
<i>doxycycline hyclate intravenous solution reconstituted 100 mg</i>	EX	Medical Only Exclusion
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	Tier 1	
<i>doxycycline hyclate tablet 100 mg oral</i>	Tier 1	
<i>doxycycline hyclate tablet 150 mg oral</i>	EX	ST; Non Essential Drug Exclusion
<i>doxycycline hyclate tablet 20 mg oral</i>	Tier 1	
<i>doxycycline hyclate tablet 50 mg oral</i>	Tier 1	ST
<i>doxycycline hyclate tablet 75 mg oral</i>	EX	ST; Non Essential Drug Exclusion
<i>doxycycline hyclate tablet delayed release 100 mg oral</i>	Tier 1	ST
<i>doxycycline hyclate tablet delayed release 150 mg oral</i>	Tier 1	ST
<i>doxycycline hyclate tablet delayed release 200 mg oral</i>	EX	ST; Non Essential Drug Exclusion
<i>doxycycline hyclate tablet delayed release 50 mg oral</i>	EX	ST; Non Essential Drug Exclusion
<i>doxycycline hyclate tablet delayed release 75 mg oral</i>	Tier 1	ST
<i>doxycycline hyclate tablet delayed release 80 mg oral</i>	EX	ST; Non Essential Drug Exclusion
<i>doxycycline monohydrate capsule 100 mg oral</i>	Tier 1	
<i>doxycycline monohydrate capsule 150 mg oral</i>	Tier 1	ST
<i>doxycycline monohydrate capsule 50 mg oral</i>	Tier 1	
<i>doxycycline monohydrate capsule 75 mg oral</i>	EX	ST; Non Essential Drug Exclusion
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>	Tier 1	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	Tier 1	

Drug Name	Drug Tier	Notes
LYMEPAK ORAL TABLET 100 MG	Tier 1	
MINOCIN INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	EX	Medical Only Exclusion
<i>minocycline hcl er oral capsule extended release 24 hour 135 mg, 45 mg, 90 mg</i>	EX	Non Essential Drug Exclusion; Formulary Exclusion
<i>minocycline hcl er tablet extended release 24 hour 105 mg oral</i>	EX	Formulary Exclusion
<i>minocycline hcl er tablet extended release 24 hour 115 mg oral</i>	Tier 1	ST
<i>minocycline hcl er tablet extended release 24 hour 135 mg oral</i>	EX	Formulary Exclusion
<i>minocycline hcl er tablet extended release 24 hour 45 mg oral</i>	Tier 1	ST
<i>minocycline hcl er tablet extended release 24 hour 55 mg oral</i>	Tier 1	ST
<i>minocycline hcl er tablet extended release 24 hour 65 mg oral</i>	Tier 1	ST
<i>minocycline hcl er tablet extended release 24 hour 80 mg oral</i>	Tier 1	ST
<i>minocycline hcl er tablet extended release 24 hour 90 mg oral</i>	Tier 1	ST
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	Tier 1	
<i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i>	Tier 1	
MINOLIRA ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 135 MG	EX	Non Essential Drug Exclusion; Formulary Exclusion
MONDOXYNE NL CAPSULE 100 MG ORAL	Tier 1	
MONDOXYNE NL CAPSULE 75 MG ORAL	EX	ST; Non Essential Drug Exclusion
MORGIDOX COMBINATION KIT 1 X 100 MG, 2 X 100 MG	EX	Non FDA Exclusion
MORGIDOX ORAL CAPSULE 100 MG	EX	Non Essential Drug Exclusion
NUTRIDOX ORAL KIT 75 MG	EX	Non FDA Exclusion
SEYSARA ORAL TABLET 100 MG, 150 MG, 60 MG	EX	Formulary Exclusion; QL
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	EX	Formulary Exclusion
TARGADOX ORAL TABLET 50 MG	Tier 1	ST
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>tetracycline hcl oral tablet 250 mg, 500 mg</i>	EX	Non Essential Drug Exclusion; Formulary Exclusion
VIBRAMYCIN ORAL CAPSULE 100 MG	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML	EX	Formulary Exclusion
VIBRAMYCIN ORAL SYRUP 50 MG/5ML	EX	Formulary Exclusion
XIMINO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 135 MG, 45 MG, 90 MG	EX	Non Essential Drug Exclusion; Formulary Exclusion
Thyroid Agents		
*Antithyroid Agents - Radiopharmaceuticals***		
<i>sodium iodide i-131 oral solution 1000 mci/ml</i>	EX	Formulary Exclusion
*Antithyroid Agents***		
<i>methimazole oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>propylthiouracil oral tablet 50 mg</i>	Tier 1	
TAPAZOLE ORAL TABLET 10 MG	EX	Formulary Exclusion
*Thyroid Hormones***		
ADTHYZA ORAL TABLET 120 MG, 130 MG, 15 MG, 16.25 MG, 30 MG, 32.5 MG, 60 MG, 65 MG, 90 MG, 97.5 MG	EX	Non FDA Exclusion
ARMOUR THYROID TABLET 120 MG ORAL	Tier 3	
ARMOUR THYROID TABLET 15 MG ORAL	Tier 2	
ARMOUR THYROID TABLET 15 MG ORAL	Tier 3	
ARMOUR THYROID TABLET 180 MG ORAL	Tier 3	
ARMOUR THYROID TABLET 240 MG ORAL	Tier 3	
ARMOUR THYROID TABLET 30 MG ORAL	Tier 3	
ARMOUR THYROID TABLET 300 MG ORAL	Tier 3	
ARMOUR THYROID TABLET 60 MG ORAL	Tier 3	
ARMOUR THYROID TABLET 90 MG ORAL	Tier 3	
CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG	EX	Formulary Exclusion
ERMEZA ORAL SOLUTION 150 MCG/5ML	Tier 3	
EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 1	

Drug Name	Drug Tier	Notes
LEVO-T ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 1	
<i>levothyroxine sodium intravenous solution 100 mcg/5ml, 100 mcg/ml, 200 mcg/5ml, 500 mcg/5ml</i>	EX	Medical Only Exclusion
<i>levothyroxine sodium intravenous solution reconstituted 100 mcg, 200 mcg, 500 mcg</i>	EX	Medical Only Exclusion
<i>levothyroxine sodium oral capsule 100 mcg, 112 mcg, 125 mcg, 13 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	Tier 3	
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	Tier 1	
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 1	
<i>liothyronine sodium intravenous solution 10 mcg/ml</i>	EX	Medical Only Exclusion
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	Tier 1	
<i>niva thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	Tier 3	
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	Tier 1	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 2	
THYQUIDITY ORAL SOLUTION 100 MCG/5ML	EX	Non Essential Drug Exclusion
<i>thyroid tablet 120 mg oral</i>	Tier 2	
<i>thyroid tablet 120 mg oral</i>	Tier 3	
<i>thyroid tablet 15 mg oral</i>	Tier 2	
<i>thyroid tablet 15 mg oral</i>	Tier 3	
<i>thyroid tablet 30 mg oral</i>	Tier 2	
<i>thyroid tablet 30 mg oral</i>	Tier 3	
<i>thyroid tablet 60 mg oral</i>	Tier 2	
<i>thyroid tablet 60 mg oral</i>	Tier 3	
<i>thyroid tablet 90 mg oral</i>	Tier 2	
<i>thyroid tablet 90 mg oral</i>	Tier 3	

Drug Name	Drug Tier	Notes
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 37.5 MCG, 44 MCG, 50 MCG, 62.5 MCG, 75 MCG, 88 MCG	Tier 3	
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML	Tier 3	
TRIOSTAT INTRAVENOUS SOLUTION 10 MCG/ML	EX	Medical Only Exclusion
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 1	
Toxoids		
*Toxoid Combinations***		
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	Tier 5	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	Tier 5	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5	Tier 5	
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	Tier 5	
<i>diphtheria-tetanus toxoids dt intramuscular suspension 25-5 lfu/0.5ml</i>	Tier 5	
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	Tier 5	
KINRIX INTRAMUSCULAR SUSPENSION	Tier 5	
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 5	
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 5	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	Tier 5	
QUADRACEL INTRAMUSCULAR SUSPENSION	Tier 5	
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 5	

Drug Name	Drug Tier	Notes
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	Tier 5	
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU	Tier 5	
VAXELIS INTRAMUSCULAR SUSPENSION	Tier 5	
VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 5	
*Ulcer Drugs/Antispasmodics/Anticholinergics *		
*Anticholinergic Combinations***		
<i>belladonna alkaloids-opium suppository 16.2-30 mg rectal</i>	EX	Non FDA Exclusion
<i>belladonna alkaloids-opium suppository 16.2-30 mg rectal</i>	Tier 3	
<i>belladonna alkaloids-opium suppository 16.2-60 mg rectal</i>	EX	Non FDA Exclusion
<i>belladonna alkaloids-opium suppository 16.2-60 mg rectal</i>	Tier 3	
<i>chlordiazepoxide-clidinium capsule 5-2.5 mg oral</i>	EX	Formulary Exclusion
<i>chlordiazepoxide-clidinium capsule 5-2.5 mg oral</i>	EX	Non FDA Exclusion
DONNATAL ELIXIR 16.2 MG/5ML ORAL	EX	Formulary Exclusion
DONNATAL ELIXIR 16.2 MG/5ML ORAL	Tier 3	
DONNATAL ORAL TABLET 16.2 MG	Tier 3	
LIBRAX ORAL CAPSULE 5-2.5 MG	EX	Non Essential Drug Exclusion; Formulary Exclusion
<i>pb-hyoscy-atropine-scopolamine oral elixir 16.2 mg/5ml</i>	EX	Non FDA Exclusion
<i>pb-hyoscy-atropine-scopolamine oral tablet 16.2 mg</i>	EX	Non FDA Exclusion
<i>phenobarbital-belladonna alk oral elixir 16.2 mg/5ml</i>	Tier 1	
<i>phenobarbital-belladonna alk oral tablet 16.2 mg</i>	Tier 1	
PHENOHYTRO ORAL ELIXIR 16.2 MG/5ML	Tier 1	
PHENOHYTRO ORAL TABLET 16.2 MG	Tier 1	
*Antispasmodics***		
BENTYL INTRAMUSCULAR SOLUTION 10 MG/ML	EX	Medical Only Exclusion
<i>dicyclomine hcl intramuscular solution 10 mg/ml</i>	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
<i>dicyclomine hcl oral capsule 10 mg</i>	Tier 1	
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	Tier 1	
<i>dicyclomine hcl oral tablet 20 mg</i>	Tier 1	
*Belladonna Alkaloids***		
ANASPAZ ORAL TABLET DISPERSIBLE 0.125 MG	Tier 3	
ATROPEN INTRAMUSCULAR SOLUTION AUTO-INJECTOR 0.25 MG/0.3ML, 0.5 MG/0.7ML, 1 MG/0.7ML, 2 MG/0.7ML	EX	Medical Only Exclusion
<i>atropine sulfate (pf) injection solution 0.4 mg/ml, 1 mg/ml</i>	EX	Non FDA Exclusion
<i>atropine sulfate intravenous solution 0.4 mg/ml, 1 mg/ml</i>	EX	Medical Only Exclusion
<i>atropine sulfate intravenous solution prefilled syringe 0.4 mg/ml, 0.8 mg/2ml, 1 mg/2.5ml, 1.2 mg/3ml</i>	EX	Non FDA Exclusion
<i>atropine sulfate solution 8 mg/20ml injection</i>	EX	Medical Only Exclusion
<i>atropine sulfate solution 8 mg/20ml injection</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>atropine sulfate solution prefilled syringe 0.25 mg/5ml injection</i>	EX	Medical Only Exclusion
<i>atropine sulfate solution prefilled syringe 0.25 mg/5ml injection</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>atropine sulfate solution prefilled syringe 0.5 mg/5ml injection</i>	EX	Medical Only Exclusion
<i>atropine sulfate solution prefilled syringe 0.5 mg/5ml injection</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>atropine sulfate solution prefilled syringe 0.8 mg/2ml injection</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>atropine sulfate solution prefilled syringe 1 mg/10ml injection</i>	EX	Medical Only Exclusion
<i>atropine sulfate solution prefilled syringe 1 mg/10ml injection</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>atropine sulfate solution prefilled syringe 1 mg/2.5ml injection</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>ed-spaz oral tablet dispersible 0.125 mg</i>	Tier 1	
<i>hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg</i>	Tier 1	
<i>hyoscyamine sulfate injection solution 0.5 mg/ml</i>	Tier 1	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5ml</i>	Tier 1	
<i>hyoscyamine sulfate oral solution 0.125 mg/ml</i>	Tier 1	
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	Tier 1	

