



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 8/1/2024

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
*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	EX	Formulary Exclusion; 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 CHEWABLE 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>lisdexamfetamine dimesylate oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</i>	Tier 1	QL
<i>lisdexamfetamine 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; 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 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
*Histamine H3-Receptor Antagonist/Inverse Agonists***		
WAKIX ORAL TABLET 17.8 MG, 4.45 MG	EX	PA; Specialty; Formulary Exclusion; QL

Drug Name	Drug Tier	Notes
*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	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
JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 20 MG, 40 MG, 60 MG, 80 MG	Tier 2	QL

Drug Name	Drug Tier	Notes
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 (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

Drug Name	Drug Tier	Notes
<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	QL
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER 25 MG/5ML	Tier 2	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
<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

Drug Name	Drug Tier	Notes
<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
<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

Drug Name	Drug Tier	Notes
<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
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

Drug Name	Drug Tier	Notes
<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 (12 MG DAILY DOSE) ORAL 2 X 1 MG & 10 MG	Benefit Exclusion	
PALFORZIA (120 MG DAILY DOSE) ORAL 20 MG & 100 MG	Benefit Exclusion	
PALFORZIA (160 MG DAILY DOSE) ORAL 3 X 20 MG & 100 MG	Benefit Exclusion	
PALFORZIA (20 MG DAILY DOSE) ORAL	Benefit Exclusion	

Drug Name	Drug Tier	Notes
PALFORZIA (200 MG DAILY DOSE) ORAL 2 X 100 MG	Benefit Exclusion	
PALFORZIA (240 MG DAILY DOSE) ORAL 2 X 20 MG & 2 X 100 MG	Benefit Exclusion	
PALFORZIA (3 MG DAILY DOSE) ORAL 3 X 1 MG	Benefit Exclusion	
PALFORZIA (300 MG MAINTENANCE) ORAL PACKET	Benefit Exclusion	QL
PALFORZIA (300 MG TITRATION) ORAL PACKET	Benefit Exclusion	
PALFORZIA (40 MG DAILY DOSE) ORAL 2 X 20 MG	Benefit Exclusion	
PALFORZIA (6 MG DAILY DOSE) ORAL 6 X 1 MG	Benefit Exclusion	
PALFORZIA (80 MG DAILY DOSE) ORAL 4 X 20 MG	Benefit Exclusion	
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

Drug Name	Drug Tier	Notes
<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
<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

Drug Name	Drug Tier	Notes
<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
<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 - AI'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

Drug Name	Drug Tier	Notes
*Alternative Medicine - Pi's***		
PYCNOGENOL ORAL CAPSULE 50 MG	EX	Non FDA Exclusion
*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 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 inhalation nebulization solution 300 mg/4ml, 300 mg/5ml</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
<i>tobramycin sulfate injection solution reconstituted 1.2 gm</i>	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
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	PA
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	PA; Formulary Exclusion
REDITREX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.4ML, 12.5 MG/0.5ML, 15 MG/0.6ML, 17.5 MG/0.7ML, 20 MG/0.8ML, 22.5 MG/0.9ML, 25 MG/ML, 7.5 MG/0.3ML	Tier 2	PA
*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-aaty (1 pen) subcutaneous auto-injector kit 40 mg/0.4ml, 80 mg/0.8ml</i>	EX	PA; Specialty; Formulary Exclusion

Drug Name	Drug Tier	Notes
<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</i>	EX	PA; Specialty; Formulary Exclusion
<i>adalimumab-adaz subcutaneous solution prefilled syringe 40 mg/0.4ml</i>	EX	PA; Specialty; Formulary Exclusion
<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-fkjp subcutaneous auto-injector kit 40 mg/0.8ml</i>	EX	PA; Specialty; Formulary Exclusion
<i>adalimumab-fkjp 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	New to Market Exclusion; Specialty
AMJEVITA SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS	Tier 4	PA; Specialty
AMJEVITA SOLUTION AUTO-INJECTOR 40 MG/0.8ML SUBCUTANEOUS	EX	PA; Specialty; Formulary Exclusion
AMJEVITA SOLUTION AUTO-INJECTOR 40 MG/0.8ML SUBCUTANEOUS	Tier 4	PA; Specialty

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

Drug Name	Drug Tier	Notes
HUMIRA-PED>=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML	Tier 4	PA; Specialty
HUMIRA-PED>=40KG UC STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	Tier 4	PA; Specialty
HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	Tier 4	PA; Specialty
HUMIRA-PSORIASIS/UEVIT STARTER SUBCUTANEOUS PEN-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-PLAQUE PSORIASIS 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	EX	New to Market Exclusion; Specialty
SIMLANDI (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	EX	New to Market Exclusion; Specialty

Drug Name	Drug Tier	Notes
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 PEN-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***		
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
*Interleukin-1Beta Blockers***		
ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML	Tier 4	PA; Specialty

Drug Name	Drug Tier	Notes
*Interleukin-6 Receptor Inhibitors***		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML	Tier 4	PA; Specialty
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML	EX	PA; Specialty; Formulary Exclusion
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML	Tier 4	PA; Specialty
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	New to Market Exclusion; Specialty
TYENNE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML	EX	New to Market Exclusion; Specialty
TYENNE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML	EX	New to Market Exclusion; 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
INFLAMMACIN COMBINATION THERAPY PACK 75 & 0.025 MG-%	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
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>previdorlx 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 (Nsaids)***		
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	
COXANTO ORAL CAPSULE 300 MG	EX	Non Essential Drug Exclusion; Formulary Exclusion
DAYPRO ORAL TABLET 600 MG	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
<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	
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 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</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	
<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

Drug Name	Drug Tier	Notes
<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
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

Drug Name	Drug Tier	Notes
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	
<i>tolmetin sodium oral tablet 600 mg</i>	Tier 3	
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

Drug Name	Drug Tier	Notes
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 30 MG	Tier 4	PA; Specialty; QL
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 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
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 Other***		
<i>acetaminophen intravenous solution 10 mg/ml</i>	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
<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 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 25-325 mg oral</i>	EX	Non Essential Drug 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
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 ec low strength oral tablet delayed release 81 mg</i>	Tier 5	
<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	

Drug Name	Drug Tier	Notes
<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 adult low strength 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	
<i>diflunisal oral tablet 500 mg</i>	Tier 1	
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	

Drug Name	Drug Tier	Notes
<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	
<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	

Drug Name	Drug Tier	Notes
<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 solution 120-12 mg/5ml</i>	Tier 1	
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	Tier 1	
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	

Drug Name	Drug Tier	Notes
<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 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
<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

Drug Name	Drug Tier	Notes
<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 oral solution 10-325 mg/15ml, 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>	Tier 1	
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</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

Drug Name	Drug Tier	Notes
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
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

Drug Name	Drug Tier	Notes
<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
<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

Drug Name	Drug Tier	Notes
<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
<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	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

Drug Name	Drug Tier	Notes
<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
<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

Drug Name	Drug Tier	Notes
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
<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-nacl intravenous solution prefilled syringe 1-0.9 mg/ml-%</i>	EX	Non FDA Exclusion
<i>methadone hcl-sodium chloride intravenous solution prefilled syringe 1-0.9 mg/ml-%, 10-0.8 mg/ml-%</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

Drug Name	Drug Tier	Notes
<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
<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

Drug Name	Drug Tier	Notes
<i>morphine sulfate-nacl injection solution prefilled syringe 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
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

Drug Name	Drug Tier	Notes
<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
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 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

Drug Name	Drug Tier	Notes
<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
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

Drug Name	Drug Tier	Notes
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
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; QL
BRIXADI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 128 MG/0.36ML, 64 MG/0.18ML, 96 MG/0.27ML	Tier 3	PA; QL
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; QL
<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

Drug Name	Drug Tier	Notes
<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
<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
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	Tier 1	
DEPO-TESTOSTERONE SOLUTION 100 MG/ML INTRAMUSCULAR	EX	PA; Formulary Exclusion

Drug Name	Drug Tier	Notes
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
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
VOGELXO PUMP TRANSDERMAL GEL 12.5 MG/ACT (1%)	EX	PA; Formulary Exclusion

Drug Name	Drug Tier	Notes
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
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) external cream 3-0.5 %</i>	EX	Formulary Exclusion
<i>lidocaine-hydrocortisone ace rectal gel 2.8-0.55 %</i>	EX	Formulary Exclusion
<i>lidocaine-hydrocortisone ace rectal kit 2-2 %, 3-0.5 %, 3-1 %, 3-2.5 %</i>	EX	Formulary Exclusion
LIDOCORT EXTERNAL CREAM 3-0.5 %	EX	Non FDA Exclusion
PROCORT EXTERNAL CREAM 1.85-1.15 %	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
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	
BILTRICIDE ORAL TABLET 600 MG	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
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
NITRO-DUR PATCH 24 HOUR 0.3 MG/HR TRANSDERMAL	Tier 3	

Drug Name	Drug Tier	Notes
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 TRANSLINGUAL SOLUTION 0.4 MG/SPRAY	EX	Formulary Exclusion
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	
<i>meprobamate tablet 400 mg oral</i>	Tier 1	Formulary Exclusion
VISTARIL ORAL CAPSULE 25 MG, 50 MG	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
*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	
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>diazepam solution 10 mg/2ml injection</i>	EX	Medical Only Exclusion
<i>diazepam solution 5 mg/ml injection</i>	EX	Medical Only Exclusion
<i>diazepam solution 5 mg/ml injection</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<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

Drug Name	Drug Tier	Notes
XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG	EX	Formulary Exclusion
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

Drug Name	Drug Tier	Notes
<i>lidocaine in d5w solution 8-5 mg/ml-% intravenous</i>	EX	Medical Only Exclusion
<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

Drug Name	Drug Tier	Notes
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	
*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

Drug Name	Drug Tier	Notes
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
<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 SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML	Tier 4	PA; Specialty
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 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 inhalation nebulization solution 20 mcg/2ml</i>	EX	Formulary 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
PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT	EX	Formulary Exclusion; QL

Drug Name	Drug Tier	Notes
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
<i>tiotropium bromide monohydrate inhalation capsule 18 mcg</i>	Tier 1	QL

Drug Name	Drug Tier	Notes
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
*Selective Phosphodiesterase 4 (Pde4) Inhibitors***		
DALIRESP ORAL TABLET 250 MCG, 500 MCG	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
<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
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

Drug Name	Drug Tier	Notes
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
*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	

Drug Name	Drug Tier	Notes
*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	
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
<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

Drug Name	Drug Tier	Notes
<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>hepmad 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
*In Vitro/Lock Anticoagulants***		
<i>acd formula a in vitro solution 0.73-2.45-2.2 gm/100ml</i>	EX	Medical Only Exclusion
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	

Drug Name	Drug Tier	Notes
<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
*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	

Drug Name	Drug Tier	Notes
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 3	
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	Tier 3	
*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	
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 7.5 MG/0.1ML	Tier 3	
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML	Tier 3	
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML	Tier 3	

Drug Name	Drug Tier	Notes
*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 3	
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	Tier 3	
<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</i>	Tier 1	
<i>carbamazepine oral tablet 200 mg</i>	Tier 1	
<i>carbamazepine oral tablet chewable 100 mg</i>	Tier 1	
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
<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
KEPPRA INTRAVENOUS SOLUTION 500 MG/5ML	EX	Medical Only Exclusion
KEPPRA ORAL SOLUTION 100 MG/ML	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
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
<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	

Drug Name	Drug Tier	Notes
<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	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG	Benefit Exclusion	Formulary Exclusion; QL
LYRICA ORAL SOLUTION 20 MG/ML	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
NEURONTIN ORAL SOLUTION 250 MG/5ML	EX	Formulary Exclusion; QL
NEURONTIN ORAL TABLET 600 MG, 800 MG	EX	Formulary Exclusion; QL
<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	Tier 3	
<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	

Drug Name	Drug Tier	Notes
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
TOPAMAX SPRINKLE ORAL CAPSULE SPRINKLE 15 MG, 25 MG	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 capsule sprinkle 15 mg, 25 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

Drug Name	Drug Tier	Notes
<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 3	
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG	Tier 3	
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG, 50 MG	Tier 3	
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X 200 MG, 14 X 50 MG & 14 X 100 MG	Tier 3	
*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
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	

Drug Name	Drug Tier	Notes
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	
<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

Drug Name	Drug Tier	Notes
<i>valproic acid oral capsule 250 mg</i>	Tier 1	
<i>valproic acid oral solution 250 mg/5ml</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	
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	Tier 1	
REMERON ORAL TABLET 15 MG, 30 MG	EX	Formulary Exclusion
REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG, 45 MG	EX	Formulary Exclusion
*Antidepressant - Miscellaneous Combinations***		
AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG	EX	Formulary Exclusion
*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) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>	Tier 1	
<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 300 mg oral</i>	Tier 1	
<i>bupropion hcl er (xl) tablet extended release 24 hour 450 mg oral</i>	EX	Non Essential Drug Exclusion; Formulary Exclusion
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	Tier 1	
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	
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	Tier 1	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	
<i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>	Tier 1	
<i>fluoxetine hcl oral capsule delayed release 90 mg</i>	Tier 1	
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	Tier 1	
<i>fluoxetine hcl tablet 10 mg oral</i>	Tier 1	
<i>fluoxetine hcl tablet 20 mg oral</i>	Tier 1	
<i>fluoxetine hcl tablet 60 mg oral</i>	Benefit Exclusion	
<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	

Drug Name	Drug Tier	Notes
<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	
<i>paroxetine hcl oral suspension 10 mg/5ml</i>	Tier 1	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1	
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	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	
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
ZOLOFT ORAL CONCENTRATE 20 MG/ML	EX	Formulary Exclusion
ZOLOFT ORAL TABLET 100 MG, 25 MG, 50 MG	EX	Formulary Exclusion
*Serotonin Modulators***		
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	EX	Formulary Exclusion
<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 3	
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	EX	Formulary Exclusion
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG	Tier 3	
<i>vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	

Drug Name	Drug Tier	Notes
*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	
<i>desvenlafaxine er tablet extended release 24 hour 100 mg oral</i>	Tier 3	
<i>desvenlafaxine er tablet extended release 24 hour 50 mg oral</i>	Tier 1	
<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 3	
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG	Tier 3	
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 oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	Tier 1	
<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
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	Tier 1	
*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

Drug Name	Drug Tier	Notes
<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
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

Drug Name	Drug Tier	Notes
*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 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	
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

Drug Name	Drug Tier	Notes
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
<i>zituvio oral tablet 100 mg, 25 mg, 50 mg</i>	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
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

Drug Name	Drug Tier	Notes
<i>sitagliptin base-metformin hcl oral tablet 50-1000 mg, 50-500 mg</i>	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
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

Drug Name	Drug Tier	Notes
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
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

Drug Name	Drug Tier	Notes
<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
<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

Drug Name	Drug Tier	Notes
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	
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	

Drug Name	Drug Tier	Notes
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	
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 PEN-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

Drug Name	Drug Tier	Notes
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 ORAL TABLET 14 MG, 3 MG, 7 MG	Tier 2	PA; QL
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML	Tier 2	PA; 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

Drug Name	Drug Tier	Notes
*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
*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

Drug Name	Drug Tier	Notes
*Sulfonylureas***		
AMARYL ORAL TABLET 1 MG, 2 MG, 4 MG	EX	Formulary Exclusion; QL
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</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
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

Drug Name	Drug Tier	Notes
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
LACTEROL ORAL CAPSULE	EX	Non FDA Exclusion
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
VISBIOME 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

Drug Name	Drug Tier	Notes
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
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

Drug Name	Drug Tier	Notes
<i>deferoxamine mesylate injection solution reconstituted 2 gm, 500 mg</i>	EX	Medical Only Exclusion
DESFERAL 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
<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 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***		
EVZIO INJECTION SOLUTION AUTO-INJECTOR 2 MG/0.4ML	EX	Formulary Exclusion; Opioid Brochure
KLOXXADO NASAL LIQUID 8 MG/0.1ML	Tier 2	
<i>lifems naloxone injection prefilled syringe kit 2 mg/2ml</i>	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
<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
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 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 4 mg/2ml injection</i>	EX	Formulary Exclusion
<i>ondansetron hcl solution 4 mg/2ml injection</i>	Tier 1	
<i>ondansetron hcl solution 40 mg/20ml injection</i>	Tier 1	
<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

Drug Name	Drug Tier	Notes
<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	
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, 8 MG	EX	Formulary Exclusion; QL
ZUPLENZ ORAL FILM 4 MG, 8 MG	EX	Non Essential Drug Exclusion; QL
*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

Drug Name	Drug Tier	Notes
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
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 INTRAVENOUS SOLUTION RECONSTITUTED 150 MG	Tier 3	QL
EMEND ORAL CAPSULE 40 MG, 80 MG	EX	Formulary Exclusion; QL
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG/5ML	Tier 2	QL
EMEND TRI-PACK 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

Drug Name	Drug Tier	Notes
Antifungals		
*Antifungal - Glucan Synthesis Inhibitors (Echinocandins)***		
CANCIDAS INTRAVENOUS SOLUTION RECONSTITUTED 50 MG, 70 MG	EX	Medical Only Exclusion
<i>casposfungin 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-%, 50-0.9 mg/50ml-%</i>	EX	Medical Only Exclusion
MYCAMINE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 50 MG	EX	Medical Only Exclusion
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>griseofulvin microsize oral suspension 125 mg/5ml</i>	Tier 1	
<i>griseofulvin microsize oral tablet 500 mg</i>	Tier 1	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</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	

Drug Name	Drug Tier	Notes
*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
<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

Drug Name	Drug Tier	Notes
<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	
*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 oral tablet 2.68 mg</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	

Drug Name	Drug Tier	Notes
<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	
<i>promethazine hcl oral solution 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
*Angiotensin-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	

Drug Name	Drug Tier	Notes
*Antihyperlipidemics Misc. Combinations***		
<i>omega-3 rx complete oral therapy pack 1 gm</i>	EX	Non FDA Exclusion
<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	
<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	

Drug Name	Drug Tier	Notes
<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	
<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	
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	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

Drug Name	Drug Tier	Notes
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	
<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 1 MG, 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	
<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	
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 ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	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	

Drug Name	Drug Tier	Notes
<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
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	

Drug Name	Drug Tier	Notes
<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
<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 injectable 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 10 MG, 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	

Drug Name	Drug Tier	Notes
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
DIBENZYLINE ORAL CAPSULE 10 MG	EX	PA; Specialty; Formulary Exclusion
<i>metyrosine 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

Drug Name	Drug Tier	Notes
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
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	Tier 1	
<i>telmisartan-hctz tablet 40-12.5 mg oral</i>	EX	Formulary Exclusion
<i>telmisartan-hctz tablet 40-12.5 mg oral</i>	EX	ST; Formulary Exclusion
<i>telmisartan-hctz tablet 80-12.5 mg oral</i>	EX	Formulary Exclusion
<i>telmisartan-hctz tablet 80-12.5 mg oral</i>	EX	ST; Formulary Exclusion
<i>telmisartan-hctz tablet 80-25 mg oral</i>	EX	Formulary Exclusion
<i>telmisartan-hctz tablet 80-25 mg oral</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	

Drug Name	Drug Tier	Notes
<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
<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 hcl 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

Drug Name	Drug Tier	Notes
<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
*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
*Selective Aldosterone Receptor Antagonists (Saras)***		
<i>eplerenone oral tablet 25 mg, 50 mg</i>	Tier 1	

Drug Name	Drug Tier	Notes
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	
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 oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>metronidazole solution 500 mg/100ml intravenous</i>	Tier 1	
<i>metronidazole solution 500 mg/100ml intravenous</i>	Tier 3	
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	

Drug Name	Drug Tier	Notes
<i>pentamidine isethionate injection solution reconstituted 300 mg</i>	EX	Medical Only Exclusion
PRIMSOL ORAL SOLUTION 50 MG/5ML	Tier 3	
<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</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 oral tablet 500 mg</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

Drug Name	Drug Tier	Notes
VABOMERE INTRAVENOUS SOLUTION RECONSTITUTED 2 (1-1) GM	EX	Medical Only Exclusion
*Carbapenems***		
<i>ertapenem sodium injection solution reconstituted 1 gm</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 10 gm intravenous</i>	Tier 1	
<i>vancomycin hcl solution reconstituted 100 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
<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	

Drug Name	Drug Tier	Notes
<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	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
*Polymyxins***		
<i>colistimethate sodium (cba) injection solution reconstituted 150 mg</i>	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
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>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	
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	
<i>urneva 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

Drug Name	Drug Tier	Notes
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
Antimyasthenic/Cholinergic Agents		
*Antimyasthenic/Cholinergic Agents***		
BLOXIVERZ INTRAVENOUS SOLUTION 10 MG/10ML, 5 MG/10ML	EX	Medical Only Exclusion
FIRDAPSE ORAL TABLET 10 MG	Tier 4	PA; Specialty

Drug Name	Drug Tier	Notes
<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 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
<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
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

Drug Name	Drug Tier	Notes
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
RIFADIN ORAL CAPSULE 150 MG, 300 MG	EX	Formulary 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
<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
<i>kemoplat intravenous solution 50 mg/50ml</i>	EX	Non FDA Exclusion; Medical Only Exclusion
MYLERAN ORAL TABLET 2 MG	Tier 4	PA; Specialty

Drug Name	Drug Tier	Notes
<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
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
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	

Drug Name	Drug Tier	Notes
<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
<i>azacitidine injection suspension reconstituted 100 mg</i>	EX	Medical Only Exclusion
<i>capecitabine oral tablet 150 mg, 500 mg</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
<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

Drug Name	Drug Tier	Notes
JYLAMVO ORAL SOLUTION 2 MG/ML	Tier 3	
<i>mercaptopurine oral tablet 50 mg</i>	Tier 1	
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>	Tier 1	
<i>methotrexate sodium injection solution 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>nelarabine intravenous solution 5 mg/ml</i>	EX	Medical Only Exclusion
ONUREG ORAL TABLET 200 MG, 300 MG	Tier 4	PA; Specialty
<i>pemetrexed disodium intravenous solution 1 gm/40ml, 100 mg/4ml, 500 mg/20ml, 850 mg/34ml</i>	EX	Medical Only Exclusion
<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	Tier 2	
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
*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

Drug Name	Drug Tier	Notes
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
*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***		
ARZERRA INTRAVENOUS CONCENTRATE 100 MG/5ML, 1000 MG/50ML	EX	Medical Only Exclusion
GAZYVA INTRAVENOUS SOLUTION 1000 MG/40ML	EX	Medical Only Exclusion
RIABNI INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	Tier 4	PA; Specialty

Drug Name	Drug Tier	Notes
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***		
BESPONSA INTRAVENOUS SOLUTION RECONSTITUTED 0.9 MG	EX	Medical Only Exclusion
*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-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

Drug Name	Drug Tier	Notes
*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
HERZUMA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	EX	Medical Only Exclusion
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
*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

Drug Name	Drug Tier	Notes
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
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
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
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

Drug Name	Drug Tier	Notes
*Antineoplastic - Bcr-Abl Kinase Inhibitors***		
BOSULIF ORAL CAPSULE 100 MG, 50 MG	Tier 4	PA; Specialty
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	Tier 4	PA; Specialty; QL
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
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; 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
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

Drug Name	Drug Tier	Notes
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 ORAL TABLET 100 MG	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 - 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
EXKIVITY ORAL CAPSULE 40 MG	Tier 4	PA; Specialty
<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
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

Drug Name	Drug Tier	Notes
*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
*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

Drug Name	Drug Tier	Notes
<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, 320 MG	Tier 4	PA; Specialty
*Antineoplastic - Mek Inhibitors***		
COTELLIC ORAL TABLET 20 MG	Tier 4	PA; Specialty; QL
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 - 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

Drug Name	Drug Tier	Notes
<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
*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 oral tablet 200 mg</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

Drug Name	Drug Tier	Notes
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
*Antineoplastic - Multiple Receptor Antibodies***		
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
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
*Antineoplastic - Tropomyosin Receptor Kinase Inhibitors***		
AUGTYRO ORAL CAPSULE 40 MG	Tier 4	PA; Specialty
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	Tier 4	PA; Specialty

Drug Name	Drug Tier	Notes
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
*Antineoplastic - Xpo1 Inhibitors***		
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	Tier 4	PA; Specialty
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	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 INJECTABLE 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 injectable 2 mg/ml</i>	EX	Medical Only Exclusion
ELLENCEN INTRAVENOUS SOLUTION 200 MG/100ML, 50 MG/25ML	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
<i>epirubicin hcl intravenous solution 200 mg/100ml, 50 mg/25ml</i>	EX	Medical Only Exclusion
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

Drug Name	Drug Tier	Notes
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	Tier 4	PA; Specialty; QL
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	Tier 4	PA; Specialty
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
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
ONCASPASPAR 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***		
ANKTIVA INTRAVESICAL SOLUTION 400 MCG/0.4ML	EX	Medical Only Exclusion
ELZONRIS INTRAVENOUS SOLUTION 1000 MCG/ML	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
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
FEMARA ORAL TABLET 2.5 MG	EX	Formulary Exclusion
<i>letrozole oral tablet 2.5 mg</i>	Tier 5	

Drug Name	Drug Tier	Notes
*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
*Estrogens-Antineoplastic***		
EMCYT ORAL CAPSULE 140 MG	Tier 4	PA; Specialty

Drug Name	Drug Tier	Notes
*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 oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	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

Drug Name	Drug Tier	Notes
*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
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

Drug Name	Drug Tier	Notes
<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</i>	EX	Medical Only Exclusion
<i>vinorelbine tartrate intravenous solution 10 mg/ml, 50 mg/5ml</i>	EX	Medical Only Exclusion
*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

Drug Name	Drug Tier	Notes
<i>cyclophosphamide intravenous solution 1 gm/5ml, 1000 mg/10ml, 2 gm/10ml, 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
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
LEUKERAN ORAL TABLET 2 MG	Tier 4	PA; Specialty
<i>melphalan hcl intravenous solution reconstituted 50 mg</i>	EX	Medical Only Exclusion
<i>melphalan oral tablet 2 mg</i>	Tier 4	PA; Specialty
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

Drug Name	Drug Tier	Notes
*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
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
*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

Drug Name	Drug Tier	Notes
*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***		
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
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
MESNEX INTRAVENOUS SOLUTION 100 MG/ML	EX	Medical Only Exclusion
MESNEX ORAL TABLET 400 MG	Tier 2	PA
*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

Drug Name	Drug Tier	Notes
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
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	

Drug Name	Drug Tier	Notes
<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
*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	

Drug Name	Drug Tier	Notes
<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	
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	
SINEMET ORAL TABLET 10-100 MG, 25-100 MG, 25-250 MG	EX	Formulary Exclusion
STALEVO 100 TABLET 25-100-200 MG ORAL	EX	Formulary Exclusion
STALEVO 100 TABLET 25-100-200 MG ORAL	Tier 3	
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

Drug Name	Drug Tier	Notes
STALEVO 75 TABLET 18.75-75-200 MG ORAL	Tier 3	
*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	
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	
<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	
REQUIP XL ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 6 MG	EX	Formulary Exclusion
<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	

Drug Name	Drug Tier	Notes
<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	
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	
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG	Tier 3	
<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***		
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	Tier 3	
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG	Tier 3	
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML, 1560 MG/5ML	EX	Formulary Exclusion
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	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML	EX	Formulary Exclusion
<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	
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 oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 1	
RYKINDO INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 25 MG, 37.5 MG, 50 MG	EX	Formulary Exclusion
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	EX	Formulary Exclusion
*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	

Drug Name	Drug Tier	Notes
*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	
<i>clozapine tablet dispersible 12.5 mg oral</i>	Tier 1	
<i>clozapine tablet dispersible 150 mg oral</i>	Tier 1	
<i>clozapine tablet dispersible 150 mg oral</i>	Tier 3	
<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	
*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	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

Drug Name	Drug Tier	Notes
<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	
*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	
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	
Antiseptics & Disinfectants		
*Antiseptics & Disinfectants***		
<i>formaldehyde external solution 10 %, 37 %</i>	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
<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
<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

Drug Name	Drug Tier	Notes
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
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG	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
SELZENTRY TABLET 25 MG ORAL	Tier 3	QL
SELZENTRY TABLET 300 MG ORAL	EX	Formulary Exclusion; QL

Drug Name	Drug Tier	Notes
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 3	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
NORVIR ORAL PACKET 100 MG	Tier 3	
NORVIR ORAL SOLUTION 80 MG/ML	Tier 2	

Drug Name	Drug Tier	Notes
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 ORAL TABLET 200 MG	EX	Formulary Exclusion; QL
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 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
HARVONI ORAL PACKET 33.75-150 MG, 45-200 MG	Tier 2	Specialty; QL

Drug Name	Drug Tier	Notes
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 PROCLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 180 MCG/0.5ML	Tier 4	PA; Specialty
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
PEMGARDA INTRAVENOUS SOLUTION 500 MG/4ML	EX	Medical Only Exclusion
<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

Drug Name	Drug Tier	Notes
Beta Blockers		
*Alpha-Beta Blockers***		
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	Tier 1	
<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 oral tablet 100 mg, 200 mg, 300 mg</i>	Tier 1	
<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-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 NACL 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

Drug Name	Drug Tier	Notes
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	EX	Formulary Exclusion
<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
KAPSPARGO 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	

Drug Name	Drug Tier	Notes
<i>pindolol oral tablet 10 mg, 5 mg</i>	Tier 1	
<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-%</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>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
TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	Tier 1	

Drug Name	Drug Tier	Notes
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
LANOXIN PEDIATRIC INJECTION SOLUTION 0.1 MG/ML	EX	Medical Only Exclusion
LANOXIN TABLET 125 MCG ORAL	Tier 3	

Drug Name	Drug Tier	Notes
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 plasma high k 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
<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

Drug Name	Drug Tier	Notes
<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 soln w/ lidocaine perfusion solution</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>cardioplegic solution perfusion</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>cardioplegic solution perfusion</i>	EX	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
*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***		
<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
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

Drug Name	Drug Tier	Notes
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 INHALATION SOLUTION 0.6 MG/ML	Tier 4	PA; Specialty; QL
TYVASO STARTER 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
*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

Drug Name	Drug Tier	Notes
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
*Selective Cgmp Phosphodiesterase Type 5 Inhibitors***		
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

Drug Name	Drug Tier	Notes
<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 ORAL TABLET 100 MG, 200 MG, 50 MG	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***		
VYNDAMAX ORAL CAPSULE 61 MG	Tier 4	PA; Specialty; QL
VYNDAQEL ORAL CAPSULE 20 MG	Tier 4	PA; Specialty; QL
*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	

Drug Name	Drug Tier	Notes
<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/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>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 3	
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

Drug Name	Drug Tier	Notes
<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>cefдинир oral capsule 300 mg</i>	Tier 1	
<i>cefдинир oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	Tier 1	
<i>cefіxime oral capsule 400 mg</i>	Tier 1	
<i>cefіxime 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>cefподoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	Tier 1	
<i>cefподoxime 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

Drug Name	Drug Tier	Notes
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
<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

Drug Name	Drug Tier	Notes
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	
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	

Drug Name	Drug Tier	Notes
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 ORAL TABLET 1-35 MG-MCG	Tier 5	
DELYLA ORAL TABLET 0.1-20 MG-MCG	Tier 5	
<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

Drug Name	Drug Tier	Notes
FALMINA ORAL TABLET 0.1-20 MG-MCG	Tier 5	
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	
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	

Drug Name	Drug Tier	Notes
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	
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	

Drug Name	Drug Tier	Notes
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
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 3	
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	
<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	

Drug Name	Drug Tier	Notes
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
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	
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
ZARAH ORAL TABLET 3-0.03 MG	Tier 5	
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	

Drug Name	Drug Tier	Notes
*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 3	
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 3	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	
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	

Drug Name	Drug Tier	Notes
<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	
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	

Drug Name	Drug Tier	Notes
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	
*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	

Drug Name	Drug Tier	Notes
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 3	
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 T 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	
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	

Drug Name	Drug Tier	Notes
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	
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	
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	

Drug Name	Drug Tier	Notes
<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	
<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	

Drug Name	Drug Tier	Notes
<i>dexamethasone sodium phosphate solution 20 mg/5ml injection</i>	EX	Non FDA Exclusion
<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
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	
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

Drug Name	Drug Tier	Notes
<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
<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	
PREDNISONONE INTENSOL ORAL CONCENTRATE 5 MG/ML	EX	Formulary Exclusion
<i>prednisone oral solution 5 mg/5ml</i>	Tier 1	

Drug Name	Drug Tier	Notes
<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 INJECTION SOLUTION RECONSTITUTED 100 MG, 1000 MG, 250 MG, 500 MG	Tier 3	
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

Drug Name	Drug Tier	Notes
*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
<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
<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

Drug Name	Drug Tier	Notes
<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
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

Drug Name	Drug Tier	Notes
<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
<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

Drug Name	Drug Tier	Notes
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	
<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	

Drug Name	Drug Tier	Notes
<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 3 % inhalation</i>	EX	Non FDA Exclusion
<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 oral syrup 6.25-15 mg/5ml</i>	Tier 1	
*Non-Narc Antitussive-Decongestant-Antihistamine***		
BROMFED DM ORAL SYRUP 2-30-10 MG/5ML	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

Drug Name	Drug Tier	Notes
<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	
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	
<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	
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***		
ACANYA EXTERNAL GEL 1.2-2.5 %	EX	Formulary Exclusion
<i>acioxiy 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>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
AVAR CLEANSER EXTERNAL LIQUID 10-5 %	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
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
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
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 %, 1.2-2.5 %, 1.2-3.75 %, 1.2-5 %</i>	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

Drug Name	Drug Tier	Notes
<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>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
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	
<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

Drug Name	Drug Tier	Notes
<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>saroxia 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
<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>	Tier 1	
<i>sulfacetamide sodium-sulfur cream 9.8-4.8 % external</i>	EX	Non FDA Exclusion
<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>	EX	Non FDA Exclusion
<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

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

Drug Name	Drug Tier	Notes
*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
ACCUTANE 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	Non Essential Drug Exclusion
<i>adapalene external solution 0.1 %</i>	Tier 3	
AKLIEF EXTERNAL CREAM 0.005 %	Tier 3	
ALTRENO EXTERNAL LOTION 0.05 %	Tier 3	
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG	Tier 1	
ARAZLO EXTERNAL LOTION 0.045 %	EX	Formulary Exclusion
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	
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	
ENZOCLEAR EXTERNAL FOAM 9.8 %	EX	Non FDA Exclusion
EPSOLAY EXTERNAL CREAM 5 %	EX	Non Essential Drug Exclusion; Formulary Exclusion

Drug Name	Drug Tier	Notes
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	
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

Drug Name	Drug Tier	Notes
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
*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>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	

Drug Name	Drug Tier	Notes
<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	
<i>corti-sav external cream 1-1 %</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>fungimez external solution</i>	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	

Drug Name	Drug Tier	Notes
ONYCHO-MED EXTERNAL KIT 2-250 %-MG	EX	Non FDA Exclusion
<i>pedizolpak external therapy pack 2 & 2 %</i>	EX	Non FDA Exclusion
<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
VYTONE 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	

Drug Name	Drug Tier	Notes
<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
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
<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
VOLTAREN EXTERNAL GEL 1 %	EX	Formulary Exclusion; QL
*Anti-Inflammatory Combinations - Topical***		
<i>aif #2 drug preparation kit external cream</i>	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
<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
<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>dimentho 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
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

Drug Name	Drug Tier	Notes
NUDICLO SOLUPAK EXTERNAL THERAPY PACK 1.5 & 0.025 %	EX	Non FDA Exclusion
<i>pennaicin 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
<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
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
FLUROPLEX 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
*Antineoplastic Or Premalignant Lesion Agent - Comb***		
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

Drug Name	Drug Tier	Notes
<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
TRIONEX EXTERNAL KIT 0.005 %	EX	Non FDA Exclusion
*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	Tier 4	PA; Specialty
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML	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

Drug Name	Drug Tier	Notes
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
OXSORALEN ULTRA ORAL CAPSULE 10 MG	EX	PA; Formulary Exclusion
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
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
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML	EX	PA; Specialty; Formulary Exclusion
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML	EX	PA; Specialty; Formulary Exclusion
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML	Tier 4	PA; Specialty; QL
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	Tier 4	PA; Specialty; QL
*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	

Drug Name	Drug Tier	Notes
<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 0.1 %</i>	Tier 1	
<i>tazarotene external gel 0.05 %, 0.1 %</i>	Tier 1	
TAZORAC CREAM 0.05 % EXTERNAL	Tier 2	
TAZORAC CREAM 0.1 % EXTERNAL	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>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
*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

Drug Name	Drug Tier	Notes
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>peniclovir 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 %	EX	PA; Formulary Exclusion; QL
*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 PEN-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

Drug Name	Drug Tier	Notes
*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	
<i>alclometasone dipropionate external cream 0.05 %</i>	Tier 1	
<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	

Drug Name	Drug Tier	Notes
<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 e external cream 0.05 %</i>	Tier 1	
<i>clobetasol propionate emulsion external foam 0.05 %</i>	Tier 1	
<i>clobetasol propionate external cream 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	
<i>clobetasol propionate external shampoo 0.05 %</i>	Tier 1	
<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

Drug Name	Drug Tier	Notes
DERMA-SMOOTHIE/FS BODY EXTERNAL OIL 0.01 %	EX	Formulary Exclusion
DERMA-SMOOTHIE/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	
<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	

Drug Name	Drug Tier	Notes
<i>halcinonide external cream 0.1 %</i>	Tier 1	
<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	
<i>hydrocortisone external lotion 2 %, 2.5 %</i>	Tier 1	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	Tier 1	
<i>hydrocortisone valerate external cream 0.2 %</i>	Tier 1	
<i>hydrocortisone valerate external ointment 0.2 %</i>	Tier 1	
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	
<i>mometasone furoate external ointment 0.1 %</i>	Tier 1	
<i>mometasone furoate external solution 0.1 %</i>	Tier 1	

Drug Name	Drug Tier	Notes
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
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 0.5 % external</i>	Tier 1	
<i>triamcinolone in absorbase external ointment 0.05 %</i>	EX	Non Essential Drug Exclusion
TRIANEX EXTERNAL OINTMENT 0.05 %	EX	Non Essential Drug Exclusion

Drug Name	Drug Tier	Notes
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
*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>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

Drug Name	Drug Tier	Notes
<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
*Emollient/Keratolytic Combinations***		
PRONAL EXTERNAL GEL 40-10 %	EX	Non FDA Exclusion
<i>urea hydrating external foam 35 %</i>	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
*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
*Glabella 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>flyprogpitar external solution 0.1-0.1-5-0.025 %</i>	EX	Non FDA Exclusion
<i>oxopid external solution 0.05-5 %</i>	EX	Non FDA Exclusion
<i>oxopidaxiap 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	

Drug Name	Drug Tier	Notes
<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	
<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>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

Drug Name	Drug Tier	Notes
*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
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

Drug Name	Drug Tier	Notes
GORDOFILM EXTERNAL SOLUTION 16.7-16.7 %	EX	Non FDA Exclusion
<i>guanendrux external cream 10-5-40 %</i>	EX	Non FDA Exclusion
<i>pyrogalllic 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
*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
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

Drug Name	Drug Tier	Notes
LIDOCAN EXTERNAL PATCH 5 %	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 %	EX	Non FDA Exclusion
LIDOTRAL EXTERNAL LIQUID 2 %	EX	Non FDA Exclusion
LIDOTRAL EXTERNAL SOLUTION 5 %	EX	Non FDA Exclusion
LIDOTRAN EXTERNAL CREAM 3.88 %	EX	Non FDA Exclusion; QL
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 EXTERNAL PATCH 5 %	Tier 1	QL
TRIDACAINE II EXTERNAL PATCH 5 %	Tier 1	QL
TRIDACAINE III EXTERNAL PATCH 5 %	Tier 1	QL
<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
HYFTOR EXTERNAL GEL 0.2 %	Tier 3	PA
<i>nuju 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	

Drug Name	Drug Tier	Notes
PROTOPIC EXTERNAL OINTMENT 0.03 %, 0.1 %	EX	Formulary Exclusion
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	Tier 1	
*Melanocortin Receptor Agonists (Uv Protective)***		
SCENESSE SUBCUTANEOUS IMPLANT 16 MG	EX	Medical Only Exclusion
*Microtubule Inhibitors - Topical***		
KLISYRI EXTERNAL OINTMENT 1 %	Tier 3	
*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

Drug Name	Drug Tier	Notes
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
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 combination 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

Drug Name	Drug Tier	Notes
*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
*Phosphodiesterase 4 (Pde4) Inhibitors - Topical***		
EUCRISA EXTERNAL OINTMENT 2 %	Tier 2	PA
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>	EX	Non Essential Drug Exclusion
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

Drug Name	Drug Tier	Notes
NORITATE EXTERNAL CREAM 1 %	EX	Non Essential Drug Exclusion; Formulary Exclusion
ORACEA ORAL CAPSULE DELAYED RELEASE 40 MG	EX	Non Essential Drug Exclusion
RHOFADE EXTERNAL CREAM 1 %	Tier 3	
ROSADAN EXTERNAL CREAM 0.75 %	Tier 1	
ROSADAN EXTERNAL GEL 0.75 %	Tier 1	
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	
*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
*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 external suspension 0.9 %</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

Drug Name	Drug Tier	Notes
<i>scarcin external gel</i>	EX	Non FDA Exclusion
<i>scarcin external liquid</i>	EX	Non FDA Exclusion
<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
*Steroid-Local Anesthetic Combinations***		
CORTANE-B EXTERNAL LOTION 10-10-1 MG/ML	EX	Formulary Exclusion
EPIFOAM EXTERNAL FOAM 1-1 %	EX	Formulary Exclusion
<i>hydrocortisone ace-pramoxine cream 2.5-1 % external</i>	EX	Non FDA Exclusion
<i>hydrocortisone ace-pramoxine cream 2.5-1 % external</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
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
*Tar Products***		
<i>coal tar external solution 20 %</i>	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
*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
GRAFIX CORE 16MM EXTERNAL	EX	Non FDA Exclusion
GRAFIX CORE 2CM X 3CM EXTERNAL	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
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
L.E.T. EXTERNAL GEL 4-0.05-0.5 %	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
LIDO-PRILO CAINE PACK EXTERNAL KIT 2.5-2.5 %	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>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
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

Drug Name	Drug Tier	Notes
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>prepiv 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
<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

Drug Name	Drug Tier	Notes
VENIPUNCTURE PX1 PHLEBOTOMY EXTERNAL KIT 2 %	EX	Non FDA Exclusion
<i>vexatrol external kit 2.5-2.5 %</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>chlooxia external cream 0.05-4 %</i>	EX	Non FDA Exclusion
<i>chlooxia external ointment 0.05-4 %</i>	EX	Non FDA Exclusion
<i>chlooxia 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
<i>diochloy external solution 0.005-0.05 %</i>	EX	Non FDA Exclusion
DUOBRII EXTERNAL LOTION 0.01-0.045 %	Tier 3	
ENSTILAR EXTERNAL FOAM 0.005-0.064 %	Tier 2	

Drug Name	Drug Tier	Notes
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
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
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>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
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

Drug Name	Drug Tier	Notes
*Wound Care - Growth Factor Agents***		
REGRANEX 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	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
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

Drug Name	Drug Tier	Notes
*Wound Cleansers/Decubitus Ulcer Therapy***		
ALEVICYN DERMAL SPRAY EXTERNAL SOLUTION	EX	Non FDA Exclusion
ATRAPRO DERMAL SPRAY EXTERNAL LIQUID	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
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

Drug Name	Drug Tier	Notes
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
ATRAPRO CP EXTERNAL KIT	EX	Non FDA Exclusion
ATRAPRO HYDROGEL EXTERNAL GEL	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
CURITY HYPERTONIC NACL STRIP EXTERNAL	EX	Non FDA Exclusion
CURITY NACL DRESSING 6"X6-3/4" EXTERNAL PAD	EX	Non FDA Exclusion
DERPIXIA EXTERNAL GEL	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
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
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

Drug Name	Drug Tier	Notes
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
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

Drug Name	Drug Tier	Notes
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 FENESTRATED EXTERNAL SHEET 2X2CM , 2X3CM , 3X3CM , 3X7CM , 4X4CM , 5X5CM , 7X10CM , 8X15CM , 8X8CM	EX	Non FDA Exclusion
MIRODERM BIO MATRIX FENESTRATED+ EXTERNAL SHEET 3X3CM , 3X7CM , 4X4CM , 5X5CM , 7X10CM , 8X15CM , 8X8CM	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
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

Drug Name	Drug Tier	Notes
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
XCELLISTEM WOUND POWDER EXTERNAL POWDER	EX	Non FDA Exclusion
<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

Drug Name	Drug Tier	Notes
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
<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

Drug Name	Drug Tier	Notes
<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
<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

Drug Name	Drug Tier	Notes
<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
<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

Drug Name	Drug Tier	Notes
<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
<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

Drug Name	Drug Tier	Notes
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
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

Drug Name	Drug Tier	Notes
*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
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
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
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

Drug Name	Drug Tier	Notes
*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
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 PREFILLED SYRINGE 9 MCI	EX	Medical Only Exclusion
*Diagnostic Radiopharmaceuticals - Renal***		
<i>dmsa intravenous kit</i>	Tier 3	

Drug Name	Drug Tier	Notes
*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 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
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

Drug Name	Drug Tier	Notes
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
AT LAST 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
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
D-CARE BLOOD GLUCOSE IN VITRO STRIP	EX	Formulary Exclusion; QL

Drug Name	Drug Tier	Notes
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
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

Drug Name	Drug Tier	Notes
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
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

Drug Name	Drug Tier	Notes
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	EX	Formulary Exclusion; QL
FREESTYLE LITE TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
FREESTYLE PRECISION NEO TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
FREESTYLE TEST IN VITRO STRIP	EX	Formulary Exclusion; 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
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

Drug Name	Drug Tier	Notes
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
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
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

Drug Name	Drug Tier	Notes
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
ON CALL PLUS BLOOD GLUCOSE IN VITRO STRIP	EX	Formulary Exclusion; QL
ON CALL VIVID BLOOD GLUCOSE IN VITRO STRIP	EX	Formulary Exclusion; QL
<i>one drop test in vitro strip</i>	EX	Formulary Exclusion; 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
OPTUMRX BLOOD GLUCOSE TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
<i>ph strips in vitro diagnostic test</i>	Tier 3	
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 PCX IN VITRO STRIP	EX	Formulary Exclusion; QL
PRECISION PCX PLUS TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
PRECISION POINT OF CARE TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
PRECISION QID TEST IN VITRO STRIP	EX	Formulary Exclusion; QL

Drug Name	Drug Tier	Notes
PRECISION SOF-TACT TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
PRECISION XTRA BLOOD GLUCOSE IN VITRO STRIP	EX	Formulary Exclusion; 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
QUICKTEK TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
QUINTET AC BLOOD GLUCOSE TEST IN VITRO STRIP	EX	Formulary Exclusion; QL
QUINTET BLOOD GLUCOSE 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 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
REVEAL BLOOD GLUCOSE 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
RIGHTEST GS300 BLOOD GLUCOSE IN VITRO STRIP	EX	Formulary Exclusion; QL
RIGHTEST GS550 BLOOD GLUCOSE IN VITRO STRIP	EX	Formulary Exclusion; QL

Drug Name	Drug Tier	Notes
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
SUPREME 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
*Infection Tests***		
ACCUA SARS-COV-2 IN VITRO KIT	EX	Non FDA Exclusion

Drug Name	Drug Tier	Notes
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
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

Drug Name	Drug Tier	Notes
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-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
DEFINITY INTRAVENOUS SUSPENSION 6.52 MG/ML	EX	Medical Only Exclusion
DEFINITY RT INTRAVENOUS SUSPENSION 6.52 MG/ML	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
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 MOL/L	EX	Medical Only Exclusion
EXEM INTRAUTERINE FOAM 10 ML	EX	Medical Only Exclusion
GADAVIST INTRAVENOUS SOLUTION 1 MMOL/ML	EX	Medical Only Exclusion
GADAVIST 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
<i>sheep sorrel-dock (diagostic) injection solution 1:20</i>	EX	Medical Only Exclusion
<i>short-giant ragweed (diagnost) injection solution 1:20</i>	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
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
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

Drug Name	Drug Tier	Notes
<i>iopamidol intravenous solution 41 %</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 INJECTION SOLUTION 180 MG/ML, 240 MG/ML, 300 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
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
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 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

Drug Name	Drug Tier	Notes
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
<i>lormate oral capsule</i>	Benefit Exclusion	Non FDA Exclusion
<i>medactiv oral tablet</i>	EX	Non FDA Exclusion
METAFOBIC ORAL TABLET 6-1-50-5 MG	EX	Non FDA Exclusion
METAFOBIC PLUS ORAL TABLET 6-2-600 MG	EX	Non FDA Exclusion
METAFOBIC 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

Drug Name	Drug Tier	Notes
<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
<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

Drug Name	Drug Tier	Notes
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
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

Drug Name	Drug Tier	Notes
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
*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	

Drug Name	Drug Tier	Notes
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
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

Drug Name	Drug Tier	Notes
<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
EDECIN 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; 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 EDECIN INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	EX	Medical Only Exclusion
<i>torseamide tablet 10 mg oral</i>	Tier 1	
<i>torseamide tablet 100 mg oral</i>	Tier 1	
<i>torseamide tablet 20 mg oral</i>	Tier 2	
<i>torseamide tablet 20 mg oral</i>	Tier 1	
<i>torseamide tablet 5 mg oral</i>	Tier 1	
*Osmotic Diuretics***		
<i>mannitol intravenous solution 20 %, 25 %</i>	EX	Medical Only Exclusion
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	

Drug Name	Drug Tier	Notes
*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	
<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
*Adenosine Deaminase Scid Treatment - Agents***		
REVCIVI 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
*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

Drug Name	Drug Tier	Notes
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
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	

Drug Name	Drug Tier	Notes
<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
*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>cetrotelix acetate subcutaneous kit 0.25 mg</i>	EX	PA; Specialty; Formulary Exclusion
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	EX	PA; Specialty; Formulary Exclusion
FYREMADEL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 250 MCG/0.5ML	Tier 4	PA; Specialty

Drug Name	Drug Tier	Notes
<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
ORLISSA 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
*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

Drug Name	Drug Tier	Notes
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	Formulary Exclusion
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

Drug Name	Drug Tier	Notes
*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
<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
*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

Drug Name	Drug Tier	Notes
*Lhrh/Gnrh Agonist Analog Pituitary Suppressants***		
FENSOLVI (6 MONTH) SUBCUTANEOUS KIT 45 MG	EX	PA; Specialty; Formulary Exclusion; QL
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
*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	EX	Formulary Exclusion
*Non-Steroidal Mineralocorticoid Receptor Antagonists***		
KERENDIA ORAL TABLET 10 MG, 20 MG	EX	PA; Formulary Exclusion; 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	EX	PA; Specialty; Formulary Exclusion
GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/0.5ML, 450 UNT/0.75ML, 900 UNIT/1.5ML	EX	PA; Specialty; Formulary Exclusion
GONAL-F RFF SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT	EX	PA; Specialty; Formulary Exclusion
MENOPUR SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT	Tier 4	PA; Specialty
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT, 5000 UNIT	EX	PA; Specialty; Formulary Exclusion
OVIDREL SUBCUTANEOUS INJECTABLE 250 MCG/0.5ML	EX	PA; Specialty; Formulary Exclusion
PREGNYL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT	Tier 4	PA; Specialty
*Ovulation Stimulants-Synthetic***		
CLOMID ORAL TABLET 50 MG	Benefit Exclusion	PA
<i>clomiphene citrate oral tablet 50 mg</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 (recombinant) solution pen-injector 600 mcg/2.4ml subcutaneous</i>	Tier 4	PA; Specialty; QL
<i>teriparatide (recombinant) solution pen-injector 620 mcg/2.48ml subcutaneous</i>	EX	PA; Specialty; Formulary Exclusion; QL
<i>teriparatide subcutaneous solution pen-injector 600 mcg/2.4ml</i>	Tier 4	PA; Specialty; 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	

Drug Name	Drug Tier	Notes
<i>raloxifene hcl oral tablet 60 mg</i>	Tier 5	
*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 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 PELLET 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
*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; Formulary Exclusion
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY	Tier 2	
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY	Tier 3	
<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	
ESTRACE ORAL TABLET 0.5 MG, 1 MG, 2 MG	EX	Formulary Exclusion
<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 gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 0.75 mg/1.25 gm (0.06%), 1 mg/gm, 1.25 mg/1.25gm</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
EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY	Tier 3	

