oklahoma complete health

Preferred Drug List

The Oklahoma Complete Health Preferred Drug List (PDL) includes a list of medications covered by your prescription benefit. This list is updated often and may change.

To get the most up-to-date information, you may view the latest PDL on our website: https://www.oklahomacompletehealth.com/providers/pharmacy.html or call **1-833-750-3660 (TTY/TDD 711)**.

Preferred Drug Locator Instructions:

1. Within the PDF, click on the Edit menu, then click Find.
2. In the Find box, type the name of the medication you want to locate.
3. Click the Next button until you find the drug(s).

What is the Oklahoma Complete Health Preferred Drug List (PDL)?

The preferred drug list (which is also called a "formulary") is a list showing the drugs that can be covered by your Oklahoma Complete Health Plan. The drug listed will be covered as long as you:

- Have a medical need for the drug
- Fill your drugs at an in-network pharmacy
- Follow any other rules that may apply to you as a member

For more information on how to fill your drugs, please review your Member Handbook or call Oklahoma Complete Health Plan Member Services at **1-833-752-1664** (TTY/TDD **711**).

Will the Preferred Drug List change?

Yes, it will change weekly, especially if there is a new drug or a less expensive medication that becomes available.

Does the plan cover over the counter (OTC) drugs?

Yes, Oklahoma Complete Health covers certain OTC drugs. https://oklahoma.gov/ohca/providers/types/pharmacy/covered-otc.html All covered OTC drugs appear in the PDL. All OTC drugs must be written on a valid prescription by a licensed provider in order to be covered. If the OTC drug you need is not on the PDL; please refer to our OTC value added benefit on our website https://www.oklahomacompletehealth.com/providers/pharmacy.html

How will I know what I will pay?

Children will not have a copay, but most adults will have a $4 copay. There are a few exceptions to the $4 copay for adults.

How do I use the Preferred Drug List?

The best way to find your drug is by going to the back of this book to the index and looking it up by name. If the drug is in all CAPITAL LETTERS (EX: CIPRO TABS) the drug is a BRAND name drug and if the drug is in all lower-case letters (ex: ciprofloxacin) the drug is a generic name drug. Next to your drug, you will see the page number where you can find coverage information.

What is the difference between brand & generic drugs?

A generic drug is approved by the Food and Drug Administration (FDA) as having the same active ingredient as the BRAND name drug, but often costs less. BRAND named drugs are typically newer and a generic is not available yet. However, there are some BRAND name drugs which are preferred over generic and that list is maintained here: https://oklahoma.gov/content/dam/ok/en/okhca/docs/providers/types/pharmacy/pharmacy-home-page-docs/12.27.2024%20%20-%20Brand%20Required%20List.pdf

Are there any limits on my drug coverage?

AGE LIMIT (AL):

Some medications are limited to patients of a certain age.

PRIOR AUTHORIZATION (PA):
Your provider may need to get approval from us before you can pick up your medication. Drugs that require prior authorization are found in the PDL by a PA in the **Additional Information** column. The specific criteria that must be met to approve a PA is found here: https://oklahoma.gov/ohca/providers/types/pharmacy/prior-authorization/2025.html Providers are recommended to utilize CoverMyMeds to submit PAs for retail pharmacy coverage:https://www.covermymeds.com/main/prior-authorization-forms/ To find out more about this process, please call Member Services at **1-833-752-1664** (TTY/ TDD **711**) and a representative will explain the process to you.

STEP THERAPY (ST):
Certain drugs are noted as being in different tiers. This usually means you must try similar medications in the same class in lower tiers before a higher tiered medication is approved. If you would like to request a step therapy exception, please speak to your provider and have your provider's office submit the step therapy exception form found on our website:https://www.oklahomacompletehealth.com/providers/pharmacy.html

QUANTITY LIMITS (QL):
For certain drugs there are limits to the amount of a drug that will be covered over a specific time period. You can tell if your drug needs a QL in **Additional Information** column. You can also contact your provider to decide if you should first try a different drug on our list or a different dose of the drug before you request an exception. Contact Member Services at **1-833-752-1664** (TTY/TDD **711**) and ask how you or your provider can submit a quantity limit exception request.

There are also quantity limits for controlled substances. These are outlined here: https://oklahoma.gov/ohca/providers/types/pharmacy/maintenance-drug-list/analgesics-narcotic.html

SPECIALTY PHARMACY (SP)
DRUGS: Specialty drugs are certain prescription drugs used to treat special health conditions and often require special attention. These drugs often need a prior authorization before a prescription may be filled. Some pharmacies cannot access specialty medications. If you are having difficulty finding a pharmacy to fill your specialty medication or have other questions regarding specialty medications, please contact Member Services at **1-833-752-1664** (TTY/TDD **711**).

MAINTENANCE DRUGS (MP):
Certain medications are eligible for 90-day supplies. If you are an adult, please ensure your pharmacy is running these medications for 90-day supplies so your monthly six fill limit is extended. The full list of MP's are kept here: https://oklahoma.gov/ohca/providers/types/pharmacy/maintenance-drug-list.html

What if my drug is not on the Preferred Drug List?

Talk to your provider to decide if you should first try a different drug on the list before you request an exception. Member Services will tell you how you or your provider can ask for an exception if your drug(s) are not covered. Contact OKCH Member Services at **1-833-752-1664** (TTY/TDD **711**) for further assistance.

Which drug categories are not covered by the Preferred Drug List?

The following drug categories are not part of the benefit:

- Fertility drugs
- Weight loss or weight gain
- Drug Efficacy Study Implementation (DESI). These are drugs that are not shown to be safe and effective.
- Bulk chemicals/powders
- Experimental and investigational drugs
- Drugs and devices not approved by the FDA

Contacts for Pharmacy Appeals/Grievances

Members: In the event that a member disagrees with the decision regarding coverage of a drug, the member may request an appeal by calling Member Services at **1-833-752-1664** (TTY/TDD **711**) or emailing OKCompleteHealth_Appeals@Centene.com.

Providers: In the event that a provider disagrees with the decision regarding coverage of a drug, the provider may request an appeal by calling:
Medical Appeals: 833-522-2803
Behavioral Health Appeals: 866-714-7991
Pharmacy Appeals: 888-865-6531

After a decision is made, the provider will receive a response by mail. An expedited appeal may be requested at any time the provider believes the adverse determination might seriously endanger the life or health of a member by calling:
Medical Appeals: 833-522-2803
Behavioral Health Appeals: 866-714-7991
Pharmacy Appeals: 888-865-6531

Abbreviations:

- **PDL**: Preferred Drug List
- **AL:** Age Limit
- **PA:** Prior Authorization
- **ST:** Step Therapy
- **QL:** Quantity Limit
- **SP:** Specialty Medication
- **MP:** Maintenance drug eligible for 90-day supply

Drug Name	Drug Tier	Requirements/ Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders		
Amphetamines		
ADDERALL XR CP24 *(amphetamine-dextroamphetamine)*	1	QL(1 EA daily); AL(At least 5 yrs old)
ADDERALL TABS 5 MG, 7.5 MG, 10 MG, 12.5 MG, 15 MG, 20 MG *(amphetamine-dextroamphetamine)*	1	QL(3 EA daily); AL(At least 5 yrs old)
ADDERALL TABS 30 MG *(amphetamine-dextroamphetamine)*	1	QL(2 EA daily); AL(At least 5 yrs old)
ADZENYS XR-ODT TBED 3.1 MG, 6.3 MG, 9.4 MG, 12.5 MG, 15.7 MG, 18.8 MG *(amphetamine)*	3	QL(1 EA daily); AL(At least 5 yrs old - Up to 10 yrs old); PA
amphetamine sulfate TABS	4	QL(3 EA daily); AL(At least 5 yrs old); PA
amphetamine-dextroamphetamine CP24 5 MG, 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	1	QL(1 EA daily); AL(At least 5 yrs old)
amphetamine-dextroamphetamine CP24 12.5 MG, 25 MG, 37.5 MG, 50 MG	4	QL(1 EA daily); AL(At least 13 yrs old); PA
amphetamine-dextroamphetamine CP24 37.5 MG	4	QL(1 EA daily); PA
amphetamine-dextroamphetamine TABS 5 MG, 7.5 MG, 10 MG, 12.5 MG, 15 MG, 20 MG	1	QL(3 EA daily); AL(At least 5 yrs old)
amphetamine-dextroamphetamine TABS 30 MG	1	QL(2 EA daily); AL(At least 5 yrs old)
amphetamine TBED 3.1 MG, 6.3 MG, 9.4 MG, 12.5 MG, 15.7 MG, 18.8 MG	3	QL(1 EA daily); AL(At least 5 yrs old); PA
DEXEDRINE CP24 10 MG *(dextroamphetamine sulfate)*	4	QL(1 EA daily); AL(At least 5 yrs old); PA
dextroamphetamine sulfate CP24 15 MG	4	QL(4 EA daily); AL(At least 5 yrs old); PA
dextroamphetamine sulfate CP24 5 MG, 10 MG	4	QL(1 EA daily); AL(At least 5 yrs old); PA
dextroamphetamine sulfate SOLN	4	AL(At least 5 yrs old - Up to 9 yrs old); PA
dextroamphetamine sulfate TABS 30 MG	4	QL(2 EA daily); AL(At least 5 yrs old); PA
dextroamphetamine sulfate TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG, 15 MG, 20 MG	4	QL(3 EA daily); AL(At least 5 yrs old); PA
DYANAVEL XR SUER	3	QL(240 ML per 30 day(s) retail; 240 ML per 30 days mail); AL(At least 5 yrs old - Up to 10 yrs old); PA
DYANAVEL XR TBCR	3	QL(1 EA daily); AL(At least 5 yrs old - Up to 10 yrs old); PA
EVEKEO ODT TBDP	4	QL(3 EA daily); AL(At least 5 yrs old - Up to 10 yrs old); PA
EVEKEO TABS *(amphetamine sulfate)*	4	QL(3 EA daily); AL(At least 5 yrs old); PA
lisdexamfetamine dimesylate CAPS	2	Brand Required; QL(1 EA daily); AL(At least 5 yrs old); PA
lisdexamfetamine dimesylate CAPS	2	Brand Required; QL(1 EA daily); AL(At least 5 yrs old); ST; PA

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
lisdexamfetamine dimesylate CHEW	3	QL(1 EA daily); AL(At least 5 yrs old - Up to 10 yrs old); PA
methamphetamine hcl	4	QL(1 EA daily); AL(At least 5 yrs old); PA
MYDAYIS CP24 *(amphetamine-dextroamphetamine)*	4	QL(1 EA daily); AL(At least 13 yrs old); PA
VYVANSE CAPS	2	Brand Required; QL(1 EA daily); AL(At least 5 yrs old); ST
VYVANSE CHEW	3	QL(1 EA daily); AL(At least 5 yrs old - Up to 10 yrs old); PA
XELSTRYM	4	QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); AL(At least 5 yrs old - Up to 10 yrs old); PA
Analeptics		
caffeine & sodium benzoate	1	
caffeine citrate SOLN PO	1	
CAFFEINE CITRATE SOLN IV *(caffeine citrate)*	1	
Anti-Obesity Agents		
WEGOVY 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML	4	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); AL(At least 18 yrs old); PA
WEGOVY 1.7 MG/0.75ML, 2.4 MG/0.75ML	4	QL(3 ML per 63 day(s) retail; 3 ML per 63 days mail); AL(At least 18 yrs old); PA
Attention-Deficit/Hyperactivity Disorder (ADHD) Agents		
atomoxetine hcl 80 MG, 100 MG	1	QL(1 EA daily); AL(At least 5 yrs old); MP
atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG, 60 MG	1	QL(2 EA daily); AL(At least 5 yrs old); MP
clonidine hcl (adhd) TB12	2	QL(4 EA daily); AL(At least 5 yrs old); PA
guanfacine hcl (adhd)	1	QL(1 EA daily); AL(At least 5 yrs old); MP
INTUNIV *(guanfacine hcl (adhd))*	1	QL(1 EA daily); AL(At least 5 yrs old); MP
ONYDA XR SUER	3	QL(1 ML daily); AL(At least 5 yrs old); PA
ONYDA XR SUER	3	QL(4 ML daily); AL(At least 5 yrs old); PA
QELBREE 100 MG	4	QL(1 EA daily); AL(At least 6 yrs old); PA
QELBREE 150 MG	4	QL(2 EA daily); AL(At least 6 yrs old); PA
QELBREE 200 MG	4	QL(3 EA daily); AL(At least 6 yrs old); PA
STRATTERA 80 MG, 100 MG *(atomoxetine hcl)*	1	QL(1 EA daily); AL(At least 5 yrs old); MP
STRATTERA 10 MG, 18 MG, 25 MG, 40 MG, 60 MG *(atomoxetine hcl)*	1	QL(2 EA daily); AL(At least 5 yrs old)
Dopamine and Norepinephrine Reuptake Inhibitors (DNRIs)		
SUNOSI	4	QL(1 EA daily); PA
Histamine H3-Receptor Antagonist/Inverse Agonists		
WAKIX	4	QL(2 EA daily); PA

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
Stimulants - Misc.		
APTENSIO XR CP24 *(methylphenidate hcl)*	2	QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); AL(At least 5 yrs old); PA
armodafinil	1	QL(1 EA daily); AL(At least 18 yrs old); PA
AZSTARYS	3	QL(1 EA daily); AL(At least 5 yrs old); PA
CONCERTA TBCR 18 MG, 27 MG, 54 MG *(methylphenidate hcl)*	1	QL(1 EA daily); AL(At least 5 yrs old)
CONCERTA TBCR 36 MG *(methylphenidate hcl)*	1	QL(2 EA daily); AL(At least 5 yrs old)
COTEMPLA XR-ODT TBED	4	QL(1 EA daily); AL(At least 5 yrs old - Up to 10 yrs old); PA
DAYTRANA PTCH *(methylphenidate)*	2	Brand Required; QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); AL(At least 5 yrs old - Up to 10 yrs old)
dexmethylphenidate hcl CP24	1	Brand Required; QL(1 EA daily); AL(At least 5 yrs old); PA
dexmethylphenidate hcl TABS	1	QL(2 EA daily); AL(At least 5 yrs old)
FOCALIN XR CP24 *(dexmethylphenidate hcl)*	1	Brand Required; QL(1 EA daily); AL(At least 5 yrs old)
FOCALIN TABS *(dexmethylphenidate hcl)*	1	QL(2 EA daily); AL(At least 5 yrs old)
JORNAY PM CP24	3	QL(1 EA daily); AL(At least 5 yrs old); PA
METHYLIN SOLN *(methylphenidate hcl)*	1	QL(600 ML per 30 day(s) retail; 600 ML per 30 days mail); AL(At least 5 yrs old - Up to 10 yrs old)
methylphenidate hcl CHEW	1	QL(3 EA daily); AL(At least 5 yrs old - Up to 20 yrs old)
methylphenidate hcl CHEW 2.5 MG	4	QL(3 EA daily); AL(At least 5 yrs old - Up to 10 yrs old); PA
methylphenidate hcl CP24	2	QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); AL(At least 5 yrs old); PA
methylphenidate hcl CP24 30 MG	2	QL(2 EA daily); AL(At least 5 yrs old); PA
methylphenidate hcl CP24 10 MG, 20 MG, 40 MG, 60 MG	2	QL(1 EA daily); AL(At least 5 yrs old); PA
methylphenidate hcl CPCR	1	QL(1 EA daily); AL(At least 5 yrs old)
methylphenidate hcl SOLN	1	QL(600 ML per 30 day(s) retail; 600 ML per 30 days mail); AL(At least 5 yrs old - Up to 10 yrs old)
methylphenidate hcl TABS	1	QL(3 EA daily); AL(At least 5 yrs old)
methylphenidate hcl TB24 36 MG	1	QL(2 EA daily); AL(At least 5 yrs old - Up to 20 yrs old)

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
methylphenidate hcl TB24 18 MG, 27 MG, 54 MG	1	QL(1 EA daily); AL(At least 5 yrs old - Up to 20 yrs old)
methylphenidate hcl TBCR 10 MG, 20 MG	1	QL(3 EA daily); AL(At least 5 yrs old)
methylphenidate hcl TBCR 18 MG, 27 MG, 45 MG, 54 MG, 63 MG, 72 MG	1	QL(1 EA daily); AL(At least 5 yrs old)
methylphenidate hcl TBCR 36 MG	1	QL(2 EA daily); AL(At least 5 yrs old)
methylphenidate hcl TBCR 72 MG	4	QL(1 EA daily); AL(At least 5 yrs old); PA
methylphenidate PTCH	2	Brand Required; QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); AL(At least 5 yrs old - Up to 10 yrs old); PA
modafinil	1	QL(1 EA daily); AL(At least 5 yrs old); PA
NUVIGIL 50 MG, 150 MG, 250 MG *(armodafinil)*	1	QL(1 EA daily); AL(At least 10 yrs old); PA
NUVIGIL 200 MG *(armodafinil)*	1	QL(1 EA daily); AL(At least 19 yrs old); PA
NUVIGIL *(armodafinil)*	1	QL(1 EA daily); AL(At least 18 yrs old); PA
PROVIGIL *(modafinil)*	1	QL(1 EA daily); AL(At least 5 yrs old); PA
QUILLICHEW ER CHER	4	QL(1 EA daily); AL(At least 5 yrs old - Up to 10 yrs old); PA
QUILLIVANT XR SRER	2	180 mL bottle; QL(540 ML per 30 day(s) retail; 540 ML per 30 days mail); AL(At least 5 yrs old - Up to 10 yrs old); PA
QUILLIVANT XR SRER	2	120 mL bottle; QL(240 ML per 30 day(s) retail; 240 ML per 30 days mail); AL(At least 5 yrs old - Up to 10 yrs old); PA
QUILLIVANT XR SRER	2	150 mL bottle; QL(300 ML per 30 day(s) retail; 300 ML per 30 days mail); AL(At least 5 yrs old - Up to 10 yrs old); PA
QUILLIVANT XR SRER	2	60 mL bottle; QL(60 ML per 30 day(s) retail; 60 ML per 30 days mail); AL(At least 5 yrs old - Up to 10 yrs old); PA
RELEXXII TBCR 36 MG	4	QL(2 EA daily); AL(At least 5 yrs old); PA
RELEXXII TBCR	4	QL(1 EA daily); AL(At least 5 yrs old); PA
RELEXXII TBCR 18 MG, 27 MG, 45 MG, 54 MG, 63 MG, 72 MG *(methylphenidate hcl)*	4	QL(1 EA daily); AL(At least 5 yrs old); PA
RITALIN LA CP24 30 MG *(methylphenidate hcl)*	2	QL(2 EA daily); AL(At least 5 yrs old); PA
RITALIN LA CP24 10 MG, 20 MG, 40 MG *(methylphenidate hcl)*	2	QL(1 EA daily); AL(At least 5 yrs old); PA

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
RITALIN TABS *(methylphenidate hcl)*	1	QL(3 EA daily); AL(At least 5 yrs old)
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
Allergenic Extracts		
GRASTEK SUBL	4	QL(1 EA daily); AL(At least 5 yrs old - Up to 65 yrs old); PA
ODACTRA SUBL	4	QL(1 EA daily); AL(At least 12 yrs old - Up to 65 yrs old); PA
ORALAIR SUBL	4	QL(1 EA daily); AL(At least 5 yrs old - Up to 65 yrs old); PA
PALFORZIA (12 MG DAILY DOSE) CSPK	4	PA
PALFORZIA (120 MG DAILY DOSE) CSPK	4	PA
PALFORZIA (160 MG DAILY DOSE) CSPK	4	PA
PALFORZIA (20 MG DAILY DOSE) CSPK	4	PA
PALFORZIA (200 MG DAILY DOSE) CSPK	4	PA
PALFORZIA (240 MG DAILY DOSE) CSPK	4	PA
PALFORZIA (3 MG DAILY DOSE) CSPK	4	PA
PALFORZIA (300 MG MAINTENANCE) PACK	4	PA
PALFORZIA (300 MG TITRATION) PACK	4	PA
PALFORZIA (40 MG DAILY DOSE) CSPK	4	PA
PALFORZIA (6 MG DAILY DOSE) CSPK	4	PA
PALFORZIA (80 MG DAILY DOSE) CSPK	4	PA
PALFORZIA INITIAL ESCALATION CSPK	4	PA
RAGWITEK SUBL	4	QL(1 EA daily); AL(At least 5 yrs old - Up to 65 yrs old); PA
AMEBICIDES		
Amebicides		
SOLOSEC	4	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); PA
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
amikacin sulfate SOLN 1 GM/4ML, 500 MG/2ML	1	
ARIKAYCE	4	QL(235.2 ML per 28 day(s) retail; 235 ML per 28 days mail); PA
BETHKIS NEBU *(tobramycin)*	4	QL(224 ML per 55 day(s) retail; 224 ML per 55 days mail); PA
gentamicin in saline 0.8 MG/ML-0.9 %, 1 MG/ML-0.9 %, 1.2 MG/ML-0.9 %, 1.6 MG/ML-0.9 %, 2 MG/ML-0.9 %	1	
gentamicin sulfate IJ	1	
KITABIS PAK (W/ NEBULIZER) NEBU 300 MG/5ML *(tobramycin)*	4	QL(280 ML per 55 day(s) retail; 280 ML per 55 days mail); PA
neomycin sulfate TABS	1	
streptomycin sulfate SOLR	1	
TOBI PODHALER CAPS	4	QL(224 EA per 55 day(s) retail; 224 EA per 55 days mail); PA
TOBI NEBU *(tobramycin)*	4	QL(280 ML per 55 day(s) retail; 280 ML per 55 days mail); PA

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
TOBRAMYCIN SULFATE POWD	1	
tobramycin sulfate SOLN IJ 1.2 GM/30ML, 2 GM/50ML, 10 MG/ML, 80 MG/2ML	1	
tobramycin sulfate SOLR	1	
tobramycin NEBU	4	QL(280 ML per 55 day(s) retail; 280 ML per 55 days mail); PA
tobramycin NEBU	4	QL(224 ML per 55 day(s) retail; 224 ML per 55 days mail); PA
ZEMDRI	4	PA
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Antirheumatic - Enzyme Inhibitors		
OLUMIANT 1 MG, 2 MG	4	QL(1 EA daily); PA
RINVOQ LQ SOLN	4	QL(12 ML daily); AL(At least 2 yrs old - Up to 10 yrs old); PA
RINVOQ TB24 45 MG	4	QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); PA
RINVOQ TB24 15 MG, 30 MG	4	QL(1 EA daily); PA
XELJANZ XR TB24	1	QL(1 EA daily); PA
XELJANZ SOLN	1	QL(480 ML per 48 day(s) retail; 480 ML per 48 days mail); AL(At least 2 yrs old - Up to 10 yrs old); PA
XELJANZ TABS	1	QL(2 EA daily); PA
Antirheumatic Antimetabolites		
OTREXUP SOAJ 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	4	QL(1.6 ML per 28 day(s) retail; 2 ML per 28 days mail); PA
RASUVO SOAJ 12.5 MG/0.25ML	4	QL(1 ML per 28 day(s) retail; 1 ML per 28 days mail); PA
RASUVO SOAJ 17.5 MG/0.35ML	4	QL(1.4 ML per 28 day(s) retail; 1 ML per 28 days mail); PA
RASUVO SOAJ 25 MG/0.5ML	4	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); PA
RASUVO SOAJ 30 MG/0.6ML	4	QL(2.4 ML per 28 day(s) retail; 2 ML per 28 days mail); PA
RASUVO SOAJ 22.5 MG/0.45ML	4	QL(1.8 ML per 28 day(s) retail; 2 ML per 28 days mail); PA
RASUVO SOAJ 7.5 MG/0.15ML	4	QL(0.6 ML per 28 day(s) retail; 1 ML per 28 days mail); PA
RASUVO SOAJ 20 MG/0.4ML	4	QL(1.6 ML per 28 day(s) retail; 2 ML per 28 days mail); PA
RASUVO SOAJ 10 MG/0.2ML	4	QL(0.8 ML per 28 day(s) retail; 1 ML per 28 days mail); PA
RASUVO SOAJ 15 MG/0.3ML	4	QL(1.2 ML per 28 day(s) retail; 1 ML per 28 days mail); PA
Anti-TNF-alpha - Monoclonal Antibodies		
ABRILADA (1 PEN) AJKT	4	QL(6 EA per 28 day(s) retail; 6 EA per 28 days mail); PA