Drug Name	Drug Tier	Notes
<i>hyoscyamine sulfate oral tablet dispersible 0.125 mg</i>	Tier 1	
<i>hyoscyamine sulfate sublingual tablet sublingual 0.125 mg</i>	Tier 1	
<i>hyosyne oral elixir 0.125 mg/5ml</i>	Tier 1	
<i>hyosyne oral solution 0.125 mg/ml</i>	Tier 1	
LEVBID ORAL TABLET EXTENDED RELEASE 12 HOUR 0.375 MG	Tier 3	
LEVSIN INJECTION SOLUTION 0.5 MG/ML	Tier 3	
LEVSIN ORAL TABLET 0.125 MG	Tier 3	
LEVSIN/SL SUBLINGUAL TABLET SUBLINGUAL 0.125 MG	Tier 3	
NULEV ORAL TABLET DISPERSIBLE 0.125 MG	Tier 1	
<i>oscimin oral tablet 0.125 mg</i>	Tier 1	
<i>oscimin sr oral tablet extended release 12 hour 0.375 mg</i>	Tier 1	
<i>oscimin sublingual tablet sublingual 0.125 mg</i>	Tier 1	
SYMAX DUOTAB ORAL TABLET EXTENDED RELEASE 0.375 MG	EX	Formulary Exclusion
SYMAX-SL SUBLINGUAL TABLET SUBLINGUAL 0.125 MG	EX	Formulary Exclusion
SYMAX-SR ORAL TABLET EXTENDED RELEASE 12 HOUR 0.375 MG	EX	Formulary Exclusion
*H-2 Antagonists***		
<i>cimetidine hcl oral solution 300 mg/5ml, 400 mg/6.67ml</i>	Tier 1	
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	Tier 1	
<i>famotidine (pf) intravenous solution 20 mg/2ml</i>	Tier 1	
<i>famotidine intravenous solution 200 mg/20ml, 40 mg/4ml</i>	EX	Medical Only Exclusion
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>	Tier 1	
<i>famotidine oral tablet 20 mg, 40 mg</i>	Tier 1	
<i>famotidine premixed intravenous solution 20-0.9 mg/50ml-%</i>	EX	Medical Only Exclusion
<i>nizatidine capsule 150 mg oral</i>	Tier 1	
<i>nizatidine capsule 300 mg oral</i>	Tier 3	
<i>nizatidine oral solution 15 mg/ml</i>	Tier 1	
PEPCID ORAL TABLET 20 MG, 40 MG	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
*Misc. Anti-Ulcer***		
CARAFATE ORAL SUSPENSION 1 GM/10ML	EX	Formulary Exclusion
CARAFATE ORAL TABLET 1 GM	EX	Formulary Exclusion
<i>sucralfate oral suspension 1 gm/10ml</i>	Tier 1	
<i>sucralfate oral tablet 1 gm</i>	Tier 1	
*Ppi - Potassium-Competitive Acid Blockers (P-Cab)***		
VOQUEZNA ORAL TABLET 10 MG, 20 MG	Tier 3	PA
*Proton Pump Inhibitor-Antacid Combinations***		
KONVOMEK ORAL SUSPENSION RECONSTITUTED 2-84 MG/ML	EX	Non Essential Drug Exclusion; Formulary Exclusion; QL
<i>omeprazole-sodium bicarbonate oral capsule 20-1100 mg, 40-1100 mg</i>	EX	Non Essential Drug Exclusion; QL
<i>omeprazole-sodium bicarbonate oral packet 20-1680 mg, 40-1680 mg</i>	EX	Non Essential Drug Exclusion
ZEGERID ORAL CAPSULE 20-1100 MG, 40-1100 MG	EX	Non Essential Drug Exclusion; Formulary Exclusion; QL
ZEGERID ORAL PACKET 20-1680 MG, 40-1680 MG	EX	Non Essential Drug Exclusion; Formulary Exclusion
*Proton Pump Inhibitors***		
ACIPHEX ORAL TABLET DELAYED RELEASE 20 MG	EX	Formulary Exclusion; QL
ACIPHEX SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 5 MG	Tier 3	ST; QL
DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG	EX	Formulary Exclusion; QL
<i>dexlansoprazole oral capsule delayed release 30 mg, 60 mg</i>	Tier 1	QL
<i>esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg</i>	Tier 1	QL
<i>esomeprazole magnesium oral packet 10 mg, 2.5 mg, 20 mg, 40 mg, 5 mg</i>	Tier 1	QL
<i>esomeprazole sodium intravenous solution reconstituted 40 mg</i>	EX	Medical Only Exclusion
<i>esomeprazole strontium oral capsule delayed release 49.3 mg</i>	Tier 3	ST; QL
FIRST-LANSOPRAZOLE ORAL SUSPENSION 3 MG/ML	Tier 3	
FIRST-OMEPRAZOLE ORAL SUSPENSION 2 MG/ML	Tier 1	

Drug Name	Drug Tier	Notes
FIRST-PANTOPRAZOLE ORAL SUSPENSION 4 MG/ML	Tier 3	
<i>lansoprazole oral capsule delayed release 15 mg, 30 mg</i>	Tier 1	QL
<i>lansoprazole oral tablet delayed release dispersible 15 mg, 30 mg</i>	Tier 1	QL
NEXIUM I.V. INTRAVENOUS SOLUTION RECONSTITUTED 40 MG	EX	Medical Only Exclusion
NEXIUM ORAL CAPSULE DELAYED RELEASE 20 MG, 40 MG	EX	Formulary Exclusion; QL
NEXIUM PACKET 10 MG ORAL	EX	Formulary Exclusion; QL
NEXIUM PACKET 2.5 MG ORAL	EX	ST; Formulary Exclusion; QL
NEXIUM PACKET 20 MG ORAL	EX	Formulary Exclusion; QL
NEXIUM PACKET 40 MG ORAL	EX	Formulary Exclusion; QL
NEXIUM PACKET 5 MG ORAL	EX	ST; Formulary Exclusion; QL
<i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i>	Tier 1	QL
OMEPRAZOLE+SYRSPEND SF ALKA ORAL SUSPENSION 2 MG/ML	EX	Non FDA Exclusion
<i>pantoprazole sodium intravenous solution reconstituted 40 mg</i>	EX	Medical Only Exclusion
<i>pantoprazole sodium oral packet 40 mg</i>	Tier 1	
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	Tier 1	QL
<i>pantoprazole sodium-nacl intravenous solution 40-0.9 mg/100ml-%, 40-0.9 mg/50ml-%, 80-0.9 mg/100ml-%</i>	EX	Medical Only Exclusion
PREVACID ORAL CAPSULE DELAYED RELEASE 15 MG, 30 MG	EX	Formulary Exclusion; QL
PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE 15 MG, 30 MG	EX	Formulary Exclusion; QL
PRILOSEC ORAL PACKET 10 MG, 2.5 MG	Tier 3	ST
PROTONIX INTRAVENOUS SOLUTION RECONSTITUTED 40 MG	EX	Medical Only Exclusion
PROTONIX ORAL PACKET 40 MG	EX	Formulary Exclusion
PROTONIX ORAL TABLET DELAYED RELEASE 20 MG, 40 MG	EX	Formulary Exclusion; QL
<i>rabeprazole sodium oral capsule sprinkle 10 mg</i>	Tier 3	ST; QL
<i>rabeprazole sodium oral tablet delayed release 20 mg</i>	Tier 1	QL

Drug Name	Drug Tier	Notes
*Quaternary Anticholinergics***		
CUVPOSA ORAL SOLUTION 1 MG/5ML	EX	Formulary Exclusion
DARTISLA ODT ORAL TABLET DISPERSIBLE 1.7 MG	EX	Non Essential Drug Exclusion; Formulary Exclusion
GLYCATE ORAL TABLET 1.5 MG	Tier 3	
<i>glycopyrrolate injection solution 0.2 mg/ml, 0.4 mg/2ml, 1 mg/5ml, 4 mg/20ml</i>	EX	Medical Only Exclusion
<i>glycopyrrolate injection solution prefilled syringe 0.6 mg/3ml, 1 mg/5ml</i>	EX	Non FDA Exclusion
<i>glycopyrrolate intravenous solution prefilled syringe 0.6 mg/3ml, 1 mg/5ml</i>	EX	Non FDA Exclusion
<i>glycopyrrolate oral solution 1 mg/5ml</i>	Tier 1	
<i>glycopyrrolate pf +rfid injection solution prefilled syringe 0.4 mg/2ml</i>	EX	Medical Only Exclusion
<i>glycopyrrolate pf injection solution prefilled syringe 0.2 mg/ml, 0.4 mg/2ml, 0.6 mg/3ml</i>	EX	Medical Only Exclusion
<i>glycopyrrolate tablet 1 mg oral</i>	Tier 1	
<i>glycopyrrolate tablet 1.5 mg oral</i>	Tier 1	
<i>glycopyrrolate tablet 1.5 mg oral</i>	Tier 3	
<i>glycopyrrolate tablet 2 mg oral</i>	Tier 1	
GLYRX-PF INJECTION SOLUTION 0.2 MG/ML, 0.4 MG/2ML	EX	Medical Only Exclusion
GLYRX-PF INJECTION SOLUTION PREFILLED SYRINGE 0.6 MG/3ML, 1 MG/5ML	EX	Medical Only Exclusion
<i>methscopolamine bromide oral tablet 2.5 mg, 5 mg</i>	Tier 1	
ROBINUL ORAL TABLET 1 MG	EX	Formulary Exclusion
ROBINUL-FORTE ORAL TABLET 2 MG	EX	Formulary Exclusion
*Ulcer Anti-Infective W/ Bismuth Combinations***		
<i>bis subcit-metronid-tetracyc capsule 140-125-125 mg oral</i>	EX	Formulary Exclusion
<i>bis subcit-metronid-tetracyc capsule 140-125-125 mg oral</i>	Tier 1	
<i>bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg</i>	Tier 1	
HELIDAC THERAPY ORAL	EX	Formulary Exclusion
PYLERA ORAL CAPSULE 140-125-125 MG	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
*Ulcer Anti-Infective W/ Proton Pump Inhibitors***		
<i>amoxicill-clarithro-lansopraz oral therapy pack 500 & 500 & 30 mg</i>	Tier 1	
OMECLAMOX-PAK ORAL 500-500-20 MG	EX	Formulary Exclusion
TALICIA ORAL CAPSULE DELAYED RELEASE 250-12.5-10 MG	Tier 2	QL
*Ulcer Anti-Infective-Pcab Combinations***		
VOQUEZNA DUAL PAK ORAL THERAPY PACK 500-20 MG	EX	Formulary Exclusion
VOQUEZNA TRIPLE PAK ORAL THERAPY PACK 500-500-20 MG	EX	Formulary Exclusion
*Ulcer Drugs - Prostaglandins***		
CYTOTEC ORAL TABLET 100 MCG, 200 MCG	EX	Formulary Exclusion
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	Tier 1	
Urinary Antispasmodics		
*Urinary Antispasmodic - Antimuscarinic (Anticholinergic)***		
<i>darifenacin hydrobromide er tablet extended release 24 hour 15 mg oral</i>	EX	Formulary Exclusion
<i>darifenacin hydrobromide er tablet extended release 24 hour 15 mg oral</i>	Tier 1	
<i>darifenacin hydrobromide er tablet extended release 24 hour 15 mg oral</i>	Tier 1	Formulary Exclusion
<i>darifenacin hydrobromide er tablet extended release 24 hour 7.5 mg oral</i>	EX	Formulary Exclusion
<i>darifenacin hydrobromide er tablet extended release 24 hour 7.5 mg oral</i>	Tier 1	
<i>darifenacin hydrobromide er tablet extended release 24 hour 7.5 mg oral</i>	Tier 1	Formulary Exclusion
DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 2 MG, 4 MG	EX	Formulary Exclusion
DETROL ORAL TABLET 1 MG, 2 MG	EX	Formulary Exclusion
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 5 MG	EX	Formulary Exclusion
ENABLEX ORAL TABLET EXTENDED RELEASE 24 HOUR 7.5 MG	EX	Formulary Exclusion
<i>fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg</i>	Tier 1	