Drug Name	Drug Tier	Notes
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
<i>levofloxacin oral solution 25 mg/ml</i>	Tier 1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	Tier 1	

Drug Name	Drug Tier	Notes
<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 TABLET 1 MG ORAL	EX	Formulary Exclusion; QL
MOTEGRITY TABLET 2 MG ORAL	EX	Formulary Exclusion
*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, 5 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	PA; 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	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 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	
<i>sulfasalazine oral tablet 500 mg</i>	Tier 1	

Drug Name	Drug Tier	Notes
<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 SUBCUTANEOUS SOLUTION PEN-INJECTOR 108 MG/0.68ML	Tier 4	PA; Specialty
*Interleukin Antagonists***		
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
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
*Intestinal Acidifiers***		
<i>enulose oral solution 10 gm/15ml</i>	Tier 1	
<i>generlac oral solution 10 gm/15ml</i>	Tier 1	
<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	EX	PA; Formulary Exclusion
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML	EX	PA; Formulary Exclusion
SYMPROIC ORAL TABLET 0.2 MG	Tier 2	
*Peroxisome Proliferator-Activated Receptor Agonists***		
IQIRVO ORAL TABLET 80 MG	Tier 4	PA; Specialty; QL

Drug Name	Drug Tier	Notes
*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	
*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 STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT 6 X 200 MG/ML	Tier 4	PA; Specialty; QL
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	EX	PA; Specialty; Formulary Exclusion

Drug Name	Drug Tier	Notes
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
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

Drug Name	Drug Tier	Notes
<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 injection</i>	EX	Non FDA 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
<i>ketamine hcl-sodium chloride intravenous solution 1000-0.65 mg/100ml-%, 1000-0.9 mg/100ml-%, 500-0.8 mg/100ml-%</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

Drug Name	Drug Tier	Notes
*Barbiturate Anesthetics***		
BREVITAL SODIUM INJECTION SOLUTION RECONSTITUTED 500 MG	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
*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

Drug Name	Drug Tier	Notes
<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
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

Drug Name	Drug Tier	Notes
<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	
*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	
PYRIDIUM ORAL TABLET 100 MG, 200 MG	Tier 3	

Drug Name	Drug Tier	Notes
*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
*Vesicoureteral Reflux (Vur) Agent Combinations***		
DEFLUX INJECTION PREFILLED SYRINGE 50-15 MG/ML	EX	Medical Only Exclusion
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	ST; Formulary Exclusion
ZYLOPRIM ORAL TABLET 100 MG, 300 MG	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
*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
*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 20000000000000 VG/ML	EX	Medical Only Exclusion
*Antihemophilic Products - Monoclonal Antibodies***		
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
*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

Drug Name	Drug Tier	Notes
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 500 UNIT	Tier 4	PA; Specialty
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, 750 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, 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	Benefit Exclusion	PA; Specialty
HEMOFIL M SOLUTION RECONSTITUTED 1700 UNIT INTRAVENOUS	Tier 4	PA; Specialty
HEMOFIL M SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty

Drug Name	Drug Tier	Notes
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, 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
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

Drug Name	Drug Tier	Notes
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
*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

Drug Name	Drug Tier	Notes
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***		
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
*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	

Drug Name	Drug Tier	Notes
KENGREAL INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	EX	Medical Only Exclusion
*Glycoprotein Iib/Iiia Receptor Inhibitors***		
AGGRASTAT INTRAVENOUS CONCENTRATE 3.75 MG/15ML	Benefit Exclusion	Medical Only Exclusion
AGGRASTAT INTRAVENOUS SOLUTION 12.5-0.9 MG/250ML-%, 5-0.9 MG/100ML-%	Benefit Exclusion	Medical Only Exclusion
<i>eptifibatide solution 20 mg/10ml intravenous</i>	Benefit Exclusion	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
*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 NAACL 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

Drug Name	Drug Tier	Notes
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	EX	PA; Specialty; Formulary Exclusion; 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
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

Drug Name	Drug Tier	Notes
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***		
AGGRENOX ORAL CAPSULE EXTENDED RELEASE 12 HOUR 25-200 MG	EX	Formulary Exclusion
<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	
DURLAZA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 162.5 MG	EX	Non Essential Drug Exclusion
*Protamine***		
<i>protamine sulfate intravenous solution 10 mg/ml</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	

Drug Name	Drug Tier	Notes
*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
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

Drug Name	Drug Tier	Notes
*Amino Acids***		
ENDARI ORAL PACKET 5 GM	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	
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

Drug Name	Drug Tier	Notes
*Cytotoxic Agents***		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	Tier 3	
SIKLOS ORAL TABLET 100 MG, 1000 MG	Tier 3	
*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
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

Drug Name	Drug Tier	Notes
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
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	

Drug Name	Drug Tier	Notes
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
FYLNTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	Tier 4	PA; Specialty
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
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

Drug Name	Drug Tier	Notes
<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	Tier 4	PA; Specialty
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	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**		
ZYNTEGLO INTRAVENOUS SUSPENSION	EX	Medical Only Exclusion
*Hemoglobin S (Hbs) Polymerization Inhibitors***		
OXBRYTA ORAL TABLET 300 MG, 500 MG	Tier 4	PA; Specialty; QL
OXBRYTA ORAL TABLET SOLUBLE 300 MG	Tier 4	PA; Specialty; QL
*Hypoxia-Inducible Factor Prolyl Hydroxylase Inhibitors***		
JESDUVROQ ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG, 8 MG	EX	PA; Specialty; Formulary Exclusion
*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

Drug Name	Drug Tier	Notes
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
<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
<i>iron folate-f oral capsule 125-1 mg</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	

Drug Name	Drug Tier	Notes
<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	
HEMOCYTE-F ORAL TABLET 324-1 MG	Tier 1	
INTEGRA F ORAL CAPSULE 125-1 MG	Benefit Exclusion	Formulary 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	

Drug Name	Drug Tier	Notes
<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
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

Drug Name	Drug Tier	Notes
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	
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

Drug Name	Drug Tier	Notes
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	
<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	

Drug Name	Drug Tier	Notes
<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
<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

Drug Name	Drug Tier	Notes
*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
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

Drug Name	Drug Tier	Notes
<i>dexmedetomidine hcl in nacl solution 200 mcg/50ml intravenous</i>	EX	Medical Only Exclusion
<i>dexmedetomidine hcl in nacl solution 200-0.9 mcg/50ml-% intravenous</i>	EX	Medical Only Exclusion
<i>dexmedetomidine hcl in nacl solution 200-0.9 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
<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	

Drug Name	Drug Tier	Notes
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	
<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</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

Drug Name	Drug Tier	Notes
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
<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 1.5 %-1:200000 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 %-1:200000 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

Drug Name	Drug Tier	Notes
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
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 0.125 % (50 ml), 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

Drug Name	Drug Tier	Notes
<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
<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	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

Drug Name	Drug Tier	Notes
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
<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 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

Drug Name	Drug Tier	Notes
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	
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 3	
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	

Drug Name	Drug Tier	Notes
<i>erythromycin base oral capsule delayed release particles 250 mg</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 oral tablet 400 mg</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	

Drug Name	Drug Tier	Notes
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	
<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/STUDDED	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	

Drug Name	Drug Tier	Notes
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	
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
*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

Drug Name	Drug Tier	Notes
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
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
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	

Drug Name	Drug Tier	Notes
<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	
<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	

Drug Name	Drug Tier	Notes
ASSURE LANCE LANCETS 21G	Tier 2	
ASSURE LANCE PLUS SAFETY 25G	Tier 2	
ASSURE LANCE PLUS SAFETY 30G	Tier 2	
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 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	

Drug Name	Drug Tier	Notes
<i>careone lancet thin 23g</i>	Tier 2	
CARESENS LANCETS	Tier 2	
CARESENS LANCETS 30G	Tier 2	
CARESENS N FELIZ BT DEVICE	EX	Formulary Exclusion
CARESENS N GLUCOSE SYSTEM DEVICE	EX	Formulary Exclusion
CARESENS N VOICE 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	

Drug Name	Drug Tier	Notes
COMFORT TOUCH LANCETS 31G	Tier 2	
COMFORT TOUCH PLUS LANCETS 28G	Tier 2	
COMFORT TOUCH PLUS LANCETS 30G	Tier 2	
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

Drug Name	Drug Tier	Notes
DEXCOM G5 MOB/G4 PLAT SENSOR	Tier 2	QL
DEXCOM G5 MOBILE RECEIVER DEVICE	Tier 2	QL
DEXCOM G5 MOBILE TRANSMITTER	Tier 2	QL
DEXCOM G5 RECEIVER KIT DEVICE	Tier 2	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
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	
<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	

Drug Name	Drug Tier	Notes
EASY TOUCH LANCETS 28G/TWIST	Tier 2	
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

Drug Name	Drug Tier	Notes
EMBRACE TALK MONITORING SYSTEM KIT W/DEVICE	EX	Formulary Exclusion
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 SENSOR/HOLDER	EX	Formulary Exclusion; QL
EVERSENSE SMART TRANSMITTER	EX	Formulary Exclusion; 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
FORA TEST N' GO MONITOR DEVICE	EX	Formulary Exclusion
FORA TN'G VOICE KIT W/DEVICE	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
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 READER DEVICE	Tier 2	ST; QL
FREESTYLE LIBRE 2 SENSOR	Tier 2	ST; QL
FREESTYLE LIBRE 3 PLUS SENSOR	Tier 2	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	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	
<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	

Drug Name	Drug Tier	Notes
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	
<i>gnp sterile lancets 28g</i>	Tier 2	
<i>gnp sterile lancets 30g</i>	Tier 2	
<i>gnp sterile lancets 33g</i>	Tier 2	

Drug Name	Drug Tier	Notes
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	EX	Formulary Exclusion; QL
GUARDIAN 4 TRANSMITTER	EX	Formulary Exclusion; QL
GUARDIAN CONNECT TRANSMITTER	EX	Formulary Exclusion; QL
GUARDIAN LINK 3 TRANSMITTER	EX	Formulary Exclusion; QL
GUARDIAN REAL-TIME CHARGER	EX	Formulary Exclusion
GUARDIAN REAL-TIME REPLACE PED DEVICE	EX	Formulary Exclusion; QL
GUARDIAN REAL-TIME TEST PLUG	EX	Formulary Exclusion
GUARDIAN SENSOR (3)	EX	Formulary Exclusion; QL
<i>guardian sensor 3</i>	EX	Formulary Exclusion; 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	
<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

Drug Name	Drug Tier	Notes
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
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	
<i>lancets 28g</i>	Tier 2	
<i>lancets 30g</i>	Tier 2	
<i>lancets 33g</i>	Tier 2	
<i>lancets micro thin 33g</i>	Tier 2	
<i>lancets super thin 28g</i>	Tier 2	
<i>lancets thin</i>	Tier 2	
LANCETS ULTRA THIN	Tier 2	

Drug Name	Drug Tier	Notes
<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	
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	

Drug Name	Drug Tier	Notes
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	EX	Formulary Exclusion; 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	
<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

Drug Name	Drug Tier	Notes
NOVA SAFETY LANCETS 23G	Tier 2	
NOVA SAFETY LANCETS 28G	Tier 2	
NOVA SUREFLEX LANCETS	Tier 2	
NOVA SUREFLEX LANCING DEVICE	Tier 2	
ON CALL LANCETS	Tier 2	
ON CALL LANCING DEVICE	Tier 2	
ON CALL PLUS LANCETS	Tier 2	
ON CALL PLUS 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	Tier 3	
ONETOUCH ULTRA CONTROL IN VITRO LIQUID	Tier 3	
ONETOUCH ULTRA IN VITRO LIQUID	Tier 3	
ONETOUCH ULTRA MINI KIT W/DEVICE	Tier 3	
ONETOUCH ULTRASOFT 2 LANCETS	Tier 2	
ONETOUCH ULTRASOFT LANCETS	Tier 2	
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE	Tier 3	
ONETOUCH VERIO IN VITRO LIQUID	Tier 3	
ONETOUCH VERIO REFLECT KIT W/DEVICE	Tier 3	
<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	
PERFECT LANCETS 30G	Tier 2	
PHARMACIST CHOICE AUTOCODE SYS KIT W/DEVICE	EX	Formulary Exclusion
PHARMACIST CHOICE LANCETS	Tier 2	

Drug Name	Drug Tier	Notes
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	
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	

Drug Name	Drug Tier	Notes
<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	
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
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	

Drug Name	Drug Tier	Notes
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	
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	

Drug Name	Drug Tier	Notes
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	
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	

Drug Name	Drug Tier	Notes
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
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	

Drug Name	Drug Tier	Notes
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	
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	

Drug Name	Drug Tier	Notes
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
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	

Drug Name	Drug Tier	Notes
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
*Incontinence Supplies***		
URESTA STARTER KIT	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
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

Drug Name	Drug Tier	Notes
EXTENDED RESERVOIR 3ML	EX	Formulary Exclusion
ILET CONTACT DETACH	EX	Formulary Exclusion
ILET INSET	EX	Formulary Exclusion
<i>ilet insulin pump device</i>	EX	Formulary Exclusion
MINIMED 770G INSULIN PUMP SYS KIT	EX	Formulary Exclusion
MINIMED 780G INSULIN PUMP KIT	EX	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
OMNIPOD 5 G6 INTRO (GEN 5) KIT	Tier 2	
OMNIPOD 5 G6 PODS (GEN 5)	Tier 2	
OMNIPOD 5 G7 INTRO (GEN 5) KIT	Tier 2	
OMNIPOD 5 G7 PODS (GEN 5)	Tier 2	
OMNIPOD CLASSIC PDM (GEN 3) KIT	EX	Formulary Exclusion
OMNIPOD CLASSIC PODS (GEN 3)	Tier 2	
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	Formulary Exclusion
T:SLIM X2 3ML CARTRIDGE	EX	Formulary Exclusion
T:SLIM X2 BASAL-IQ PUMP DEVICE	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
T:SLIM X2 CONTROL-IQ 7.7 PUMP DEVICE	EX	Formulary Exclusion
T:SLIM X2 CONTROL-IQ 7.8 PUMP DEVICE	EX	Formulary Exclusion
T:SLIM X2 CONTROL-IQ PUMP DEVICE	EX	Formulary Exclusion
T:SLIM X2 INSULIN PMP BASAL6.4 DEVICE	EX	Formulary Exclusion
TANDEM MOBI CARTRIDGE 2ML	EX	Formulary Exclusion
TANDEM MOBI SYSTEM STARTER 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	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	
*Masks***		
SAFE-SENSE EARLOOP FACE MASK	EX	Non FDA Exclusion
*Misc. Devices***		
CLEVER CHOICE PULSE OXIMETER	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>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

Drug Name	Drug Tier	Notes
*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
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	

Drug Name	Drug Tier	Notes
<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 27G X 1-1/4" , 30G X 1"	Tier 2	
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 22G X 1-1/2" 3 ML, 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 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	

Drug Name	Drug Tier	Notes
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 , 20G X 1-1/2" 3 ML, 22G X 3/4" 3 ML, 23G X 1" 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	
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 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 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 3/8" 1 ML	Tier 2	
BD VEO INSULIN SYR U/F 1/2UNIT 31G X 15/64" 0.3 ML	Tier 2	

Drug Name	Drug Tier	Notes
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	
<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	

Drug Name	Drug Tier	Notes
<i>carepoint syringe luer lock 60 ml</i>	Tier 2	
<i>carepoint syringe luer slip 1 ml , 60 ml</i>	Tier 2	
<i>carepoint tuberculn syr/luer sl 25g x 5/8" 1 ml</i>	Tier 2	
CARETOUCH HYPODERMIC NEEDLE 27G X 1-1/2"	Tier 2	
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 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	

Drug Name	Drug Tier	Notes
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	
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	

Drug Name	Drug Tier	Notes
<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	
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	
<i>elite-thin insulin syringe 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 28g x 5/16" 0.5 ml, 28g x 5/16" 1 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 29g x 5/16" 0.5 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</i>	Tier 2	

Drug Name	Drug Tier	Notes
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	
<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	

Drug Name	Drug Tier	Notes
<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 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	
<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	

Drug Name	Drug Tier	Notes
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	
<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	

Drug Name	Drug Tier	Notes
<i> Kroger 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> Kroger 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	
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	

Drug Name	Drug Tier	Notes
<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	
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	

Drug Name	Drug Tier	Notes
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	
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	

Drug Name	Drug Tier	Notes
MONOJECT TB SYRINGE 1 ML , 25G X 5/8" 1 ML, 26G X 3/8" 1 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	Tier 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	
<i>pc unifine pentips 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 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	
<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	

Drug Name	Drug Tier	Notes
<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	
<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	
<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	

Drug Name	Drug Tier	Notes
SAFESNAP INSULIN SYRINGE 28G X 1/2" 1 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	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	
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	

Drug Name	Drug Tier	Notes
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	
<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	
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	

Drug Name	Drug Tier	Notes
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	
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	

Drug Name	Drug Tier	Notes
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	
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 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	

Drug Name	Drug Tier	Notes
VANISHPOINT SAFETY SYRINGE 21G X 1" 5 ML, 22G X 1-1/2" 5 ML	Tier 2	
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	

Drug Name	Drug Tier	Notes
AEROBIKA OPEP W/MANOMETER KIT	EX	Formulary Exclusion
AEROECLIPSE EZ TWIST TUBING	EX	Formulary Exclusion
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
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

Drug Name	Drug Tier	Notes
*Scar Treatments***		
<i>cellpad sheet</i>	EX	Non FDA Exclusion
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>silinoi 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	

Drug Name	Drug Tier	Notes
AEROCHAMBER PLUS FLO-VU LARGE DEVICE	Tier 2	
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	Tier 2	
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	

Drug Name	Drug Tier	Notes
EASIVENT	Tier 2	
EASIVENT MASK LARGE	Tier 2	
EASIVENT MASK MEDIUM	Tier 2	
EASIVENT MASK SMALL	Tier 2	
<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	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	

Drug Name	Drug Tier	Notes
OPTIHALER	Tier 2	
OPTIHALER DEVICE	Tier 2	
PANDA MASK LARGE	Tier 2	
PANDA MASK MEDIUM	Tier 2	
PANDA MASK SMALL	Tier 2	
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 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

Drug Name	Drug Tier	Notes
*Cgrp Receptor Antagonists - Monoclonal Antibodies***		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	Tier 2	PA; QL
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***		
MIGRAINE PACK COMBINATION THERAPY PACK 50 MG	EX	Non FDA Exclusion
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	

Drug Name	Drug Tier	Notes
<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
*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

Drug Name	Drug Tier	Notes
<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
<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	QL
<i>zolmitriptan solution 5 mg nasal</i>	Tier 1	ST; QL
ZOMIG ORAL TABLET 2.5 MG, 5 MG	EX	ST; Formulary Exclusion; QL
ZOMIG SOLUTION 2.5 MG NASAL	Tier 3	ST; QL
ZOMIG SOLUTION 5 MG NASAL	EX	ST; Formulary Exclusion; 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

Drug Name	Drug Tier	Notes
<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
<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 intravenous solution 30 meq/100ml</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-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	

Drug Name	Drug Tier	Notes
<i>dextrose-sodium chloride solution 5-0.225 % intravenous</i>	Tier 1	
<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	

Drug Name	Drug Tier	Notes
<i>potassium cl in dextrose 5% intravenous solution 10 meq/l, 20 meq/l</i>	EX	Medical Only Exclusion
*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

Drug Name	Drug Tier	Notes
*Fluoride Combinations***		
FLORIVA ORAL LIQUID 0.25-400 MG-UNIT/ML	Tier 3	
*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	

Drug Name	Drug Tier	Notes
<i>phosphorous oral tablet 155-852-130 mg</i>	Tier 1	
PHOSPHO-TRIN 250 NEUTRAL ORAL TABLET 155-852-130 MG	Tier 1	
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 intravenous solution 15 mmol/250ml</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, 15 meq, 20 meq, 8 meq</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
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

Drug Name	Drug Tier	Notes
<i>normal 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 intravenous solution 0.9 %</i>	EX	Formulary 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>	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
<i>selenious acid solution 60 mcg/ml intravenous</i>	EX	Medical Only Exclusion
*Zinc***		
GALZIN ORAL CAPSULE 25 MG, 50 MG	Tier 3	
WILZIN ORAL CAPSULE 25 MG	EX	Non FDA Exclusion
<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

Drug Name	Drug Tier	Notes
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
*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

Drug Name	Drug Tier	Notes
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
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

Drug Name	Drug Tier	Notes
*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
*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
<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

Drug Name	Drug Tier	Notes
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 INJECTABLE 50 MG/ML	EX	Medical Only Exclusion
THYMOGLOBULIN INTRAVENOUS SOLUTION RECONSTITUTED 25 MG	EX	Medical Only Exclusion
*Immunomodulators - Combinations***		
VYVGART HYTRULO SUBCUTANEOUS SOLUTION 180-2000 MG-UNIT/ML	EX	Medical Only Exclusion
*Immunomodulators For Myelodysplastic Syndromes***		
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</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	
MYFORTIC ORAL TABLET DELAYED RELEASE 180 MG, 360 MG	Tier 3	

Drug Name	Drug Tier	Notes
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	
ENVARUS 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
<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
*Miscellaneous Therapeutic Classes***		
NEXAVIR INJECTION SOLUTION 25.5 MG/ML	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
<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 (Fcrn) 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***		
DELFLEX-LC/1.5% DEXTROSE INTRAPERITONEAL SOLUTION 344 MOSM/L	EX	Medical Only Exclusion
DELFLEX-LC/2.5% DEXTROSE INTRAPERITONEAL SOLUTION 394 MOSM/L	EX	Medical Only Exclusion
DELFLEX-LC/4.25% DEXTROSE INTRAPERITONEAL SOLUTION 483 MOSM/L	EX	Medical Only Exclusion
DELFLEX-SM/1.5% DEXTROSE INTRAPERITONEAL SOLUTION 347 MOSM/L	EX	Medical Only Exclusion
DELFLEX-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
DIANEAL LOW CALCIUM/2.5% DEX INTRAPERITONEAL SOLUTION 395 MOSM/L	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
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 ORAL 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 ORAL SUSPENSION 15 GM/60ML	Tier 1	
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM	Tier 2	
*Prostaglandins***		
<i>alprostadil injection solution 500 mcg/ml</i>	Tier 1	

Drug Name	Drug Tier	Notes
PROSTIN VR INJECTION SOLUTION 500 MCG/ML	Tier 3	
*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
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

Drug Name	Drug Tier	Notes
<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 paste 1.1-5 %</i>	Benefit Exclusion	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 %	Benefit Exclusion	
FLUORIMAX 5000 SENSITIVE DENTAL PASTE 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	
<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

Drug Name	Drug Tier	Notes
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
XEROSTOMIA RELIEF SPRAY MOUTH/THROAT SOLUTION	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	
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
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

Drug Name	Drug Tier	Notes
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>	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
PROHELIAL MOUTH/THROAT PASTE 10 %	EX	Non FDA Exclusion
<i>silatrix mouth/throat gel 10 %</i>	EX	Non FDA Exclusion
*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

Drug Name	Drug Tier	Notes
*Steroids - Mouth/Throat/Dental***		
KOURZEQ MOUTH/THROAT PASTE 0.1 %	Tier 1	
ORALONE MOUTH/THROAT PASTE 0.1 %	Tier 1	
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	Tier 1	
Multivitamins		
*B-Complex Vitamins***		
<i>b-complex injection injectable</i>	EX	Non FDA Exclusion
EB-N3 DR ORAL CAPSULE DELAYED RELEASE	EX	Non FDA Exclusion
<i>vitamin b complex 100 injection injectable</i>	EX	Formulary Exclusion
<i>vitamin b complex-hydroxocobal injection injectable</i>	EX	Non FDA Exclusion
<i>vitamin b-complex 100 injection injectable</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
<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

Drug Name	Drug Tier	Notes
*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
*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

Drug Name	Drug Tier	Notes
*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
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
<i>folamax oral tablet</i>	Benefit Exclusion	Non FDA Exclusion
<i>folamed dha oral capsule</i>	Benefit Exclusion	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
LYSIPILEX PLUS ORAL TABLET	Benefit Exclusion	Formulary Exclusion
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

Drug Name	Drug Tier	Notes
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
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
<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 INJECTABLE	EX	Medical Only Exclusion
<i>novite oral capsule</i>	EX	Non FDA Exclusion
VITLIPID N ADULT INTRAVENOUS EMULSION	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
*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***		
<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
FLORIVA PLUS ORAL SOLUTION 0.25 MG/ML	Benefit Exclusion	Formulary 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

Drug Name	Drug Tier	Notes
<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
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>adc/f (0.5mg/ml) oral solution</i>	Benefit Exclusion	Formulary Exclusion
<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</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

Drug Name	Drug Tier	Notes
*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	
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	
<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	

Drug Name	Drug Tier	Notes
<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	
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	

Drug Name	Drug Tier	Notes
<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	
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	

Drug Name	Drug Tier	Notes
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
*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	

Drug Name	Drug Tier	Notes
<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	
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	

Drug Name	Drug Tier	Notes
*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>nitrvia oral capsule</i>	EX	Non FDA Exclusion
<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 solution 10 mg/5ml, 5 mg/5ml</i>	Tier 3	
<i>baclofen oral suspension 25 mg/5ml</i>	EX	Non Essential Drug Exclusion
<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

Drug Name	Drug Tier	Notes
<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 oral tablet 10 mg, 5 mg, 7.5 mg</i>	Tier 1	
CYCLOPHENE RAPIDPAQ TRANSDERMAL CREAM 5 %	EX	Non FDA Exclusion
<i>enovarx-cyclobenzaprine hcl transdermal cream 20 mg/gm</i>	EX	Non FDA Exclusion
FEXMID ORAL TABLET 7.5 MG	Tier 1	
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 oral tablet 400 mg, 800 mg</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

Drug Name	Drug Tier	Notes
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
TABRADOL RAPIDPAQ ORAL SUSPENSION 1 MG/ML	EX	Non FDA 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
<i>cyclo/gaba 10/300 oral therapy pack 10-300 mg</i>	EX	Non FDA 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

Drug Name	Drug Tier	Notes
ORPHENGESIC FORTE ORAL TABLET 50-770-60 MG	EX	Non Essential Drug Exclusion
*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

Drug Name	Drug Tier	Notes
SYNOJOYNT INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML	EX	PA; Formulary Exclusion; QL
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		
*Antihistamine-Steroid***		
<i>azelastine-fluticasone nasal suspension 137-50 mcg/act</i>	Tier 1	
DERMACINRX AZENASE PAK NASAL THERAPY PACK 137 & 50 MCG/ACT	EX	Non FDA Exclusion
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	

Drug Name	Drug Tier	Notes
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	Tier 1	
<i>mometasone furoate nasal suspension 50 mcg/act</i>	Tier 1	ST
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	PA
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</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

Drug Name	Drug Tier	Notes
RILUTEK ORAL TABLET 50 MG	EX	PA; Specialty; Formulary Exclusion
<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

Drug Name	Drug Tier	Notes
ELEVIDYS 13.5-14.4 KG INTRAVENOUS KIT 14 X 10 ML	EX	Medical Only Exclusion
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

Drug Name	Drug Tier	Notes
ELEVIDYS 35.5-36.4 KG INTRAVENOUS KIT 36 X 10 ML	EX	Medical Only Exclusion
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

Drug Name	Drug Tier	Notes
ELEVIDYS 57.5-58.4 KG INTRAVENOUS KIT 58 X 10 ML	EX	Medical Only Exclusion
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

Drug Name	Drug Tier	Notes
MYOBLOC INTRAMUSCULAR SOLUTION 10000 UNIT/2ML, 2500 UNIT/0.5ML, 5000 UNIT/ML	Tier 4	PA; Specialty
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT, 50 UNIT	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 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
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

Drug Name	Drug Tier	Notes
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
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

Drug Name	Drug Tier	Notes
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
Nutrients		
*Amino Acid Mixtures***		
<i>amino acid infusion in d10w intravenous solution 2.5 %, 3 %, 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 %, 4 %</i>	EX	Non FDA Exclusion
<i>amino acid-calcium-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

Drug Name	Drug Tier	Notes
AMINOSYN-PF INTRAVENOUS SOLUTION 10 %, 7 %	Benefit Exclusion	Medical Only Exclusion
CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION 2.75 %	Benefit Exclusion	Medical Only Exclusion
CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 %	Benefit Exclusion	Medical Only Exclusion
CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 %	Benefit Exclusion	Medical Only Exclusion
CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 %	Benefit Exclusion	Medical Only Exclusion
CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 %	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) INTRAVENOUS SOLUTION 5 %	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
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

Drug Name	Drug Tier	Notes
*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	
<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>	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>	Benefit Exclusion	
*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

Drug Name	Drug Tier	Notes
<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
*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	

Drug Name	Drug Tier	Notes
<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
<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 OPHTHALMIC SOLUTION 0.25 %, 0.5 %	Tier 3	
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 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	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
*Cycloplegic Mydriatic Combinations***		
CYCLOMYDRIL OPHTHALMIC SOLUTION 0.2-1 %	Tier 3	
<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 ophthalmic solution 10 %, 2.5 %</i>	Tier 1	
<i>tropicamide ophthalmic solution 0.5 %, 1 %</i>	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
*Lymphocyte Function-Associated Antigen-1 (Lfa-1) Antag***		
XIIDRA OPHTHALMIC SOLUTION 5 %	Tier 2	
*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	
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
*Ophthalmic Adrenergic Agents***		
<i>epinephrine hcl intraocular solution prefilled syringe 1 mg/ml</i>	EX	Non FDA Exclusion
*Ophthalmic Antiallergic***		
ALOCRIAL OPHTHALMIC 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	
LASTACFT OPHTHALMIC 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	

Drug Name	Drug Tier	Notes
BESIVANCE OPHTHALMIC SUSPENSION 0.6 %	Tier 2	
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/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
GLOSTRIPS OPHTHALMIC STRIP 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>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
ALTACAINE 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	
*Ophthalmic Nerve Growth Factors***		
OXERVATE OPHTHALMIC SOLUTION 0.002 %	Tier 4	PA; Specialty

Drug Name	Drug Tier	Notes
*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 VISCOUS OPHTHALMIC SOLUTION PREFILLED SYRINGE 0.146-20 %	EX	Medical Only Exclusion
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
*Ophthalmic Selective Alpha Adrenergic Agonists***		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %, 0.15 %	EX	Formulary Exclusion

Drug Name	Drug Tier	Notes
<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
<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

Drug Name	Drug Tier	Notes
<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>	EX	New to Market Exclusion
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	Tier 1	
DEXTENZA OPHTHALMIC INSERT 0.4 MG	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
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	
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	
<i>prednisolone acetate p-f ophthalmic suspension 1 %</i>	EX	Non FDA Exclusion
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>	Tier 3	

Drug Name	Drug Tier	Notes
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
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

Drug Name	Drug Tier	Notes
MEMBRANEBLUE INTRAOCULAR SOLUTION PREFILLED SYRINGE 0.15 %	EX	Formulary 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	EX	Formulary Exclusion
*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	
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	

Drug Name	Drug Tier	Notes
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 intraocular solution prefilled syringe 2.75 mg/0.11ml</i>	EX	Non FDA Exclusion; Medical Only Exclusion
<i>bevacizumab solution prefilled syringe 1.25 mg/0.05ml intravitreal</i>	EX	Medical Only Exclusion
<i>bevacizumab solution prefilled syringe 2 mg/0.08ml 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 3 mg/0.12ml intravitreal</i>	EX	Non FDA 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
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
SUSVIMO (IMPLANT 1ST FILL) INTRAVITREAL SOLUTION 10 MG/0.1ML	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
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 3	
<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	
<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
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	

Drug Name	Drug Tier	Notes
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 15 unit/250ml intravenous</i>	EX	Non FDA Exclusion
<i>oxytocin-lactated ringers solution 20 unit/l intravenous</i>	EX	Formulary Exclusion
<i>oxytocin-lactated ringers solution 30 unit/500ml intravenous</i>	EX	Formulary 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
PITOCIN INJECTION SOLUTION 10 UNIT/ML	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
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
<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

Drug Name	Drug Tier	Notes
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 INJECTABLE 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
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, 2 GM/10ML, 4 GM/20ML	Tier 4	PA; Specialty
HYPERHEP B INTRAMUSCULAR SOLUTION 220 UNIT/ML	EX	Medical Only Exclusion

Drug Name	Drug Tier	Notes
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
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

Drug Name	Drug Tier	Notes
*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	
<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

Drug Name	Drug Tier	Notes
BICILLIN L-A SUSPENSION PREFILLED SYRINGE 600000 UNIT/ML INTRAMUSCULAR	Tier 3	
EXTENCILLINE INTRAMUSCULAR SUSPENSION RECONSTITUTED 1200000 UNIT, 2400000 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	
PFIZERPEN INJECTION SOLUTION RECONSTITUTED 20000000 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

Drug Name	Drug Tier	Notes
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	
<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
*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

Drug Name	Drug Tier	Notes
<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	
*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 cmpd 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

Drug Name	Drug Tier	Notes
<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	
<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***		
LUCEMYRA ORAL TABLET 0.18 MG	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
<i>sodium oxybate oral solution 500 mg/ml</i>	Tier 4	PA; Specialty; QL

Drug Name	Drug Tier	Notes
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***		
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 & 28 -10 MG	Tier 3	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	Tier 3	
*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
RAZADYNE ORAL TABLET 4 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	
*Fibromyalgia Agent - Snris***		
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	Tier 3	
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG	Tier 3	
*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
*Ms Agents - Pyrimidine Synthesis Inhibitors***		
AUBAGIO ORAL TABLET 14 MG, 7 MG	EX	PA; Specialty; Formulary Exclusion; QL

Drug Name	Drug Tier	Notes
<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 - 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 PEN-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
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-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

Drug Name	Drug Tier	Notes
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 oral capsule delayed release 120 mg, 240 mg</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
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 oral tablet extended release 12 hour 10 mg</i>	Tier 4	PA; Specialty; QL

Drug Name	Drug Tier	Notes
*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	
*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

Drug Name	Drug Tier	Notes
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***		
NUDEXTA ORAL CAPSULE 20-10 MG	Tier 2	PA; QL
*Psychotherapeutic And Neurological Agents - Misc.***		
<i>ergoloid mesylates tablet 1 mg oral</i>	Tier 1	
<i>ergoloid mesylates tablet 1 mg oral</i>	Tier 1	Formulary Exclusion
<i>pimozide oral tablet 1 mg, 2 mg</i>	Tier 1	
*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
ONPATRO INTRAVENOUS SOLUTION 10 MG/5ML	EX	Medical Only Exclusion
*Smoking Deterrents***		
<i>apo-varenicline oral tablet 0.5 mg, 1 mg</i>	Tier 5	

Drug Name	Drug Tier	Notes
<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	
<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	

Drug Name	Drug Tier	Notes
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	
<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	

Drug Name	Drug Tier	Notes
<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
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

Drug Name	Drug Tier	Notes
*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
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***		
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

Drug Name	Drug Tier	Notes
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
*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	

Drug Name	Drug Tier	Notes
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
*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 TABLET DELAYED RELEASE 120 MG ORAL	EX	Non Essential Drug Exclusion; Formulary Exclusion
DORYX MPC TABLET DELAYED RELEASE 60 MG ORAL	EX	ST; 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	Non Essential Drug Exclusion
<i>doxycycline hyclate tablet 20 mg oral</i>	Tier 1	
<i>doxycycline hyclate tablet 50 mg oral</i>	Tier 1	
<i>doxycycline hyclate tablet 75 mg oral</i>	EX	Non Essential Drug Exclusion

Drug Name	Drug Tier	Notes
<i>doxycycline hyclate tablet delayed release 100 mg oral</i>	Tier 1	
<i>doxycycline hyclate tablet delayed release 150 mg oral</i>	Tier 1	
<i>doxycycline hyclate tablet delayed release 200 mg oral</i>	EX	Non Essential Drug Exclusion
<i>doxycycline hyclate tablet delayed release 50 mg oral</i>	EX	Non Essential Drug Exclusion
<i>doxycycline hyclate tablet delayed release 75 mg oral</i>	Tier 1	
<i>doxycycline hyclate tablet delayed release 80 mg oral</i>	EX	Non Essential Drug Exclusion
<i>doxycycline monohydrate capsule 100 mg oral</i>	Tier 1	
<i>doxycycline monohydrate capsule 150 mg oral</i>	Tier 1	
<i>doxycycline monohydrate capsule 50 mg oral</i>	Tier 1	
<i>doxycycline monohydrate capsule 75 mg oral</i>	EX	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	
LYMEPAK ORAL TABLET 100 MG	Tier 1	
MINOCIN INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	EX	Medical Only Exclusion
<i>minocycline hcl er (biphasic) oral tablet extended release 24 hour 105 mg, 135 mg</i>	EX	Non Essential Drug Exclusion; Formulary 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	
<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	
<i>minocycline hcl er tablet extended release 24 hour 55 mg oral</i>	Tier 1	
<i>minocycline hcl er tablet extended release 24 hour 65 mg oral</i>	Tier 1	
<i>minocycline hcl er tablet extended release 24 hour 80 mg oral</i>	Tier 1	
<i>minocycline hcl er tablet extended release 24 hour 90 mg oral</i>	Tier 1	

Drug Name	Drug Tier	Notes
<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	
<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
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

Drug Name	Drug Tier	Notes
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	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	
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, 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 oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</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	
PHENOHTRO ORAL ELIXIR 16.2 MG/5ML	Tier 1	
PHENOHTRO 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 0.8 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 solution 300 mg/5ml oral</i>	Tier 2	
<i>cimetidine hcl solution 300 mg/5ml oral</i>	Tier 1	
<i>cimetidine hcl solution 400 mg/6.67ml oral</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 1	

Drug Name	Drug Tier	Notes
<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
*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***		
KONVOMEF 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	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, 20 mg, 40 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	QL

Drug Name	Drug Tier	Notes
FIRST PANTOPRAZOLE ORAL SUSPENSION 4 MG/ML	Tier 3	
FIRST-LANSOPRAZOLE ORAL SUSPENSION 3 MG/ML	Tier 3	
FIRST-OMEPRAZOLE ORAL SUSPENSION 2 MG/ML	Tier 1	
<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	Tier 2	QL
NEXIUM PACKET 20 MG ORAL	EX	Formulary Exclusion; QL
NEXIUM PACKET 40 MG ORAL	EX	Formulary Exclusion; QL
NEXIUM PACKET 5 MG ORAL	Tier 2	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
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	
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	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 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
*Ulcer Anti-Infective W/ Proton Pump Inhibitors***		
<i>amoxicill-clarithro-lansopraz oral therapy pack 500 & 500 & 30 mg</i>	Tier 1	

Drug Name	Drug Tier	Notes
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	
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	

Drug Name	Drug Tier	Notes
<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	
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	Tier 1	
<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>trospium chloride er oral capsule extended release 24 hour 60 mg</i>	Tier 1	
<i>trospium 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	
<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	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	Tier 2	
*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
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	

Drug Name	Drug Tier	Notes
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 INJECTABLE 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	
VAXNEUVANCE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 5	
VIVOTIF ORAL CAPSULE DELAYED RELEASE	Benefit Exclusion	
*Viral Vaccine Combinations***		
M-M-R II INJECTION SOLUTION RECONSTITUTED	Tier 5	
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	Tier 5	

Drug Name	Drug Tier	Notes
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	Tier 5	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	Tier 5	
*Viral Vaccines***		
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML	Tier 5	
ACAM2000 INJECTION SOLUTION RECONSTITUTED	Benefit Exclusion	
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	
COMIRNATY INTRAMUSCULAR SUSPENSION 30 MCG/0.3ML	Tier 5	
COMIRNATY INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 30 MCG/0.3ML	Tier 5	
DENGVAXIA SUBCUTANEOUS SUSPENSION RECONSTITUTED	Tier 5	
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	Tier 5	
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML	Tier 5	
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 2	
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 5	
FLUBLOK QUADRIVALENT INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 0.5 ML	Tier 5	

Drug Name	Drug Tier	Notes
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 2	
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 5	
FLUMIST QUADRIVALENT NASAL SUSPENSION	Tier 5	
FLUZONE HIGH-DOSE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.7 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	

Drug Name	Drug Tier	Notes
<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	
<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>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	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	Benefit Exclusion	
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	Tier 5	

Drug Name	Drug Tier	Notes
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML	Tier 5	
ROTARIX ORAL SUSPENSION	Tier 5	
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 SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML	Tier 5	
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	

Drug Name	Drug Tier	Notes
*Spermicides***		
ENCARE VAGINAL SUPPOSITORY 100 MG	Tier 2	
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	

Drug Name	Drug Tier	Notes
VAGIFEM VAGINAL TABLET 10 MCG	EX	Formulary Exclusion
YUVAFEM VAGINAL TABLET 10 MCG	Tier 1	
*Vaginal Progestins***		
CRINONE GEL 4 % VAGINAL	EX	Formulary Exclusion
CRINONE GEL 8 % VAGINAL	EX	PA; Formulary Exclusion
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
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 oral capsule 100 mg, 200 mg, 300 mg</i>	Tier 4	PA; Specialty
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG	EX	PA; Specialty; Formulary Exclusion
*Vasopressors***		
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) intravenous solution prefilled syringe 25 mg/5ml</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
<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 intravenous solution 8-0.9 mg/250ml-%</i>	EX	Non FDA Exclusion; Medical Only Exclusion

Drug Name	Drug Tier	Notes
<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
<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 intravenous solution 1 mg/ml</i>	EX	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

Drug Name	Drug Tier	Notes
<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
<i>phenylephrine hcl (pressors) intravenous solution prefilled syringe 0.4 mg/10ml, 0.5 mg/5ml, 1 mg/10ml</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 10-0.9 mg/250ml-%, 100-0.9 mg/250ml-%, 20-0.9 mg/250ml-%, 25-0.9 mg/250ml-%, 40-0.9 mg/250ml-%, 50-0.9 mg/250ml-%, 80-0.9 mg/250ml-%</i>	EX	Non FDA Exclusion; Medical Only Exclusion

Drug Name	Drug Tier	Notes
<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
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
*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
<i>pyridoxine hcl solution 100 mg/ml injection</i>	EX	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	

Drug Name	Drug Tier	Notes
<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 injection solution 1 mg/0.5ml, 10 mg/ml</i>	Benefit Exclusion	Medical Only Exclusion
<i>phytonadione oral tablet 5 mg</i>	Tier 1	
<i>vitamin k1 injection solution 1 mg/0.5ml, 10 mg/ml</i>	Benefit Exclusion	Medical Only Exclusion

Index

- 12-PANEL POC TOXICOLOGY SYSTEM**..... 242
- 1ST MEDX-PATCH/LIDOCAINE**..... 223
- 1st tier unifine pentips*..... 344
- 1st tier unifine pentips plus*..... 344
- 1st tier unilet comfortouch*..... 319
- 7T LIDO**..... 214
- A.A.G.C. KIT IN TERODERM**..... 194
- abacavir sulfate*..... 147
- abacavir sulfate-lamivudine*..... 144
- abacavir-lamivudine-zidovudine*..... 144
- ABANEU-SL**..... 297
- ABECMA**..... 117
- ABELCET**..... 88
- ABILIFY**..... 143
- ABILIFY ASIMTUFII**..... 142
- ABILIFY MAINTENA**..... 142
- ABILIFY MYCITE**..... 143
- ABILIFY MYCITE MAINTENANCE KIT**..... 143
- ABILIFY MYCITE STARTER KIT**..... 143
- abiraterone acetate*..... 111
- ABLYSINOL**..... 163
- ABOUTTIME PEN NEEDLE**..... 344
- abravo*..... 229
- ABRAXANE**..... 130
- ABRILADA (1 PEN)**..... 14
- ABRILADA (2 PEN)**..... 14
- ABRILADA (2 SYRINGE)**..... 14
- ABRYSVO**..... 466
- ABSORICA**..... 192
- ABSORICA LD**..... 192
- acacia*..... 6
- acacia pollen*..... 6
- ACAM2000**..... 466
- acamprostate calcium*..... 440
- ACANYA**..... 187
- acarbose*..... 71
- ACCOLATE**..... 54
- ACCRUFER**..... 303
- ACCUCAINE**..... 223
- ACCU-CHEK AVIVA PLUS**..... 242, 319
- ACCU-CHEK FASTCLIX LANCET**..... 319
- ACCU-CHEK FASTCLIX LANCETS**..... 319
- ACCU-CHEK GUIDE**.... 242, 319
- ACCU-CHEK GUIDE ME**... 319
- ACCU-CHEK LINKASSIST**.. 341
- ACCU-CHEK SAFE-T PRO LANCETS**..... 319
- ACCU-CHEK SMARTVIEW**242
- ACCU-CHEK SOFTCLIX LANCET DEV**..... 319
- ACCU-CHEK SOFTCLIX LANCETS**..... 319
- ACCULA SARS-COV-2**..... 250
- ACCUPRIL**..... 96
- ACCURETIC**..... 95
- ACUTANE**..... 192
- ACUTREND GLUCOSE**... 242
- ACUTREND PLUS**..... 319
- acd formula a*..... 58
- ACD-A NOCLOT-50**..... 58
- ACE AEROSOL CLOUD ENHANCER**..... 363
- acebutolol hcl*..... 152
- aceso ag*..... 229
- ACETADOTE**..... 83
- acetaminophen*..... 24, 25
- acetaminophen-codeine*..... 28
- acetazolamide*..... 260
- acetazolamide er*..... 260
- acetazolamide sodium*..... 260
- acetic acid*..... 285, 431
- acetylcysteine*..... 83, 186
- acioxia*..... 226
- acioxiy*..... 187
- ACIPHEX**..... 460
- ACIPHEX SPRINKLE**..... 460
- acitretin*..... 200
- ACNESIC**..... 213
- ACTEMRA**..... 19
- ACTEMRA ACTPEN**..... 19
- ACTHAR**..... 264
- ACTHAR GEL**..... 264
- ACTHIB**..... 464
- ACTICLATE**..... 452
- ACTICOAT**..... 229
- ACTICOAT 7**..... 229
- ACTICOAT ANTIMICROBIAL**..... 229
- ACTICOAT FLEX 3**..... 229
- ACTICOAT FLEX 3 4"X4"**.. 229
- ACTICOAT FLEX 7**..... 229
- ACTICOAT SURGICAL**..... 229
- ACTIGALL**..... 277
- acti-lance 28g*..... 319
- acti-lance lite lancets 28g*..... 320
- acti-lance special lancets 17g*... 320
- acti-lance universal 23g*..... 320
- ACTIMMUNE**..... 127
- ACTIQ**..... 30
- ACTIVASE**..... 296
- active fe*..... 301
- active injection blm-1*..... 182
- active injection bm*..... 182
- active injection d*..... 177
- active injection dl*..... 182
- active injection dlm*..... 182
- active injection ket-l*..... 19
- active injection ketmarc-l*..... 19
- ACTIVE INJECTION KIT L** 182
- active injection kl-3*..... 182
- active injection km*..... 182
- active injection lm-2*..... 312
- active injection lm-dep-2*..... 182
- active injection m-1*..... 182
- ACTIVELLA**..... 274
- activite*..... 390
- ACTONEL**..... 262
- ACTOPLUS MET**..... 81
- ACTOS**..... 81
- ACUICYN**..... 211
- ACULAR**..... 424
- ACULAR LS**..... 424
- ACUNOL**..... 381
- ACUVAIL**..... 424
- acyclonine mum*..... 389
- acyclovir*..... 150, 203
- acyclovir sodium*..... 150
- acyclovir sodium-nacl*..... 150
- acyclovix*..... 148
- ACZONE**..... 187
- ADACEL**..... 456
- adainzde*..... 187
- adainzoxia*..... 187
- ADAKVEO**..... 304
- adalimumab-aacf (2 pen)*..... 14
- adalimumab-aaty (1 pen)*..... 14
- adalimumab-aaty (2 pen)*..... 15
- adalimumab-aaty (2 syringe)*..... 15
- adalimumab-adaz*..... 15
- adalimumab-adbm (2 pen)*..... 15
- adalimumab-adbm (2 syringe)*.... 15

<i>adalimumab-adbm(cd/uc/hs str)</i>	15	ADVANCE MICRO-DRAW TEST	242	AEROCHAMBER PLUS FLO-VU SMALL	366
<i>adalimumab-adbm(ps/uv starter)</i>	15	ADVANCED ALLERGY COLLECTION	204	AEROCHAMBER PLUS FLO-VU W/MASK	366
<i>adalimumab-fkjp</i>	15	<i>advanced mobile lancet</i>	320	AEROCHAMBER Z-STAT PLUS	366
<i>adalimumab-fkjp (2 pen)</i>	15	ADVATE	288	AEROCHAMBER Z-STAT PLUS CHAMBR	366
<i>adalimumab-fkjp (2 syringe)</i>	15	ADVOCATE BLOOD GLUCOSE MONITOR	320	AEROCHAMBER Z-STAT PLUS/LARGE	366
<i>adalimumab-ryvk (2 pen)</i>	15	ADVOCATE BLOOD GLUCOSE SYSTEM	320	AEROCHAMBER Z-STAT PLUS/MEDIUM	366
<i>adapalene</i>	192	ADVOCATE DUO	319	AEROCHAMBER Z-STAT PLUS/SMALL	366
<i>adapalene-benzoyl peroxide</i>	187	ADVOCATE INSULIN PEN NEEDLE	344	AEROECLIPSE EZ TWIST TUBING	364
ADASUVE	141	ADVOCATE INSULIN PEN NEEDLES	344	AEROECLIPSE II W/ELBOW ADAPTER	343
ADBRY	203	ADVOCATE INSULIN SYRINGE	344	AEROECLIPSE II W/UNIV TUBING	343
<i>adc/f (0.5mg/ml)</i>	395	ADVOCATE LANCETS	320	AEROECLIPSE MASK LARGE	364
ADCETRIS	115	ADVOCATE LANCETS 30G	320	AEROECLIPSE MASK MEDIUM	364
ADCIRCA	162	ADVOCATE REDI-CODE	242, 320	AEROECLIPSE MASK SMALL	364
ADDERALL	1	ADVOCATE REDI-CODE+ TEST	242	AEROECLIPSE MASK XL NEBULIZER	343
ADDERALL XR	1	ADVOCATE SAFETY LANCETS	320	AEROVENT PLUS	366
ADDYI	446	ADVOCATE SAFETY LANCETS 26G	320	AFFINITY	221
<i>adefovir dipivoxil</i>	149	ADVOCATE TEST	242	AFINITOR	121
<i>adeinze</i>	187	<i>adynovate</i>	288	AFINITOR DISPERZ	121
ADEMPAS	161	ADZENYS ER	1	AFIRMELLE	167
ADENOCAINE	158	ADZENYS XR-ODT	1	AFLURIA QUADRIVALENT	466
<i>adenosine</i>	48, 238	<i>adzynma</i>	288	AFREZZA	74
<i>adenosine (diagnostic)</i>	237	AEMCOLO	101	AFSTYLA	289
ADHANSIA XR	4	AEROBIKA	363	AFTERA	173
ADIPEX-P	3	AEROBIKA OPEP W/MANOMETER	364	AFTERPILL	173
<i>adjustable lancing device</i>	320	AEROCHAMBER HOLDING CHAMBER	365	AGAMATRIX AMP	320
ADLARITY	441	AEROCHAMBER MINI CHAMBER	365	AGAMATRIX AMP TEST ..	242
ADLYXIN	78	AEROCHAMBER MV	365	AGAMATRIX JAZZ TEST ..	242
ADLYXIN STARTER PACK	78	AEROCHAMBER PLS FLOVU MTHPIECE	365	AGAMATRIX JAZZ WIRELESS 2	320
ADMELOG	74	AEROCHAMBER PLUS FLO-VU	365	AGAMATRIX KEYNOTE TEST	242
ADMELOG SOLOSTAR	74	AEROCHAMBER PLUS FLO-VU INTERM	365	AGAMATRIX PRESTO	320
ADRENAL C FORMULA	391	AEROCHAMBER PLUS FLO-VU LARGE	365, 366	AGAMATRIX PRESTO PRO METER	320
ADRENALIN	406, 471	AEROCHAMBER PLUS FLO-VU MEDIUM	366	AGAMATRIX PRESTO TEST	242
ADREVIEW	240				
ADRIAMYCIN	124				
<i>adriamycin</i>	124				
ADTHYZA	454				
ADUHELM	440				
<i>adult aspirin ec low strength</i>	25				
<i>adult aspirin regimen</i>	25				
<i>adult mask</i>	363				
ADVAIR DISKUS	50				
ADVAIR HFA	50				
ADVANCE INTUITION METER	320				
ADVANCE INTUITION MONITOR	320				
ADVANCE INTUITION TEST	242				
ADVANCE MICRO-DRAW METER	320				