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
ABRILADA (2 PEN) AJKT	4	QL(6 EA per 28 day(s) retail; 6 EA per 28 days mail); PA
ABRILADA (2 SYRINGE) PSKT 40 MG/0.8ML	4	QL(6 EA per 28 day(s) retail; 6 EA per 28 days mail); PA
ABRILADA (2 SYRINGE) PSKT 20 MG/0.4ML	4	QL(2 EA per 28 day(s) retail; 2 EA per 28 days mail); PA
ADALIMUMAB-AACF (2 PEN) AJKT	4	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); PA
ADALIMUMAB-AACF (2 SYRINGE) PSKT	4	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); PA
ADALIMUMAB-AACF(CD/UC/HS STRT) AJKT	4	QL(6 EA per 28 day(s) retail; 6 EA per 28 days mail); PA
ADALIMUMAB-AACF(PS/UV STARTER) AJKT	4	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); PA
ADALIMUMAB-AATY (1 PEN) AJKT 40 MG/0.4ML	4	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); PA
ADALIMUMAB-AATY (1 PEN) AJKT 80 MG/0.8ML	4	QL(3 EA per 63 day(s) retail; 3 EA per 63 days mail); PA
ADALIMUMAB-AATY (2 PEN) AJKT	4	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); PA
ADALIMUMAB-AATY (2 SYRINGE) PSKT 40 MG/0.4ML	4	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); PA
ADALIMUMAB-AATY (2 SYRINGE) PSKT 20 MG/0.2ML	4	QL(2 EA per 28 day(s) retail; 2 EA per 28 days mail); PA
ADALIMUMAB-AATY CD/UC/HS START AJKT 80 MG/0.8ML	4	QL(3 EA per 63 day(s) retail; 3 EA per 63 days mail); PA
ADALIMUMAB-ADAZ SOAJ 80 MG/0.8ML	4	QL(3.2 ML per 28 day(s) retail; 3 ML per 28 days mail); PA
ADALIMUMAB-ADAZ SOAJ 40 MG/0.4ML	4	QL(1.6 ML per 28 day(s) retail; 2 ML per 28 days mail); PA
ADALIMUMAB-ADAZ SOSY 20 MG/0.2ML	4	QL(4 ML per 28 day(s) retail; 4 ML per 28 days mail); PA
ADALIMUMAB-ADAZ SOSY 10 MG/0.1ML	4	QL(0.2 ML per 28 day(s) retail); PA
ADALIMUMAB-ADAZ SOSY 40 MG/0.4ML	4	QL(1.6 ML per 28 day(s) retail; 2 ML per 28 days mail); PA
ADALIMUMAB-ADBM (2 PEN) AJKT	4	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); PA
ADALIMUMAB-ADBM (2 SYRINGE) PSKT 40 MG/0.4ML, 40 MG/0.8ML	4	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); PA
ADALIMUMAB-ADBM (2 SYRINGE) PSKT 10 MG/0.2ML, 20 MG/0.4ML	4	QL(2 EA per 28 day(s) retail; 2 EA per 28 days mail); PA
ADALIMUMAB-ADBM(CD/UC/HS STRT) AJKT	4	QL(12 EA per 28 day(s) retail; 12 EA per 28 days mail); PA
ADALIMUMAB-ADBM(CD/UC/HS STRT) AJKT	4	QL(6 EA per 28 day(s) retail; 6 EA per 28 days mail); PA
ADALIMUMAB-ADBM(PS/UV STARTER) AJKT	4	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); PA

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
ADALIMUMAB-FKJP (2 PEN) AJKT	4	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); PA
ADALIMUMAB-FKJP (2 SYRINGE) PSKT 40 MG/0.8ML	4	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); PA
ADALIMUMAB-FKJP (2 SYRINGE) PSKT 20 MG/0.4ML	4	QL(2 EA per 28 day(s) retail; 2 EA per 28 days mail); PA
ADALIMUMAB-RYVK (1 PEN) AJKT 80 MG/0.8ML	4	QL(3 EA per 63 day(s) retail; 3 EA per 63 days mail); PA
ADALIMUMAB-RYVK (2 PEN) AJKT	4	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); PA
ADALIMUMAB-RYVK (2 SYRINGE) PSKT	4	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); PA
AMJEVITA-PED 10KG TO <15KG SOSY	4	QL(0.4 ML per 28 day(s) retail); PA
AMJEVITA-PED 15KG TO <30KG SOSY	4	QL(0.8 ML per 28 day(s) retail; 1 ML per 28 days mail); PA
AMJEVITA-PED 15KG TO <30KG SOSY	4	QL(0.4 ML per 28 day(s) retail); PA
AMJEVITA SOAJ	4	QL(3.2 ML per 28 day(s) retail; 3 ML per 28 days mail); PA
AMJEVITA SOAJ 40 MG/0.4ML	4	QL(1.6 ML per 28 day(s) retail; 2 ML per 28 days mail); PA
AMJEVITA SOSY	4	QL(3.2 ML per 28 day(s) retail; 3 ML per 28 days mail); PA
AMJEVITA SOSY	4	QL(1.6 ML per 28 day(s) retail; 2 ML per 28 days mail); PA
CYLTEZO (2 PEN) AJKT	4	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); PA
CYLTEZO (2 SYRINGE) PSKT 40 MG/0.4ML, 40 MG/0.8ML	4	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); PA
CYLTEZO (2 SYRINGE) PSKT 10 MG/0.2ML, 20 MG/0.4ML	4	QL(2 EA per 28 day(s) retail; 2 EA per 28 days mail); PA
CYLTEZO-CD/UC/HS STARTER AJKT	4	QL(6 EA per 28 day(s) retail; 6 EA per 28 days mail); PA
CYLTEZO-CD/UC/HS STARTER AJKT	4	QL(12 EA per 28 day(s) retail; 12 EA per 28 days mail); PA
CYLTEZO-PSORIASIS/UV STARTER AJKT	4	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); PA
HADLIMA PUSHTOUCH SOAJ	2	QL(3.2 ML per 28 day(s) retail; 3 ML per 28 days mail)
HADLIMA PUSHTOUCH SOAJ	2	QL(1.6 ML per 28 day(s) retail; 2 ML per 28 days mail)
HADLIMA SOSY	2	QL(1.6 ML per 28 day(s) retail; 2 ML per 28 days mail)
HADLIMA SOSY	2	QL(3.2 ML per 28 day(s) retail; 3 ML per 28 days mail)
HULIO (2 PEN) AJKT	4	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); PA
HULIO (2 SYRINGE) PSKT 40 MG/0.8ML	4	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); PA

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
HULIO (2 SYRINGE) PSKT 20 MG/0.4ML	4	QL(2 EA per 28 day(s) retail; 2 EA per 28 days mail); PA
HUMIRA (2 PEN) AJKT 80 MG/0.8ML	2	QL(3 EA per 28 day(s) retail; 3 EA per 28 days mail)
HUMIRA (2 PEN) AJKT 40 MG/0.4ML	2	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail)
HUMIRA (2 PEN) AJKT 40 MG/0.8ML	2	QL(6 EA per 28 day(s) retail; 6 EA per 28 days mail)
HUMIRA (2 SYRINGE) PSKT 10 MG/0.1ML, 20 MG/0.2ML	2	QL(2 EA per 28 day(s) retail; 2 EA per 28 days mail)
HUMIRA (2 SYRINGE) PSKT 40 MG/0.4ML, 40 MG/0.8ML	2	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail)
HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML	2	QL(3 EA per 28 day(s) retail; 3 EA per 28 days mail)
HUMIRA-PSORIASIS/UVEIT STARTER AJKT	2	QL(3 EA per 28 day(s) retail; 3 EA per 28 days mail)
HYRIMOZ-CROHNS/UC STARTER SOAJ	4	QL(3.2 ML per 28 day(s) retail; 3 ML per 28 days mail); PA
HYRIMOZ-PED<40KG CROHN STARTER SOSY	4	QL(2.4 ML per 28 day(s) retail; 2 ML per 28 days mail); PA
HYRIMOZ-PED>/=40KG CROHN START SOSY	4	QL(3.2 ML per 28 day(s) retail; 3 ML per 28 days mail); PA
HYRIMOZ-PLAQ PSOR/UVEIT START SOAJ	4	QL(1.6 ML per 28 day(s) retail; 2 ML per 28 days mail); PA
HYRIMOZ SOAJ 80 MG/0.8ML	4	QL(3.2 ML per 28 day(s) retail; 3 ML per 28 days mail); PA
HYRIMOZ SOAJ 40 MG/0.4ML	4	QL(1.6 ML per 28 day(s) retail; 2 ML per 28 days mail); PA
HYRIMOZ SOSY 20 MG/0.2ML	4	QL(0.4 ML per 28 day(s) retail); PA
HYRIMOZ SOSY 10 MG/0.1ML	4	QL(0.2 ML per 28 day(s) retail); PA
HYRIMOZ SOSY 40 MG/0.4ML	4	QL(1.6 ML per 28 day(s) retail; 2 ML per 28 days mail); PA
IDACIO (2 PEN) AJKT	4	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); PA
IDACIO (2 SYRINGE) PSKT	4	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); PA
IDACIO-CROHNS/UC STARTER AJKT	4	QL(3 EA per 28 day(s) retail; 3 EA per 28 days mail); PA
IDACIO-PSORIASIS STARTER AJKT	4	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); PA
SIMLANDI (1 PEN) AJKT	4	QL(3 EA per 63 day(s) retail; 3 EA per 63 days mail); PA
SIMLANDI (1 PEN) AJKT	4	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); PA
SIMLANDI (1 SYRINGE) PSKT	4	QL(3 EA per 63 day(s) retail; 3 EA per 63 days mail); PA
SIMLANDI (2 PEN) AJKT	4	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); PA

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
SIMLANDI (2 SYRINGE) PSKT 20 MG/0.2ML	4	QL(2 EA per 28 day(s) retail; 2 EA per 28 days mail); PA
SIMLANDI (2 SYRINGE) PSKT 40 MG/0.4ML	4	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); PA
SIMPONI ARIA SOLN	1	QL(4 ML per 28 day(s) retail; 4 ML per 28 days mail); PA
SIMPONI SOAJ 100 MG/ML	1	QL(1 ML per 28 day(s) retail; 1 ML per 28 days mail); PA
SIMPONI SOAJ 50 MG/0.5ML	1	QL(0.5 ML per 28 day(s) retail); PA
SIMPONI SOSY 50 MG/0.5ML	1	QL(0.5 ML per 28 day(s) retail); PA
SIMPONI SOSY 100 MG/ML	1	QL(1 ML per 28 day(s) retail; 1 ML per 28 days mail); PA
YUFLYMA (1 PEN) AJKT 40 MG/0.4ML	4	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); PA
YUFLYMA (1 PEN) AJKT 80 MG/0.8ML	4	QL(3 EA per 63 day(s) retail; 3 EA per 63 days mail); PA
YUFLYMA (2 PEN) AJKT	4	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); PA
YUFLYMA (2 SYRINGE) PSKT 20 MG/0.2ML	4	QL(2 EA per 28 day(s) retail; 2 EA per 28 days mail); PA
YUFLYMA (2 SYRINGE) PSKT 40 MG/0.4ML	4	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); PA
YUFLYMA-CD/UC/HS STARTER AJKT	4	QL(3 EA per 63 day(s) retail; 3 EA per 63 days mail); PA
YUSIMRY	2	QL(3.2 ML per 28 day(s) retail; 3 ML per 28 days mail)
Gold Compounds		
RIDAURA	1	
Interleukin-1 Blockers		
ARCALYST	4	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); PA
Interleukin-1 Receptor Antagonist (IL-1Ra)		
KINERET SOSY	2	QL(18.76 ML per 28 day(s) retail; 19 ML per 28 days mail)
Interleukin-1beta Blockers		
ILARIS SOLN	4	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); PA
Interleukin-6 Receptor Inhibitors		
ACTEMRA ACTPEN SOAJ	4	PA
ACTEMRA SOLN	4	PA
ACTEMRA SOSY	4	QL(3.6 ML per 28 day(s) retail; 4 ML per 28 days mail); PA
AVTOZMA SOLN IV 80 MG/4ML, 200 MG/10ML, 400 MG/20ML	4	PA
KEVZARA SOAJ	4	QL(2.28 ML per 28 day(s) retail; 2 ML per 28 days mail); PA
KEVZARA SOSY	4	QL(2.28 ML per 28 day(s) retail; 2 ML per 28 days mail); PA
TOFIDENCE	4	PA

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
TYENNE SOAJ	4	QL(3.6 ML per 28 day(s) retail; 4 ML per 28 days mail); PA
TYENNE SOLN	4	PA
TYENNE SOSY	4	QL(3.6 ML per 28 day(s) retail; 4 ML per 28 days mail); PA
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
ARTHROTEC TBEC *(diclofenac w/ misoprostol)*	2	ST; PA
CALDOLOR SOLN	4	PA
CELEBREX 400 MG *(celecoxib)*	4	PA
CELEBREX 50 MG, 100 MG, 200 MG *(celecoxib)*	1	PA
celecoxib 50 MG, 100 MG, 200 MG	1	
celecoxib 400 MG	4	PA
CHILDRENS ADVIL SUSP 100 MG/5ML *(ibuprofen)*	4	Requires EPSDT PA Review; QL(120 ML per fill retail); PA; RX/OTC
CHILDRENS MOTRIN SUSP 100 MG/5ML *(ibuprofen)*	4	Requires EPSDT PA Review; QL(120 ML per fill retail); PA; RX/OTC
COMBOGESIC SOLN	4	PA
DAYPRO TABS *(oxaprozin)*	2	ST; PA
diclofenac potassium CAPS	4	PA
diclofenac potassium TABS 25 MG	4	PA
diclofenac potassium TABS 50 MG	1	
diclofenac sodium TB24	2	
diclofenac sodium TBEC 25 MG	2	QL(2 EA daily); ST
diclofenac sodium TBEC 50 MG, 75 MG	1	
diclofenac w/ misoprostol TBEC	2	ST
etodolac CAPS	1	
etodolac TABS	1	
etodolac TB24	2	ST
fenoprofen calcium CAPS 400 MG	4	PA
fenoprofen calcium TABS	1	PA
FENOPRON CAPS	1	QL(8 EA daily); PA
flurbiprofen TABS 100 MG	2	
ibuprofen lysine	1	
ibuprofen-famotidine	4	PA
IBUPROFEN POWD	1	
ibuprofen SUSP 100 MG/5ML	4	Requires EPSDT PA Review; QL(120 ML per fill retail); AL(Up to 20 yrs old); PA; RX/OTC
ibuprofen SUSP 100 MG/5ML, 200 MG/10ML	4	Requires EPSDT PA Review; QL(120 ML per fill retail); PA; RX/OTC
ibuprofen TABS 300 MG	4	
ibuprofen TABS 400 MG, 600 MG, 800 MG	1	
INDOCIN SUSP *(indomethacin)*	4	Requires EPSDT PA Review; PA
INDOMETHACIN SODIUM	1	PA
indomethacin CAPS 25 MG, 50 MG	1	QL(8 EA daily)
indomethacin CPCR	4	PA
indomethacin SUPP	1	PA

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
indomethacin SUSP	1	AL(Up to 10 yrs old); PA
ketoprofen CAPS 25 MG	4	PA
ketoprofen CP24	4	PA
ketorolac tromethamine SOLN IM 60 MG/2ML	1	
ketorolac tromethamine TABS	1	QL(20 EA per 5 day(s) retail; 20 EA per 5 days mail)
LURBIRO TABS 100 MG *(flurbiprofen)*	2	
meclofenamate sodium CAPS	4	PA
mefenamic acid CAPS	4	PA
meloxicam CAPS	4	QL(1 EA daily); PA
meloxicam TABS	1	
nabumetone	1	
NALFON CAPS *(fenoprofen calcium)*	4	PA
NALFON TABS 600 MG	1	PA
NAPRELAN TB24 *(naproxen sodium)*	4	PA
NAPROSYN SUSP *(naproxen)*	1	AL(Up to 12 yrs old); PA
naproxen sodium TABS 275 MG, 550 MG	2	ST
naproxen sodium TB24	4	PA
naproxen-esomeprazole magnesium	4	PA
naproxen SUSP	1	AL(Up to 12 yrs old)
naproxen TABS	1	
naproxen TBEC 500 MG	2	
naproxen TBEC 375 MG	1	
NEOPROFEN *(ibuprofen lysine)*	1	
oxaprozin TABS	2	ST
piroxicam CAPS	2	ST
RELAFEN DS	4	QL(1 EA daily); PA
sulindac TABS	1	
tolmetin sodium CAPS	4	PA
tolmetin sodium TABS 600 MG	4	PA
VIMOVO 500 MG-20 MG *(naproxen-esomeprazole magnesium)*	4	PA
XIFYRM SOLN IV 30 MG/ML	4	QL(1 ML daily); PA
ZYNRELEF	1	Medical Benefit Only
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA XR TB24 PO 75 MG	4	QL(30 EA per 30 day(s) retail); PA
OTEZLA/OTEZLA XR INITIATION PK TBPK	4	QL(41 EA per 28 day(s) retail); PA
OTEZLA TABS	4	QL(2 EA daily); PA
OTEZLA TBPK	4	QL(2 EA daily); PA
OTEZLA TBPK	4	QL(55 EA per 28 day(s) retail; 55 EA per 28 days mail); PA
Pyrimidine Synthesis Inhibitors		
ARAVA *(leflunomide)*	1	QL(1 EA daily); PA
leflunomide	1	QL(1 EA daily)
Selective Costimulation Modulators		
ORENCIA CLICKJECT SOAJ	4	QL(4 ML per 28 day(s) retail; 4 ML per 28 days mail); PA
ORENCIA SOLR	4	PA
ORENCIA SOSY 87.5 MG/0.7ML	4	QL(2.8 ML per 28 day(s) retail; 3 ML per 28 days mail); PA
ORENCIA SOSY 50 MG/0.4ML	4	QL(1.6 ML per 28 day(s) retail; 2 ML per 28 days mail); PA

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
ORENCIA SOSY 125 MG/ML	4	QL(4 ML per 28 day(s) retail; 4 ML per 28 days mail); PA
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL MINI SOCT	2	QL(8 ML per 28 day(s) retail; 8 ML per 28 days mail)
ENBREL SURECLICK SOAJ	2	QL(8 ML per 28 day(s) retail; 8 ML per 28 days mail)
ENBREL SOLN	2	QL(4 ML per 28 day(s) retail; 4 ML per 28 days mail)
ENBREL SOSY 50 MG/ML	2	QL(8 ML per 28 day(s) retail; 8 ML per 28 days mail)
ENBREL SOSY 25 MG/0.5ML	2	QL(4 ML per 28 day(s) retail; 4 ML per 28 days mail)
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		
butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG, 40 MG-50 MG-325 MG	4	QL(4 EA daily); AL(At least 10 yrs old); PA
butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG	1	QL(4 EA daily); AL(At least 10 yrs old)
butalbital-acetaminophen CAPS 50 MG-300 MG	4	QL(4 EA daily); AL(At least 10 yrs old); PA
butalbital-acetaminophen TABS 50 MG-300 MG	4	QL(4 EA daily); AL(At least 10 yrs old); PA
butalbital-acetaminophen TABS 50 MG-325 MG	1	QL(4 EA daily); AL(At least 10 yrs old)
BUTALBITAL-APAP-CAFFEINE SOLN	1	PA
butalbital-aspirin-caffeine CAPS	1	QL(4 EA daily); AL(At least 10 yrs old)
FIORICET CAPS *(butalbital-acetaminophen-caffeine)*	4	QL(4 EA daily); AL(At least 10 yrs old); PA
Analgesics - Sodium Channel Pain Signal Inhibitors		
JOURNAVX	4	QL(30 EA per 14 day(s) retail; 30 EA per 14 days mail); 1 max fill(s) per 60 day(s) retail; 1 max fill(s) per 60 day(s) mail; AL(At least 18 yrs old)
Analgesics Other		
acetaminophen SOLN PO 160 MG/5ML	1	
acetaminophen SOLN IV 10 MG/ML, 1000 MG/100ML	1	Medical Benefit Only
clonidine hcl (analgesia) EP	1	
DURACLON EP 100 MCG/ML *(clonidine hcl (analgesia))*	1	
Salicylates		
aspirin CHEW	1	QL(1 EA daily); AL(At least 10 yrs old - Up to 50 yrs old); MP
aspirin TBEC 81 MG	1	QL(1 EA daily); AL(At least 10 yrs old - Up to 50 yrs old); MP
diflunisal TABS	2	
DOLOBID TABS	4	QL(3 EA daily); PA
salsalate	1	
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
Opioid Agonists		
ACTIQ LPOP 400 MCG *(fentanyl citrate)*	4	QL(120 EA per 30 day(s) retail; 120 EA per 30 days mail); AL(At least 10 yrs old); PA
CODEINE PHOSPHATE POWD	1	
codeine sulfate TABS 30 MG	1	QL(4 EA daily); AL(At least 12 yrs old)
CODEINE SULFATE TABS	1	QL(4 EA daily); AL(At least 12 yrs old)
CONZIP CP24 *(tramadol hcl)*	4	QL(1 EA daily); AL(At least 12 yrs old); PA
DEMEROL SOLN IJ	1	
DEMEROL SOLN IJ *(meperidine hcl)*	1	
DILAUDID LIQD *(hydromorphone hcl)*	1	AL(Up to 12 yrs old); PA
DILAUDID SOLN IJ 0.2 MG/ML, 1 MG/ML, 2 MG/ML *(hydromorphone hcl)*	1	
DILAUDID TABS *(hydromorphone hcl)*	1	QL(4 EA daily); AL(At least 10 yrs old); PA
DURAMORPH SOLN IJ 0.5 MG/ML, 1 MG/ML *(morphine sulfate)*	1	
FENTANYL CITRATE (PF) SOLN IJ 50 MCG/ML *(fentanyl citrate)*	1	
FENTANYL CITRATE (PF) SOSY IJ 25 MCG/0.5ML, 50 MCG/ML	1	
FENTANYL CITRATE (PF) SOSY IJ 25 MCG/0.5ML, 50 MCG/ML *(fentanyl citrate)*	1	
fentanyl citrate LPOP	4	QL(120 EA per 30 day(s) retail; 120 EA per 30 days mail); AL(At least 10 yrs old); PA
FENTANYL CITRATE POWD	1	Medical Benefit Only
fentanyl citrate SOLN IJ 50 MCG/ML, 100 MCG/2ML, 250 MCG/5ML, 500 MCG/10ML, 1000 MCG/20ML, 2500 MCG/50ML	1	
fentanyl citrate SOSY IJ	1	
fentanyl citrate TABS 400 MCG, 600 MCG, 800 MCG	4	QL(112 EA per 30 day(s) retail; 112 EA per 30 days mail); AL(At least 10 yrs old); PA
fentanyl PT72 100 MCG/HR	1	QL(20 EA per 30 day(s) retail; 20 EA per 30 days mail); AL(At least 10 yrs old); PA
fentanyl PT72 12 MCG/HR, 25 MCG/HR, 37.5 MCG/HR, 50 MCG/HR, 62.5 MCG/HR, 75 MCG/HR, 87.5 MCG/HR	1	QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail); AL(At least 10 yrs old); PA
FENTORA TABS *(fentanyl citrate)*	4	QL(112 EA per 30 day(s) retail; 112 EA per 30 days mail); AL(At least 10 yrs old); PA
hydrocodone bitartrate CP12	1	QL(2 EA daily); AL(At least 10 yrs old); PA
hydrocodone bitartrate T24A 20 MG	1	QL(1 EA daily); AL(At least 10 yrs old); PA

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
hydrocodone bitartrate T24A 30 MG, 40 MG, 60 MG, 80 MG, 100 MG, 120 MG	3	Brand Required; QL(1 EA daily); AL(At least 10 yrs old); PA
HYDROMORPHONE HCL PF SOLN IJ	1	
HYDROMORPHONE HCL PF SOLN IJ *(hydromorphone hcl)*	1	
hydromorphone hcl LIQD	1	AL(Up to 12 yrs old)
HYDROMORPHONE HCL POWD	1	
hydromorphone hcl SOLN IJ 0.2 MG/ML, 1 MG/ML, 2 MG/ML, 4 MG/ML, 10 MG/ML, 50 MG/5ML, 500 MG/50ML	1	
HYDROMORPHONE HCL SOLN IJ 2 MG/ML	1	
HYDROMORPHONE HCL SUPP	1	
hydromorphone hcl TABS	1	QL(4 EA daily); AL(At least 10 yrs old)
hydromorphone hcl TB24 12 MG	1	QL(3 EA daily); AL(At least 10 yrs old); PA
hydromorphone hcl TB24 8 MG, 16 MG, 32 MG	1	QL(1 EA daily); AL(At least 10 yrs old); PA
HYSINGLA ER T24A	3	Brand Required; QL(1 EA daily); AL(At least 10 yrs old)
INFUMORPH 200 *(morphine sulfate for continuous microinfusion)*	1	
INFUMORPH 500 *(morphine sulfate for continuous microinfusion)*	1	
levorphanol tartrate TABS	4	QL(4 EA daily); AL(At least 10 yrs old); PA
meperidine hcl SOLN IJ 25 MG/ML, 50 MG/ML, 100 MG/ML	1	
meperidine hcl SOLN PO 50 MG/5ML	1	AL(Up to 12 yrs old)
meperidine hcl TABS 50 MG	1	QL(64 EA per 8 day(s) retail; 64 EA per 8 days mail); AL(At least 10 yrs old)
methadone hcl CONC	4	QL(4 ML daily); PA
methadone hcl SOLN PO 5 MG/5ML	1	QL(60 ML per 30 day(s) retail; 60 ML per 30 days mail); AL(Up to 1 yrs old)
methadone hcl SOLN PO 10 MG/5ML	1	QL(30 ML per 30 day(s) retail; 30 ML per 30 days mail); AL(Up to 1 yrs old)
methadone hcl SOLN IJ 10 MG/ML	1	
METHADONE HCL SOLN IJ *(methadone hcl)*	1	
methadone hcl TABS	1	QL(4 EA daily); AL(At least 10 yrs old); PA
methadone hcl TBSO	1	Medical Benefit Only; QL(8 EA daily); AL(At least 10 yrs old)
METHADOSE SUGAR-FREE CONC *(methadone hcl)*	4	QL(4 ML daily); PA
METHADOSE CONC *(methadone hcl)*	4	QL(4 ML daily); PA
MORPHINE SULFATE (PF) SOLN IV 1 MG/ML, 2 MG/ML, 4 MG/ML, 10 MG/ML	1	