Drug Name	Drug Tier	Notes
GELNIQUE TRANSDERMAL GEL 10 %	EX	Non Essential Drug Exclusion; Formulary Exclusion
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>	Tier 1	
<i>oxybutynin chloride oral solution 5 mg/5ml</i>	Tier 1	
<i>oxybutynin chloride tablet 2.5 mg oral</i>	EX	Formulary Exclusion
<i>oxybutynin chloride tablet 5 mg oral</i>	Tier 1	
OXYTROL TRANSDERMAL PATCH TWICE WEEKLY 3.9 MG/24HR	Tier 3	ST
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	Tier 1	ST
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	Tier 1	
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	Tier 1	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG	EX	Formulary Exclusion
<i>tropium chloride er oral capsule extended release 24 hour 60 mg</i>	Tier 1	
<i>tropium chloride oral tablet 20 mg</i>	Tier 1	
VESICARE LS ORAL SUSPENSION 5 MG/5ML	EX	Formulary Exclusion
VESICARE ORAL TABLET 10 MG, 5 MG	EX	Formulary Exclusion
*Urinary Antispasmodics - Beta-3 Adrenergic Agonists***		
GEMTESA ORAL TABLET 75 MG	Tier 3	ST
<i>mirabegron er oral tablet extended release 24 hour 25 mg, 50 mg</i>	Tier 1	
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML	Tier 2	ST
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	Tier 2	ST
*Urinary Antispasmodics - Cholinergic Agonists***		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 1	
*Urinary Antispasmodics - Direct Muscle Relaxants***		
<i>flavoxate hcl tablet 100 mg oral</i>	Tier 1	
<i>flavoxate hcl tablet 100 mg oral</i>	Tier 1	Formulary Exclusion

Drug Name	Drug Tier	Notes
Vaccines		
*Bacterial Vaccines***		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	Tier 5	
<i>bcg vaccine injection solution reconstituted 50 mg</i>	Benefit Exclusion	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 5	
BIOTHRAX INTRAMUSCULAR SUSPENSION	Benefit Exclusion	
CAPVAXIVE INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 0.5 ML	Tier 3	
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG	Tier 5	
MENACTRA INTRAMUSCULAR SOLUTION	Tier 5	
MENQUADFI INTRAMUSCULAR SOLUTION	Tier 5	
MENVEO INTRAMUSCULAR SOLUTION	Tier 5	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	Tier 5	
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	Tier 5	
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED	Tier 2	
PNEUMOVAX 23 INJECTION SOLUTION 25 MCG/0.5ML	Tier 5	
PNEUMOVAX 23 INJECTION SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML	Tier 5	
PREVNAR 13 INTRAMUSCULAR SUSPENSION	Tier 5	
PREVNAR 20 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 5	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 5	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML	Benefit Exclusion	
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML	Benefit Exclusion	
VAXCHORA ORAL SUSPENSION RECONSTITUTED	Benefit Exclusion	

Drug Name	Drug Tier	Notes
VAXNEUVANCE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 5	
VIVOTIF CAPSULE DELAYED RELEASE ORAL	EX	
VIVOTIF CAPSULE DELAYED RELEASE ORAL	Benefit Exclusion	
*Viral Vaccine Combinations***		
M-M-R II INJECTION SOLUTION RECONSTITUTED	Tier 5	
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	Tier 5	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	Tier 5	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	Tier 5	
*Viral Vaccines***		
ABRYSCO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML	Tier 5	
ACAM2000 INJECTION SOLUTION RECONSTITUTED	Benefit Exclusion	
AFLURIA INTRAMUSCULAR SUSPENSION	Tier 5	
AFLURIA PRESERVATIVE FREE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 5	
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION	Tier 5	
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.25 ML, 0.5 ML	Tier 5	
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML	Tier 5	
AUDENZ INTRAMUSCULAR EMULSION	EX	New to Market Exclusion
AUDENZ INTRAMUSCULAR PREFILLED SYRINGE 0.5 ML	EX	New to Market Exclusion
COMIRNATY INTRAMUSCULAR SUSPENSION 30 MCG/0.3ML	Tier 5	
COMIRNATY INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 30 MCG/0.3ML	Tier 5	
DENG VAXIA SUBCUTANEOUS SUSPENSION RECONSTITUTED	Tier 5	

Drug Name	Drug Tier	Notes
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	Tier 5	
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML	Tier 5	
ERVEBO INTRAMUSCULAR SUSPENSION	Tier 3	
FLUAD INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 5	
FLUAD QUADRIVALENT INTRAMUSCULAR PREFILLED SYRINGE 0.5 ML	Tier 5	
FLUARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 5	
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 5	
FLUBLOK INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 0.5 ML	Tier 5	
FLUBLOK QUADRIVALENT INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 0.5 ML	Tier 5	
FLUCELVAX INTRAMUSCULAR SUSPENSION	Tier 5	
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 5	
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION	Tier 5	
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 5	
FLULAVAL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 5	
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 5	
FLUMIST NASAL LIQUID	Tier 5	
FLUMIST QUADRIVALENT NASAL SUSPENSION	Tier 5	
FLUZONE HIGH-DOSE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 5	

Drug Name	Drug Tier	Notes
FLUZONE HIGH-DOSE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.7 ML	Tier 5	
FLUZONE INTRAMUSCULAR SUSPENSION	Tier 5	
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 5	
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION	Tier 5	
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 5	
GARDASIL 9 INTRAMUSCULAR SUSPENSION	Tier 5	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 5	
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML	Tier 5	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML	Tier 5	
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED 2.5 UNIT/ML	Benefit Exclusion	Medical Only Exclusion
IPOL INJECTION INJECTABLE	Tier 5	
IXCHIQ INTRAMUSCULAR SOLUTION RECONSTITUTED	Tier 3	
IXIARO INTRAMUSCULAR SUSPENSION	Benefit Exclusion	
<i>janssen covid-19 vaccine intramuscular suspension 0.5 ml</i>	Benefit Exclusion	
JYNNEOS SUBCUTANEOUS SUSPENSION 0.5 ML	Benefit Exclusion	
<i>moderna covid-19 bival 6m-5y intramuscular suspension 10 mcg/0.2ml</i>	Tier 5	
<i>moderna covid-19 bivalent intramuscular suspension 50 mcg/0.5ml</i>	Tier 5	
<i>moderna covid-19 vac (booster) intramuscular suspension 50 mcg/0.5ml</i>	Tier 5	
MODERNA COVID-19 VAC 6M-11Y INTRAMUSCULAR SUSPENSION 25 MCG/0.25ML	Tier 5	

Drug Name	Drug Tier	Notes
MODERNA COVID-19 VAC 6M-11Y INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 25 MCG/0.25ML	Tier 5	
<i>moderna covid-19 vacc 6-11y intramuscular suspension 50 mcg/0.5ml</i>	Tier 5	
<i>moderna covid-19 vacc 6m-5y intramuscular suspension 25 mcg/0.25ml</i>	Tier 5	
<i>moderna covid-19 vaccine intramuscular suspension 100 mcg/0.5ml</i>	Tier 5	
MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML	Tier 3	
<i>novavax covid-19 vaccine intramuscular suspension 5 mcg/0.5ml</i>	Tier 5	
<i>novavax covid-19 vaccine intramuscular suspension prefilled syringe 5 mcg/0.5ml</i>	Tier 5	
<i>pfizer covid-19 bival 6mo-4yr intramuscular suspension 3 mcg/0.2ml</i>	Tier 5	
<i>pfizer covid-19 vac bival 5-11 intramuscular suspension 10 mcg/0.2ml</i>	Tier 5	
<i>pfizer covid-19 vac bivalent intramuscular suspension 30 mcg/0.3ml</i>	Tier 5	
<i>pfizer covid-19 vac-tris 5-11y suspension 10 mcg/0.2ml intramuscular</i>	Tier 5	
PFIZER COVID-19 VAC-TRIS 5-11Y SUSPENSION 10 MCG/0.3ML INTRAMUSCULAR	Tier 5	
<i>pfizer covid-19 vac-tris 6m-4y intramuscular suspension 3 mcg/0.2ml, 3 mcg/0.3ml</i>	Tier 5	
<i>pfizer-biont covid-19 vac-tris intramuscular suspension 30 mcg/0.3ml</i>	Tier 5	
<i>pfizer-biontech covid-19 vacc intramuscular suspension 30 mcg/0.3ml</i>	Tier 5	
PREHEVBRIO INTRAMUSCULAR SUSPENSION 10 MCG/ML	Tier 5	
RABAERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	Benefit Exclusion	
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	Tier 5	
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML	Tier 5	
ROTARIX ORAL SUSPENSION	Tier 5	

Drug Name	Drug Tier	Notes
ROTARIX ORAL SUSPENSION RECONSTITUTED	Tier 5	
ROTATEQ ORAL SOLUTION	Tier 5	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	Tier 5	
SPIKEVAX COVID-19 VACCINE INTRAMUSCULAR SUSPENSION 100 MCG/0.5ML	Tier 5	
SPIKEVAX INTRAMUSCULAR SUSPENSION 50 MCG/0.5ML	Tier 5	
SPIKEVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML	Tier 5	
<i>stamaril injection suspension reconstituted</i>	Benefit Exclusion	
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1.2 MCG/0.25ML, 2.4 MCG/0.5ML	Benefit Exclusion	
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML	Tier 5	
VARIVAX INJECTION SUSPENSION RECONSTITUTED 1350 PFU/0.5ML	Tier 5	
VIMKUNYA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 40 MCG/0.8ML	Tier 3	
YF-VAX SUBCUTANEOUS INJECTABLE	Benefit Exclusion	
Vaginal And Related Products		
*Imidazole-Related Antifungals***		
GYNAZOLE-1 VAGINAL CREAM 2 %	Tier 3	
<i>miconazole 3 vaginal suppository 200 mg</i>	Tier 3	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	Tier 1	
<i>terconazole vaginal suppository 80 mg</i>	Tier 1	
*Miscellaneous Vaginal Combinations***		
FEM PH VAGINAL GEL 0.9-0.025 %	EX	Non FDA Exclusion
TRIMO-SAN VAGINAL GEL 0.025-0.01 %	EX	Non FDA Exclusion
*Miscellaneous Vaginal Products***		
INTRAROSA VAGINAL INSERT 6.5 MG	Tier 3	
*Spermicides***		
ENCARE VAGINAL SUPPOSITORY 100 MG	Tier 2	

Drug Name	Drug Tier	Notes
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3 %	Tier 2	
SHUR-SEAL CONTRACEPTIVE VAGINAL GEL 2 %	Tier 2	
TODAY SPONGE VAGINAL 1000 MG	Tier 5	
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 %	Tier 2	
VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM 12.5 %	Tier 5	
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL 4 %	Tier 3	
*Vaginal Anti-Infectives***		
CLEOCIN VAGINAL CREAM 2 %	EX	Formulary Exclusion
CLEOCIN VAGINAL SUPPOSITORY 100 MG	EX	Formulary Exclusion
<i>clindamycin phosphate vaginal cream 2 %</i>	Tier 1	
CLINDESSE VAGINAL CREAM 2 %	Tier 3	
<i>metronidazole vaginal gel 0.75 %</i>	Tier 1	
NUVESSA VAGINAL GEL 1.3 %	Tier 3	
VANDAZOLE VAGINAL GEL 0.75 %	Tier 1	
XACIATO VAGINAL GEL 2 %	EX	Formulary Exclusion
*Vaginal Contraceptive Ph Modulator - Combinations***		
PHEXXI VAGINAL GEL 1.8-1-0.4 %	Tier 3	
*Vaginal Estrogens***		
ESTRACE VAGINAL CREAM 0.1 MG/GM	EX	Formulary Exclusion
<i>estradiol vaginal cream 0.1 mg/gm</i>	Tier 1	
<i>estradiol vaginal tablet 10 mcg</i>	Tier 1	
ESTRING VAGINAL RING 2 MG, 7.5 MCG/24HR	Tier 2	
FEMRING VAGINAL RING 0.05 MG/24HR, 0.1 MG/24HR	EX	Formulary Exclusion
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG	EX	Formulary Exclusion
IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG, 4 MCG	EX	Formulary Exclusion
PREMARIN VAGINAL CREAM 0.625 MG/GM	Tier 2	
VAGIFEM VAGINAL TABLET 10 MCG	EX	Formulary Exclusion
YUVAFEM VAGINAL TABLET 10 MCG	Tier 1	