AGAMATRIX ULTRA-THIN LANCETS	320	ALCORTIN A	195	<i>almond (diagnostic)</i>	235
AGAMREE	177	ALDACTAZIDE	260	<i>almotriptan malate</i>	370
AGGRASTAT	293	ALDACTONE	261	ALOCRIIL	419
AGGRENEX	295	ALDARA	212	<i>alogliptin benzoate</i>	73
<i>agoneaze</i>	223	<i>alder</i>	6	<i>alogliptin-metformin hcl</i>	73
AGRYLIN	295	ALDURAZYME	268	<i>alogliptin-pioglitazone</i>	74
<i>aif #2 drug preparation kit</i>	197	ALECENSA	113	ALOMIDE	419
<i>aif #3 drug preparation kit</i>	198	<i>alendronate sodium</i>	262	ALOPRIM	287
AIMOVIG	369	<i>alevamax</i>	216	ALORA	275
<i>aimSCO lubricated</i>	316	ALEVICYN ANTIPRURITIC	216	<i>alose tron hcl</i>	278
<i>aimSCO twist lancets 32g</i>	320	.....	216	ALPHAGAN P	424
AIMSCO TWIST LANCETS 33G	320	ALEVICYN ANTIPRURITIC SG	216	<i>alpha-lipoic acid</i>	12
AIRAVITE	298	ALEVICYN DERMAL SPRAY	229	ALPHANATE	289
AIRDUO DIGIHALER	50	<i>alfentanil hcl</i>	30	ALPHANINE SD	289
AIRDUO RESPICLICK 113/14	50	ALFERON N	127	<i>alprazolam</i>	47
AIRDUO RESPICLICK 232/14	50	<i>alfuzosin hcl er</i>	284	<i>alprazolam er</i>	47
AIRDUO RESPICLICK 55/14	50	ALIMTA	112	ALPRAZOLAM INTENSOL ..	47
AIRSUPRA	50	ALINIA	102	<i>alprazolam xr</i>	47
AJOVY	369	ALIQOPA	133	ALPROLIX	289
AKEEGA	121	<i>aliskiren fumarate</i>	100	<i>alprostadil</i>	385
<i>ak-fluor</i>	422	ALKERAN	131	ALREX	426
AKLIEF	192	ALKINDI SPRINKLE	177	ALTABAX	194
AKOVAZ	472	ALL FLOW 1000 PFT FILTER	364	ALTACAINE	423
<i>ak-poly-bac</i>	421	ALL FLOW 2000 PFT FILTER	364	ALTACE	96
AKTEN	423	ALL FLOW 3000 PFT FILTER	364	<i>altafluor benox</i>	422
AKYNZEO	86	ALL FLOW 4000 PFT FILTER	364	ALTAFRIN	418
AKYNZEO (READY-TO-USE)	86	ALL FLOW 5000 PFT FILTER	364	ALTAVERA	167
AKYNZEO (TO-BE-DILUTED)	86	ALL FLOW 6000 PFT FILTER	364	ALTEMIA	416
ALA SCALP	204	ALL FLOW 7000 PFT FILTER	364	<i>alternaria alternat (diagnost)</i> ..	235
<i>ala-cort</i>	204	ALL FLOW 7000 PFT FILTER	364	<i>alternaria alternata</i>	6
ALADERM PLUS	216	ALLEVYN AG ADHESIVE ..	229	ALTOPREV	93
ALA-QUIN	195	ALLEVYN AG GENTLE	230	ALTRENO	192
<i>albendazole</i>	44	ALLEVYN AG GENTLE BORDER	230	<i>altrixa</i>	393
ALBENZA	44	ALLEVYN AG NON-ADHESIVE	230	ALTUVIIIIO	289
ALBUKED 25	294	ALLEVYN AG SACRUM 6-3/4"	230	ALUNBRIG	113, 114
ALBUKED 5	294	ALLEVYN AG SACRUM 9"X9"	230	ALVAIZ	304
<i>albumin human</i>	294	ALLEVYN GENTLE	230	ALVESCO	55
ALBUMINEX	294	<i>allopurinol</i>	287	<i>alyacen 1/35</i>	167
<i>albumin-zlb</i>	294	<i>allopurinol sodium</i>	287	<i>alyacen 7/7/7</i>	176
<i>alburx</i>	294	ALLZITAL	25	ALYGLO	433
ALBUTEIN	294			ALYMSYS	134
<i>albuterol sulfate</i>	52			ALYQ	162
<i>albuterol sulfate hfa</i>	52			AMABELZ	274
ALCAINE	423			<i>amantadine hcl</i>	135, 136
<i>alclometasone dipropionate</i>	204			AMARYL	81
				AMBIEN	308
				AMBIEN CR	308
				AMBISOME	88
				<i>ambrisentan</i>	161
				<i>amcinonide</i>	204
				AMD FOAM DRESSING	318

AMD FOAM DRESSING	AMMONUL	272	<i>anesthesia s/i-40a</i>	282
TOPSHEET	AMNESTEEM	192	<i>anesthesia s/i-40h</i>	282
AMELUZ	AMNIOCORE AMNIOTIC		<i>anesthesia s/i-40s</i>	282
AMERGE	MEMBRANE	221	ANGELIQ	274
<i>american beech</i>	AMNIOCORE HUMAN		ANGIOMAX	59
<i>american beech pollen</i>	TISSUE	221	ANIMI-3	298
<i>american cockroach</i>	AMNIOFIX	221	ANIMI-3/VITAMIN D	298
<i>american elm</i>	AMNIOTEXT	221	ANJESO	20
<i>american elm (diagnostic)</i>	<i>amondys 45</i>	407	ANKTIVA	126
<i>american lobster (diagnostic)</i> ...	<i>amoxapine</i>	70	ANNOVERA	173
<i>american sycamore</i>	<i>amoxicill-clarithro-lansopraz</i> ...	462	<i>anodyne lpt</i>	223
AMETHIA	<i>amoxicillin</i>	436	ANORO ELLIPTA	50
AMETHYST	<i>amoxicillin-pot clavulanate</i>	437	ANTABUSE	440
AMICAR	<i>amoxicillin-pot clavulanate er</i> ..	437	ANTARA	92
AMIDATE	AMPHADASE	381	<i>anticoagulant sodium citrate</i>	58
<i>amikacin sulfate</i>	<i>amphenol-40</i>	221	<i>antivenin latrodectus mactans</i> ..	433
<i>amiloride hcl</i>	<i>amphetamine er</i>	1	<i>antivenin micrurus fulvius</i>	433
<i>amiloride-hydrochlorothiazide</i> ..	<i>amphetamine sulfate</i>	1	ANTIVERT	86
<i>amino acid</i>	<i>amphetamine-dextroamphet er</i>	1	<i>anucort-hc</i>	44
<i>amino acid infusion in d10w</i>	<i>amphetamine-</i>		ANUSOL-HC	44
<i>amino acid-calcium-hep in</i>	<i>dextroamphetamine</i>	1	ANZEMET	85
<i>d10w</i>	<i>amphet-dextroamphet 3-bead er</i> ...1		APADAZ	39
<i>amino acid-calcium-hep in d5w</i>	<i>amphotericin b</i>	88	<i>apap-caff-dihydrocodeine</i>	28, 29
AMINOAMRMS	<i>amphotericin b liposome</i>	88	APEXICON E	204
<i>aminocaproic acid</i>	<i>ampicillin</i>	436	APHEXDA	297
<i>aminophylline</i>	<i>ampicillin sodium</i>	436	APIDRA	74
AMINOPMRMS	<i>ampicillin-sulbactam sodium</i>	437	APIDRA SOLOSTAR	74
AMINOPROTECT	AMPYRA	444	APLENZIN	67
AMINORELIEFRMS	AMRIX	401	APLIGRAF	221
AMINOSYN II	AMTAGVI	117	APLISOL	235
AMINOSYN-PF	AMVISC	428	<i>apogee ic catheter 14fr/16"</i>	316
AMINOSYN-PF 7%	AMVUTTRA	446	APOKYN	138
<i>amiodarone hcl</i>	AMYTAL SODIUM	306	<i>apomorphine hcl</i>	138
<i>amiodarone hcl in dextrose</i>	AMYVID	240	APONVIE	87
AMITIZA	AMZEEQ	187	<i>apo-varenicline</i>	446
<i>amitriptyline hcl</i>	ANACAINE	214	APP SLIM RMS	257
AMJEVITA	ANAFRANIL	70	<i>apple (diagnostic)</i>	235
AMJEVITA-PED 10KG TO	<i>anagrelide hcl</i>	295	<i>apraclonidine hcl</i>	425
<15KG	ANA-LEX	43	<i>aprepitant</i>	87
AMJEVITA-PED 15KG TO	ANALPRAM HC	43	APRETUDE	146
<30KG	ANALPRAM HC SINGLES	43	APRI	167
AMLADDEX	ANALPRAM-HC	43	APRISO	279
AMLODIPINE	ANASCORP	433	APRIZIO PAK	223
BES+SYRSPEND SF	ANASPAZ	458	APRIZIO PAK II	223
<i>amlodipine besy-benazepril hcl</i> ..	<i>anastrozole</i>	127	APTENSIO XR	4
<i>amlodipine besylate</i>	ANAVIP	433	APTIOM	61
<i>amlodipine besylate-valsartan</i>	ANCOBON	88	APTIVUS	146
<i>amlodipine-atorvastatin</i>	ANDEXXA	83	<i>aq insulin syringe</i>	344
<i>amlodipine-olmesartan</i>	ANDRODERM	41	<i>aqinject pen needle</i>	344
<i>amlodipine-valsartan-hctz</i>	ANDROGEL	41	AQUACEL AG BURN	230
<i>ammonia n 13</i>	ANDROGEL PUMP	41	AQUACEL AG FOAM	230
<i>ammonium lactate</i>	ANECTINE	407		

AQUALANCE LANCETS		ASSURE ID SAFETY PEN	
30G	320	NEEDLES	344
AQUASOL A	475	ASSURE II	242
AQUASTAT	377	ASSURE II CHECK	242
AQUASTAT SFR	377	ASSURE LANCE LANCETS	320
AQUORAL	387	ASSURE LANCE LANCETS	
ARAKODA	108	21G	321
ARALAST NP	450	ASSURE LANCE PLUS	
ARANELLE	176	SAFETY 25G	321
ARANESP (ALBUMIN		ASSURE LANCE PLUS	
FREE)	298	SAFETY 30G	321
ARAVA	24	ASSURE LANCE SAFETY	
ARAZLO	192	LANCET 28G	321
ARCALYST	18	ASSURE PLATINUM	243
ARESTIN	389	ASSURE PLATINUM	
AREXVY	466	METER	321
<i>arformoterol tartrate</i>	52	ASSURE PRISM MULTI	
<i>argatroban</i>	59	METER	321
<i>argatroban in sodium chloride</i> ...	59	ASSURE PRISM MULTI	
<i>arginine hcl</i>	415	TEST	243
ARGYLE STERILE SALINE		ASSURE PRO BLOOD	
.....	285	GLUCOSE METER	321
ARICEPT	441	ASSURE PRO TEST	243
ARIDA	230	ASTAGRAF XL	383
ARIDOL	238	ASTAMED MYO	255
ARIKAYCE	13	ASTERO	214
ARIMIDEX	127	ASTRINGYN	305
<i>aripiprazole</i>	143	AT LAST TEST	243
ARISTADA	143	ATABEX EC	396
ARISTADA INITIO	143	ATABEX OB	396
ARIXTRA	59	ATACAND	98
<i>arizona cypress</i>	6	ATACAND HCT	97
<i>armodafinil</i>	4	<i>atazanavir sulfate</i>	146
ARMONAIR DIGIHALER	55	ATELVIA	262
ARMOUR THYROID	455	<i>atenolol</i>	152
<i>arnica flower</i>	217	ATENOLOL+SYRSPEND SF	
ARNUITY ELLIPTA	55	.....	152
AROMASIN	127	<i>atenolol-chlorthalidone</i>	100
ARRANON	112	ATGAM	382
<i>arsenic trioxide</i>	127	ATIVAN	47
<i>artesianate</i>	108	<i>atlantic cod (diagnostic)</i>	235
ARTHROTEC	19	<i>atlantic salmon (diagnostic)</i>	235
ARTICADENT DENTAL	311	<i>atlantic/eastern oyster(diagn)</i> ...	235
ARTISS	304	<i>atomoxetine hcl</i>	0
ARYMO ER	30	<i>atopaderm</i>	216
ARZERRA	114	<i>atopavo</i>	230
ARZOL SILVER NIT		ATOPICLAIR	216
APPLICATORS	204	ATORVALIQ	93
ASACOL HD	279	<i>atorvastatin calcium</i>	93
ASCENIV	433	<i>atovaquone</i>	102
ASCLERA	386	<i>atovaquone-proguanil hcl</i>	108
ASCOMP-CODEINE	28	<i>atracurium besylate</i>	411
ASCOR	475		
<i>ascorbic acid</i>	475		
<i>asenapine maleate</i>	141		
ASHLYNA	174		
ASILNASALRMS	257		
ASMANEX (120 METERED			
DOSES)	55		
ASMANEX (30 METERED			
DOSES)	55		
ASMANEX (60 METERED			
DOSES)	55		
ASMANEX HFA	55		
ASPARLAS	126		
<i>aspen pollen</i>	7		
<i>aspergillus fumigat (diagnost)</i> ..	235		
<i>aspergillus fumigatus</i>	7, 235		
<i>aspirin</i>	26		
<i>aspirin 81</i>	25		
<i>aspirin adult low dose</i>	26		
<i>aspirin adult low strength</i>	26		
<i>aspirin childrens</i>	26		
<i>aspirin ec adult low dose</i>	26		
<i>aspirin ec adult low strength</i>	26		
<i>aspirin ec low dose</i>	26		
<i>aspirin ec low strength</i>	26		
<i>aspirin low dose</i>	26		
<i>aspirin regimen</i>	26		
<i>aspirin-dipyridamole er</i>	295		
<i>aspirin-omeprazole</i>	295		
ASPRUZYO SPRINKLE	45		
ASPYRERX	381		
ASSURE 3 METER	320		
ASSURE 3 TEST	242		
ASSURE 4 METER	320		
ASSURE 4 TEST	242		
<i>assure comfort lancets 28g</i>	320		
ASSURE HAEMOLANCE			
PLUS HIGH	320		
ASSURE HAEMOLANCE			
PLUS LOW	320		
ASSURE HAEMOLANCE			
PLUS MICRO	320		
ASSURE HAEMOLANCE			
PLUS NORMAL	320		
ASSURE HAEMOLANCE			
PLUS PED	320		
ASSURE ID DUO PRO PEN			
NEEDLES	344		
ASSURE ID INSULIN			
SAFETY SYR	344		
ASSURE ID PRO PEN			
NEEDLES	344		

ATRALIN	192	AUTOSOFT XC INFUSION		AZOPT	421
ATRAPRO CP	230	SET	341	AZOR	97
ATRAPRO DERMAL		AUVELITY	67	AZSTARYS	4
SPRAY	229	AUVI-Q	471	<i>aztreonam</i>	106
ATRAPRO HYDROGEL	230	AUXIPRO VANISHING	439	AZULFIDINE	279
ATRIPLA	144	AVAILNEX	257	AZULFIDINE EN-TABS	279
ATROPEN	458	AVALIDE	97	AZURETTE	167
<i>atropine sulfate</i>	418, 458	AVAPRO	98	<i>b & c</i>	228
<i>atropine sulfate (pf)</i>	458	AVAR CLEANSER	187	<i>b-6 folic acid</i>	298
ATROVENT HFA	53	AVAR LS CLEANSER	188	BABYBIG	433
AUBAGIO	442	AVAR-E EMOLLIENT	188	BAC	25
AUBRA	167	AVAR-E GREEN	188	<i>bacitracin</i>	101, 419
AUBRA EQ	167	AVAR-E LS	188	<i>bacitracin-polymyxin b</i>	421
AUGMENTIN	437	AVASTIN	134	<i>bacitra-neomycin-polymyxin-hc</i>	425
AUGMENTIN ES-600	437	AVEED	41	<i>baclofen</i>	401
AUGTYRO	123	<i>aveida</i>	219	<i>baclofen (cmpd kit)</i>	194
<i>aum insulin safety pen needle</i>	344	<i>aveidaoxia</i>	219	BACMIN	392
<i>aum mini insulin pen needle</i>	344	AVENOVA	211	BACTRIM	102
<i>aum pen needle</i>	344	AVIANE	167	BACTRIM DS	102
AUM READYGARD DUO		<i>avidoxy</i>	452	BAFIERTAM	444
PEN NEEDLE	344	AVIDOXY DK	452	<i>bahia</i>	7
AUM SAFETY PEN		AVITA	192	<i>bal in oil</i>	83
NEEDLE	344	AVO CREAM	230	<i>balanced salt</i>	423
<i>aureobasidium pullulans</i>	7, 235	<i>avocado (diagnostic)</i>	235	BALCOLTRA	168
<i>aurora lancet super thin 30g</i>	321	AVODART	284	<i>bald cypress</i>	7
<i>aurora lancet thin 23g</i>	321	AVONEX PEN	443	BALFAXAR	289
<i>aurora pen needles</i>	344	AVONEX PREFILLED	443	<i>balsalazide disodium</i>	279
<i>aurora unifine pentips</i>	345	AVSOLA	281	<i>balsam peru-castor oil</i>	228
AUROVELA 1.5/30	167	AVYCAZ	163	BALVERSA	120
AUROVELA 1/20	167	AXONA	255	BALZIVA	168
AUROVELA 24 FE	167	AXUMIN	241	<i>bamlanivimab</i>	433
AUROVELA FE 1.5/30	167	AYGESTIN	439	<i>banana (diagnostic)</i>	235
AUROVELA FE 1/20	167	AYUNA	167	BANZEL	61
AURYXIA	281	AYVAKIT	123	BAQSIMI ONE PACK	72
AUSTEDO	442	<i>azacitidine</i>	112	BAQSIMI TWO PACK	72
AUSTEDO XR	442	AZACTAM	106	BARACLUDGE	149
AUSTEDO XR PATIENT		AZADROX	230	BARHEMSYS	87
TITRATION	442	<i>azalgia</i>	383	<i>barium sulfate</i>	254
<i>australian pine</i>	7	AZASAN	386	BARRIGEL	44
AUTOLET II CLINISAFE	321	AZASITE	419	BASADROX	230
AUTOLET LANCING		<i>azathioprine</i>	386	BASAGLAR KWIKPEN	74
DEVICE	321	<i>azathioprine sodium</i>	386	BASAGLAR TEMPO PEN	74
AUTOLET LITE		AZEDRA DOSIMETRIC	126	BAVENCIO	117
CLINISAFE	321	AZEDRA THERAPEUTIC	126	BAXDELA	276
AUTOLET LITE STARTER		<i>azelaic acid</i>	218	<i>bayberry (wax myrtle)</i>	7
PACK	321	<i>azelastine hcl</i>	405, 419	BAYER ASPIRIN EC LOW	
AUTOLET MINI	321	<i>azelastine-fluticasone</i>	405	DOSE	26
AUTOLET PLATFORMS	321	AZELEX	192	BAYER LOW DOSE	26
AUTOLET PLUS	321	<i>azeschew prenatal/postnatal</i>	396	<i>bcg vaccine</i>	464
<i>autopen</i>	345	<i>azesco</i>	396	<i>b-complex</i>	390
AUTOSOFT 30 INFUSION		AZILECT	136	BD ALLERGIST TRAY	345
SET	341	<i>azithromycin</i>	315	BD ALLERGY SYRINGE	345

BD AUTOSHIELD	345	BD PEN NEEDLE		BENTYL	457
BD AUTOSHIELD DUO	345	ORIGINAL U/F	346	BENZAC AC WASH	192
BD DISP NEEDLE	345	BD PEN NEEDLE SHORT		BENZA CLIN	188
BD ECLIPSE LUER-LOK		U/F	346	BENZA CLIN WITH PUMP ..	188
NEEDLE	345	BD POSIFLUSH	377	<i>benzalkonium chloride</i>	144
BD ECLIPSE NEEDLE	345	BD POSIFLUSH		BENZAMYCIN	188
BD ECLIPSE SHIELDED		SAFESCRUB	377	BENZEPRO	192
NEEDLE	345	BD SAFETYGLIDE		BENZEPRO CREAMY	
BD ECLIPSE SYRINGE	345	ALLERGY SYRINGE	346	WASH	192
BD ECLIPSE		BD SAFETYGLIDE		BENZEPRO FOAMING	
SYRINGE/NEEDLE	345	INSULIN SYRINGE	346	CLOTHS	192
BD FILTER NEEDLE	345	BD SAFETYGLIDE		<i>benzhydrocodone-</i>	
BD HEPARIN POSIFLUSH ...57		NEEDLE	346	<i>acetaminophen</i>	39
BD HYPODERMIC		BD SAFETYGLIDE		<i>benznidazole</i>	44
NEEDLE	345	SHIELDED NEEDLE	346	BENZODOX	452
BD INSULIN SYR		BD SAFETY-LOK INSULIN		<i>benzoin</i>	220
ULTRAFINE II	345	SYRINGE	346	<i>benzoin compound</i>	220
BD INSULIN SYRINGE	345	BD SYRINGE LUER SLIP		<i>benzonatate</i>	185
BD INSULIN SYRINGE		TIP	346	<i>benzoyl perox-hydrocortisone</i> ...188	
HALF-UNIT	345	BD SYRINGE LUER-LOK ... 346		<i>benzoyl peroxide</i>	192
BD INSULIN SYRINGE		BD SYRINGE SLIP TIP	346	<i>benzoyl peroxide forte- hc</i>.....188	
MICROFINE	345	BD SYRINGE/NEEDLE	346	<i>benzoyl peroxide-erythromycin</i> .188	
BD INSULIN SYRINGE U/F 345		BD TB SYRINGE	346	<i>benzphetamine hcl</i>	3
BD INSULIN SYRINGE U/F		BD VEO INSULIN SYR U/F		<i>benztropine mesylate</i>	135
1/2UNIT	345	1/2UNIT	346	BEOVU	430
BD INSULIN SYRINGE U-		BD VEO INSULIN SYRINGE		<i>bepotastine besilate</i>	419
500	345	U/F	347	BEPREVE	419
BD INSULIN SYRINGE		BD VERITOR SARS-COV-		BEQVEZ	288
ULTRAFINE	346	2/FLU A+B	239	BERINERT	292
BD INTEGRA SYRINGE	346	BD VERITOR SYSTEM		<i>bermuda grass</i>	7
BD LANCET ULTRAFINE		GROUP A STRP	251	BESER	204, 226
30G	321	BD VERITOR SYSTEM		BESIVANCE	420
BD LANCET ULTRAFINE		SARS-COV-2	251	BESPONSA	115
33G	321	<i>beau rx</i>	219	BESREMI	127
BD LATITUDE DIABETES ..321		<i>bebtelovimab</i>	433	<i>beta 1 kit</i>	182
BD LOGIC BLOOD		BECONASE AQ	405	BETADINE OPHTHALMIC	
GLUCOSE MONITOR	321	<i>beef (diagnostic)</i>	235	PREP	421
BD LUER-LOK SYRINGE ... 346		BELBUCA	40	<i>betaine</i>	266
BD MAGNI-GUIDE		BELEODAQ	120	BETALIDO	182
MAGNIFIER	321	<i>belladonna alkaloids-opium</i>	457	BETALOAN SUIK	182
BD MICROTAINER		BELRAPZO	110	<i>betamethasone combo</i>	182
LANCETS	321	BELSOMRA	308	<i>betamethasone dipropionate</i>	205
BD PEN	346	<i>benazepril hcl</i>	96	<i>betamethasone dipropionate</i>	
BD PEN MINI	346	<i>benazepril-hydrochlorothiazide</i> ..95		<i>aug</i>	204
BD PEN NEEDLE MICRO		<i>bendamustine hcl</i>	110	<i>betamethasone sod phos & acet</i> 182	
U/F	346	BENDEKA	110	<i>betamethasone sodium</i>	
BD PEN NEEDLE MINI U/F 346		BENEFIX	289	<i>phosphate</i>	177
BD PEN NEEDLE NANO		BENICAR	98	<i>betamethasone valerate</i>	205
2ND GEN	346	BENICAR HCT	97	BETAPACE	153
BD PEN NEEDLE NANO		BENLYSTA	379	BETAPACE AF	153
U/F	346	<i>bensal hp</i>	213	BETASERON	443
		BENTIVITE	303	<i>betaxolol hcl</i>	152, 417

<i>bethanechol chloride</i>	464	<i>bilayer matrix wound dressing</i> .	230	<i>bleomycin sulfate</i>	124
BETHKIS	13	BILTRICIDE	44	BLEPH-10	428
BETIMOL	417	<i>bimatoprost</i>	218, 429	BLEPHAMIDE	425
BETOPTIC-S	417	<i>bimatoprost-timolol maleate</i>	416	BLEPHAMIDE S.O.P.	425
<i>bevacizumab</i>	430	<i>bi-mix</i>	159	BLINCYTO	118
BEVESPI AEROSPHERE	50	BIMZELX	200	BLISOVI 24 FE	168
<i>bexagliflozin</i>	80	BINAXNOW COVID-19 AG		BLISOVI FE 1.5/30	168
<i>bexarotene</i>	134, 226	CARD	251	BLISOVI FE 1/20	168
BEXSERO	464	BINOSTO	263	<i>blood glucose monitor system</i> ...	321
BEYAZ	168	BIO GLO	422	<i>blood glucose system pak</i>	321
BEYFORTUS	433	<i>biocel</i>	392	<i>blood glucose test</i>	243
<i>bhi uri-control</i>	381	BIOFREQUENCY INSOLES	318	<i>blood glucose test strips 333</i>	243
BIAFINE	230	BIOGUARD GAUZE		BLOXIVERZ	108
<i>bicalutamide</i>	111	SPONGES	318	BLUDIGO	238
BICILLIN C-R	438	BIOGUARD ISLAND		<i>blue crab (diagnostic)</i>	235
BICILLIN C-R 900/300	438	DRESSINGS	318	BLUESTAR	321
BICILLIN L-A	436, 437	BIOGUARD NON-		BLULINK GLUCOSE	
BICNU	132	ADHERENT DRESSING	319	MONITORING SYS	321
BIDIL	160	BIONECT	230	BLULINK GLUCOSE TEST	243
BIGFOOT UNITY PEN		BIOPAR DELTA-FORTE	297	BOCASAL	387
CAP/ADMELOG	341	BIORPHEN	472	BONIVA	263
BIGFOOT UNITY PEN		BIOSCANNER GLUCOSE		BONJESTA	86
CAP/APIDRA	341	TEST	243	BOOSTRIX	456
BIGFOOT UNITY PEN		BIOSTEP	230	<i>boric acid</i>	217
CAP/ASPART	341	BIOSTEP AG	230	<i>bortezomib</i>	123
BIGFOOT UNITY PEN		BIOTEL CARE BLOOD		<i>bosentan</i>	161
CAP/BASAGLAR	341	GLUCOSE	321	BOSULIF	118
BIGFOOT UNITY PEN		BIOTEL CARE BLOOD		BOTOX	410
CAP/FIASP	341	GLUCOSE SYST	321	BOTOX COSMETIC	211
BIGFOOT UNITY PEN		BIOTEL CARE TEST		<i>botrytis cinerea</i>	7
CAP/HUMALOG	341	STRIPS	243	<i>botrytis cinerea (diagnostic)</i>	235
BIGFOOT UNITY PEN		BIOTHRAX	465	<i>box elder pollen</i>	7
CAP/LANTUS	341	BIOVANCE	221	<i>bp 10-1</i>	188
BIGFOOT UNITY PEN		<i>bipolaris sorokin (diagnostic)</i> ...235		<i>bp cleansing wash</i>	188
CAP/LISPRO	341	<i>bipolaris sorokiniana</i>	7	<i>bp vit 3</i>	298
BIGFOOT UNITY PEN		<i>bis subcit-metronid-tetracyc</i>	462	<i>bpc</i>	228
CAP/LYUMJEV	341	<i>bismuth/metronidaz/tetracyclin</i>	462	<i>b-plex</i>	390
BIGFOOT UNITY PEN		<i>bisoprolol fumarate</i>	152	<i>b-plex plus</i>	392
CAP/NOVOLOG	341	<i>bisoprolol-hydrochlorothiazide</i>	100	BPROTECTED PEDIA	
BIGFOOT UNITY PEN		<i>bivalirudin rtu</i>	59	IRON	303
CAP/TOUJEO	341	<i>bivalirudin trifluoroacetate</i>	59	BRAFTOVI	118
BIGFOOT UNITY PEN		BIVIGAM	433	<i>brazil nut (diagnostic)</i>	235
CAP/TOUJEO M	341	<i>black walnut (diagnostic)</i>	235	<i>breathe comfort chamber/adult</i>	366
BIGFOOT UNITY PEN		<i>black walnut pollen</i>	7	<i>breathe comfort chamber/child</i>	366
CAP/TRESIBA	341	<i>black walnut pollen (1:10)</i>	7	<i>breathe ease large</i>	366
BIGFOOT UNITY		<i>black walnut pollen (1:20)</i>	7	<i>breathe ease medium</i>	366
PROGRAM	321	<i>black willow</i>	7	<i>breathe ease small</i>	366
<i>biifenac 1000</i>	198	<i>black willow (diagnostic)</i>	235	BREATHERITE	366
<i>biifenac 500</i>	198	<i>black/sweet birch pollen</i>	7	BREATHERITE COLL	
BIJUVA	274	BLANCHE	209	SPACER ADULT	366
BIKTARVY	144	BL-CONTRAST	252	BREATHERITE COLL	
<i>bilac</i>	82	BLNREP	114	SPACER CHILD	366

BREATHERITE COLL SPACER INFANT	366	BROMSITE	424	BYLVAY	279
BREATHERITE RIGID SPACER/MASK	366	BRONCHITOL	451	BYLVAY (PELLETS)	279
BREATHERITE SPACER NEONATE	366	BRONCHITOL TOLERANCE TEST	451	BYNFEZIA PEN	271
BREATHERITE SPACER SMALL CHILD	366	BROVANA	52	BYOOVIZ	430
BREATHERITE VALVED MDI CHAMBER	366	<i>brown shrimp (diagnostic)</i>	235	BYSTOLIC	153
BREATHERITE/LARGE MASK	366	BRUKINSA	119	CABENUVA	144
BREATHERITE/MEDIUM MASK	366	BRUSELIX	214	<i>cabergoline</i>	264
BREATHERITE/SMALL MASK	366	BRYHALI	205	CABLIVI	291
BREEZA FOR ORAL IODINATED CONT	239	<i>bsp 0820</i>	182	CABOMETYX	122
BREEZA NEUTRAL ABD/PELVIC IMAG	239	BSS	423	CABTREO	188
BREZAVVY	80	BSS PLUS	423	CADIRAMD	223
BREO ELLIPTA	50	<i>budesonide</i>	43, 55, 178	CADUET	158
<i>bretylum tosylate</i>	49	<i>budesonide er</i>	177	CAFECIT	2
BREVIBLOC	152	<i>budesonide-formoterol fumarate</i>	50	CAFERGOT	369
BREVIBLOC IN NACL	152	<i>bumetanide</i>	260, 261	<i>caffeine citrate</i>	2
BREVIBLOC PREMIXED	152	BUMEX	261	<i>caffeine-sodium benzoate</i>	2
BREVIBLOC PREMIXED DS	152	BUNAVAIL	40	CALAN SR	154
BREVITAL SODIUM	284	BUPAP	25	CALCIFOL	372
BREXAFEMME	88	BUPHENYL	272	<i>calcipotriene</i>	201, 202
BREYANZI	117	<i>bupivacaine fisiopharma</i>	312	<i>calcipotriene-betameth diprop</i>	226
BREYNA	50	<i>bupivacaine hcl</i>	312	<i>calcitonin (salmon)</i>	263
BREZTRI AEROSPHERE	50	<i>bupivacaine hcl (pf)</i>	312	CALCITRENE	202
BRIDION	83	<i>bupivacaine hcl-nacl</i>	312	<i>calcitriol</i>	202, 267
<i>briellyn</i>	168	<i>bupivacaine in dextrose</i>	313	<i>calcium acetate</i>	281
BRILINTA	292	<i>bupivacaine spinal</i>	313	<i>calcium acetate (phos binder)</i>	281
<i>brimonidine tartrate</i>	218, 425	<i>bupivacaine-epinephrine</i>	311	<i>calcium chloride</i>	372
<i>brimonidine tartrate-timolol</i>	416	<i>bupivacaine-epinephrine (pf)</i>	311	<i>calcium disodium versenate</i>	83
<i>brimonidine-dorzolamide</i>	416	<i>bupivillog</i>	182	<i>calcium gluconate</i>	372
BRINEURA	271	BUPRENEX	40	<i>calcium gluconate-nacl</i>	372
<i>brinzolamide</i>	421	<i>buprenorphine</i>	40, 41	<i>calcium-folic acid plus d</i>	372
BRISDELLE	450	<i>buprenorphine hcl</i>	40	CALDOLOR	20
BRIUMVI	444	<i>buprenorphine hcl-naloxone hcl</i>	40	<i>california pepper tree</i>	7
BRIVIACT	61	<i>bupropion hcl</i>	67	CALQUENCE	119
BRIXADI	40	<i>bupropion hcl er (smoking det)</i>	447	<i>calsodore</i>	200
BRIXADI (WEEKLY)	40	<i>bupropion hcl er (sr)</i>	67	CAMBIA	369
<i>brome</i>	7	<i>bupropion hcl er (xl)</i>	67	CAMCEVI	130
BROMFED DM	186	<i>buspirone hcl</i>	46	CAMILA	175
<i>bromfenac sodium</i>	424	<i>busulfan</i>	110	CAMINO PRO	
<i>bromfenac sodium (once-daily)</i>	424	BUSULFEX	110	COMPLETE/GLYTACTIN	257
<i>bromocriptine mesylate</i>	136	<i>butalbital-acetaminophen</i>	25	CAMPTOSAR	134
<i>brompheniramine maleate</i>	90	<i>butalbital-apap-caff-cod</i>	28	CAMRESE	174
		<i>butalbital-apap-caffeine</i>	25	CAMRESE LO	174
		<i>butalbital-asa-caff-codeine</i>	28	CAMZYOS	158
		<i>butalbital-aspirin-caffeine</i>	25	CANASA	279
		<i>butorphanol tartrate</i>	41	CANCIDAS	88
		BUTRANS	41	<i>candesartan cilexetil</i>	98
		BYDUREON	78	<i>candesartan cilexetil-hctz</i>	97
		BYDUREON BCISE	78	<i>candida albicans extract</i>	7
		BYETTA 10 MCG PEN	79	<i>candida albicans skn tst antgn</i>	235
		BYETTA 5 MCG PEN	79	CANDIN	235
		BYFAVO	306	<i>cantaloupe (diagnostic)</i>	235
				<i>cantharidin</i>	213

CANVAS DX DIAGNOSIS		CARETOUCH TWIST	
AID AUTISM	250	LANCETS 30G	322
CAPASTAT SULFATE	109	CARETOUCH TWIST	
<i>capecitabine</i>	112	LANCETS 33G	322
CAPEX	205	CARETOUCH TWIST MC	
CAPLYTA	139	LANCETS 30G	322
CAPRELSA	122	<i>carglumic acid</i>	266
<i>capsfenac pak</i>	198	<i>carisoprodol</i>	401
<i>capsinac</i>	198	<i>carisoprodol-aspirin-codeine</i> ...	403
<i>captopril</i>	96	<i>carmustine</i>	132
<i>captopril-hydrochlorothiazide</i> ...	95	CARNITOR	263
CAPVAXIVE	465	CARNITOR SF	263
CARAC	199	CAROSPIR	261
CARAFATE	460	<i>carteolol hcl</i>	417
CARBAGLU	266	CARTIA XT	154
<i>carbamazepine</i>	61	<i>carvedilol</i>	152
<i>carbamazepine er</i>	61	<i>carvedilol phosphate er</i>	152
CARBATROL	61	CARVYKTI	117
<i>carbidopa</i>	136	<i>casein (diagnostic)</i>	235
<i>carbidopa-levodopa</i>	136	CASGEVY	296
<i>carbidopa-levodopa er</i>	136	<i>cashew nut (diagnostic)</i>	235
<i>carbidopa-levodopa-entacapone</i>	136, 137	<i>casirivimab</i>	433
<i>carbinoxamine maleate</i>	90	CASODEX	111
<i>carbinoxamine maleate er</i>	90	<i>caspofungin acetate</i>	88
CARBOCAINE	313	<i>cat hair extract</i>	7, 8
<i>carboplatin</i>	110	CATAFLAM	20
<i>carboprost tromethamine</i>	432	CATAPRES	99
CARDENE IV	154	CATAPRES-TTS-1	99
CARDIOCOM LANCING		CATAPRES-TTS-2	99
DEVICE	321	CATAPRES-TTS-3	99
CARDIOGEN-82	240	CATHFLO ACTIVASE	296
CARDIOLITE	240	<i>cattle epithelium</i>	8
<i>cardioplegia del nido formula</i> ..	158	CAVERJECT	160
<i>cardioplegia ind plasma high k</i>	158	CAVERJECT IMPULSE	160
<i>cardioplegia ind plasma-tromet</i>	158	CAYA	317
<i>cardioplegia induction high k</i> ...	158	CAYSTON	106
<i>cardioplegia induction low dex</i>	158	CAZANT	176
<i>cardioplegia induction non-enr</i>	158	<i>cedar elm</i>	8
<i>cardioplegia main low dextrose</i>	159	<i>cefaclor</i>	164
<i>cardioplegia main low trometha</i>	159	<i>cefaclor er</i>	164
.....	159	<i>cefadroxil</i>	163
<i>cardioplegia main plasma-</i>		<i>cefazolin in sodium chloride</i>	164
<i>trome</i>	159	<i>cefazolin sodium</i>	164
<i>cardioplegia maintenance</i>	159	<i>cefazolin sodium-dextrose</i>	164
<i>cardioplegia reperfusate 4:1</i> ...	159	<i>cefdinir</i>	165
<i>cardioplegic</i>	159	<i>cefepime hcl</i>	166
<i>cardioplegic soln w/ lidocaine</i> ..	159	<i>cefepime-dextrose</i>	166
CARDIZEM	154	<i>cefixime</i>	165
CARDIZEM CD	154	CEFOTAN	164
CARDIZEM LA	154	<i>cefotaxime sodium</i>	165
CARDURA	99	<i>cefotetan disodium</i>	164
		<i>cefotetan disodium-dextrose</i>	165
CARDURA XL	284		
CAREFINE PEN NEEDLES	347		
<i>careone advanced lancing dev</i> ..	321		
CAREONE BLOOD			
GLUCOSE SYSTEM	321		
CAREONE BLOOD			
GLUCOSE TEST	243		
<i>careone insulin syringe</i>	347		
CAREONE LANCET SUPER			
THIN 30G	321		
<i>careone lancet thin 23g</i>	322		
<i>careone unifine pentips</i>	347		
<i>careone unifine pentips plus</i>	347		
<i>carepoint poly hub needle</i>	347		
<i>carepoint safety 1st needle</i>	347		
CAREPOINT SAFETY1ST			
SYR/NEEDLE	347		
<i>carepoint syringe catheter tip</i> ...	347		
<i>carepoint syringe luer lock</i> 347, 348			
CAREPOINT SYRINGE			
LUER LOCK	347		
<i>carepoint syringe luer slip</i>	348		
<i>carepoint tubercln syr/luer sl</i> ...	348		
CARESENS LANCETS	322		
CARESENS LANCETS 30G	322		
CARESENS N FELIZ BT	322		
CARESENS N GLUCOSE			
SYSTEM	322		
CARESENS N GLUCOSE			
TEST	243		
CARESENS N VOICE			
SYSTEM	322		
CARETOUCH			
HYPODERMIC NEEDLE	348		
CARETOUCH INSULIN			
SYRINGE	348		
CARETOUCH			
LANCING/EJECTOR	322		
CARETOUCH LUER LOCK	348		
CARETOUCH LUER SLIP ..	348		
CARETOUCH MONITOR			
SYSTEM	322		
CARETOUCH PEN			
NEEDLES	348		
CARETOUCH SAFETY			
LANCETS	322		
CARETOUCH SAFETY			
LANCETS 26G	322		
CARETOUCH TEST	243		
CARETOUCH TWIST			
LANCETS 28G	322		

<i>cefoxitin sodium</i>	165	CHANTIX	447	CIMDUO	144
<i>cefoxitin sodium-dextrose</i>	165	CHANTIX CONTINUING		CIMERLI	430
<i>cefepodoxime proxetil</i>	165	MONTH PAK	447	<i>cimetidine</i>	459
<i>cefprozil</i>	165	CHANTIX STARTING		<i>cimetidine hcl</i>	459
<i>ceftazidime</i>	165	MONTH PAK	447	CIMZIA	281
<i>ceftazidime and dextrose</i>	165	CHARLOTTE 24 FE	168	CIMZIA (2 SYRINGE)	281
<i>ceftriaxone sodium</i>	165	CHATEAL	168	CIMZIA STARTER KIT	281
<i>ceftriaxone sodium in dextrose</i>	165	CHATEAL EQ	168	<i>cinacalcet hcl</i>	263
<i>ceftriaxone sodium-dextrose</i>	165	CHEMET	83	CINQAIR	54
<i>cefuroxime axetil</i>	165	CHEMSTRIP BG LOG		CINRYZE	292
<i>cefuroxime sodium</i>	165	BOOK	322	CINVANTI	87
CELACYN	219	CHENODAL	277	CIPRO	276
CELEBREX	18	<i>chicken meat (diagnostic)</i>	236	CIPRO HC	431
<i>celecoxib</i>	18	<i>childrens aspirin</i>	26	CIPRODEX	431
<i>celery (diagnostic)</i>	236	CHIRHOSTIM	238	<i>ciprofloxacin</i>	276
CELESTONE SOLUSPAN	182	<i>chlohux</i>	226	<i>ciprofloxacin hcl</i>	276, 420, 431
CELEXA	68	<i>chlooxia</i>	226	<i>ciprofloxacin in d5w</i>	276
CELLCEPT	382	<i>chloramphenicol sod succinate</i>	103	<i>ciprofloxacin-dexamethasone</i>	431
CELLCEPT INTRAVENOUS		<i>chlordiazepoxide hcl</i>	47	<i>ciprofloxacin-fluocinolone pf</i>	431
.....	382	<i>chlordiazepoxide-amitriptyline</i>	441	<i>cisatracurium besylate</i>	411
<i>cellpad</i>	365	<i>chlordiazepoxide-clidinium</i>	457	<i>cisatracurium besylate (pf)</i>	411
CELLUGEL	428	<i>chlorhexidine gluconate</i>	144, 387	<i>cisplatin</i>	110
CELONTIN	66	<i>chlorprocaine hcl (pf)</i>	314	<i>citalopram hydrobromide</i>	68
CEM-UREA	210	<i>chloroquine phosphate</i>	108	CITRANATAL 90 DHA	399
CENFOL	298	<i>chlorothiazide sodium</i>	262	CITRANATAL ASSURE	399
CENTANY	194	<i>chlorpromazine hcl</i>	142	CITRANATAL B-CALM	396
CENTANY AT	194	<i>chlorthalidone</i>	262	CITRANATAL BLOOM	396
CENTRATEX	301	<i>chlorzoxazone</i>	401, 402	CITRANATAL BLOOM	
<i>cephalexin</i>	164	CHOLBAM	277	DHA	399
CEPROTIN	293	<i>cholecal df</i>	298	CITRANATAL DHA	399
CEQUA	423	<i>cholesterol and lipid test</i>	243	CITRANATAL ESSENCE	399
CEQUR SIMPLICITY 2U	348	<i>cholestyramine</i>	92	CITRANATAL HARMONY	399
CEQUR SIMPLICITY		<i>cholestyramine light</i>	92	CITRANATAL MEDLEY	399
INSERTER	348	CHOLETEC	241	CITRANATAL RX	396
CERACADE	216	<i>chondroitin sulfate</i>	429	<i>citrulline easy</i>	272
CERAMAX	216	<i>chorionic gonadotropin</i>	269	<i>cladosporium cladosporioides</i>	8
CERDELGA	296	CHOSEN LANCETS 30G	322	<i>cladosporium sphaer (diagnost)</i>	
CEREBYX	65	CHOSEN SAFETY		.....	236
CEREFOLIN	255	LANCETS 28G	322	<i>cladosporium sphaerospermum</i>	8
CEREFOLIN NAC	255	CHROMAGEN	301	<i>cladribine</i>	112
CERETEC	242	<i>chromic chloride</i>	378	CLARAVIS	192
CEREZYME	296	CIALIS	162	CLARINEX	90
CERIANNA	241	CIBINQO	203	CLARINEX-D 12 HOUR	185
CEROVEL	210	CICASIL	365	CLARISCAN	252
<i>cervical specimen collection</i>	242	CICLODAN	196	<i>clarithromycin</i>	315
CERVIDIL	432	<i>ciclopirox</i>	196	<i>clarithromycin er</i>	315
CETACAINE	223	<i>ciclopirox olamine</i>	196	CLEANLET LANCETS 28G	322
<i>cetirizine hcl</i>	90	<i>ciclopirox treatment</i>	196	<i>clemastine fumarate</i>	90
CETRAXAL	431	<i>cidofovir</i>	149	CLENIA PLUS	188
<i>cetrotrelis acetate</i>	264	CIFEREX	299	CLENPIQ	309
CETROTIDE	264	<i>cilostazol</i>	293	CLEOCIN	105, 470
<i>cevimeline hcl</i>	389	CILOXAN	420	CLEOCIN PHOSPHATE	105

CLEOCIN-T	187	<i>clindamycin phos-benzoyl perox</i>	<i>clomipramine hcl</i>	71
CLEVER CHEK AUTO-CODE	319	.....	<i>clonazepam</i>	60
CLEVER CHEK AUTO-CODE SYSTEM	322	<i>clindamycin phosphate</i>	<i>clonidine</i>	99
CLEVER CHEK AUTO-CODE TEST	243	.....	<i>clonidine hcl</i>	99
CLEVER CHEK AUTO-CODE VOICE	243, 322	<i>clindamycin phosphate in d5w</i> ..	<i>clonidine hcl (analgesia)</i>	25
CLEVER CHEK LANCETS	322	<i>clindamycin phosphate in nacl</i> ..	<i>clonidine hcl er</i>	0, 99
CLEVER CHEK SYSTEM	322	<i>clindamycin-tretinoin</i>	<i>clopidogrel bisulfate</i>	296
CLEVER CHOICE AUTO-CODE SYSTEM	322	<i>clindavix</i>	<i>clorazepate dipotassium</i>	47
CLEVER CHOICE AUTO-CODE TEST	243	CLINDESSE	CLOROTEKAL	314
CLEVER CHOICE		(2.75/5).....	<i>clotrimazole</i>	211, 212, 387
COMFORT EZ	322, 348	CLINIMIX E/DEXTROSE	<i>clotrimazole-betamethasone</i>	195
CLEVER CHOICE HOLDING CHAMBER	366	(4.25/10).....	CLOVIQUE	379
CLEVER CHOICE LANCETS 21G	322	CLINIMIX E/DEXTROSE	<i>clozapine</i>	141
CLEVER CHOICE LANCETS 23G	322	(4.25/5).....	CLOZARIL	141
CLEVER CHOICE LANCETS 28G	322	CLINIMIX E/DEXTROSE	<i>c-nate dha</i>	396
CLEVER CHOICE MICRO SYSTEM	322	(5/15).....	CNJ-016	433
CLEVER CHOICE MICRO TEST	243	CLINIMIX E/DEXTROSE	<i>co monitor</i>	364
CLEVER CHOICE MINI SYSTEM	322	(5/20).....	COAGADEX	289
CLEVER CHOICE NO CODING	243	<i>clinimix e/dextrose (8/10)</i>	COAGUCHEK LANCETS	322
CLEVER CHOICE PULSE OXIMETER	343	<i>clinimix e/dextrose (8/14)</i>	<i>coal tar</i>	220
CLEVER CHOICE TALK SYSTEM	243, 322	CLINIMIX/DEXTROSE	COARTEM	108
CLEVIPREX	155	(4.25/10).....	<i>coatamax patch</i>	365
CLICKFINE PEN NEEDLES		CLINIMIX/DEXTROSE	COBAS LIAT SARS-COV-2 ASSAY	251
.....	348	(4.25/5).....	COBAS LIAT SARS-COV-2 CONTROL	251
<i>clickfine pen needles</i>	348	CLINIMIX/DEXTROSE	COBAS LIAT SARS-COV-2-AB ASSAY	239
CLIMARA	275	(5/20).....	COBAS LIAT SARS-COV-2-AB CNTRL	239
CLIMARA PRO	274	<i>clinimix/dextrose (6/5)</i>	<i>cocaine hcl</i>	405
CLINDACIN	187	<i>clinimix/dextrose (8/10)</i>	<i>cocklebur</i>	8
CLINDACIN ETZ	187, 188	<i>clinimix/dextrose (8/14)</i>	<i>cockroach mixed (diagnostic)</i> ...253	
CLINDACIN PAC	188	CLINISOL SF	<i>cockroach mixed allergen ext</i>	12
CLINDACIN-P	187	CLINOIN	<i>cocoa bean (diagnostic)</i>	236
CLINDAGEL	187	CLINOLIPID	<i>coconut (diagnostic)</i>	236
<i>clindamycin hcl</i>	105	CLINPRO 5000	<i>cod liver oil</i>	401
<i>clindamycin palmitate hcl</i>	105	<i>clobazam</i>	<i>codeine sulfate</i>	30
		<i>clobetasol prop emollient base</i> ..	<i>coenzyme q-10</i>	13
		<i>clobetasol propionate</i>	COGENTIN	135
		<i>clobetasol propionate e</i>	COLAZAL	279
		<i>clobetasol propionate emulsion</i>	<i>colchicine</i>	287
		<i>clobetavix</i>	<i>colchicine-probenecid</i>	287
		CLOBETEX	COLCIGEL	381
		CLOBEX	COLCRYS	287
		CLOBEX SPRAY	<i>colesevelam hcl</i>	92
		<i>clocortolone pivalate</i>	COLESTID	92
		CLODAN	COLESTID FLAVORED	92
		CLODERM	<i>colestipol hcl</i>	92
		<i>clofarabine</i>	<i>colistimethate sodium (cba)</i>	106
		CLOLAR	COLLANEX	230
		CLOMID	COLLATYL	230
		<i>clomiphene citrate</i>		