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
morphine sulfate beads	1	QL(1 EA daily); AL(At least 10 yrs old); PA
morphine sulfate for continuous microinfusion	1	
morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG	1	QL(2 EA daily); AL(At least 10 yrs old); PA
MORPHINE SULFATE POWD	1	Medical Benefit Only
morphine sulfate SOLN IV 2 MG/ML, 4 MG/ML, 8 MG/ML, 10 MG/ML, 50 MG/ML	1	
morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML, 100 MG/5ML	1	AL(Up to 12 yrs old)
MORPHINE SULFATE SOLN IV 50 MG/ML	1	
morphine sulfate SUPP	1	
morphine sulfate TABS	1	QL(4 EA daily); AL(At least 10 yrs old)
morphine sulfate TBCR 200 MG	1	AL(At least 10 yrs old); PA
morphine sulfate TBCR 15 MG, 30 MG, 60 MG, 100 MG	1	QL(3 EA daily); AL(At least 10 yrs old); PA
MS CONTIN TBCR 15 MG, 30 MG, 60 MG, 100 MG *(morphine sulfate)*	1	QL(3 EA daily); AL(At least 10 yrs old); PA
oxycodone hcl CAPS	1	QL(4 EA daily); AL(At least 10 yrs old)
oxycodone hcl CONC 100 MG/5ML	1	QL(4 ML daily); AL(Up to 12 yrs old)
OXYCODONE HCL POWD	1	
oxycodone hcl SOLN	1	AL(Up to 12 yrs old)
oxycodone hcl T12A 10 MG, 20 MG, 40 MG, 80 MG	1	Brand Required; QL(2 EA daily); AL(At least 10 yrs old); PA
oxycodone hcl TABS	1	QL(4 EA daily); AL(At least 10 yrs old)
OXYCONTIN T12A 30 MG, 40 MG, 60 MG, 80 MG	2	Brand Required; QL(2 EA daily); AL(At least 10 yrs old); PA
OXYCONTIN T12A 10 MG, 15 MG, 20 MG	1	Brand Required; QL(2 EA daily); AL(At least 10 yrs old)
oxymorphone hcl TABS	1	QL(4 EA daily); AL(At least 10 yrs old)
oxymorphone hcl TB12 40 MG	4	QL(4 EA daily); AL(At least 10 yrs old); PA
oxymorphone hcl TB12 5 MG, 7.5 MG, 10 MG, 15 MG, 20 MG, 30 MG	4	QL(2 EA daily); AL(At least 10 yrs old); PA
remifentanil hcl	1	
ROXICODONE TABS 15 MG, 30 MG *(oxycodone hcl)*	1	QL(4 EA daily); AL(At least 10 yrs old); PA
ROXYBOND TABA	4	QL(4 EA daily); AL(At least 10 yrs old)
sufentanil citrate SOLN IV 50 MCG/ML	1	
tramadol hcl CP24 100 MG, 200 MG, 300 MG	4	QL(1 EA daily); AL(At least 12 yrs old); PA
tramadol hcl SOLN	4	AL(At least 12 yrs old); PA
TRAMADOL HCL SOLN *(tramadol hcl)*	4	AL(At least 12 yrs old); PA
tramadol hcl TABS 50 MG	1	QL(8 EA daily); AL(At least 12 yrs old)

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
tramadol hcl TABS 75 MG	4	QL(5 EA daily); AL(At least 12 yrs old); PA
tramadol hcl TABS 25 MG, 100 MG	4	QL(4 EA daily); AL(At least 12 yrs old); PA
tramadol hcl TB24	1	QL(1 EA daily); AL(At least 12 yrs old); PA
ULTIVA *(remifentanil hcl)*	1	
Opioid Combinations		
acetaminophen w/ codeine SOLN	4	QL(4050 ML per 30 day(s) retail; 4050 ML per 30 days mail); PA
acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG	1	QL(4 EA daily); AL(At least 12 yrs old)
acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG	1	QL(4 EA daily); AL(At least 12 yrs old)
butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-300 MG	4	QL(4 EA daily); AL(At least 12 yrs old); PA
butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG	1	QL(4 EA daily); AL(At least 12 yrs old)
butalbital-aspirin-caffeine w/cod	1	QL(4 EA daily); AL(At least 12 yrs old)
FIORICET/CODEINE 30 MG-40 MG-50 MG-300 MG *(butalbital-acetaminophen-caffeine w/ codeine)*	4	QL(4 EA daily); AL(At least 12 yrs old); PA
hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML	4	QL(4560 ML per 30 day(s) retail; 4560 ML per 30 days mail)
hydrocodone-acetaminophen SOLN 325 MG/15ML-10 MG/15ML	4	QL(149 ML daily); PA
hydrocodone-acetaminophen SOLN	1	QL(98 ML daily)
hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG, 325 MG-10 MG, 325 MG-2.5 MG, 325 MG-5 MG, 325 MG-7.5 MG	1	QL(4 EA daily); AL(At least 10 yrs old)
hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG, 7.5 MG-200 MG	1	QL(4 EA daily); AL(At least 10 yrs old)
NALOCET TABS	4	QL(4 EA daily); AL(At least 10 yrs old); PA
oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-2.5 MG, 325 MG-5 MG, 325 MG-7.5 MG	1	QL(4 EA daily); AL(At least 10 yrs old)
PERCOCET TABS 325 MG-10 MG, 325 MG-2.5 MG, 325 MG-5 MG, 325 MG-7.5 MG *(oxycodone w/ acetaminophen)*	1	QL(4 EA daily); AL(At least 10 yrs old); PA
PROLATE SOLN	4	QL(1500 ML per 30 day(s) retail; 1500 ML per 30 days mail); AL(Up to 12 yrs old); PA
PROLATE TABS	4	QL(4 EA daily); AL(At least 10 yrs old); PA
SEGLENTIS	4	QL(28 EA per fill retail); AL(At least 12 yrs old); PA
tramadol-acetaminophen	1	QL(6 EA daily); AL(At least 12 yrs old)
Opioid Partial Agonists		

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
BELBUCA FILM	1	QL(60 EA per 30 day(s) retail; 60 EA per 30 days mail); PA
BRIXADI (WEEKLY) SOSY 8 MG/0.16ML	4	QL(0.64 ML per 28 day(s) retail; 1 ML per 28 days mail); PA
BRIXADI (WEEKLY) SOSY 16 MG/0.32ML	4	QL(1.28 ML per 28 day(s) retail; 1 ML per 28 days mail); PA
BRIXADI (WEEKLY) SOSY 32 MG/0.64ML	4	QL(2.56 ML per 28 day(s) retail; 3 ML per 28 days mail); PA
BRIXADI (WEEKLY) SOSY 24 MG/0.48ML	4	QL(1.92 ML per 28 day(s) retail; 2 ML per 28 days mail); PA
BRIXADI SOSY 128 MG/0.36ML	4	QL(0.36 ML per 28 day(s) retail); PA
BRIXADI SOSY 96 MG/0.27ML	4	QL(0.27 ML per 28 day(s) retail); PA
BRIXADI SOSY 64 MG/0.18ML	4	QL(0.18 ML per 28 day(s) retail); PA
buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG	4	QL(2 EA daily); AL(At least 16 yrs old); PA
buprenorphine hcl-naloxone hcl dihydrate FILM SL 2 MG-8 MG	4	QL(3 EA daily); AL(At least 16 yrs old); PA
buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG	4	QL(90 EA per 30 day(s) retail; 90 EA per 30 days mail); AL(At least 16 yrs old); PA
buprenorphine hcl-naloxone hcl dihydrate SUBL	1	QL(3 EA daily); AL(At least 16 yrs old)
buprenorphine hcl SOLN	1	
buprenorphine hcl SUBL	1	QL(3 EA daily); AL(At least 16 yrs old - Up to 50 yrs old)
buprenorphine PTWK	1	Brand Required; QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); PA
butorphanol tartrate NA 10 MG/ML	1	QL(10 ML per 30 day(s) retail; 10 ML per 30 days mail)
butorphanol tartrate IJ 1 MG/ML, 2 MG/ML	1	
BUTRANS PTWK *(buprenorphine)*	1	Brand Required; QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail)
nalbuphine hcl	1	
pentazocine w/ naloxone hcl	1	QL(8 EA daily); AL(At least 10 yrs old)
SUBLOCADE SOSY 100 MG/0.5ML	4	QL(0.5 ML per 28 day(s) retail); PA
SUBLOCADE SOSY 300 MG/1.5ML	4	QL(1.5 ML per 28 day(s) retail; 2 ML per 28 days mail); PA
SUBOXONE FILM SL 0.5 MG-2 MG, 1 MG-4 MG *(buprenorphine hcl-naloxone hcl dihydrate)*	4	QL(90 EA per 30 day(s) retail; 90 EA per 30 days mail); AL(At least 16 yrs old); PA
SUBOXONE FILM SL 3 MG-12 MG *(buprenorphine hcl-naloxone hcl dihydrate)*	4	QL(2 EA daily); AL(At least 16 yrs old); PA
SUBOXONE FILM SL 2 MG-8 MG *(buprenorphine hcl-naloxone hcl dihydrate)*	4	QL(3 EA daily); AL(At least 16 yrs old); PA

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
ZUBSOLV SUBL 2.9 MG-11.4 MG	4	QL(1 EA daily); AL(At least 16 yrs old); PA
ZUBSOLV SUBL 2.1 MG-8.6 MG	4	QL(2 EA daily); AL(At least 16 yrs old); PA
ZUBSOLV SUBL 0.18 MG-0.7 MG, 0.36 MG-1.4 MG, 0.71 MG-2.9 MG, 1.4 MG-5.7 MG	4	QL(3 EA daily); AL(At least 16 yrs old); PA
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Androgens		
ANDROGEL PUMP GEL TD *(testosterone)*	1	QL(75 GM per 30 day(s) retail; 75 GM per 30 days mail); PA
AVEED SOLN	4	PA
AZMIRO SOSY	4	PA
danazol CAPS	1	
JATENZO CAPS 158 MG, 198 MG	4	QL(4 EA daily); AL(At least 18 yrs old); PA
JATENZO CAPS 237 MG	4	QL(2 EA daily); AL(At least 18 yrs old); PA
methyltestosterone CAPS	4	PA
METHYLTESTOSTERONE POWD	1	PA
methyltestosterone TABS	4	PA
NATESTO GEL NA	4	AL(At least 18 yrs old); PA
TESTIM GEL TD *(testosterone)*	2	QL(150 GM per 30 day(s) retail; 150 GM per 30 days mail); PA
TESTOPEL PLLT	4	Medical Benefit Only
testosterone cypionate SOLN IM	1	PA
testosterone enanthate SOLN IM	1	PA
testosterone GEL TD 1 %, 50 MG/5GM	2	QL(150 GM per 30 day(s) retail; 150 GM per 30 days mail); PA
testosterone GEL TD 10 MG/ACT	1	QL(60 GM per 30 day(s) retail; 60 GM per 30 days mail); PA
testosterone GEL TD 20.25 MG/1.25GM	1	QL(37.5 GM per 30 day(s) retail; 38 GM per 30 days mail); PA
testosterone GEL TD 1.62 %, 25 MG/2.5GM, 40.5 MG/2.5GM, 1.62 %	1	QL(75 GM per 30 day(s) retail; 75 GM per 30 days mail); PA
testosterone SOLN	2	QL(180 ML per 30 day(s) retail; 180 ML per 30 days mail); AL(At least 18 yrs old); PA
TLANDO CAPS	4	QL(4 EA daily); AL(At least 18 yrs old); PA
UNDECATREX CAPS	4	QL(4 EA daily); AL(At least 18 yrs old); PA
XYOSTED SOAJ	1	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); PA
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
budesonide (intrarectal)	4	QL(133.6 GM per 42 day(s) retail; 134 GM per 42 days mail); PA
CORTENEMA *(hydrocortisone (intrarectal))*	1	PA
CORTIFOAM EX 10 %	4	QL(30 GM per 30 day(s) retail; 30 GM per 30 days mail); PA

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
hydrocortisone (intrarectal)	1	
UCERIS *(budesonide (intrarectal))*	4	QL(133.6 GM per 42 day(s) retail; 134 GM per 42 days mail); PA
Rectal Combinations		
lidocaine-hydrocortisone acetate (rectal) CREA EX	1	QL(28.35 GM per 7 day(s) retail; 28 GM per 7 days mail); 1 package(s) per fill retail; 1 package(s) per fill mail
lidocaine-hydrocortisone acetate (rectal) CREA EX	1	QL(85 GM per 30 day(s) retail; 85 GM per 30 days mail); 1 package(s) per fill retail; 1 package(s) per fill mail
lidocaine-hydrocortisone acetate (rectal) CREA EX	1	QL(28.3 GM per 7 day(s) retail; 28 GM per 7 days mail); 1 package(s) per fill retail; 1 package(s) per fill mail
PROCTOFOAM HC FOAM EX	1	
Rectal Steroids		
hydrocortisone (rectal) EX 1 %	1	QL(28.4 GM per 7 day(s) retail; 28 GM per 7 days mail); RX/OTC
hydrocortisone (rectal) EX 2.5 %	1	4 package(s) per 28 day(s) retail; 4 package(s) per 28 day(s) mail

Drug Name	Drug Tier	Requirements/ Limits
Vasodilating Agents		
nitroglycerin (intra-anal)	1	
RECTIV *(nitroglycerin (intra-anal))*	1	
ANTACIDS		
Antacids - Calcium Salts		
calcium carbonate (antacid) SUSP	4	Requires EPSDT PA Review; PA
CALCIUM CARBONATE ANTACID SUSP	4	Requires EPSDT PA Review; AL(Up to 20 yrs old); PA
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
albendazole	1	QL(2 EA daily)
BENZNIDAZOLE	4	AL(At least 2 yrs old - Up to 12 yrs old); PA
EMVERM CHEW	4	QL(6 EA per 30 day(s) retail; 6 EA per 30 days mail); PA
ivermectin	1	PA
praziquantel	1	QL(6 EA per 30 day(s) retail; 6 EA per 30 days mail)
STROMECTOL *(ivermectin)*	1	PA
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
ASPRUZYO SPRINKLE PACK 500 MG	4	QL(60 EA per 30 day(s) retail; 60 EA per 30 days mail); PA
ranolazine TB12 500 MG	1	QL(3 EA daily); MP

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
ranolazine TB12 1000 MG	1	QL(2 EA daily); MP
Nitrates		
isosorbide dinitrate TABS 10 MG	1	QL(5 EA daily); MP
isosorbide dinitrate TABS 40 MG	1	
isosorbide dinitrate TABS 5 MG, 30 MG	1	QL(3 EA daily); MP
isosorbide dinitrate TABS 20 MG	1	QL(6 EA daily); MP
isosorbide mononitrate TABS	1	
ISOSORBIDE MONONITRATE TABS	1	
isosorbide mononitrate TB24 120 MG	1	QL(2 EA daily); MP
isosorbide mononitrate TB24 60 MG	1	QL(3 EA daily); MP
isosorbide mononitrate TB24 30 MG	1	QL(6 EA daily); MP
NITRO-BID OINT	1	
NITRO-DUR PT24 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR *(nitroglycerin)*	1	QL(1 EA daily); MP
NITRO-DUR PT24	1	
NITRO-DUR PT24 0.3 MG/HR, 0.6 MG/HR, 0.8 MG/HR *(nitroglycerin)*	1	
nitroglycerin in d5w	1	
nitroglycerin PT24 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR	1	QL(1 EA daily); MP
nitroglycerin PT24 0.6 MG/HR	1	
nitroglycerin SOLN TL 0.4 MG/SPRAY	1	1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail
NITROGLYCERIN SOLN IV	1	
nitroglycerin SUBL 0.6 MG	1	
nitroglycerin SUBL 0.3 MG, 0.4 MG	1	QL(4.45 EA daily); MP
NITROLINGUAL SOLN TL *(nitroglycerin)*	1	1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; PA
NITROSTAT SUBL 0.6 MG *(nitroglycerin)*	1	PA
NITROSTAT SUBL 0.3 MG, 0.4 MG *(nitroglycerin)*	1	QL(4.45 EA daily); MP; PA
ANTIANXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
BUCAPSOL PO 15 MG	1	QL(4 EA daily); PA
BUCAPSOL PO 7.5 MG, 10 MG	1	QL(3 EA daily); PA
buspirone hcl 5 MG, 10 MG, 15 MG	1	QL(3 EA daily); MP
buspirone hcl 7.5 MG, 30 MG	1	QL(2 EA daily); MP
droperidol SOLN 2.5 MG/ML	1	
hydroxyzine hcl SOLN 25 MG/ML, 50 MG/ML	1	
hydroxyzine hcl SYRP	1	
hydroxyzine hcl TABS 10 MG, 25 MG	1	
hydroxyzine hcl TABS 50 MG	1	QL(4 EA daily); MP
hydroxyzine pamoate CAPS 25 MG, 50 MG	1	QL(4 EA daily); MP
hydroxyzine pamoate CAPS 100 MG	1	
meprobamate	1	
VISTARIL CAPS 25 MG *(hydroxyzine pamoate)*	1	QL(4 EA daily); MP; PA
Benzodiazepines		

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
ALPRAZOLAM INTENSOL CONC	1	QL(1 ML daily); AL(At least 19 yrs old)
alprazolam TABS 2 MG	1	QL(2 EA daily); AL(At least 19 yrs old)
alprazolam TABS 0.25 MG, 0.5 MG, 1 MG	1	QL(3 EA daily); AL(At least 19 yrs old)
alprazolam TB24 0.5 MG, 1 MG, 3 MG	1	QL(1 EA daily); AL(At least 19 yrs old)
alprazolam TB24 2 MG	1	QL(2 EA daily); AL(At least 19 yrs old)
alprazolam TBDP 0.25 MG, 0.5 MG, 1 MG	4	QL(3 EA daily); AL(At least 19 yrs old); PA
alprazolam TBDP 2 MG	4	QL(2 EA daily); AL(At least 19 yrs old); PA
ATIVAN SOLN 4 MG/ML *(lorazepam)*	1	QL(60 ML per 30 day(s) retail; 60 ML per 30 days mail); AL(At least 19 yrs old)
ATIVAN SOLN 2 MG/ML *(lorazepam)*	1	QL(60 ML per 30 day(s) retail; 60 ML per 30 days mail); AL(At least 19 yrs old); PA
chlordiazepoxide hcl CAPS	1	QL(3 EA daily); AL(At least 19 yrs old)
clorazepate dipotassium TABS	1	QL(3 EA daily); AL(At least 19 yrs old)
diazepam CONC	1	QL(1 ML daily); AL(At least 19 yrs old)
diazepam SOLN IJ 5 MG/ML, 10 MG/2ML	1	QL(30 ML per 30 day(s) retail; 30 ML per 30 days mail); AL(At least 19 yrs old)
diazepam SOLN PO 5 MG/5ML	1	QL(30 ML daily); AL(At least 19 yrs old)
diazepam SOLN PO 5 MG/5ML	1	QL(5 ML daily); AL(At least 19 yrs old)
diazepam TABS	1	QL(3 EA daily); AL(At least 19 yrs old)
lorazepam CONC	1	QL(1 ML daily); AL(At least 19 yrs old)
lorazepam SOLN	1	QL(60 ML per 30 day(s) retail; 60 ML per 30 days mail); AL(At least 19 yrs old)
lorazepam TABS	1	QL(3 EA daily); AL(At least 19 yrs old)
LOREEV XR CS24	4	QL(1 EA daily); AL(At least 19 yrs old); PA
oxazepam CAPS	1	QL(3 EA daily); AL(At least 19 yrs old)
XANAX XR TB24 0.5 MG, 1 MG, 3 MG *(alprazolam)*	1	QL(1 EA daily); AL(At least 19 yrs old); PA
XANAX XR TB24 2 MG *(alprazolam)*	1	QL(2 EA daily); AL(At least 19 yrs old); PA
XANAX TABS 0.25 MG, 0.5 MG, 1 MG *(alprazolam)*	1	QL(3 EA daily); AL(At least 19 yrs old); PA
XANAX TABS 2 MG *(alprazolam)*	1	QL(2 EA daily); AL(At least 19 yrs old); PA
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics - Misc.		
adenosine SOLN	1	
Antiarrhythmics Type I-A		

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
disopyramide phosphate CAPS	1	
NORPACE CR CP12	1	
NORPACE CAPS *(disopyramide phosphate)*	1	PA
procainamide hcl SOLN	1	
quinidine gluconate TBCR	1	
quinidine sulfate TABS	1	
Antiarrhythmics Type I-B		
LIDOCAINE HCL (CARDIAC) PF SOLN	1	
lidocaine hcl (cardiac) SOSY	1	
lidocaine in d5w 5 %-4 MG/ML, 5 %-8 MG/ML	1	
mexiletine hcl	1	
Antiarrhythmics Type I-C		
flecainide acetate	1	
propafenone hcl CP12	1	
propafenone hcl TABS	1	
Antiarrhythmics Type III		
amiodarone hcl SOLN 150 MG/3ML, 450 MG/9ML, 900 MG/18ML	1	
amiodarone hcl TABS	1	
CORVERT *(ibutilide fumarate)*	1	
dofetilide	1	
ibutilide fumarate	1	
MULTAQ	1	
NEXTERONE	1	Medical Benefit Only
TIKOSYN *(dofetilide)*	1	PA
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Antiasthmatic - Monoclonal Antibodies		
CINQAIR	4	Medical Benefit Only
FASENRA PEN SOAJ	4	QL(1 ML per 28 day(s) retail; 1 ML per 28 days mail); AL(At least 6 yrs old); PA
FASENRA SOSY 30 MG/ML	4	QL(1 ML per 28 day(s) retail; 1 ML per 28 days mail); AL(At least 6 yrs old); PA
FASENRA SOSY 10 MG/0.5ML	4	QL(0.5 ML per 28 day(s) retail); AL(At least 6 yrs old); PA
NUCALA SOAJ	4	QL(3 ML per 28 day(s) retail; 3 ML per 28 days mail); AL(At least 6 yrs old); PA
NUCALA SOLR	4	QL(1 EA per 28 day(s) retail; 1 EA per 28 days mail); AL(At least 6 yrs old); PA
NUCALA SOSY 40 MG/0.4ML	4	QL(0.4 ML per 28 day(s) retail); AL(At least 6 yrs old - Up to 11 yrs old); PA
NUCALA SOSY 100 MG/ML	4	QL(3 ML per 28 day(s) retail; 3 ML per 28 days mail); AL(At least 6 yrs old); PA
TEZSPIRE SOAJ	4	QL(1.91 ML per 28 day(s) retail; 2 ML per 28 days mail); AL(At least 12 yrs old); PA

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
TEZSPIRE SOSY	4	QL(1.91 ML per 28 day(s) retail; 2 ML per 28 days mail); AL(At least 12 yrs old); PA
XOLAIR SOAJ	4	AL(At least 1 yrs old); PA
XOLAIR SOLR	4	AL(At least 1 yrs old); PA
XOLAIR SOSY	4	AL(At least 1 yrs old); PA
Anti-Inflammatory Agents		
cromolyn sodium NEBU	1	QL(360 ML per 30 day(s) retail; 360 ML per 30 days mail)
Bronchodilators - Anticholinergics		
ATROVENT HFA	1	QL(25.8 GM per 30 day(s) retail; 26 GM per 30 days mail)
INCRUSE ELLIPTA	1	1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; AL(At least 18 yrs old)
ipratropium bromide SOLN 0.02 %	1	QL(450 ML per 30 day(s) retail; 450 ML per 30 days mail)
SPIRIVA HANDIHALER CAPS IN *(tiotropium bromide)*	1	Brand Required; QL(1 EA daily); AL(At least 18 yrs old); MP
SPIRIVA RESPIMAT AERS IN 2.5 MCG/ACT	1	Brand Required; QL(4 GM per 30 day(s) retail; 4 GM per 30 days mail); AL(At least 12 yrs old)
SPIRIVA RESPIMAT AERS IN 1.25 MCG/ACT	1	Brand Required; QL(4 GM per 30 day(s) retail; 4 GM per 30 days mail); AL(At least 6 yrs old)
tiotropium bromide CAPS IN 18 MCG	1	Brand Required; QL(1 EA daily); AL(At least 18 yrs old); MP; PA
TUDORZA PRESSAIR	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); AL(At least 18 yrs old)
YUPELRI	1	QL(90 ML per 30 day(s) retail; 90 ML per 30 days mail); AL(At least 18 yrs old); PA
Leukotriene Modulators		
ACCOLATE *(zafirlukast)*	1	QL(2 EA daily); PA
montelukast sodium CHEW	1	QL(1 EA daily)
montelukast sodium PACK	4	QL(1 EA daily); AL(Up to 2 yrs old); PA
montelukast sodium TABS	1	QL(1 EA daily)
SINGULAIR CHEW *(montelukast sodium)*	1	QL(1 EA daily); PA
SINGULAIR PACK *(montelukast sodium)*	4	QL(1 EA daily); AL(Up to 2 yrs old); PA
SINGULAIR TABS *(montelukast sodium)*	1	QL(1 EA daily); PA
zafirlukast	1	QL(2 EA daily)
zileuton TB12	4	AL(At least 12 yrs old); PA