Drug Name	Drug Tier	Notes
*Vaginal Progestins***		
CRINONE VAGINAL GEL 4 %, 8 %	Tier 2	
ENDOMETRIN VAGINAL INSERT 100 MG	Benefit Exclusion	PA
FIRST-PROGESTERONE VGS VAGINAL SUPPOSITORY 100 MG, 200 MG	Tier 3	
Vasopressors		
*Anaphylaxis Therapy Agents***		
ADRENALIN INJECTION SOLUTION 1 MG/ML, 30 MG/30ML	Tier 3	
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML, 0.15 MG/0.15ML, 0.3 MG/0.3ML	Benefit Exclusion	QL
<i>epinephrine (anaphylaxis) solution 1 mg/ml injection</i>	EX	Formulary Exclusion
<i>epinephrine (anaphylaxis) solution 30 mg/30ml injection</i>	Tier 1	
<i>epinephrine professional injection kit 1 mg/ml</i>	EX	Non FDA Exclusion
<i>epinephrine solution auto-injector 0.15 mg/0.15ml injection</i>	Benefit Exclusion	Formulary Exclusion; QL
<i>epinephrine solution auto-injector 0.15 mg/0.3ml injection</i>	Tier 1	QL
<i>epinephrine solution auto-injector 0.3 mg/0.3ml injection</i>	Benefit Exclusion	Formulary Exclusion; QL
<i>epinephrine solution auto-injector 0.3 mg/0.3ml injection</i>	Tier 1	QL
EPINEPHRINESNAP INJECTION KIT 1 MG/ML	EX	Non FDA Exclusion
EPINEPHRINESNAP-EMS INJECTION KIT 1 MG/ML	EX	Non FDA Exclusion
EPINEPHRINESNAP-V INJECTION KIT 1 MG/ML	EX	Non FDA Exclusion
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML	Benefit Exclusion	Formulary Exclusion; QL
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML	Benefit Exclusion	Formulary Exclusion; QL
EPISNAP INJECTION KIT 1 MG/ML	EX	Non FDA Exclusion
NEFFY NASAL SOLUTION 2 MG/0.1ML	Tier 3	QL
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML	EX	Formulary Exclusion; QL

Drug Name	Drug Tier	Notes
*Neurogenic Orthostatic Hypotension (Noh) - Agents***		
<i>droxidopa capsule 100 mg oral</i>	Tier 1	PA; Specialty
<i>droxidopa capsule 100 mg oral</i>	Tier 4	PA; Specialty
<i>droxidopa capsule 200 mg oral</i>	Tier 1	PA; Specialty
<i>droxidopa capsule 200 mg oral</i>	Tier 4	PA; Specialty
<i>droxidopa capsule 300 mg oral</i>	Tier 1	PA; Specialty
<i>droxidopa capsule 300 mg oral</i>	Tier 4	PA; Specialty
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG	EX	PA; Specialty; Formulary Exclusion
*Vasopressors***		
ADRENALIN INTRAVENOUS SOLUTION 8-0.9 MG/250ML-%	EX	Medical Only Exclusion
ADRENALIN-NACL INTRAVENOUS SOLUTION 4-0.9 MG/250ML-%	EX	Non FDA Exclusion; Medical Only Exclusion
AKOVAZ INTRAVENOUS SOLUTION 50 MG/ML	EX	Medical Only Exclusion
AKOVAZ INTRAVENOUS SOLUTION PREFILLED SYRINGE 25 MG/5ML	EX	Medical Only Exclusion
BIORPHEN INTRAVENOUS SOLUTION 0.5 MG/5ML	EX	Medical Only Exclusion
EMERPHED INTRAVENOUS SOLUTION 5 MG/ML	EX	Medical Only Exclusion
EMERPHED INTRAVENOUS SOLUTION PREFILLED SYRINGE 25 MG/5ML, 50 MG/10ML	EX	Medical Only Exclusion
<i>ephedrine sulfate (pressors) injection solution 50 mg/ml</i>	EX	Medical Only Exclusion
<i>ephedrine sulfate (pressors) injection solution prefilled syringe 25 mg/5ml, 50 mg/10ml, 50 mg/5ml</i>	EX	Non FDA Exclusion
<i>ephedrine sulfate (pressors) intravenous solution 5 mg/ml, 50 mg/ml</i>	EX	Medical Only Exclusion
<i>ephedrine sulfate (pressors) solution prefilled syringe 25 mg/5ml intravenous</i>	EX	Medical Only Exclusion
<i>ephedrine sulfate (pressors) solution prefilled syringe 25 mg/5ml intravenous</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>ephedrine sulfate-nacl solution prefilled syringe 10-0.9 mg/ml-% intravenous</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>ephedrine sulfate-nacl solution prefilled syringe 100-0.9 mg/10ml-% intravenous</i>	EX	Non FDA Exclusion; Medical Only Exclusion

Drug Name	Drug Tier	Notes
<i>ephedrine sulfate-nacl solution prefilled syringe 15-0.9 mg/3ml-% intravenous</i>	EX	Non FDA Exclusion
<i>ephedrine sulfate-nacl solution prefilled syringe 25-0.9 mg/5ml-% intravenous</i>	EX	Medical Only Exclusion
<i>ephedrine sulfate-nacl solution prefilled syringe 25-0.9 mg/5ml-% intravenous</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>ephedrine sulfate-nacl solution prefilled syringe 50-0.9 mg/10ml-% intravenous</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>ephedrine sulfate-nacl solution prefilled syringe 50-0.9 mg/5ml-% intravenous</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>epinephrine hcl-dextrose intravenous solution 4-5 mg/250ml-%</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>epinephrine hcl-nacl solution 4-0.9 mg/250ml-% intravenous</i>	EX	Non FDA Exclusion
<i>epinephrine hcl-nacl solution 8-0.9 mg/250ml-% intravenous</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>epinephrine injection solution 1 mg/ml, 10 mg/10ml</i>	EX	Medical Only Exclusion
<i>epinephrine intravenous solution 1 mg/10ml</i>	EX	Non FDA Exclusion
<i>epinephrine pf injection solution 1 mg/ml</i>	Tier 3	
<i>epinephrine solution prefilled syringe 0.1 mg/10ml intravenous</i>	EX	Non FDA Exclusion
<i>epinephrine solution prefilled syringe 0.2 mg/0.2ml injection</i>	EX	Non FDA Exclusion
<i>epinephrine solution prefilled syringe 1 mg/10ml injection</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>epinephrine solution prefilled syringe 1 mg/10ml intravenous</i>	EX	Medical Only Exclusion
<i>epinephrine solution prefilled syringe 1 mg/ml injection</i>	EX	Non FDA Exclusion
<i>epinephrine-dextrose intravenous solution 2-5 mg/250ml-%, 5-5 mg/250ml-%</i>	EX	Non FDA Exclusion
<i>epinephrine-dextrose intravenous solution prefilled syringe 100-5 mcg/10ml-%</i>	EX	Non FDA Exclusion
<i>epinephrine-nacl intravenous solution prefilled syringe 1-0.9 mg/10ml-%</i>	EX	Non FDA Exclusion
<i>epinephrine-nacl solution 2-0.9 mg/250ml-% intravenous</i>	EX	Non FDA Exclusion
<i>epinephrine-nacl solution 4-0.9 mg/250ml-% intravenous</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>epinephrine-nacl solution 5-0.9 mg/250ml-% intravenous</i>	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
<i>epinephrine-nacl solution 5-0.9 mg/250ml-% intravenous</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>epinephrine-nacl solution 8-0.9 mg/250ml-% intravenous</i>	EX	Non FDA Exclusion; Medical Only Exclusion
GIAPREZA INTRAVENOUS SOLUTION 0.5 MG/ML, 2.5 MG/ML	EX	Medical Only Exclusion
IMMPHENTIV INTRAVENOUS SOLUTION 0.5 MG/5ML, 1 MG/10ML	EX	Medical Only Exclusion
LEVOPHED INTRAVENOUS SOLUTION 1 MG/ML	EX	Medical Only Exclusion
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>norepinephrine bitartrate solution 1 mg/ml intravenous</i>	EX	Medical Only Exclusion
<i>norepinephrine bitartrate solution 2 mg/ml intravenous</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>norepinephrine-dextrose solution 16-5 mg/250ml-% intravenous</i>	EX	Non FDA Exclusion
<i>norepinephrine-dextrose solution 4-5 mg/250ml-% intravenous</i>	EX	Medical Only Exclusion
<i>norepinephrine-dextrose solution 4-5 mg/250ml-% intravenous</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>norepinephrine-dextrose solution 8-5 mg/250ml-% intravenous</i>	EX	Medical Only Exclusion
<i>norepinephrine-dextrose solution 8-5 mg/250ml-% intravenous</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>norepinephrine-dextrose solution 8-5 mg/500ml-% intravenous</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>norepinephrine-sodium chloride solution 16-0.9 mg/250ml-% intravenous</i>	EX	Medical Only Exclusion
<i>norepinephrine-sodium chloride solution 16-0.9 mg/250ml-% intravenous</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>norepinephrine-sodium chloride solution 32-0.9 mg/250ml-% intravenous</i>	EX	Non FDA Exclusion
<i>norepinephrine-sodium chloride solution 4-0.9 mg/250ml-% intravenous</i>	EX	Medical Only Exclusion
<i>norepinephrine-sodium chloride solution 4-0.9 mg/250ml-% intravenous</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>norepinephrine-sodium chloride solution 8-0.9 mg/250ml-% intravenous</i>	EX	Medical Only Exclusion
<i>norepinephrine-sodium chloride solution 8-0.9 mg/250ml-% intravenous</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>norepinephrine-sodium chloride solution 8-0.9 mg/500ml-% intravenous</i>	EX	Non FDA Exclusion; Medical Only Exclusion

Drug Name	Drug Tier	Notes
<i>phenylephrine hcl (pressors) intravenous solution prefilled syringe 0.4 mg/10ml, 0.5 mg/5ml, 1 mg/10ml, 5 mg/50ml</i>	EX	Non FDA Exclusion
<i>phenylephrine hcl (pressors) solution 0.4 mg/10ml intravenous</i>	EX	Non FDA Exclusion
<i>phenylephrine hcl (pressors) solution 0.8 mg/10ml intravenous</i>	EX	Non FDA Exclusion
<i>phenylephrine hcl (pressors) solution 10 mg/ml intravenous</i>	Tier 1	
<i>phenylephrine hcl (pressors) solution 10 mg/ml intravenous</i>	Tier 3	
<i>phenylephrine hcl intravenous solution 1 mg/10ml</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>phenylephrine hcl intravenous solution prefilled syringe 0.8 mg/10ml, 1 mg/10ml</i>	EX	Non FDA Exclusion
<i>phenylephrine hcl-nacl intravenous solution prefilled syringe 0.4-0.9 mg/10ml-%, 0.4-0.9 mg/5ml-%, 0.5-0.9 mg/5ml-%, 0.8-0.9 mg/10ml-%, 1-0.9 mg/10ml-%, 100-0.9 mcg/10ml-%, 20-0.9 mg/50ml-%, 5-0.9 mg/50ml-%</i>	EX	Non FDA Exclusion
<i>phenylephrine hcl-nacl solution 10-0.9 mg/250ml-% intravenous</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>phenylephrine hcl-nacl solution 100-0.9 mg/250ml-% intravenous</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>phenylephrine hcl-nacl solution 20-0.9 mg/250ml-% intravenous</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>phenylephrine hcl-nacl solution 200-0.9 mg/250ml-% intravenous</i>	EX	Non FDA Exclusion
<i>phenylephrine hcl-nacl solution 25-0.9 mg/250ml-% intravenous</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>phenylephrine hcl-nacl solution 40-0.9 mg/250ml-% intravenous</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>phenylephrine hcl-nacl solution 50-0.9 mg/250ml-% intravenous</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>phenylephrine hcl-nacl solution 80-0.9 mg/250ml-% intravenous</i>	EX	Non FDA Exclusion; Medical Only Exclusion
REZIPRES INTRAVENOUS SOLUTION 23.5 MG/5ML, 47 MG/10ML	EX	Medical Only Exclusion
VAZCULEP INTRAVENOUS SOLUTION 10 MG/ML	Tier 3	
Vitamins		
*Paba***		
POTABA ORAL CAPSULE 500 MG	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
*Vitamin A***		
AQUASOL A INTRAMUSCULAR SOLUTION 50000 UNIT/ML	Benefit Exclusion	Medical Only Exclusion
*Vitamin B-1***		
<i>thiamine hcl injection solution 100 mg/ml, 200 mg/2ml</i>	EX	Medical Only Exclusion
<i>thiamine hcl-nacl intravenous solution 500-0.9 mg/100ml-%</i>	EX	Non FDA Exclusion
*Vitamin B-6***		
<i>pyridoxal-5 phosphate injection solution 100 mg/ml</i>	EX	Non FDA Exclusion
<i>pyridoxine hcl solution 100 mg/ml injection</i>	Benefit Exclusion	Medical Only Exclusion
<i>pyridoxine hcl solution 100 mg/ml injection</i>	Benefit Exclusion	Non FDA Exclusion; Medical Only Exclusion
*Vitamin C***		
ASCOR INTRAVENOUS SOLUTION 25000 MG/50ML	EX	Medical Only Exclusion
<i>ascorbic acid intravenous solution 15000 mg/30ml</i>	EX	Non FDA Exclusion
<i>ascorbic acid solution 500 mg/ml injection</i>	EX	Non FDA Exclusion
<i>ascorbic acid solution 500 mg/ml injection</i>	EX	Formulary Exclusion
*Vitamin D***		
DRISDOL ORAL CAPSULE 1.25 MG (50000 UT)	Benefit Exclusion	Formulary Exclusion
<i>ergocal oral capsule 62.5 mcg (2500 ut)</i>	EX	Formulary Exclusion
<i>ergocalciferol oral capsule 1.25 mg (50000 ut)</i>	Benefit Exclusion	
<i>vitamin d (ergocalciferol) capsule 1.25 mg (50000 ut) oral</i>	Benefit Exclusion	
<i>vitamin d (ergocalciferol) capsule 50000 unit oral</i>	EX	
*Vitamin E***		
<i>wheat germ oil oral oil</i>	EX	Formulary Exclusion
*Vitamin K***		
MEPHYTON ORAL TABLET 5 MG	EX	Formulary Exclusion
<i>phytonadione oral tablet 5 mg</i>	Tier 1	
<i>phytonadione solution 1 mg/0.5ml injection</i>	Benefit Exclusion	Medical Only Exclusion
<i>phytonadione solution 1 mg/0.5ml injection</i>	EX	Medical Only Exclusion
<i>phytonadione solution 10 mg/ml injection</i>	Benefit Exclusion	Medical Only Exclusion
<i>phytonadione solution 10 mg/ml injection</i>	EX	Medical Only Exclusion
<i>vitamin k1 injection solution 1 mg/0.5ml, 10 mg/ml</i>	Benefit Exclusion	Medical Only Exclusion