COLUMVI	118	CO-NATAL FA	396	CORTIFOAM	43
COLY-MYCIN M	107	CONCEPT DHA	396	<i>corti-sav</i>	195
COMBIGAN	416	CONCEPT OB	396	<i>cortisone acetate</i>	178
COMBIPATCH	274	CONCERTA	4	CORTISPORIN-TC	431
COMBIVENT RESPIMAT	51	<i>condoms</i>	316	CORTROPHIN	264
COMBIVIR	144	CONDYLOX	213	CORTROSYN	238
COMBOGESIC	19	CONJUPRI	155	CORVERT	49
COMETRIQ (100 MG		CONRAY	254	CORVITA	392
DAILY DOSE)	122	CONSENSI	154	CORVITA 150	301
COMETRIQ (140 MG		<i>constulose</i>	310	CORVITE 150	302
DAILY DOSE)	122	CONTOUR CONTROL	323	<i>corvite fe</i>	302
COMETRIQ (60 MG DAILY		CONTOUR MONITOR	323	COSELA	131
DOSE)	122	CONTOUR NEXT		COSENTYX	200, 201
COMFORT ASSIST		CONTROL	323	COSENTYX (300 MG DOSE)	
INSULIN SYRINGE	348	CONTOUR NEXT EZ	323	.....	200
<i>comfort assured lancets 28g</i>	322	CONTOUR NEXT GEN		COSENTYX SENSOREADY	
<i>comfort assured lancets 33g</i>	322	MONITOR	323	(300 MG)	200
COMFORT EZ INSULIN		CONTOUR NEXT LINK	323	COSENTYX SENSOREADY	
SYRINGE	348	CONTOUR NEXT		PEN	200
COMFORT EZ MICRO PEN		MONITOR	323	COSENTYX UNOREADY ...	201
NEEDLES	348	CONTOUR NEXT ONE	323	COSMEGEN	124
COMFORT EZ PEN		CONTOUR NEXT TEST	243	COSOFT	416
NEEDLES	348	CONTOUR PLUS BLUE	323	COSOFT PF	416
COMFORT EZ PRO PEN		CONTOUR PLUS TEST	243	<i>cosyntropin</i>	238
NEEDLES	348	CONTOUR TEST	243	COTELLIC	121
COMFORT EZ SHORT PEN		CONTRAST ALLERGY		COTEMPLA XR-ODT	4
NEEDLES	348	PREMED PACK	182	COVARYX	273
<i>comfort lancets</i>	322	CONTRAVE	3	COVARYX HS	273
COMFORT TOUCH		CONVENIENCE PAK	446	<i>covid-19 otc antigen 1-pack</i>	251
INSULIN PEN NEED	349	CONZIP	30	<i>covid-19 otc antigen 2-pack</i>	251
COMFORT TOUCH		COOL BLOOD GLUCOSE		<i>covid-19 specimen collection</i>	251
LANCETS 31G	323	TEST STRIPS	243	<i>cow milk (diagnostic)</i>	236
COMFORT TOUCH PLUS		COOL MONITOR	323	COXANTO	20
LANCETS 28G	323	COOL MONITOR KIT	323	COZAAR	98
COMFORT TOUCH PLUS		COPASIL	219	<i>crab (diagnostic)</i>	236
LANCETS 30G	323	COPAXONE	445	<i>cream base niosomes</i>	439
COMFORT TOUCH TWIST		COPIKTRA	133	<i>cream-heavy base niosomes</i>	439
LANCET 30G	323	CORDRAN	205	CREON	259
COMIRNATY	466	COREG	152	CRESEMBA	89
COMPACT SPACE		COREG CR	152	CRESTOR	93
CHAMBER	366	COREMINO	452	CRINONE	471
COMPACT SPACE		CORETEXT	221	CRIXIVAN	146
CHAMBER/LG MASK	366	CORGARD	153	CROFAB	433
COMPACT SPACE		CORIFACT	289	<i>cromolyn sodium</i>	51, 277, 419
CHAMBER/MED MASK	366	CORLANOR	163	CROTAN	219
COMPACT SPACE		CORLOPAM	100	CRYODOSE TA	226
CHAMBER/SM MASK	366	<i>corn (zea mays) (diagnostic)</i>	236	CRYSELLE-28	168
COMPLERA	144	<i>corn pollen</i>	8	CRYSVITA	273
<i>complete natal dha</i>	399	CORTANE-B	220	CUBICIN	103
<i>completenate</i>	396	CORTEF	178	CUBICIN RF	103
COMPRO	142	CORTENEMA	43	CUE COVID-19 TEST	251
COMTAN	138	CORTIC-ND	431		

CUE HEALTH		
MONITORING SYSTEM.....	251	
<i>cupric chloride.....</i>	378	
CUPRIMINE.....	379	
CURAE.....	173	
CURAFOAM AG FOAM		
DRESSING.....	230	
CURITY AMD		
ANTIMICROBIAL SPNGE..	319	
CURITY AMD		
ANTIMICROBIAL STRIP... 	319	
CURITY HYPERTONIC		
NACL STRIP.....	230	
CURITY IODOFORM		
PACKING STRIP.....	319	
CURITY NACL DRESSING		
6"X6-3/4".....	230	
CURITY STERILE SALINE	285	
CURITY WOUND		
CLOSURE 1/2"X4".....	316	
CURITY WOUND		
CLOSURE 1/4"X1.5".....	316	
CURITY WOUND		
CLOSURE 1/4"X3".....	316	
CURITY WOUND		
CLOSURE 1/4"X4".....	316	
CURITY WOUND		
CLOSURE 1/8"X3".....	316	
CUROSURF.....	451	
CUTAQUIG.....	434	
CUTIVATE.....	205	
CUVITRU.....	434	
CUVPOSA.....	462	
CUVRIOR.....	379	
CVS ADVANCED		
GLUCOSE TEST.....	243	
<i>cv's aspirin adult low dose.....</i>	26	
<i>cv's aspirin adult low strength.....</i>	26	
<i>cv's aspirin ec.....</i>	26	
<i>cv's aspirin low dose.....</i>	26	
<i>cv's aspirin low strength.....</i>	26	
CVS BLOOD GLUCOSE		
METER.....	323	
<i>cv's folic acid.....</i>	299	
<i>cv's glucose meter test strips.....</i>	243	
<i>cv's lancets 21g.....</i>	323	
<i>cv's lancets micro thin 33g.....</i>	323	
<i>cv's lancets original.....</i>	323	
<i>cv's lancets thin 26g.....</i>	323	
<i>cv's lancets ultra thin 30g.....</i>	323	
<i>cv's lancets ultra-thin 30g.....</i>	323	
<i>cv's lancing device.....</i>	323	
<i>cv's nicotine.....</i>	447	
<i>cv's nicotine polacrilex.....</i>	447	
<i>cv's ultra thin lancets.....</i>	323	
<i>cyanocobalamin.....</i>	297	
CYANOKIT.....	83	
CYCLAFEM 1/35.....	168	
CYCLAFEM 7/7/7.....	176	
<i>cyclo/gaba 10/300.....</i>	403	
<i>cyclobenzaprine hcl.....</i>	402	
<i>cyclobenzaprine hcl er.....</i>	402	
CYCLOGYL.....	418	
CYCLOMYDRIL.....	418	
CYCLOPAK.....	403	
<i>cyclopentolate hcl.....</i>	418	
CYCLOPHENE RAPIDPAQ	402	
<i>cyclophosphamide.....</i>	131, 132	
<i>cycloserine.....</i>	109	
CYCLOSET.....	74	
<i>cyclosporine.....</i>	380, 423	
<i>cyclosporine modified.....</i>	380	
CYGNUS DUAL.....	221	
CYKLOKAPRON.....	305	
CYLTEZO (2 PEN).....	16	
CYLTEZO (2 SYRINGE).....	16	
CYLTEZO-CD/UC/HS		
STARTER.....	16	
CYLTEZO-PSORIASIS/UV		
STARTER.....	16	
CYMBALTA.....	70	
<i>cyproheptadine hcl.....</i>	91	
CYRAMZA.....	134	
CYRED.....	168	
CYRED EQ.....	168	
CYSTADANE.....	266	
CYSTADROPS.....	429	
CYSTAGON.....	285	
CYSTARAN.....	429	
CYSTO-CONRAY II.....	254	
CYSTOGRAFIN.....	254	
CYSTOGRAFIN-DILUTE... 	254	
CYSVIEW.....	238	
CYTALUX.....	238	
<i>cytarabine.....</i>	112	
<i>cytarabine (pf).....</i>	112	
CYTOGAM.....	434	
CYTOMEL.....	455	
CYTOTEC.....	463	
CYTOTINE.....	416	
<i>cytra k crystals.....</i>	284	
<i>cytra-2.....</i>	284	
D.H.E. 45.....	369	
<i>dabigatran etexilate mesylate.....</i>	59	
<i>dacarbazine.....</i>	127	
DACOGEN.....	112	
DACTINOMYCIN.....	124	
<i>dalfampridine er.....</i>	444	
DALIRESP.....	54	
DALVANCE.....	103	
<i>danazol.....</i>	41	
<i>dandelion.....</i>	8	
DANTRIUM.....	403	
<i>dantrolene sodium.....</i>	403	
DANYELZA.....	116	
<i>dapagliflozin pro-metformin er... </i>	80	
<i>dapagliflozin propanediol.....</i>	80	
<i>dapsone.....</i>	105, 187	
DAPTACEL.....	456	
<i>daptomycin.....</i>	103	
<i>daptomycin-sodium chloride.....</i>	103	
DARAPRIM.....	108	
<i>darifenacin hydrobromide er... </i>	463	
DARTISLA ODT.....	462	
<i>darunavir.....</i>	146	
DARZALEX.....	115	
DARZALEX FASPRO.....	125	
DASETTA 1/35.....	168	
DASETTA 7/7/7.....	176	
DATSCAN.....	240	
<i>daunorubicin hcl.....</i>	124	
DAURISMO.....	120	
DAVIMET-FLUORIDE.....	394	
DAVIMET-IRON.....	391	
DAVIMET-M.....	393	
DAXXIFY.....	211	
<i>dayavite.....</i>	392	
DAYBUE.....	411	
DAYPRO.....	20	
DAYSEE.....	174	
DAYTRANA.....	4	
DAYVIGO.....	308	
<i>dazaveidaoxia.....</i>	219	
<i>dazomon.....</i>	218	
D-CARE BLOOD GLUCOSE		
.....	243	
D-CARE GLUCOMETER... 	323	
DDAVP.....	272	
DDAVP PF.....	272	
DEBACTEROL.....	387	
DEBLITANE.....	175	
DECADRON.....	178	
<i>decitabine.....</i>	112	
DEFENCATH.....	58	
<i>deferasirox.....</i>	83	
<i>deferasirox granules.....</i>	83	

<i>deferiprone</i>	83	DERMACINRX DOTREMIN	<i>desvenlafaxine succinate er</i>	70
<i>deferoxamine mesylate</i>	84	.....	DETECTNET	240
DEFINITY	252	DERMACINRX FOLTAMIN	DETROL	463
DEFINITY RT	252	299	DETROL LA	463
DEFITELIO	296	DERMACINRX LEXITRAL	<i>dexabliss</i>	178
<i>deflazacort</i>	178	PHARMAPAK	<i>dexameth sod phos-bupiv-epin</i> ..	182
DEFLUX	287	198	<i>dexamethasone</i>	178
DELESTROGEN	275	DERMACINRX LIDOGEL ..	<i>dexamethasone (la)</i>	178
DELFLEX-LC/1.5%		214	<i>dexamethasone ace & sod phos</i>	183
DEXTROSE	384	DERMACINRX MULTITAM	<i>dexamethasone acetate</i>	178
DELFLEX-LC/2.5%		.....	DEXAMETHASONE	
DEXTROSE	384	392	INTENSOL	178
DELFLEX-LC/4.25%		DERMACINRX PHN	<i>dexamethasone sod phos +rfid</i> ..	178
DEXTROSE	384	223	<i>dexamethasone sod phos-bupiv</i>	183
DELFLEX-SM/1.5%		DERMACINRX PRETRATE	<i>dexamethasone sod phos-nacl</i> ..	178
DEXTROSE	384	396	<i>dexamethasone sod phosphate</i>	
DELFLEX-SM/2.5%		DERMACINRX PROBISOL ..	<i>pf</i>	178
DEXTROSE	384	82	<i>dexamethasone sodium</i>	
DELSTRIGO	144	DERMACINRX	<i>phosphate</i>	178, 179, 426
DELUO	229	PROBITRAN	<i>dexamethasone-moxifloxacin</i>	425
DELYLA	168	82	<i>dexameth-moxiflox-ketorolac</i>	425
DELZICOL	279	DERMACINRX	DEXATRAN	392
<i>demeclocycline hcl</i>	452	PUREFOLIX	<i>dexchlorpheniramine maleate</i>	90
DEMEROL	30	299	DEXCOM G4 PLAT PED	
DEMSEER	97	DERMACINRX RIBOTIN-E	RCV/SHARE	323
DENAVIR	203	392	DEXCOM G4 PLAT PED	
DENGVAXIA	466	<i>dermacinrx surgical combopak</i>	RECEIVER	323
DENTA 5000 PLUS	388	217	DEXCOM G4 PLATINUM	
<i>denta 5000 plus sensitive</i>	387	DERMACINRX	RCV/SHARE	323
DENTAGEL	388	THERAZOLE PAK	DEXCOM G4 PLATINUM	
<i>deoxia</i>	188	195	RECEIVER	323
<i>deoxiademtar</i>	188	DERMACINRX UREA	DEXCOM G4 PLATINUM	
<i>deoxiatar</i>	188	210	TRANSMITTER	323
<i>deoxiavar</i>	188	DERMACINRX	DEXCOM G5 MOB/G4	
DEPAKOTE	66	ZINTREXYL-C	PLAT SENSOR	324
DEPAKOTE ER	66	392	DEXCOM G5 MOBILE	
DEPAKOTE SPRINKLES	66	DERMACINRX ZRM	RECEIVER	324
DEPEN TITRATABS	379	223	DEXCOM G5 MOBILE	
DEPLIN 15	255	<i>dermalid</i>	TRANSMITTER	324
DEPLIN 7.5	255	223	DEXCOM G5 RECEIVER	
DEPLIN FC	257	DERMA-SMOOTH/FS	KIT	324
DEPO-ESTRADIOL	275	BODY	DEXCOM G6 RECEIVER	324
DEPO-MEDROL	178	206	DEXCOM G6 SENSOR	324
DEPO-PROVERA	175	DERMA-SMOOTH/FS	DEXCOM G6	
DEPO-SUBQ PROVERA 104	175	SCALP	TRANSMITTER	324
DEPO-TESTOSTERONE ..	41, 42	206	DEXCOM G7 RECEIVER	324
DERMACINRX AZENASE		DERMASO PLUS	DEXCOM G7 SENSOR	324
PAK	405	216	DEXEDRINE	1
DERMACINRX		DERMAZENE	DEXERYL	216
CLORHEXACIN	217	195	DEXIFOL	390
DERMACINRX DAVIMET ..	393	DERMELLE	DEXILANT	460
		219	<i>dexlansoprazole</i>	460
		DERMETAZOLE		
		195		
		DERMOTIC		
		431		
		DERPIXA		
		230		
		DESCOVY		
		144		
		DESFERAL		
		84		
		<i>desflurane</i>		
		284		
		<i>desipramine hcl</i>		
		71		
		<i>desloratadine</i>		
		90		
		<i>desmopressin ace spray refrig</i> ..		
		272		
		<i>desmopressin acetate</i>		
		272, 273		
		<i>desmopressin acetate pf</i>		
		273		
		<i>desmopressin acetate spray</i>		
		273		
		<i>desogestrel-ethinyl estradiol</i>		
			
		167, 168		
		DESONATE		
		206		
		<i>desonide</i>		
		206		
		DESOWEN		
		206		
		<i>desoximetasone</i>		
		206		
		DESOXYN		
		1		
		DESRX		
		206		
		<i>desvenlafaxine er</i>		
		70		

DEXLIDO	183	DIATHRIVE BLOOD	<i>difluprednate</i>	427
DEXLIDO-M	183	GLUCOSE TEST	<i>difmetioxime</i>	195
<i>dexmedetomidine hcl</i>	309	DIATHRIVE GLUCOSE	DIGIFAB	84
<i>dexmedetomidine hcl in nacl</i>	308, 309	TEST	DIGITEK	157
<i>dexmedetomidine hcl-dextrose</i> ..	309	DIATHRIVE LANCET	DIGOX	157
<i>dexmethylphenidate hcl</i>	4	ULTRA THIN 30	<i>digoxin</i>	157
<i>dexmethylphenidate hcl er</i>	4	DIATHRIVE LANCETS	<i>dihydroergotamine mesylate</i>	369, 370
DEXONTO 0.4%	179	DIATHRIVE PEN NEEDLE ..	DILANTIN	65, 66
<i>dexpanthenol</i>	278	DIATHRIVE+ GLUCOSE	DILANTIN INFATABS	65
<i>dexrazoxane</i>	128	MONITOR	DILANTIN-125	66
<i>dexrazoxane hcl</i>	128	DIATHRIVE+ GLUCOSE	DILATRATE-SR	45
DEXTENZA	426	TEST	DILAUDID	30
<i>dextroamphetamine sulfate</i>	1	DIATROL	<i>diltiazem hcl</i>	155
<i>dextroamphetamine sulfate er</i>	1	<i>diatruue plus blood glucose</i>	<i>diltiazem hcl er</i>	155
<i>dextromethorphan-guaifenesin</i> ..	185	<i>diatruue plus test</i>	<i>diltiazem hcl er beads</i>	155
<i>dextrose</i>	415	<i>diazepam</i>	<i>diltiazem hcl er coated beads</i> ..	155
<i>dextrose 5%/electrolyte #48</i>	372	DIAZEPAM INTENSOL	<i>diltiazem hcl er coated beads</i> ..	155
<i>dextrose in lactated ringers</i>	372	<i>diazoxide</i>	<i>diltiazem hcl-dextrose</i>	155
<i>dextrose-sodium chloride</i> ..	372, 373	DIBENZYLINE	<i>diltiazem hcl-sodium chloride</i> ..	155
DEXYCU	427	<i>dichlorphenamide</i>	<i>dilt-xr</i>	155
<i>dfs dr/ms/menth/cap pak</i>	21	<i>diclareal</i>	<i>diluent for treprostinil</i>	438
<i>dfs/ms/menth/cap pak</i>	198	DICLEGIS	<i>dimenhydrinate</i>	86
DHIVY	137	<i>diclofenac</i>	<i>dimentho</i>	198
DIACOMIT	61	<i>diclofenac epolamine</i>	<i>dimercaptopropane-sulfonate</i>	83
<i>diadimaxia</i>	188	<i>diclofenac potassium</i>	<i>dimethyl fumarate</i>	444
DIALYVITE	390	<i>diclofenac potassium(migraine)</i> ..	<i>dimethyl fumarate starter pack</i> ..	444
DIALYVITE 3000	391	<i>diclofenac sodium</i> ..	<i>dimoxia</i>	189
DIALYVITE 5000	391	<i>diclofenac sodium er</i>	<i>diotchloy</i>	226
DIALYVITE SUPREME D ..	392	<i>diclofenac-misoprostol</i>	<i>diooxia</i>	200
DIALYVITE/ZINC	391	DICLOFONO	DIOVAN	98
DIANEAL LOW		<i>dicloheal-60</i>	DIOVAN HCT	97
CALCIUM/1.5% DEX	384	<i>diclona</i>	DIPENTUM	279
DIANEAL LOW		<i>diclona+</i>	<i>diphen</i>	90
CALCIUM/2.5% DEX	384	<i>diclopr</i>	<i>di-phen</i>	90
DIANEAL LOW		DICLOSAICIN	<i>diphenhydramine hcl</i>	90
CALCIUM/4.25% DEX	385	<i>diclostream</i>	<i>diphenoxylate-atropine</i>	82
DIANEAL PD-2/1.5%		DICLOTREX	<i>diphtheria-tetanus toxoids dt</i> ..	456
DEXTROSE	385	DICLOTREX II	DIPRIVAN	282
DIANEAL PD-2/2.5%		<i>diclovix</i>	DIPROLENE	206
DEXTROSE	385	<i>diclovix m</i>	DIPROLENE AF	206
DIANEAL PD-2/4.25%		<i>dicloxacillin sodium</i>	<i>dipyridamole</i>	238, 295
DEXTROSE	385	<i>diclozor</i>	DISCOVISC	428
<i>diaoxia</i>	188	DICOPANOL FUSEPAQ	<i>disopyramide phosphate</i>	48
<i>diasaxiatar</i>	188	DICOPANOL RAPIDPAQ	<i>disulfiram</i>	440
<i>diasdimaxia</i>	188	<i>dicyclomine hcl</i>	DITROPAN XL	463
<i>diasoxia</i>	189	<i>diethylpropion hcl</i>	DIURIL	262
DIASTAT ACUDIAL	60	<i>diethylpropion hcl er</i>	<i>divalproex sodium</i>	66
DIASTAT PEDIATRIC	60	DIFFERIN	<i>divalproex sodium er</i>	66
DIATHRIVE BLOOD		DIFICID	DIVIGEL	275
GLUCOSE METER	324	<i>diflorasone diacetate</i>	<i>dmsa</i>	241
		DIFLUCAN	DMT SUIK	183
		<i>diflunisal</i>	<i>dobutamine hcl</i>	158

<i>dobutamine-dextrose</i>	158	DROPLET LANCETS		DURAGESIC-25	31
<i>docetaxel</i>	130	ULTRA THIN 30G	324	DURAGESIC-50	31
DOCIVYX	130	DROPLET LANCING		DURAGESIC-75	31
DODEX	297	DEVICE	324	<i>duramorph</i>	31
<i>dofetilide</i>	49	DROPLET MICRON	349	DUREX EXTRA SENSITIVE	
<i>dog epithelium</i>	8	DROPLET PEN NEEDLES ..	349	THIN	316
<i>dog epithelium (diagnostic)</i>	236	DROPLET PERSONAL		DUREX REALFEEL	316
<i>dog fennel</i>	8	LANCETS 30G	324	DUREZOL	427
DOJOLVI	415	<i>dropsafe safety pen needles</i>	349	DURLAZA	295
DOLISHALE	173	DROPSAFE SAFETY		DUROLANE	404
<i>donepezil hcl</i>	441	SYRINGE/NEEDLE	349	DURYSTA	429
DONNATAL	457	<i>drosipren-eth estrad-levomefol</i> ..	168	<i>dust mite mixed allergen ext</i>	12
<i>dopamine hcl</i>	158	<i>drosiprenone-ethinyl estradiol</i> ..	168	<i>dutasteride</i>	284
<i>dopamine-dextrose</i>	158	DROXIA	298	<i>dutasteride-tamsulosin hcl</i>	286
DOPRAM	2	<i>droxidopa</i>	472	DUTOPROL	100
DOPTELET	304	<i>drug mart lancets thin 26g</i>	324	DUVYZAT	410
DORAL	306	DRUG MART LANCING		DX1 ORAGENOMIC DNA	
DORYX	452	DEVICE	324	SCREEN	244
DORYX MPC	452	DRUG MART ON-THE-GO		DX2 ORAGENOMIC DNA	
<i>dorzolamide hcl</i>	421	LANCET 30G	324	SCREEN	244
<i>dorzolamide hcl-timolol mal</i>	416	<i>drug mart unifine pentips</i>	349	DXEVO 11-DAY	179
<i>dorzolamide hcl-timolol mal pf</i> ..	416	<i>drug mart unifine pentips plus</i> ..	349	DXTERITY COVID-19	
DOTAREM	253	DRUG MART UNILET		HOME TEST	251
DOTATOC GA 68	240	LANCETS 28G	324	<i>d-xylose</i>	238
DOTTI	275	DRUG MART UNILET		DYANA VEL XR	1
<i>double pm</i>	425	LANCETS 30G	324	DYAZIDE	260
DOUBLEDEX	179	DRUG MART UNILET		<i>dyclopro</i>	214
DOVATO	144	LANCETS 33G	324	DYMISTA	405
DOVONEX	202	DRYSOL	217	DYNAFOAM AG FOAM	
<i>doxazosin mesylate</i>	100	DSUVIA	31	DRESSING	231
<i>doxepin hcl</i>	71, 200, 308	DUAKLIR PRESSAIR	51	DYNAGINATE AG CA ALG	
<i>doxercalciferol</i>	267	<i>dual complex formula 1 kit</i>	198	ROPE 30CM	231
DOXIL	124	DUAVEE	276	DYNAGINATE AG SILVER	
<i>doxorubicin hcl</i>	124	DUET DHA 400	396	CAL 2"X2"	231
<i>doxorubicin hcl liposomal</i>	124	DUET DHA BALANCED	396	DYNAGINATE AG SILVER	
DOXY 100	452	DUETACT	81	CAL 4"X5"	231
<i>doxycycline</i>	218	DUEXIS	19	DYNAGINATE AG SILVER	
<i>doxycycline hyclate</i>	452, 453	DULERA	51	CAL 4"X8"	231
<i>doxycycline monohydrate</i>	453	<i>duloxetine hcl</i>	70	DYRENIUM	261
<i>doxylamine-pyridoxine</i>	86	DULOXICAINE	449	DYSPORT	410
<i>draxace lotion cleanser</i>	189	DUOBRII	226	DYURAL 80-LM	183
<i>draxacey</i>	189	DUO-CARE	319	DYURAL-40	183
DRISDOL	475	DUO-CARE TEST	244	DYURAL-80	183
DRITHO-CREME HP	202	DUODOTE	82	DYURAL-L	183
<i>drixece</i>	189	DUOPA	137	DYURAL-LM	183
DRIZALMA SPRINKLE	70	DUOVISC	428	E.E.S. 400	315
<i>dronabinol</i>	87	DUPIXENT	203	E.E.S. GRANULES	315
<i>droperidol</i>	46	DURACLON	25	EASIVENT	367
DROPLET GENTEEL		DURAFIBER	231	EASIVENT MASK LARGE ..	367
LANCING DEVICE	324	DURAFIBER AG	231	EASIVENT MASK MEDIUM	
DROPLET INSULIN		DURAGESIC-100	31	.....	367
SYRINGE	349	DURAGESIC-12	31	EASIVENT MASK SMALL ..	367

<i>eastern cottonwood</i>	8	EASY TOUCH LANCING		ECONTRA ONE-STEP	173
<i>eastern cottonwood(diagnostic)</i>	236	DEVICE	325	ECOTEST COVID-19	
<i>easy comfort insulin syringe</i>	349	EASY TOUCH PEN		RAPID TEST	251
<i>easy comfort lancets</i>	324	NEEDLES	350	ECOTRIN LOW	
<i>easy comfort lancets twist top</i> ...	324	EASY TOUCH SAFETY		STRENGTH	26
<i>easy comfort pen needles</i> ..	349, 350	LANCETS 21G	325	ECOZA	212
<i>easy glide pen needles</i>	350	EASY TOUCH SAFETY		EC-RX DHEA	13
EASY MAX BLOOD		LANCETS 23G	325	<i>ec-rx estradiol</i>	275
GLUCOSE TEST	244	EASY TOUCH SAFETY		<i>ec-rx progesterone</i>	439
EASY MAX T1 GLUCOSE		LANCETS 26G	325	<i>ec-rx testosterone</i>	42
SYSTEM	324	EASY TOUCH SAFETY		ECZEMOL	381
<i>easy plus ii glucose system</i>	324	LANCETS 28G	325	<i>edaravone</i>	406
<i>easy plus ii glucose test</i>	244	EASY TOUCH SAFETY PEN		EDARBI	98
EASY STEP GLUCOSE		NEEDLES	350	EDARBYCLOR	97
MONITOR	324	EASY TOUCH		EDECRIIN	261
EASY STEP TEST	244	SHEATHLOCK SYRINGE ...	350	<i>edetate calcium disodium</i>	84
<i>easy talk blood glucose system</i> ..	324	EASY TOUCH SYRINGE		<i>edetate disodium</i>	379
<i>easy talk blood glucose test</i>	244	BARREL 10ML	350	EDEX	160
<i>easy talk plus ii test strips</i>	244	EASY TOUCH SYRINGE		EDLUAR	308
EASY TOUCH FLIPLOCK		BARREL 1ML	350	<i>ed-spaz</i>	458
INSULIN SY	350	EASY TOUCH SYRINGE		EDURANT	147
EASY TOUCH GLUCOSE		BARREL 3ML	350	EEMT	273
SYSTEM	324	EASY TOUCH SYRINGE		EEMT HS	273
EASY TOUCH		BARREL 5ML	350	<i>efavirenz</i>	147
HEALTHPRO GLUCOSE	244	EASY TOUCH TEST	244	<i>efavirenz-emtricitab-tenofo df</i> ...	144
EASY TOUCH		<i>easy trak blood glucose system</i> ..	325	<i>efavirenz-lamivudine-tenofovir</i> ..	144
HYPODERMIC NEEDLE	350	<i>easy trak blood glucose test</i>	244	EFFER-K	376
EASY TOUCH INSULIN		<i>easy trak ii blood glucose sys</i> ...	325	EFFEXOR XR	70
SAFETY SYR	350	<i>easy trak ii glucose test</i>	244	EFFIENT	296
EASY TOUCH INSULIN		EASYGEL	388	EFUDEX	199
SYRINGE	350	EASYGLUCO	244, 325	<i>egg white (diagnostic)</i>	236
EASY TOUCH LANCETS		EASYGLUCO PLUS	244	EGRIFTA SV	265
21G	324	EASYMAX 15 TEST	244	<i>eha</i>	214
EASY TOUCH LANCETS		EASYMAX NG BLOOD		ELAHERE	125
23G	324	GLUCOSE	325	ELAPRASE	268
EASY TOUCH LANCETS		EASYMAX TEST	244	ELCYS	415
26G	324	EASYMAX V BLOOD		ELELYSO	296
EASY TOUCH LANCETS		GLUCOSE	325	ELEMAR PATCH	224
28G	324	EASYPOINT NEEDLE	350	ELEMENT AUTOCODE	
EASY TOUCH LANCETS		EASYPOINT		SYSTEM	325
28G/TWIST	325	NEEDLE/SYRINGE	350	<i>element compact glucose system</i>	
EASY TOUCH LANCETS		EASYPRO BLOOD		.....	325
30G	325	GLUCOSE MONITOR	325	<i>element compact test</i>	244
EASY TOUCH LANCETS		EASYPRO BLOOD		<i>element compact v glucose sys</i> ..	325
30G/TWIST	325	GLUCOSE TEST	244	ELEMENT PLUS	325
EASY TOUCH LANCETS		EASYPRO PLUS	244, 325	ELEMENT TEST	244
32G	325	EB-N3 DR	390	ELEPSIA XR	61
EASY TOUCH LANCETS		<i>eceoxia</i>	189	ELESTRIN	275
32G/TWIST	325	EC-NAPROSYN	21	ELETONE	216
EASY TOUCH LANCETS		<i>ec-naproxen</i>	21	<i>eletriptan hydrobromide</i>	370
33G/TWIST	325	<i>econazole nitrate</i>	212	ELEVIDYS 10.0-10.4 KG	407
		ECONTRA EZ	173	ELEVIDYS 10.5-11.4 KG	407

ELEVIDYS 11.5-12.4 KG	407	ELEVIDYS 63.5-64.4 KG	410	EMBRACE TALK BLOOD	
ELEVIDYS 12.5-13.4 KG	407	ELEVIDYS 64.5-65.4 KG	410	GLUCOSE	325
ELEVIDYS 13.5-14.4 KG	408	ELEVIDYS 65.5-66.4 KG	410	EMBRACE TALK	
ELEVIDYS 14.5-15.4 KG	408	ELEVIDYS 66.5-67.4 KG	410	GLUCOSE TEST	244
ELEVIDYS 15.5-16.4 KG	408	ELEVIDYS 67.5-68.4 KG	410	EMBRACE TALK	
ELEVIDYS 16.5-17.4 KG	408	ELEVIDYS 68.5-69.4 KG	410	MONITORING SYSTEM	326
ELEVIDYS 17.5-18.4 KG	408	ELEVIDYS 69.5 KG PLUS	410	EMBRACE WAVE BLOOD	
ELEVIDYS 18.5-19.4 KG	408	ELFABRIO	264	GLUCOSE	245
ELEVIDYS 19.5-20.4 KG	408	ELFOLATE	257	EMCYT	128
ELEVIDYS 20.5-21.4 KG	408	ELFOLATE PLUS	256	EMEND	87
ELEVIDYS 21.5-22.4 KG	408	ELIDEL	215	EMEND TRI-PACK	87
ELEVIDYS 22.5-23.4 KG	408	ELIGARD	130	EMERPHED	472
ELEVIDYS 23.5-24.4 KG	408	ELIMITE	219	EMFLAZA	179
ELEVIDYS 24.5-25.4 KG	408	ELINEST	168	EMGALITY	369
ELEVIDYS 25.5-26.4 KG	408	ELIQUIS	57	EMGALITY (300 MG DOSE)	
ELEVIDYS 26.5-27.4 KG	408	ELIQUIS DVT/PE		.....	369
ELEVIDYS 27.5-28.4 KG	408	STARTER PACK	57	EMOQUETTE	168
ELEVIDYS 28.5-29.4 KG	408	ELITEK	128	EMPAVELI	292
ELEVIDYS 29.5-30.4 KG	408	ELITE-OB	396	EMPLICITI	117
ELEVIDYS 30.5-31.4 KG	408	<i>elite-thin insulin syringe</i>	350	EMPRICAINE-II	224
ELEVIDYS 31.5-32.4 KG	408	ELIXOPHYLLIN	56	<i>emreal</i>	224
ELEVIDYS 32.5-33.4 KG	408	ELLA	173	EMSAM	68
ELEVIDYS 33.5-34.4 KG	408	ELLECE	124	<i>emtricitabine</i>	148
ELEVIDYS 34.5-35.4 KG	408	ELLIOTTS B	373	<i>emtricitabine-tenofovir df</i>	144
ELEVIDYS 35.5-36.4 KG	409	ELMIRON	286	EMTRIVA	148
ELEVIDYS 36.5-37.4 KG	409	ELOCTATE	289	EMULSION SB	216
ELEVIDYS 37.5-38.4 KG	409	ELREXFIO	118	EMVERM	45
ELEVIDYS 38.5-39.4 KG	409	ELUCIREM	253	EMZAHH	175
ELEVIDYS 39.5-40.4 KG	409	ELURYNG	173	ENABLEX	463
ELEVIDYS 40.5-41.4 KG	409	ELYXYB	369	<i>enalapril maleate</i>	96
ELEVIDYS 41.5-42.4 KG	409	ELZONRIS	126	<i>enalaprilat</i>	96
ELEVIDYS 42.5-43.4 KG	409	EMBRACE BLOOD		<i>enalapril-hydrochlorothiazide</i>	96
ELEVIDYS 43.5-44.4 KG	409	GLUCOSE MONITOR	325	ENBRACE HR	396
ELEVIDYS 44.5-45.4 KG	409	EMBRACE BLOOD		ENBREL	24
ELEVIDYS 45.5-46.4 KG	409	GLUCOSE TEST	244	ENBREL MINI	24
ELEVIDYS 46.5-47.4 KG	409	EMBRACE EVO BLOOD		ENBREL SURECLICK	24
ELEVIDYS 47.5-48.4 KG	409	GLUCOSE TEST	244	ENCARE	470
ELEVIDYS 48.5-49.4 KG	409	EMBRACE EVO GLUCOSE		ENDARI	297
ELEVIDYS 49.5-50.4 KG	409	MONITOR	325	ENDEAVORRX	380
ELEVIDYS 50.5-51.4 KG	409	EMBRACE EVO GLUCOSE		ENDOCET	39
ELEVIDYS 51.5-52.4 KG	409	MONITORING	325	ENDOFORM DERMAL	
ELEVIDYS 52.5-53.4 KG	409	EMBRACE LANCETS		TEMPLATE	231
ELEVIDYS 53.5-54.4 KG	409	ULTRA THIN 30G	325	ENDOFORM	
ELEVIDYS 54.5-55.4 KG	409	EMBRACE PEN NEEDLES	351	DERMAL/FENESTRATED	231
ELEVIDYS 55.5-56.4 KG	409	EMBRACE PRESSURE		ENDOMETRIN	471
ELEVIDYS 56.5-57.4 KG	409	ACTIVATED 21G	325	ENGERIX-B	466
ELEVIDYS 57.5-58.4 KG	410	EMBRACE PRESSURE		<i>english plantain</i>	8
ELEVIDYS 58.5-59.4 KG	410	ACTIVATED 28G	325	<i>english plantain (diagnostic)</i>	236
ELEVIDYS 59.5-60.4 KG	410	EMBRACE PRO GLUCOSE		<i>english walnut (diagnostic)</i>	236
ELEVIDYS 60.5-61.4 KG	410	METER	325	ENHERTU	125
ELEVIDYS 61.5-62.4 KG	410	EMBRACE PRO GLUCOSE		ENILLORING	173
ELEVIDYS 62.5-63.4 KG	410	TEST	244	ENJAYMO	292

ENLITE GLUCOSE			
SENSOR	326	<i>epinephrine hcl</i>	419
ENLYTE	256	<i>epinephrine hcl (nasal)</i>	406
<i>enovarx-baclofen</i>	194	<i>epinephrine hcl-dextrose</i>	472
<i>enovarx-cyclobenzaprine hcl</i>	402	<i>epinephrine hcl-nacl</i>	472
<i>enovarx-diclofenac sodium</i>	197	<i>epinephrine pf</i>	473
<i>enovarx-ibuprofen</i>	197	<i>epinephrine professional</i>	471
<i>enovarx-lidocaine hcl</i>	214	<i>epinephrine-dextrose</i>	473
<i>enovarx-naproxen</i>	197	<i>epinephrine-nacl</i>	473
<i>enovarx-tramadol</i>	194	EPINEPHRINESNAP	471
<i>enoxaparin sodium</i>	58, 59	EPINEPHRINESNAP-EMS ..	471
ENOXILUV KIT	59	EPINEPHRINESNAP-V	471
ENPRESSE-28	176	EPIPEN 2-PAK	471
ENSKYCE	168	EPIPEN JR 2-PAK	471
ENSPRYNG	384	<i>epirubicin hcl</i>	125
ENSTILAR	226	EPISIL	389
<i>entacapone</i>	138	EPISNAP	471
ENTADFI	286	EPITOL	61
<i>entecavir</i>	149	EPIVIR	148
ENTERAGAM	257	EPIVIR HBV	149
ENTERO VU	254	EPKINLY	118
ENTOCORT EC	179	<i>epiphenone</i>	100
ENTRESTO	160	EPOGEN	298
ENTTY SPRAY	216	<i>epoprostenol sodium</i>	160
ENTYVIO	280	EPRONTIA	61
ENU NUTRITIONAL		EPSOLAY	192
SHAKE	258	<i>eptifibatide</i>	293
ENU PRO3 PLUS	258	EPZICOM	145
<i>enulose</i>	280	<i>eq aspirin adult low dose</i>	26
ENVARUS XR	383	<i>eq aspirin low dose</i>	26
<i>enzadyne</i>	259	<i>eq blood glucose test</i>	245
<i>enznonuty</i>	224	<i>eq nicotine</i>	447
ENZOCLEAR	192	<i>eq nicotine polacrilex</i>	447
EOHILIA	179	<i>eq nicotine step 3</i>	447
EOVIST	253	<i>eq space chamber anti-static</i>	367
EPANED	96	<i>eq space chamber anti-static l.</i>	367
EPCLUSA	149	<i>eq space chamber anti-static m</i>	367
<i>ephedrine sulfate (pressors)</i>	472	<i>eq space chamber anti-static s.</i>	367
<i>ephedrine sulfate-nacl</i>	472	<i>eql aspirin low dose</i>	26, 27
EPICERAM	216	<i>eql color lancets 21g</i>	326
<i>epicoccum nigrum</i>	8	<i>eql color lancets micro 33g</i>	326
EPICORD	221	<i>eql insulin syringe</i>	351
EPICYN	220	<i>eql nicotine polacrilex</i>	447
EPIDIOLEX	61	<i>eql super thin lancets 30g</i>	326
EPIDUO	189	<i>eql thin lancets 26g</i>	326
EPIDUO FORTE	189	<i>equacare jr</i>	258
EPIFIX	221	EQUETRO	139
EPIFIX MICRONIZED	221	ERAXIS	88
EPIFOAM	220	ERBITUX	119
<i>epinastine hcl</i>	419	<i>ergocal</i>	475
<i>epinephrine</i>	471, 473	<i>ergocalciferol</i>	475
<i>epinephrine (anaphylaxis)</i>	471	<i>ergoloid mesylates</i>	446
		ERGOMAR	370
		<i>ergotamine-caffeine</i>	369
		<i>eribulin mesylate</i>	130
		ERIVEDGE	120
		ERLEADA	111
		<i>erlotinib hcl</i>	119
		<i>erlotinib hcl (bulk)</i>	166
		ERMEZA	455
		ERRIN	175
		ERTACZO	212
		<i>ertapenem sodium</i>	103
		ERWINASE	126
		<i>ery</i>	187
		ERYGEL	187
		ERYPED 200	315
		ERYPED 400	315
		ERY-TAB	315
		ERYTHROCIN	
		LACTOBIONATE	315
		ERYTHROCIN STEARATE	315
		<i>erythromycin</i>	187, 316, 420
		<i>erythromycin base</i>	316
		<i>erythromycin ethylsuccinate</i>	316
		<i>erythromycin lactobionate</i>	316
		ESBRIET	451
		<i>escitalopram oxalate</i>	68
		ESGIC	25
		ESKATA	220
		<i>esmolol hcl</i>	153
		<i>esmolol hcl-sodium chloride</i>	153
		<i>esomeprazole magnesium</i>	460
		<i>esomeprazole sodium</i>	460
		<i>esomeprazole strontium</i>	460
		ESPEROCT	289
		ESSENTIAL CARE JR	258
		<i>est estrogens-methyltest</i>	274
		<i>est estrogens-methyltest ds</i>	274
		<i>est estrogens-methyltest hs</i>	274
		ESTARYLLA	168
		<i>estazolam</i>	306
		ESTRACE	275, 470
		<i>estradiol</i>	275, 470
		<i>estradiol valerate</i>	275
		<i>estradiol-norethindrone acet</i>	274
		ESTRATEST F.S.	274
		ESTRING	470
		ESTROGEL	275
		ESTROSTEP FE	176
		<i>eszopiclone</i>	308
		<i>etesevimab</i>	433
		<i>ethacrynate sodium</i>	261
		<i>ethacrynic acid</i>	261
		<i>ethambutol hcl</i>	109

ETHAMOLIN	386	EXCILON AMD DRAIN		FABIOR	193
<i>ethosuximide</i>	66	SPONGES	319	FABRAZYME	264
<i>ethoxia</i>	189	EXEL COMFORT POINT		<i>face shield full length</i>	343
<i>ethyl chloride</i>	226	INSULIN SYR	351	<i>face shield full length/clear</i>	343
<i>ethynodiol diac-eth estradiol</i>	168	EXEL COMFORT POINT		FALESSA	168
ETHYOL	134	PEN NEEDLE	351	FALMINA	169
<i>etodolac</i>	21	EXELDERM	212	<i>famciclovir</i>	150
<i>etodolac er</i>	21	EXELON	441	<i>famotidine</i>	459
<i>etomidate</i>	282	EXEM	253	<i>famotidine (pf)</i>	459
<i>etonogestrel-ethinyl estradiol</i> ...	173	<i>exemestane</i>	127	<i>famotidine premixed</i>	459
ETOPOPHOS	130	EXFORGE	97	FANAPT	139
<i>etoposide</i>	131	EXFORGE HCT	99	FANAPT TITRATION	
<i>etravirine</i>	147	EXJADE	83	PACK	139
<i>eua patient assessment</i>	384	EXKIVITY	119	FANATREX FUSEPAQ	61
EUCRISA	218	EXODERM	195	FANTASY LUBRICATED	316
EUFLEXXA	404	EXONDYS 51	410	FANTASY	
EULEXIN	111	EXPAREL	313	LUBRICATED/SPERMICID	
EUTHYROX	455	EXSERVAN	406	E	316
EVAMIST	275	EXTAVIA	443	FARESTON	111
EVEKEO	1	EXTENCILLINE	437	FARXIGA	80
EVEKEO ODT	1	<i>extended infusion set 23"/6mm</i> ..	341	FARYDAK	120
EVENCARE + BLOOD		<i>extended infusion set 23"/9mm</i> ..	341	FASENRA	54
GLUCOSE TEST	245	<i>extended infusion set 32"/6mm</i> ..	341	FASENRA PEN	54
EVENCARE BLOOD		<i>extended infusion set 32"/9mm</i> ..	341	FASLODEX	128
GLUCOSE TEST	245	EXTENDED RESERVOIR		FASTEP COVID-19 RAPID	
EVENCARE G2 TEST	245	3ML	342	TEST	251
EVENCARE G3 TEST	245	EXTINA	212	<i>favipiravir</i>	151
EVENCARE MINI		EXTRANEAL	385	<i>fa-vitamin b-6-vitamin b-12</i>	299
GLUCOSE TEST	245	EYLEA	430	FAYOSIM	174
EVENCARE PROVIEW		EYLEA HD	430	<i>fbl kit</i>	198
GLUCOSE TEST	245	EYSUVIS	427	<i>febuxostat</i>	287
EVENITY	270	E-Z JECT LANCET MICRO-		FEIBA	289
EVERLYWELL COVID-19		THIN 33G	326	<i>felbamate</i>	65
HOME TEST	251	E-Z JECT LANCET SUPER		FELBATOL	65
<i>everolimus</i>	122, 383	THIN 30G	326	FELDENE	21
EVERSENSE		E-Z JECT LANCETS	326	<i>felodipine er</i>	155
SENSOR/HOLDER	326	E-Z JECT LANCETS 21G	326	FEM PH	469
EVERSENSE SMART		E-Z JECT LANCETS THIN		FEMARA	127
TRANSMITTER	326	26G	326	FEMCAP	316
EVISTA	270	EZALLOR SPRINKLE	93	FEMHRT	274
EVKEEZA	91	E-Z-DISK	254	FEMRING	470
EVOCLIN	187	<i>ezetimibe</i>	94	FEMYNOR	169
EVOLUTION AUTOCODE		<i>ezetimibe-rosuvastatin</i>	94	<i>fenofibrate</i>	92, 93
.....	245, 326	<i>ezetimibe-simvastatin</i>	94	<i>fenofibrate micronized</i>	92, 93
EVOMELA	132	E-Z-HD	254	<i>fenofibric acid</i>	93
EVOTAZ	145	EZ-LETS LANCETS 21G	326	FENOGLIDE	93
EVOXAC	389	EZ-LETS LANCETS 26G	326	<i>fenopropfen calcium</i>	21
EVRYSDI	413	EZ-LETS LANCETS 28G	326	FENORTHO	21
EVUSHELD	436	EZ-LETS LANCETS 30G	326	FENOVAR	198
EVZIO	84	FA-8	300	FENSOLVI (6 MONTH)	268
EXACTECH R-S-G TEST	245	<i>fabb</i>	299	<i>fentanyl</i>	33
EXACTECH TEST	245	FABHALTA	292	<i>fentanyl cit-bupivacaine hcl</i>	29

<i>fentanyl citrate</i>	31, 32	<i>finapod</i>	211	FLUAD	466
<i>fentanyl citrate (pf)</i>	31	<i>finapodtar</i>	211	FLUAD QUADRIVALENT ...	466
<i>fentanyl citrate pf</i>	31	<i>finasteride</i>	227, 284	FLUARIX	466
<i>fentanyl citrate-nacl</i>	32, 33	FINE 30	326	FLUARIX QUADRIVALENT	
<i>fentanyl cit-ropivacaine-nacl</i>	29	FINGERSTIX LANCETS	326	.....	466
<i>fentanyl-bupivacaine-nacl</i>	29, 30	<i>fingolimod hcl</i>	449	FLUBLOK	
<i>fentanyl-ropivacaine-nacl</i>	30	FINTEPLA	61	QUADRIVALENT	466
FENTORA	33	FINZALA	169	FLUCAINE	422
<i>feonyx</i>	302	FIORICET	25	FLUCELVAX	
FERAHEME	303	FIORICET/CODEINE	28	QUADRIVALENT	467
FERIVA 21/7	304	FIORINAL	25	<i>fluconazole</i>	89
FERIVAFA	302	FIORINAL/CODEINE #3	28	<i>fluconazole in sodium chloride</i> ...	89
<i>ferocon</i>	302	FIRAZYR	291	<i>flucytosine</i>	88
<i>ferotinsic</i>	302	FIRDAPSE	108	<i>fludarabine phosphate</i>	112
FERRALET 90	304	<i>fire ant</i>	8	<i>fludeoxyglucose f 18</i>	241
<i>ferraplus 90</i>	304	FIRMAGON	129	<i>fludrocortisone acetate</i>	182
FERRIPROX	83	FIRMAGON (240 MG DOSE)		FLULAVAL	467
FERRIPROX TWICE-A-		.....	129	FLULAVAL	
DAY	83	FIRST PANTOPRAZOLE ...	461	QUADRIVALENT	467
FERRLECIT	303	FIRST-BACLOFEN	402	<i>flumazenil</i>	84
FERROCITE PLUS	302	FIRST-LANSOPRAZOLE ...	461	FLUMIST QUADRIVALENT	
FERRO-PLEX	302	FIRST-METRONIDAZOLE ...	101	.....	467
<i>ferrous sulfate</i>	303	FIRST-MOUTHWASH BLM	386	<i>flunisolide</i>	405
<i>ferumoxytol</i>	303	FIRST-OMEPRAZOLE	461	<i>fluocinolone acetonide</i>	206, 431
<i>fesoterodine fumarate er</i>	463	FIRST-PROGESTERONE		<i>fluocinolone acetonide body</i>	206
FETROJA	166	VGS	471	<i>fluocinolone acetonide scalp</i> ...	206
FETZIMA	70	FIRVANQ	103	<i>fluocinonide</i>	206
FETZIMA TITRATION	70	FLAC	431	<i>fluocinonide emulsified base</i>	206
<i>fe-vite iron</i>	303	FLAGYL	101	FLUOPAR	227
FEXMID	402	FLAREX	427	<i>fluorescein</i>	422
FIASP	74	<i>flavoxate hcl</i>	464	<i>fluorescein sodium/benoxinate</i> ...	422
FIASP FLEXTOUCH	74	FLEBOGAMMA DIF	434	<i>fluorescein-benoxinate</i>	422
FIASP PENFILL	74	<i>flecainide acetate</i>	49	FLUORESCITE	422
FIASP PUMPCART	74	FLECTOR	197	FLUORIDEX	388
FIBERSOURCE HN	258	FLEQSUVY	402	FLUORIDEX DAILY	
FIBRICOR	93	FLEXBUMIN	294	RENEWAL	388
FIBRYGA	289	FLEXICHAMBER	367	FLUORIDEX ENHANCED	
FIFTY50 GLUCOSE		FLEXICHAMBER ADULT		WHITENING	388
METER 2.0	326	MASK/SMALL	367	FLUORIDEX SENSITIVITY	
FIFTY50 GLUCOSE TEST		FLEXICHAMBER CHILD		RELIEF	387
2.0	245	MASK/LARGE	367	FLUORIMAX 5000	388
FIFTY50 PEN NEEDLES	351	FLEXICHAMBER CHILD		FLUORIMAX 5000	
FIFTY50 SAFETY SEAL		MASK/SMALL	367	SENSITIVE	387
LANCETS	326	<i>flexipak</i>	19	FLUOR-I-STRIPS A.T.	422
FIFTY50 SUPERIOR		FLOLAN	160	<i>floritab</i>	375
COMFORT SYR	351	<i>flolipid</i>	93	<i>fluorodopa f 18</i>	240
FIFTY50 UNILET		FLOMAX	284	<i>fluorometholone</i>	427
LANCETS 33G	326	FLORIVA	375, 395	FLUROPLEX	199
FILSPARI	286	FLORIVA PLUS	394	<i>fluorouracil</i>	112, 199
FILSUVEZ	231	FLOVENT DISKUS	55	<i>fluovix</i>	227
FINACEA	218	FLOVENT HFA	55	<i>fluovix plus</i>	227
<i>finapid</i>	211	<i>floxuridine</i>	112	<i>fluoxetine hcl</i>	68