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
ZYFLO TABS	4	QL(4 EA daily); AL(At least 12 yrs old); PA
Phosphodiesterase 3 & 4 (PDE3 & PDE4) Inhibitors		
OHTUVAYRE	1	QL(5 ML daily); AL(At least 18 yrs old); PA
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
DALIRESP 250 MCG *(roflumilast)*	4	QL(2 EA daily); PA
DALIRESP 500 MCG *(roflumilast)*	4	QL(1 EA daily); PA
roflumilast 500 MCG	4	QL(1 EA daily); PA
roflumilast 250 MCG	1	QL(2 EA daily); PA
roflumilast 250 MCG	4	QL(2 EA daily); PA
Steroid Inhalants		
ALVESCO	4	QL(6.1 GM per 30 day(s) retail; 6 GM per 30 days mail); PA
ARMONAIR DIGIHALER 113 MCG/ACT, 232 MCG/ACT	4	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); AL(At least 12 yrs old); PA
ARNUITY ELLIPTA 100 MCG/ACT, 200 MCG/ACT *(fluticasone furoate (inhalation))*	1	Brand Required; 1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail
ARNUITY ELLIPTA 50 MCG/ACT *(fluticasone furoate (inhalation))*	1	Brand Required; 1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; AL(Up to 11 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
ASMANEX (120 METERED DOSES) AEPB	1	1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail; MP
ASMANEX (14 METERED DOSES) AEPB	1	1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; MP
ASMANEX (30 METERED DOSES) AEPB 220 MCG/ACT	1	1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail; MP
ASMANEX (30 METERED DOSES) AEPB 110 MCG/ACT	1	1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail; AL(Up to 11 yrs old); MP
ASMANEX (60 METERED DOSES) AEPB	1	1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail; MP
ASMANEX HFA AERO 50 MCG/ACT	1	QL(13 GM per 30 day(s) retail; 13 GM per 30 days mail); AL(Up to 11 yrs old)
ASMANEX HFA AERO 100 MCG/ACT, 200 MCG/ACT	1	3 package(s) per 90 day(s) retail; 3 package(s) per 90 day(s) mail; MP
budesonide (inhalation) SUSP 0.25 MG/2ML, 0.5 MG/2ML	1	QL(8 ML daily); AL(Up to 8 yrs old)

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
budesonide (inhalation) SUSP 1 MG/2ML	1	QL(240 ML per 30 day(s) retail; 240 ML per 30 days mail); AL(Up to 8 yrs old)
fluticasone furoate (inhalation) 50 MCG/ACT	1	Brand Required; 1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; AL(Up to 11 yrs old); PA
fluticasone furoate (inhalation) 100 MCG/ACT, 200 MCG/ACT	1	Brand Required; 1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; PA
fluticasone propionate (inhalation) AEPB	1	12 package(s) per 90 day(s) retail; 12 package(s) per 90 day(s) mail; MP
fluticasone propionate hfa 44 MCG/ACT	1	6 package(s) per 90 day(s) retail; 6 package(s) per 90 day(s) mail; AL(Up to 3 yrs old); MP
fluticasone propionate hfa 110 MCG/ACT	1	6 package(s) per 90 day(s) retail; 6 package(s) per 90 day(s) mail; MP
fluticasone propionate hfa 220 MCG/ACT	1	6 package(s) per 90 day(s) retail; 6 package(s) per 90 day(s) mail; MP; PA

Drug Name	Drug Tier	Requirements/ Limits
PULMICORT FLEXHALER AEPB	1	6 package(s) per 90 day(s) retail; 6 package(s) per 90 day(s) mail; MP
PULMICORT SUSP 0.25 MG/2ML, 0.5 MG/2ML *(budesonide (inhalation))*	1	QL(8 ML daily); AL(Up to 8 yrs old); PA
PULMICORT SUSP 1 MG/2ML *(budesonide (inhalation))*	1	QL(240 ML per 30 day(s) retail; 240 ML per 30 days mail); AL(Up to 8 yrs old); PA
QVAR REDIHALER	1	QL(21.2 GM per 30 day(s) retail; 21 GM per 30 days mail)
Sympathomimetics		
ADVAIR DISKUS AEPB *(fluticasone-salmeterol)*	1	3 package(s) per 90 day(s) retail; 3 package(s) per 90 day(s) mail; MP; PA
ADVAIR HFA AERO *(fluticasone-salmeterol)*	1	3 package(s) per 90 day(s) retail; 3 package(s) per 90 day(s) mail; MP
AIRDUO DIGIHALER 113 MCG/ACT-14 MCG/ACT, 232 MCG/ACT-14 MCG/ACT	4	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); AL(At least 12 yrs old); PA
AIRDUO RESPICLICK 113/14 AEPB *(fluticasone-salmeterol)*	4	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); PA
AIRDUO RESPICLICK 232/14 AEPB *(fluticasone-salmeterol)*	4	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); PA

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
AIRDUO RESPICLICK 55/14 AEPB *(fluticasone-salmeterol)*	4	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); PA
AIRSUPRA	4	QL(32.1 GM per 30 day(s) retail; 32 GM per 30 days mail); AL(At least 18 yrs old); PA
albuterol sulfate AERS	1	2 package(s) per 30 day(s) retail; 2 package(s) per 30 day(s) mail
albuterol sulfate NEBU	1	QL(600 ML per 30 day(s) retail; 600 ML per 30 days mail)
albuterol sulfate NEBU	1	
albuterol sulfate SYRP	1	
albuterol sulfate TABS	1	
ANORO ELLIPTA 25 MCG/ACT-62.5 MCG/ACT *(umeclidinium-vilanterol)*	4	1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; AL(At least 18 yrs old); PA
arformoterol tartrate	1	QL(120 ML per 30 day(s) retail; 120 ML per 30 days mail); AL(At least 18 yrs old); PA
ASTHMANEFRIN REFILL 2.25 %	4	Requires EPSDT PA Review; PA
BEVESPI AEROSPHERE	1	QL(10.7 GM per 30 day(s) retail; 11 GM per 30 days mail); AL(At least 18 yrs old); PA
BREO ELLIPTA 50 MCG/INH-25 MCG/INH	2	Brand Required; QL(2 EA daily); PA
BREO ELLIPTA *(fluticasone furoate-vilanterol)*	2	Brand Required; 1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; PA
BREZTRI AEROSPHERE	4	3 package(s) per 90 day(s) retail; 3 package(s) per 90 day(s) mail; AL(At least 18 yrs old); PA
BROVANA *(arformoterol tartrate)*	1	QL(120 ML per 30 day(s) retail; 120 ML per 30 days mail); AL(At least 18 yrs old); PA
budesonide-formoterol fumarate dihydrate	4	Brand Required; 6 package(s) per 90 day(s) retail; 6 package(s) per 90 day(s) mail; MP; PA
budesonide-formoterol fumarate dihydrate	2	Brand Required; 6 package(s) per 90 day(s) retail; 6 package(s) per 90 day(s) mail; MP; PA
COMBIVENT RESPIMAT AERS	1	QL(12 GM per 30 day(s) retail; 12 GM per 30 days mail)
DUAKLIR PRESSAIR	4	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); AL(At least 18 yrs old); PA
DULERA 100 MCG/ACT-5 MCG/ACT, 200 MCG/ACT-5 MCG/ACT	1	6 package(s) per 90 day(s) retail; 6 package(s) per 90 day(s) mail; MP

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
DULERA 50 MCG/ACT-5 MCG/ACT	4	QL(26 GM per 30 day(s) retail; 26 GM per 30 days mail); AL(At least 5 yrs old - Up to 11 yrs old); PA
fluticasone furoate-vilanterol	4	Brand Required; 1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; PA
fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	1	3 package(s) per 90 day(s) retail; 3 package(s) per 90 day(s) mail; MP
fluticasone-salmeterol AEPB 113 MCG/ACT-14 MCG/ACT, 232 MCG/ACT-14 MCG/ACT, 55 MCG/ACT-14 MCG/ACT	4	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); PA
fluticasone-salmeterol AERO	1	3 package(s) per 90 day(s) retail; 3 package(s) per 90 day(s) mail; MP
formoterol fumarate NEBU	1	QL(120 ML per 30 day(s) retail; 120 ML per 30 days mail); AL(At least 18 yrs old); PA
ipratropium-albuterol SOLN	1	QL(1620 ML per 90 day(s) retail; 1620 ML per 90 days mail); MP
isoproterenol hcl	1	
levalbuterol hcl	4	QL(288 ML per 30 day(s) retail; 288 ML per 30 days mail); PA
levalbuterol tartrate	1	Brand Required; QL(30 GM per 30 day(s) retail; 30 GM per 30 days mail); PA
PERFOROMIST NEBU *(formoterol fumarate)*	1	QL(120 ML per 30 day(s) retail; 120 ML per 30 days mail); AL(At least 18 yrs old); PA
PROAIR DIGIHALER	4	2 package(s) per 30 day(s) retail; 2 package(s) per 30 day(s) mail; AL(At least 4 yrs old); PA
PROAIR RESPICLICK AEPB	1	2 package(s) per 30 day(s) retail; 2 package(s) per 30 day(s) mail; AL(At least 4 yrs old)
S2 (RACEPINEPHRINE) 2.25 %	4	Requires EPSDT PA Review; AL(Up to 20 yrs old); PA
SEREVENT DISKUS	1	6 package(s) per 90 day(s) retail; 6 package(s) per 90 day(s) mail; AL(At least 12 yrs old); MP
STIOLTO RESPIMAT	4	QL(4 GM per 30 day(s) retail; 4 GM per 30 days mail); AL(At least 18 yrs old); PA
STRIVERDI RESPIMAT	1	QL(4 GM per 30 day(s) retail; 4 GM per 30 days mail); AL(At least 18 yrs old); PA

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
SYMBICORT *(budesonide-formoterol fumarate dihydrate)*	1	Brand Required; 6 package(s) per 90 day(s) retail; 6 package(s) per 90 day(s) mail; MP
terbutaline sulfate SOLN	1	
terbutaline sulfate TABS	1	QL(6 EA daily)
TRELEGY ELLIPTA	4	1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; AL(At least 18 yrs old); PA
umeclidinium-vilanterol	4	1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; AL(At least 18 yrs old); PA
VENTOLIN HFA AERS *(albuterol sulfate)*	1	2 package(s) per 30 day(s) retail; 2 package(s) per 30 day(s) mail
XOPENEX HFA *(levalbuterol tartrate)*	1	Brand Required; QL(30 GM per 30 day(s) retail; 30 GM per 30 days mail)
Xanthines		
AMINOPHYLLINE SOLN 25 MG/ML	1	
THEO-24 CP24	1	
theophylline ELIX	1	
theophylline SOLN	1	
theophylline TB12 300 MG, 450 MG	1	
theophylline TB24	1	
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
warfarin sodium TABS	1	
Direct Factor Xa Inhibitors		
ELIQUIS (1.5 MG PACK) TBSO PO	1	QL(336 EA per 28 day(s) retail; 336 EA per 28 days mail); AL(Up to 10 yrs old)
ELIQUIS (2 MG PACK) TBSO PO	1	QL(448 EA per 28 day(s) retail; 448 EA per 28 days mail); AL(Up to 10 yrs old)
ELIQUIS DVT/PE STARTER PACK TBPK	1	QL(74 EA per 30 day(s) retail; 74 EA per 30 days mail)
ELIQUIS CPSP PO 0.15 MG	1	QL(56 EA per 28 day(s) retail; 56 EA per 28 days mail); AL(Up to 10 yrs old)
ELIQUIS TABS 2.5 MG	1	QL(2 EA daily)
ELIQUIS TABS 5 MG	1	QL(74 EA per 30 day(s) retail; 74 EA per 30 days mail)
ELIQUIS TABS 5 MG	1	QL(60 EA per 30 day(s) retail; 60 EA per 30 days mail)
ELIQUIS TBSO PO 0.5 MG	1	QL(112 EA per 28 day(s) retail; 112 EA per 28 days mail); AL(Up to 10 yrs old)
rivaroxaban SUSR 1 MG/ML	1	Brand Required; QL(465 ML per 30 day(s) retail; 465 ML per 30 days mail); AL(Up to 10 yrs old); PA

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
rivaroxaban TABS 2.5 MG	1	Brand Required; QL(2 EA daily); PA
SAVAYSA	4	QL(1 EA daily); PA
XARELTO STARTER PACK TBPK	1	Brand Required; QL(51 EA per 30 day(s) retail; 51 EA per 30 days mail)
XARELTO SUSR 1 MG/ML *(rivaroxaban)*	1	Brand Required; QL(465 ML per 30 day(s) retail; 465 ML per 30 days mail); AL(Up to 10 yrs old)
XARELTO TABS 2.5 MG *(rivaroxaban)*	1	Brand Required; QL(2 EA daily)
XARELTO TABS 10 MG	1	Brand Required; QL(39 EA per 39 day(s) retail; 39 EA per 39 days mail)
XARELTO TABS 15 MG	1	Brand Required; QL(42 EA per 20 day(s) retail; 42 EA per 20 days mail)
XARELTO TABS 20 MG	1	Brand Required; QL(1 EA daily)
Heparins And Heparinoid-Like Agents		
ARIXTRA 2.5 MG/0.5ML *(fondaparinux sodium)*	1	QL(15 ML per 30 day(s) retail; 15 ML per 30 days mail)
ARIXTRA 5 MG/0.4ML *(fondaparinux sodium)*	1	QL(12 ML per 30 day(s) retail; 12 ML per 30 days mail)
ARIXTRA 10 MG/0.8ML *(fondaparinux sodium)*	1	QL(24 ML per 30 day(s) retail; 24 ML per 30 days mail)
ARIXTRA 7.5 MG/0.6ML *(fondaparinux sodium)*	1	QL(18 ML per 30 day(s) retail; 18 ML per 30 days mail)
enoxaparin sodium SOLN IJ 300 MG/3ML	1	
enoxaparin sodium SOSY 40 MG/0.4ML	1	QL(24 ML per 30 day(s) retail; 24 ML per 30 days mail)
enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML	1	QL(60 ML per 30 day(s) retail; 60 ML per 30 days mail)
enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML	1	QL(48 ML per 30 day(s) retail; 48 ML per 30 days mail)
enoxaparin sodium SOSY 30 MG/0.3ML	1	QL(18 ML per 30 day(s) retail; 18 ML per 30 days mail)
enoxaparin sodium SOSY 60 MG/0.6ML	1	QL(36 ML per 30 day(s) retail; 36 ML per 30 days mail)
fondaparinux sodium 2.5 MG/0.5ML	1	QL(15 ML per 30 day(s) retail; 15 ML per 30 days mail)
fondaparinux sodium 10 MG/0.8ML	1	QL(24 ML per 30 day(s) retail; 24 ML per 30 days mail)
fondaparinux sodium 7.5 MG/0.6ML	1	QL(18 ML per 30 day(s) retail; 18 ML per 30 days mail)
fondaparinux sodium 5 MG/0.4ML	1	QL(12 ML per 30 day(s) retail; 12 ML per 30 days mail)
FRAGMIN SOLN 10000 UNIT/4ML	1	QL(240 ML per 30 day(s) retail; 240 ML per 30 days mail)

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
FRAGMIN SOLN 95000 UNIT/3.8ML	1	QL(22.8 ML per 30 day(s) retail; 23 ML per 30 days mail)
FRAGMIN SOSY 12500 UNIT/0.5ML	1	QL(15 ML per 30 day(s) retail; 15 ML per 30 days mail)
FRAGMIN SOSY 15000 UNIT/0.6ML	1	QL(18 ML per 30 day(s) retail; 18 ML per 30 days mail)
FRAGMIN SOSY 18000 UNT/0.72ML	1	QL(21.6 ML per 30 day(s) retail; 22 ML per 30 days mail)
FRAGMIN SOSY 10000 UNIT/ML	1	QL(30 ML per 30 day(s) retail; 30 ML per 30 days mail)
FRAGMIN SOSY 7500 UNIT/0.3ML	1	QL(9 ML per 30 day(s) retail; 9 ML per 30 days mail)
FRAGMIN SOSY 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	1	QL(6 ML per 30 day(s) retail; 6 ML per 30 days mail)
HEPARIN (PORCINE) IN NACL SOLN IV 0.45 %-12500 UNIT/250ML, 0.45 %-25000 UNIT/250ML, 0.45 %-25000 UNIT/500ML, 0.9 %-1000 UNIT/500ML, 0.9 %-2000 UNIT/L *(heparin (porcine) in sodium chloride)*	1	
HEPARIN (PORCINE) IN NACL SOLN IV 0.45 %-12500 UNIT/250ML, 0.45 %-25000 UNIT/250ML, 0.45 %-25000 UNIT/500ML, 0.9 %-1000 UNIT/500ML, 0.9 %-2000 UNIT/L	1	
heparin (porcine) in sodium chloride SOLN IV 0.9 %-1000 UNIT/500ML, 0.9 %-2000 UNIT/L	1	
HEPARIN SOD (PORCINE) IN D5W	1	
HEPARIN SODIUM (PORCINE) PF SOLN IJ	1	
heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	1	
HEPARIN SODIUM (PORCINE) SOSY IJ	1	
LOVENOX SOLN IJ 300 MG/3ML *(enoxaparin sodium)*	1	PA
LOVENOX SOSY 60 MG/0.6ML *(enoxaparin sodium)*	1	QL(36 ML per 30 day(s) retail; 36 ML per 30 days mail); PA
LOVENOX SOSY 100 MG/ML, 150 MG/ML *(enoxaparin sodium)*	1	QL(60 ML per 30 day(s) retail; 60 ML per 30 days mail); PA
LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML *(enoxaparin sodium)*	1	QL(48 ML per 30 day(s) retail; 48 ML per 30 days mail); PA
LOVENOX SOSY 40 MG/0.4ML *(enoxaparin sodium)*	1	QL(24 ML per 30 day(s) retail; 24 ML per 30 days mail); PA
LOVENOX SOSY 30 MG/0.3ML *(enoxaparin sodium)*	1	QL(18 ML per 30 day(s) retail; 18 ML per 30 days mail); PA
In Vitro/Lock Anticoagulants		
DEFENCATH	4	QL(72 ML per 28 day(s) retail; 72 ML per 28 days mail); AL(At least 18 yrs old); PA
Thrombin Inhibitors		
argatroban	1	
ARGATROBAN *(argatroban)*	1	

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
ARGATROBAN	1	
ARGATROBAN IN SODIUM CHLORIDE	1	
bivalirudin trifluoroacetate SOLN	1	
bivalirudin trifluoroacetate SOLR	1	
dabigatran etexilate mesylate CAPS	4	Brand Required; QL(2 EA daily); PA
dabigatran etexilate mesylate CAPS 110 MG	1	Brand Required; QL(2 EA daily); PA
PRADAXA CAPS *(dabigatran etexilate mesylate)*	4	Brand Required; QL(2 EA daily); PA
PRADAXA PACK 20 MG, 150 MG	4	Brand Required; QL(60 EA per 30 day(s) retail; 60 EA per 30 days mail); AL(Up to 7 yrs old); PA
PRADAXA PACK 30 MG, 40 MG, 50 MG, 110 MG	4	Brand Required; QL(120 EA per 30 day(s) retail; 120 EA per 30 days mail); AL(Up to 7 yrs old); PA
ANTICONVULSANTS - Drugs to Treat Seizures		
AMPA Glutamate Receptor Antagonists		
FYCOMPA SUSP	1	QL(720 ML per 30 day(s) retail; 720 ML per 30 days mail)
FYCOMPA TABS	1	QL(1 EA daily)
FYCOMPA TABS 2 MG, 4 MG, 6 MG, 8 MG, 10 MG, 12 MG *(perampanel)*	1	QL(1 EA daily)
perampanel TABS 2 MG, 4 MG, 6 MG, 8 MG, 10 MG, 12 MG	1	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
Anticonvulsants - Benzodiazepines		
clobazam SUSP	1	QL(480 ML per 30 day(s) retail; 480 ML per 30 days mail)
clobazam TABS	1	QL(2 EA daily)
clonazepam TABS 2 MG	1	QL(2 EA daily)
clonazepam TABS 0.5 MG, 1 MG	1	QL(3 EA daily)
clonazepam TBDP 2 MG	1	QL(2 EA daily)
clonazepam TBDP 0.125 MG, 0.25 MG, 0.5 MG, 1 MG	1	QL(3 EA daily)
diazepam (anticonvulsant) GEL 10 MG, 20 MG	1	
KLONOPIN TABS 2 MG *(clonazepam)*	1	QL(2 EA daily); PA
KLONOPIN TABS 0.5 MG, 1 MG *(clonazepam)*	1	QL(3 EA daily); PA
LIBERVANT FILM	1	QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail); AL(At least 2 yrs old - Up to 5 yrs old)
NAYZILAM	1	QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail)
ONFI SUSP *(clobazam)*	1	QL(480 ML per 30 day(s) retail; 480 ML per 30 days mail); PA
ONFI TABS *(clobazam)*	1	QL(2 EA daily); PA
SYMPAZAN FILM	4	QL(60 EA per 30 day(s) retail; 60 EA per 30 days mail); AL(At least 2 yrs old - Up to 6 yrs old); PA

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
VALTOCO 10 MG DOSE LIQD	1	QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail)
VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML	1	QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail)
VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML	1	QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail)
VALTOCO 5 MG DOSE LIQD	1	QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail)
Anticonvulsants - Misc.		
APTIOM 200 MG, 400 MG *(eslicarbazepine acetate)*	4	QL(1 EA daily); PA
APTIOM 600 MG, 800 MG *(eslicarbazepine acetate)*	4	QL(2 EA daily); PA
BANZEL SUSP *(rufinamide)*	4	Brand Required; QL(2400 ML per 30 day(s) retail; 2400 ML per 30 days mail); PA
BANZEL TABS *(rufinamide)*	4	Brand Required; QL(8 EA daily); PA
BRIVIACT SOLN IV 50 MG/5ML	4	PA
BRIVIACT SOLN PO 10 MG/ML	4	AL(Up to 12 yrs old); PA
BRIVIACT TABS	4	QL(2 EA daily); PA
carbamazepine CHEW 200 MG	1	QL(8 EA daily); PA
carbamazepine CHEW 100 MG	1	QL(8 EA daily); MP
carbamazepine CP12	1	QL(5 EA daily); MP
carbamazepine SUSP	1	QL(50 ML daily); MP
carbamazepine TABS	1	QL(8 EA daily); MP

Drug Name	Drug Tier	Requirements/ Limits
carbamazepine TB12 100 MG, 200 MG	1	QL(3 EA daily); MP
carbamazepine TB12 400 MG	1	QL(4 EA daily); MP
CARBATROL CP12 *(carbamazepine)*	1	QL(5 EA daily); MP; PA
DIACOMIT CAPS	4	PA
DIACOMIT PACK	4	PA
ELEPSIA XR TB24	4	QL(2 EA daily); AL(At least 12 yrs old); PA
EPIDIOLEX	4	AL(At least 2 yrs old); PA
EPRONTIA SOLN 25 MG/ML *(topiramate)*	4	QL(473 ML per 29 day(s) retail; 473 ML per 29 days mail); AL(Up to 11 yrs old); PA
eslicarbazepine acetate 200 MG, 400 MG	4	QL(1 EA daily); PA
eslicarbazepine acetate 600 MG, 800 MG	4	QL(2 EA daily); PA
FINTEPLA	4	QL(360 ML per 30 day(s) retail; 360 ML per 30 days mail); AL(At least 2 yrs old); PA
gabapentin CAPS 400 MG	1	QL(3 EA daily); MP
gabapentin CAPS 300 MG	1	QL(10 EA daily); MP
gabapentin CAPS 100 MG	1	QL(5 EA daily); MP
gabapentin SOLN	1	QL(75 ML daily); MP
gabapentin TABS 600 MG, 800 MG	1	QL(6 EA daily); MP
GABARONE TABS 100 MG, 400 MG	1	
KEPPRA XR TB24 750 MG *(levetiracetam)*	1	QL(150 EA per 30 day(s) retail; 150 EA per 30 days mail); MP; PA