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ARAVA	25	DOSES)	57	ASSURE LANCE SAFETY	
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ASTERO	<i>aurora lancet super thin 30g</i>	337	<i>avidoxy</i>	475
ASTRINGYN	<i>aurora lancet thin 23g</i>	337	AVIDOXY DK	474
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ATABEX OB	<i>aurora unifine pentips</i>	361	AVO CREAM	242
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ATELVIA	AUROVELA FE 1.5/30	175	AVONEX PREFILLED	465
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<i>atopavo</i>	CLINISAFE	337	AZADROX	242
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ATORVALIQ	DEVICE	337	<i>azalta</i>	196
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AUBAGIO	AUVI-Q	495	<i>azeschew prenatal/postnatal</i>	415
AUBRA	AUXIPRO VANISHING	461	<i>azesco</i>	415
AUBRA EQ	AVAILNEX	269	AZILECT	143
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AUDENZ	<i>avanafil</i>	170	AZMIRO	43
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<i>bacitracin-polymyxin b</i>	442	BD ECLIPSE		BD SAFETYGLIDE	
<i>bacitra-neomycin-polymyxin-hc</i>	446	SYRINGE/NEEDLE	362	ALLERGY SYRINGE	363
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BAFIERTAM	466	ULTRAFINE II	362	SHIELDED NEEDLE	363
<i>bahia</i>	7	BD INSULIN SYRINGE	362	BD SAFETYGLIDE	
<i>bal in oil</i>	87	BD INSULIN SYRINGE		SYRINGE/NEEDLE	363
<i>balanced salt</i>	444	HALF-UNIT	362	BD SAFETY-LOK INSULIN	
BALCOLTRA	175	BD INSULIN SYRINGE		SYRINGE	363
<i>bald cypress</i>	7	MICROFINE	362	BD SYRINGE LUER SLIP	
BALFAXAR	303	BD INSULIN SYRINGE U/F	362	TIP	363
<i>balsalazide disodium</i>	292	BD INSULIN SYRINGE U/F		BD SYRINGE LUER-LOK ..	363
<i>balsam peru-castor oil</i>	240	1/2UNIT	362	BD SYRINGE SLIP TIP	363
BALVERSA	125	BD INSULIN SYRINGE U-		BD SYRINGE/NEEDLE	363
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<i>bamlanivimab</i>	454	BD INSULIN SYRINGE		BD VEO INSULIN SYR U/F	
<i>banana (diagnostic)</i>	247	ULTRAFINE	362	1/2UNIT	363
BANZEL	63	BD INTEGRA SYRINGE	362	BD VEO INSULIN SYRINGE	
BAQSIMI ONE PACK	75	BD LANCET ULTRAFINE		U/F	363
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BARACLUDGE	156	BD LANCET ULTRAFINE		2/FLU A+B	251
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BAVENCIO	121	BD MICROTAINER		<i>beef (diagnostic)</i>	247
BAXDELA	289	LANCETS	337	BELBUCA	41
<i>baxonil</i>	203	BD PEN	362	BELEODAQ	126
<i>bayberry (wax myrtle)</i>	7	BD PEN MINI	362	<i>belladonna alkaloids-opium</i>	480
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BAYER LOW DOSE	27	BD PEN NEEDLE MINI U/F	363	<i>benazepril hcl</i>	100
<i>bcg vaccine</i>	488	BD PEN NEEDLE NANO		<i>benazepril-hydrochlorothiazide</i> ..	99
<i>b-complex</i>	409	2ND GEN	363	<i>bendamustine hcl</i>	114
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BENICAR HCT	101	BETAPACE	160	<i>biifenac 500</i>	207
BENLYSTA	397	BETAPACE AF	160	BIJUVA	287
<i>bensal hp</i>	224	BETASERON	465	BIKTARVY	151
BENTIVITE	317	<i>betaxolol hcl</i>	159, 438	<i>bilac</i>	85
BENTYL	480	<i>bethanechol chloride</i>	487	<i>bilayer matrix wound dressing</i>	242
BENZAC AC WASH	201	BETHKIS	14	BILTRICIDE	47
BENZAACLIN	196	BETIMOL	438	<i>bimatoprost</i>	230, 450
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<i>benzalkonium chloride</i>	151	<i>bevacizumab</i>	451	<i>bi-mix</i>	166
BENZAMYCIN	196	BEVESPI AEROSPHERE	52	BIMZELX	210
BENZEPRO	201	<i>bexagliflozin</i>	83	BINAXNOW COVID-19 AG	
BENZEPRO CREAMY		<i>bexarotene</i>	140, 238	CARD	263
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BENZEPRO FOAMING		BEYAZ	175	BIO GLO	443
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<i>benzhydrocodone-</i>		<i>bhi uri-control</i>	400	BIOFREQUENCY INSOLES	334
<i>acetaminophen</i>	41	BIAFINE	242	BIOGUARD GAUZE	
<i>benznidazole</i>	46	<i>bicalutamide</i>	115	SPONGES	334
BENZODOX	474	BICILLIN C-R	459	BIOGUARD ISLAND	
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<i>benzoyl peroxide forte- hc</i>	196	CAP/ADMELOG	357	BIORPHEN	496
<i>benzoyl peroxide-erythromycin</i> ..	196	BIGFOOT UNITY PEN		BIOSCANNER GLUCOSE	
<i>benzphetamine hcl</i>	3	CAP/APIDRA	357	TEST	255
<i>benztropine mesylate</i>	142	BIGFOOT UNITY PEN		BIOSTEP	242
BEOVU	451	CAP/ASPART	357	BIOSTEP AG	242
<i>bepotastine besilate</i>	440	BIGFOOT UNITY PEN		BIOTEL CARE BLOOD	
BEPREVE	440	CAP/BASAGLAR	357	GLUCOSE	337
BEQVEZ	302	BIGFOOT UNITY PEN		BIOTEL CARE BLOOD	
BERINERT	306	CAP/FIASP	358	GLUCOSE SYST	337
<i>bermuda grass</i>	7	BIGFOOT UNITY PEN		BIOTEL CARE TEST	
BESER	215, 238	CAP/HUMALOG	358	STRIPS	255
BESIVANCE	440	BIGFOOT UNITY PEN		BIOTHRAX	488
BESPONSA	119	CAP/LANTUS	358	BIOVANCE	233
BESREMI	133	BIGFOOT UNITY PEN		<i>bipolaris sorokin (diagnostic)</i> ..	247
<i>beta 1 kit</i>	190	CAP/LISPRO	358	<i>bipolaris sorokiniana</i>	7
BETADINE OPHTHALMIC		BIGFOOT UNITY PEN		<i>bis subcit-metronid-tetracyc</i>	485
PREP	442	CAP/LYUMJEV	358	<i>bismuth/metronidaz/tetracyclin</i>	485
<i>betaine</i>	279	BIGFOOT UNITY PEN		<i>bisoprolol fumarate</i>	159
BETALIDO	190	CAP/NOVOLOG	358	<i>bisoprolol-hydrochlorothiazide</i>	104
BETALOAN SUIK	190	BIGFOOT UNITY PEN		<i>bivalirudin rtu</i>	61
<i>betamethasone combo</i>	190	CAP/TOUJEO	358	<i>bivalirudin trifluoroacetate</i>	61
<i>betamethasone dipropionate</i>	215	BIGFOOT UNITY PEN		BIVIGAM	455
<i>betamethasone dipropionate</i>		CAP/TOUJEO M	358	BIZENGRI (750 MG DOSE) ..	129
<i>aug</i>	215	BIGFOOT UNITY PEN		BKEMV	306
<i>betamethasone sod phos & acet</i>	190	CAP/TRESIBA	358	<i>black walnut (diagnostic)</i>	247
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<i>phosphate</i>	185	PROGRAM	337	<i>black walnut pollen (1:10)</i>	7