<i>fluoxetine hcl (pmd)</i>	446	FOLIVANE-PLUS	302	FORA GTEL BLOOD	
<i>fluoxia</i>	189	FOLIXAPURE	299	GLUCOSE SYSTEM	326
<i>fluphenazine decanoate</i>	142	FOLIXATE	299	FORA GTEL BLOOD	
<i>fluphenazine hcl</i>	142	FOLLISTIM AQ	269	GLUCOSE TEST	245
FLURA-DROPS	375	FOLOTYN	112	FORA LANCETS	326
<i>flurandrenolide</i>	206	<i>folplex 2.2</i>	299	FORA PREMIUM V10 BLE	
FLURA-SAFE	422	FOLTANX	256	SYSTEM	326
<i>flurazepam hcl</i>	306	FOLTANX RF	256	FORA TEST N' GO	
<i>flurbiprofen</i>	21	FOLTRATE	297	ADVANCE	341
<i>flurbiprofen sodium</i>	424	FOLTREXYL	299	FORA TEST N' GO	
<i>flutamide</i>	111	<i>foltrin</i>	302	MONITOR	326
<i>fluticasone furoate-vilanterol</i>	51	FOLTIX	256	FORA TN'G ADVANCE	
<i>fluticasone propionate</i>	206, 406	FOLVITE-D	299	PRO	245, 341
<i>fluticasone propionate diskus</i>	55	<i>fomepizole</i>	84	FORA TN'G VOICE	326
<i>fluticasone propionate hfa</i>	55	<i>fondaparinux sodium</i>	59	FORA TN'G/TN'G VOICE ...	245
<i>fluticasone-salmeterol</i>	51	FORA 6 CONNECT	245	FORA V10 BLOOD	
<i>fluvastatin sodium</i>	93	FORA 6 CONNECT/GTEL		GLUCOSE SYSTEM	327
<i>fluvastatin sodium er</i>	93	TEST	245	FORA V10 BLOOD	
<i>fluvoxamine maleate</i>	69	FORA BLOOD GLUCOSE		GLUCOSE TEST	246
<i>fluvoxamine maleate er</i>	68	TEST	245	FORA V10/V12/D10/D20	
FLUZONE HIGH-DOSE		FORA D10 2-IN-1		TEST	327
QUADRIVALENT	467	MONITOR	319	FORA V12 BLOOD	
FLUZONE		FORA D15G 2-IN-1		GLUCOSE SYSTEM	327
QUADRIVALENT	467	MONITOR	319	FORA V12 BLOOD	
<i>flyprogpitdar</i>	211	FORA D15G BLOOD		GLUCOSE TEST	246
FML	427	GLUCOSE TEST	245	FORA V20 BLOOD	
FML FORTE	427	FORA D20 2-IN-1		GLUCOSE SYSTEM	327
FML LIQUIFILM	427	MONITOR	319	FORA V20 BLOOD	
FOAMIL	438	FORA D20 BLOOD		GLUCOSE TEST	246
FOCALIN	4	GLUCOSE TEST	245	FORA V30A BLOOD	
FOCALIN XR	4	FORA D40		GLUCOSE SYSTEM	327
<i>focinvez</i>	87	GLUCOSE/PRESSURE	319	FORA V30A BLOOD	
<i>folamax</i>	392	FORA D40/G31 BLOOD		GLUCOSE TEST	246
<i>folamed dha</i>	392	GLUCOSE	245	FORACARE GD40	
<i>folate</i>	300	FORA D40G		MONITOR	327
<i>folbee</i>	299	GLUCOSE/PRESSURE	319	FORACARE GD40 TEST	246
<i>folbee plus</i>	390	FORA G20 BLOOD		FORACARE PREMIUM V10	
FOLBEE PLUS CZ	391	GLUCOSE SYSTEM	326	.....	327
FOLBIC RF	256	FORA G20 BLOOD		FORACARE PREMIUM V10	
FOLCYTEINE	393	GLUCOSE TEST	245	TEST	246
FOLDITAM	299	FORA G30/PREM V10		FORACARE TEST N GO	
FOLGARD OS	391	GLUCOSE TEST	245	MONITOR	327
FOLGARD RX	299	FORA G30A BLOOD		FORACARE TEST N GO	
<i>folic acid</i>	300	GLUCOSE SYSTEM	326	TEST	246
<i>folic d3</i>	299	FORA GD20 BLOOD		FORANE	284
<i>folic-k</i>	391	GLUCOSE SYSTEM	326	<i>foraxa</i>	231
FOLI-D	299	FORA GD20 TEST	245	<i>fordagel</i>	214
FOLIFLEX	392	FORA GD50 BLOOD		FORFIVO XL	67
<i>folite</i>	299	GLUCOSE SYSTEM	326	<i>formaldehyde</i>	143
FOLITIN-Z	392	FORA GD50 BLOOD		<i>formoterol fumarate</i>	52
FOLIVANE-F	303	GLUCOSE TEST	245	FORTAMET	72
FOLIVANE-OB	396			FORTAZ	166

FORTEO	270	FREESTYLE LIBRE 3	<i>gallium ga 68 gozetotide</i>	241
FORTESTA	42	SENSOR	GALZIN	378
FORTISCARE G1 TEST		FREESTYLE LIBRE	GAMASTAN	434
STRIP	246	READER	GAMIFANT	384
FORTISCARE T1		FREESTYLE LIBRE	GAMMACORE	363
GLUCOSE SYSTEM	327	SENSOR SYSTEM	GAMMACORE SAPPHIRE	363
FORTISCARE TEST	246	FREESTYLE LITE	GAMMACORE SAPPHIRE	
FOSAMAX	263	FREESTYLE LITE TEST	31-DAY	363
FOSAMAX PLUS D	263	FREESTYLE PRECISION	GAMMACORE SAPPHIRE	
<i>fosamprenavir calcium</i>	146	INS SYR	D	363
<i>fosaprepitant dimeglumine</i>	87	FREESTYLE PRECISION	GAMMACORE SAPPHIRE	
<i>foscarnet sodium</i>	149	NEO SYSTEM	REFILL KIT	363
FOSCAVIR	149	FREESTYLE PRECISION	GAMMAGARD	434
<i>fosfomycin tromethamine</i>	107	NEO TEST	GAMMAGARD S/D LESS	
<i>fosinopril sodium</i>	96	FREESTYLE TEST	IGA	434
<i>fosinopril sodium-hctz</i>	96	FREESTYLE UNISTICK II	GAMMAKED	434
<i>fosphenytoin sodium</i>	66	LANCETS	GAMMAPLEX	434
FOSRENOL	281	<i>fresenius propoven</i>	GAMUNEX-C	434
FOSTEUM	256	FROTEK	<i>ganciclovir</i>	149
FOSTEUM PLUS	256	FROVA	<i>ganciclovir sodium</i>	149
FOTIVDA	122	<i>frovatriptan succinate</i>	<i>ganirelix acetate</i>	265
FRAGMIN	59	FRUZAQLA	GARDASIL 9	467
<i>fraiche 5000 previ</i>	387	<i>ft aspirin low dose</i>	GASTROCROM	277
<i>fraiche 5000 sensitive</i>	387	<i>ft nicotine</i>	GASTROGRAFIN	254
FREAMINE III	414	<i>ft nicotine mini</i>	<i>gatifloxacin</i>	420
<i>freds pharmacy autolet lancing</i>	327	FUL-GLO	GATTEX	278
<i>freds pharmacy unifine pentip+</i>	351	FULPHILA	GAVILYTE-C	309
<i>freds pharmacy unifine pentips</i>	351	<i>fulvestrant</i>	GAVILYTE-G	309
<i>freds pharmacy unilet lanc 28g</i>	327	<i>fungimez</i>	GAVILYTE-N WITH	
<i>freds pharmacy unilet lanc 30g</i>	327	FUROSCIX	FLAVOR PACK	309
<i>freedom adaptaderm</i>	439	<i>furosemide</i>	GAVRETO	123
<i>freedom derma serum</i>	439	<i>furosemide in sodium chloride</i>	GAZYVA	114
FREEDOM DERMA-D	439	.....	<i>ge100 blood glucose system</i>	327
FREEDOM DERMA-N	439	FUSION PLUS	<i>ge100 blood glucose test</i>	246
FREESTYLE FREEDOM		FUZEON	<i>geametdray</i>	213
LITE	327	FYARRO	GEBAUERS PAIN EASE	226
FREESTYLE INSULINX		FYAVOLV	GEBAUERS SPRAY AND	
TEST	246	FYCOMPA	STRETCH	226
FREESTYLE LANCETS	327	FYLNETRA	<i>gefitinib</i>	119
FREESTYLE LIBRE 14 DAY		FYREMADEL	GELCLAIR	389
READER	327	<i>gabapentin</i>	GELFILM	428
FREESTYLE LIBRE 14 DAY		<i>gabapentin (once-daily)</i>	GEL-FLOW	305
SENSOR	327	<i>gabapentin-naproxen compd kit</i>	GELFOAM-JMI POWDER ..	305
FREESTYLE LIBRE 2		.....	GELFOAM-JMI SPONGE ...	305
READER	327	GABITRIL	GELNIQUE	463
FREESTYLE LIBRE 2		GABLOFEN	GEL-ONE	404
SENSOR	327	GADAVIST	GELSYN-3	404
FREESTYLE LIBRE 3 PLUS		<i>gadobutrol</i>	GELX	389
SENSOR	327	<i>gadoterate meglumine</i>	<i>gemcitabine hcl</i>	112
FREESTYLE LIBRE 3		GALAFOLD	<i>gemfibrozil</i>	93
READER	327	<i>galantamine hydrobromide</i>	GEMMILY	169
		.....	GEMTESA	464
		<i>galantamine hydrobromide er.</i>		
		GALAXTRA		
		<i>gallium citrate ga 67</i>		
			

<i>gen7t</i>	214	<i>global inject ease insulin syr</i>	351	GLUCOPRO INSULIN	
<i>gen7t plus</i>	224	<i>global inject ease lancets 28g</i> ...	328	SYRINGE	351
GEN7T PLUS	224	<i>global inject ease lancets 30g</i> ...	328	<i>glucose meter test</i>	246
GENADUR	216	<i>global insulin syringes</i>	351	GLUCOTROL	81
GENERESS FE	169	GLOPERBA	287	GLUCOTROL XL	81
<i>generlac</i>	280	GLOSTRIPS	422	GLUMETZA	72
GENGRAF	380	GLUCAGEN DIAGNOSTIC	238	<i>glutaraldehyde</i>	144
GENICIN VITA-D	299	GLUCAGEN HYPOKIT	72	<i>glutathione</i>	415
GENICIN VITA-Q	393	<i>glucagon emergency</i>	72	<i>glyburide</i>	81
GENICIN VITA-S	390	<i>glucagon hcl (diagnostic)</i>	238	<i>glyburide micronized</i>	81
GENOTROPIN	265	GLUCO PERFECT 3		<i>glyburide-metformin</i>	80
GENOTROPIN MINIQUICK		METER	328	GLYCATE	462
.....	265	GLUCO PERFECT 3 TEST ..	246	<i>glycine</i>	285, 415
GENTAK	420	GLUCOCARD 01 BLOOD		<i>glycine urologic</i>	285
<i>gentamicin in saline</i>	13	GLUCOSE	328	<i>glycolic acid</i>	202
<i>gentamicin sulfate</i>	13, 195, 420	GLUCOCARD 01 SENSOR		GLYCOPHOS	375
GENTEEL BUTTERFLY		PLUS	246	<i>glycopyrrolate</i>	462
TOUCH LANCET	327	GLUCOCARD 01-MINI		<i>glycopyrrolate pf</i>	462
GENTLE-LET GP		GLUCOSE	328	GLYDO	214
LANCETS	328	GLUCOCARD		GLYNASE	81
GENTLE-LET LANCETS	328	EXPRESSION MONITOR ...	328	GLYRX-PF	462
GENTLE-LET PLATFORMS		GLUCOCARD		GLYSET	71
.....	328	EXPRESSION TEST	246	GLYTACTIN	
GENULTIMATE TEST	246	GLUCOCARD SHINE	328	BETTERMILK 15	258
GENVISC 850	404	GLUCOCARD SHINE		GLYTACTIN	
GENVOYA	145	CONNEX	328	BETTERMILK DE-LITE	258
GEODON	139	GLUCOCARD SHINE		GLYTACTIN BUILD 10PE ..	258
<i>german cockroach</i>	8	EXPRESS	328	GLYTACTIN BUILD 20/20 ..	258
<i>ght blood glucose monitor</i>	328	GLUCOCARD SHINE TEST	246	GLYTACTIN BUILD 20/20	
<i>ght test</i>	246	GLUCOCARD SHINE XL ...	328	PKU	258
GIALAX	310	GLUCOCARD VITAL		GLYTACTIN BURST	258
GIAPREZA	473	MONITOR	328	GLYTACTIN COMPLETE	
GILENYA	449	GLUCOCARD VITAL TEST	246	10PE	258
GILOTRIF	119	GLUCOCARD X-METER ...	328	GLYTACTIN RESTORE 10 ..	258
GILPHEX TR	185	GLUCOCARD X-SENSOR ...	246	GLYTACTIN RESTORE 5 ...	258
GIMOTI	278	GLUCOCOM AUTOLINK		GLYTACTIN RESTORE	
GIVLAARI	288	TELEMONITOR	328	LITE 10	258
GLASSIA	450	GLUCOCOM BLOOD		GLYTACTIN RESTORE	
<i>glatiramer acetate</i>	445	GLUCOSE MONITOR	328	LITE 10PE	258
GLATOPA	445	GLUCOCOM LANCETS		GLYTACTIN RTD 10	258
GLEEVEC	118	28G	328	GLYTACTIN RTD 15	258
GLEOLAN	238	GLUCOCOM LANCETS		GLYTACTIN RTD LITE 15 ..	258
GLEOSTINE	132	30G	328	GLYTACTIN SWIRL 15	258
GLIADEL WAFER	132	GLUCOCOM LANCETS		GLYTACTIN SWIRL 15PE ..	258
<i>glimepiride</i>	81	33G	328	GLYXAMBI	80
<i>glipizide</i>	81	GLUCOCOM MONITOR	328	<i>gnp adult aspirin low strength</i>	27
<i>glipizide er</i>	81	GLUCOCOM TEST	246	<i>gnp aspirin</i>	27
<i>glipizide xl</i>	81	GLUCONAVII BLOOD		<i>gnp aspirin low dose</i>	27
<i>glipizide-metformin hcl</i>	80	GLUCOSE SYS	328	<i>gnp clickfine pen needles</i>	352
<i>global ease inject pen needles</i> ..	351	GLUCONAVII BLOOD		GNP EASY TOUCH	
<i>global easy glide insulin syr</i>	351	GLUCOSE TEST	246	GLUCOSE METER	328
<i>global easy glide pen needles</i> ...	351			<i>gnp easy touch glucose test</i>	246

<i>gnp folic acid</i>	300	<i>goodsense lancets 30g univ</i>	329	GUARDIAN REAL-TIME	
<i>gnp insulin syringe</i>	352	<i>goodsense lancets 33g</i>	329	CHARGER	329
<i>gnp insulin syringes</i>	352	<i>goodsense lancets 33g univ</i>	329	GUARDIAN REAL-TIME	
<i>gnp insulin syringes 28gx1/2"</i> ...352		<i>goodsense nicotine</i>	447	REPLACE PED	329
<i>gnp insulin syringes 29gx1/2"</i> ...352		GOODSENSE PEN NEEDLE		GUARDIAN REAL-TIME	
<i>gnp insulin syringes 30gx5/16"</i> .352		PENFINE	352	TEST PLUG	329
<i>gnp insulin syringes 31gx5/16"</i> .352		<i>goprelto</i>	405	GUARDIAN SENSOR (3)	329
<i>gnp lancets 21g</i>	328	GORDOFILM	214	<i>guardian sensor 3</i>	329
<i>gnp lancets thin 26g</i>	328	<i>grafco silver nit applicator</i>	204	GVOKE HYPOPEN 1-PACK . 72	
<i>gnp nicotine</i>	447	GRAFIX CORE 1.5CM X		GVOKE HYPOPEN 2-PACK . 72	
<i>gnp nicotine mini</i>	447	2CM	221	GVOKE KIT	72
<i>gnp nicotine polacrilex</i>	447	GRAFIX CORE 16MM	221	GVOKE PFS	72
<i>gnp sterile lancets 28g</i>	328	GRAFIX CORE 2CM X 3CM		GYNAZOLE-1	469
<i>gnp sterile lancets 30g</i>	328	.....	221	HABITROL	448
<i>gnp sterile lancets 33g</i>	328	GRAFIX CORE 3CM X 4CM		<i>hackberry</i>	8
GNP TRUE METRIX AIR		.....	222	HADLIMA	16
METER	329	GRAFIX CORE 5CM X 5CM		HADLIMA PUSHTOUCH	16
GNP TRUE METRIX		.....	222	HAEGARDA	292
GLUCOSE METER	329	GRAFIX PRIME 1.5CM X		HAEMOLANCE PLUS	329
GNP TRUE METRIX		2CM	222	HAEMOLANCE PLUS	
GLUCOSE STRIPS	247	GRAFIX PRIME 16MM	222	HIGH FLOW	329
GNP TRUETRACK SMART		GRAFIX PRIME 2CM X		HAEMOLANCE PLUS LOW	
SYSTEM	247	3CM	222	FLOW	329
GNP TRUETRACK TEST		GRAFIX PRIME 3CM X		HAEMOLANCE PLUS MAX	
STRIPS	247	4CM	222	FLOW	329
<i>gnp ulticare pen needles</i>	352	GRAFIX PRIME 5CM X		HAEMOLANCE PLUS	
GNP ULTIGUARD		5CM	222	PEDIATRIC FLOW	329
SAFEPACK NEEDLE	352	GRAFIX XC 7.5CM X 15CM	222	HAILEY 1.5/30	169
<i>gnp ultra com insulin syringe</i> ... 352		GRALISE	445, 446	HAILEY 24 FE	169
GOCOVRI	136	<i>granisetron hcl</i>	85	HAILEY FE 1.5/30	169
<i>gohibic</i>	292	GRANIX	300	HAILEY FE 1/20	169
GOJJI BLOOD GLUCOSE		<i>grass pollen mixture of 6</i>	8	HALAVEN	131
TEST	247	<i>grass pollen(k-o-r-t-swt vern)</i>	8	<i>halcinonide</i>	207
GOJJI BLOOD TEST		GRASTEK	8	HALCION	306
STRIP/LANCETS	247	<i>green ash pollen</i>	8	HALDOL	140
GOJJI MULTI-		GREEN GLO LISSAMINE		HALDOL DECANOATE	140
FUNCTIONAL SYSTEM	341	GREEN	422	<i>halobetasol propionate</i>	207
GOJJI STERILE LANCETS	329	<i>griseofulvin microsize</i>	88	HALOETTE	173
<i>goldenrod</i>	8	<i>griseofulvin ultramicrosize</i>	88	HALOG	207
GOLYTELY	310	<i>guanendrux</i>	214	<i>haloperidol</i>	140
GONAL-F	269	<i>guanfacine hcl</i>	99	<i>haloperidol decanoate</i>	140
GONAL-F RFF	269	<i>guanfacine hcl er</i>	0	<i>haloperidol lactate</i>	140
GONAL-F RFF REDIRECT ..	269	<i>guanidine hcl</i>	109	HALUCORT	216
GONITRO	45	GUARDIAN 4 GLUCOSE		<i>haproderm</i>	231
<i>goodsense aspirin</i>	27	SENSOR	329	HARMONY BLOOD	
<i>goodsense aspirin adult low st</i> ...27		GUARDIAN 4		GLUCOSE TEST	247
<i>goodsense aspirin low dose</i>	27	TRANSMITTER	329	HARVONI	149, 150
<i>goodsense blood glucose</i> .. 247, 329		GUARDIAN CONNECT		HAVRIX	467
<i>goodsense clickfine pen needle</i> .352		TRANSMITTER	329	<i>haxchlo</i>	202
<i>goodsense color lancets 33g</i>	329	GUARDIAN LINK 3		<i>haxchlodrex</i>	202
<i>goodsense lancets 26g univ</i>	329	TRANSMITTER	329	<i>haxdrax</i>	202
<i>goodsense lancets 30g</i>	329			<i>hazelnut (filbert)(diagnostic)</i>	236

HCU EASY	258	HEPLISAV-B	467	HUMALOG	74, 75
HCU EXPRESS 15 PLUS+	258	<i>hepmed</i>	58	HUMALOG JUNIOR	
HCU EXPRESS 20 PLUS+	258	HEPSERA	149	KWIKPEN	75
HEALON DUET PRO	428	HEPZATO W/50MM		HUMALOG KWIKPEN	75
HEALON GV PRO	428	CATHETER	132	HUMALOG MIX 50/50	75
HEALON PRO	428	HEPZATO W/62MM		HUMALOG MIX 50/50	
HEALON5 PRO	428	CATHETER	132	KWIKPEN	75
HEALTH CARE LANCING		HER STYLE	173	HUMALOG MIX 75/25	75
DEVICE	329	HERCEPTIN	116	HUMALOG MIX 75/25	
HEALTHPRO BLOOD		HERCEPTIN HYLECTA	125	KWIKPEN	75
GLUCOSE MONITO	329	HERZUMA	116	HUMALOG TEMPO PEN	75
<i>healthwise insulin syr/needle</i>	352	HESPAN	293	HUMAN ALBUMIN	
<i>healthwise micron pen needles</i> ..	352	<i>hetastarch-nacl</i>	293	GRIFOLS	294
<i>healthwise mini pen needles</i>	352	HETLIOZ	309	HUMATE-P	290
<i>healthwise pen needles</i>	352	HETLIOZ LQ	309	HUMATIN	13
<i>healthwise short pen needles</i>	352	HEXATRIONE	179	HUMATROPE	265
<i>healthwise unifine pentips</i>	352	<i>hexiounyl</i>	195	HUMIRA (2 PEN)	16
<i>healthy accents lancing device</i> ..	329	HEXTEND	293	HUMIRA (2 SYRINGE)	16
<i>healthy accents unifine pentip</i> ...	352	HIBERIX	465	HUMIRA-CD/UC/HS	
<i>healthy accents unilet lancets</i> ...	329	HIDEX 6-DAY	179	STARTER	16
HEATHER	175	HIPREX	107	HUMIRA-PED<40KG	
<i>h-e-b aspirin</i>	27	HISTATROL	238	CROHNS STARTER	16
<i>h-e-b incontrol adv lancing</i>	329	<i>hixdefrima</i>	195	HUMIRA-PED>/=40KG	
<i>h-e-b incontrol lancets 28g</i>	329	HIZENTRA	434	CROHNS START	17
<i>h-e-b incontrol lancets 30g</i>	329	<i>hm aspirin</i>	27	HUMIRA-PED>/=40KG UC	
<i>h-e-b incontrol lancets 33g</i>	329	<i>hm aspirin ec low dose</i>	27	STARTER	17
<i>h-e-b incontrol pen needles</i>	352	HM EMBRACE TALK		HUMIRA-PS/UV/ADOL HS	
H-E-B INCONTROL		SYSTEM	329	STARTER	17
UNIFINE PENTIP	352	<i>hm folic acid</i>	300	HUMIRA-	
HECTOROL	267	<i>hm nicotine</i>	448	PSORIASIS/UEVIT	
HELIDAC THERAPY	462	<i>hm nicotine polacrilex</i>	448	STARTER	17
HEMABATE	432	HM ULTICARE INSULIN		HUMULIN 70/30	75
HEMADY	179	SYRINGE	352	HUMULIN 70/30 KWIKPEN ..	75
HEMANGEOL	153	HM ULTICARE MINI PEN		HUMULIN N	75
<i>hematinic plus vit/minerals</i>	302	NEEDLES	352	HUMULIN N KWIKPEN	75
<i>hematinic/folic acid</i>	303	HM ULTICARE SHORT		HUMULIN R	75
HEMATOGEN FA	302	PEN NEEDLES	353	HUMULIN R U-500	
HEMATRON-AF (WITH		HOMACTIN AA PLUS	258	(CONCENTRATED)	75
DOCUSATE)	302	HOMATROPAIRE	418	HUMULIN R U-500	
HEMGENIX	288	<i>home pap kit</i>	247	KWIKPEN	75
HEMLIBRA	288	HONEY BEE VENOM		HW EMBRACE PRO	
HEMMOREX-HC	44	PROTEIN	8	GLUCOSE METER	329
HEMOCYTE PLUS	302	HORIZANT	446	HW EMBRACE PRO	
HEMOCYTE-F	303	<i>hormone cr heavy base</i>		GLUCOSE TEST	247
HEMOFIL M	289, 290	<i>niosomes</i>	439	HW EMBRACE TALK	
HEPAGAM B	434	<i>hormone cream base niosomes</i> ..	439	BLOOD GLUCOSE	330
<i>heparin (porcine) in nacl</i>	57	<i>horse epithelium</i>	8	HW EMBRACE TALK	
<i>heparin na (pork) lock flsh pf</i>	57	<i>horse epithelium (diagnostic)</i> ...	236	GLUCOSE TEST	247
<i>heparin sod (porcine) in d5w</i>	58	HPR PLUS	216	HYALGAN	404
<i>heparin sod (pork) lock flush</i>	58	HPR PLUS HYDROGEL	216	HYCANTIN	134
<i>heparin sodium (porcine)</i>	58	HULIO (2 PEN)	16	HYCLODEX	220
<i>heparin sodium (porcine) pf</i>	58	HULIO (2 SYRINGE)	16	HYCODAN	185

<i>hydralazine hcl</i>	101	HYLATOPIC PLUS	216	ID NOW COVID-19 2.0	
HYDREA	127	<i>hylavite</i>	390	TEST	251
HYDRO 40	210	<i>hylazinc</i>	392	ID NOW COVID-19	
<i>hydrochlorothiazide</i>	262	HYLENEX	381	CONTROL	251
<i>hydrocod poli-chlorphe poli er</i>	186	HYMOVIS	404	ID NOW INFLUENZA A & B	
<i>hydrocodone bitartrate er</i>	33	HYOPHEN	107	2	251
<i>hydrocodone bit-homatrop mbr</i>	185	<i>hyoscyamine sulfate</i>	458, 459	ID NOW INFLUENZA A & B	
<i>hydrocodone-acetaminophen</i>	30	<i>hyoscyamine sulfate er</i>	458	2 CONTR	251
<i>hydrocodone-ibuprofen</i>	30	<i>hyosyne</i>	459	ID NOW RSV	251
<i>hydrocort lotion complete kit</i>	207	HYPERHEP B	434, 435	ID NOW RSV CONTROL	
<i>hydrocortisone</i>	43, 179, 207	HYPERLYTE-CR	374	SWAB	251
<i>hydrocortisone (perianal)</i>	44	HYPERRAB	435	ID NOW STREP A2	251
<i>hydrocortisone ace-pramoxine</i>		HYPERRHO S/D	435	ID NOW STREP A2	
.....	43, 220	HYPERSAL	185	CONTROL SWAB	251
<i>hydrocortisone acetate</i>	44	HYPERTET	435	IDACIO (2 PEN)	17
<i>hydrocortisone butyr lipo base</i>	207	HYOCYN	211, 220	IDACIO (2 SYRINGE)	17
<i>hydrocortisone butyrate</i>	207	HYOCYN ANTIPRURITIC	220	IDACIO-CROHNS/UC	
<i>hydrocortisone complete kit</i>	207	HYPOLANCE AST		STARTER	17
<i>hydrocortisone valerate</i>	207	LANCING	330	IDACIO-PSORIASIS	
<i>hydrocortisone-acetic acid</i>	431	HYQVIA	436	STARTER	17
<i>hydrocortisone-iodoquinol</i>	195	HYRIMOZ	17	IDAMYCIN PFS	125
<i>hydrocort-pramoxine (perianal)</i>	43	HYRIMOZ-CROHNS/UC		<i>idaoxia</i>	219
HYDROFERA BLUE 4"X4"	231	STARTER	17	<i>idaran</i>	194
HYDROFERA BLUE 6"X6"	231	HYRIMOZ-PED<40KG		<i>idarubicin hcl</i>	125
HYDROFERA BLUE FOAM		CROHN STARTER	17	IDELVION	290
DRESSING	231	HYRIMOZ-PED>=40KG		IDHIFA	129
HYDROFERA BLUE		CROHN START	17	IDOSE TR	429
FOAM/TUNNELING	231	HYRIMOZ-PLAQUE		<i>idyxiatar</i>	189
HYDROFERA BLUE MRF		PSORIASIS START	17	IFEREX 150 FORTE	302
DRESSING	231	HYRONAN	404	IFEX	132
HYDROFERA BLUE		HYSINGLA ER	34	<i>ifosfamide</i>	132
READY FOAM	231	HY-VEE LANCETS	330	IGALMI	309
<i>hydrogen peroxide</i>	144	<i>hy-vee thin lancets</i>	330	IGLUCOSE MONITORING	
<i>hydromet</i>	185	HYZAAR	98	SYSTEM	330
<i>hydromorphone hcl</i>	33, 34	<i>ibandronate sodium</i>	263	IGLUCOSE TEST STRIPS ..	247
<i>hydromorphone hcl er</i>	33	IBRANCE	128	IHEEZO	423
<i>hydromorphone hcl pf</i>	33	IBSRELA	278	ILARIS	18
<i>hydromorphone hcl-nacl</i>	34	IBU	21	ILET CONTACT DETACH ..	342
<i>hydroquinone</i>	209	IBUPAK	21	ILET INSET	342
HYDROXATE	207	<i>ibuprofen</i>	21	<i>ilet insulin pump</i>	342
<i>hydroxocobalamin acetate</i>	297	<i>ibuprofen lysine</i>	21	ILEVRO	424
<i>hydroxychloroquine sulfate</i>	108	<i>ibuprofen-famotidine</i>	19	<i>iliderm</i>	216
HYDROXYM	207	<i>ibutilide fumarate</i>	49	ILLUCCIX	
<i>hydroxyprogesterone caproate</i>		IC GREEN	238	CONFIGURATION A	241
.....	133, 440	ICAR-C PLUS	302	ILLUCCIX	
<i>hydroxyurea</i>	127	<i>icatibant acetate</i>	291	CONFIGURATION B	241
<i>hydroxyzine hcl</i>	46	ICLEVIA	174	ILUMYA	201
<i>hydroxyzine pamoate</i>	46	ICLOFENAC CP	198	ILUVIEN	427
HYFTOR	215	ICLUSIG	118	<i>imatinib mesylate</i>	118
<i>hygel</i>	231	<i>icosapent ethyl</i>	91	IMBRUVICA	119
HYLAFEM	381	ID NOW COVID-19	251	IMCIVREE	4
HYLAGUARD	216			IMDELLTRA	118

<i>imdevimab</i>	433	<i>indomethacin er</i>	21	INSPIRACHAMBER/MOUT	
IMFINZI	117	<i>indomethacin sodium</i>	22	HPIECE	367
<i>imioxia</i>	195	INFANRIX	456	INSPIRACHAMBER/SMAL	
<i>imipenem-cilastatin</i>	102	INFASURF	451	L	367
<i>imipramine hcl</i>	71	INFED	303	INSPIREASE	367
<i>imipramine pamoate</i>	71	INFINITY BLOOD		INSPIREASE RESERVOIR	
<i>imiquimod</i>	212	GLUCOSE SYSTEM	330	BAGS	367
<i>imiquimod pump</i>	212	INFINITY BLOOD		INSPRA	101
IMITREX	370	GLUCOSE TEST	247	<i>insulin asp prot & asp flexpen</i>	75
IMITREX STATDOSE		INFINITY VOICE	247, 330	<i>insulin aspart</i>	75
REFILL	370	INFLAMEX	401	<i>insulin aspart flexpen</i>	75
IMITREX STATDOSE		INFLAMMACIN	19	<i>insulin aspart penfill</i>	75
SYSTEM	370	INFLATHERM	20	<i>insulin aspart prot & aspart</i>	76
IMJUDO	115	INFLECTRA	282	<i>insulin degludec</i>	76
IMLYGIC	132	<i>infliximab</i>	282	<i>insulin degludec flextouch</i>	76
IMMPHENTIV	473	INFUGEM	112	<i>insulin glargine</i>	76
IMOGAM RABIES-HT	435	INFUMORPH 200	34	<i>insulin glargine max solostar</i>	76
IMOVAX RABIES	467	INFUMORPH 500	34	<i>insulin glargine solostar</i>	76
IMPAVIDO	101	INFUVITE ADULT	393	<i>insulin glargine-yfgn</i>	76
IMPEKLO	207	INFUVITE PEDIATRIC	396	<i>insulin lispro</i>	76
IMPOYZ	207	INGREZZA	442	<i>insulin lispro (1 unit dial)</i>	76
IMURAN	386	INJECTAFER	303	<i>insulin lispro junior kwikpen</i>	76
IMVEXXY MAINTENANCE		INLYTA	135	<i>insulin lispro prot & lispro</i>	76
PACK	470	INNOPRAN XL	153	<i>insulin syringe</i>	353
IMVEXXY STARTER PACK		INNOSPIRE ELEGANCE		<i>insulin syringe/needle</i>	353
.....	470	NEBULIZER	343	<i>insulin syringe-needle u-100</i>	353
IN TOUCH	330	INNOVAMATRIX AC	231	INSUL-TOTE	330
IN TOUCH BLOOD		INOVA	189	INSUL-TOTE JR	330
GLUCOSE TEST	247	INOVA 4/1 ACNE		<i>insupen pen needles</i>	353
IN TOUCH STERILE		CONTROL THERAPY	189	INSUPEN SENSITIVE	353
LANCETS 30G	330	INOVA 8/2 ACNE		INSUPEN ULTRAFIN	353
INATAL GT	396	CONTROL THERAPY	189	INTEGRA F	303
<i>inavix</i>	19	INPEFA	159	INTEGRA PLUS	302
INBRIJA	136	INPEN 100-BLUE-LILLY-		INTELENCE	147
INCASSIA	175	HUMALOG	353	INTERMEZZO	308
IN-CHECK DIAL FLOW		INPEN 100-BLUE-		INTRALIPID	415
TRAINER	364	NOVOLOG-FIASP	353	INTRAROSA	469
IN-CHECK INSPIRATORY		INPEN 100-GREY-LILLY-		INTRON A	127
FLOW MTR	364	HUMALOG	353	INTROVALE	174
INCONTROL ULTICARE		INPEN 100-GREY-		INTUNIV	0
PEN NEEDLES	353	NOVOLOG-FIASP	353	INVANZ	103
INCRELEX	267	INPEN 100-PINK-LILLY-		INVEGA	139
INCRUSE ELLIPTA	53	HUMALOG	353	INVEGA HAFYERA	139
<i>indapamide</i>	262	INPEN 100-PINK-		INVEGA SUSTENNA	139
INDERAL LA	153	NOVOLOG-FIASP	353	INVEGA TRINZA	140
INDERAL XL	153	INQOVI	125	INVELTYS	427
<i>indigo carmine</i>	238	INREBIC	130	INVIRASE	146
<i>indium in 111 dtpa</i>	240	INSPIRACHAMBER/LARG		INVOKAMET	80
<i>indium in 111 oxyquinoline</i>	242	E	367	INVOKAMET XR	80
INDOCIN	21	INSPIRACHAMBER/MEDIU		INVOKANA	80
<i>indocyanine green</i>	238	M	367	<i>inzdeaxiatar</i>	189
<i>indomethacin</i>	21, 22			<i>inzdeaxiavar</i>	189

<i>inzdeoxia</i>	189	ISOVUE-370	255	JULEBER	169
<i>iodine strong</i>	375	ISOVUE-M 200	255	JULUCA	145
<i>iodine tincture</i>	144	ISOVUE-M 300	255	<i>june grass pollen standardized</i>	9
<i>iodixanol</i>	254	<i>isoxsuprine hcl</i>	160	JUNEL 1.5/30	169
IODOFLEX	144	<i>isradipine</i>	155	JUNEL 1/20	169
<i>iodoquimez-hc</i>	195	ISTALOL	417	JUNEL FE 1.5/30	169
<i>iodoquinol-hc-aloe polysacch</i> ...	195	ISTODAX	120	JUNEL FE 1/20	169
<i>iodoquinol-hydrocortisone-aloe</i>	195	ISTURISA	264	JUNEL FE 24	169
<i>iodosorb</i>	144	ISUPREL	52	JUST FOR KIDS	388
<i>iohexol</i>	254	<i>ithoxia</i>	189	JUST RIGHT 5000	388
IONOSOL-MB IN D5W	373	<i>itraconazole</i>	89	JUVAZIN	219
<i>iopamidol</i>	254, 255	<i>ivabradine hcl</i>	163	JUXTAPID	94
IOPIDINE	425	<i>ivermectin</i>	45, 218, 219	JYLAMVO	113
IPOL	467	IWILFIN	133	JYNARQUE	271
<i>ipratropium bromide</i>	53, 405	IXCHIQ	467	JYNNEOS	467
<i>ipratropium-albuterol</i>	51	IXEMPra KIT	131	K.B.G.L IN TERODERM	198
IQIRVO	280	IXIARO	467	KABIVEN	416
<i>irbesartan</i>	98	IXINITY	290	KADCYLA	125
<i>irbesartan-hydrochlorothiazide</i> ..	98	IYUZEH	429	KADIAN	34
IRESSA	119	IZERVAY	422	KAITLIB FE	169
<i>irinotecan hcl</i>	134	JADENU	83	KALBITOR	294
<i>iron (ferrous sulfate)</i>	303	JADENU SPRINKLE	83	KALETRA	145
<i>iron folate plus</i>	302	JAIMIESS	174	KALLIGA	169
<i>iron folate-f</i>	302	JAKAFI	130	KALYDECO	450
<i>iron infant & toddler</i>	303	JALYN	286	KAMDOY	216
<i>iron infant/toddler</i>	303	<i>janssen covid-19 vaccine</i>	467	KAMELEON LUBRICATED	
<i>iron supplement</i>	304	JANTOVEN	56	.....	316
<i>iron supplement childrens</i>	303	JANUMET	73	KANGAROO FEEDING	
IROSPAN 24/6	302	JANUMET XR	73	SET/ENFIT	318
ISENTRESS	146	JANUVIA	73	KANJINTI	116
ISENTRESS HD	146	JARDIANCE	80	KANUMA	268
ISIBLOOM	169	JASMIEL	169	KAPSPARGO SPRINKLE	153
<i>isoflurane</i>	284	JATENZO	42	KAPVAY	0
ISOLYTE-P IN D5W	373	JAVYGTOR	270	<i>kapzin dc</i>	198
ISOLYTE-S	374	JAYPIRCA	119	KARBINAL ER	90
ISOLYTE-S PH 7.4	374	JELMYTO	125	KARDIAMEMBRANE	222
<i>isoniazid</i>	109	JEMPERLI	116	KARIVA	167
<i>isoproterenol hcl</i>	52	JENCYCLA	175	<i>kataraxap</i>	209
<i>isoproterenol-sodium chloride</i>	52	<i>jenliva prenatal/postnatal</i>	396	KATARVIA	209
ISOPTO ATROPINE	418	JENTADUETO	73	<i>katarya</i>	209
ISOPTO CARPINE	419	JENTADUETO XR	73	<i>kataryaxn</i>	209
ISORDIL TITRADOSE	45	JESDUVROQ	301	KATE FARMS PEPTIDE 1.5	258
<i>isosorb dinitrate-hydralazine</i>	160	JEUVEAU	211	KATE FARMS STANDARD	
<i>isosorbide dinitrate</i>	45	JEVTANA	131	1.4	258
<i>isosorbide mononitrate</i>	45	JINTELI	274	KATERZIA	155
<i>isosorbide mononitrate er</i>	45	JIVI	290	<i>kaxm</i>	209
<i>isosulfan blue</i>	238	JOENJA	379	KAZANO	73
<i>isotretinoin</i>	193	<i>johnson grass</i>	9	KCENTRA	290
ISOVACTIN AA PLUS	258	JOLESSA	174	<i>kcl (0.149%) in nacl</i>	374
ISOVUE-200	255	JORNAY PM	4	<i>kcl (0.298%) in nacl</i>	374
ISOVUE-250	255	JOYEAX	169	<i>kcl (in nacl 0.9%)</i>	374
ISOVUE-300	255	JUBLIA	212	<i>kcl in dextrose-nacl</i>	373

<i>kcl-lactated ringers-d5w</i>	373	KERLIX AMD SUPER	<i>kinray insulin syringe</i>	353
<i>kcl-lidocaine-nacl</i>	374	SPONGES	KINRIX	456
<i>kedbumin</i>	294	KERYDIN	KIONEX	385
<i>kedrab</i>	435	KESIMPTA	KIPROFEN	22
KEFLEX	164	KETALAR	KISQALI (200 MG DOSE) ...	128
<i>keido</i>	209	<i>ketamine hcl</i>	KISQALI (400 MG DOSE) ...	128
KELARX	219	<i>ketamine hcl-sodium chloride</i> ...	KISQALI (600 MG DOSE) ...	128
KELNOR 1/35	169	<i>ketarya</i>	KISQALI FEMARA (200 MG	
KELNOR 1/50	169	<i>ketoconazole</i>	DOSE)	125
KELOTOP	365	KETODAN	KISQALI FEMARA (400 MG	
<i>kemoplat</i>	110	KETOPHENE RAPIDPAQ ..	DOSE)	125
KENALOG	207	<i>ketoprofen</i>	KISQALI FEMARA (600 MG	
KENALOG-10	179	<i>ketoprofen er</i>	DOSE)	126
KENALOG-40	179	KETOROCAINE-L	KISUNLA	440
KENALOG-80	179	KETOROCAINE-LM	KITABIS PAK	13
KENDALL ALGINATE 12"		<i>ketorolac tromethamine</i>	KIVIK	216
ROPE	231	.....	KLARITY-A	420
KENDALL ALGINATE		.....	KLARITY-C DROPS	423
DRESS 2"X2"	231	<i>ketorolac-bupiv-ketamine</i>	KLARITY-L	427
KENDALL ALGINATE		<i>ketorolac-ropiv-ketamine</i>	KLARON	187
DRESS 4"X8"	232	KETOVIE	KLAYESTA	196
KENDALL AMORPHOUS		KETOVIE 3:1	KLISYRI	216
WOUND	232	KETOVIE 4:1	KLONOPIN	60
KENDALL HYDROGEL		KETOVIE PEPTIDE	KLOR-CON	376, 377
GAUZE 2"X2"	232	<i>kevaraxap</i>	KLOR-CON 10	376
KENDALL HYDROGEL		<i>kevirtia</i>	KLOR-CON M10	376
GAUZE 4"X4"	232	<i>kevaryia</i>	KLOR-CON M15	376
KENDALL HYDROGEL		KEVEYIS	KLOR-CON M20	376
GAUZE 4"X8"	232	KEVZARA	KLOR-CON/EF	377
KENDALL HYDROGEL		<i>kexm</i>	KLOXXADO	84
WOUND DRESS	232	<i>keya</i>	<i>kls aspirin low dose</i>	27
KENDALL ZINC CA		<i>keyfolic</i>	KLS QUIT2	448
ALGINATE 4"X4"	232	KEYLOSA	KLS QUIT4	448
KENGREAL	293	KEYTRUDA	<i>kmart valu insulin syringe 29g</i> .	353
KEPIVANCE	128	KHAPZORY	<i>kmart valu insulin syringe 30g</i> .	353
KEPPRA	61, 62	KIMMTRAK	KOATE	290
KEPPRA XR	62	<i>kimono</i>	KOATE-DVI	290
KERAGEL	232	KIMONO COLORS	<i>kochia</i>	9
KERAGELT	232	KIMONO MAXX-LARGE	KOGENATE FS	290
KERALAC	210	FLARE	KOMBIGLYZE XR	73
KERALYT	213	<i>kimono micro thin</i>	KONVOMEF	460
KERALYT SCALP	213	<i>kimono micro thin plus</i>	KORLYM	79
KERAMATRIX REPLICINE		<i>kimono plus</i>	KORSUVA	386
10CMX10CM	232	<i>kimono ps</i>	KOSELUGO	121
KERAMATRIX REPLICINE		<i>kimono ps plus</i>	<i>kosher prenatal plus iron</i>	396
2CMX3CM	232	<i>kimono sensation</i>	<i>kotaraxap</i>	209
KERAMATRIX REPLICINE		<i>kimono sensation plus</i>	KOURZEQ	390
5CMX5CM	232	KIMONO SPECIAL	KOVALTRY	290
KERASTAT	232	KIMYRSA	<i>kp aspirin</i>	27
KERENDIA	269	KINERET	<i>kp folic acid</i>	300
KERLIX AMD		KINEVAC	K-PHOS	375
ANTIMICROBIAL	319	<i>kinney lancets</i>	K-PHOS NO 2	286
		<i>kinney thin lancets</i>		

K-PHOS-NEUTRAL	375	<i>lacosamide</i>	62	LASTACAPT	419
K-PRIME	377	LACRISERT	416	<i>latanoprost</i>	429
KRAZATI	121	<i>lactated ringers</i>	374	<i>latanoprost-timolol maleate</i>	417
KRINTAFEL	108	LACTEROL	82	LATISSE	218
KRISTALOSE	310	<i>lactic acid</i>	211	LATUDA	139
KROGER AUTOLET		<i>lactic acid e</i>	210	<i>lavare wound wash</i>	229
LANCING DEVICE	330	<i>lactulose</i>	310	LAYOLIS FE	170
<i>croger blood glucose</i>	330	<i>lactulose encephalopathy</i>	280	LAZANDA	34
<i>croger blood glucose test</i>	247	LAGEVRIO	151	LDL CARE	256
KROGER HEALTHPRO		<i>lambs quarters (diagnostic)</i>	236	LDO PLUS	214
GLUCOSE TEST	247	LAMICTAL	62	<i>leader advanced lancing device</i>	331
KROGER HEALTHPRO		LAMICTAL ODT	62	<i>leader insulin syringe</i>	354
LANCET 26G	330	LAMICTAL STARTER	62	LEADER UNIFINE	
<i>croger insulin syringe</i>	354	LAMICTAL XR	62	PENTIPS	354
<i>croger lancets</i>	330	<i>lamivudine</i>	148, 149	LEADER UNIFINE	
<i>croger lancets 21g</i>	330	<i>lamivudine-zidovudine</i>	145	PENTIPS PLUS	354
<i>croger lancets micro thin 33g</i> ... 330		<i>lamotrigine</i>	62	<i>lecithin</i>	415
<i>croger lancets super thin</i>	330	<i>lamotrigine er</i>	62	<i>ledipasvir-sofosbuvir</i>	150
<i>croger lancets thin</i>	330	<i>lamotrigine starter kit-blue</i>	62	LEENA	176
<i>croger lancets thin 26g</i>	330	<i>lamotrigine starter kit-green</i>	62	LEFLUNICLO	24
<i>croger lancets ultrathin 30g</i>	330	<i>lamotrigine starter kit-orange</i> ... 62		<i>leflunomide</i>	24
<i>croger lancing device</i>	330	LAMPIT	102	LEMTRADA	444
<i>croger pen needles</i>	354	LAMZEDE	262	<i>lenalidomide</i>	382
<i>croger premium blood glucose</i> ... 330		<i>lancet device with ejector</i>	330	LENMELDY	442
<i>croger premium glucose test</i> 247		<i>lancet transporter case</i>	330	<i>lenscale</i>	9
<i>croger test</i>	247	<i>lancets</i>	330	LENVIMA (10 MG DAILY	
KRYSTEXXA	287	<i>lancets 28g</i>	330	DOSE)	135
K-TAB	377	<i>lancets 30g</i>	330	LENVIMA (12 MG DAILY	
K-TAN PLUS	302	<i>lancets 33g</i>	330	DOSE)	135
KURVELO	169	<i>lancets micro thin 33g</i>	330	LENVIMA (14 MG DAILY	
<i>kutar</i>	209	<i>lancets super thin 28g</i>	330	DOSE)	135
<i>kutarvia</i>	209	<i>lancets thin</i>	330	LENVIMA (18 MG DAILY	
<i>kutaryaxm</i>	209	LANCETS ULTRA THIN 330		DOSE)	135
<i>kutaryaxmpa</i>	209	<i>lancets ultra thin 30g</i>	331	LENVIMA (20 MG DAILY	
<i>kutea</i>	209	<i>lancing device</i>	331	DOSE)	135
KUVAN	270	LANOXIN	157, 158	LENVIMA (24 MG DAILY	
<i>kuvarya</i>	209	LANOXIN PEDIATRIC	157	DOSE)	135
<i>kuvarya</i>	209	<i>lanreotide acetate</i>	271	LENVIMA (4 MG DAILY	
<i>kuxm</i>	209	<i>lansoprazole</i>	461	DOSE)	135
K-Y ME & YOU EXTRA		<i>lanthanum carbonate</i>	281	LENVIMA (8 MG DAILY	
LUBRICATED	317	LANTIDRA	71	DOSE)	135
K-Y ME & YOU INTENSE ... 317		LANTUS	76	LEQEMBI	440
KYLEENA	175	LANTUS SOLOSTAR	76	LEQVIO	95
KYMRIAH	117	LANZO	331	LESCOL XL	93
KYNMOBI	138	<i>lapatinib ditosylate</i>	122	LESSINA	170
KYPROLIS	123	LARIN 1.5/30	170	LETAIRIS	161
KYZATREX	42	LARIN 1/20	170	<i>letrozole</i>	127
L.E.T.	224	LARIN 24 FE	170	<i>lets</i>	311
<i>l.e.t.</i>	224	LARIN FE 1.5/30	170	LEU TECHNELITE	241
<i>labetalol hcl</i>	152	LARIN FE 1/20	170	<i>leucovorin calcium</i>	129
<i>labetalol hcl-dextrose</i>	152	LARISSIA	170	LEUKERAN	132
<i>labetalol hcl-sodium chloride</i> ... 152		LASIX	261	LEUKINE	301

<i>leuprolide acetate</i>	130	LIALDA	279	<i>lidopril xr</i>	224
<i>leuprolide acetate (3 month)</i>	130	<i>liberty blood glucose meter</i>	331	LIDO-PRILO CAINE PACK	224
<i>leuprolide acetate-bupivacaine</i>	121	LIBERTY MEDICAL		LIDOPURE PATCH	224
LEVA PELVIC HEALTH		LANCETS	331	<i>lido-racepinephrine-tetracaine</i>	224
SYSTEM	381	LIBERTY MINI LANCING		LIDOREX	215
<i>levabuterol hcl</i>	52	DEVICE	331	<i>lidorx</i>	215
<i>levabuterol tartrate</i>	52	LIBERTY NEXT		<i>lidosol</i>	224
<i>levamlodipine maleate</i>	155	GENERATION TEST	247	<i>lidosol-50</i>	224
<i>levatio</i>	224	LIBERTY NXT		LIDO-SORB	215
LEVBID	459	GENERATION MONITOR ..	331	<i>lidostream</i>	224
LEVEMIR	76	<i>liberty test</i>	247	LIDOTHOL	224
LEVEMIR FLEXPEN	76	LIBERVANT	60	LIDOTOR	224
LEVEMIR FLEXTOUCH	76	LIBRAX	457	LIDOTRAL	215
<i>levetiracetam</i>	63	LIBTAYO	116	LIDOTRAL +	
<i>levetiracetam er</i>	63	LICART	197	HYDROCORTISONE	220
<i>levetiracetam in nacl</i>	63	LIDO BDK	224	LIDOTRAL 1	215
LEVICYN	217	<i>lidocaine</i>	214	LIDOTRAL-MENTHOL	224
LEVICYN DERMAL SPRAY		<i>lidocaine (anorectal)</i>	44	LIDOTRAN	215
.....	229	<i>lidocaine hcl</i>	214, 313, 386	LIDOTREX (ALOE VERA) ..	228
LEVITRA	162	<i>lidocaine hcl (buffered)</i>	313	<i>lidovix l</i>	224
<i>levobunolol hcl</i>	417	<i>lidocaine hcl (cardiac)</i>	48	LIDTOPIC	215
<i>levocarnitine</i>	263, 264	<i>lidocaine hcl (cardiac) pf</i>	48	LIDTOPIC MAX	215
<i>levocarnitine sf</i>	264	<i>lidocaine hcl (pf)</i>	313	<i>lifems naloxone</i>	84
<i>levocetirizine dihydrochloride</i>	91	<i>lidocaine hcl urethral/mucosal</i>	214	LIFESCAN UNISTIK 2	331
<i>levofloxacin</i>	276, 420	<i>lidocaine hcl-tetracaine hcl</i>	312	LIFESCAN UNISTIK II	
<i>levofloxacin in d5w</i>	276	<i>lidocaine in d5w</i>	48, 49	LANCETS	331
<i>levoleucovorin calcium</i>	129	<i>lidocaine viscous hcl</i>	387	LIKMEZ	101
<i>levoleucovorin calcium pf</i>	129	<i>lidocaine(bufferd)-epinephrine</i>	311	LILETTA (52 MG)	175
LEVONEST	176	<i>lidocaine-epinephrine</i>	311, 423	LILLOW	170
<i>levonorgest-eth est & eth est</i>	174	<i>lidocaine-epinephrine (3 ml)</i>	311	LIMBREL	257
<i>levonorgest-eth estrad 91-day</i> ..	174	<i>lidocaine-hydrocort (perianal)</i> ... 43		LIMBREL250	256
<i>levonorgest-eth estradiol-iron</i> ..	170	<i>lidocaine-hydrocortisone ace</i>		LIMBREL500	256
<i>levonorgestrel</i>	174	.....	43, 220	LINCOCIN	106
<i>levonorgestrel-ethinyl estrad</i>		<i>lidocaine-phenylephrine</i>	423	<i>lincomycin hcl</i>	106
.....	170, 173	<i>lidocaine-phenylephrine-bss</i>	423	<i>lindane</i>	219
<i>levonorg-eth estrad triphasic</i>	176	<i>lidocaine-prilocaine</i>	224	<i>linezolid</i>	106
LEVOPHED	473	<i>lidocaine-sodium bicarbonate</i> ..	312	<i>linezolid in sodium chloride</i>	106
LEVORA 0.15/30 (28)	170	<i>lidocaine-tetracaine</i>	224	LINZESS	278
<i>levorphanol tartrate</i>	34	LIDOCAN	215	LIOPEN ABSORPTION	
LEVO-T	455	<i>lidocanna</i>	215	ENHANCING	439
<i>levothyroxine sodium</i>	455	<i>lidocidex i</i>	183	LIORESAL	402
LEVOXYL	455	LIDOCORT	43	<i>liothyronine sodium</i>	455
LEVSIN	459	LIDODERM	215	LIPIODOL	255
LEVSIN/SL	459	<i>lido-epinephrine-tetracaine</i>	224	LIPITOR	94
LEVULAN KERASTICK	218	<i>lidolite</i>	224	<i>lipo</i>	415
LEXAPRO	69	<i>lidolog</i>	183	<i>lipo-b</i>	297
LEXETTE	207	LIDOMAR	312	<i>lipo-c</i>	416
LEXISCAN	238	<i>lidomark 1/5</i>	313	LIPOFEN	93
LEXITRAL PHARMAPAK		<i>lidomark 2/5</i>	313	LIQREV	162
II	198	<i>lidopac</i>	224	LIQUICAL PLUS	372
LEXIVA	146	<i>lidopin</i>	215	LIQUID E-Z-PAQUE	254
LEXTOL	198	<i>lidopril</i>	224	LIQUID POLIBAR PLUS	254