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
KEPPRA XR TB24 500 MG *(levetiracetam)*	1	QL(2 EA daily); MP; PA
KEPPRA SOLN IV 500 MG/5ML *(levetiracetam)*	1	PA
KEPPRA SOLN PO 100 MG/ML *(levetiracetam)*	1	QL(30 ML daily); MP; PA
KEPPRA TABS 500 MG, 750 MG *(levetiracetam)*	1	QL(4 EA daily); MP; PA
KEPPRA TABS 250 MG *(levetiracetam)*	1	QL(2 EA daily); MP; PA
KEPPRA TABS 1000 MG *(levetiracetam)*	1	QL(3 EA daily); MP; PA
lacosamide SOLN IV 200 MG/20ML	1	
lacosamide SOLN PO 10 MG/ML, 50 MG/5ML, 100 MG/10ML	1	QL(1200 ML per 30 day(s) retail; 1200 ML per 30 days mail)
lacosamide TABS	1	QL(2 EA daily)
LAMICTAL ODT KIT *(lamotrigine)*	1	PA
LAMICTAL ODT TBDP 50 MG *(lamotrigine)*	1	QL(2 EA daily); AL(Up to 11 yrs old); MP; PA
LAMICTAL ODT TBDP 25 MG, 100 MG, 200 MG *(lamotrigine)*	1	QL(3 EA daily); AL(Up to 11 yrs old); MP; PA
LAMICTAL STARTER KIT 25 MG *(lamotrigine)*	1	PA
LAMICTAL XR KIT	1	PA
LAMICTAL XR TB24 200 MG, 250 MG *(lamotrigine)*	1	QL(2 EA daily); MP; PA
LAMICTAL XR TB24 25 MG, 50 MG, 100 MG *(lamotrigine)*	1	QL(1 EA daily); MP; PA
LAMICTAL XR TB24 300 MG *(lamotrigine)*	1	QL(3 EA daily); MP; PA
LAMICTAL CHEW 5 MG *(lamotrigine)*	1	QL(8 EA daily); AL(Up to 11 yrs old); MP; PA
LAMICTAL CHEW 25 MG *(lamotrigine)*	1	QL(4 EA daily); AL(Up to 11 yrs old); MP; PA
LAMICTAL TABS 150 MG *(lamotrigine)*	1	QL(4 EA daily); MP; PA
LAMICTAL TABS 200 MG *(lamotrigine)*	1	QL(9 EA daily); MP; PA
LAMICTAL TABS 100 MG *(lamotrigine)*	1	QL(2 EA daily); MP; PA
LAMICTAL TABS 25 MG *(lamotrigine)*	1	QL(6 EA daily); MP; PA
lamotrigine CHEW 25 MG	1	QL(4 EA daily); AL(Up to 11 yrs old); MP
lamotrigine CHEW 5 MG	1	QL(8 EA daily); AL(Up to 11 yrs old); MP
lamotrigine KIT 25 MG	1	PA
lamotrigine TABS 200 MG	1	QL(9 EA daily); MP
lamotrigine TABS 25 MG	1	QL(6 EA daily); MP
lamotrigine TABS 150 MG	1	QL(4 EA daily); MP
lamotrigine TABS 100 MG	1	QL(2 EA daily); MP
lamotrigine TB24 25 MG, 50 MG, 100 MG	1	QL(1 EA daily); MP; PA
lamotrigine TB24 300 MG	1	QL(3 EA daily); MP; PA
lamotrigine TB24 200 MG, 250 MG	1	QL(2 EA daily); MP; PA
lamotrigine TBDP 25 MG, 100 MG, 200 MG	1	QL(3 EA daily); AL(Up to 11 yrs old)
lamotrigine TBDP 50 MG	1	QL(2 EA daily); AL(Up to 11 yrs old); MP
LEVETIRACETAM IN NACL *(levetiracetam in sodium chloride)*	1	
LEVETIRACETAM IN NACL	1	
levetiracetam in sodium chloride	1	
levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML	1	QL(30 ML daily); MP
levetiracetam SOLN IV 500 MG/5ML	1	

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
levetiracetam TABS 1000 MG	1	QL(3 EA daily); MP
levetiracetam TABS 500 MG, 750 MG	1	QL(4 EA daily); MP
levetiracetam TABS 250 MG	1	QL(2 EA daily); MP
levetiracetam TB24 750 MG	1	QL(150 EA per 30 day(s) retail; 450 EA per 90 days mail); MP
levetiracetam TB24 500 MG	1	QL(2 EA daily); MP
LEVETIRACETAM TB3D	4	QL(2 EA daily); PA
LYRICA CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG, 300 MG *(pregabalin)*	1	QL(3 EA daily); MP; PA
LYRICA CAPS 225 MG *(pregabalin)*	1	QL(2 EA daily); MP; PA
LYRICA SOLN *(pregabalin)*	1	QL(240 ML per 30 day(s) retail; 240 ML per 30 days mail); MP; PA
LYRICA SOLN *(pregabalin)*	1	QL(240 ML per 30 day(s) retail); MP; PA
MOTPOLY XR CP24 150 MG, 200 MG	4	QL(2 EA daily); PA
MOTPOLY XR CP24 100 MG	4	QL(1 EA daily); PA
MYSOLINE 250 MG *(primidone)*	4	PA
NEURONTIN CAPS 300 MG *(gabapentin)*	1	QL(10 EA daily); MP; PA
NEURONTIN CAPS 400 MG *(gabapentin)*	1	QL(3 EA daily); MP; PA
NEURONTIN CAPS 100 MG *(gabapentin)*	1	QL(5 EA daily); MP; PA
NEURONTIN SOLN *(gabapentin)*	1	QL(75 ML daily); MP; PA
NEURONTIN TABS *(gabapentin)*	1	QL(6 EA daily); MP; PA
oxcarbazepine SUSP	1	QL(40 ML daily); MP
oxcarbazepine TABS 150 MG, 300 MG	1	QL(3 EA daily); MP
oxcarbazepine TABS 600 MG	1	QL(6 EA daily); MP
oxcarbazepine TB24 600 MG	4	QL(4 EA daily); PA
oxcarbazepine TB24 150 MG, 300 MG	4	QL(1 EA daily); PA
OXTELLAR XR TB24 150 MG, 300 MG *(oxcarbazepine)*	4	QL(1 EA daily); PA
OXTELLAR XR TB24 600 MG *(oxcarbazepine)*	4	QL(4 EA daily); PA
pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG, 300 MG	1	QL(3 EA daily); MP
pregabalin CAPS 225 MG	1	QL(2 EA daily); MP
pregabalin SOLN	1	QL(240 ML per 30 day(s) retail; 720 ML per 90 days mail); MP
primidone 125 MG	1	QL(100 EA per 33 day(s) retail; 100 EA per 33 days mail); PA
primidone 50 MG	1	QL(4 EA daily)
primidone 250 MG	4	PA
primidone 250 MG	4	
QUDEXY XR CS24 150 MG, 200 MG *(topiramate)*	4	QL(2 EA daily); PA
QUDEXY XR CS24 25 MG, 50 MG, 100 MG *(topiramate)*	4	QL(1 EA daily); PA
rufinamide SUSP	4	Brand Required; QL(2400 ML per 30 day(s) retail; 2400 ML per 30 days mail); PA

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
rufinamide SUSP	1	Brand Required; QL(2400 ML per 30 day(s) retail; 2400 ML per 30 days mail); PA
rufinamide TABS	4	Brand Required; QL(8 EA daily); PA
SPRITAM TB3D	4	QL(2 EA daily); PA
SPRITAM TB3D	4	QL(2 EA daily); PA
TEGRETOL SUSP *(carbamazepine)*	1	QL(50 ML daily); MP; PA
TEGRETOL TABS *(carbamazepine)*	1	QL(8 EA daily); MP; PA
TEGRETOL-XR TB12 100 MG, 200 MG *(carbamazepine)*	1	QL(3 EA daily); MP; PA
TEGRETOL-XR TB12 400 MG *(carbamazepine)*	1	QL(4 EA daily); MP; PA
TOPAMAX SPRINKLE CPSP *(topiramate)*	1	QL(4 EA daily); AL(Up to 11 yrs old); MP; PA
TOPAMAX TABS 200 MG *(topiramate)*	1	QL(9 EA daily); MP; PA
TOPAMAX TABS 25 MG, 50 MG, 100 MG *(topiramate)*	1	QL(3 EA daily); MP; PA
topiramate CP24 25 MG, 50 MG, 100 MG	4	QL(1 EA daily); PA
topiramate CP24 200 MG	4	QL(2 EA daily); PA
topiramate CPSP 50 MG	1	QL(8 EA daily); AL(Up to 11 yrs old); PA
topiramate CPSP 15 MG, 25 MG	1	QL(4 EA daily); AL(Up to 11 yrs old); MP
topiramate CS24 150 MG, 200 MG	4	QL(2 EA daily); PA
topiramate CS24 25 MG, 50 MG, 100 MG	4	QL(1 EA daily); PA
topiramate SOLN 25 MG/ML	4	QL(473 ML per 29 day(s) retail; 473 ML per 29 days mail); AL(Up to 11 yrs old); PA
topiramate TABS 200 MG	1	QL(9 EA daily); MP
topiramate TABS 25 MG, 50 MG, 100 MG	1	QL(3 EA daily); MP
TRILEPTAL SUSP *(oxcarbazepine)*	1	QL(40 ML daily); MP; PA
TRILEPTAL TABS 600 MG *(oxcarbazepine)*	1	QL(6 EA daily); MP; PA
TRILEPTAL TABS 150 MG, 300 MG *(oxcarbazepine)*	1	QL(3 EA daily); MP; PA
TROKENDI XR CP24 200 MG *(topiramate)*	4	QL(2 EA daily); PA
TROKENDI XR CP24 25 MG, 50 MG, 100 MG *(topiramate)*	4	QL(1 EA daily); PA
VIMPAT SOLN IV 200 MG/20ML *(lacosamide)*	1	
VIMPAT SOLN PO 10 MG/ML *(lacosamide)*	1	QL(1200 ML per 30 day(s) retail; 1200 ML per 30 days mail); PA
VIMPAT TABS *(lacosamide)*	1	QL(2 EA daily)
ZONEGRAN CAPS 100 MG *(zonisamide)*	4	Requires EPSDT PA Review; QL(8 EA daily); AL(Up to 20 yrs old); MP; PA
ZONISADE SUSP	4	QL(900 ML per 30 day(s) retail; 900 ML per 30 days mail); PA
zonisamide CAPS 100 MG	1	QL(8 EA daily); MP
zonisamide CAPS 25 MG, 50 MG	1	QL(3 EA daily); MP

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
ZTALMY	4	QL(1100 ML per 30 day(s) retail; 1100 ML per 30 days mail); AL(At least 2 yrs old); PA
Carbamates		
felbamate SUSP	4	PA
felbamate TABS 600 MG	4	PA
felbamate TABS 400 MG	4	QL(8 EA daily); PA
FELBATOL SUSP *(felbamate)*	4	PA
FELBATOL TABS 600 MG *(felbamate)*	4	PA
FELBATOL TABS 400 MG *(felbamate)*	4	QL(8 EA daily); PA
XCOPRI (250 MG DAILY DOSE) TBPK	4	QL(56 EA per 28 day(s) retail; 56 EA per 28 days mail); PA
XCOPRI (350 MG DAILY DOSE) TBPK	4	QL(56 EA per 28 day(s) retail; 56 EA per 28 days mail); PA
XCOPRI TABS 25 MG, 50 MG, 100 MG	4	QL(1 EA daily); PA
XCOPRI TABS 150 MG, 200 MG	4	QL(2 EA daily); PA
XCOPRI TBPK	4	QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); PA
GABA Modulators		
SABRIL PACK *(vigabatrin)*	4	Brand Required; PA
SABRIL TABS *(vigabatrin)*	4	Brand Required; PA
tiagabine hcl	1	
vigabatrin PACK	4	Brand Required; PA
vigabatrin TABS	4	Brand Required; PA
VIGAFYDE SOLN	1	QL(30 ML daily); AL(Up to 2 yrs old); PA
Hydantoins		
CEREBYX *(fosphenytoin sodium)*	1	
DILANTIN *(phenytoin sodium extended)*	1	QL(6 EA daily); MP; PA
DILANTIN 30 MG	1	
DILANTIN INFATABS CHEW *(phenytoin)*	1	QL(6 EA daily); MP; PA
DILANTIN-125 SUSP *(phenytoin)*	1	QL(12 ML daily); MP; PA
fosphenytoin sodium	1	
phenytoin sodium extended 300 MG	1	QL(2 EA daily); MP; PA
phenytoin sodium extended 100 MG	1	QL(6 EA daily); MP
phenytoin sodium extended 200 MG	1	QL(3 EA daily); MP; PA
phenytoin sodium SOLN	1	
phenytoin CHEW	1	QL(6 EA daily); MP
phenytoin SUSP 125 MG/5ML	1	QL(12 ML daily); MP
Succinimides		
CELONTIN *(methsuximide)*	1	
ethosuximide CAPS	1	QL(6 EA daily)
ethosuximide SOLN	1	
methsuximide	1	
ZARONTIN CAPS *(ethosuximide)*	1	QL(6 EA daily); PA
ZARONTIN SOLN *(ethosuximide)*	1	PA
Valproic Acid		
DEPAKOTE ER TB24 250 MG *(divalproex sodium)*	1	QL(3 EA daily); MP; PA
DEPAKOTE ER TB24 500 MG *(divalproex sodium)*	1	QL(5 EA daily); MP; PA

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
DEPAKOTE SPRINKLES CSDR *(divalproex sodium)*	1	QL(12 EA daily); AL(Up to 11 yrs old); MP; PA
DEPAKOTE TBEC 125 MG, 250 MG *(divalproex sodium)*	1	QL(3 EA daily); MP; PA
DEPAKOTE TBEC 500 MG *(divalproex sodium)*	1	QL(9 EA daily); MP; PA
divalproex sodium CSDR	1	QL(12 EA daily); MP
divalproex sodium CSDR	1	QL(12 EA daily); AL(Up to 11 yrs old); MP
divalproex sodium TB24 500 MG	1	QL(5 EA daily); MP
divalproex sodium TB24 250 MG	1	QL(3 EA daily); MP
divalproex sodium TBEC 125 MG, 250 MG	1	QL(3 EA daily); MP
divalproex sodium TBEC 500 MG	1	QL(9 EA daily); MP
valproate sodium SOLN PO 250 MG/5ML, 500 MG/10ML	1	QL(34 ML daily); MP
valproate sodium SOLN IV 100 MG/ML, 500 MG/5ML	1	QL(1350 ML per 30 day(s) retail; 1350 ML per 30 days mail)
valproic acid CAPS	1	QL(7 EA daily); MP
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
mirtazapine TABS	1	QL(1 EA daily); MP
mirtazapine TBDP	1	QL(1 EA daily); MP
REMERON SOLTAB TBDP *(mirtazapine)*	1	QL(1 EA daily); MP; PA
REMERON TABS 15 MG, 30 MG *(mirtazapine)*	1	QL(1 EA daily); MP; PA
Antidepressant Combinations		
AUVELITY	4	QL(2 EA daily); PA
Antidepressants - Misc.		
bupropion hcl TABS	1	QL(3 EA daily)
bupropion hcl TB12	1	QL(2 EA daily); MP
bupropion hcl TB24 450 MG	4	QL(1 EA daily); PA
bupropion hcl TB24 150 MG, 300 MG	1	QL(1 EA daily); MP
FORFIVO XL TB24 *(bupropion hcl)*	4	QL(1 EA daily); PA
WELLBUTRIN SR TB12 *(bupropion hcl)*	1	QL(2 EA daily); MP; PA
GABA Receptor Modulator - Neuroactive Steroid		
ZULRESSO	1	Medical Benefit Only
ZURZUVAE 25 MG	4	QL(2 EA daily); AL(At least 18 yrs old); PA
ZURZUVAE 30 MG	4	QL(1 EA daily); AL(At least 18 yrs old); PA
Monoamine Oxidase Inhibitors (MAOIs)		
EMSAM	3	QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); ST
MARPLAN	4	PA
NARDIL *(phenelzine sulfate)*	3	ST; PA
phenelzine sulfate	3	ST
tranylcypromine sulfate	3	ST
N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists		
SPRAVATO (56 MG DOSE)	4	QL(8 EA per 28 day(s) retail; 8 EA per 28 days mail); AL(At least 18 yrs old); PA

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
SPRAVATO (84 MG DOSE)	4	QL(24 EA per 28 day(s) retail; 24 EA per 28 days mail); AL(At least 18 yrs old); PA
Selective Serotonin Reuptake Inhibitors (SSRIs)		
CELEXA TABS 10 MG, 20 MG *(citalopram hydrobromide)*	1	QL(1.5 EA daily); MP; PA
CELEXA TABS 40 MG *(citalopram hydrobromide)*	1	QL(1 EA daily); AL(Up to 59 yrs old); MP; PA
CITALOPRAM HYDROBROMIDE CAPS	4	QL(1 EA daily); AL(Up to 59 yrs old); PA
citalopram hydrobromide SOLN	1	
citalopram hydrobromide SOLN	4	PA
citalopram hydrobromide TABS 10 MG, 20 MG	1	QL(1.5 EA daily); MP
citalopram hydrobromide TABS 40 MG	1	QL(1 EA daily); AL(Up to 59 yrs old); MP
ESCITALOPRAM OXALATE CAPS PO 15 MG	4	QL(1 EA daily); PA
escitalopram oxalate SOLN	4	
escitalopram oxalate SOLN	1	
escitalopram oxalate TABS 5 MG, 20 MG	1	QL(2 EA daily); MP
escitalopram oxalate TABS 10 MG	1	QL(1.5 EA daily); MP
fluoxetine hcl CAPS 20 MG	1	QL(4 EA daily); MP
fluoxetine hcl CAPS 40 MG	1	QL(2 EA daily); MP
fluoxetine hcl CAPS 10 MG	1	QL(3 EA daily); MP
fluoxetine hcl CPDR	4	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); PA
fluoxetine hcl SOLN	1	
fluoxetine hcl SOLN	4	
fluoxetine hcl TABS 60 MG	4	QL(1 EA daily); PA
fluoxetine hcl TABS 10 MG, 20 MG	4	QL(45 EA per 30 day(s) retail; 45 EA per 30 days mail); PA
FLUOXETINE HCL TABS *(fluoxetine hcl)*	4	QL(1 EA daily); PA
fluvoxamine maleate CP24	4	QL(2 EA daily); PA
fluvoxamine maleate TABS 50 MG	1	QL(100 EA per 50 day(s) retail; 100 EA per 50 days mail)
fluvoxamine maleate TABS 25 MG	1	QL(1 EA daily); MP
fluvoxamine maleate TABS 100 MG	1	QL(3 EA daily)
LEXAPRO TABS 10 MG *(escitalopram oxalate)*	1	QL(1.5 EA daily); MP; PA
LEXAPRO TABS 5 MG, 20 MG *(escitalopram oxalate)*	1	QL(2 EA daily); MP; PA
paroxetine hcl SUSP	1	
paroxetine hcl TABS 20 MG	1	QL(1 EA daily); MP
paroxetine hcl TABS 30 MG	1	QL(2 EA daily); MP
paroxetine hcl TABS 10 MG, 40 MG	1	QL(1.5 EA daily); MP
paroxetine hcl TB24 25 MG	1	QL(2 EA daily); PA
paroxetine hcl TB24 12.5 MG, 37.5 MG	1	QL(1 EA daily); PA
PAXIL CR TB24 25 MG *(paroxetine hcl)*	1	QL(2 EA daily); PA
PAXIL CR TB24 12.5 MG, 37.5 MG *(paroxetine hcl)*	1	QL(1 EA daily); PA

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
PAXIL SUSP *(paroxetine hcl)*	1	
PAXIL TABS 20 MG *(paroxetine hcl)*	1	QL(1 EA daily); MP; PA
PAXIL TABS 30 MG *(paroxetine hcl)*	1	QL(2 EA daily); MP; PA
PAXIL TABS 10 MG, 40 MG *(paroxetine hcl)*	1	QL(1.5 EA daily); MP; PA
PROZAC CAPS 40 MG *(fluoxetine hcl)*	1	QL(2 EA daily); MP; PA
PROZAC CAPS 10 MG *(fluoxetine hcl)*	1	QL(3 EA daily); MP; PA
PROZAC CAPS 20 MG *(fluoxetine hcl)*	1	QL(4 EA daily); MP; PA
sertraline hcl CAPS 150 MG, 200 MG	4	QL(1 EA daily); PA
SERTRALINE HCL CAPS 150 MG, 200 MG *(sertraline hcl)*	4	QL(1 EA daily); PA
sertraline hcl CONC	1	QL(10 ML daily)
sertraline hcl TABS	1	QL(3 EA daily); MP
ZOLOFT CONC *(sertraline hcl)*	1	QL(10 ML daily); PA
ZOLOFT TABS *(sertraline hcl)*	1	QL(3 EA daily); MP; PA
Serotonin Modulators		
nefazodone hcl	3	ST
RALDESY SOLN PO 10 MG/ML	1	QL(15 ML daily); AL(At least 18 yrs old); PA
RALDESY SOLN PO 10 MG/ML	1	QL(40 ML daily); AL(At least 18 yrs old); PA
trazodone hcl TABS 300 MG	4	MP; PA
trazodone hcl TABS 50 MG, 100 MG, 150 MG	1	MP
TRINTELLIX	3	QL(1 EA daily); ST
VIIBRYD TABS *(vilazodone hcl)*	3	QL(1 EA daily); ST
vilazodone hcl TABS	3	QL(1 EA daily); ST
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
CYMBALTA CPEP *(duloxetine hcl)*	1	QL(2 EA daily); MP; PA
DESVENLAFAXINE ER	3	QL(1 EA daily)
desvenlafaxine succinate	2	QL(1 EA daily); ST; MP
DRIZALMA SPRINKLE CSDR	4	QL(1 EA daily); AL(Up to 10 yrs old); PA
duloxetine hcl CPEP 40 MG	1	QL(1 EA daily); PA
duloxetine hcl CPEP 20 MG, 30 MG, 60 MG	1	QL(2 EA daily); MP
EFFEXOR XR CP24 37.5 MG, 75 MG *(venlafaxine hcl)*	1	QL(1 EA daily); PA
EFFEXOR XR CP24 150 MG *(venlafaxine hcl)*	1	QL(2 EA daily); MP; PA
FETZIMA TITRATION C4PK	3	QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); ST
FETZIMA CP24	3	QL(1 EA daily); ST
PRISTIQ *(desvenlafaxine succinate)*	2	QL(1 EA daily); ST; MP; PA
VENLAFAXINE BESYLATE ER	4	QL(1 EA daily); PA
venlafaxine hcl CP24 150 MG	1	QL(2 EA daily); MP
venlafaxine hcl CP24 37.5 MG, 75 MG	1	QL(1 EA daily)
venlafaxine hcl TABS	1	QL(3 EA daily)
venlafaxine hcl TB24 150 MG	1	QL(2 EA daily)
venlafaxine hcl TB24 37.5 MG, 75 MG	1	QL(1 EA daily)

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
venlafaxine hcl TB24 225 MG	4	QL(1 EA daily); PA
Tricyclic Agents		
amitriptyline hcl TABS	1	
amoxapine	1	
ANAFRANIL *(clomipramine hcl)*	1	PA
clomipramine hcl	1	
desipramine hcl TABS	1	
doxepin hcl CAPS	1	
doxepin hcl CONC	1	
imipramine hcl TABS	1	
imipramine pamoate	1	
nortriptyline hcl CAPS	1	
nortriptyline hcl SOLN	4	Requires EPSDT PA Review; AL(Up to 20 yrs old); PA
PAMELOR CAPS *(nortriptyline hcl)*	1	PA
protriptyline hcl	1	
trimipramine maleate CAPS	1	
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Alpha-Glucosidase Inhibitors		
acarbose 25 MG, 100 MG	1	QL(6 EA daily); MP
acarbose 50 MG	1	QL(3 EA daily); MP
miglitol	3	ST
Antidiabetic - Amylin Analogs		
SYMLINPEN 120 SOPN	4	QL(10.8 ML per 30 day(s) retail; 11 ML per 30 days mail); AL(At least 15 yrs old); PA
SYMLINPEN 60 SOPN	4	QL(6 ML per 30 day(s) retail; 6 ML per 30 days mail); AL(At least 15 yrs old); PA
Antidiabetic Combinations		
ACTOPLUS MET TABS 850 MG-15 MG *(pioglitazone hcl-metformin hcl)*	3	ST; PA
alogliptin-metformin hcl	3	ST
alogliptin-pioglitazone 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG	3	ST
dapagliflozin propanediol-metformin hcl 1000 MG-10 MG	4	Brand Required; QL(1 EA daily); PA
dapagliflozin propanediol-metformin hcl 1000 MG-5 MG	4	Brand Required; QL(2 EA daily); PA
DUETACT *(pioglitazone hcl-glimepiride)*	3	ST
glipizide-metformin hcl 500 MG-2.5 MG, 500 MG-5 MG	1	QL(4 EA daily); MP
glipizide-metformin hcl 250 MG-2.5 MG	1	QL(8 EA daily); MP
glyburide-metformin 500 MG-2.5 MG, 500 MG-5 MG	1	QL(4 EA daily); MP
glyburide-metformin 250 MG-1.25 MG	1	QL(8 EA daily); MP
GLYXAMBI	1	QL(1 EA daily)
INVOKAMET XR TB24 1000 MG-150 MG, 1000 MG-50 MG	3	QL(2 EA daily)
INVOKAMET XR TB24 500 MG-150 MG, 500 MG-50 MG	3	QL(1 EA daily)
INVOKAMET TABS 1000 MG-50 MG, 500 MG-150 MG	3	QL(1 EA daily); ST; MP