<i>black walnut pollen (1:20)</i>	7	<i>breathe comfort chamber/adult</i>	384	BRIUMVI	466
<i>black willow</i>	7	<i>breathe comfort chamber/child</i>	384	BRIVIACT	63
<i>black willow (diagnostic)</i>	247	<i>breathe ease large</i>	384	BRIXADI	42
<i>black/sweet birch pollen</i>	7	<i>breathe ease medium</i>	384	BRIXADI (WEEKLY)	42
BLANCHE	219	<i>breathe ease small</i>	384	<i>brome</i>	7
BL-C	264	BREATHERITE	384	BROMFED DM	194
BL-CONTRAST	264	BREATHERITE COLL		<i>bromfenac sodium</i>	445
BLNREP	119	SPACER ADULT	384	<i>bromfenac sodium (once-daily)</i>	445
<i>bleomycin sulfate</i>	130	BREATHERITE COLL		<i>bromocriptine mesylate</i>	142
BLEPH-10	449	SPACER CHILD	384	<i>brompheniramine maleate</i>	93
BLEPHAMIDE	446	BREATHERITE COLL		<i>bromphen-pseudoeph-dm</i>	194
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<i>blue crab (diagnostic)</i>	247	MASK	384	<i>budesonide</i>	45, 57, 185
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BOCASAL	407	BREEZA NEUTRAL		BUNAVAIL	42
BONIVA	275	ABD/PELVIC IMAG	252	BUPAP	26
BONJESTA	90	BRENZAVVY	83	BUPHENYL	285
BOOSTRIX	479	BREO ELLIPTA	52	<i>bupivacaine fisiopharma</i>	327
<i>boric acid</i>	229	<i>bretylium tosylate</i>	51	<i>bupivacaine hcl</i>	327
<i>bortezomib</i>	129	BREVIBLOC	159	<i>bupivacaine hcl (pf)</i>	327
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BOTOX COSMETIC	222	BREVITAL SODIUM	297	<i>bupivacaine-epinephrine (pf)</i>	325
<i>botrytis cinerea</i>	7	BREXAFEMME	92	<i>bupivilog</i>	190
<i>botrytis cinerea (diagnostic)</i>	247	BREYANZI	122	<i>bup-lido</i>	444
<i>box elder pollen</i>	7	BREYNA	52	BUPRENEX	42
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<i>bp cleansing wash</i>	196	BRIDION	87	<i>buprenorphine hcl</i>	42
<i>bp vit 3</i>	313	<i>briellyn</i>	175	<i>buprenorphine hcl-naloxone hcl</i>	42
<i>bpco</i>	240	BRILINTA	307	<i>bupropion hcl</i>	70
<i>b-plex</i>	409	<i>brimonidine tartrate</i>	230, 446	<i>bupropion hcl er (smoking det)</i>	469
<i>b-plex plus</i>	411	<i>brimonidine tartrate-timolol</i>	437	<i>bupropion hcl er (sr)</i>	70
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<i>butalbital-apap-caffeine</i>	26	CAMZYOS	165	<i>cardioplegia main low trometha</i>	
<i>butalbital-asa-caff-codeine</i>	30	CANASA	292	166
<i>butalbital-aspirin-caffeine</i>	26	CANCIDAS	91	<i>cardioplegia main plasma-</i>	
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CABOMETYX	128	<i>capsfenac pak</i>	207	CAREONE BLOOD	
CABTREO	197	<i>capsinac</i>	207	GLUCOSE TEST	255
CADIRAMD	235	<i>captopril</i>	100	<i>careone insulin syringe</i>	364
CADUET	165	<i>captopril-hydrochlorothiazide</i>	99	CAREONE LANCET SUPER	
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CAFERGOT	387	CARAC	208	<i>careone lancet thin 23g</i>	337
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<i>caffeine-sodium benzoate</i>	2	CARBAGLU	279	<i>careone unifine pentips plus</i>	364
CALAN SR	161	<i>carbamazepine</i>	63	<i>carepoint poly hub needle</i>	364
CALCIFOL	390	<i>carbamazepine er</i>	63	<i>carepoint safety 1st needle</i>	364
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<i>california pepper tree</i>	7	DEVICE	337	CARESENS N GLUCOSE	
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<i>omeprazole-sodium bicarbonate</i>		MICROMETER (2 ML)	333	ONUREG	117
.....	483	ONCOZENE 75		ONYCHO-MED	204
OMEZA COLLAGEN		MICROMETER (3 ML)	333	ONYDA XR	0
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ORBACTIV	107	<i>oxacillin sodium</i>	460	DOSE)	9
<i>orchard grass pollen</i>	9	<i>oxacillin sodium in dextrose</i>	460	PALFORZIA (12 MG DAILY	
<i>oregon ash pollen</i>	9	<i>oxaliplatin</i>	115	DOSE)	10
ORENCIA	25	<i>oxandrolone</i>	43	PALFORZIA (120 MG	
ORENCIA CLICKJECT	25	<i>oxaprozin</i>	24	DAILY DOSE)	10
ORENITRAM	168	OXAYDO	39	PALFORZIA (160 MG	
ORENITRAM MONTH 1	168	<i>oxazepam</i>	49	DAILY DOSE)	10
ORENITRAM MONTH 2	168	OXBRYTA	316	PALFORZIA (20 MG DAILY	
ORENITRAM MONTH 3	168	<i>oxcarbazepine</i>	66	DOSE)	10
ORFADIN	279	<i>oxcarbazepine er</i>	66	PALFORZIA (200 MG	
ORGOVYX	135	OXERVATE	445	DAILY DOSE)	10
ORIAHNN	287	<i>oxiachlo</i>	239	PALFORZIA (240 MG	
ORILISSA	277	<i>oxiaice</i>	198	DAILY DOSE)	10
ORKAMBI	473	<i>oxianuji</i>	224	PALFORZIA (3 MG DAILY	
ORLADEYO	308	<i>oxianujo</i>	224	DOSE)	10
<i>orlistat</i>	4	<i>oxiatar</i>	198	PALFORZIA (300 MG	
ORMALVI	272	<i>oxiavar</i>	198	MAINTENANCE)	10
ORMECA	209	<i>oxiavarry</i>	198	PALFORZIA (300 MG	
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<i>orphenadrine citrate er</i>	422	<i>oxiazar</i>	198	PALFORZIA (40 MG DAILY	
<i>orphenadrine-asa-caffeine</i>	423	<i>oxiconazole nitrate</i>	223	DOSE)	10
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ORPHENGESIC FORTE	423	OXLUMO	300	DOSE)	10
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ORSYTHIA	179	<i>oxopidaxiaqup</i>	223	DOSE)	11
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QINLOCK	128	<i>quinidine sulfate</i>	50	<i>rasagiline mesylate</i>	143
QLOSI	440	<i>quinine sulfate</i>	112	RASUVO	15
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<i>tranexamic acid</i>	320	TRICARE	418	TRIONEX	209
<i>tranexamic acid-nacl</i>	320	TRI-CHLOR	214	TRIOSTAT	479
TRANSCYTE	235	<i>trichophyton mentag (diagnost)</i>	249	<i>triphrocaps</i>	409
TRANSDERM SCOP (1.5		<i>trichophyton mentagrophytes</i>	12	<i>triple complex formula 3 kit</i>	208
MG)	90	TRICHOSOL	460	<i>triple pmh</i>	447
TRANSDERM-SCOP	90	TRICITRASOL	61	<i>triple pmk</i>	447
TRANXENE-T	49	<i>tricitrates</i>	298	TRI-PREVIFEM	184
<i>tranylcypramine sulfate</i>	71	TRICON	317	TRIPTODUR	281
TRANZGEL	400	TRICOR	97	TRISENOX	133
TRAUMEEL	400	TRIDACAINE II	227	<i>trisodium citrate/crrt</i>	398

TRI-SPRINTEC	185	TRUEDRAW LANCING		TRUSTEX NATURAL	
<i>tristart dha</i>	420	DEVICE	355	CONDOMS + LUBE	332
TRISTART FREE	420	TRUEPLUS 5-BEVEL PEN		TRUSTEX NON-	
TRISTART ONE	420	NEEDLES	378	LUBRICATED	332
TRITOCIN	219	TRUEPLUS INSULIN		TRUSTEX RIA	
TRIUMEQ	152	SYRINGE	378	LUB/SPERMICIDE	332
<i>triumeq pd</i>	152	TRUEPLUS LANCETS 26G	355	TRUSTEX RIA	
TRIVEEN-DUO DHA	419	TRUEPLUS LANCETS 28G	355	LUBRICATED	332
<i>trivia complete</i>	413	TRUEPLUS LANCETS 30G	355	TRUSTEX RIA NON-	
TRI-VI-FLOR	415	TRUEPLUS LANCETS 33G	355	LUBRICATED	332
<i>tri-vi-floro</i>	415	TRUEPLUS PEN NEEDLES	378	TRUSTEX-NONOXYNOL-	
TRIVISC	425	TRUEPLUS SAFETY		9/RIB/STUD	332
<i>tri-vite/fluoride</i>	415	LANCETS 28G	355	TRUVADA	152
TRIVIX	240	TRUERESULT BLOOD		TRUXIMA	119
TRIVORA (28)	185	GLUCOSE	355	TRYNGOLZA	281
TRI-VYLIBRA	185	TRUETEST TEST	262	TRYVIO	104
TRI-VYLIBRA LO	185	TRUETRACK BLOOD		TUBERSOL	249
TRIZIVIR	152	GLUCOSE	355	TUDORZA PRESSAIR	56
TRODELVY	140	TRUETRACK SMART		TUKYSA	121
TROGARZO	153	SYSTEM	355	TULANA	183
TROKENDI XR	67	TRUETRACK TEST	262	<i>tulivite</i>	318
<i>tromethamine</i>	390	TRULANCE	290	TURALIO	128
<i>tronvite</i>	409	TRULICITY	83	<i>turpentine</i>	225
TROPHAMINE	435	TRUMENBA	488	TURQOZ	180
<i>tropicamide</i>	439	TRUQAP	118	TUSSICAPS	194
<i>tropicamide-cyclopentolate-pe</i>	439	TRUSELTIQ (100MG		TUXARIN ER	194
<i>tropicamide-phenylephrine</i>	439	DAILY DOSE)	125	TUZISTRA XR	194
<i>tropic-cyclopent-pe-ketorolac</i>	439	TRUSELTIQ (125MG		TWIIST REFILL KIT	359
<i>tropic-cyclop-pe-keto-propar</i>	439	DAILY DOSE)	125	TWIIST REFILL	
<i>tropic-proparaca-pe-ketorolac</i>	439	TRUSELTIQ (50MG DAILY		KIT/INFUSION SET	359
<i>tropium chloride</i>	487	DOSE)	125	TWIIST STARTER KIT	359
<i>tropium chloride er</i>	487	TRUSELTIQ (75MG DAILY		TWINRIX	489
TRUBREXA	238	DOSE)	125	TWIRLA	180
TRUDHESA	387	TRUSKIN	235	<i>twist top lancets 30g</i>	355
<i>true comfort insulin syringe</i>	378	TRUSOPT	442	TWYNEO	200
<i>true comfort pen needles</i>	378	TRUSTEEL INFUSION SET	359	TWYNSTA	101
<i>true comfort pro insulin syr</i>	378	TRUSTEX COLOR		TYBLUME	180
<i>true comfort pro pen needles</i>	378	CONDOMS + LUBE	332	TYBOST	155
<i>true comfort safety lancets</i>	354	TRUSTEX		TYDEMY	180
<i>true comfort safety pen needle</i>	378	LUB/RIBBED/STUDED	332	TYENNE	20
<i>true comfort twist top lancets</i>	354	TRUSTEX		TYGACIL	474
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<i>true focus blood glucose strip</i>	262	LUB/SPERMICIDE XL	332	TYR	271
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GLUCOSE METER	354	TRUSTEX		TYMLOS	283
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TYR EXPRESS 20 PLUS+	271	<i>ultra comfort insulin syringe</i>	379	PEN NEEDLE	380
TYRVAYA	438	ULTRA FLO INSULIN PEN		UNIFINE ULTRA PEN	
TYSABRI	466	NEEDLES	379	NEEDLE	380
TYVASO	168	ULTRA FLO INSULIN SYR		UNILET COMFORTOUCH	
TYVASO DPI		1/2 UNIT	379	LANCET	355
MAINTENANCE KIT	168	ULTRA FLO INSULIN		UNILET EXCELITE	355
TYVASO DPI TITRATION		SYRINGE	380	UNILET EXCELITE II	355
KIT	168	<i>ultra hers rx</i>	402	UNILET G.P. LANCET	355
TYVASO REFILL KIT	168	<i>ultra his</i>	402	UNILET G.P. SUPERLITE	
TYVASO STARTER KIT	168	<i>ultra pcos</i>	402	LANCET	355
TZIELD	75	<i>ultra thin lancets 31g</i>	355	UNILET GP 28 ULTRA	
UBRELVY	386	ULTRA THIN PEN		THIN	355
UCERIS	45, 189	NEEDLES	380	UNILET LANCET	355
UDAMIN SP	412	ULTRABAG/DIANEAL PD-		UNILET MICRO-THIN 33G	355
UDENYCA	315	2/1.5% DEX	404	UNILET SUPERLITE	
UDENYCA ONBODY	315	ULTRABAG/DIANEAL PD-		LANCET	355
<i>udsx medicated system</i>	262	2/2.5% DEX	404	UNILET SUPER-THIN 30G	355
<i>udsxmp medicated system</i>	262	ULTRABAG/DIANEAL PD-		UNILET ULTRA-THIN 28G	355
UKONIQ	128	2/4.25% DEX	404	UNISTIK 1	355
ULORIC	301	ULTRABAG/DIANEAL/2.5		UNISTIK 2	355
ULTANE	297	% DEXTROSE	404	UNISTIK 2 COMFORT	355
ULTICARE INSULIN		ULTRABAG/DIANEAL/4.25		UNISTIK 2 EXTRA	355
SAFETY SYR	378	% DEX	404	UNISTIK 2 NEONATAL	355
ULTICARE INSULIN SYR		<i>ultracare insulin syringe</i>	380	UNISTIK 2 NORMAL	355
1/2 UNIT	378	<i>ultra-care lancets 30g</i>	355	UNISTIK 2 SUPER	355
ULTICARE INSULIN		<i>ultracare pen needles</i>	380	UNISTIK 3	356
SYRINGE	379	ULTRACET	43	UNISTIK 3 COMFORT	356
ULTICARE MICRO PEN		ULTRALANCE	355	UNISTIK 3 EXTRA	356
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ULTICARE MINI PEN		ULTRASAL-ER	225	UNISTIK 3 NEONATAL	356
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ULTILET INSULIN		UMECTA MOUSSE	221	UNISTIK TOUCH SAFETY	
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ULTILET INSULIN		UNDECATREX	44	UNISTIK TOUCH SAFETY	
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ULTILET PEN NEEDLE	379	UNIFINE PEN NEEDLES	380	LANC 28G	356
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UNIVERSAL 1 LANCETS		VALCHLOR	208	VARIBAR NECTAR	266
THIN 26G	356	VALCYTE	156	VARIBAR THIN LIQUID	266
UNIVERSAL 1 LANCETS		<i>valganciclovir hcl</i>	156	VARITHENA	405
THIN 33G	356	VALIUM	49	VARIVAX	493
UNIVERSAL 1 LANCETS		<i>valladerm-90</i>	238	VARIZIG	457
ULTRA THIN	356	<i>valproate sodium</i>	69	VAROPHEN	208
<i>unzdomdioxiazar</i>	200	<i>valproic acid</i>	69	<i>varoxia</i>	200
UPLIZNA	403	<i>valrubicin</i>	131	VARUBI (180 MG DOSE)	91
UPNEEQ	450	<i>valsartan</i>	102	VASCAZEN	270
UPTRAVI	169	<i>valsartan-hydrochlorothiazide</i>	102	VASCEPA	95
UPTRAVI TITRATION	169	VALSTAR	131	VASCULERA	269
URAMAXIN	221	VALTOCO 10 MG DOSE	62	VASERETIC	100
<i>urea</i>	221	VALTOCO 15 MG DOSE	63	VASHE CLEANSING	241
<i>urea hydrating</i>	222	VALTOCO 20 MG DOSE	63	VASHE WOUND	241
<i>urea nail</i>	221	VALTOCO 5 MG DOSE	63	VASHE WOUND THERAPY	241
UREA-SALICYLIC ACID	225	VALTrex	157	<i>vasopressin</i>	286
UREDEB	221	VALTYA 1/50	180	<i>vasopressin + rfid</i>	286
URELLE	111	<i>value health insulin syringe</i>	380	<i>vasopressin-dextrose</i>	286
<i>uremez-40</i>	221	<i>value plus lancet standard 21g</i>	356	<i>vasopressin-sodium chloride</i>	286
URESOL	221	<i>value plus lancets super thin</i>	356	VASOSTRICT	286
URESTA STARTER KIT	357	<i>value plus lancets thin 26g</i>	356	VASOTEC	100
URETRON D/S	111	<i>valumark lancet super thin 30g</i>	356	VAXCHORA	488
URIBEL	111	<i>valumark lancet ultra thin 28g</i>	356	VAXELIS	480
URIMAR-T	111	<i>valumark pen needles</i>	380	VAXNEUVANCE	489
<i>urin ds</i>	111	VANADOM	423	VAZCULEP	499
<i>urneva</i>	112	VANCOCIN	107	<i>vb6 p5p</i>	269
<i>uro-458</i>	112	<i>vancomycin hcl</i>	108, 109, 441	<i>v-c forte</i>	412
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UROCIT-K 5	299	<i>vancomycin hcl in nacl</i>	108	VECAMYL	103
UROGESIC-BLUE	112	VANCOMYCIN+SYRSPEND		VECTIBIX	125
<i>uro-mp</i>	112	SF	109	VECTICAL	212
<i>urosex</i>	421	VANDAZOLE	494	<i>vecuronium bromide</i>	431
<i>uro-sp</i>	112	VANFLYTA	128	VEGZELMA	142
UROXATRAL	298	VANILLA SILQ	266	VEKLURY	158
URSO 250	290	VANIQA	229	VELCADE	129
URSO FORTE	290	VANISH	408	VELETRI	168
<i>ursodiol</i>	290	VANISHPOINT INSULIN		VELIVET	185
URSODIOL+SYRSPEND SF	290	SYRINGE	380	VELPHORO	294
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USTELL	112	SYRINGE	380	VELTASSA	405
UTIBRON NEOHALER	53	VANOS	219	VELTIN	200
UTIRA-C	112	VANOXIDE-HC	200	VEMLIDY	156
UTOPIC	221	VANTAS	136	VENCLEXTA	122
UVADEX	133	VAPRISOL	285	VENCLEXTA STARTING	
UZEDY	147	<i>vapro plus catheter 12fr/16"</i>	331	PACK	122
VABOMERE	106	VAQTA	493	VENELEX	240
VABYSMO	440	<i>vardenafil hcl</i>	170	VENEXA	412
VAFSEO	316	<i>vardimaxia</i>	200	VENEXA FE	412
VAGIFEM	494	<i>varenicline tartrate</i>	471	VENIPUNCTURE PX1	
<i>vaginal suppository applicator</i>	360	<i>varenicline tartrate (starter)</i>	471	PHLEBOTOMY	238
<i>valganciclovir hcl</i>	157	<i>varenicline tartrate(continue)</i>	471	<i>venlafaxine besylate er</i>	73