<i>liraglutide</i>	79	LOFENA	22	LUCIRA CHECK IT	
<i>lisdexamfetamine dimesylate</i>	2	LOJAIMIESS	174	COVID-19 TEST	251
<i>lisinopril</i>	96	LOKELMA	385	LUCIRA COVID-19 & FLU	
<i>lisinopril-hydrochlorothiazide</i>	96	LOMAIRA	3	TEST	239
<i>lite touch lancets</i>	331	LOMOTIL	82	LUCIRA COVID-19 ALL-IN-	
LITEAIRE	367	<i>longs insulin syringe</i>	354	ONE	251
LITETOUCH INSULIN		<i>longs lancets standard</i>	331	<i>lugols strong iodine</i>	144
SYRINGE	354	<i>longs lancets thin</i>	331	<i>luliconazole</i>	212
LITETOUCH LANCETS	331	<i>longs lancets ultra thin</i>	331	LUMAKRAS	121
LITETOUCH PEN		LONHALA MAGNAIR		LUMASON	253
NEEDLES	354	REFILL KIT	53	LUMIGAN	429
LITFULO	194	LONHALA MAGNAIR		LUMINOPIA	381
<i>lithium</i>	139	STARTER KIT	53	LUMISIGHT	238
<i>lithium carbonate</i>	138	LONSURF	126	LUMIZYME	264
<i>lithium carbonate er</i>	138	<i>loperamide hcl</i>	82	LUMOXITI	115
LITHOBID	139	LOPID	93	LUMRYZ	440
LITHOSTAT	287	<i>lopinavir-ritonavir</i>	145	LUNESTA	308
LIVALO	94	LOPRESSOR	153	LUNSUMIO	118
<i>live better adv lancing device</i> ...	331	LOPRESSOR HCT	100	LUPKYNIS	380
<i>live better lancet super thin</i>	331	LOPROX	196	LUPRON DEPOT (1-	
<i>live better lancet ultra thin</i>	331	LOQTORZI	116	MONTH)	130
LIVITA ADULTS	392	<i>lorazepam</i>	47	LUPRON DEPOT (3-	
LIVITA CHILDREN	394	LORAZEPAM INTENSOL	47	MONTH)	130
LIVIXIL PAK	224	LORBRENA	114	LUPRON DEPOT (4-	
LIVMARLI	279	LOREEV XR	47	MONTH)	130
LIVTENCITY	149	<i>lormate</i>	256	LUPRON DEPOT (6-	
LM PLUS RELIEF	224	LORTAB	30	MONTH)	130
LMD IN D5W	293	LORYNA	170	LUPRON DEPOT-PED (1-	
LMD IN NACL	293	LORZONE	402	MONTH)	268
L-MESITRAN SOFT		<i>losartan potassium</i>	98	LUPRON DEPOT-PED (3-	
WOUND	232	<i>losartan potassium-hctz</i>	98	MONTH)	268
<i>l-methylfolate</i>	257	LOSEASONIQUE	174	LUPRON DEPOT-PED (6-	
<i>l-methylfolate ca me-cbl nac</i>	256	LOTEMAX	427	MONTH)	268
<i>l-methylfolate calcium</i>	257	LOTEMAX SM	427	<i>lurasidone hcl</i>	139
<i>l-methylfolate forte</i>	256	LOTENSIN	96	LUTATHERA	126
<i>l-methylfolate-algae</i>	256	LOTENSIN HCT	96	LUTERA	170
<i>l-methylfolate-algae-b12-b6</i>	256	<i>loteprednol etabonate</i>	427	LUXAMEND	232
<i>l-methylfolate-b6-b12</i>	256	LOTREL	95	LUXIQ	207
<i>l-methyl-mc</i>	256	LOTREXONE	25	LUXTURNA	422
<i>l-methyl-mc nac</i>	256	LOTRONEX	278	LUZU	212
LMR PLUS	224	<i>lounzdomdioxatar</i>	189	LYBALVI	450
LO LOESTRIN FE	167	<i>lovastatin</i>	94	LYDEXA	215
LOCAMETZ	241	LOVAZA	91	LYFGENIA	296
LOCOID	207	LOVENOX	59	LYLEQ	175
LOCOID LIPOCREAM	207	LOW-OGESTREL	170	LYLLANA	276
LODINE	22	<i>loxapine succinate</i>	142	LYMEPAK	453
LODOCO	159	LOYON	217	LYMPHOSEEK	241
LODOSYN	136	LO-ZUMANDIMINE	170	LYNPARZA	133
LOESTRIN 1.5/30 (21)	170	<i>lubiprostone</i>	278	LYRA DIRECT SARS-COV-	
LOESTRIN 1/20 (21)	170	LUCEMYRA	440	2 ASSAY	252
LOESTRIN FE 1.5/30	170	LUCENTIS	430	LYRA SARS-COV-2 ASSAY	252
LOESTRIN FE 1/20	170			LYRICA	63

LYRICA CR	446	MARDEX-25	183	<i>medic insulin syringe</i>	355
<i>lysine hcl</i>	415	MARGENZA	116	<i>medicated dna collection</i>	247
LYSIPLEX PLUS	392	MARINOL	87	<i>medicated dna collection 2</i>	247
LYSODREN	111	<i>marlido</i>	312	<i>medichoic safety lancet</i>	331
LYSTEDA	305	MARLIDO-25	312	<i>medichoic safety lancet extra</i> ..	331
LYTGOBI (12 MG DAILY DOSE)	120	<i>marlissa</i>	170	<i>medichoic safety lancet norm</i> ..	331
LYTGOBI (16 MG DAILY DOSE)	120	MARPLAN	68	<i>medicine shoppe pen needles</i>	355
LYTGOBI (20 MG DAILY DOSE)	120	MARQIBO	131	MEDIHONEY CA	
LYUMJEV	76	MARVONA SUIK	312	ALGINATE 2"X2"	232
LYUMJEV KWIKPEN	76	MAS CARE-PAK	179	MEDIHONEY CA	
LYUMJEV TEMPO PEN	76	MASK		ALGINATE 4"X5"	232
LYVISPAH	402	VORTEX/CHILD/FROG	367	MEDIHONEY WOUND & BURN DRESSING	232
LYZA	175	MASK		MEDIHONEY	
MACI	401	VORTEX/TODDLER/LADY BUG	367	WOUND/BURN DRESSING	232
MACRILEN	238	MATULANE	127	MEDISENSE THIN	
MACROBID	107	MATZIM LA	156	LANCETS	331
MACRODANTIN	107	MAVENCLAD (10 TABS)	443	MEDLANCE EXTRA 21G	331
MAD NASAL ATOMIZATION DEVICE	343	MAVENCLAD (4 TABS)	443	MEDLANCE LITE 25G	331
<i>mafenide acetate</i>	204	MAVENCLAD (5 TABS)	443	MEDLANCE PLUS EXTRA 21G	331
MAGELLAN INSULIN SAFETY SYR	354	MAVENCLAD (6 TABS)	443	MEDLANCE PLUS LANCETS	331
MAGELLAN SYRINGE-SAFETY NEEDLE	354	MAVENCLAD (7 TABS)	443	MEDLANCE PLUS LITE 25G	331
MAGELLAN TUBERCULIN SYRINGE	354	MAVENCLAD (8 TABS)	443	MEDLANCE PLUS SPECIAL 0.8MM	331
<i>magnesium chloride</i>	375	MAVENCLAD (9 TABS)	443	MEDLANCE PLUS SUPERLITE 30G	331
<i>magnesium sulfate</i>	375	MAVYRET	150	MEDLANCE PLUS UNIVERSAL 21G	331
<i>magnesium sulfate in d5w</i>	375	MAXALT	370	MEDLANCE PLUS UNIVERSAL 21G	331
<i>magnesium sulfate-nacl</i>	375	MAXALT-MLT	370	MEDROL	179
MAHANA IBS	380	MAXICOMFORT II PEN NEEDLE	354	MEDROLOAN II SUIK	183
MAKENA	440	MAXI-COMFORT INSULIN SYRINGE	354	MEDROLOAN SUIK	183
MALARONE	108	MAXI-COMFORT SAFETY PEN NEEDLE	354	<i>medroxyprogesterone acetate</i>	175, 440
<i>malathion</i>	219	MAXICOMFORT SYR 27G X 1/2"	354	<i>mefenamic acid</i>	22
<i>manganese chloride</i>	375	MAXIDEX	427	<i>mefloquine hcl</i>	108
<i>mannitol</i>	261	MAXITROL	425	<i>megestrol acetate</i>	133, 440
MARATHON MEDICAL PENTIPS	354	<i>maxx</i>	317	<i>meijer blood glucose</i>	331
<i>maraviroc</i>	145	<i>maxx plus</i>	317	<i>meijer blood glucose test</i>	247
MARBETA-25	183	MAXZIDE	260	<i>meijer essential blood glucose</i> ..	331
MARBETA-L	183	MAXZIDE-25	260	<i>meijer essential glucose test</i>	247
MARCAINE	313	MAYZENT	449	MEIJER LANCETS	331
MARCAINE PRESERVATIVE FREE	313	MAYZENT STARTER PACK	449	MEIJER LANCETS THIN	331
MARCAINE SPINAL	313	MC 300 W/UNIVERSAL TUBING	343	MEIJER LANCETS UNIVERSAL 21G	331
MARCAINE/EPINEPHRINE	311	MC 300-MOUTHPIECE	343	MEIJER LANCETS UNIVERSAL 30G	331
MARCAINE/EPINEPHRINE PF	311	<i>me/naphos/mb/hyo1</i>	107		
		<i>meadow fescue grass pollen</i>	9		
		<i>meclizine hcl</i>	86		
		<i>meclofenamate sodium</i>	22		
		<i>medactiv</i>	256		

MEIJER LANCETS			
UNIVERSAL 33G	332	METAFOLEBIC PLUS	256
<i>meijer pen needles</i>	355	METAFOLEBIC PLUS RF	256
<i>meijer premium blood glucose</i> ..	332	METANX	256
<i>meijer premium glucose test</i>	247	METANX FC	256
MEIJER SUPER THIN		METAXALL CP	403
LANCETS	332	<i>metaxalone</i>	402
MEIJER TRUE2GO BLOOD		<i>metformin hcl</i>	72
GLUCOSE	332	<i>metformin hcl er</i>	72
MEIJER TRUERESULT		<i>metformin hcl er (mod)</i>	72
GLUCOSE SYS	332	<i>metformin hcl er (osm)</i>	72
MEIJER TRUETEST TEST ..	247	<i>methacholine chloride</i>	238
MEIJER TRUETRACK		<i>methadone hcl</i>	34, 35
GLUCOSE SYS	332	METHADONE HCL	
MEIJER TRUETRACK		INTENSOL	35
TEST	248	<i>methadone hcl-nacl</i>	35
MEKINIST	121	<i>methadone hcl-sodium chloride</i> ..	35
MEKTOVI	121	METHADOSE	35
<i>melaleuca</i>	9	METHADOSE SUGAR-	
<i>meloxicam</i>	22	FREE	35
<i>melphalan</i>	132	<i>methamphetamine hcl</i>	2
<i>melphalan hcl</i>	132	<i>methaver</i>	256
<i>memantine hcl</i>	445	<i>methazolamide</i>	260
<i>memantine hcl er</i>	445	<i>methenamine hippurate</i>	107
MEMBRANEBLUE	429	<i>methenamine mandelate</i>	107
MENACTRA	465	METHERGINE	432
MENATROL	392	<i>methimazole</i>	454
MENEST	276	<i>methitest</i>	42
MENOPUR	269	<i>methocarbamol</i>	402
MENOSTAR	276	<i>methohexital sodium</i>	284
MENQUADFI	465	<i>methotrexate sodium</i>	113
MENTAX	196	<i>methotrexate sodium (pf)</i>	113
MENVEO	465	<i>methoxsalen rapid</i>	201
<i>mepiperidine hcl</i>	34	<i>methscopolamine bromide</i>	462
MEPHYTON	476	<i>methsuximide</i>	66
MEPILEX AG	232	<i>methyl salicylate</i>	214
<i>meprobamate</i>	46	<i>methylcobalamin</i>	297
MEPRON	102	<i>methyl dopa</i>	99
MEPSEVII	269	<i>methylene blue</i>	84
<i>mercaptapurine</i>	113	<i>methylene blue (antidote)</i>	84
<i>meropenem</i>	103	<i>methylergonovine maleate</i>	432
<i>meropenem-sodium chloride</i>	103	<i>methylfol-algae-b12-acetylcyst</i> ..	256
MERZEE	170	METHYLIN	5
<i>mesalamine</i>	279	<i>methylphenidate</i>	6
<i>mesalamine er</i>	279	<i>methylphenidate hcl</i>	6
<i>mesalamine-cleanser</i>	279	<i>methylphenidate hcl er</i>	5, 6
<i>mesna</i>	134	<i>methylphenidate hcl er (cd)</i>	5
MESNEX	134	<i>methylphenidate hcl er (la)</i>	5
<i>mesquite</i>	9	<i>methylphenidate hcl er (osm)</i>	5
MESTINON	109	<i>methylphenidate hcl er (xr)</i>	5
METADATE CD	5	<i>methylprednisolone</i>	180
METAFOLEBIC	256	<i>methylprednisolone ace-lido</i>	183
		<i>methylprednisolone acetate</i>	180
		<i>methylprednisolone sodium succ</i>	
		.....	180
		<i>methylprednisolone-</i>	
		<i>bupivacaine</i>	183
		<i>methyltestosterone</i>	42
		<i>metoclopramide hcl</i>	278
		<i>metolazone</i>	262
		METOPIRONE	238
		<i>metoprolol succinate er</i>	153
		<i>metoprolol tartrate</i>	153
		<i>metoprolol-hydrochlorothiazide</i>	
		.....	100
		METROCREAM	218
		METROGEL	218
		METROLOTION	218
		<i>metronidazole</i>	101, 218, 470
		METRONIDAZOLE	
		BENZO+SYRSPEND	101
		<i>metyrosine</i>	97
		<i>mexiletine hcl</i>	49
		MIACALCIN	263
		MIBELAS 24 FE	170
		<i>micafungin sodium</i>	88
		<i>micafungin sodium-nacl</i>	88
		MICARDIS	98
		MICARDIS HCT	98
		<i>mic-l-carnitine</i>	416
		<i>miconazole 3</i>	469
		<i>miconazole-zinc oxide-petrolat</i> ..	195
		MICRHOGAM ULTRA-	
		FILTERED PLUS	435
		MICROCHAMBER	367
		MICROCYN	229
		MICROCYN SKIN AND	
		WOUND	229
		MICRODOT BLOOD	
		GLUCOSE SYSTEM	332
		MICRODOT PEN NEEDLE ..	355
		MICRODOT TEST	248
		MICROGESTIN 1.5/30	170
		MICROGESTIN 1/20	170
		MICROGESTIN 24 FE	171
		MICROGESTIN FE 1.5/30	171
		MICROGESTIN FE 1/20	171
		MICROLET LANCETS	332
		MICROLET NEXT	
		LANCING DEVICE	332
		MICROMATRIX WOUND	
		POWDER	232
		<i>microplegia msa-msg</i>	159
		MICROSPACER	367
		<i>micuraderm</i>	202

<i>midazolam</i>	307	<i>minocycline hcl</i>	454	M-M-R II	465
<i>midazolam hcl</i>	306, 307	<i>minocycline hcl er</i>	453	<i>m-natal plus</i>	396
<i>midazolam hcl (pf)</i>	306	<i>minocycline hcl er (biphasic)</i>	453	MOBIC	22
<i>midazolam hcl-sodium chloride</i>	307	MINOLIRA	454	<i>modafinil</i>	6
MIDAZOLAM+SYRSPEND		<i>minoxidil</i>	101	<i>moderna covid-19 bival 6m-5y</i> ..	467
SF	307	MIOCHOL-E	419	<i>moderna covid-19 bivalent</i>	468
<i>midazolam-sodium chloride</i>	307	MIOSTAT	419	<i>moderna covid-19 vac (booster)</i>	
<i>midazolam-sodium chloride (pf)</i>		<i>mirabegron er</i>	464	.....	468
.....	307	MIRAPEX	138	MODERNA COVID-19 VAC	
<i>midodrine hcl</i>	473	MIRAPEX ER	138	6M-11Y	468
MIEBO	429	MIRCERA	298	<i>moderna covid-19 vacc 6-11y</i> ...468	
MIFEPREX	262	MIRCETTE	167	<i>moderna covid-19 vacc 6m-5y</i> ..468	
<i>mifepristone</i>	79, 262	MIRENA (52 MG)	175	<i>moderna covid-19 vaccine</i>	468
MIGERGOT	369	MIRO3D WOUND MATRIX	233	MODIA	380
<i>miglitol</i>	71	MIRODERM BIO MATRIX		<i>moexipril hcl</i>	96
<i>miglustat</i>	296	FENESTRAT	233	<i>molindone hcl</i>	142
MIGRAINE PACK	369	MIRODERM BIO MATRIX		MOMETACURE	227
MIGRANAL	370	FENESTRAT+	233	<i>mometasone furoate</i>	207, 406
MIGRANOW	369	<i>mirtazapine</i>	67	MONDOXYNE NL	454
MILI	171	MIRVASO	218	MONJUVI	114
MILLIPRED	180	<i>misoprostol</i>	463	MONOFERRIC	304
<i>milrinone lactate</i>	158	<i>mite (d. farinae)</i>	9	MONOJECT ALLERGIST	
<i>milrinone lactate in dextrose</i>	158	<i>mite (d. pteronyssinus)</i>	9	TRAY	355
MIMVEY	274	MITIGARE	287	MONOJECT BLUNTIP	
MIMYX	217	MITIGO	35	CANNULA	355
MINASTRIN 24 FE	171	<i>mitomycin</i>	125, 420	MONOJECT BLUNTIP	
<i>mineral oil heavy</i>	310	MITOSOL	420	SYR/CANNULA	355
<i>mini lancing device</i>	332	<i>mitoxantrone hcl</i>	125	MONOJECT BONE	
MINILINK REAL-TIME		<i>mixed feathers</i>	12	MARROW BIOPSY	313
TRANSMITTER	332	<i>mixed ragweed</i>	9	MONOJECT CONTROL	
MINIMED 630G GUARDIAN		<i>mixed vespid venom protein</i>.....9		SYRINGE	355
PRESS	332	<i>mko melt dose pack</i>	307	MONOJECT FILTER	
MINIMED 770G INSULIN		<i>mlk f1</i>	183	ASPIRATOR	355
PUMP SYS	342	<i>mlk f2</i>	183	MONOJECT FILTER	
MINIMED 780G INSULIN		<i>mlk f3</i>	183	NEEDLE	355
PUMP	342	MLK F4	183	MONOJECT FLUSH	
MINIMED MIO ADVANCE		<i>mm aspirin</i>	27	SYRINGE	377
INFUSE SET	342	MM BLOOD GLUCOSE		MONOJECT	
MINIMED MIO INFUSION		SYSTEM	332	HYPODERMIC NEEDLE	355
SET	342	MM BLOOD GLUCOSE		MONOJECT INSULIN	
MINIMED QUICK SET INF		SYSTEM REFILL	332	SYRINGE	355
SET 18"	342	MM BLULINK GLUCOSE		MONOJECT INTRODUCER	
MINIMED QUICK SET INF		MONIT SYS	332	NEEDLE	355
SET 23"	342	MM BLULINK GLUCOSE		MONOJECT LIFESHIELD	
MINIMED QUICK SET INF		TEST	248	SYRINGE	355
SET 32"	342	MM EASY TOUCH		MONOJECT MAGELLAN	
MINIMED QUICK SET INF		GLUCOSE	248	SAFETY NDL	356
SET 43"	342	MM EASY TOUCH		MONOJECT MAGELLAN	
MINIPRESS	100	GLUCOSE METER	332	SYRINGE	356
MINITRAN	45	<i>mm insulin syringe/needle</i>	355	MONOJECT PHARMACY	
MINIVELLE	276	MM PEN NEEDLES	355	TRAY	356
MINOCIN	453	MM TWIST LANCETS	332		

MONOJECT PISTON		<i>mountain cedar pollen</i> 9	MULTRYS 378
SYRINGE 356		<i>mouse epithelium</i> 9	<i>mupirocin</i> 195
MONOJECT SODIUM		<i>mouse epithelium (diagnostic)</i> .. 236	<i>mupirocin calcium</i> 195
CHLORIDE FLUSH 377	MOVANTIK 280	MOVIPREP 310	MUSCUSOLICE 194
MONOJECT SYRINGE 356	MOXEZA 420	MOXICAINE 224	MUSE 160
MONOJECT SYRINGE	<i>moxifloxacin hcl</i> 277, 420	<i>moxifloxacin hcl (2x day)</i> 420	MUTAMYCIN 125
CATH TIP 356	<i>moxifloxacin hcl in nacl</i> 277	<i>moxifloxacin hcl-bss</i> 421	MVASI 135
MONOJECT SYRINGE ECC	<i>moxifloxacin-bromfenac</i> 421	MOZOBIL 297	MY CHOICE 174
LUER 356	<i>mpd safety lancet 21g</i> 332	<i>mpd safety lancet 23g</i> 332	MY WAY 174
MONOJECT SYRINGE	<i>mpd safety lancet 28g</i> 332	<i>mpd safety lancet 30g</i> 332	MYALEPT 267
ECCENTRIC TIP 356	MPM PAK 432	MRESVIA 468	MYAMBUTOL 109
MONOJECT SYRINGE	MS CONTIN 37	<i>ms insulin syringe</i> 357	MYCAMINE 88
LUER LOCK 356	MSUD EASY 259	<i>mucor</i> 9	MYCAPSSA 271
MONOJECT SYRINGE	MUCOSITISRX 388	MUCOTROL 389	MYCOBUTIN 110
LUER-LOCK TIP 356	MUGARD 389	<i>mugwort</i> 9	<i>mycophenolate mofetil</i> 382
MONOJECT SYRINGE	<i>multi-draw needle</i> 357	MULPLETA 304	<i>mycophenolate mofetil hcl</i> 382
PHARMACY TRAY 356	MULTIGEN 302	MULTAQ 49	<i>mycophenolate sodium</i> 382
MONOJECT SYRINGE REG	MULTIGEN FOLIC 302	<i>multi-lancet device</i> 332	<i>mycophenolic acid</i> 382
LUER 356	MULTIGEN PLUS 302	<i>multi-mac</i> 396	MYCOZYL AL 196
MONOJECT SYRINGE	MULTIHANCE 253	<i>multi-phasic penetrating compd.</i> 439	MYCOZYL HC 195
REGULAR TIP 356	<i>multiple electro type 1 ph 5.5</i> ... 374	<i>multiple electro type 1 ph 7.4</i> ... 374	MYDAYIS 1
MONOJECT SYRINGE	<i>multipro</i> 392	<i>multi-specialty</i> 183	MYDRIACYL 418
TOOMEY TYPE 356	MULTITOL-M 392	MULTITRACE-4	MYFEMBREE 274
MONOJECT TB SAFETY	NEONATAL 378	MULTITRACE-4	MYFORTIC 382
SYRINGE 356	PEDIATRIC 378	<i>multivitamin w/fluoride</i> 394	MYGLUCOHEALTH
MONOJECT TB SYRINGE .. 357	<i>multivitamin/fluoride</i> 394, 395	<i>multi-vitamin/fluoride</i> 394	BLOOD GLUCOSE 332
MONOJECT ULTRA	<i>multi-vitamin/fluoride/iron</i> 394	MULTI-VIT-FLOR 395	MYGLUCOHEALTH
COMFORT SYRINGE 357			LANCETS 30G 332
MONOLET LANCETS 332			MYGLUCOHEALTH TEST .. 248
MONOLET OPD LANCETS 332			MYHIBBIN 383
MONOLETTOR SAFETY			MYLERAN 110
LANCETS 332			MYLOTARG 115
MONO-LINYAH 171			MYNEPHRON 390
MONONINE 290			MYOBLOC 411
MONOVISC 404			MYORISAN 193
<i>montelukast sodium</i> 54			MYOVIEW 240
MONUROL 107			MYOVIEW 30ML 240
<i>morcin</i> 381			MYRBETRIQ 464
MORGIDOX 454			MYSOLINE 63
<i>morphine sulfate</i> 36			MYTESI 82
<i>morphine sulfate (concentrate)</i> ... 35			MYXREDLIN 76
<i>morphine sulfate (pf)</i> 35			<i>na ferric gluc cplx in sucrose</i> ... 304
<i>morphine sulfate er</i> 36			<i>na sulfate-k sulfate-mg sulf</i> 310
<i>morphine sulfate er beads</i> 36			NABI-HB 435
<i>morphine sulfate-nacl</i> 37			<i>nabumetone</i> 22
<i>mosquito (diagnostic)</i> 236			<i>nadolol</i> 153
MOTTEGRITY 277			<i>nafcillin sodium</i> 438
MOTOFEN 82			<i>nafcillin sodium in dextrose</i> 438
MOTPOLY XR 63			NAFRINSE 375
MOUNJARO 78			NAFRINSE DAILY
<i>mountain cedar</i> 9			ACIDULATED 387
<i>mountain cedar (diagnostic)</i> 236			

NAFRINSE		NECON 0.5/35 (28)	171	NEULUMEX	254
DAILY/NEUTRAL	388	NEEVO DHA	397	NEUPOGEN	300
NAFRINSE DROPS	375	<i>nefazodone hcl</i>	69	NEUPRO	138
NAFRINSE WEEKLY	388	<i>nelarabine</i>	113	NEURACEQ	240
<i>naftifine hcl</i>	196, 197	NEMBUTAL	306	NEURAPTINE	194
NAFTIN	197	<i>nendrx</i>	224	<i>neurin-sl</i>	297
NAGLAZYME	268	NEOKE ALCAR	415	NEUROLITE	241
<i>nalbuphine hcl</i>	41	<i>neoke bhb</i>	256	NEURONTIN	63
NALFON	22	NEOKE MCT70	415	NEUROZYL	215
<i>nalmefene hcl</i>	85	NEOKE RA LIPOIC	12	NEUTEK 2TEK TEST	248
<i>nalocet</i>	39	<i>neomycin sulfate</i>	13	NEUTRASAL	388
<i>naloxone hcl</i>	85	<i>neomycin-bacitracin zn-</i>		NEVANAC	424
NALTREX	25	<i>polymyx</i>	421	<i>nevirapine</i>	147
<i>naltrexone hcl</i>	85	<i>neomycin-polymyxin b gu</i>	284	<i>nevirapine er</i>	147
NAMENDA	445	<i>neomycin-polymyxin-dexameth</i>	425	NEW DAY	174
NAMENDA TITRATION		<i>neomycin-polymyxin-gramicidin</i>		NEXAVAR	122
PAK	445	.....	421	NEXAVIR	383
NAMENDA XR	445	<i>neomycin-polymyxin-hc</i>	425, 431	NEXICLON XR	99
NAMZARIC	441	<i>neonatal + dha</i>	399	NEXIUM	461
<i>nanran</i>	194	<i>neonatal 19</i>	401	NEXIUM I.V.	461
NAPRELAN	22	<i>neonatal complete</i>	397	NEXLETOL	91
<i>napro</i>	197	<i>neonatal fe</i>	397	NEXLIZET	91
NAPROSYN	22, 23	NEONATAL PLUS	397	NEXOBRID	211
NAPROTIN	20	NEO-POLYCIN	421	NEXPLANON	175
<i>naproxen</i>	23	NEO-POLYCIN HC	425	NEXTERONE	49
<i>naproxen dr</i>	23	NEOPROFEN	23	NEXTSTELLIS	171
<i>naproxen sodium</i>	23	NEORAL	380	NEXVIAZYME	264
<i>naproxen sodium er</i>	23	NEOSALUS	217	NGENLA	265
<i>naproxen-esomeprazole mg</i>	20	<i>neostigmine methylsulfate</i>	109	<i>niacin (antihyperlipidemic)</i>	94
<i>naratriptan hcl</i>	370	NEO-SYNALAR	194	<i>niacin er (antihyperlipidemic)</i>	95
NARCAN	85	NEOTUSS PLUS	186	NIACOR	95
NARDIL	68	<i>neovite</i>	392	NIASPAN	95
NAROPIN	313	NEOX 100	222	NICADAN	392
NASCOBAL	297	NEOX CORD 1K	222	NICAPRIN	256
NASONEX	406	NEPHPLEX RX	391	<i>nicardipine hcl</i>	156
NATACHEW	396	NEPHRON FA	302	<i>nicardipine hcl in nacl</i>	156
NATACYN	421	NEPHRONEX	390	NICAZEL	392
<i>natal pnv</i>	397	NEPHRO-VITE RX	390	NICAZEL FORTE	392
NATALVIT	397	NERIVIO	363	<i>nicazyme</i>	257
NATAZIA	175	NERLYNX	122	NICOMIDE	394
<i>nateglinide</i>	79	NESACAINE	314	<i>nicotinamide</i>	394
NATESTO	42	NESACAINE-MPF	314	<i>nicotine</i>	448
NATPARA	270	NESINA	73	<i>nicotine mini</i>	448
NATROBA	219	NESTABS	397	<i>nicotine polacrilex</i>	448
NAVELBINE	131	NESTABS DHA	397	<i>nicotine polacrilex mini</i>	448
NAYZILAM	60	NESTABS ONE	399	<i>nicotine step 1</i>	448
<i>neb 200 compressor nebulizer</i> ..	343	NETSPOT	240	<i>nicotine step 2</i>	448
<i>nebivolol hcl</i>	153	<i>nettle</i>	9	<i>nicotine step 3</i>	448
<i>nebulizer mask adult</i>	364	<i>nettle (diagnostic)</i>	236	NICOTROL	448
<i>nebulizer mask child</i>	364	NEUAC	189	NICOTROL NS	448
NEBUPENT	101	NEULASTA	300	<i>nifedipine</i>	156
NEBUSAL	185	NEULASTA ONPRO	300	<i>nifedipine er</i>	156

<i>nifedipine er osmotic release</i>	156	<i>norethindrone acet-ethinyl est</i> ..	171	NOVOEIGHT	290
NIFEREX	302	<i>norethindrone-eth estradiol</i>	274	NOVOFINE AUTOCOVER	
NIKKI	171	<i>norethindron-ethinyl estrad-fe</i> ..	176	PEN NEEDLE	357
NILANDRON	111	<i>norethin-eth estradiol-fe</i>	171	NOVOFINE PEN NEEDLE ..	357
<i>nilutamide</i>	111	NORGESIC	403	NOVOFINE PLUS PEN	
NIMBEX	411	<i>norgesic forte</i>	403	NEEDLE	357
<i>nimodipine</i>	156	<i>norgestimate-eth estradiol</i>	171	NOVOLIN 70/30	77
NINLARO	123	<i>norgestim-eth estrad triphasic</i> ..	176	NOVOLIN 70/30 FLEXPEN ..	77
NIPENT	127	NORITATE	219	NOVOLIN 70/30 FLEXPEN	
NIPRIDE RTU	101	NORLIQVA	156	RELION	77
<i>nisoldipine er</i>	156	NORLYDA	176	NOVOLIN 70/30 RELION	77
<i>nitazoxanide</i>	102	NORLYROC	176	NOVOLIN N	77
NITHIODOTE	82	<i>normal saline flush</i>	378	NOVOLIN N FLEXPEN	77
<i>nitisinone</i>	266	NORM-JECT LUER SLIP		NOVOLIN N FLEXPEN	
<i>nitrovia</i>	401	SYRINGE	357	RELION	77
NITRO-BID	45	NORMLGEL AG	233	NOVOLIN N RELION	77
NITRO-DUR	45, 46	NORMOSOL-M IN D5W	373	NOVOLIN R	77
<i>nitrofurantoin</i>	107	NORMOSOL-R	374	NOVOLIN R FLEXPEN	77
<i>nitrofurantoin macrocrystal</i>	107	NORMOSOL-R IN D5W	373	NOVOLIN R FLEXPEN	
<i>nitrofurantoin monohyd macro</i> ..	107	NORMOSOL-R PH 7.4	374	RELION	77
<i>nitroglycerin</i>	43, 46	NORPACE	48	NOVOLIN R RELION	77
<i>nitroglycerin in d5w</i>	46	NORPACE CR	48	NOVOLOG	77
NITROLINGUAL	46	NORPRAMIN	71	NOVOLOG 70/30 FLEXPEN	
NITROMIST	46	NORTHERA	472	RELION	77
<i>nitroprusside sodium</i>	101	<i>northern quahog clam(diagnost)</i>		NOVOLOG FLEXPEN	77
<i>nitroprusside sodium-nacl</i>	101	.....	236	NOVOLOG FLEXPEN	
NITROSTAT	46	NORTREL 0.5/35 (28)	171	RELION	77
NITRO-TIME	46	NORTREL 1/35 (21)	171	NOVOLOG MIX 70/30	78
NITYR	266	NORTREL 1/35 (28)	171	NOVOLOG MIX 70/30	
<i>niva thyroid</i>	455	NORTREL 7/7/7	176	FLEXPEN	77
NIVA-PLUS	397	<i>nortriptyline hcl</i>	71	NOVOLOG MIX 70/30	
NIVESTYM	300	NORVASC	156	RELION	77
<i>nizatidine</i>	459, 460	NORVIR	146, 147	NOVOLOG PENFILL	78
NOCDURNA	273	NOURIANZ	135	NOVOLOG RELION	78
NOLIX	208	NOURISH	259	NOVOPEN ECHO	357
<i>non gelatin capsules (empty)</i>	438	NOVA MAX BLOOD		NOVOSEVEN RT	290
NOPIOID-LMC KIT	404	GLUCOSE SYSTEM	332	NOVOTWIST PEN NEEDLE	
NORA-BE	176	NOVA MAX GLUCOSE		.....	357
NORCO	30	TEST	248	NOXAFIL	89
NORDIPEN 5 INJECTION		NOVA SAFETY LANCETS		<i>np #2 drug preparation kit</i>	198
DEVICE	357	23G	333	NP THYROID	455
NORDIPEN DELIVERY		NOVA SAFETY LANCETS		NPLATE	304
SYSTEM	357	28G	333	NUBEQA	111
NORDITROPIN FLEXPRO ..	265	NOVA SUREFLEX		NUCALA	54
<i>norelgestromin-eth estradiol</i>	173	LANCETS	333	NUCARACLINPAK	189
<i>norepinephrine bitartrate</i>	473	NOVA SUREFLEX		NUCARARXPAK	189
<i>norepinephrine-dextrose</i> ...	473, 474	LANCING DEVICE	333	NUCEL	222
<i>norepinephrine-sodium chloride</i>		NOVACHOR	222	NUCORT	208
.....	474	NOVACORT	220	NUCYNTA	37
<i>norethin ace-eth estrad-fe</i>	171	NOVAREL	269	NUCYNTA ER	37
<i>norethindrone</i>	176	<i>novavax covid-19 vaccine</i>	468	NUDERMRXPAK 120	200
<i>norethindrone acetate</i>	440	<i>novite</i>	393	NUDERMRXPAK 60	200

NUDICLO SOLUPAK	199	NYMYO	171	<i>olanzapine-fluoxetine hcl</i>	450
NUDICLO TABPAK	20	<i>nynutey</i>	225	OLINVYK	37
NUDROXIPAK	20	<i>nystatin</i>	88, 197, 387	<i>olive tree</i>	9
NUDROXIPAK DSDR-50	23	<i>nystatin-triamcinolone</i>	195	<i>olmesartan medoxomil</i>	98
NUDROXIPAK DSDR-75	23	NYSTOP	197	<i>olmesartan medoxomil-hctz</i>	98
NUDROXIPAK E-400	23	NYVEPRIA	300	<i>olmesartan-amlodipine-hctz</i>	99
NUDROXIPAK I-800	23	OASIS ULTRA MATRIX		<i>olopatadine hcl</i>	405, 419
NUDROXIPAK M-15	23	FENESTRATED	233	OLPRUVA (2 GM DOSE)	272
NUDROXIPAK N-500	23	OASIS ULTRA TRI-LAYER		OLPRUVA (3 GM DOSE)	272
NUDEXTA	446	MATRIX	233	OLPRUVA (4 GM DOSE)	272
NUFERA	302	OASIS WOUND MATRIX		OLPRUVA (5 GM DOSE)	272
NUFOL	299	FENESTRATED	233	OLPRUVA (6 GM DOSE)	272
<i>nujo</i>	215	<i>oat (diagnostic)</i>	236	OLPRUVA (6.67 GM DOSE)	272
<i>nuju</i>	215	<i>oat grain (diagnostic)</i>	236	OLUMIANT	14
NULEV	459	OB COMPLETE	397	OLUX	208
NULIBRY	268	OB COMPLETE ONE	397	OLUX-E	208
NULOJIX	386	OB COMPLETE PETITE	397	OMBRA COMPRESSOR	
NULYTELY LEMON-LIME	310	OB COMPLETE PREMIER	397	ADULT	364
NULYTELY WITH		OB COMPLETE/DHA	397	OMBRA COMPRESSOR	
FLAVOR PACKS	310	<i>obizur</i>	291	CHILD	364
NUMBRINO	405	OBSTETRIX DHA	399	OMBRA TABLE TOP	
NUMOISYN	388	OBSTETRIX EC (WITH		COMPRESSOR	364
NUPLAZID	139	DOCUSATE)	397	OMECLAMOX-PAK	463
NURTEC	368	OBSTETRIX ONE (WITH		<i>omega-3 rx complete</i>	92
NUSHIELD	222	DOCUSATE)	399	<i>omega-3-acid ethyl esters</i>	91
NUSURGEPAK SURGICAL		OALIVA	277	OMEGAVEN	415
PREP/CARE	217	OCELLA	171	<i>omeprazole</i>	461
NUTRASEB	202	OCREVUS	444	OMEPRAZOLE+SYRSPEN	
NUTRIARX CREAMPAK	227	OCTAGAM	435	D SF ALKA	461
NUTRICAP	392	OCTAPLAS BLOOD		<i>omeprazole-sodium bicarbonate</i>	460
NUTRIDOX	454	GROUP A	294	OMEZA COLLAGEN	
NUTRIFAC ZX	392	OCTAPLAS BLOOD		MATRIX	233
NUTRILIPID	415	GROUP AB	294	OMIDRIA	428
NUTRIVIT	391	OCTAPLAS BLOOD		OMISIRGE	114
NUTROPIN AQ NUSPIN 10	265	GROUP B	294	OMNARIS	406
NUTROPIN AQ NUSPIN 20	265	OCTAPLAS BLOOD		OMNIFLEX DIAPHRAGM	317
NUTROPIN AQ NUSPIN 5	265	GROUP O	294	OMNIPAQUE	255
NUVA III	365	<i>octreotide acetate</i>	271	OMNIPOD 5 G6 INTRO	
NUVAGEL	365	OCUFLOX	420	(GEN 5)	342
NUVAIL	217	OCUVEL	392	OMNIPOD 5 G6 PODS (GEN	
NUVAKAAN-II	225	ODACTRA	12	5)	342
NUVARING	173	ODEFSEY	145	OMNIPOD 5 G7 INTRO	
NUVAZIL	365	ODOMZO	120	(GEN 5)	342
NUVAZIL II	365	OFEV	451	OMNIPOD 5 G7 PODS (GEN	
NUVESSA	470	OFIRMEV	25	5)	342
NUVIGIL	6	<i>ofloxacin</i>	277, 420, 431	OMNIPOD CLASSIC PDM	
NUWIQ	291	OGIVRI	116	(GEN 3)	342
NUZYRA	452	OGSIVEO	120	OMNIPOD CLASSIC PODS	
NYAMYC	197	OHTUVAYRE	54	(GEN 3)	342
NYLIA 1/35	171	OJEMDA	119	OMNIPOD DASH INTRO	
NYLIA 7/7/7	176	OJJAARA	130	(GEN 4)	342
NYMALIZE	156	<i>olanzapine</i>	143		

OMNIPOD DASH PODS		ONETOUCH DELICA PLUS		OPTICHAMBER	
(GEN 4).....	342	LANCING	333	ADVANTAGE-SM MASK	367
OMNIPOD GO	342	ONETOUCH DELICA		OPTICHAMBER DIAMOND	
OMNIPOD POD PALS	342	SAFETY LANCING	333	.....	367
OMNISCAN	253	ONETOUCH FINEPOINT		OPTICHAMBER	
OMNITROPE	265, 266	LANCETS	333	DIAMOND-LG MASK	367
OMNITROPE PEN 5 INJ		ONETOUCH ULTRA ...	248, 333	OPTICHAMBER	
DEVICE	357	ONETOUCH ULTRA 2	333	DIAMOND-MD MASK	367
<i>omnivex</i>	257	ONETOUCH ULTRA		OPTICHAMBER	
OMVOH	280	CONTROL	333	DIAMOND-SM MASK	367
ON CALL EXPRESS		ONETOUCH ULTRA MINI .	333	OPTICHAMBER FACE	
BLOOD GLUCOSE	248	ONETOUCH ULTRA TEST .	248	MASK-LARGE	367
ON CALL LANCETS	333	ONETOUCH ULTRASOFT 2		OPTICHAMBER FACE	
ON CALL LANCING		LANCETS	333	MASK-MEDIUM	367
DEVICE	333	ONETOUCH ULTRASOFT		OPTICHAMBER FACE	
ON CALL PLUS BLOOD		LANCETS	333	MASK-SMALL	367
GLUCOSE	248	ONETOUCH VERIO	248, 333	OPTIHALER	368
ON CALL PLUS LANCETS .	333	ONETOUCH VERIO FLEX		OPTION 2	174
ON CALL PLUS LANCING		SYSTEM	333	OPTIONS GYNOL II	
DEVICE	333	ONETOUCH VERIO		CONTRACEPTIVE	470
ON CALL VIVID BLOOD		REFLECT	333	OPTISON	253
GLUCOSE	248	<i>onevite</i>	392	OPTIUM TEST	248
ONCASPAR	126	ONEXTON	189	OPTIUMEZ TEST	248
ONCOZENE 100		ONFI	60	OPTUMRX BLOOD	
MICROMETER (2 ML)	318	ONGENTYS	138	GLUCOSE TEST	248
ONCOZENE 100		ONGLYZA	73	OPTUNE	368
MICROMETER (3 ML)	318	ONIVYDE	134	OPTUNE LUA	368
ONCOZENE 40		ONPATTRO	446	OPVEE	85
MICROMETER (2 ML)	318	ONTRUZANT	116	OPZELURA	203
ONCOZENE 40		ONUREG	113	ORABLOC	311
MICROMETER (3 ML)	318	ONYCHO-MED	196	ORACEA	219
ONCOZENE 75		<i>onzdeaxiademtar</i>	189	ORACIT	284
MICROMETER (2 ML)	318	<i>onzdeaxiademvar</i>	189	ORAFATE	389
ONCOZENE 75		<i>onzdeaxiatar</i>	189	<i>oral citrate</i>	285
MICROMETER (3 ML)	318	<i>onzdeaxiavar</i>	189	ORALAIR	12
<i>ondansetron</i>	85	<i>onzdeaxiazar</i>	189	ORALONE	390
<i>ondansetron hcl</i>	85	<i>onzdeoxia</i>	189	ORAMAGICRX	389
<i>one drop blood glucose monitor</i>		ONZETRA XSAIL	370	<i>orange (diagnostic)</i>	236
.....	333	OPCICON ONE-STEP	174	ORAPENN SD ANHYD	
<i>one drop test</i>	248	OPDIVO	116	SWEETENED	438
ONE FLOW SPIROMETER .	364	OPDUALAG	114	ORAPEUTIC	389
<i>one vite womens plus</i>	397	OPFOLDA	264	ORAPRED ODT	180
ONETOUCH CLUB		<i>opium</i>	82	ORAVIG	387
LANCETS FINE PT	333	OPSUMIT	161	ORBACTIV	103
ONETOUCH DELICA		OPSYNVI	160	<i>orchard grass pollen</i>	9
LANCETS 30G	333	OPTICHAMBER		<i>oregon ash pollen</i>	9
ONETOUCH DELICA		ADVANTAGE	367	ORENCIA	24
LANCETS 33G	333	OPTICHAMBER		ORENCIA CLICKJECT	24
ONETOUCH DELICA PLUS		ADVANTAGE-LG MASK	367	ORENITRAM	161
LANCET30G	333	OPTICHAMBER		ORENITRAM MONTH 1	160
ONETOUCH DELICA PLUS		ADVANTAGE-MED MASK .	367	ORENITRAM MONTH 2	160
LANCET33G	333			ORENITRAM MONTH 3	161

ORFADIN	266	<i>oxiachlo</i>	227	PALFORZIA (3 MG DAILY DOSE)	10
ORGOVYX	129	<i>oxiaice</i>	189	PALFORZIA (300 MG MAINTENANCE)	10
ORIAHNN	274	<i>oxianuji</i>	212	PALFORZIA (300 MG TITRATION)	10
ORLISSA	265	<i>oxianujo</i>	212	PALFORZIA (40 MG DAILY DOSE)	10
ORKAMBI	450	<i>oxiatar</i>	189	PALFORZIA (6 MG DAILY DOSE)	10
ORLADEYO	294	<i>oxiavar</i>	189	PALFORZIA (80 MG DAILY DOSE)	10
<i>orlistat</i>	4	<i>oxiavarry</i>	189	PALFORZIA INITIAL ESCALATION	10
ORMALVI	260	<i>oxiavary</i>	190	PALINGEN FLOW	222
ORMECA	199	<i>oxiazar</i>	190	PALINGEN	
<i>orphenadrine citrate</i>	402	<i>oxiconazole nitrate</i>	212	HYDROMEMBRANE	222
<i>orphenadrine citrate er</i>	402	OXISTAT	212	PALINGEN INOVOFLO	222
<i>orphenadrine-asa-caffeine</i>	403	OXLUMO	286	PALINGEN MEMBRANE	223
<i>orphenadrine-aspirin-caffeine</i> ..	403	<i>oxopid</i>	211	PALINGEN XPLUS	
ORPHENGESIC FORTE	404	<i>oxopidaxiaqap</i>	211	HYDROMEMBRANE	223
ORSERDU	133	<i>oxopod</i>	211	PALINGEN XPLUS	
ORSYTHIA	171	OXSORALEN ULTRA	201	MEMBRANE	223
<i>ortho df</i>	299	OXTELLAR XR	63	<i>paliperidone er</i>	140
ORTHO MICRONOR	176	<i>oxybutynin chloride</i>	464	<i>palonosetron hcl</i>	86
ORTHOVISC	404	<i>oxybutynin chloride er</i>	463	PALYNZIQ	270
ORTIKOS	180	<i>oxycodone hcl</i>	37, 38	PAMELOR	71
<i>oscimin</i>	459	<i>oxycodone hcl er</i>	37, 38	<i>pamidronate disodium</i>	263
<i>oscimin sr</i>	459	<i>oxycodone-acetaminophen</i>	39	PANCREAZE	260
<i>oseltamivir phosphate</i>	151	OXYCONTIN	38	PANDA MASK LARGE	368
OSENI	74	<i>oxymorphone hcl</i>	38	PANDA MASK MEDIUM	368
OSMITROL	261	<i>oxymorphone hcl er</i>	38	PANDA MASK SMALL	368
OSMOLEX ER	136	<i>oxytocin</i>	432	PANDEL	208
OSMOPREP	310	<i>oxytocin-lactated ringers</i>	432	PANHEMATIN	293
OSPHENA	270	<i>oxytocin-sodium chloride</i>	432	PANRETIN	200
<i>ostachol</i>	299	OXYTROL	464	<i>pantoprazole sodium</i>	461
OSTEOCONDUCTIVE MATRIX PLUS	222	OZEMPIC (0.25 OR 0.5 MG/DOSE)	79	PANZYGA	435
OTEZLA	24	OZEMPIC (1 MG/DOSE)	79	<i>papaverine hcl</i>	160
OTIPRIO	431	OZEMPIC (2 MG/DOSE)	79	PARADIGM REAL-TIME TRANSMITTER	333
OTOVEL	431	OZOBAX	402	PARAGARD	
OTREXUP	14	OZURDEX	427	INTRAUTERINE COPPER ..	173
OVACE PLUS	202	PACERONE	49	PARAPLATIN	111
OVACE PLUS WASH	202	<i>paclitaxel</i>	131	PAREMYD	422
OVACE WASH	202	<i>paclitaxel protein-bound part</i> ..	131	PARI BABY NEBULIZER SET	343
<i>oval tape</i>	333	PADCEV	116	PARI MANUAL INTERRUPTER	364
OVEEZA	299	<i>paingo kft</i>	225	PARI TREK S COMBO PACK	364
OVIDE	219	PALFORZIA (12 MG DAILY DOSE)	9	<i>paricalcitol</i>	267
OVIDREL	269	PALFORZIA (120 MG DAILY DOSE)	9	PARLODEL	136
<i>oxacillin sodium</i>	438	PALFORZIA (160 MG DAILY DOSE)	9		
<i>oxacillin sodium in dextrose</i>	438	PALFORZIA (20 MG DAILY DOSE)	9		
<i>oxaliplatin</i>	111	PALFORZIA (200 MG DAILY DOSE)	10		
<i>oxandrolone</i>	41	PALFORZIA (240 MG DAILY DOSE)	10		
<i>oxaprozin</i>	23				
OXAYDO	37				
<i>oxazepam</i>	47				
OXBRYTA	301				
<i>oxcarbazepine</i>	63				
OXERVATE	423				