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
INVOKAMET TABS 1000 MG-150 MG, 500 MG-50 MG	3	QL(2 EA daily); ST; MP
JANUMET XR TB24 1000 MG-100 MG, 500 MG-50 MG	2	QL(1 EA daily); ST; MP
JANUMET XR TB24 1000 MG-50 MG	2	QL(2 EA daily); ST; MP
JANUMET TABS	2	QL(2 EA daily); ST; MP
JENTADUETO XR TB24	2	QL(1 EA daily); ST; MP
JENTADUETO TABS	2	QL(2 EA daily); ST; MP
KAZANO *(alogliptin-metformin hcl)*	3	ST
KOMBIGLYZE XR 1000 MG-2.5 MG *(saxagliptin-metformin hcl)*	4	QL(2 EA daily); MP; PA
KOMBIGLYZE XR 1000 MG-5 MG, 500 MG-5 MG *(saxagliptin-metformin hcl)*	4	QL(1 EA daily); MP; PA
OSENI 30 MG-25 MG *(alogliptin-pioglitazone)*	3	ST
pioglitazone hcl-glimepiride	3	ST
pioglitazone hcl-metformin hcl TABS	3	ST
QTERN	4	QL(1 EA daily); PA
saxagliptin-metformin hcl 1000 MG-2.5 MG	4	QL(2 EA daily); MP; PA
saxagliptin-metformin hcl 1000 MG-5 MG, 500 MG-5 MG	4	QL(1 EA daily); MP; PA
SEGLUROMET	4	QL(2 EA daily); PA
SITAGLIPT BASE-METFORM HCL ER TB24	4	QL(2 EA daily); PA
SITAGLIPT BASE-METFORM HCL ER TB24	4	QL(1 EA daily); PA
SITAGLIPTIN BASE-METFORMIN HCL TABS	4	QL(2 EA daily); PA
SOLIQUA	4	QL(15 ML per 30 day(s) retail; 15 ML per 30 days mail); PA
STEGLUJAN	4	QL(1 EA daily); PA
SYNJARDY XR TB24 1000 MG-25 MG	2	QL(1 EA daily); ST; MP
SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-12.5 MG, 1000 MG-5 MG	2	QL(2 EA daily); ST; MP
SYNJARDY TABS	2	QL(2 EA daily); ST; MP
TRIJARDY XR 1000 MG-5 MG-10 MG, 1000 MG-5 MG-25 MG	1	QL(1 EA daily)
TRIJARDY XR 1000 MG-2.5 MG-12.5 MG, 1000 MG-2.5 MG-5 MG	1	QL(2 EA daily)
XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG, 500 MG-5 MG	2	Brand Required; QL(1 EA daily); ST; MP
XIGDUO XR *(dapagliflozin propanediol-metformin hcl)*	2	Brand Required; QL(2 EA daily); ST
XIGDUO XR *(dapagliflozin propanediol-metformin hcl)*	2	Brand Required; QL(1 EA daily); ST
XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG	2	Brand Required; QL(2 EA daily); ST
XULTOPHY	4	QL(15 ML per 30 day(s) retail; 15 ML per 30 days mail); PA
ZITUVIMET XR TB24 1000 MG-100 MG, 500 MG-50 MG	4	QL(1 EA daily); PA
ZITUVIMET XR TB24 1000 MG-50 MG	4	QL(2 EA daily); PA
ZITUVIMET TABS	4	QL(2 EA daily); PA
Antidiabetic-Antibodies		

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
TZIELD	4	QL(28 ML per 14 day(s) retail; 28 ML per 14 days mail); AL(At least 8 yrs old); PA
Biguanides		
GLUMETZA TB24 *(metformin hcl)*	4	QL(4 EA daily); PA
metformin hcl SOLN	4	PA
metformin hcl TABS 500 MG	1	QL(5 EA daily); MP
metformin hcl TABS 750 MG	4	QL(3 EA daily); PA
metformin hcl TABS 625 MG	4	QL(4 EA daily); PA
metformin hcl TABS 850 MG, 1000 MG	1	QL(3 EA daily); MP
metformin hcl TB24 750 MG	1	QL(3 EA daily); MP
metformin hcl TB24 500 MG, 1000 MG	4	QL(4 EA daily); PA
metformin hcl TB24 500 MG	1	QL(4 EA daily); MP
Diabetic Other		
BAQSIMI ONE PACK POWD	1	
BAQSIMI TWO PACK POWD	1	
diazoxide	1	
GLUCAGON EMERGENCY	1	
glucagon SOLR IJ 1 MG	1	
GVOKE HYPOPEN 2-PACK SOAJ	1	
GVOKE KIT SOLN	1	
GVOKE PFS SOSY 1 MG/0.2ML	1	
KORLYM *(mifepristone (hyperglycemia))*	4	QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); PA
mifepristone (hyperglycemia)	4	QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); PA
PROGLYCEM *(diazoxide)*	1	PA
ZEGALOGUE SOAJ	1	
ZEGALOGUE SOSY	1	
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
alogliptin benzoate	3	ST
BRYNOVIN SOLN PO 25 MG/ML	4	PA
JANUVIA 25 MG	2	QL(4 EA daily); ST; MP
JANUVIA 50 MG, 100 MG	2	QL(2 EA daily); ST; MP
NESINA 12.5 MG, 25 MG *(alogliptin benzoate)*	3	ST
ONGLYZA 2.5 MG *(saxagliptin hcl)*	4	QL(2 EA daily); MP; PA
ONGLYZA 5 MG *(saxagliptin hcl)*	4	QL(1 EA daily); MP; PA
saxagliptin hcl 2.5 MG	4	QL(2 EA daily); MP; PA
saxagliptin hcl 5 MG	4	QL(1 EA daily); MP; PA
SITAGLIPTIN	4	QL(1 EA daily); PA
TRADJENTA	2	QL(1 EA daily); ST; MP
ZITUVIO	4	QL(1 EA daily); PA
Dopamine Receptor Agonists - Antidiabetic		
CYCLOSET	3	QL(6 EA daily); ST
Incretin Mimetic Agents		
BYDUREON BCISE AUIJ	3	QL(3.4 ML per 28 day(s) retail; 3 ML per 28 days mail); ST; PA

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
BYETTA 10 MCG PEN SOPN 10 MCG/0.04ML *(exenatide)*	4	QL(2.4 ML per 30 day(s) retail; 2 ML per 30 days mail); PA
BYETTA 5 MCG PEN SOPN 5 MCG/0.02ML *(exenatide)*	4	QL(1.2 ML per 30 day(s) retail; 1 ML per 30 days mail); PA
exenatide SOPN 10 MCG/0.04ML	4	QL(7.2 ML per 90 day(s) retail; 7 ML per 90 days mail)
exenatide SOPN 5 MCG/0.02ML	4	QL(1.2 ML per 30 day(s) retail; 1 ML per 30 days mail)
liraglutide	4	Brand Required; QL(0.2 ML daily); PA
MOUNJARO	4	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); PA
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	3	QL(1.5 ML per 28 day(s) retail; 2 ML per 28 days mail); ST; PA
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	3	QL(3 ML per 28 day(s) retail; 3 ML per 28 days mail); ST
OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	3	QL(3 ML per 28 day(s) retail; 3 ML per 28 days mail); ST
OZEMPIC (2 MG/DOSE) SOPN	3	QL(3 ML per 28 day(s) retail; 3 ML per 28 days mail); ST
RYBELSUS TABS	3	QL(1 EA daily); ST; PA
TRULICITY	2	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); ST
VICTOZA *(liraglutide)*	2	Brand Required; QL(0.2 ML daily)
VICTOZA *(liraglutide)*	2	Brand Required; QL(0.3 ML daily)
Insulin		
ADMELOG SOLOSTAR SOPN	1	QL(135 ML per 90 day(s) retail; 135 ML per 90 days mail); MP; PA
ADMELOG SOLN IJ	1	QL(120 ML per 90 day(s) retail; 120 ML per 90 days mail); MP; PA
AFREZZA POWD 4 UNIT, 8 UNIT, 12 UNIT	4	AL(At least 18 yrs old); PA
APIDRA SOLOSTAR SOPN	1	QL(135 ML per 90 day(s) retail; 135 ML per 90 days mail); MP
APIDRA SOLN	1	QL(120 ML per 90 day(s) retail; 120 ML per 90 days mail); MP
BASAGLAR KWIKPEN SOPN	4	QL(135 ML per 90 day(s) retail; 135 ML per 90 days mail); MP; PA
FIASP FLEXTOUCH SOPN	4	QL(45 ML per 30 day(s) retail; 45 ML per 30 days mail); PA
FIASP PENFILL SOCT	4	QL(45 ML per 30 day(s) retail; 45 ML per 30 days mail); PA
FIASP PUMPCART SOCT	4	QL(40 ML per 30 day(s) retail; 40 ML per 30 days mail); PA

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
FIASP SOLN	4	QL(40 ML per 30 day(s) retail; 40 ML per 30 days mail); PA
HUMALOG JUNIOR KWIKPEN SOPN	1	QL(135 ML per 90 day(s) retail; 135 ML per 90 days mail); MP
HUMALOG KWIKPEN SOPN 200 UNIT/ML	4	QL(24 ML per 30 day(s) retail; 24 ML per 30 days mail); PA
HUMALOG KWIKPEN SOPN 100 UNIT/ML	1	QL(135 ML per 90 day(s) retail; 135 ML per 90 days mail); MP
HUMALOG MIX 50/50 KWIKPEN SUPN	1	QL(135 ML per 90 day(s) retail; 135 ML per 90 days mail); MP
HUMALOG MIX 75/25 KWIKPEN SUPN	1	QL(135 ML per 90 day(s) retail; 135 ML per 90 days mail); MP
HUMALOG MIX 75/25 SUSP	1	QL(120 ML per 90 day(s) retail; 120 ML per 90 days mail); MP
HUMALOG TEMPO PEN SOPN	1	QL(45 ML per 30 day(s) retail; 45 ML per 30 days mail)
HUMALOG SOCT	1	QL(135 ML per 90 day(s) retail; 135 ML per 90 days mail); MP
HUMALOG SOLN IJ	1	QL(120 ML per 90 day(s) retail; 120 ML per 90 days mail); MP
HUMULIN 70/30 KWIKPEN SUPN	1	QL(135 ML per 90 day(s) retail; 135 ML per 90 days mail); MP
HUMULIN 70/30 SUSP	1	QL(120 ML per 90 day(s) retail; 120 ML per 90 days mail); MP
HUMULIN N KWIKPEN SUPN	1	QL(135 ML per 90 day(s) retail; 135 ML per 90 days mail); MP
HUMULIN N SUSP	1	QL(120 ML per 90 day(s) retail; 120 ML per 90 days mail); MP
HUMULIN R U-500 (CONCENTRATED) SOLN SC	4	QL(40 ML per 30 day(s) retail; 40 ML per 30 days mail); PA
HUMULIN R U-500 KWIKPEN SOPN SC	1	QL(12 ML per 30 day(s) retail; 12 ML per 30 days mail)
HUMULIN R SOLN IJ	1	QL(120 ML per 90 day(s) retail; 120 ML per 90 days mail); MP
INSULIN ASP PROT & ASP FLEXPEN SUPN	1	QL(135 ML per 90 day(s) retail; 135 ML per 90 days mail); MP
INSULIN ASPART FLEXPEN SOPN	1	QL(135 ML per 90 day(s) retail; 135 ML per 90 days mail); MP
INSULIN ASPART PENFILL SOCT	1	QL(135 ML per 90 day(s) retail; 135 ML per 90 days mail); MP
INSULIN ASPART PROT & ASPART SUSP	1	QL(120 ML per 90 day(s) retail; 120 ML per 90 days mail); MP
INSULIN ASPART SOLN IJ	1	QL(120 ML per 90 day(s) retail; 120 ML per 90 days mail); MP
INSULIN DEGLUDEC FLEXTOUCH SOPN 200 UNIT/ML	4	Brand Required; QL(27 ML per 30 day(s) retail; 27 ML per 30 days mail); PA

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
INSULIN DEGLUDEC FLEXTOUCH SOPN 100 UNIT/ML	4	Brand Required; QL(45 ML per 30 day(s) retail; 45 ML per 30 days mail); PA
INSULIN DEGLUDEC SOLN	4	Brand Required; QL(40 ML per 30 day(s) retail; 40 ML per 30 days mail); PA
INSULIN GLARGINE MAX SOLOSTAR SOPN	4	Brand Required; QL(13.5 ML per 30 day(s) retail; 14 ML per 30 days mail); PA
INSULIN GLARGINE SOLOSTAR SOPN 300 UNIT/ML	4	Brand Required; QL(13.5 ML per 30 day(s) retail; 14 ML per 30 days mail); PA
INSULIN GLARGINE SOLOSTAR SOPN 100 UNIT/ML	1	QL(135 ML per 90 day(s) retail; 135 ML per 90 days mail); MP
INSULIN GLARGINE SOLN	1	QL(120 ML per 90 day(s) retail; 120 ML per 90 days mail); MP; PA
INSULIN GLARGINE-YFGN SOLN	1	QL(120 ML per 90 day(s) retail; 120 ML per 90 days mail); MP
INSULIN GLARGINE-YFGN SOPN	1	QL(135 ML per 90 day(s) retail; 135 ML per 90 days mail)
INSULIN LISPRO (1 UNIT DIAL) SOPN	1	QL(135 ML per 90 day(s) retail; 135 ML per 90 days mail); MP
INSULIN LISPRO JUNIOR KWIKPEN SOPN	1	QL(135 ML per 90 day(s) retail; 135 ML per 90 days mail); MP
INSULIN LISPRO PROT & LISPRO SUPN	1	QL(135 ML per 90 day(s) retail; 135 ML per 90 days mail); MP
INSULIN LISPRO SOLN IJ	1	QL(120 ML per 90 day(s) retail; 120 ML per 90 days mail); MP
KIRSTY SOLN IJ 100 UNIT/ML	4	QL(120 ML per 90 day(s) retail; 120 ML per 90 days mail)
KIRSTY SOPN SC 100 UNIT/ML	4	QL(135 ML per 90 day(s) retail; 135 ML per 90 days mail)
LANTUS SOLOSTAR SOPN	1	QL(135 ML per 90 day(s) retail; 135 ML per 90 days mail); MP
LANTUS SOLN	1	QL(120 ML per 90 day(s) retail; 120 ML per 90 days mail); MP
LEVEMIR FLEXPEN SOPN	1	QL(135 ML per 90 day(s) retail; 135 ML per 90 days mail); MP
LEVEMIR SOLN	1	QL(120 ML per 90 day(s) retail; 120 ML per 90 days mail); MP
LYUMJEV KWIKPEN SOPN 200 UNIT/ML	4	QL(24 ML per 30 day(s) retail; 24 ML per 30 days mail); PA
LYUMJEV KWIKPEN SOPN 100 UNIT/ML	4	QL(135 ML per 90 day(s) retail; 135 ML per 90 days mail); PA
LYUMJEV TEMPO PEN SOPN	4	QL(135 ML per 90 day(s) retail; 135 ML per 90 days mail); PA
LYUMJEV SOLN	4	QL(120 ML per 90 day(s) retail; 120 ML per 90 days mail); PA

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
MERILOG SOLOSTAR SOPN SC 100 UNIT/ML	1	QL(135 ML per 90 day(s) retail; 135 ML per 90 days mail); PA
MERILOG SOLN SC 100 UNIT/ML	1	QL(120 ML per 90 day(s) retail; 120 ML per 90 days mail); PA
MYXREDLIN	1	Medical Benefit Only
NOVOLIN 70/30 FLEXPEN RELION SUPN	1	QL(135 ML per 90 day(s) retail; 135 ML per 90 days mail); MP
NOVOLIN 70/30 FLEXPEN SUPN	1	QL(135 ML per 90 day(s) retail; 135 ML per 90 days mail); MP
NOVOLIN 70/30 RELION SUSP	1	QL(120 ML per 90 day(s) retail; 120 ML per 90 days mail); MP
NOVOLIN 70/30 SUSP	1	QL(120 ML per 90 day(s) retail; 120 ML per 90 days mail); MP
NOVOLIN N FLEXPEN RELION SUPN	1	QL(135 ML per 90 day(s) retail; 135 ML per 90 days mail); MP
NOVOLIN N FLEXPEN SUPN	1	QL(135 ML per 90 day(s) retail; 135 ML per 90 days mail); MP
NOVOLIN N RELION SUSP	1	QL(120 ML per 90 day(s) retail; 120 ML per 90 days mail); MP
NOVOLIN N SUSP	1	QL(120 ML per 90 day(s) retail; 120 ML per 90 days mail); MP
NOVOLIN R FLEXPEN RELION SOPN IJ	1	QL(45 ML per 30 day(s) retail; 45 ML per 30 days mail)
NOVOLIN R FLEXPEN SOPN IJ	1	QL(45 ML per 30 day(s) retail; 45 ML per 30 days mail)
NOVOLIN R RELION SOLN IJ	1	QL(120 ML per 90 day(s) retail; 120 ML per 90 days mail); MP
NOVOLIN R SOLN IJ	1	QL(120 ML per 90 day(s) retail; 120 ML per 90 days mail); MP
NOVOLOG 70/30 FLEXPEN RELION SUPN	1	QL(135 ML per 90 day(s) retail; 135 ML per 90 days mail); MP
NOVOLOG FLEXPEN RELION SOPN	1	QL(135 ML per 90 day(s) retail; 135 ML per 90 days mail); MP
NOVOLOG FLEXPEN SOPN	1	QL(135 ML per 90 day(s) retail; 135 ML per 90 days mail); MP
NOVOLOG MIX 70/30 FLEXPEN SUPN	1	QL(135 ML per 90 day(s) retail; 135 ML per 90 days mail); MP
NOVOLOG MIX 70/30 RELION SUSP	1	QL(120 ML per 90 day(s) retail; 120 ML per 90 days mail); MP
NOVOLOG MIX 70/30 SUSP	1	QL(120 ML per 90 day(s) retail; 120 ML per 90 days mail); MP
NOVOLOG PENFILL SOCT	1	QL(135 ML per 90 day(s) retail; 135 ML per 90 days mail); MP
NOVOLOG RELION SOLN IJ	1	QL(120 ML per 90 day(s) retail; 120 ML per 90 days mail); MP
NOVOLOG SOLN IJ	1	QL(120 ML per 90 day(s) retail; 120 ML per 90 days mail); MP
REZVOGLAR KWIKPEN	4	QL(45 ML per 30 day(s) retail; 45 ML per 30 days mail); PA

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
SEMGLEE (YFGN) SOLN	1	QL(120 ML per 90 day(s) retail; 120 ML per 90 days mail); MP; PA
SEMGLEE (YFGN) SOPN	1	QL(135 ML per 90 day(s) retail; 135 ML per 90 days mail); PA
TOUJEO MAX SOLOSTAR SOPN	4	Brand Required; QL(13.5 ML per 30 day(s) retail; 14 ML per 30 days mail); PA
TOUJEO SOLOSTAR SOPN	4	Brand Required; QL(13.5 ML per 30 day(s) retail; 14 ML per 30 days mail); PA
TRESIBA FLEXTOUCH SOPN 100 UNIT/ML	4	Brand Required; QL(45 ML per 30 day(s) retail; 45 ML per 30 days mail); PA
TRESIBA FLEXTOUCH SOPN 200 UNIT/ML	4	Brand Required; QL(27 ML per 30 day(s) retail; 27 ML per 30 days mail); PA
TRESIBA SOLN	4	Brand Required; QL(40 ML per 30 day(s) retail; 40 ML per 30 days mail); PA
Insulin Sensitizing Agents		
ACTOS 15 MG *(pioglitazone hcl)*	1	QL(3 EA daily); MP; PA
ACTOS 30 MG, 45 MG *(pioglitazone hcl)*	1	QL(1 EA daily); MP; PA
pioglitazone hcl 15 MG	1	QL(3 EA daily); MP
pioglitazone hcl 30 MG, 45 MG	1	QL(1 EA daily); MP
Meglitinide Analogues		
nateglinide	2	QL(3 EA daily); ST; MP
repaglinide	1	QL(8 EA daily); MP
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
dapagliflozin propanediol	4	Brand Required; QL(1 EA daily); MP; PA
FARXIGA *(dapagliflozin propanediol)*	1	Brand Required; QL(1 EA daily); MP
INVOKANA 100 MG	3	QL(1 EA daily); ST
INVOKANA 300 MG	3	QL(2 EA daily); ST
JARDIANCE 10 MG	1	QL(2 EA daily); MP
JARDIANCE 25 MG	1	QL(1 EA daily); MP
STEGLATRO	4	QL(1 EA daily); PA
Sulfonylureas		
glimepiride 1 MG	1	QL(8 EA daily); MP
glimepiride 2 MG	1	QL(4 EA daily); MP
glimepiride 4 MG	1	QL(2 EA daily); MP
glimepiride 3 MG	4	QL(1 EA daily); PA
glipizide TABS 10 MG	1	QL(4 EA daily); MP
glipizide TABS 5 MG	1	QL(8 EA daily); MP
glipizide TABS 2.5 MG	4	QL(1 EA daily); PA
glipizide TB24 10 MG	1	QL(2 EA daily); MP
glipizide TB24 2.5 MG	1	QL(8 EA daily); MP
glipizide TB24 5 MG	1	QL(4 EA daily); MP

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
GLUCOTROL XL TB24 5 MG *(glipizide)*	1	QL(4 EA daily); MP; PA
GLUCOTROL XL TB24 10 MG *(glipizide)*	1	QL(2 EA daily); MP; PA
glyburide micronized 1.5 MG	1	QL(8 EA daily); MP
glyburide micronized 6 MG	1	QL(2 EA daily); MP
glyburide micronized 3 MG	1	QL(4 EA daily); MP
glyburide TABS 1.25 MG, 2.5 MG	1	QL(8 EA daily); MP
glyburide TABS 5 MG	1	QL(4 EA daily); MP
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antidiarrheal - Chloride Channel Antagonists		
MYTESI	1	QL(2 EA daily); PA
Antiperistaltic Agents		
diphenoxylate w/ atropine LIQD	1	QL(400 ML per 12 day(s) retail; 400 ML per 12 days mail)
diphenoxylate w/ atropine TABS	1	QL(80 EA per 12 day(s) retail; 80 EA per 12 days mail)
LOMOTIL TABS *(diphenoxylate w/ atropine)*	1	QL(80 EA per 12 day(s) retail; 80 EA per 12 days mail); PA
loperamide hcl CAPS	1	QL(8 EA daily); RX/OTC
MOTOFEN	4	QL(16 EA per fill retail); AL(At least 3 yrs old); PA
opium tincture	1	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidote Combinations		
PREVDUO	1	Medical Benefit Only

Drug Name	Drug Tier	Requirements/ Limits
Antidotes - Chelating Agents		
CHEMET	1	
deferasirox PACK	4	PA
deferasirox TABS	4	AL(At least 3 yrs old); PA
deferasirox TBSO	1	AL(At least 3 yrs old)
deferiprone TABS	4	PA
EXJADE TBSO 125 MG, 500 MG *(deferasirox)*	1	AL(At least 3 yrs old)
EXJADE TBSO 250 MG *(deferasirox)*	1	AL(At least 3 yrs old); PA
FERRIPROX TWICE-A-DAY TABS	4	PA
FERRIPROX SOLN	4	PA
FERRIPROX TABS *(deferiprone)*	4	PA
JADENU SPRINKLE PACK *(deferasirox)*	4	PA
JADENU TABS *(deferasirox)*	4	AL(At least 3 yrs old); PA
Antidotes and Specific Antagonists		
ACETADOTE SOLN *(acetylcysteine (antidote))*	1	
acetylcysteine (antidote) SOLN	1	
ANDEXXA 200 MG	1	Medical Benefit Only
BRIDION SOLN	1	
deferoxamine mesylate	1	
DESFERAL 500 MG *(deferoxamine mesylate)*	1	
EDETATE CALCIUM DISODIUM SOLN	1	Medical Benefit Only
fomepizole 1.5 GM/1.5ML	1	
methylene blue (antidote) SOLN IV 50 MG/10ML	1	Medical Benefit Only
PRAXBIND	1	Medical Benefit Only