<i>venlafaxine hcl</i>	74	VERKAZIA	444	VIMKUNYA	493
<i>venlafaxine hcl er</i>	73, 74	VERQUVO	171	VIMOVO	21
VENNGEL ONE	206	VERSACLOZ	148	VIMPAT	67
VENNGEL TWO	206	VERSAPAP	382	VINATE DHA RF	418
VENOFER	319	VERSAPAP W/UNIVERSAL		VINATE II	418
VENOMIL HONEY BEE		TUBING	382	VINATE ONE	418
VENOM	12	VERSAPRO	461	<i>vinblastine sulfate</i>	137
VENOMIL MIXED VESPID		VERZENIO	134	VINCASAR PFS	137
VENOM	12	VESICARE	487	<i>vincristine sulfate</i>	137
VENOMIL WASP VENOM ...	12	VESICARE LS	487	<i>vinorelbine tartrate</i>	137
VENOMIL WHITE FACED		VESTURA	180	VIOKACE	272
HORNET	12	<i>veven</i>	227	<i>viorele</i>	174
VENOMIL YELLOW		VEVYE	444	VIRACEPT	154
HORNET VENOM	12	<i>vexasyn</i>	246	VIRAMUNE	154
VENOMIL YELLOW		<i>vexatrol</i>	238	VIRAMUNE XR	154
JACKET VENOM	12	VFEND	93	VIRASAL	225
VENTAVIS	168	VFEND IV	93	VIRAZOLE	158
VENTOLIN HFA	55	V-GO 20	359	VIREAD	155
VENTRIXYL	412	V-GO 30	359	<i>virt-c dha</i>	418
VENTRIXYL FE	412	V-GO 40	359	<i>virt-caps</i>	410
VENXXIVA	300	VIAGRA	170	<i>virt-fefa plus</i>	317
VEOPOZ	306	VIBATIV	109	VIRT-GARD	314
VEOZAH	282	VIBERZI	291	<i>virt-nate dha</i>	418
<i>verapamil hcl</i>	164	VIBRAMYCIN	476, 477	<i>virt-phos 250 neutral</i>	394
<i>verapamil hcl er</i>	164	VIBRANT	325	<i>virt-pn dha</i>	420
<i>verasens blood glucose meter</i> ...	356	VIBRANT STARTER KIT ...	325	<i>virt-pn plus</i>	418
<i>verasens blood glucose system</i> ...	356	VIC-FORTE	412	VISBIOME GI CARE EX ST.	86
<i>verasens blood glucose test</i>	262	VICTOZA	83	VISCO-3	425
VERDESO	219	VIDA MIA AUTOLET		VISCOAT	449
VEREGEN	202	LANCING DEV	356	VISIONBLUE	450
VERELAN	164	VIDA MIA UNIFINE		VISIPAQUE	268
VERELAN PM	164	PENTIPS	381	VISTARIL	49
VERIFINE INSULIN PEN		VIDA MIA UNILET		VISTOGARD	88
NEEDLE	381	LANCETS 28G	356	VISUDYNE	445
VERIFINE INSULIN		VIDA MIA UNILET		<i>vit b12-methionine-inos-chol</i> ...	311
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VERIFINE PLUS PEN		VIDAZA	118	VITACEL	412
NEEDLE	381	VIENVA	180	VITACORE	412
VERIFINE SAFE LANCET		<i>vigabatrin</i>	68	VITAFOL	410
MINI 21G	356	VIGADRONE	68	VITAFOL FE+	420
VERIFINE SAFE LANCET		VIGAFYDE	68	VITAFOL GUMMIES	418
MINI 23G	356	VIGAMOX	441	VITAFOL STRIPS	420
VERIFINE SAFE LANCET		VIGPODER	68	VITAFOL ULTRA	420
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VERIFINE SAFE LANCET		VIIBRYD STARTER PACK ...	73	VITAFOL-OB	418
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VERIFINE UNIVERSAL		VILACTIN AA PLUS	271	VITAFOL-ONE	420
LANCETS 28G	356	VILAMIT MB	112	<i>vitalara</i>	418
VERIFINE UNIVERSAL		<i>vilazodone hcl</i>	73	VITAL-D RX	410
LANCETS 30G	356	VILEVEV MB	112	VITALIPID N INFANT	415
VERIFINE UNIVERSAL		VILTEPSO	430	VITAMEDMD ONE	
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VITAMEDMD REDICHEW		VOGELXO PUMP	44	VYVANSE	2
RX	420	VOLNEA	174	VYVGART	403
VITAMEZ	314	VOLTAREN	206	VYVGART HYTRULO	401
<i>vitamin b complex 100</i>	409	<i>volumex</i>	253	VYXEOS	132
<i>vitamin b complex-</i>		VONJO	136	VYZULTA	451
<i>hydroxocobal</i>	409	VONVENDI	305	WAINUA	463
<i>vitamin b-complex 100</i>	409	VOQUEZNA	483	WAKIX	4
<i>vitamin c brightening serum</i>	222	VOQUEZNA DUAL PAK	486	<i>walgreens adv travel lancets</i>	357
<i>vitamin d (ergocalciferol)</i>	500	VOQUEZNA TRIPLE PAK	486	WALGREENS LANCETS	357
<i>vitamin deficiency system-b12</i>	312	VORANIGO	136	<i>walgreens lancets micro thin</i>	357
<i>vitamin k1</i>	500	VORAXAZE	134	<i>walgreens lancets super thin</i>	357
<i>vitamins acd-fluoride</i>	415	<i>voriconazole</i>	93	WALGREENS THIN	
VITAPEARL	418	VORTEX HOLD		LANCETS	357
VITAROCA PLUS	412	CHMBR/MASK/CHILD	386	WALGREENS ULTRA	
<i>vitasure</i>	410	VORTEX HOLD		THIN LANCETS	357
VITATHELY WITH		CHMBR/MASK/TODDLER	386	<i>warfarin sodium</i>	59
GINGER	418	VORTEX VALVE		<i>wasp venom protein</i>	12
VITATRUE	420	CHAMBER-PEDI MASK	386	WATCHHALER	386
VITLIPID N ADULT	413	VORTEX VALVED		WAVESENSE AMP	357
VITLIPID N INFANT	415	HOLDING CHAMBER	386	<i>wayzen</i>	238
VITRAKVI	129	VORVIDA	399	<i>wegmans unifine pentips plus</i>	381
VITRAMYN	412	VOSEVI	157	WEGOVY	3
VITRANOL	412	VOTRIENT	128	WELCHOL	96
VITRANOL FE	412	VOWST	294	<i>weleris</i>	225
VITRASE	399	VOXZOGO	282	WELIREG	126
VITREXATE	412	VOYDEYA	307	WELLBUTRIN SR	70
VITREXATE FE	412	<i>vp fc kit</i>	208	WELLBUTRIN XL	70
VITREXYL	412	<i>vp gkl kit</i>	208	<i>wellfola</i>	413
VITREXYL + IRON	412	<i>vp insulin syringe</i>	381	WELLMIND VERTIGO	400
VIVA DHA	418	<i>vp-pnv-dha</i>	418	<i>wellpro 31</i>	86
VIVAGUARD INO		VPRIV	311	WERA	180
GLUCOSE METER	356, 357	<i>vp-vite rx</i>	410	<i>wescap-c dha</i>	418
VIVAGUARD INO SMART		VRAYLAR	146	<i>wescap-pn dha</i>	420
GLUC METER	357	VTAMA	212	<i>wescaps</i>	410
VIVAGUARD INO TEST		VTOL LQ	27	<i>wesnatal dha complete</i>	419
STRIPS	262	VUEBLU	251	<i>wesnate dha</i>	418
VIVAGUARD LANCETS	357	VUEWAY	265	<i>wes-phos 250 neutral</i>	394
VIVAGUARD LANCETS		VUITY	440	<i>westab max</i>	269
30G	357	VUMERITY	467	<i>westab mini</i>	314
VIVAGUARD SAFETY		VUSION	205	<i>westab one</i>	314
LANCETS 28G	357	VYALEV	144	<i>westab plus</i>	418
VIVELLE-DOT	289	VYEPTI	387	<i>western juniper</i>	12
<i>vivimusta</i>	115	VYFEMLA	180	<i>western juniper (diagnostic)</i>	249
VIVITROL	89	VYJUVEK	247	<i>westgel dha</i>	420
VIVJOA	92	VYLEESI	464	WEZLANA	211, 293
VIVLODEX	25	VYLIBRA	180	<i>wheat germ oil</i>	500
VIVOTIF	489	VYLOY	120	<i>white alder</i>	12
VIZAMYL	252	VYNDAMAX	170	<i>white alder (diagnostic)</i>	249
VIZIMPRO	125	VYND AQEL	170	<i>white ash (diagnostic)</i>	250
VOCAL POINT BLOOD		VYONDYS 53	430	<i>white ash pollen</i>	12
GLUCOSE TEST	262	VYTONNE	205	<i>white birch</i>	13
VOGELXO	44	VYTORIN	98	<i>white birch (diagnostic)</i>	250