PARNATE	68	<i>penicillamine</i>	379	<i>pfizer covid-19 vac-tris 5-11y</i> ... 468
<i>paromomycin sulfate</i>	13	<i>penicillin g pot in dextrose</i>	437	PFIZER COVID-19 VAC-
<i>paroxetine hcl</i>	69	<i>penicillin g potassium</i>	437	TRIS 5-11Y
<i>paroxetine hcl er</i>	69	<i>penicillin g procaine</i>	437	<i>pfizer covid-19 vac-tris 6m-4y</i> .. 468
<i>paroxetine mesylate</i>	450	<i>penicillin g sodium</i>	437	<i>pfizer-biont covid-19 vac-tris</i> ... 468
PARSABIV	263	<i>penicillin v potassium</i>	437	<i>pfizer-biontech covid-19 vacc</i> ... 468
PASER	110	<i>penicillium notatum</i>	10	PFIZERPEN
PATANASE	405	<i>penicillium notatum (diagnost)</i>		<i>ph strips</i>
PAXIL	69	.....	236, 237	PHARMACIST CHOICE
PAXIL CR	69	PENLEN	217	AUTOCODE
PAXLOVID (150/100)	148	PENLET II BLOOD		PHARMACIST CHOICE
PAXLOVID (300/100)	148	SAMPLER	333	AUTOCODE SYS
PAZEO	419	PENLET II		PHARMACIST CHOICE
<i>pazopanib hcl</i>	122	REPLACEMENT CAP	333	LANCETS
<i>pb-hyoscy-atropine-</i>		<i>pennaicin</i>	199	PHARMACIST CHOICE
<i>scopolamine</i>	457	PENNSAID	197	MINI SYSTEM
<i>pc lancets super thin 30g</i>	333	<i>pensomal</i>	439	<i>pharmacist choice no coding</i> ... 248
<i>pc pediatric iron drops</i>	304	PENTACEL	456	PHARMACY COUNTER
<i>pc unifine pentips</i>	357	PENTAM	101	LANCETS
<i>p-care k40</i>	180	<i>pentamidine isethionate</i> ...	101, 102	PHEBURANE
<i>p-care k40g</i>	183	PENTASA	279	<i>phedrax</i>
<i>p-care k40mx</i>	184	<i>pentazocine-naloxone hcl</i>	41	PHENAZO
<i>p-care k80</i>	180	<i>pentetate calcium trisodium</i>	83	<i>phenazopyridine hcl</i>
<i>p-care k80g</i>	184	<i>pentetate zinc trisodium</i>	83	<i>phendimetrazine tartrate</i>
<i>p-care k80mx</i>	184	PENTIPS	357	<i>phendimetrazine tartrate er</i>
<i>peanut (diagnostic)</i>	236	<i>pentobarbital sodium</i>	306	<i>phenelzine sulfate</i>
<i>pecan nut (diagnostic)</i>	236	<i>pentosan polysulfate sodium</i>	286	PHENERGAN
<i>pecan pollen</i>	10	<i>pentoxifylline er</i>	293	<i>phenobarbital</i>
PEDIAPRED	180	PEPAXTO	132	<i>phenobarbital sodium</i>
PEDIARIX	456	PEPCID	460	<i>phenobarbital-belladonna alk.</i> .. 457
PEDIATRIC PANDA MASK	368	PERCOCET	39	PHENOHYTRO
<i>pedizolpak</i>	196	<i>perennial rye grass pollen</i>	10	<i>phenol</i>
PEDMARK	133	PERFECT LANCETS 28G ... 333		<i>phenoxybenzamine hcl</i>
PEDVAX HIB	465	PERFECT LANCETS 30G ... 333		<i>phentermine hcl</i>
<i>peg 3350-kcl-na bicarb-nacl</i> ... 310		PERFOROMIST	52	<i>phentolamine mesylate</i>
<i>peg-3350/electrolytes</i>	310	PERIDEX	387	PHENYLADE GMP MIX
<i>peg-3350/electrolytes/ascorbat</i> .. 310		PERIKABIVEN	416	DHA/FIBER
PEGASYS	150	<i>perindopril erbumine</i>	96	<i>phenylephrine hcl</i>
PEGASYS PROCLICK	150	PERIOGARD	387	..... 159, 418, 474
<i>peg-kcl-nacl-nasulf-na asc-c</i> 310		PERIOMED	388	<i>phenylephrine hcl (pressors)</i> ... 474
PEG-PREP	310	PERJETA	116	<i>phenylephrine hcl-nacl</i> 474, 475
PEMAZYRE	120	<i>permethrin</i>	219	PHENYTEK
<i>pemetrexed</i>	113	<i>perphenazine</i>	142	<i>phenytoin</i>
<i>pemetrexed disodium</i>	113	<i>perphenazine-amitriptyline</i>	445	..... 66
<i>pemetrexed ditromethamine</i>	113	PERSERIS	140	PHENYTOIN INFATABS
PEMFEXY	113	PERTZYE	260	<i>phenytoin sodium</i>
PEMGARDA	151	PETROLEUM GAUZE		<i>phenytoin sodium extended</i>
PEMRYDI RTU	113	NON-WOVEN 3X9"	233	<i>pheodooyo</i>
<i>pen needles</i>	357	PEXEVA	69	<i>pheoxia</i>
<i>pen needles 5/16"</i>	357	<i>pfizer covid-19 bival 6mo-4yr</i> ... 468		PHESGO
PENBRAYA	465	<i>pfizer covid-19 vac bival 5-11</i> .. 468		PHEXXI
<i>penciclovir</i>	203	<i>pfizer covid-19 vac bivalent</i> 468		<i>phayo</i>

PHOSLYRA	281	PIXEL COVID-19 PCR		PODIATROLE	196
PHOSPHA 250 NEUTRAL ...	375	HOME TEST	252	PODOCON-25	213
PHOSPHASAL	107	PKU EASY	259	<i>podofilox</i>	213
<i>phosphorous</i>	376	PKU EASY MICROTABS	259	<i>podoxia</i>	211
PHOSPHO-TRIN 250		PKU EASY MICROTABS		<i>podprog</i>	211
NEUTRAL	376	PLUS	259	<i>podprogtar</i>	211
PHOSPHO-TRIN K500	376	PKU EXPRESS 15 PLUS+	259	<i>podtar</i>	211
PHOTOFRIN	127	PKU EXPRESS 20 PLUS+	259	POGO AUTOMATIC	
PHOTREXA VISCOUS	424	PKU GO	259	BLOOD GLUCOSE	334
PHOTREXA-PHOTREXA		PLAQUENIL	108	POGO AUTOMATIC TEST	
VISCOUS KIT	424	PLASBUMIN-25	295	CARTRIDGES	248
<i>phoxillum b22k4/0</i>	379	PLASBUMIN-5	295	POINT OF CARE KM	184
<i>physicians ez use b-12</i>	297	PLASMA-LYTE 148	374	POINT OF CARE L.2	184
<i>physicians ez use j/t/t kit ii</i>	184	PLASMA-LYTE A	374	POINT OF CARE L.5	184
<i>physicians ez use joint/tunnel</i> ...	184	PLASMANATE	295	POINT OF CARE LM DEP 2 184	
<i>physicians ez use m-pred</i>	184	PLAVIX	296	POINT OF CARE LM-2.2	312
PHYSIOLYTE	383	PLEGISOL	159	POINT OF CARE LM-2.5	312
PHYSIOSOL IRRIGATION	383	PLEGRIDY	443	POKONZA	377
<i>physostigmine salicylate</i>	84	PLEGRIDY STARTER		<i>polidocanol</i>	386
<i>phytonadione</i>	476	PACK	443	POLIVY	115
PICATO	200	PLENAMINE	414	POLOCAINE	313
<i>pidprogtar</i>	211	PLENITY	2	POLOCAINE-MPF	314
PIFELTRO	147	PLENITY WELCOME KIT	2	POLYCIN	421
<i>pilocarpine hcl</i>	389, 419	PLENVU	310	<i>poly-iron 150 forte</i>	302
<i>pimecrolimus</i>	215	<i>plerixafor</i>	297	<i>polymyxin b sulfate</i>	107
<i>pimozide</i>	446	PLEXION	190	<i>polymyxin b-trimethoprim</i>	421
PIMTREA	167	PLEXION CLEANSER	190	<i>polysaccharide iron forte</i>	303
<i>pindolol</i>	154	PLEXION CLEANSING		<i>polytoza patch</i>	365
<i>pineapple (diagnostic)</i>	237	CLOTH	190	POLYTRIM	421
<i>pioglitazone hcl</i>	81	PLEXION NS	203	POLY-VI-FLOR	395
<i>pioglitazone hcl-glimepiride</i>	81	PLIAGLIS	225	POLY-VI-FLOR/IRON	394
<i>pioglitazone hcl-metformin hcl</i> ...	81	PLO GEL - MEDIFLO 30	439	POMALYST	121
PIP BLOOD GLUCOSE		PLUVICTO	126	POMBILITI	264
TEST STRIP	248	PNEUMOVAX 23	465	PONS MOUTHPIECE	363
<i>pip lancets 28g</i>	334	<i>pnv tabs 20-1</i>	397	PONS SYSTEM	363
<i>pip lancets 30g</i>	334	<i>pnv tabs 29-1</i>	397	PONVORY	449
<i>pip pen needles 31g x 5mm</i>	357	<i>pnv-dha</i>	399	PONVORY STARTER	
<i>pip pen needles 32g x 4mm</i>	357	<i>pnv-dha+docusate</i>	399	PACK	449
<i>piperacillin sod-tazobactam so</i>	438	<i>pnv-omega</i>	397	<i>pork (diagnostic)</i>	237
PIQRAY (200 MG DAILY		<i>pnv-select</i>	397	PORTIA-28	171
DOSE)	133	POCKET CHAMBER	368	PORTRAZZA	119
PIQRAY (250 MG DAILY		POCKET SPACER	368	<i>posaconazole</i>	89
DOSE)	133	POCKETCHEM EZ		POSIMIR	314
PIQRAY (300 MG DAILY		SYSTEM	334	POSLUMA	241
DOSE)	133	POCKETCHEM EZ TEST ... 248			
<i>pirfenidone</i>	451	<i>pod-care 100c</i>	184	<i>pot & sod cit-cit ac</i>	285
PIRMELLA 1/35	171	<i>pod-care 100cg</i>	184	POTABA	475
PIRMELLA 7/7/7	176	<i>pod-care 100cmx</i>	184	<i>potassium acetate</i>	377
<i>piroxicam</i>	23	<i>pod-care 100k</i>	180	<i>potassium chloride</i>	377
<i>pistachio nut (diagnostic)</i>	237	<i>pod-care 100kg</i>	184	<i>potassium chloride crys er</i>	377
<i>pitavastatin calcium</i>	94	<i>pod-care 100kmx</i>	184	<i>potassium chloride er</i>	377
PITOCIN	432	PODIAPN	257	<i>potassium chloride in nacl</i>	374
				<i>potassium citrate er</i>	285

<i>potassium citrate-citric acid</i>	285	PRECOSE	71	PRENATABS RX	397
<i>potassium cl in dextrose 5%</i>	374	PRED FORTE	427	<i>prenatal</i>	397, 398
<i>potassium hydroxide</i>	166	PRED MILD	427	<i>prenatal 19</i>	397
<i>potassium phosphates</i>	376	PRED-G	425	<i>prenatal plus</i>	397
<i>potassium phosphates(66 meq</i> <i>k)</i>	376	PRED-G S.O.P.	425	<i>prenatal plus iron</i>	397
<i>potassium phosphates(71 meq</i> <i>k)</i>	376	<i>prednicarbate</i>	208	<i>prenatal plus vitamin/mineral</i> ...	397
<i>potassium phosphates-nacl</i>	376	<i>prednisol ace-moxiflox-bromfen</i>	425	<i>prenatal vitamin plus low iron</i> ..	398
POTELIGEO	114	<i>prednisolone</i>	180	PRENATAL-U	398
<i>povidone-iodine</i>	421	<i>prednisolone acetate</i>	427	PRENATE	400
<i>powder insufflator-#4 capsules</i> ..	343	<i>prednisolone acetate p-f</i>	427	PRENATE AM	401
PR BENZOYL PEROXIDE ..	193	<i>prednisolone acetate-nepafenac</i>	425	PRENATE DHA	400
PR BENZOYL PEROXIDE WASH	193	<i>prednisolone acet-moxifloxacin</i>	425	PRENATE ELITE	398
PR CREAM	217	<i>prednisolone sodium phosphate</i>	180, 427	PRENATE ENHANCE	400
PRADAXA	60	<i>prednisolone-bromfenac</i>	425	PRENATE ESSENTIAL	400
PRAKETAMIDE	194	<i>prednisolone-gatifloxacin</i>	426	PRENATE MINI	400
<i>pralatrexate</i>	113	<i>prednisolone-moxifloxacin</i>	426	PRENATE PIXIE	400
PRALUENT	95	<i>prednisolon-gatiflox-bromfenac</i>	426	PRENATE RESTORE	400
<i>pramipexole dihydrochloride</i> ...	138	<i>prednisolon-moxiflox-</i> <i>bromfenac</i>	426	PRENATOL-M	398
<i>pramipexole dihydrochloride er</i>	138	<i>prednisolon-moxiflox-ketorolac</i>	426	PRENATRIX	398
PRAMOSONE	220	<i>prednisolon-moxiflox-nepafenac</i>	426	PRENATRYL	398
PRAMOTIC	431	<i>prednisone</i>	180, 181	<i>prenatvite complete</i>	398
PRAMOX	215	PREDNISON INTENSOL ..	180	<i>prenatvite plus</i>	398
<i>pramoxine-hc</i>	220	<i>preferred plus insulin syringe</i> ..	357	<i>prenatvite rx</i>	398
PRASTERA	24	<i>preferred plus lancets colored</i> ..	334	PRE-PEN	239
<i>prasugrel hcl</i>	296	<i>preferred plus lancets thin</i>	334	PREPIDIL	432
PRAVACHOL	94	<i>preferred plus unifine pentips</i> ...	358	<i>prepi supply</i>	225
<i>pravastatin sodium</i>	94	PREFEST	274	<i>preplus</i>	398
PRAXBIND	84	<i>pregabalin</i>	63	PRESERA	217
<i>praziquantel</i>	45	<i>pregabalin er</i>	446	<i>pressure activat safety lancet</i> ...	334
<i>prazosin hcl</i>	100	<i>pregen dha</i>	400	PRESTALIA	95
PRE & POST SX POUCH	217	<i>pregenna</i>	397	<i>pretab</i>	398
PRECEDEX	309	PREGNYL	269	<i>pretomanid</i>	110
PRECISION PCX	248	PREHEVBRIO	468	PREVACID	461
PRECISION PCX PLUS TEST	248	PREMARIN	276, 470	PREVACID SOLUTAB	461
PRECISION POINT OF CARE TEST	248	PREMASOL	414	PREVALITE	92
PRECISION QID TEST	248	PREMESISRX	401	PREVDUO	83
PRECISION SOF-TACT TEST	249	<i>premium blood glucose test</i>	249	PREVENT DROPSAFE PEN NEEDLES	358
PRECISION SUREDOSE PLUS SYR	357	<i>premium condoms lubricated</i>	317	PREVENT SAFETY PEN NEEDLES	358
PRECISION SURE-DOSE SYRINGE	357	<i>premium lidocaine</i>	215	PREVIDENT	389
PRECISION THINS GP LANCETS	334	<i>premium scar</i>	225	PREVIDENT 5000 BOOSTER PLUS	388
PRECISION XTRA	334	PREMPHASE	274	PREVIDENT 5000 DRY MOUTH	388
PRECISION XTRA BLOOD GLUCOSE	249	PREMPRO	274	PREVIDENT 5000 ENAMEL PROTECT	387
		<i>prena 1 true</i>	400	PREVIDENT 5000 KIDS	388
		<i>prenal</i>	401	PREVIDENT 5000 ORTHO DEFENSE	388
		<i>prenal pearl</i>	397	PREVIDENT 5000 PLUS	388
		<i>prenaissance</i>	400		
		<i>prenaissance plus</i>	400		
		<i>prenara</i>	397		

PREVIDENT 5000 SENSITIVE	387	<i>pro voice v9 glucose system</i>	334	<i>progesterone</i>	440
PREVIDOLRX ANALGESIC	20	PROAIR DIGIHALER	52	<i>progesterone micronized</i>	440
<i>previdolrx plus analgesic</i>	20	PROAIR HFA	53	PROGLYCEM	73
PREVIFEM	172	PROAIR RESPICLICK	53	PROGRAF	383
PREVNAR 13	465	<i>probenecid</i>	288	PROHANCE	253
PREVNAR 20	465	<i>probichew</i>	82	PROLASTIN-C	450
PREVYMIS	149	PROBINATE	82	PROLATE	40
PREZCOBIX	145	<i>procainamide hcl</i>	48	PROLEEVA	257
PREZISTA	147	PROCALAMINE	414	PROLENSA	424
PRIALT	28	PROCARDIA	156	PROLEUKIN	127
PRIFTIN	110	PROCARDIA XL	156	<i>proleva</i>	257
PRILO PATCH	225	<i>procare spacer/adult mask</i>	368	PROLIA	270
PRILO PATCH II	225	<i>procare spacer/child mask</i>	368	PROMACTA	304
<i>priloheal plus 30</i>	225	PRO-C-DURE 5	181	<i>promella in prebiotic</i>	82
<i>prilolid</i>	225	PRO-C-DURE 6	181	<i>promethazine hcl</i>	91
PRILOSEC	461	PROCENTRA	2	<i>promethazine vc</i>	185
<i>prilovix</i>	225	<i>prochamber vhc</i>	368	<i>promethazine vc/codeine</i>	186
<i>prilovix lite</i>	225	<i>prochlorperazine</i>	142	<i>promethazine-codeine</i>	186
<i>prilovix lite plus</i>	225	<i>prochlorperazine edisylate</i>	142	<i>promethazine-dm</i>	186
<i>prilovix plus</i>	225	<i>prochlorperazine maleate</i>	142	<i>promethazine-phenyleph- codeine</i>	187
<i>prilovix ultralite</i>	225	PROCORT	43	<i>promethazine-phenylephrine</i>	185
<i>prilovix ultralite plus</i>	225	PROCRTIT	298	PROMETHEGAN	91
<i>prilovixil</i>	225	<i>pro-critic</i>	257	PROMETRIUM	440
PRIMACARE	398	PROCTOCORT	44	PROMISEB	202
<i>primaquine phosphate</i>	108	PROCTOFOAM HC	44	PRONAL	210
PRIMAXIN IV	102	PROCTO-MED HC	44	<i>prooxia</i>	209
<i>primidone</i>	63	PROCTO-PAK	44	<i>propafenone hcl</i>	49
PRIMSOL	102	PROCTOSOL HC	44	<i>propafenone hcl er</i>	49
PRINIVIL	96	PROCTOZONE-HC	44	<i>proparacaine hcl</i>	423
PRIORIX	465	PROCYSBI	285	<i>proparacaine-fluorescein</i>	422
PRISMASOL BGK 4/0/1.2	379	<i>prodigen</i>	82	PROPECIA	227
PRISTIQ	70	PRODIGY AUTOCODE		PROPEL	406
<i>privet</i>	10	BLOOD GLUCOSE	334	PROPEL MINI	406
PRIVIGEN	435	PRODIGY INSULIN		PROPEL MINI SDS	406
PRIZOPAK II	225	SYRINGE	358	<i>propofol</i>	283
PRIZOTRAL-II	225	PRODIGY LANCETS 28G ...	334	<i>propofol-lipuro</i>	283
PRO COMFORT INSULIN		PRODIGY LANCING		<i>propranolol hcl</i>	154
SYRINGE	358	DEVICE	334	<i>propranolol hcl er</i>	154
<i>pro comfort lancets 30g</i>	334	PRODIGY NO CODING		<i>propylthiouracil</i>	454
<i>pro comfort lancets 31g</i>	334	BLOOD GLUC	249, 334	PROQUAD	466
<i>pro comfort pen needles</i>	358	PRODIGY POCKET		PROSCAR	284
<i>pro comfort safety lancets 30g</i> ..	334	BLOOD GLUCOSE	334	PROSILK	217, 365
<i>pro comfort spacer adult</i>	368	PRODIGY SAFETY		PROSOL	414
<i>pro comfort spacer child</i>	368	LANCETS 26G	334	PROSTIN E2	432
<i>pro comfort spacer infant</i>	368	PRODIGY TWIST TOP		PROSTIN VR	386
PRO DNA COLLECTION	249	LANCETS 28G	334	<i>protamine sulfate</i>	295
<i>pro hers rx</i>	401	PRODIGY VOICE BLOOD		PROTEOLIN	257
<i>pro his rx</i>	401	GLUCOSE	334	<i>protexa</i>	210
<i>pro pcos rx</i>	401	<i>professional dna collection</i>	249	PROTEXT	223
<i>pro voice v8 glucose system</i>	334	PROFILNINE	291	PROTHELIAL	389
<i>pro voice v8/v9 glucose</i>	249	PROFINAC	199	PROTONIX	461
		<i>profola</i>	392		

PROTOPAM CHLORIDE	84	PURAPLY		<i>qc pen needles</i>	358
PROTOPIC	216	ANTIMICROBIAL 8X16CM	233	<i>qc unifine pentips</i>	358
<i>protriptyline hcl</i>	71	PURAPLY XT		<i>qc unilet lancets 28g</i>	335
PROTYL AG	233	ANTIMICROBIAL	234	<i>qc unilet lancets micro thin</i>	335
PROVAYBLUE	84	PURAPLY XT		QDOLO	38
PROVENGE	117	ANTIMICROBIAL 5X5CM ..	234	QELBREE	0
PROVENTIL HFA	53	PURAPLY XT		QINLOCK	122
PROVERA	440	ANTIMICROBIAL 6X9CM ..	234	QMIIZ ODT	23
PROVIDA OB	398	<i>pure comfort lancets 30g</i>	334	QNASL	406
PROVIGIL	6	<i>pure comfort pen needle</i>	358	QNASL CHILDRENS	406
PROVISC	429	<i>pure comfort safety pen needle</i> ..	358	QSYMIA	3
PROVOCHOLINE	239	<i>pure comfort spacer chamber</i> ...	368	QTERN	80
PROXIVOL	215	<i>purevit dualfe plus</i>	303	<i>quad-mix</i>	159
PROZAC	69	PURIXAN	113	QUADRACEL	456
PRUCLAIR	217	<i>push button safety lancets</i>	334	QUADRAMET	126
PRUDOXIN	200	<i>px advanced lancing device</i>	334	QUAKE	364
PRUMYX	217	<i>px aspirin</i>	27	QUALAQUIN	108
<i>pseudoeph-bromphen-dm</i>	186	<i>px enteric aspirin</i>	27	QUARTETTE	174
PSORIZIDE FORTE	381	<i>px extra short pen needles</i>	358	<i>quazepam</i>	307
PSORIZIDE ULTRA	381	<i>px folic acid</i>	300	QUDEXY XR	63
PSS SELECT GP LANCETS	334	<i>px insulin syringe</i>	358	<i>queen palm</i>	10
PSS SELECT PLATFORMS	334	<i>px lancets microthin 33g</i>	334	QUELICIN	407
PSS SELECT SAFETY		<i>px lancets ultra thin</i>	335	QUESTRAN	92
LANCETS	334	<i>px lancets ultra thin 28g</i>	335	QUESTRAN LIGHT	92
PTS PANELS EGLU TEST ...	249	<i>px mini pen needles</i>	358	<i>quetiapine fumarate</i>	141
PTS PANELS GLUCOSE		<i>px pen needle</i>	358	<i>quetiapine fumarate er</i>	141
TEST	249	<i>px shortlength pen needles</i>	358	QUFLORA FE	391
PTS PANELS LIPID		<i>px stop smoking aid</i>	448	QUFLORA FE PEDIATRIC	394
PANEL+EGLU	249	PYCNOGENOL	13	QUFLORA GUMMIES	395
PULMICORT	55	PYLARIFY	241	QUFLORA PEDIATRIC	395
PULMICORT FLEXHALER ..	55	PYLERA	462	QUICKTEK	335
PULMONEB LT	343	<i>pyrazinamide</i>	110	QUICKTEK TEST	249
PULMOSAL	185	PYRIDIUM	286	QUICKTEK/METER	335
PULMOZYME	451	<i>pyridostigmine bromide</i>	109	QUICKVUE + STREP A	
PURAPLY	234	<i>pyridostigmine bromide er</i>	109	TEST	252
PURAPLY 1.6CM	233	<i>pyridoxal-5 phosphate</i>	475	QUICKVUE DIPSTICK	
PURAPLY ANTIMICRO		<i>pyridoxine hcl</i>	475	STREP A TEST	252
3.76X3.76CM	233	<i>pyrimethamine</i>	108	QUICKVUE INFLUENZA	
PURAPLY		<i>pyrimethamine-leucovorin</i>	108	A+B TEST	252
ANTIMICROBIAL 2X2CM ..	233	<i>pyrogallic acid</i>	214	QUICKVUE IN-LINE	
PURAPLY		PYRUKYND	295	STREP A TEST	252
ANTIMICROBIAL 2X4CM ..	233	PYRUKYND TAPER PACK	295	QUICKVUE SARS	
PURAPLY		QALSODY	406	ANTIGEN TEST	252
ANTIMICROBIAL 3.02CM ..	233	QBRELIS	96	<i>quidroxzar</i>	199
PURAPLY		QBREXZA	217	<i>quihoxaxia</i>	199
ANTIMICROBIAL 3X4CM ..	233	<i>qc advanced lancing device</i>	335	<i>quihoxvar</i>	199
PURAPLY		<i>qc aspirin low dose</i>	27	QUILLICHEW ER	6
ANTIMICROBIAL 4X4CM ..	233	<i>qc childrens aspirin</i>	27	QUILLIVANT XR	6
PURAPLY		<i>qc folic acid</i>	300	<i>quinapril hcl</i>	96
ANTIMICROBIAL 5X5CM ..	233	<i>qc lancets super thin 30g</i>	335	<i>quinapril-hydrochlorothiazide</i>	96
PURAPLY		<i>qc lancets ultra thin</i>	335	<i>quinidine gluconate er</i>	48
ANTIMICROBIAL 6X9CM ..	233	<i>qc nicotine transdermal system</i> ..	448	<i>quinidine sulfate</i>	48

<i>quinine sulfate</i>	108	RAPAMUNE	383	RECEDO	219
QUINIXIL	227	RAPIVAB	151	<i>reck</i>	311
QUINJA	196	<i>rasagiline mesylate</i>	136	RECLAST	263
QUINTET AC BLOOD		RASUVO	14	RECLIPSEN	172
GLUCOSE TEST	249	RAVICTI	272	RECOMBINATE	291
QUINTET BLOOD		<i>raya sure pen needle</i>	358	RECOMBIVAX HB	468, 469
GLUCOSE TEST	249	RAYALDEE	267	RECORLEV	264
<i>quitar</i>	199	<i>rayasal</i>	213	RECOTHROM	305
QULIPTA	368	<i>rayasore kit</i>	204	RECOTHROM SPRAY KIT	305
QUTENZA	215	RAYOS	181	RECTIV	43
QUTENZA (2 PATCH)	215	RAZADYNE	442	RECURA	196
QUTENZA (4 PATCH)	215	RAZADYNE ER	442	<i>red alder pollen</i>	10
QUVIVIQ	308	REACT	174	<i>red cedar</i>	10
QUZYTIR	91	READI-CAT 2	254	<i>red maple</i>	10
QVAR REDHALER	56	READYLANCE SAFETY		<i>red maple (diagnostic)</i>	237
<i>ra aspirin adult low dose</i>	27	LANCETS	335	<i>red mulberry</i>	10
<i>ra aspirin adult low strength</i>	27	READYSHARP ANESTH +		<i>red oak</i>	10
<i>ra aspirin childrens</i>	27	BETAMETH	184	<i>red oak (diagnostic)</i>	237
<i>ra aspirin ec</i>	27	READYSHARP ANESTH +		<i>red top grass pollen</i>	10
<i>ra aspirin ec adult low st</i>	27	DEXAMETH	184	REDITREX	14
RA E-ZJECT LANCETS 28G		READYSHARP ANESTH +		REFISSA	194
.....	335	KETOROLAC	20	REFUAH PLUS BLOOD	
RA E-ZJECT LANCETS		READYSHARP ANESTH +		GLUCOSE TEST	249
THIN 26G	335	METHYLPRED	184	REFUAH PLUS	
RA E-ZJECT LANCETS		READYSHARP		MONITORING SYSTEM	335
THIN 28G	335	BETAMETHASONE	184	<i>regadenoson</i>	239
RA E-ZJECT LANCETS		READYSHARP		REGEN-COV	436
ULTRA THIN	335	DEXAMETHASONE	181	REGENECARE	228
<i>ra folic acid</i>	300	READYSHARP LIDOCAINE		REGIOCIT	380
<i>ra insulin syringe</i>	358	.....	314	REGLAN	278
<i>ra mini nicotine</i>	448	READYSHARP-A	312	REGONOL	109
<i>ra nicotine</i>	448, 449	REAL HEAL-I	225	REGRANEX	228
<i>ra nicotine gum</i>	448	<i>reality insulin syringe</i>	358	REJOYN	380
<i>ra nicotine polacrilex</i>	448	<i>reality lancets</i>	335	RELADOR PAK	225
<i>ra pen needles</i>	358	REALITY LATEX		RELADOR PAK PLUS	225
RABAVERT	468	CONDOMS	317	RELAFEN	23
<i>rabbit epithelium</i>	10	REALITY LATEX/ULTRA		RELAFEN DS	23
<i>rabeprazole sodium</i>	461	TEXTURED	317	RELENZA DISKHALER	151
RADIAPLEXRX	234	REALITY LATEX/ULTRA		RELEUKO	300
RADIAURA	220	THIN	317	<i>releuko</i>	301
RADICAVA	406	<i>reality trigger lancets</i>	335	RELEXXII	6
RADICAVA ORS	406	<i>realsil-6</i>	365	RELIEVRX	381
RADICAVA ORS STARTER		<i>realsil-8</i>	365	RELION ALL-IN-ONE	335
KIT	406	REBIF	444	RELION BLOOD GLUCOSE	
RADIOGARDASE	84	REBIF REBIDOSE	443	TEST	249
RAGWITEK	10	REBIF REBIDOSE		RELION CONFIRM	
<i>raloxifene hcl</i>	271	TITRATION PACK	444	GLUCOSE MONITOR	335
<i>ramelteon</i>	309	REBIF TITRATION PACK ..	444	RELION CONFIRM/MICRO	
<i>ramipril</i>	96	REBINYN	291	TEST	249
RANEXA	45	REBLOZYL	298	RELION INSULIN	
<i>ranolazine er</i>	45	REBYOTA	280	SYRINGE	358
RAPAFLO	284	RECARBRIO	102	RELION LANCETS	335

RELION LANCETS		RENATABS	391	REVEAL BLOOD	
MICRO-THIN 33G	335	RENATABS WITH IRON	391	GLUCOSE TEST	249
RELION LANCETS THIN		RENFLEXIS	282	<i>revesta</i>	299
26G	335	<i>reno caps</i>	390	REVLIMID	382
RELION LANCETS ULTRA-		RENOVA	194	REVONTO	403
THIN 30G	335	RENOVA PUMP	194	REXALL BLOOD	
RELION LANCING		REVELA	281	GLUCOSE SYSTEM	336
DEVICE	335	<i>repaglinide</i>	79	REXALL BLOOD	
RELION MICRO	335	REPATHA	95	GLUCOSE TEST	249
RELION MINI PEN		REPATHA PUSHTRONEX		REXALL LANCETS ULTRA	
NEEDLES	358	SYSTEM	95	THIN 30G	336
RELION PEN NEEDLES	358	REPATHA SURECLICK	95	REXASIL PATCH &	
RELION PREMIER BLU		REQ 49+	392	VITAMIN E LIQ	228
MONITOR	335	REQUIP XL	138	REXTOVY	85
RELION PREMIER		RESET	380	REXULTI	143
CLASSIC	335	RESET FOR IOS OR		REYATAZ	147
RELION PREMIER		ANDROID APP	380	REYVOW	371
COMPACT SYSTEM	335	RESET NON-MONETARY		REZDIFFRA	278
RELION PREMIER TEST ...	249	CM	380	REZIPRES	475
RELION PREMIER VOICE		RESET-O	380	REZLIDHIA	129
MONITOR	335	RESET-O FOR IOS OR		REZUROCK	386
RELION PRIME MONITOR	335	ANDROID APP	380	REZVOGLAR KWIKPEN	78
RELION PRIME TEST	249	RESET-O NON-		REZZAYO	88
RELION SHORT PEN		MONETARY CM	380	R-GENE 10	239
NEEDLES	358	<i>resorcinol-sulfur</i>	190	RHEOSPRAY	438
RELION TRUE MET AIR		RESTASIS	423	RHEUMATE	257
GLUC METER	335	RESTASIS MULTIDOSE	423	RHOFADE	219
RELION TRUE METRIX		RESTORA RX	82	RHOGAM ULTRA-	
TEST STRIPS	249	RESTORE SILVER		FILTERED PLUS	435
RELION ULTIMA		DRESSING	234	RHOPHYLAC	435
GLUCOSE SYSTEM	335	RESTORIL	307	RHOPRESSA	424
RELION ULTIMA TEST	249	RETACRIT	298	RIABNI	114
RELION ULTRA THIN		RETAVASE	296	RIASTAP	291
LANCETS 30G	335	RETAVASE HALF-KIT	296	<i>ribavirin</i>	150, 151
RELION ULTRA THIN		RETEVMO	123	<i>ribozel</i>	257
PLUS LANCETS	336	RETHYMIC	379	<i>rice (diagnostic)</i>	237
RELISTOR	280	RETIN-A	193	RIDAURA	18
<i>relnate dha</i>	398	RETIN-A MICRO	193	<i>rifabutin</i>	110
RELPAK	370	RETIN-A MICRO PUMP	193	RIFADIN	110
RELTONE	277	RETISERT	428	<i>rifampin</i>	110
RELYVRIO	406	RETROVIR	148	RIFAMPIN+SYRSPEND SF	110
<i>remdesivir</i>	151	REUSABLE		RIGHTEST ALTERNATE	
REMEDIENT	392	COMFORTSEAL MASK-		SITE ADAPT	336
REMERON	67	LRG	364	RIGHTEST GD500	
REMERON SOLTAB	67	REUSABLE		LANCING DEVICE	336
REMICADE	282	COMFORTSEAL MASK-		RIGHTEST GL300	
<i>remifentanil hcl</i>	38	MED	364	LANCETS	336
<i>remigen</i>	217	REUSABLE		RIGHTEST GM100 BLOOD	
REMODULIN	161	COMFORTSEAL MASK-		GLUCOSE	336
RENACIDIN	285	SML	364	RIGHTEST GM300 BLOOD	
RENAGEL	281	REVATIO	162	GLUCOSE	336
RENAL	390	REVCIVI	262		

RIGHTEST GM550 BLOOD			
GLUCOSE	336	<i>ropinirole hcl</i>	138
RIGHTEST GS100 BLOOD		<i>ropinirole hcl er</i>	138
GLUCOSE	249	<i>ropivacaine hcl</i>	314
RIGHTEST GS300 BLOOD		<i>ropivacaine hcl-nacl</i>	314
GLUCOSE	249	<i>ropiv-clonidine-ketorolac</i>	311
RIGHTEST GS550 BLOOD		ROSADAN	219
GLUCOSE	249	<i>rosuvastatin calcium</i>	94
RIGHTEST GT333 BLOOD		ROSZET	94
GLUCOSE	250, 336	ROTARIX	469
RIGHTEST GT333		ROTATEQ	469
GLUCOSE TEST	250	<i>rough marsh elder</i>	11
RILUTEK	407	<i>rough pigweed</i>	11
<i>riluzole</i>	407	ROWASA	279
<i>rimantadine hcl</i>	150	ROWEEPRA	63
<i>rimi</i>	197	ROXICODONE	38
RIMSO-50	286	ROXYBOND	38
<i>ringers</i>	374	ROZEREM	309
RINVOQ	14	ROZLYTREK	123, 124
RINVOQ LQ	14	RTD WOUND CARE	
RIOMET	72	DRESSING	234
<i>risedronate sodium</i>	263	RUBRACA	133
RISPERDAL	140	RUCONEST	292
RISPERDAL CONSTA	140	<i>rufinamide</i>	63
<i>risperidone</i>	140	RUKOBIA	146
<i>risperidone microspheres er</i>	140	<i>russian thistle</i>	11
RITALIN	6	RUXIENCE	115
RITALIN LA	6	RUZURGI	109
RITEFLO	368	RYALTRIS	405
<i>ritonavir</i>	147	RYANODEX	403
RITUXAN	115	RYBELSUS	79
RITUXAN HYCELA	126	RYBREVANT	123
<i>rivastigmine</i>	442	RYCLORA	90
<i>rivastigmine tartrate</i>	442	RYDAPT	122
RIVELSA	174	RYKINDO	140
<i>river birch pollen</i>	11	RYLAZE	126
RIVFLOZA	286	RYPLAZIM	295
<i>rixubis</i>	291	RYSTIGGO	384
<i>rizatriptan benzoate</i>	370	RYTARY	137
<i>roaoxia</i>	199	RYTELO	132
ROBAXIN	402	RYTHMOL SR	49
ROBAXIN-750	402	RYVENT	90
ROBINUL	462	S.T. GENESIS NERVE	
ROBINUL-FORTE	462	STIMULATOR	363
ROCALTROL	267	<i>sa3 derm</i>	439
ROCKLATAN	423	SABRIL	65
ROCTAVIAN	288	<i>saccharomyces cerevisiae</i> ... 11, 237	
<i>rocuronium bromide</i>	411	SAFE-SENSE EARLOOP	
<i>roflumilast</i>	55	FACE MASK	343
ROLVEDON	301	SAFESNAP INSULIN	
<i>romidepsin</i>	120, 121	SYRINGE	359
ROPIDEX	184	SAFE-T-LANCE	336
		SAFE-T-LANCE PLUS	336
		<i>safety insulin syringes</i>	359
		<i>safety lancet 21g/pressure act</i> ...336	
		<i>safety lancet 28g/pressure act</i> ...336	
		<i>safety lancet 30g/pressure act</i> ...336	
		SAFETY LANCETS	336
		SAFETY LANCETS 21G	336
		SAFETY LANCETS 23G	336
		<i>safety lancets 28g</i>	336
		<i>safety pen needles</i>	359
		SAFYRAL	172
		<i>sagebrush</i>	11
		<i>sagebrush (diagnostic)</i>	237
		SAIZEN	266
		SAIZENPREP	266
		SAJAZIR	292
		SALAGEN	389
		SALEX	213
		SALICATE	213
		<i>salicylic acid</i>	213
		<i>salicylic acid er</i>	213
		<i>salicylic acid wart remover</i>	213
		<i>salicylic acid-cleanser</i>	213
		<i>salimez</i>	213
		<i>salimez forte</i>	213
		<i>saline bacteriostatic</i>	439
		<i>saline-phenol</i>	439
		SALIVAMAX	388
		<i>salsalate</i>	27
		<i>salt durable cream</i>	439
		SALTSTABLE LO	439
		SALVAX	213
		SALVAX DUO PLUS	214
		SALYCIM	213
		<i>salynta</i>	213
		SAMSCA	271
		<i>sanadermrx skin repair</i>	227
		SANCUSO	86
		SANDIMMUNE	380
		SANDOSTATIN	271
		SANDOSTATIN LAR	
		DEPOT	271
		SANTYL	211
		SAPHNELO	386
		SAPHRIS	141
		<i>sapropterin dihydrochloride</i>	270
		<i>saps health plus lancets</i>	336
		<i>saps health twist top lancets</i>	336
		<i>saps twist top lancets</i>	336
		<i>saps scare twist top lancets</i>	336
		SARAFEM	446
		SARCLISA	115
		<i>saroxia</i>	190

SAVAYSA	57	SENSORCAINE/EPINEPHR	SILA III	227
SAVELLA	442	INE	SILADERM	365
SAVELLA TITRATION		SENSORCAINE-MPF	<i>siladone scar patch</i>	365
PACK	442	SENSORCAINE-	<i>silatrix</i>	389
SAVI DUAL	368	MPF/EPINEPHRINE	<i>sildenafil citrate</i>	162, 163
<i>saxagliptin hcl</i>	73	SEREVENT DISKUS	SILENOR	308
<i>saxagliptin-metformin er</i>	73	SERNIVO	SILHOUETTE 23"	
SAXENDA	3	SEROQUEL	INFUSION SET	342
<i>sb aspirin</i>	27	SEROQUEL XR	SILHOUETTE 43"	
<i>sb aspirin adult low strength</i>	27	SEROSTIM	INFUSION SET	342
<i>sb childrens aspirin</i>	27	<i>sertraline hcl</i>	SILHOUETTE INFUSION	
<i>sb insulin syringe</i>	359	<i>sesame seed (diagnostic)</i>	SET 18"	342
<i>sb lancets thin</i>	336	<i>se-tan plus</i>	<i>silicone mask/adult</i>	364
<i>sb lancets ultra thin</i>	336	SETLAKIN	<i>silicone mask/infant</i>	364
<i>sb low dose asa ec</i>	28	<i>sevelamer carbonate</i>	<i>silicone mask/pediatric</i>	364
SCALACORT DK	227	<i>sevelamer hcl</i>	SILIGENTLE AG FOAM	
SCARCARE GEL-PAD		SEVENFACT	DRESSING	234
KIT/LARGE	228	<i>sevoflurane</i>	SILIGENTLE AG SILVER	
<i>scarcin</i>	220	SEYSARA	FOAM DRES	234
<i>scarcin pad plus</i>	365	SEZABY	<i>silinoin 8 day supply</i>	365
<i>scarcinpad</i>	365	<i>sf</i>	<i>silipac</i>	219
<i>scarheal</i>	365	<i>sf 5000 plus</i>	SILIQ	201
<i>scarsilk</i>	220, 365	SFROWASA	<i>silivex</i>	365
SCARZEN SKIN REPAIR	227	<i>shagbark hickory</i>	<i>silodosin</i>	284
SCSEMBLIX	118	SHAROBEL	SILTREX	365
SCENESSE	216	<i>sheep sorrel</i>	SILVADENE	204
SCLEROSOL		<i>sheep sorrel-dock (diagostic)</i>	<i>silver nitrate</i>	204
INTRAPLEURAL	451	<i>sheep sorrel-yellow dock</i>	<i>silver sulfadiazine</i>	204
<i>scopolamine</i>	86	SHINGRIX	SILVERSEAL HYDROGEL	
<i>sea scallops (diagnostic)</i>	237	SHOPKO AUTOLET	DRESSING	234
SEASONIQUE	174	LANCING DEVICE	SILVRSTAT WOUND	
SEBUDERM	217	SHOPKO ON-THE-GO	DRESSING	234
SECREFLO	239	LANCETS 30G	SIMBRINZA	416
SECUADO	141	SHOPKO UNIFINE	SIMLANDI (1 PEN)	17
SECURESAFE INSULIN		PENTIPS	SIMLANDI (2 PEN)	17
SYRINGE	359	SHOPKO UNIFINE	SIMLIYA	167
SECURESAFE SAFETY		PENTIPS PLUS	SIMPESSE	175
PEN NEEDLES	359	SHOPKO UNILET	SIMPLICITY COVID-19 AT-	
SEGLENTIS	41	LANCETS 28G	HOME	252
SEGLUROMET	80	SHOPKO UNILET	SIMPONI	18
SELECT-OB	398	LANCETS 30G	SIMPONI ARIA	18
SELECT-OB+DHA	400	<i>short ragweed pollen ext</i>	SIMULECT	384
<i>selegiline hcl</i>	136	<i>short ragweed-giant ragweed</i>	<i>simvastatin</i>	94
<i>selenious acid</i>	378	<i>short-giant ragweed (diagnost)</i>	<i>sincalide</i>	239
<i>selenium sulfide</i>	203	<i>shrimp (diagnostic)</i>	SINEMET	137
SELRX	203	SHUR-SEAL	SINGLE-LET	336
SELZENTRY	145, 146	CONTRACEPTIVE	SINGULAIR	54
SEMGLEE	78	<i>side button safety lancet</i>	SINUVA	406
SEMGLEE (YFGN)	78	SIDEROL	<i>sirolimus</i>	383
<i>se-natal 19</i>	398	SIGNIFOR	SIRTURO	110
SENSIPAR	263	SIGNIFOR LAR	<i>sitagliptin</i>	73
SENSORCAINE	314	SIKLOS	<i>sitagliptin base-metformin hcl</i>	74

SITAVIG	150	SMARTEST PERSONA		SOFIA2 FLU+SARS	
SITZMARKS	254	STARTER	337	ANTIGEN FIA	239
SITZMARKS COMBO		SMARTEST PRONTO		SOFIA2 SARS ANTIGEN	
PACKAGE	254	STARTER	337	FIA	252
SITZMARKS FOR KIDS	254	SMARTEST PROTEGE	337	<i>sofosbuvir-velpatasvir</i>	150
SIVEXTRO	106	SMARTEST PROTEGE		SOGROYA	266
<i>skarlite</i>	365	STARTER	337	SOHONOS	404
SKELAXIN	403	SMOFLIPID	415	<i>solaravix</i>	200
SKINEEZ TED STOCKINGS		SOANZ	261	SOLESTA	381
.....	318	<i>sod benz-sod phenylacet</i>	272	<i>solifenacin succinate</i>	464
SKLICE	219	<i>sod citrate-citric acid</i>	285	SOLLIQUA	79
SKYADERM-LP	225	<i>sod fluoride-potassium nitrate</i> ..	387	SOLIRIS	292
SKYCLARYS	407	<i>sodium acetate</i>	371	SOLODYN	454
SKYLA	175	<i>sodium bicarbonate</i>	44, 371, 372	SOLOSEC	13
SKYRIZI	201, 280	<i>sodium bicarbonate-dextrose</i> ...	372	SOLOX	234
SKYRIZI (150 MG DOSE)	201	<i>sodium chloride</i> 186, 285, 286, 378		SOLTAMOX	111
SKYRIZI PEN	201	<i>sodium chloride (pf)</i>	378	SOLU-CORTEF	181
SKYSONA	441	<i>sodium chloride bacteriostatic</i> ..	439	SOLU-MEDROL	181
SKYTROFA	266	<i>sodium chloride flush</i>	378	SOLU-MEDROL (PF)	181
SLYND	176	<i>sodium citrate</i>	56	SOLUS V2 BLOOD	
<i>sm aspirin adult low strength</i>	28	<i>sodium citrate lock flush</i>	56	GLUCOSE SYSTEM	337
<i>sm aspirin ec low strength</i>	28	<i>sodium citrate-gentamicin sulf</i> ...	58	SOLUS V2 LANCETS 28G ...	337
<i>sm aspirin low dose</i>	28	SODIUM DIURIL	262	SOLUS V2 LANCING	
<i>sm childrens aspirin</i>	28	SODIUM EDECRIN	261	DEVICE	337
<i>sm folic acid</i>	300	<i>sodium fluoride</i>	375, 389	SOLUS V2 TEST	250
<i>sm lancets 33g</i>	336	<i>sodium fluoride 5000 enamel</i>	387	SOLUS V2 TWIST	
<i>sm nicotine</i>	449	<i>sodium fluoride 5000 plus</i>	389	LANCETS 30G	337
<i>sm nicotine polacrilex</i>	449	<i>sodium fluoride 5000 ppm</i>	389	SOMA	403
SMART DIABETES		<i>sodium fluoride 5000 sensitive</i> ..	387	SOMATULINE DEPOT	271
VANTAGE LANCING	336	<i>sodium fluoride f 18</i>	242	SOMAVERT	265
SMART SENSE COLOR		<i>sodium hydroxide</i>	166	SOMRYST	380
LANCETS 33G	336	<i>sodium iodide i-131</i>	454	SONAFINE	234
SMART SENSE PREMIUM		<i>sodium nitrite</i>	84	SOOLANTRA	219
SYSTEM	337	<i>sodium nitroprusside</i>	101	SOOTHEE	225
SMART SENSE PREMIUM		<i>sodium oxybate</i>	440	<i>sorafenib tosylate</i>	122
TEST	250	<i>sodium phenylbutyrate</i>	272	<i>sorbitol</i>	286
SMART SENSE STANDARD		<i>sodium phosphates</i>	376	<i>sorbitol-mannitol</i>	286
LANCETS	337	<i>sodium polystyrene sulfonate</i> ...	385	SORIATANE	201
SMART SENSE SUPER		<i>sodium saccharin</i>	259	SORILUX	202
THIN LANCETS	337	<i>sodium sulfacetamide</i>	203	SORINE	154
SMART SENSE THIN		<i>sodium sulfacetamide wash</i>	203	<i>sorrel/dock mix</i>	12
LANCETS 26G	337	<i>sodium sulfacetamide-bakuchiol</i>		<i>sotalol hcl</i>	154
SMART SENSE VALUE		.....	202	<i>sotalol hcl (af)</i>	154
GLUCOSE SYS	337	<i>sodium tetradecyl sulfate</i>	386	SOTRADECOL	386
SMART SENSE VALUE		<i>sodium thiosulfate</i>	84	<i>sotrovimab</i>	433
TEST	250	SOFDRA	217	SOTYKTU	201
SMARTEST BLOOD		SOFIA INFLUENZA A+B		SOTYLIZE	154
GLUCOSE TEST	250	FIA	252	SOVALDI	150
SMARTEST EJECT	337	SOFIA SARS ANTIGEN FIA	252	SOVUNA	108
SMARTEST EJECT		SOFIA STREP A FIA	252	<i>soybean (diagnostic)</i>	237
STARTER	337	SOFIA STREP A+ FIA	252	SPEEDGEL RX	381
SMARTEST LANCETS 28G	337			SPEVIGO	201

SPHERUSOL	237	<i>sterile diluent/epoprostenol</i>	439	<i>sulfacetamide sodium-sulfur</i>	
SPIKEVAX	469	STERILE TALC POWDER ..	451	.....	190, 191
SPIKEVAX COVID-19		STERILE TOPICAL L.E.T.		<i>sulfacetamide sod-sulfur wash</i> ..	191
VACCINE	469	GEL	225	<i>sulfacetamide-prednisolone</i>	426
<i>spinosad</i>	219	<i>sterile water for injection</i>	439	<i>sulfacetamide-sulfur in urea</i>	191
SPINRAZA	411	<i>sterile water for irrigation</i>	383	SULFACLEANSE 8/4	191
<i>spiny pigweed</i>	11	STERITALC	451	<i>sulfadiazine</i>	451
SPIRIVA HANDIHALER	53	STIMATE	273	<i>sulfamethoxazole-trimethoprim</i>	102
SPIRIVA RESPIMAT	53	STIMUFEND	301	<i>sulfamez wash</i>	191
<i>spiro pd</i>	364	STIOLTO RESPIMAT	51	SULFAMYLON	204
<i>spironolactone</i>	261	STIVARGA	122	<i>sulfasalazine</i>	279, 280
<i>spironolactone-hctz</i>	260	STRATA CTX	217	SULFATRIM PEDIATRIC ..	102
SPORANOX	89	STRATA GRT	234	<i>sulfurated lime</i>	219
SPORANOX PULSEPAK	89	STRATA MARK	217	<i>sulindac</i>	23
SPRAVATO (56 MG DOSE) ..	68	STRATA TRIZ	220	SUMADAN	191
SPRAVATO (84 MG DOSE) ..	68	STRATA XRT	217	SUMADAN WASH	191
<i>spring birch pollen</i>	11	STRATAGRAFT	223	SUMADAN XLT	191
SPRINTEC 28	172	STRATTERA	0	SUMANSETRON	369
SPRITAM	64	STRAVIX	223	<i>sumatriptan</i>	371
SPRIX	23	<i>strawberry (diagnostic)</i>	237	<i>sumatriptan succinate</i>	371
SPRYCEL	118	STRENSIQ	267	<i>sumatriptan succinate refill</i>	371
SPS	385	<i>streptococcinum 30c</i>	381	<i>sumatriptan-naproxen sodium</i> ..	370
SPY AGENT GREEN	239	<i>streptomycin sulfate</i>	13	SUMAXIN	191
SPY- MIS KIT	239	STRIBILD	145	SUMAXIN CP	191
SPY-PHI KIT	239	STRIVE DUAL ZONE PEAK		<i>sunitinib malate</i>	122
SRONYX	172	FLOW MTR	363	SUNLENCA	145
SSD	204	STRIVERDI RESPIMAT	53	SUNOSI	3
SSKI	185	STROMECTOL	45	SUPARTZ FX	404
<i>sss 10-5</i>	190	<i>strontium chloride sr-89</i>	126	<i>super bi-mix</i>	159
ST JOSEPH ASPIRIN	28	STROVITE FORTE	392, 393	<i>super quad-mix</i>	159
ST JOSEPH LOW DOSE	28	STROVITE ONE	393	<i>super thin lancets</i>	337
STALEVO 100	137	SUBLOCADE	41	<i>super tri-mix</i>	159
STALEVO 125	137	SUBOXONE	41	SUPERVITE	391
STALEVO 150	137	SUBSYS	38	<i>support</i>	393
STALEVO 200	137	SUBVENITE	64	<i>suppository shells small 1.3ml</i> ..	343
STALEVO 50	137	SUBVENITE STARTER		SUPPRELIN LA	268
STALEVO 75	137, 138	KIT-BLUE	64	SUPRANE	284
<i>stamaril</i>	469	SUBVENITE STARTER		SUPRAX	166
STARLIX	79	KIT-GREEN	64	SUPREME TEST	250
STATUS.COVID-19/FLU.A. ..	239	SUBVENITE STARTER		SUPREP BOWEL PREP KIT	
<i>stavudine</i>	148	KIT-ORANGE	64	.....	310
STAXYN	163	<i>succinylcholine chloride</i>	407	<i>sure comfort insulin syringe</i>	359
STEGLATRO	80	SUCRAID	260	<i>sure comfort lancets 18g</i>	337
STEGLUJAN	80	<i>sucrafate</i>	460	<i>sure comfort lancets 21g</i>	337
STELARA	201, 280	<i>sufentanil citrate</i>	38	<i>sure comfort lancets 23g</i>	337
STENDRA	163	SUFLAVE	310	<i>sure comfort lancets 28g</i>	337
STERILANCE PA	337	<i>sugammadex sodium</i>	84	<i>sure comfort lancets 30g</i>	337
STERILANCE TL	337	SULAR	156	<i>sure comfort pen needles</i>	359
STERILE DILUENT		<i>sulconazole nitrate</i>	212	SURE EDGE TEST	250
FLOLAN PH 12	439	<i>sulfacetamide sodium</i>	203, 428	<i>sure result dss premium pack</i>	199
STERILE DILUENT FOR		<i>sulfacetamide sodium (acne)</i>	187	<i>sure result o3d3 system</i>	92
REMODULIN	439	<i>sulfacetamide sodium (cleans)</i> ..	203		