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
PROVAYBLUE SOLN IV *(methylene blue (antidote))*	1	Medical Benefit Only
Benzodiazepine Antagonists		
flumazenil	1	
Opioid Antagonists		
KLOXXADO LIQD	1	QL(2 EA per 30 day(s) retail; 2 EA per 30 days mail)
NALMEFENE HCL IJ	1	Medical Benefit Only
naloxone hcl LIQD	1	QL(2 EA per 30 day(s) retail; 2 EA per 30 days mail); RX/OTC
naloxone hcl SOCT	1	
naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML	1	
naloxone hcl SOSY 0.4 MG/ML	1	
naloxone hcl SOSY 2 MG/2ML	1	QL(4 ML per 30 day(s) retail; 4 ML per 30 days mail)
naltrexone hcl	1	
NARCAN LIQD *(naloxone hcl)*	1	QL(2 EA per 30 day(s) retail; 2 EA per 30 days mail); RX/OTC
OPVEE NA	1	QL(2 EA per 30 day(s) retail; 2 EA per 30 days mail); AL(At least 12 yrs old)
REXTOVY LIQD	1	QL(2 EA per 30 day(s) retail; 2 EA per 30 days mail)
VIVITROL	1	
ZIMHI SOSY	1	QL(1 ML per 30 day(s) retail; 1 ML per 30 days mail)
ZURNAI IJ 1.5 MG/0.5ML	1	QL(1 ML per 30 day(s) retail; 1 ML per 30 days mail); AL(At least 12 yrs old)
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
ANZEMET TABS 50 MG	4	QL(10 EA per fill retail); PA
granisetron hcl SOLN IV 1 MG/ML, 4 MG/4ML	4	PA
granisetron hcl TABS	1	QL(20 EA per 10 day(s) retail; 20 EA per 10 days mail); PA
ondansetron hcl SOLN PO 4 MG/5ML	1	QL(50 ML per 10 day(s) retail; 50 ML per 10 days mail)
ondansetron hcl SOLN IJ	1	
ondansetron hcl SOSY	1	
ondansetron hcl TABS 4 MG, 8 MG	1	QL(30 EA per 10 day(s) retail; 30 EA per 10 days mail)
ondansetron TBDP 16 MG	1	QL(1 EA daily); PA
ondansetron TBDP 4 MG, 8 MG	1	QL(30 EA per 10 day(s) retail; 30 EA per 10 days mail)
palonosetron hcl SOLN	1	QL(20 ML per 28 day(s) retail; 20 ML per 28 days mail)
palonosetron hcl SOSY	1	QL(20 ML per 28 day(s) retail; 20 ML per 28 days mail); PA
POSFREA SOLN	1	QL(20 ML per 28 day(s) retail; 20 ML per 28 days mail); PA

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
SANCUSO PTCH	4	QL(1 EA per 20 day(s) retail; 1 EA per 20 days mail); PA
SUSTOL PRSY	4	QL(0.4 ML per 7 day(s) retail); PA
Antiemetics - Anticholinergic		
DIMENHYDRINATE SOLN	1	
meclizine hcl TABS 12.5 MG, 25 MG, 50 MG	1	RX/OTC
scopolamine	1	QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail)
TIGAN SOLN	1	
TRANSDERM-SCOP *(scopolamine)*	1	QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail)
trimethobenzamide hcl CAPS	1	
Antiemetics - Antidopaminergic		
BARHEMSYS	4	Medical Benefit Only
Antiemetics - Miscellaneous		
AKYNZEO	1	QL(1 EA per 7 day(s) retail; 1 EA per 7 days mail); PA
AKYNZEO (READY-TO-USE) SOLN	4	QL(20 ML per 7 day(s) retail; 20 ML per 7 days mail); PA
AKYNZEO (TO-BE-DILUTED) SOLN	4	QL(20 ML per 7 day(s) retail; 20 ML per 7 days mail); PA
BONJESTA TBCR	4	QL(2 EA daily); AL(At least 10 yrs old - Up to 50 yrs old); PA
DICLEGIS TBEC *(doxylamine-pyridoxine)*	1	Brand Required; QL(4 EA daily); AL(At least 10 yrs old - Up to 50 yrs old)
doxylamine-pyridoxine TBEC	4	Brand Required; QL(4 EA daily); AL(At least 10 yrs old - Up to 50 yrs old); PA
dronabinol CAPS	4	QL(2 EA daily); PA
MARINOL CAPS 2.5 MG *(dronabinol)*	4	QL(2 EA daily); PA
SYNDROS SOLN	4	Requires EPSDT PA Review; AL(Up to 20 yrs old); PA
Substance P/Neurokinin 1 (NK1) Receptor Antagonists		
APONVIE EMUL	4	QL(4.4 ML per fill retail); PA
aprepitant CAPS	1	QL(1 EA daily); PA
aprepitant CAPS 80 MG	4	QL(1 EA daily); PA
CINVANTI EMUL	4	QL(18 ML per fill retail); PA
EMEND BIPACK CAPS 80 MG *(aprepitant)*	4	QL(1 EA daily); PA
EMEND TRIPACK CAPS *(aprepitant)*	1	QL(1 EA daily); PA
EMEND SOLR *(fosaprepitant dimeglumine)*	4	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); PA
EMEND SUSR	1	QL(1 EA daily); AL(Up to 6 yrs old); PA
FOCINVEZ SOLN	1	QL(50 ML per 21 day(s) retail; 50 ML per 21 days mail); PA

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
fosaprepitant dimeglumine SOLR	4	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); PA
fosaprepitant dimeglumine SOLR	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); PA
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungal - Glucan Synthesis Inhibitors		
BREXAFEMME	4	QL(4 EA per fill retail); AL(At least 10 yrs old); PA
CANCIDAS 70 MG *(caspofungin acetate)*	1	
caspofungin acetate	1	
CASPOFUNGIN ACETATE	1	
ERAXIS	1	
micafungin sodium	1	
MICAFUNGIN SODIUM	1	
MICAFUNGIN SODIUM-NACL 0.9 %-100 MG/100ML	1	QL(3000 ML per 30 day(s) retail; 3000 ML per 30 days mail)
MICAFUNGIN SODIUM-NACL 0.9 %-150 MG/150ML	1	QL(4500 ML per 30 day(s) retail; 4500 ML per 30 days mail)
MICAFUNGIN SODIUM-NACL 0.9 %-50 MG/50ML	1	QL(1500 ML per 30 day(s) retail; 1500 ML per 30 days mail)
MYCAMINE *(micafungin sodium)*	1	
REZZAYO	4	QL(5 EA per 28 day(s) retail; 5 EA per 28 days mail); AL(At least 18 yrs old); PA
Antifungals		
AMBISOME *(amphotericin b liposome)*	1	
amphotericin b IV	1	
amphotericin b liposome	1	
ANCOBON *(flucytosine)*	4	PA
flucytosine	4	PA
griseofulvin microsize SUSP	1	
griseofulvin microsize TABS	1	
griseofulvin ultramicrosize	1	
nystatin TABS	1	
terbinafine hcl TABS	1	
Imidazole-Related Antifungals		
CRESEMBA CAPS 74.5 MG	4	QL(140 EA per 28 day(s) retail; 140 EA per 28 days mail); AL(At least 18 yrs old); PA
CRESEMBA CAPS 186 MG	4	QL(68 EA per 30 day(s) retail; 68 EA per 30 days mail); AL(At least 18 yrs old); PA
CRESEMBA SOLR	4	AL(At least 18 yrs old); PA
DIFLUCAN SUSR 40 MG/ML *(fluconazole)*	1	PA
fluconazole in nacl 0.9 %-200 MG/100ML, 0.9 %-400 MG/200ML	1	
fluconazole SUSR	1	
fluconazole TABS 50 MG, 100 MG, 200 MG	1	
fluconazole TABS 150 MG	1	QL(7 EA per fill retail)
itraconazole CAPS	1	
itraconazole SOLN	1	
ketoconazole	4	AL(At least 3 yrs old); PA
MICONAZOLE	1	

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
NOXAFIL PACK	4	PA
NOXAFIL SOLN *(posaconazole)*	4	PA
NOXAFIL SUSP *(posaconazole)*	4	PA
NOXAFIL TBEC *(posaconazole)*	4	PA
posaconazole SOLN	4	PA
posaconazole SOLN	4	
posaconazole SUSP	4	PA
posaconazole TBEC	4	PA
posaconazole TBEC	4	
SPORANOX CAPS *(itraconazole)*	1	PA
TOLSURA CAPS	4	QL(4 EA daily); PA
VFEND IV SOLR *(voriconazole)*	1	Medical Benefit Only
VFEND SUSR *(voriconazole)*	1	PA
VFEND TABS 200 MG *(voriconazole)*	1	PA
VIVJOA	4	QL(18 EA per 84 day(s) retail; 18 EA per 84 days mail); AL(At least 18 yrs old); PA
voriconazole SOLR	1	Medical Benefit Only
VORICONAZOLE SOLR	1	Medical Benefit Only
voriconazole SUSR	1	
voriconazole TABS	1	
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Ethanolamines		
carbinoxamine maleate SOLN	1	
carbinoxamine maleate TABS 4 MG	4	Requires EPSDT PA Review; PA
clemastine fumarate SYRP	1	PA
clemastine fumarate TABS 2.68 MG	1	PA
CLEMSZA TABS 2.68 MG *(clemastine fumarate)*	1	PA
diphenhydramine hcl SOLN 50 MG/ML	1	
Antihistamines - Non-Sedating		
cetirizine hcl SOLN PO	1	AL(Up to 20 yrs old); RX/OTC
cetirizine hcl TABS	1	QL(1 EA daily); AL(Up to 20 yrs old); MP
CLARINEX TABS *(desloratadine)*	1	QL(1 EA daily); PA
desloratadine TABS	1	QL(1 EA daily); PA
desloratadine TBDP	1	QL(1 EA daily); AL(At least 6 yrs old - Up to 11 yrs old); PA
levocetirizine dihydrochloride SOLN	2	QL(150 ML per 30 day(s) retail; 150 ML per 30 days mail); AL(Up to 6 yrs old); ST; RX/OTC
levocetirizine dihydrochloride TABS	2	QL(1 EA daily); AL(Up to 20 yrs old); ST; RX/OTC
loratadine SOLN	1	AL(Up to 20 yrs old)
loratadine TABS	1	QL(1 EA daily); AL(Up to 20 yrs old); MP
loratadine TBDP 10 MG	1	QL(1 EA daily); AL(Up to 20 yrs old); MP
Antihistamines - Phenothiazines		
PHENERGAN SOLN IJ *(promethazine hcl)*	1	PA

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
PHENERGAN SOLN IJ 50 MG/ML *(promethazine hcl)*	1	
promethazine hcl SOLN PO 6.25 MG/5ML, 12.5 MG/10ML	1	
promethazine hcl SUPP	1	QL(4 EA daily)
promethazine hcl TABS	1	
Antihistamines - Piperidines		
cyproheptadine hcl SYRP	1	
cyproheptadine hcl TABS	1	
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol		
Adenosine Triphosphate-Citrate Lyase (ACL) Inhibitors		
NEXLETOL	4	QL(1 EA daily); PA
Angiopoietin-like Protein Inhibitors		
EVKEEZA	4	AL(At least 5 yrs old); PA
Antihyperlipidemics - Combinations		
ezetimibe-simvastatin	4	QL(1 EA daily); MP; PA
NEXLIZET	4	QL(1 EA daily); PA
VYTORIN *(ezetimibe-simvastatin)*	4	QL(1 EA daily); MP; PA
Antihyperlipidemics - Misc.		
icosapent ethyl 0.5 GM	4	QL(8 EA daily); PA
icosapent ethyl 1 GM	4	QL(4 EA daily); PA
omega-3-acid ethyl esters	1	QL(4 EA daily); MP
Bile Acid Sequestrants		
cholestyramine light PACK	1	QL(2 EA daily)
cholestyramine light POWD	1	
cholestyramine PACK	1	QL(2 EA daily)
cholestyramine POWD	1	
colesevelam hcl PACK	4	PA
colesevelam hcl TABS	1	
COLESTID GRAN *(colestipol hcl)*	1	
COLESTID GRAN *(colestipol hcl)*	1	PA
COLESTID TABS *(colestipol hcl)*	1	PA
colestipol hcl GRAN	1	
colestipol hcl PACK	1	
colestipol hcl TABS	1	
QUESTRAN LIGHT POWD *(cholestyramine light)*	1	PA
QUESTRAN PACK *(cholestyramine)*	1	QL(2 EA daily); PA
QUESTRAN POWD *(cholestyramine)*	1	PA
WELCHOL PACK *(colesevelam hcl)*	4	PA
WELCHOL TABS *(colesevelam hcl)*	1	PA
Fibric Acid Derivatives		
choline fenofibrate 45 MG	1	QL(2 EA daily)
choline fenofibrate 135 MG	2	ST
fenofibrate micronized 43 MG, 130 MG	2	ST
fenofibrate micronized 67 MG, 134 MG, 200 MG	1	
fenofibrate CAPS	2	ST
fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG	1	
fenofibrate TABS 40 MG, 120 MG	2	ST
gemfibrozil TABS	1	QL(2 EA daily); MP
LIPOFEN CAPS *(fenofibrate)*	2	ST

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
LOPID TABS *(gemfibrozil)*	1	QL(2 EA daily); MP; PA
TRICOR TABS *(fenofibrate)*	1	PA
HMG CoA Reductase Inhibitors		
ALTOPREV TB24 20 MG, 40 MG, 60 MG	4	PA
ATORVALIQ SUSP	4	QL(300 ML per 30 day(s) retail; 300 ML per 30 days mail); PA
atorvastatin calcium TABS 80 MG	1	QL(1 EA daily); MP
atorvastatin calcium TABS 10 MG, 20 MG, 40 MG	1	QL(2 EA daily); MP
EZALLOR SPRINKLE CPSP	4	QL(1 EA daily); PA
FLOLIPID SUSP	4	QL(5 ML daily); PA
fluvastatin sodium CAPS	1	PA
fluvastatin sodium TB24	4	PA
LESCOL XL TB24 *(fluvastatin sodium)*	4	PA
LIPITOR TABS 10 MG, 20 MG, 40 MG *(atorvastatin calcium)*	1	QL(2 EA daily); MP; PA
LIPITOR TABS 80 MG *(atorvastatin calcium)*	1	QL(1 EA daily); MP; PA
LIVALO *(pitavastatin calcium)*	4	PA
lovastatin TABS	1	QL(2 EA daily); MP
pitavastatin calcium	4	PA
pravastatin sodium 20 MG, 40 MG	1	QL(2 EA daily); MP
pravastatin sodium 10 MG	1	QL(3 EA daily); MP
pravastatin sodium 80 MG	1	QL(1 EA daily); MP
rosuvastatin calcium TABS	1	QL(1 EA daily); MP
simvastatin TABS 5 MG, 80 MG	1	
simvastatin TABS 40 MG	1	QL(1 EA daily); MP
simvastatin TABS 10 MG, 20 MG	1	QL(2 EA daily); MP
ZOCOR TABS 40 MG *(simvastatin)*	1	QL(1 EA daily); MP; PA
ZOCOR TABS 10 MG, 20 MG *(simvastatin)*	1	QL(2 EA daily); MP; PA
ZYPITAMAG 2 MG, 4 MG	4	QL(1 EA daily); PA
Intestinal Cholesterol Absorption Inhibitors		
ezetimibe	1	QL(1 EA daily)
ZETIA *(ezetimibe)*	1	QL(1 EA daily); PA
Microsomal Triglyceride Transfer Protein (MTP) Inhibitors		
JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG	4	QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); PA
Nicotinic Acid Derivatives		
niacin (antihyperlipidemic) TBCR 500 MG	1	QL(3 EA daily); MP
niacin (antihyperlipidemic) TBCR 750 MG, 1000 MG	1	QL(2 EA daily); MP
Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors		
LEQVIO	4	QL(1.5 ML per 180 day(s) retail; 2 ML per 180 days mail); AL(At least 18 yrs old); PA
PRALUENT SOAJ	4	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); PA
REPATHA PUSHTRONEX SYSTEM SOCT	4	QL(3.5 ML per 28 day(s) retail; 4 ML per 28 days mail); PA

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
REPATHA SURECLICK SOAJ	4	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); PA
REPATHA SOSY	4	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); PA
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
ACCUPRIL *(quinapril hcl)*	1	QL(2 EA daily); MP; PA
ALTACE CAPS 10 MG *(ramipril)*	1	QL(2 EA daily); MP; PA
benazepril hcl 10 MG	1	QL(3 EA daily); MP
benazepril hcl 5 MG	1	QL(6 EA daily); MP
benazepril hcl 20 MG, 40 MG	1	QL(2 EA daily); MP
captopril	2	ST
enalapril maleate SOLN	1	QL(5 ML daily); AL(Up to 6 yrs old)
enalapril maleate TABS 2.5 MG, 5 MG	1	QL(3 EA daily); MP
enalapril maleate TABS 10 MG, 20 MG	1	QL(2 EA daily); MP
enalaprilat SOLN	1	
EPANED SOLN *(enalapril maleate)*	1	QL(5 ML daily); AL(Up to 6 yrs old)
fosinopril sodium	1	MP
lisinopril TABS 2.5 MG, 5 MG	1	QL(6 EA daily); MP
lisinopril TABS 30 MG, 40 MG	1	QL(2 EA daily); MP
lisinopril TABS 20 MG	1	QL(4 EA daily); MP
lisinopril TABS 10 MG	1	QL(8 EA daily); MP
LOTENSIN 20 MG, 40 MG *(benazepril hcl)*	1	QL(2 EA daily); MP; PA
LOTENSIN 10 MG *(benazepril hcl)*	1	QL(3 EA daily); MP; PA
moexipril hcl	1	QL(4 EA daily); MP
perindopril erbumine	1	MP
QBRELIS SOLN	1	QL(5 ML daily); AL(Up to 6 yrs old)
quinapril hcl	1	QL(2 EA daily); MP
ramipril CAPS 1.25 MG, 2.5 MG	1	QL(3 EA daily); MP
ramipril CAPS 5 MG, 10 MG	1	QL(2 EA daily); MP
trandolapril	1	MP
ZESTRIL TABS 20 MG *(lisinopril)*	1	QL(4 EA daily); MP; PA
ZESTRIL TABS 30 MG, 40 MG *(lisinopril)*	1	QL(2 EA daily); MP; PA
ZESTRIL TABS 10 MG *(lisinopril)*	1	QL(8 EA daily); MP; PA
ZESTRIL TABS 2.5 MG, 5 MG *(lisinopril)*	1	QL(6 EA daily); MP; PA
Agents for Pheochromocytoma		
metyrosine	1	
phenoxybenzamine hcl	1	
phentolamine mesylate SOLR	1	
Angiotensin II Receptor Antagonists		
ARBLI PO 10 MG/ML	4	AL(At least 6 yrs old - Up to 10 yrs old); PA
ATACAND *(candesartan cilexetil)*	1	PA
AVAPRO 150 MG, 300 MG *(irbesartan)*	1	MP; PA
BENICAR 5 MG *(olmesartan medoxomil)*	1	QL(6 EA daily); MP; PA
BENICAR 40 MG *(olmesartan medoxomil)*	1	QL(2 EA daily); MP; PA
BENICAR 20 MG *(olmesartan medoxomil)*	1	QL(3 EA daily); MP; PA

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
candesartan cilexetil	1	
COZAAR 50 MG, 100 MG *(losartan potassium)*	1	QL(3 EA daily); MP; PA
COZAAR 25 MG *(losartan potassium)*	1	QL(4 EA daily); MP; PA
DIOVAN TABS *(valsartan)*	1	MP; PA
EDARBI	3	ST
irbesartan	1	MP
losartan potassium 25 MG	1	QL(4 EA daily); MP
losartan potassium 50 MG, 100 MG	1	QL(3 EA daily); MP
MICARDIS 40 MG *(telmisartan)*	1	QL(3 EA daily); MP; PA
MICARDIS 80 MG *(telmisartan)*	1	QL(2 EA daily); MP; PA
olmesartan medoxomil 20 MG	1	QL(3 EA daily); MP
olmesartan medoxomil 5 MG	1	QL(6 EA daily); MP
olmesartan medoxomil 40 MG	1	QL(2 EA daily); MP
telmisartan 80 MG	1	QL(2 EA daily); MP
telmisartan 20 MG	1	QL(5 EA daily); MP
telmisartan 40 MG	1	QL(3 EA daily); MP
valsartan SOLN	4	QL(360 ML per 36 day(s) retail; 360 ML per 36 days mail); AL(At least 6 yrs old - Up to 10 yrs old); PA
valsartan TABS	1	MP
Antiadrenergic Antihypertensives		
CARDURA 1 MG, 2 MG *(doxazosin mesylate)*	1	QL(7 EA daily); MP; PA
CARDURA 4 MG *(doxazosin mesylate)*	1	QL(4 EA daily); MP; PA
CARDURA 8 MG *(doxazosin mesylate)*	1	QL(2 EA daily); MP; PA
CLONIDINE HCL POWD	1	Medical Benefit Only; QL(1 GM per 30 day(s) retail; 1 GM per 30 days mail)
clonidine hcl TABS	1	QL(8 EA daily); MP
clonidine PTWK 0.1 MG/24HR	1	QL(4 EA per 28 day(s) retail; 12 EA per 84 days mail); MP
clonidine PTWK 0.2 MG/24HR, 0.3 MG/24HR	1	QL(8 EA per 28 day(s) retail; 24 EA per 84 days mail); MP
clonidine TB24	4	PA
doxazosin mesylate 8 MG	1	QL(2 EA daily); MP
doxazosin mesylate 1 MG, 2 MG	1	QL(7 EA daily); MP
doxazosin mesylate 4 MG	1	QL(4 EA daily); MP
guanfacine hcl	1	QL(4 EA daily)
methyldopa TABS	1	
NEXICLON XR TB24 *(clonidine)*	4	PA
prazosin hcl CAPS 2 MG	1	QL(5 EA daily); MP
prazosin hcl CAPS 5 MG	1	QL(8 EA daily); MP
prazosin hcl CAPS 1 MG	1	QL(6 EA daily); MP
terazosin hcl 5 MG	1	QL(3 EA daily); MP
terazosin hcl 2 MG	1	QL(4 EA daily); MP
terazosin hcl 1 MG	1	QL(19 EA daily); MP
terazosin hcl 10 MG	1	QL(18 EA daily); MP
TEZRULY PO 1 MG/ML	1	QL(20 ML daily); PA
Antihypertensive Combinations		
ACCURETIC 12.5 MG-10 MG, 12.5 MG-20 MG *(quinapril-hydrochlorothiazide)*	1	QL(2 EA daily); MP; PA

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
amlodipine besylate-benazepril hcl 10 MG-2.5 MG	1	QL(4 EA daily); MP
amlodipine besylate-benazepril hcl 40 MG-10 MG, 40 MG-5 MG	1	QL(1 EA daily); MP
amlodipine besylate-benazepril hcl 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG	1	QL(2 EA daily); MP
amlodipine besylate-olmesartan medoxomil	1	
amlodipine besylate-valsartan	1	QL(1 EA daily); MP
amlodipine-valsartan-hydrochlorothiazide	1	QL(1 EA daily); MP
ATACAND HCT *(candesartan cilexetil-hydrochlorothiazide)*	3	ST; PA
atenolol & chlorthalidone	1	QL(1 EA daily); MP
AVALIDE *(irbesartan-hydrochlorothiazide)*	1	MP; PA
AZOR *(amlodipine besylate-olmesartan medoxomil)*	1	PA
benazepril & hydrochlorothiazide	1	QL(2 EA daily); MP
BENICAR HCT *(olmesartan medoxomil-hydrochlorothiazide)*	1	QL(2 EA daily); MP; PA
bisoprolol & hydrochlorothiazide	1	QL(2 EA daily); MP
candesartan cilexetil-hydrochlorothiazide	3	ST
captopril & hydrochlorothiazide	2	
DIOVAN HCT *(valsartan-hydrochlorothiazide)*	1	MP; PA
EDARBYCLOR	3	ST
enalapril maleate & hydrochlorothiazide	1	QL(2 EA daily); MP
EXFORGE *(amlodipine besylate-valsartan)*	1	QL(1 EA daily); MP; PA
EXFORGE HCT 12.5 MG-10 MG-160 MG, 12.5 MG-5 MG-160 MG, 25 MG-10 MG-160 MG, 25 MG-10 MG-320 MG *(amlodipine-valsartan-hydrochlorothiazide)*	1	QL(1 EA daily); MP; PA
fosinopril sodium & hydrochlorothiazide	1	MP; PA
HYZAAR *(losartan potassium & hydrochlorothiazide)*	1	QL(2 EA daily); MP; PA
irbesartan-hydrochlorothiazide	1	MP
lisinopril & hydrochlorothiazide	1	QL(4 EA daily); MP
losartan potassium & hydrochlorothiazide	1	QL(2 EA daily); MP
LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG *(benazepril & hydrochlorothiazide)*	1	QL(2 EA daily); MP; PA
LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG *(amlodipine besylate-benazepril hcl)*	1	QL(2 EA daily); MP; PA
LOTREL 40 MG-10 MG *(amlodipine besylate-benazepril hcl)*	1	QL(1 EA daily); MP; PA
metoprolol & hydrochlorothiazide TABS 25 MG-50 MG, 50 MG-100 MG	1	QL(2 EA daily); MP
metoprolol & hydrochlorothiazide TABS 25 MG-100 MG	1	QL(1 EA daily); MP
MICARDIS HCT *(telmisartan-hydrochlorothiazide)*	2	ST; PA
olmesartan medoxomil-amlodipine-hydrochlorothiazide	2	ST
olmesartan medoxomil-hydrochlorothiazide	1	QL(2 EA daily); MP