<i>white mulberry</i>	13	XCOPRI (250 MG DAILY DOSE)	67	XHANCE	426
<i>white oak</i>	13	XCOPRI (350 MG DAILY DOSE)	67	XIAFLEX	399
<i>white pine</i>	13	XDEMZY	443	XICLO	206
<i>white potato (diagnostic)</i>	250	XELJANZ	15	XICLOFEN	208
WHITE-FACED HORNET VENOM	13	XELJANZ XR	15	XIFAXAN	106
<i>whole egg (diagnostic)</i>	250	XELODA	118	XIGDUO XR	84
<i>whole grain barley(diagnostic)</i>	250	XELPROS	451	XIIDRA	439
<i>whole wheat (diagnostic)</i>	250	XELSTRYM	2	XIMINO	477
WIDE-SEAL DIAPHRAGM 60	332	XEMBIFY	457	XIPERE	449
WIDE-SEAL DIAPHRAGM 65	332	XENAZINE	464	<i>xirun</i>	222
WIDE-SEAL DIAPHRAGM 70	332	XENICAL	4	XOFIGO	132
WIDE-SEAL DIAPHRAGM 75	332	XENLETA	110	XOFLUZA (40 MG DOSE) ...	158
WIDE-SEAL DIAPHRAGM 80	333	<i>xenon xe 133</i>	253	XOFLUZA (80 MG DOSE) ...	158
WIDE-SEAL DIAPHRAGM 85	333	XENOVUE	265	XOLAIR	53
WIDE-SEAL DIAPHRAGM 90	333	XENPOZYME	274	XOLEGEL	224
WIDE-SEAL DIAPHRAGM 95	333	XEOMIN	431	XOLEGEL COREPAK	205
WILATE	305	XEPI	203	XOLEGEL DUO/HEAD & SHOULDERS	205
WINLEVI	202	XERAC AC	213	XOLEGEL DUO/XOLEX	205
WINREVAIR	168	XERALUX	229	XOLREMDI	312
WINRHO SDF	457	XERAVA	474	XOPENEX	55
WIXELA INHUB	53	XERESE	213	XOPENEX CONCENTRATE ..	55
WOUNDGELHA MATRIX ..	246	XERMELO	295	XOPENEX HFA	55
<i>wpr plus wound healing system</i>	238	XEROFORM OCCLUSIVE GAUZE PATCH	240	XOSPATA	128
WYMZYA FE	180	XEROFORM OCCLUSIVE GAUZE STRIP	240	XPART XPRESS SARS-COV-2	264
WYNZORA	240	XEROFORM OIL EMULSION 2"X2"	240	XPHOZAH	276
XACDURO	106	XEROFORM OIL EMULSION GAUZE	240	XPOVIO (100 MG ONCE WEEKLY)	130
XACIATO	494	XEROFORM OIL EMULSION STRIP	240	XPOVIO (40 MG ONCE WEEKLY)	130
XADAGO	143	XEROFORM OIL ROLL 4"X9"	240	XPOVIO (40 MG TWICE WEEKLY)	130
XALATAN	451	XEROFORM PETROLAT GAUZE 1"X8"	240	XPOVIO (60 MG ONCE WEEKLY)	130
XALIX	225	XEROFORM PETROLAT GAUZE 5"X9"	241	XPOVIO (60 MG TWICE WEEKLY)	130
XALKORI	118	XEROFORM PETROLAT PATCH 2"X2"	241	XPOVIO (80 MG ONCE WEEKLY)	130
XANAX	49	XEROFORM PETROLAT PATCH 4"X4"	241	XPOVIO (80 MG TWICE WEEKLY)	130
XANAX XR	50	<i>xeroform petrolatum dres 4"x4"</i>	241	XROMI	312
XAQUIL XR	270	<i>xeroform petrolatum dres 5"x9"</i>	241	XRYLIX	208
XARACOLL	329	XEROFORM PETROLATUM ROLL 4"X9"	241	XRYLIX II	208
XARAH FE	185	XGEVA	283	XTAMPZA ER	41
XARELTO	59			XTANDI	116
XARELTO STARTER PACK	59			XULANE	180
XATMEP	118			XULTOPHY	83
XCELLSTEM WOUND POWDER	246			<i>xurea</i>	221
XCOPRI	68			XURIDEN	279
				<i>xvite</i>	410
				<i>xybiotic</i>	86

XYLIDERM	238	<i>zaleplon</i>	323	ZIANA	200
XYLOCAINE	329	ZALTRAP	142	<i>ziclocin</i>	208
XYLOCAINE MPF +RFID ... 329		<i>zalvit</i>	418	ZICLOPRO	208
XYLOCAINE/EPINEPHRIN		<i>zanabin hydrogel</i>	247	<i>zidovudine</i>	155
E	326	ZANAFLEX	423	ZIEXTENZO	316
XYLOCAINE-MPF	329	ZANOSAR	139	ZIIHERA	121
XYLOCAINE-MPF +RFID ... 329		ZARONTIN	69	ZILACAINE PATCH	238
XYLOCAINE-		ZARXIO	315	ZILBRYSQ	306
MPF/EPINEPHRINE	326	ZATEAN-PN DHA	420	<i>zileuton er</i>	51
XYNTHA	305	ZATEAN-PN PLUS	418	<i>ziloval</i>	238
XYNTHA SOLOFUSE	305	ZAVESCA	311	ZILRETTA	189
XYOSTED	44	ZAVZPRET	386	ZILXI	231
XYREM	462	<i>zcort 7-day</i>	189	ZIMHI	89
XYWAV	462	ZEBUTAL	27	<i>zinc chloride</i>	397
<i>xyzbac</i>	269	ZEGALOGUE	76	<i>zinc sulfate</i>	397
<i>xyzmune</i>	402	ZEGERID	483	ZINGO	329
YARGESA	311	ZEJULA	140	ZINPLAVA	455
YASMIN 28	180	<i>zelac</i>	86	<i>zionodil</i>	227
<i>yaxatarxyn</i>	221	ZELAPAR	143	<i>zionodil 100</i>	227
YAZ	180	ZELBORAF	124	ZIOPTAN	451
YCANTH	225	ZELNORM	291	<i>ziphex</i>	418
<i>yellow dock</i>	13	ZEMAIRA	473	<i>ziprasidone hcl</i>	146
<i>yellow hornet venom protein</i>	13	ZEMBRACE SYMTOUCH ... 389		<i>ziprasidone mesylate</i>	146
<i>yellow jacket venom protein</i>	13	ZEMDRI	15	ZIPSOR	25
YERVOY	120	ZEMPLAR	280	ZIRABEV	142
YESCARTA	122	ZENATANE	202	ZIRGAN	442
YESINTEK	211, 212, 293	<i>zenifiber ag</i>	247	ZITHRANOL	212
YF-VAX	493	<i>zenifoam ag</i>	247	ZITHROMAX	330
<i>yl folic acid</i>	314	ZENPEP	272	ZITHROMAX TRI-PAK	330
<i>yokatar</i>	221	<i>zenphor wound gel</i>	247	ZITHROMAX Z-PAK	330
YONDELIS	140	<i>zenphor wound pad</i>	247	ZITUVIMET	77
<i>yoni fit bladder support kit 1</i>	357	ZENZEDI	2	ZITUVIMET XR	77
<i>yoni fit bladder support kit 2</i>	357	ZEPATIER	157	ZITUVIO	76
<i>yoni fit bladder support kit 3</i>	357	ZEPBOUND	3	ZMA CLEAR	200
<i>yoni fit bladder support kit 4</i>	357	ZEPOSIA	472	ZOCOR	98
<i>yoni fit bladder support kit 5</i>	357	ZEPOSIA 7-DAY STARTER		ZOFRAN	89
YONSA	115	PACK	472	ZOHYDRO ER	41
YORVIPATH	280	ZEPOSIA STARTER KIT	472	ZOKINVY	399
YOSPRALA	309	ZEPZELCA	115	ZOLADEX	137
YUFLYMA (1 PEN)	19	ZERBAXA	171	<i>zoledronic acid</i>	275
YUFLYMA (2 PEN)	19	<i>zeruvia</i>	238	ZOLGENSMA 20.6-21.0 KG 431	
YUFLYMA (2 SYRINGE)	19	ZERVIAE	440	ZOLGENSMA 10.1-10.5 KG 431	
YUFLYMA-CD/UC/HS		ZESTORETIC	100	ZOLGENSMA 10.6-11.0 KG 431	
STARTER	19	ZESTRIL	100	ZOLGENSMA 11.1-11.5 KG 432	
YUPELRI	56	ZETIA	98	ZOLGENSMA 11.6-12.0 KG 432	
YUSIMRY	19	ZETONNA	426	ZOLGENSMA 12.1-12.5 KG 432	
YUTIQ	449	ZEVALIN Y-90	131	ZOLGENSMA 12.6-13.0 KG 432	
YUVAFEM	494	<i>zevrx insulin syringe</i>	381	ZOLGENSMA 13.1-13.5 KG 432	
ZACARE	200	<i>zevrx pen needles</i>	381	ZOLGENSMA 13.6-14.0 KG 432	
<i>zaclir cleansing</i>	202	<i>zevrx twist top lancets 30g</i>	357	ZOLGENSMA 14.1-14.5 KG 432	
ZAFEMY	180	ZIAC	104	ZOLGENSMA 14.6-15.0 KG 432	
<i>zafirlukast</i>	56	ZIAGEN	154	ZOLGENSMA 15.1-15.5 KG 432	

ZOLGENSMA 15.6-16.0 KG	432	ZUBSOLV	43
ZOLGENSMA 16.1-16.5 KG	432	ZULRESSO	70
ZOLGENSMA 16.6-17.0 KG	432	ZUMANDIMINE	180
ZOLGENSMA 17.1-17.5 KG	432	ZUNVEYL	464
ZOLGENSMA 17.6-18.0 KG	432	ZUPLENZ	89
ZOLGENSMA 18.1-18.5 KG	432	ZURZUVAE	71
ZOLGENSMA 18.6-19.0 KG	432	ZYCLARA	224
ZOLGENSMA 19.1-19.5 KG	432	ZYCLARA PUMP	224
ZOLGENSMA 19.6-20.0 KG	432	ZYDELIG	139
ZOLGENSMA 2.6-3.0 KG	432	ZYFLO	51
ZOLGENSMA 20.1-20.5 KG	432	ZYKADIA	118
ZOLGENSMA 3.1-3.5 KG	432	ZYLET	447
ZOLGENSMA 3.6-4.0 KG	432	ZYLOPRIM	301
ZOLGENSMA 4.1-4.5 KG	433	ZYLOTROL-L	227
ZOLGENSMA 4.6-5.0 KG	433	ZYMAXID	441
ZOLGENSMA 5.1-5.5 KG	433	ZYMFENTRA (1 PEN)	295
ZOLGENSMA 5.6-6.0 KG	433	ZYMFENTRA (2 PEN)	295
ZOLGENSMA 6.1-6.5 KG	433	ZYMFENTRA (2 SYRINGE)	295
ZOLGENSMA 6.6-7.0 KG	433	ZYNLONTA	119
ZOLGENSMA 7.1-7.5 KG	433	ZYNRELEF	21
ZOLGENSMA 7.6-8.0 KG	433	ZYNTEGLO	316
ZOLGENSMA 8.1-8.5 KG	433	ZYNYZ	121
ZOLGENSMA 8.6-9.0 KG	433	ZYPITAMAG	98
ZOLGENSMA 9.1-9.5 KG	433	ZYPREXA	150
ZOLGENSMA 9.6-10.0 KG	433	ZYPREXA RELPREVV	150
ZOLINZA	126	ZYPREXA ZYDIS	150
<i>zolmitriptan</i>	389	ZYTIGA	115
ZOLOFT	72	<i>zyvana</i>	413
ZOLPAK	205	<i>zyvexol</i>	269
<i>zolpidem tartrate</i>	323	ZYVOX	110
<i>zolpidem tartrate er</i>	323		
ZOLPIMIST	323		
ZOMACTON	279		
ZOMACTON (FOR ZOMAJET 10)	279		
ZOMIG	389		
ZOMIG ZMT	389		
ZONALON	209		
ZONEGRAN	67		
ZONISADE	67		
<i>zonisamide</i>	67		
ZONTIVITY	310		
ZORBTIVE	279		
ZORTRESS	402		
ZORVOLEX	25		
ZORYVE	212, 213, 230		
ZOSYN	459		
ZOVIA 1/35 (28)	180		
ZOVIA 1/35E (28)	180		
ZOVIRAX	157, 213		
ZTALMY	67		
ZTLIDO	227		