SURE T INFUSION SET 18"/6MM.....	342	<i>sweet gum</i>	11	T:SLIM X2 CONTROL-IQ 7.7 PUMP.....	343
SURE T INFUSION SET 23"/10MM.....	342	<i>sweet vernal grass pollen</i>	11	T:SLIM X2 CONTROL-IQ 7.8 PUMP.....	343
SURE T INFUSION SET 23"/6MM.....	342	SX1 MEDICATED POST- OPERATIVE	225	T:SLIM X2 CONTROL-IQ PUMP.....	343
SURE T INFUSION SET 23"/8MM.....	342	SYEDA.....	172	T:SLIM X2 INSULIN PMP BASAL6.4.....	343
SURE T INFUSION SET 32"/10MM.....	342	SYFOVRE.....	422	TABLOID.....	113
SURE T INFUSION SET 32"/6MM.....	342	SYLVANT.....	383	TABRADOL FUSEPAQ.....	403
SURE T INFUSION SET 32"/8MM.....	342	SYMAX DUOTAB.....	459	TABRADOL RAPIDPAQ.....	403
SURECHEK BLOOD GLUCOSE TEST.....	250	SYMAX-SL.....	459	TABRECTA.....	121
SURE-FINE PEN NEEDLES	359	SYMAX-SR.....	459	TACLONEX.....	227
SURE-JECT INSULIN SYRINGE.....	359	SYMBICORT.....	51	<i>tacrolimus</i>	216, 383
SURE-LANCE FLAT LANCETS.....	337	SYMBYAX.....	450	<i>tadalafil</i>	163
SURE-LANCE LANCETS 26G.....	337	SYMDEKO.....	450	<i>tadalafil (pah)</i>	162
SURE-LANCE THIN LANCETS 28G.....	337	SYMFI.....	145	TADLIQ.....	162
SURE-LANCE ULTRA THIN LANCETS.....	337	SYMFI LO.....	145	TAFINLAR.....	119
SURELITE LANCETS.....	337	SYMJEPI.....	471	<i>tafluprost (pf)</i>	429
SURESTEP PRO LINEARITY.....	337	SYMLINPEN 120.....	71	TAGITOL V.....	254
SURE-TEST EASYPLUS MINI TEST.....	250	SYMLINPEN 60.....	71	TAGRISO.....	119
SURE-TOUCH LANCETS UNIVERSAL.....	337	SYMPAZAN.....	60	TAKE ACTION.....	174
SURGICEL SNOW 1"X2".....	305	SYMPROIC.....	280	TAKHZYRO.....	293, 294
SURGICEL SNOW 2"X4".....	305	SYMTUZA.....	145	TALICIA.....	463
SURGICEL SNOW 4"X4".....	305	SYNAGIS.....	433	TALIVA.....	299
SURGIFOAM.....	305	SYNALAR.....	208	<i>tall ragweed</i>	11
SURVANTA.....	451	SYNALAR (CREAM).....	227	TALTZ.....	201
SUSTIVA.....	147	SYNALAR (OINTMENT).....	227	TALVEY.....	118
SUSTOL.....	86	SYNALAR TS.....	227	TALZENNA.....	133
SUSVIMO (IMPLANT 1ST FILL).....	430	SYNAPRYN FUSEPAQ.....	38	TAMIFLU.....	151
SUSVIMO (IMPLANT REFILL).....	431	SYNAREL.....	268	<i>tamoxifen citrate</i>	111
SUSVIMO OCULAR IMPLANT.....	363	SYNDROS.....	87	<i>tamsulosin hcl</i>	284
SUTAB.....	310	SYNERA.....	225	TANDEM MOBI CARTRIDGE 2ML.....	343
SUTENT.....	123	SYNERCID.....	107	TANDEM MOBI SYSTEM STARTER.....	343
<i>suvicort</i>	217	SYNERDERM.....	217	TANDEM PLUS.....	303
<i>sweet cherry (diagnostic)</i>	237	SYNJARDY.....	80	TAPAZOLE.....	454
<i>sweet corn (diagnostic)</i>	237	SYNJARDY XR.....	80	TAPERDEX 12-DAY.....	181
		SYNOJOYNT.....	405	TAPERDEX 6-DAY.....	181
		SYNRIBO.....	127	TAPERDEX 7-DAY.....	181
		SYNTHROID.....	455	TARCEVA.....	119
		SYNVISC.....	405	<i>tardeoxia</i>	191
		SYNVISC ONE.....	405	<i>tardimaxia</i>	191
		SYPRINE.....	379	TARGADOX.....	454
		<i>syringe luer lock</i>	359	TARGRETIN.....	134, 226
		<i>syringe luer slip</i>	359	TARINA 24 FE.....	172
		SZOSIL 15 DAY SUPPLY	365	TARINA FE 1/20.....	172
		SZOSIL 8 DAY SUPPLY	365	TARINA FE 1/20 EQ.....	172
		T.R.U.E. TEST.....	254	TARKA.....	95
		T: SLIM X2 INS PMP/CONTROL 7.4.....	342	<i>taron forte</i>	303
		T:SLIM X2 3ML CARTRIDGE.....	342	TARON-C DHA	398
		T:SLIM X2 BASAL-IQ PUMP.....	342		

TARON-PREX	400	TELF A AMD NON-	<i>tgt lancet micro thin 33g</i>	338
<i>taroxia</i>	191	ADHERENT	<i>tgt lancet thin 26g</i>	338
TARPEYO	181	<i>telmisartan</i>	<i>tgt lancet ultra thin 30g</i>	338
TASCENSO ODT	449	<i>telmisartan-amlodipine</i>	<i>tgt lancing device</i>	338
TASIGNA	118	<i>telmisartan-hctz</i>	THALITONE	262
<i>tasimelton</i>	309	<i>temazepam</i>	<i>thallous chloride tl 201</i>	240
TASMAR	136	TEMBEXA	THALOMID	379
TASOPROL	208	TEMIXYS	THAM	372
<i>taurine</i>	415	TEMODAR	THE LIQUILIFT TRACE	378
TAUVID	240	TEMOVATE	THEO-24	56
<i>tavaborole</i>	218	<i>temozolomide</i>	<i>theophylline</i>	56
TAVALISSE	296	TEMPO REFILL	<i>theophylline er</i>	56
TAVNEOS	292	TEMPO SMART BUTTON ..	<i>thiamine hcl</i>	475
TAYSOFY	172	TEMPO WELCOME	<i>thiamine hcl-nacl</i>	475
TAYTULLA	172	<i>temsirolimus</i>	THINLETS GP LANCETS ..	338
<i>tazarotene</i>	193, 202	TENCON	THIOLA	287
TAZICEF	166	<i>teniposide</i>	THIOLA EC	287
TAZORAC	202	TENIVAC	<i>thioridazine hcl</i>	142
TAZTIA XT	156	<i>tenofovir disoproxil fumarate</i> ..	<i>thiotepa</i>	111
TAZVERIK	121	TENORETIC 100	<i>thiothixene</i>	143
<i>tb syringe 1 ml</i>	359	TENORETIC 50	THRESHOLD PEP	364
TDC MAX	439	TENORMIN	<i>thrivacin 30</i>	259
TDVAX	457	TEPADINA	<i>thrivacin detox</i>	259
TECARTUS	117	TEPEZZA	THRIVE	449
TECENTRIQ	117	TEPMETKO	<i>thrivite 19</i>	393
TECFIDERA	444	<i>terazosin hcl</i>	<i>thrivite rx</i>	398
TECHLITE AST LANCETS ..	338	<i>terbinafine hcl</i>	THROMBATE III	295
<i>techlite insulin syringe</i>	359	<i>terbutaline sulfate</i>	THROMBIN-JMI	305, 306
TECHLITE LANCETS	338	<i>terconazole</i>	THROMBIN-JMI	
TECHLITE LANCETS 26G ..	338	<i>teriflunomide</i>	EPISTAXIS	305
TECHLITE LANCETS 30G ..	338	<i>teriparatide</i>	THROMBOGEN	306
TECHLITE PEN NEEDLES ..	360	<i>teriparatide (recombinant)</i>	THYMOGLOBULIN	382
TECHLITE PLUS PEN		TERLIVAZ	THYQUIDITY	455
NEEDLES	360	<i>teroderm-plus</i>	THYROGEN	239
TECHNELITE	241	TERRELL	<i>thyroid</i>	455
<i>technet tc 99m sulfur colloid</i>	241	TESSALON PERLES	TIADYLT ER	157
<i>technetium tc 99m mebrotfenin</i> ..	241	TESTIM	<i>tiagabine hcl</i>	65
<i>technetium tc 99m medronate</i> ...	242	TESTONE CIK	TIAZAC	157
<i>technetium tc 99m pyrophos</i>	241	TESTOPEL	TIBSOVO	129
<i>technetium tc 99m sestamibi</i>	240	<i>testosterone</i>	TICE BCG	127
TECVAYLI	118	<i>testosterone cypionate</i>	TICOVAC	469
TEFLARO	166	<i>testosterone enanthate</i>	TIGAN	86
TEGADERM AG MESH	234	<i>tetoxia</i>	<i>tigecycline</i>	452
TEGLUTIK	407	<i>tetpidtar</i>	TIGLUTIK	407
TEGRETOL	64	<i>tetrabenazine</i>	TIKOSYN	49
TEGRETOL-XR	64	<i>tetracaine hcl</i>	TILIA FE	176
TEGSEDI	441	<i>tetracycline hcl</i>	<i>timolol maleate</i>	154, 417
TEKTRUNA	100	TETRIX	<i>timolol maleate (once-daily)</i>	417
TEKTRUNA HCT	100	TEXACORT	TIMOLOL MALEATE	
TELF A AMD ISLAND		TEZSPIRE	OCUDOSE	417
DRESSING	319	<i>tgt blood glucose monitoring</i> ...	<i>timolol maleate pf</i>	417
		<i>tgt blood glucose test</i>		250

<i>timolol-brimon-dorzol-bimatopr</i>	<i>tolmetin sodium</i>	<i>tranexamic acid-nacl</i>
.....417	23	305
<i>timolol-brimon-dorzol-latanopr</i>	<i>tolsura</i>	TRANSCYTE
417	89	223
<i>timolol-brimonidine-dorzolamid</i>	<i>tolterodine tartrate</i>	TRANSDERM SCOP (1.5
.....417	464	MG)
<i>timolol-dorzolamid-bimatoprost</i>	<i>tolterodine tartrate er</i>	87
.....417	464	TRANSDERM-SCOP
<i>timolol-dorzolamid-latanoprost</i>	<i>tolvaptan</i>	87
417	271	TRANXENE-T
TIMOPTIC	<i>tomato (diagnostic)</i>	47
417	237	<i>tranylcypramine sulfate</i>
TIMOPTIC OCUDOSE	<i>toomey syringe</i>	68
417	360	TRANZGEL
TIMOPTIC-XE	TOPAMAX	381
417	64	TRAUMEEL
<i>timothy grass pollen allergen</i>	TOPAMAX SPRINKLE	382
11	64	TRAVASOL
<i>tinidazole</i>	<i>topcare clickfine pen needles</i>	414
102	360	TRAVATAN Z
<i>tiopronin</i>	<i>topcare lancets micro-thin 33g</i> ..	429
287	338	<i>travel lancets</i>
<i>tiotropium bromide</i>	<i>topcare ultra comfort ins syr</i>	338
<i>monohydrate</i>	<i>topical l.e.t.</i>	
53	225	TRAVEL LANCETS
<i>tirofiban hcl in nacl</i>	TOPICORT	ADVANCED 28G
293	208	338
TIROSINT	TOPICORT SPRAY	<i>travoprost (bak free)</i>
456	208	429
TIROSINT-SOL	<i>topidex</i>	TRAZIMERA
456	181	116
TISSEEL	<i>topiramate</i>	<i>trazodone hcl</i>
305	64	69
TISSUEBLUE	<i>topiramate er</i>	TREANDA
429	64	111
TIVDAK	TOPOSAR	TRECATOR
117	131	110
TIVICAY	<i>topotecan hcl</i>	<i>tree mix 9</i>
146	134	11
TIVICAY PD	TOPROL XL	TRELEGY ELLIPTA
146	153	51
TIVORBEX	<i>toremifene citrate</i>	TRELSTAR MIXJECT
23	112	130
<i>tizanidine hcl</i>	TORISEL	TREMFYA
403	122	201
TLANDO	TORONOVA II SUIK	<i>treprostinil</i>
42	20	161
<i>tl-hem 150</i>	TORONOVA SUIK	TRESIBA
303	20	78
<i>tm-vite rx</i>	TORPENZ	TRESIBA FLEXTOUCH
390	122	78
TNKASE	<i>torse mide</i>	<i>tretinoin</i>
296	261	133, 193
TOBAKIENT	TOSYMRA	<i>tretinoin (emollient)</i>
257	371	194
TOBI	TOTALVISC	<i>tretinoin microsphere</i>
13	429	193
TOBI PODHALER	TOTECT	<i>tretinoin microsphere pump</i>
13	128	193
TOBRADEX	TOUJEO MAX SOLOSTAR ...78	TRETTEN
426	78	291
TOBRADEX ST	TOUJEO SOLOSTAR	TREXALL
426	78	113
<i>tobramycin</i>	TOVET	TREXIMET
13, 420	208	370
<i>tobramycin sulfate</i>	TOVIAZ	TREZIX
13	464	29
<i>tobramycin-dexamethasone</i>	TOXICOLOGY MED	TRI FEMYNOR
426		177
<i>tobramycin-vancomycin hcl</i>	COLLECTION SYS	<i>triadime</i>
421	250	227
TOBREX	TPN ELECTROLYTES	<i>triadime-80</i>
420	374	227
TODAY SPONGE	TPOXX	<i>triamcinolone acetonide</i>
470	151	.....
<i>today's health lancing device</i>	TRACE ELEMENTS	181, 208, 390
338		<i>triamcinolone diacetate</i>
<i>today's health mini pen needles</i> ..	4/PEDIATRIC	181
360	378	<i>triamcinolone in absorbase</i>
<i>today's health pen needles</i>	TRACER II 3 VOLT	208
360	BATTERY	<i>triamcinolone-bupivacaine</i>
<i>today's health short pen needle</i> ..	338	184
360	TRACLEER	<i>triamcinolone-moxifloxacin</i>
<i>today's health thin lancets 28g</i> ..	162	426
338	TRADJENTA	<i>tri-amino</i>
<i>today's health thin lancets 30g</i> ..	73	416
338	TRALEMENT	<i>triamterene</i>
TOFIDENCE	378	261
19	<i>tramadol hcl</i>	<i>triamterene-hctz</i>
TOLAK	39	260
199	<i>tramadol hcl (er biphasic)</i>	TRIANEX
<i>tolbutamide</i>	38, 39	208
81	<i>tramadol hcl er</i>	TRIASIL
<i>tolcapone</i>	39	227
136	<i>tramadol-acetaminophen</i>	<i>triazolam</i>
TOLECTIN 600	41	307
23	<i>trandolapril</i>	TRIBENZOR
	96	99
	<i>trandolapril-verapamil hcl er</i>	TRICARE
	95	398
	<i>tranexamic acid</i>	TRI-CHLOR
	305	204

<i>trichophyton mentag (diagnost)</i>	237	<i>triple complex formula 3 kit</i>	199	TRUE METRIX BLOOD
<i>trichophyton mentagrophytes</i>	11	<i>triple pmb</i>	426	GLUCOSE TEST
TRICHOSOL	438	<i>triple pmk</i>	426	250
TRICITRASOL	58	TRI-PREVIFEM	177	TRUE METRIX GO
<i>tricitrates</i>	285	TRIPTODUR	268	GLUCOSE METER
TRICON	303	TRISENOX	127	338
TRICOR	93	<i>trisodium citrate/crrt</i>	380	TRUE METRIX METER
TRIDACAINE	215	TRI-SPRINTEC	177	338
TRIDACAINE II	215	<i>tristart dha</i>	400	TRUEDRAW LANCING
TRIDACAINE III	215	TRISTART FREE	400	DEVICE
TRIDERM	209	TRISTART ONE	400	338
TRIDESILON	209	TRITOCIN	209	TRUEPLUS 5-BEVEL PEN
<i>trientine hcl</i>	379	TRIUMEQ	145	NEEDLES
TRIESENCE	428	TRIUMEQ PD	145	360
TRI-ESTARYLLA	177	TRIVEEN-DUO DHA	399	TRUEPLUS INSULIN
TRIFERIC	304	TRI-VI-FLOR	395	SYRINGE
TRIFERIC AVNU	304	<i>tri-vi-floro</i>	395	360
<i>trifluoperazine hcl</i>	142	TRIVISC	405	TRUEPLUS LANCETS 26G
<i>trifluridine</i>	421	<i>tri-vite/fluoride</i>	395	338
<i>trigels-f forte</i>	303	TRIVIX	227	TRUEPLUS LANCETS 28G
<i>triheal-80</i>	227	TRIVORA (28)	177	338
<i>trihexyphenidyl hcl</i>	135	TRI-VYLIBRA	177	TRUEPLUS LANCETS 30G
TRIJARDY XR	79	TRI-VYLIBRA LO	177	338
TRIKAFTA	450, 451	TRIZIVIR	145	TRUEPLUS LANCETS 33G
TRI-LEGEST FE	177	TRODELVY	134	338
TRILEPTAL	64	TROGARZO	146	TRUEPLUS PEN NEEDLES
TRI-LINYAH	177	TROKENDI XR	64	361
TRILIPIX	93	<i>tromethamine</i>	372	TRUEPLUS SAFETY
TRILOAN II SUIK	184	<i>tronvite</i>	390	LANCETS 28G
TRILOAN SUIK	184	TROPHAMINE	414	338
TRILOCICLO	227	<i>tropicamide</i>	418	TRUERESULT BLOOD
TRI-LO-ESTARYLLA	177	<i>tropicamide-cyclopentolate-pe</i>	418	GLUCOSE
TRI-LO-MARZIA	177	<i>tropicamide-phenylephrine</i>	418	339
TRI-LO-MILI	177	<i>tropic-cyclopent-pe-ketorolac</i>	418	TRUETEST TEST
TRI-LO-SPRINTEC	177	<i>tropic-cyclop-pe-keto-propar</i>	418	250
TRI-LUMA	209	<i>tropic-proparaca-pe-ketorolac</i>	418	TRUETRACK BLOOD
TRILURON	405	<i>trosipium chloride</i>	464	GLUCOSE
<i>trimethobenzamide hcl</i>	87	<i>trosipium chloride er</i>	464	339
<i>trimethoprim</i>	102	TRUBREXA	225	TRUETRACK SMART
TRI-MILI	177	TRUDHESA	370	SYSTEM
<i>trimipramine maleate</i>	71	<i>true comfort insulin syringe</i>	360	339
<i>tri-mix</i>	159	<i>true comfort pen needles</i>	360	TRUETRACK TEST
TRIMO-SAN	469	<i>true comfort pro insulin syr</i>	360	250
TRIMOXI+	426	<i>true comfort pro pen needles</i>	360	TRULANCE
<i>trinatal rx 1</i>	398	<i>true comfort safety lancets</i>	338	277
TRINATE	398	<i>true comfort twist top lancets</i>	338	79
<i>trinaz</i>	398	TRUE FOCUS BLOOD		465
TRINTELLIX	69	GLUCOSE METER	338	TRUQAP
TRI-NYMYO	177	<i>true focus blood glucose strip</i>	250	113
TRIONEX	200	TRUE METRIX AIR		TRUSELTIQ (100MG
TRIOSTAT	456	GLUCOSE METER	338	DAILY DOSE)
<i>triphrocaps</i>	390			120
				TRUSELTIQ (125MG
				DAILY DOSE)
				120
				TRUSELTIQ (50MG DAILY
				DOSE)
				120
				TRUSELTIQ (75MG DAILY
				DOSE)
				120
				TRUSKIN
				223
				TRUSOPT
				421
				TRUSTEEL INFUSION SET
				343
				TRUSTEX COLOR
				CONDOMS + LUBE
				317
				TRUSTEX
				LUB/RIBBED/STUDDED
				317
				TRUSTEX
				LUB/SPERMICIDE EX ST
				317
				TRUSTEX
				LUB/SPERMICIDE XL
				317
				TRUSTEX LUBRICATED
				317
				TRUSTEX LUBRICATED
				EX LARGE
				317

TRUSTEX LUBRICATED		TYMLOS	270	ULTILET SAFETY	
EXTRA ST	317	TYPHIM VI	465	LANCETS 23G	339
TRUSTEX		TYR EASY	259	ULTIVA	39
LUBRICATED/SPERMICID		TYR EXPRESS 15 PLUS+	259	ULTOMIRIS	292
E	317	TYR EXPRESS 20 PLUS+	259	<i>ultra comfort insulin syringe</i>	361
TRUSTEX NATURAL		TYRVAYA	417	ULTRA FLO INSULIN PEN	
CONDOMS + LUBE	317	TYSABRI	444	NEEDLES	362
TRUSTEX NON-		TYVASO	161	ULTRA FLO INSULIN SYR	
LUBRICATED	317	TYVASO DPI		1/2 UNIT	362
TRUSTEX RIA		MAINTENANCE KIT	161	ULTRA FLO INSULIN	
LUB/SPERMICIDE	317	TYVASO DPI TITRATION		SYRINGE	362
TRUSTEX RIA		KIT	161	<i>ultra hers rx</i>	383
LUBRICATED	317	TYVASO REFILL	161	<i>ultra his</i>	383
TRUSTEX RIA NON-		TYVASO STARTER	161	<i>ultra pcos</i>	383
LUBRICATED	317	TZIELD	71	<i>ultra thin lancets 31g</i>	339
TRUSTEX-NONOXYNOL-		UBRELVY	368	ULTRA THIN PEN	
9/RIB/STUD	317	UCERIS	43, 181	NEEDLES	362
TRUVADA	145	UDAMIN SP	393	ULTRABAG/DIANEAL PD-	
TRUXIMA	115	UDENYCA	301	2/1.5% DEX	385
TUBERSOL	237	UDENYCA ONBODY	301	ULTRABAG/DIANEAL PD-	
TUDORZA PRESSAIR	54	<i>udsx medicated system</i>	250	2/2.5% DEX	385
TUKYSA	116	<i>udsxmp medicated system</i>	250	ULTRABAG/DIANEAL PD-	
TULANA	176	UKONIQ	123	2/4.25% DEX	385
<i>tulivite</i>	303	ULORIC	287	ULTRABAG/DIANEAL/2.5	
TURALIO	123	ULTANE	284	% DEXTROSE	385
<i>turpentine</i>	214	ULTICARE INSULIN		ULTRABAG/DIANEAL/4.25	
TURQOZ	172	SAFETY SYR	361	% DEX	385
TUSSICAPS	186	ULTICARE INSULIN SYR		<i>ultracare insulin syringe</i>	362
TUXARIN ER	186	1/2 UNIT	361	<i>ultra-care lancets 30g</i>	339
TUZISTRA XR	186	ULTICARE INSULIN		<i>ultracare pen needles</i>	362
TWIIST REFILL KIT	343	SYRINGE	361	ULTRACET	41
TWIIST REFILL		ULTICARE MICRO PEN		ULTRALANCE	339
KIT/INFUSION SET	343	NEEDLES	361	ULTRAM	39
TWIIST STARTER KIT	343	ULTICARE MINI PEN		ULTRASAL-ER	213
TWINRIX	466	NEEDLES	361	<i>ultrasound gel</i>	242
TWIRLA	173	ULTICARE PEN NEEDLES	361	ULTRA-THIN II AUTO	
<i>twist top lancets 30g</i>	339	ULTICARE SHORT PEN		LANCET	339
TWYNEO	191	NEEDLES	361	ULTRA-THIN II INS SYR	
TWYNSTA	97	ULTIGUARD SAFEPACK		SHORT	362
TYBLUME	172	PEN NEEDLE	361	ULTRATRAK PRO TEST ...	250
TYBOST	148	ULTIGUARD SAFEPACK		ULTRATRAK ULTIMATE	
TYDEMY	172	SYR/NEEDLE	361	TEST	250
TYENNE	19	ULTILET CLASSIC		ULTRAVATE	209
TYGACIL	452	LANCETS	339	ULTRAVIST	255
TYKERB	123	ULTILET INSULIN		UMECTA MOUSSE	210
TYLACTIN BUILD 20PE		SYRINGE	361	UNASYN	438
TYR	259	ULTILET INSULIN		UNIFINE PEN NEEDLES	362
TYLACTIN COMPLETE 15		SYRINGE SHORT	361	UNIFINE PENTIPS	362
PE	259	ULTILET LANCETS	339	UNIFINE PENTIPS PLUS	362
TYLACTIN RESTORE 10	259	ULTILET PEN NEEDLE	361	UNIFINE PROTECT PEN	
TYLACTIN RESTORE 5PE	259	ULTILET SAFETY		NEEDLE	362
TYLACTIN RTD 15	259	LANCETS	339		

UNIFINE SAFECONTROL		UNIVERSAL 1 LANCETS		VALIUM	47
PEN NEEDLE	362	THIN 26G	340	<i>valladerm-90</i>	225
UNIFINE ULTRA PEN		UNIVERSAL 1 LANCETS		<i>valproate sodium</i>	66
NEEDLE	362	THIN 33G	340	<i>valproic acid</i>	67
UNILET COMFORTOUCH		UNIVERSAL 1 LANCETS		<i>valrubicin</i>	125
LANCET	339	ULTRA THIN	340	<i>valsartan</i>	99
UNILET EXCELITE	339	<i>unzdomdioxiazar</i>	191	<i>valsartan-hydrochlorothiazide</i> ...	98
UNILET EXCELITE II	339	UPLIZNA	384	VALSTAR	125
UNILET G.P. LANCET	339	UPNEEQ	429	VALTOCO 10 MG DOSE	60
UNILET G.P. SUPERLITE		UPTRAVI	162	VALTOCO 15 MG DOSE	60
LANCET	339	UPTRAVI TITRATION	162	VALTOCO 20 MG DOSE	60
UNILET GP 28 ULTRA		URAMAXIN	210	VALTOCO 5 MG DOSE	60
THIN	339	<i>urea</i>	210	VALTRESX	150
UNILET LANCET	339	<i>urea hydrating</i>	210	<i>value health insulin syringe</i>	362
UNILET MICRO-THIN 33G	339	<i>urea nail</i>	210	<i>value plus lancet standard 21g</i>	340
UNILET SUPERLITE		UREA-SALICYLIC ACID ...	214	<i>value plus lancets super thin</i>	340
LANCET	339	UREDEB	210	<i>value plus lancets thin 26g</i>	340
UNILET SUPER-THIN 30G	339	URELLE	107	<i>valumark lancet super thin 30g</i>	340
UNILET ULTRA-THIN 28G	339	<i>uremez-40</i>	210	<i>valumark lancet ultra thin 28g</i>	340
UNISTIK 1	339	URESOL	210	<i>valumark pen needles</i>	362
UNISTIK 2	339	URESTA STARTER KIT	341	VANADOM	403
UNISTIK 2 COMFORT	339	URIBEL	107	VANCOCIN	103
UNISTIK 2 EXTRA	339	URIMAR-T	107	<i>vancomycin hcl</i>	104, 105, 420
UNISTIK 2 NEONATAL	339	<i>urin ds</i>	107	<i>vancomycin hcl in dextrose</i>	.....103, 104
UNISTIK 2 NORMAL	339	<i>urneva</i>	107	<i>vancomycin hcl in nacl</i>	104
UNISTIK 2 SUPER	339	<i>uro-458</i>	107	VANCOMYCIN+SYRSPEND	
UNISTIK 3	339	UROCIT-K 10	285	SF	105
UNISTIK 3 COMFORT	339	UROCIT-K 15	285	VANDAZOLE	470
UNISTIK 3 EXTRA	339	UROCIT-K 5	285	VANFLYTA	123
UNISTIK 3 GENTLE	339	UROGESIC-BLUE	107	VANILLA SILQ	254
UNISTIK 3 NEONATAL	339	<i>uro-mp</i>	107	VANIQA	218
UNISTIK 3 NORMAL	339	<i>urosex</i>	401	VANISH	389
UNISTIK CZT COMFORT ..	340	<i>uro-sp</i>	107	VANISHPOINT INSULIN	
UNISTIK CZT NORMAL	340	UROXATRAL	284	SYRINGE	362
UNISTIK NORMAL	340	URSO 250	277	VANISHPOINT SAFETY	
UNISTIK PRO SAFETY		URSO FORTE	277	SYRINGE	363
LANCET	340	<i>ursodiol</i>	277	VANOS	209
UNISTIK SAFETY		URSODIOL+SYRSPEND SF	277	VANOXIDE-HC	191
LANCETS 28G	340	USTELL	108	VANTAS	130
UNISTIK SAFETY		UTIBRON NEOHALER	51	VAPRISOL	272
LANCETS 30G	340	UTIRA-C	108	<i>vapro plus catheter 12fr/16"</i>	316
UNISTIK TOUCH SAFETY		UTOPIC	210	VAQTA	469
LANC 21G	340	UVADEX	127	<i>ardenafil hcl</i>	163
UNISTIK TOUCH SAFETY		UZEDY	140	<i>vardimaxia</i>	191
LANC 23G	340	VABOMERE	103	<i>varenicline tartrate</i>	449
UNISTIK TOUCH SAFETY		VABYSMO	419	<i>varenicline tartrate (starter)</i>	449
LANC 28G	340	VAGIFEM	471	<i>varenicline tartrate(continue)</i> ...449	
UNISTIK TOUCH SAFETY		<i>vaginal suppository applicator</i>	343	VARIBAR NECTAR	254
LANC 30G	340	<i>valacyclovir hcl</i>	150	VARIBAR THIN LIQUID	254
UNISTRIP1 GENERIC	250	VALCHLOR	199	VARITHENA	386
UNITHROID	456	VALCYTE	149	VARIVAX	469
UNITUXIN	116	<i>valganciclovir hcl</i>	149		

VARIZIG	435	VENOMIL HONEY BEE		VERSAPRO	439
VAROPHEN	199	VENOM	11	VERZENIO	128
<i>varoxia</i>	191	VENOMIL MIXED VESPID		VESICARE	464
VARUBI (180 MG DOSE)	87	VENOM	11	VESICARE LS	464
VASCAZEN	257	VENOMIL WASP VENOM	11	VESTURA	172
VASCEPA	91	VENOMIL WHITE FACED		VEVYE	423
VASCULERA	257	HORNET	11	<i>vexasyn</i>	234
VASERETIC	96	VENOMIL YELLOW		<i>vexatrol</i>	226
VASHE CLEANSING	229	HORNET VENOM	11	VFEND	89
VASHE WOUND	229	VENOMIL YELLOW		VFEND IV	89
VASHE WOUND THERAPY	229	JACKET VENOM	11	V-GO 20	343
<i>vasopressin</i>	273	VENTAVIS	161	V-GO 30	343
<i>vasopressin +rfid</i>	273	VENTOLIN HFA	53	V-GO 40	343
<i>vasopressin-dextrose</i>	273	VENTRIXYL	393	VIAGRA	163
<i>vasopressin-sodium chloride</i>	273	VENTRIXYL FE	393	VIBATIV	105
VASOSTRICT	273	VEOPOZ	292	VIBERZI	278
VASOTEC	97	VEOZAH	269	VIBRAMYCIN	454
VAXCHORA	465	<i>verapamil hcl</i>	157	VIBRANT	310
VAXELIS	457	<i>verapamil hcl er</i>	157	VIBRANT STARTER KIT	310
VAXNEUVANCE	465	<i>verasens blood glucose meter</i> ...	340	VIC-FORTE	393
VAZCULEP	475	<i>verasens blood glucose system</i> ..	340	VICTOZA	79
<i>vb6 p5p</i>	257	<i>verasens blood glucose test</i>	250	VIDA MIA AUTOLET	
<i>v-c forte</i>	393	VERDESO	209	LANCING DEV	340
VCF VAGINAL		VEREGEN	194	VIDA MIA UNIFINE	
CONTRACEPTIVE	470	VERELAN	157	PENTIPS	363
VECAMYL	100	VERELAN PM	157	VIDA MIA UNILET	
VECTIBIX	119	VERIFINE INSULIN PEN		LANCETS 28G	340
VECTICAL	202	NEEDLE	363	VIDA MIA UNILET	
<i>vecuronium bromide</i>	411	VERIFINE INSULIN		LANCETS 30G	340
VEGZELMA	135	SYRINGE	363	VIDAZA	113
VEKLURY	151	VERIFINE PLUS PEN		VIENVA	172
VELCADE	123	NEEDLE	363	<i>vigabatrin</i>	65
VELETRI	161	VERIFINE SAFE LANCET		VIGADRONE	65
VELIVET	177	MINI 21G	340	VIGAMOX	420
VELPHORO	281	VERIFINE SAFE LANCET		VIGPODER	65
VELSIPITY	281	MINI 23G	340	VIIBRYD	69
VELTASSA	385	VERIFINE SAFE LANCET		VIIBRYD STARTER PACK ...69	
VELTIN	191	MINI 28G	340	VIJOICE	385
VEMLIDY	149	VERIFINE SAFE LANCET		VILACTIN AA PLUS	259
VENCLEXTA	117	MINI 30G	340	VILAMIT MB	108
VENCLEXTA STARTING		VERIFINE UNIVERSAL		<i>vilazodone hcl</i>	69
PACK	117	LANCETS 28G	340	VILEVEV MB	108
VENELEX	228	VERIFINE UNIVERSAL		VILTEPSO	410
VENEXA	393	LANCETS 30G	340	VIMIZIM	268
VENEXA FE	393	VERIFINE UNIVERSAL		VIMOVO	20
VENIPUNCTURE PX1		LANCETS 33G	340	VIMPAT	64
PHLEBOTOMY	226	VERKAZIA	423	VINATE DHA RF	398
<i>venlafaxine besylate er</i>	70	VERQUVO	163	VINATE II	398
<i>venlafaxine hcl</i>	70	VERSACLOZ	141	VINATE ONE	398
<i>venlafaxine hcl er</i>	70	VERSAPAP	364	<i>vinblastine sulfate</i>	131
VENNGEL ONE	197	VERSAPAP W/UNIVERSAL		VINCASAR PFS	131
VENOFER	304	TUBING	364	<i>vincristine sulfate</i>	131

<i>vinorelbine tartrate</i>	131	<i>vitamins acd-fluoride</i>	395	VORTEX HOLD	
VIOKACE	260	VITAPEARL	399	CHMBR/MASK/CHILD	368
<i>viorele</i>	167	VITAROCA PLUS	393	VORTEX HOLD	
VIRACEPT	147	<i>vitasure</i>	390	CHMBR/MASK/TODDLER	368
VIRAMUNE	147	VITATHELY WITH		VORTEX VALVED	
VIRAMUNE XR	147	GINGER	399	HOLDING CHAMBER	368
VIRASAL	213	VITATRUE	400	VORVIDA	380
VIRAZOLE	151	VITLIPID N ADULT	393	VOSEVI	150
VIREAD	148	VITLIPID N INFANT	396	VOTRIENT	123
<i>virt-c dha</i>	398	VITRAKVI	124	VOWST	280
<i>virt-caps</i>	390	VITRAMYN	393	VOXZOGO	269
<i>virt-fofa plus</i>	303	VITRANOL	393	VOYDEYA	292
VIRT-GARD	299	VITRANOL FE	393	<i>vp fc kit</i>	199
<i>virt-nate dha</i>	398	VITRASE	381	<i>vp gkl kit</i>	199
<i>virt-phos 250 neutral</i>	376	VITREXATE	393	<i>vp insulin syringe</i>	363
<i>virt-pn dha</i>	400	VITREXATE FE	393	<i>vp-pnv-dha</i>	399
<i>virt-pn plus</i>	398	VITREXYL	393	VPRIV	296
VISBIOME	82	VITREXYL + IRON	393	<i>vp-vite rx</i>	390
VISCO-3	405	VIVA DHA	399	VRAYLAR	139
VISCOAT	428	VIVAGUARD INO		VTAMA	202
VISIONBLUE	429	GLUCOSE METER	340	VTOL LQ	25
VISIPAQUE	255	VIVAGUARD INO SMART		VUEBLU	239
VISTARIL	46	GLUC METER	340	VUEWAY	253
VISTOGARD	84	VIVAGUARD INO TEST		VUITY	419
VISUDYNE	424	STRIPS	250	VUMERITY	444
<i>vit b12-methionine-inos-chol</i>	297	VIVAGUARD LANCETS	340	VUSION	196
VITA S FORTE	393	VIVAGUARD LANCETS		VYEPTI	369
VITACEL	393	30G	340	VYFEMLA	172
VITAFOL	391	VIVAGUARD SAFETY		VYJUVEK	234
VITAFOL FE+	400	LANCETS 28G	340	VYLEESI	442
VITAFOL GUMMIES	398	VIVELLE-DOT	276	VYLIBRA	172
VITAFOL STRIPS	401	<i>vivimusta</i>	111	VYNDAMAX	163
VITAFOL ULTRA	400	VIVITROL	85	VYNDAQEL	163
VITAFOL-NANO	398	VIVJOA	89	VYONDYS 53	410
VITAFOL-OB	398	VIVLODEX	23	VYSTONE	196
VITAFOL-OB+DHA	400	VIVOTIF	465	VYTORIN	94
VITAFOL-ONE	400	VIZAMYL	240	VYVANSE	2
VITAL-D RX	390	VIZIMPRO	119	VYVGART	384
VITALIPID N INFANT	396	VOCAL POINT BLOOD		VYVGART HYTRULO	382
VITAMEDMD ONE		GLUCOSE TEST	250	VYXEOS	126
RX/QUATREFOLIC	400	VOGELXO	43	VYZULTA	429
VITAMEDMD REDICHEW		VOGELXO PUMP	42	WAINUA	441
RX	401	VOLNEA	167	WAKIX	3
VITAMEZ	299	VOLTAREN	197	<i>walgreens adv travel lancets</i>	340
<i>vitamin b complex 100</i>	390	<i>volumex</i>	241	WALGREENS LANCETS	341
<i>vitamin b complex-</i>		VONJO	130	<i>walgreens lancets micro thin</i>	341
<i>hydroxocobal</i>	390	VONVENDI	291	<i>walgreens lancets super thin</i>	341
<i>vitamin b-complex 100</i>	390	VOQUEZNA	460	WALGREENS THIN	
<i>vitamin c brightening serum</i>	211	VOQUEZNA DUAL PAK	463	LANCETS	341
<i>vitamin d (ergocalciferol)</i>	475, 476	VOQUEZNA TRIPLE PAK ..	463	WALGREENS ULTRA	
<i>vitamin deficiency system-b12</i> ..	297	VORAXAZE	128	THIN LANCETS	341
<i>vitamin k1</i>	476	<i>voriconazole</i>	89, 90	<i>warfarin sodium</i>	56

<i>wasp venom protein</i>	12	WIDE-SEAL DIAPHRAGM	XERALUX	217
WATCHHALER	368	85	XERAVA	452
WAVESENSE AMP	341	WIDE-SEAL DIAPHRAGM	XERESE	203
<i>wegmans unifine pentips plus</i> ... 363		90	XERMELO	281
WEGOVI	3	WIDE-SEAL DIAPHRAGM	XEROFORM OCCLUSIVE	
WELCHOL	92	95	GAUZE PATCH	228
WELIREG	120	WILATE	XEROFORM OCCLUSIVE	
WELLBUTRIN SR	67	WILZIN	GAUZE STRIP	228
WELLBUTRIN XL	67	WINLEVI	XEROFORM OIL	
<i>wellfola</i>	393	WINREVAIR	EMULSION 2"X2"	228
WELLMIND VERTIGO	382	WINRHO SDF	XEROFORM OIL	
<i>wellpro 31</i>	82	WIXELA INHUB	EMULSION GAUZE	228
WERA	172	WOUNDGELHA MATRIX ..	XEROFORM OIL	
<i>wescap-c dha</i>	399	<i>wpr plus wound healing system</i>	EMULSION STRIP	228
<i>wescap-pn dha</i>	400	WYMZYA FE	XEROFORM OIL ROLL	
<i>wescaps</i>	390	WYNZORA	4"X9'	228
<i>wesnata dha complete</i>	399	XACDURO	XEROFORM PETROLAT	
<i>wesnate dha</i>	399	XACIATO	GAUZE 1"X8"	228
<i>wes-phos 250 neutral</i>	376	XADAGO	XEROFORM PETROLAT	
<i>westab max</i>	257	XALATAN	GAUZE 5"X9"	228
<i>westab mini</i>	299	XALIX	XEROFORM PETROLAT	
<i>westab one</i>	299	XALKORI	PATCH 2"X2"	228
<i>westab plus</i>	399	XANAX	XEROFORM PETROLAT	
<i>western juniper</i>	12	XANAX XR	PATCH 4"X4"	228
<i>western juniper (diagnostic)</i>	237	XAQUIL XR	<i>xeroform petrolatum dres 4"x4"</i>	
<i>westgel dha</i>	400	XARACOLL.....	.....	228
<i>wheat germ oil</i>	476	XARELTO	<i>xeroform petrolatum dres 5"x9"</i>	
<i>white alder</i>	12	XARELTO STARTER PACK	.....	228
<i>white alder (diagnostic)</i>	237	XATMEP	XEROFORM	
<i>white ash (diagnostic)</i>	237	XCELLISTEM WOUND	PETROLATUM ROLL	
<i>white ash pollen</i>	12	POWDER	4"X9'	228
<i>white birch</i>	12	XCOPRI	XEROSTOMIA RELIEF	
<i>white birch (diagnostic)</i>	237	XCOPRI (250 MG DAILY	SPRAY	388
<i>white mulberry</i>	12	DOSE)	XGEVA	270
<i>white oak</i>	12	XCOPRI (350 MG DAILY	XHANCE	406
<i>white pine</i>	12	DOSE)	XIAFLEX	381
<i>white potato (diagnostic)</i>	237	XDEMVI	XIFAXAN	102
WHITE-FACED HORNET		XELJANZ	XIGDUO XR	80
VENOM	12	XELJANZ XR	XIIDRA	419
<i>whole egg (diagnostic)</i>	237	XELODA	XIMINO	454
<i>whole grain barley(diagnostic)</i>	237	XELPROS	XIPERE	428
<i>whole wheat (diagnostic)</i>	237	XELSTRYM	XOFIGO	126
WIDE-SEAL DIAPHRAGM		XEMBIFY	XOFLUZA (40 MG DOSE) ... 151	
60	317	XENAZINE	XOFLUZA (80 MG DOSE) ... 151	
WIDE-SEAL DIAPHRAGM		XENICAL	XOLAIR	51
65	318	XENLETA	XOLEGEL	212
WIDE-SEAL DIAPHRAGM		<i>xenon xe 133</i>	XOLEGEL COREPAK	196
70	318	XENOVIEW	XOLEGEL DUO/HEAD &	
WIDE-SEAL DIAPHRAGM		XENPOZYME	SHOULDERS	196
75	318	XEOMIN	XOLEGEL DUO/XOLEX 196	
WIDE-SEAL DIAPHRAGM		XEPI	XOLREMDI	297
80	318	XERAC AC	XOPENEX	53

XOPENEX CONCENTRATE	53	YERVOY	115	<i>zenphor wound pad</i>	234
XOPENEX HFA	53	YESCARTA	117	ZENZEDI	2
XOSPATA	123	YF-VAX	469	ZEPATIER	150
XPERT XPRESS SARS-		<i>yl folic acid</i>	300	ZEPBOUND	3
COV-2	252	<i>yokatar</i>	210	ZEPOSIA	449
XPHOZAH	264	YONDELIS	134	ZEPOSIA 7-DAY STARTER	
XPOVIO (100 MG ONCE		YONSA	111	PACK	449
WEEKLY)	124	YOSPRALA	295	ZEPOSIA STARTER KIT	449
XPOVIO (40 MG ONCE		YUFLYMA (1 PEN)	18	ZEPZELCA	111
WEEKLY)	124	YUFLYMA (2 PEN)	18	ZERBAXA	163
XPOVIO (40 MG TWICE		YUFLYMA (2 SYRINGE)	18	<i>zeruvia</i>	226
WEEKLY)	124	YUFLYMA-CD/UC/HS		ZERVIAE	419
XPOVIO (60 MG ONCE		STARTER	18	ZESTORETIC	96
WEEKLY)	124	YUPELRI	54	ZESTRIL	97
XPOVIO (60 MG TWICE		YUSIMRY	18	ZETIA	94
WEEKLY)	124	YUTIQ	428	ZETONNA	406
XPOVIO (80 MG ONCE		YUVAFEM	471	ZEVALIN Y-90	125
WEEKLY)	124	ZACARE	191	<i>zevrx insulin syringe</i>	363
XPOVIO (80 MG TWICE		<i>zaclir cleansing</i>	193	<i>zevrx pen needles</i>	363
WEEKLY)	124	ZAFEMY	173	<i>zevrx twist top lancets 30g</i>	341
XRYLIX	199	<i>zafirlukast</i>	54	ZIAC	100
XRYLIX II	199	<i>zaleplon</i>	308	ZIAGEN	147
XTAMPZA ER	39	ZALTRAP	135	ZIANA	191
XTANDI	111	<i>zalvit</i>	399	<i>ziclocin</i>	199
XULANE	173	<i>zanabin hydrogel</i>	234	ZICLOPRO	199
XULTOPHY	79	ZANAFLEX	403	<i>zidovudine</i>	148
<i>xurea</i>	210	ZANOSAR	132	ZIEXTENZO	301
XURIDEN	266	ZARAH	172	ZILACAINE PATCH	226
<i>xvite</i>	390	ZARONTIN	66	ZILBRYSQ	292
<i>xybiotic</i>	82	ZARXIO	301	<i>zileuton er</i>	50
XYLIDERM	226	ZATEAN-PN DHA	400	<i>ziloval</i>	226
XYLOCAINE	314	ZATEAN-PN PLUS	399	ZILRETTA	181
XYLOCAINE/EPINEPHRIN		ZAVESCA	296	ZILXI	219
E	312	ZAVZPRET	368	ZIMHI	85
XYLOCAINE-MPF	314	<i>zcort 7-day</i>	181	<i>zinc chloride</i>	378
XYLOCAINE-		ZEBUTAL	25	<i>zinc sulfate</i>	378
MPF/EPINEPHRINE	312	ZEGALOGUE	73	ZINGO	314
XYNTHA	291	ZEGERID	460	ZINPLAVA	433
XYNTHA SOLOFUSE	291	ZEJULA	133	<i>zionodil</i>	215
XYOSTED	43	<i>zelac</i>	82	<i>zionodil 100</i>	215
XYREM	441	ZELAPAR	136	ZIOPTAN	430
XYWAV	441	ZELBORAF	119	<i>ziphex</i>	399
<i>xyzbac</i>	257	ZELNORM	278	<i>ziprasidone hcl</i>	139
<i>xyzmune</i>	383	ZEMAIRA	450	<i>ziprasidone mesylate</i>	139
YARGESA	296	ZEMBRACE SYMTOUCH	371	ZIPSOR	23
YASMIN 28	172	ZEMDRI	14	ZIRABEV	135
<i>yaxatarxyn</i>	209	ZEMPLAR	267	ZIRGAN	421
YAZ	172	ZENATANE	194	ZITHRANOL	202
YCANTH	213	<i>zenifiber ag</i>	234	ZITHROMAX	315
<i>yellow dock</i>	12	<i>zenifoam ag</i>	234	ZITHROMAX TRI-PAK	315
<i>yellow hornet venom protein</i>	12	ZENPEP	260	ZITHROMAX Z-PAK	315
<i>yellow jacket venom protein</i>	12	<i>zenphor wound gel</i>	234	<i>zituvio</i>	73

ZMA CLEAR.....	191	ZOMACTON (FOR ZOMA-	
ZOCOR.....	94	JET 10).....	266
ZOFRAN.....	86	ZOMIG.....	371
ZOHYDRO ER.....	39	ZOMIG ZMT.....	371
ZOKINVY.....	381	ZONALON.....	200
ZOLADEX.....	130	ZONEGRAN.....	64
<i>zoledronic acid</i>	263	ZONISADE.....	64
ZOLGENSMA 20.6-21.0 KG	411	<i>zonisamide</i>	65
ZOLGENSMA 10.1-10.5 KG	411	ZONTIVITY.....	295
ZOLGENSMA 10.6-11.0 KG	411	ZORBTIVE.....	266
ZOLGENSMA 11.1-11.5 KG	411	ZORTRESS.....	383
ZOLGENSMA 11.6-12.0 KG	411	ZORVOLEX.....	24
ZOLGENSMA 12.1-12.5 KG	412	ZORYVE.....	202, 203, 218
ZOLGENSMA 12.6-13.0 KG	412	ZOSYN.....	438
ZOLGENSMA 13.1-13.5 KG	412	ZOVIA 1/35 (28).....	172
ZOLGENSMA 13.6-14.0 KG	412	ZOVIA 1/35E (28).....	172
ZOLGENSMA 14.1-14.5 KG	412	ZOVIRAX.....	150, 203
ZOLGENSMA 14.6-15.0 KG	412	ZTALMY.....	65
ZOLGENSMA 15.1-15.5 KG	412	ZTLIDO.....	215
ZOLGENSMA 15.6-16.0 KG	412	ZUBSOLV.....	41
ZOLGENSMA 16.1-16.5 KG	412	ZULRESSO.....	67
ZOLGENSMA 16.6-17.0 KG	412	ZUMANDIMINE.....	172
ZOLGENSMA 17.1-17.5 KG	412	ZUPLENZ.....	86
ZOLGENSMA 17.6-18.0 KG	412	ZURZUVAE.....	68
ZOLGENSMA 18.1-18.5 KG	412	ZYCLARA.....	212
ZOLGENSMA 18.6-19.0 KG	412	ZYCLARA PUMP.....	212
ZOLGENSMA 19.1-19.5 KG	412	ZYDELIG.....	133
ZOLGENSMA 19.6-20.0 KG	412	ZYFLO.....	50
ZOLGENSMA 2.6-3.0 KG.....	412	ZYKADIA.....	114
ZOLGENSMA 20.1-20.5 KG	412	ZYLET.....	426
ZOLGENSMA 3.1-3.5 KG.....	412	ZYLOPRIM.....	287
ZOLGENSMA 3.6-4.0 KG.....	412	ZYLOTROL-L.....	215
ZOLGENSMA 4.1-4.5 KG.....	412	ZYMAXID.....	420
ZOLGENSMA 4.6-5.0 KG.....	412	ZYMFENTRA (1 PEN).....	282
ZOLGENSMA 5.1-5.5 KG.....	413	ZYMFENTRA (2 PEN).....	282
ZOLGENSMA 5.6-6.0 KG.....	413	ZYMFENTRA (2 SYRINGE)	282
ZOLGENSMA 6.1-6.5 KG.....	413	ZYNLONTA.....	114
ZOLGENSMA 6.6-7.0 KG.....	413	ZYNRELEF.....	20
ZOLGENSMA 7.1-7.5 KG.....	413	ZYNTEGLO.....	301
ZOLGENSMA 7.6-8.0 KG.....	413	ZYNYZ.....	117
ZOLGENSMA 8.1-8.5 KG.....	413	ZYPITAMAG.....	94
ZOLGENSMA 8.6-9.0 KG.....	413	ZYPREXA.....	143
ZOLGENSMA 9.1-9.5 KG.....	413	ZYPREXA RELPREVV.....	143
ZOLGENSMA 9.6-10.0 KG...	413	ZYPREXA ZYDIS.....	143
ZOLINZA.....	121	ZYTIGA.....	111
<i>zolmitriptan</i>	371	<i>zyvana</i>	393
ZOLOFT.....	69	<i>zyvexol</i>	257
ZOLPAK.....	196	ZYVOX.....	106
<i>zolpidem tartrate</i>	308		
<i>zolpidem tartrate er</i>	308		
ZOLPIMIST.....	308		
ZOMACTON.....	266		