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
quinapril-hydrochlorothiazide	1	QL(2 EA daily); MP
telmisartan-amlodipine	3	ST
telmisartan-hydrochlorothiazide	2	ST
TENORETIC 100 *(atenolol & chlorthalidone)*	1	QL(1 EA daily); MP; PA
TENORETIC 50 *(atenolol & chlorthalidone)*	1	QL(1 EA daily); MP; PA
trandolapril-verapamil hcl	2	ST
TRIBENZOR *(olmesartan medoxomil-amlodipine-hydrochlorothiazide)*	2	ST; PA
valsartan-hydrochlorothiazide	1	MP
ZESTORETIC *(lisinopril & hydrochlorothiazide)*	1	QL(4 EA daily); MP; PA
Direct Renin Inhibitors		
aliskiren fumarate	1	PA
TEKTURNA *(aliskiren fumarate)*	1	PA
Endothelin Receptor Antagonists		
TRYVIO	1	QL(1 EA daily); PA
Selective Aldosterone Receptor Antagonists (SARAs)		
eplerenone	1	
INSPRA *(eplerenone)*	1	PA
Vasodilators		
hydralazine hcl SOLN	1	
hydralazine hcl TABS 100 MG	1	QL(3 EA daily); MP
hydralazine hcl TABS 10 MG	1	QL(30 EA daily); MP
hydralazine hcl TABS 25 MG	1	QL(11 EA daily); MP
hydralazine hcl TABS 50 MG	1	QL(5 EA daily); MP
minoxidil 2.5 MG	1	QL(4 EA daily); MP
minoxidil 10 MG	1	QL(10 EA daily); MP
NIPRIDE RTU *(nitroprusside sodium-sodium chloride)*	1	Medical Benefit Only
nitroprusside sodium	1	
nitroprusside sodium-sodium chloride	1	Medical Benefit Only
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
AEMCOLO	4	QL(4 EA daily); PA
IMPAVIDO	4	Requires EPSDT PA Review; PA
LIKMEZ SUSP	1	QL(20 ML daily); AL(Up to 10 yrs old)
metronidazole CAPS	1	
metronidazole SOLN	1	
METRONIDAZOLE SOLN *(metronidazole)*	1	
metronidazole TABS 125 MG	1	PA
metronidazole TABS 250 MG, 500 MG	1	
NEBUPENT IN *(pentamidine isethionate)*	1	
PENTAM IJ *(pentamidine isethionate)*	1	
pentamidine isethionate IJ	1	
tinidazole	1	
trimethoprim TABS	1	
Anti-infective Misc. - Combinations		
BACTRIM DS TABS *(sulfamethoxazole-trimethoprim)*	1	PA
BACTRIM TABS *(sulfamethoxazole-trimethoprim)*	1	PA

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
sulfamethoxazole-trimethoprim SOLN	1	
sulfamethoxazole-trimethoprim SUSP	1	
sulfamethoxazole-trimethoprim TABS	1	
XACDURO	1	AL(At least 18 yrs old); PA
Antiprotozoal Agents		
ALINIA SUSR	4	Requires EPSDT PA Review; QL(60 ML per 3 day(s) retail; 60 ML per 3 days mail); AL(Up to 20 yrs old); PA
atovaquone	1	
LAMPIT 120 MG	4	QL(225 EA per 30 day(s) retail; 225 EA per 30 days mail); AL(Up to 17 yrs old); PA
LAMPIT 30 MG	4	QL(9 EA daily); AL(Up to 17 yrs old); PA
MEPRON *(atovaquone)*	1	PA
nitazoxanide TABS	4	QL(2 EA daily); PA
Carbapenems		
ertapenem sodium IJ	1	
imipenem-cilastatin IV	1	
meropenem	1	
meropenem 2 GM	1	PA
MEROPENEM 2 GM *(meropenem)*	1	PA
MEROPENEM-SODIUM CHLORIDE	1	
RECARBRIO	4	QL(56 EA per 14 day(s) retail; 56 EA per 14 days mail); PA
VABOMERE	4	QL(84 EA per 14 day(s) retail; 84 EA per 14 days mail); AL(At least 18 yrs old); PA
Chloramphenicols		
chloramphenicol sodium succinate	1	
Cyclic Lipopeptides		
daptomycin	1	
DAPTOMYCIN	1	
DAPTOMYCIN *(daptomycin)*	1	
DAPTOMYCIN-SODIUM CHLORIDE	1	
Glycopeptides		
DALVANCE	4	QL(3 EA per 7 day(s) retail; 3 EA per 7 days mail); PA
FIRVANQ SOLR PO 25 MG/ML *(vancomycin hcl)*	1	QL(300 ML per 7 day(s) retail; 300 ML per 7 days mail); 1 package(s) per 10 day(s) retail; 1 package(s) per 10 day(s) mail
FIRVANQ SOLR PO 50 MG/ML *(vancomycin hcl)*	1	QL(600 ML per 10 day(s) retail; 600 ML per 10 days mail); 1 package(s) per 10 day(s) retail; 1 package(s) per 10 day(s) mail

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
FIRVANQ SOLR PO *(vancomycin hcl)*	1	QL(150 ML per 10 day(s) retail; 150 ML per 10 days mail); 1 package(s) per 10 day(s) retail; 1 package(s) per 10 day(s) mail
KIMYRSA	4	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); PA
ORBACTIV	1	QL(3 EA per 30 day(s) retail; 3 EA per 30 days mail)
VANCOCIN CAPS *(vancomycin hcl)*	1	PA
VANCOMYCIN HCL IN DEXTROSE 1 GM/200ML-5 %, 1.25 GM/250ML-5 %, 1.5 GM/300ML-5 %, 500 MG/100ML-5 %, 750 MG/150ML-5 %	1	
VANCOMYCIN HCL IN NACL SOLN 1 GM/200ML-0.9 %, 500 MG/100ML-0.9 %, 750 MG/150ML-0.9 %	1	
vancomycin hcl CAPS	1	
VANCOMYCIN HCL SOLN IV	1	
vancomycin hcl SOLR IV 1 GM, 1.25 GM, 1.5 GM, 5 GM, 10 GM, 500 MG, 750 MG	1	
vancomycin hcl SOLR PO 25 MG/ML	1	QL(300 ML per 7 day(s) retail; 300 ML per 7 days mail); 1 package(s) per 10 day(s) retail; 1 package(s) per 10 day(s) mail
vancomycin hcl SOLR PO 50 MG/ML, 250 MG/5ML	1	QL(600 ML per 10 day(s) retail; 600 ML per 10 days mail); 1 package(s) per 10 day(s) retail; 1 package(s) per 10 day(s) mail
vancomycin hcl SOLR PO 25 MG/ML, 50 MG/ML, 250 MG/5ML	1	QL(150 ML per 10 day(s) retail; 150 ML per 10 days mail); 1 package(s) per 10 day(s) retail; 1 package(s) per 10 day(s) mail
vancomycin hcl SOLR PO 250 MG/5ML	1	QL(160 ML per 10 day(s) retail; 160 ML per 10 days mail); 1 package(s) per 10 day(s) retail; 1 package(s) per 10 day(s) mail
VANCOMYCIN HCL SOLR IV *(vancomycin hcl)*	1	
VANCOMYCIN HCL SOLR IV	1	
VIBATIV 750 MG	1	
Leprostatics		
dapsone	1	
Lincosamides		
CLEOCIN *(clindamycin palmitate hydrochloride)*	1	PA
CLEOCIN *(clindamycin hcl)*	1	PA
CLEOCIN PHOSPHATE SOLN IJ *(clindamycin phosphate)*	1	PA
CLEOCIN PHOSPHATE SOLN IJ	1	PA
clindamycin hcl	1	

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
clindamycin palmitate hydrochloride	1	
clindamycin phosphate in d5w	1	
CLINDAMYCIN PHOSPHATE IN NACL	1	
clindamycin phosphate SOLN IJ 300 MG/2ML, 600 MG/4ML, 900 MG/6ML	1	
LINCOCIN *(lincomycin hcl)*	1	
lincomycin hcl	1	
Monobactams		
AZACTAM *(aztreonam)*	1	
aztreonam	1	
CAYSTON	4	QL(84 ML per 55 day(s) retail; 84 ML per 55 days mail); PA
EMBLAVEO SOLR IV	1	QL(57 EA per 14 day(s) retail; 57 EA per 14 days mail); AL(At least 18 yrs old); PA
Oxazolidinones		
LINEZOLID IN SODIUM CHLORIDE	1	QL(8400 ML per 14 day(s) retail; 8400 ML per 14 days mail)
linezolid SOLN	1	QL(8400 ML per 14 day(s) retail; 8400 ML per 14 days mail)
linezolid SUSR	1	QL(150 ML per 10 day(s) retail; 150 ML per 10 days mail)
linezolid TABS	1	QL(28 EA per 14 day(s) retail; 28 EA per 14 days mail)
SIVEXTRO SOLR	4	QL(6 EA per fill retail); PA
SIVEXTRO TABS	4	QL(6 EA per fill retail); PA
ZYVOX SOLN	1	QL(2800 ML per 14 day(s) retail; 2800 ML per 14 days mail)
ZYVOX SOLN *(linezolid)*	1	QL(8400 ML per 14 day(s) retail; 8400 ML per 14 days mail)
ZYVOX SUSR *(linezolid)*	1	QL(150 ML per 10 day(s) retail; 150 ML per 10 days mail)
ZYVOX TABS *(linezolid)*	1	QL(28 EA per 14 day(s) retail; 28 EA per 14 days mail); PA
Penems		
ORLYNVAH TABS PO	4	AL(At least 18 yrs old); PA
Polymyxins		
colistimethate sodium	1	
COLY-MYCIN M *(colistimethate sodium)*	1	PA
polymyxin b sulfate SOLR	1	
Urinary Anti-infectives		
BLUJEPA TABS PO 750 MG	4	QL(20 EA per 5 day(s) retail; 20 EA per 5 days mail); AL(At least 12 yrs old); GL
fosfomycin tromethamine	1	
MACROBID *(nitrofurantoin monohyd macro)*	1	PA
methenamine hippurate	1	
methenamine mandelate	1	

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
nitrofurantoin	4	Requires EPSDT PA Review; PA
NITROFURANTOIN	4	QL(300 ML per 7 day(s) retail; 300 ML per 7 days mail); AL(Up to 10 yrs old); PA
nitrofurantoin macrocrystal	1	
nitrofurantoin monohyd macro	1	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
atovaquone-proguanil hcl	1	
COARTEM	1	
MALARONE *(atovaquone-proguanil hcl)*	1	PA
Antimalarials		
ARTESUNATE	1	Medical Benefit Only
chloroquine phosphate TABS	1	
hydroxychloroquine sulfate	1	
KRINTAFEL	1	QL(2 EA per fill retail); AL(At least 16 yrs old)
mefloquine hcl	1	
primaquine phosphate TABS	1	
PRIMAQUINE PHOSPHATE TABS *(primaquine phosphate)*	1	
pyrimethamine	4	QL(63 EA per 20 day(s) retail; 63 EA per 20 days mail); PA
QUALAQUIN CAPS *(quinine sulfate)*	4	PA
quinine sulfate CAPS 324 MG	4	PA
SOVUNA	1	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
BLOXIVERZ SOLN IV 10 MG/10ML *(neostigmine methylsulfate)*	1	
BLOXIVERZ SOSY	1	
FIRDAPSE	4	QL(8 EA daily); PA
NEOSTIGMINE METHYLSULFATE RFID SOLN IV 10 MG/10ML	1	
NEOSTIGMINE METHYLSULFATE RFID SOSY *(neostigmine methylsulfate)*	1	
neostigmine methylsulfate SOLN IV 5 MG/10ML, 10 MG/10ML	1	
NEOSTIGMINE METHYLSULFATE SOLN IV 5 MG/10ML, 10 MG/10ML	1	
neostigmine methylsulfate SOSY	1	
NEOSTIGMINE METHYLSULFATE SOSY *(neostigmine methylsulfate)*	1	
pyridostigmine bromide SOLN PO	1	
pyridostigmine bromide TABS 60 MG	1	
pyridostigmine bromide TABS 30 MG	4	PA
pyridostigmine bromide TBCR	1	
REGONOL SOLN IV	1	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat		

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
cycloserine	1	
ethambutol hcl TABS	1	
isoniazid SOLN	1	
isoniazid SYRP	1	
isoniazid TABS	1	
MYCOBUTIN *(rifabutin)*	1	PA
PRIFTIN	1	
pyrazinamide	1	
rifabutin	1	
RIFADIN SOLR *(rifampin)*	1	
rifampin CAPS	1	
rifampin SOLR	1	
SIRTURO 100 MG	1	QL(188 EA per 168 day(s) retail; 188 EA per 168 days mail); AL(At least 5 yrs old)
SIRTURO 20 MG	1	AL(At least 5 yrs old)
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
BELRAPZO SOLN	1	
BENDAMUSTINE HCL SOLN	1	
bendamustine hcl SOLR	1	
BENDEKA SOLN	1	
BICNU *(carmustine)*	1	
busulfan SOLN	1	
BUSULFEX SOLN *(busulfan)*	1	
carboplatin SOLN 50 MG/5ML, 150 MG/15ML, 450 MG/45ML, 600 MG/60ML	1	
carmustine	1	
cisplatin SOLN 50 MG/50ML, 100 MG/100ML, 200 MG/200ML	1	
CISPLATIN SOLR	1	
cyclophosphamide CAPS	1	
CYCLOPHOSPHAMIDE SOLN	1	
CYCLOPHOSPHAMIDE SOLN	1	
cyclophosphamide SOLR IJ	1	
CYCLOPHOSPHAMIDE TABS 50 MG	1	
EVOMELA IV	1	
FRINDOVYX SOLN	1	
GLEOSTINE 10 MG, 40 MG, 100 MG	4	Requires EPSDT PA Review; AL(Up to 20 yrs old); PA
GLIADEL WAFER	1	
GRAFAPEX SOLR IV 1 GM, 5 GM	1	Medical Benefit Only
IFEX SOLR	1	
IFEX SOLR *(ifosfamide)*	1	
ifosfamide SOLN	1	
ifosfamide SOLR	1	
IFOSFAMIDE SOLR	1	
IVRA IV 90 MG/ML	1	PA
KEMOPLAT SOLN	1	
KYXATA SOLN 80 MG/8ML, 500 MG/50ML	1	
melphalan hcl IV	1	
oxaliplatin SOLN 50 MG/10ML, 100 MG/20ML	1	
TEMODAR SOLR	1	
temozolomide CAPS	1	
TEPADINA *(thiotepa)*	1	
TEPADINA SOLR IV 200 MG/200ML	1	

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
TEPYLUTE IV 15 MG/1.5ML, 100 MG/10ML	1	
thiotepa	1	
TREANDA SOLR 25 MG *(bendamustine hcl)*	1	
TREANDA SOLR 100 MG *(bendamustine hcl)*	1	PA
VIVIMUSTA SOLN	1	
YONDELIS	1	Medical Benefit Only
ZEPZELCA	4	PA
Antimetabolites		
ALIMTA SOLR *(pemetrexed disodium)*	1	
ARRANON *(nelarabine)*	1	
AVGEMSI SOLN 1 GM/26.3ML, 2 GM/52.6ML	1	
AXTLE	4	PA
azacitidine SUSR	1	
capecitabine	1	
cladribine 10 MG/10ML	1	
clofarabine	1	
cytarabine SOLN	1	
decitabine	1	
fludarabine phosphate SOLN	1	
fludarabine phosphate SOLR	1	
fluorouracil	1	
FOLOTYN	4	PA
gemcitabine hcl SOLN	1	
GEMCITABINE HCL SOLN	1	
GEMCITABINE HCL SOLN *(gemcitabine hcl)*	1	
GEMCITABINE HCL SOLN	1	
gemcitabine hcl SOLR	1	
INLEXZO DEVI IS 225 MG	4	

Drug Name	Drug Tier	Requirements/ Limits
JYLAMVO SOLN PO	4	AL(At least 18 yrs old); PA
mercaptopurine SUSP 2000 MG/100ML	4	AL(Up to 10 yrs old)
mercaptopurine TABS	1	
methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML	1	
methotrexate sodium SOLR	1	
methotrexate sodium TABS 2.5 MG	1	
nelarabine	1	
ONUREG TABS	4	QL(14 EA per 28 day(s) retail; 14 EA per 28 days mail); AL(At least 18 yrs old); PA
PEMETREXED	4	PA
PEMETREXED DISODIUM SOLN 100 MG/4ML, 500 MG/20ML	1	PA
PEMETREXED DISODIUM SOLN 1 GM/40ML, 100 MG/4ML, 500 MG/20ML	1	
pemetrexed disodium SOLR	1	
PEMFEXY	4	PA
PEMRYDI RTU SOLN 500 MG/50ML	1	PA
PEMRYDI RTU SOLN 100 MG/10ML	4	PA
pralatrexate	4	PA
PURIXAN SUSP 2000 MG/100ML *(mercaptopurine)*	4	AL(Up to 10 yrs old); PA
TABLOID	4	Requires EPSDT PA Review; AL(Up to 18 yrs old); PA

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	1	
VIDAZA SUSR *(azacitidine)*	1	
XATMEP SOLN PO	1	AL(Up to 10 yrs old)
XELODA *(capecitabine)*	1	PA
Antineoplastic - Angiogenesis Inhibitors		
ALYMSYS	4	PA
AVASTIN	1	
CYRAMZA	4	PA
FRUZAQLA 5 MG	4	QL(21 EA per 28 day(s) retail; 21 EA per 28 days mail); PA
FRUZAQLA 1 MG	4	QL(3 EA daily); PA
INLYTA	1	
JOBEVNE SOLN IV 100 MG/4ML, 400 MG/16ML	4	
LENVIMA (10 MG DAILY DOSE)	4	QL(1 EA daily); PA
LENVIMA (12 MG DAILY DOSE)	4	QL(3 EA daily); PA
LENVIMA (14 MG DAILY DOSE)	4	QL(2 EA daily); PA
LENVIMA (18 MG DAILY DOSE)	4	QL(3 EA daily); PA
LENVIMA (20 MG DAILY DOSE)	4	QL(2 EA daily); PA
LENVIMA (24 MG DAILY DOSE)	4	QL(3 EA daily); PA
LENVIMA (4 MG DAILY DOSE)	4	QL(1 EA daily); PA
LENVIMA (8 MG DAILY DOSE)	4	QL(3 EA daily); PA
MVASI	1	
VEGZELMA	4	PA
ZALTRAP	1	
ZIRABEV	4	PA
Antineoplastic - Antibodies		
ADCETRIS	4	Medical Benefit Only
BAVENCIO	4	Medical Benefit Only
BESPONSA	4	Medical Benefit Only
BIZENGRI (750 MG DOSE)	1	Medical Benefit Only
BLINCYTO	4	PA
COLUMVI	4	Medical Benefit Only
DANYELZA	4	Medical Benefit Only
DARZALEX	4	Medical Benefit Only
ELAHERE	4	PA
ELREXFIO	4	Medical Benefit Only
EMPLICITI	4	Medical Benefit Only
EMRELIS SOLR IV 20 MG, 100 MG	1	PA
ENHERTU	4	PA
EPKINLY	4	Medical Benefit Only
GAZYVA	4	Medical Benefit Only
IMDELLTRA	1	Medical Benefit Only
IMFINZI	4	Medical Benefit Only
IMJUDO	4	Medical Benefit Only
JEMPERLI	4	PA
KADCYLA	4	Medical Benefit Only
KEYTRUDA	4	Medical Benefit Only
KIMMTRAK	4	Medical Benefit Only
LIBTAYO	4	QL(7 ML per 21 day(s) retail; 7 ML per 21 days mail); PA

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
LOQTORZI	4	QL(18 ML per 14 day(s) retail; 18 ML per 14 days mail); PA
LUNSUMIO	4	Medical Benefit Only
LYNOZYFIC SOLN IV 5 MG/2.5ML, 200 MG/10ML	4	Medical Benefit Only
MONJUVI	4	Medical Benefit Only
OPDIVO	4	Medical Benefit Only
PADCEV	4	PA
POLIVY	4	Medical Benefit Only
POTELIGEO	1	Medical Benefit Only
RIABNI	4	Medical Benefit Only
RITUXAN	4	Medical Benefit Only
RUXIENCE	4	Medical Benefit Only
RYBREVANT	4	Medical Benefit Only
SARCLISA	4	PA
TALVEY	4	Medical Benefit Only
TECENTRIQ	4	Medical Benefit Only
TECVAYLI	4	Medical Benefit Only
TEVIMBRA	4	PA
TIVDAK	4	QL(5 EA per 21 day(s) retail; 5 EA per 21 days mail); PA
TRUXIMA	4	Medical Benefit Only
UNITUXIN	1	QL(5 ML daily)
VYLOY	1	Medical Benefit Only
YERVOY	4	Medical Benefit Only
ZEVALIN Y-90	1	Medical Benefit Only
ZYNLONTA	4	PA
ZYNYZ	4	Medical Benefit Only
Antineoplastic - Anti-HER2 Agents		
HERCEPTIN 150 MG	4	PA
HERCESSI	4	PA
HERNEXEOS TABS PO 60 MG	1	QL(180 EA per 30 day(s) retail; 180 EA per 30 days mail); PA
HERZUMA	4	PA
KANJINTI	4	PA
MARGENZA	4	PA
OGIVRI	4	PA
ONTRUZANT	4	PA
PERJETA	4	Medical Benefit Only
TRAZIMERA	4	PA
TUKYSA 150 MG	4	QL(4 EA daily); PA
TUKYSA 50 MG	4	QL(2 EA daily); PA
ZIIHERA	1	PA
Antineoplastic - BCL-2 Inhibitors		
VENCLEXTA STARTING PACK TBPK	4	QL(42 EA per 28 day(s) retail; 42 EA per 28 days mail); PA
VENCLEXTA TABS 50 MG	4	QL(7 EA per fill retail); PA
VENCLEXTA TABS 100 MG	4	QL(4 EA daily); PA
VENCLEXTA TABS 10 MG	4	QL(14 EA per fill retail); PA
Antineoplastic - Cellular Immunotherapy		
ABECMA	4	Medical Benefit Only
AUCATZYL	4	Medical Benefit Only
BREYANZI	4	Medical Benefit Only
CARVYKTI	4	Medical Benefit Only

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
KYMRIAH	4	Medical Benefit Only
OMISIRGE	4	Medical Benefit Only
PROVENGE	4	Medical Benefit Only
TECARTUS	4	Medical Benefit Only
TECELRA	1	Medical Benefit Only
YESCARTA	4	Medical Benefit Only
Antineoplastic - EGFR Inhibitors		
ERBITUX	1	
erlotinib hcl	4	QL(1 EA daily); PA
gefitinib	1	QL(1 EA daily)
GILOTRIF	4	QL(1 EA daily); PA
IRESSA *(gefitinib)*	1	QL(1 EA daily)
LAZCLUZE 240 MG	1	QL(1 EA daily); PA
LAZCLUZE 80 MG	1	QL(2 EA daily); PA
PORTRAZZA	1	
TAGRISSO	4	QL(1 EA daily); PA
TARCEVA 100 MG *(erlotinib hcl)*	4	QL(1 EA daily); PA
VECTIBIX 100 MG/5ML, 400 MG/20ML	1	
VIZIMPRO	4	QL(1 EA daily); PA
Antineoplastic - Gene Therapy Agents		
ADSTILADRIN	4	QL(80 EA per 90 day(s) retail; 80 EA per 90 days mail); AL(At least 18 yrs old); PA
Antineoplastic - Hedgehog Pathway Inhibitors		
DAURISMO	4	QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); PA
ERIVEDGE	4	QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); PA
ODOMZO	4	QL(1 EA daily); PA
Antineoplastic - Hormonal and Related Agents		
abiraterone acetate 500 MG	4	QL(2 EA daily); PA
abiraterone acetate 250 MG	4	QL(4 EA daily); PA
AKEEGA	4	QL(2 EA daily); PA
anastrozole	1	
ARIMIDEX *(anastrozole)*	1	PA
AROMASIN *(exemestane)*	1	PA
bicalutamide	1	
CAMCEVI	4	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail); PA
CASODEX *(bicalutamide)*	1	PA
ELIGARD SC	1	AL(At least 18 yrs old)
ERLEADA 60 MG	4	QL(4 EA daily); PA
ERLEADA 240 MG	4	QL(1 EA daily); PA
exemestane	1	
FARESTON *(toremifene citrate)*	1	
FASLODEX SOSY *(fulvestrant)*	1	
FEMARA *(letrozole)*	1	PA
FIRMAGON 80 MG	1	
FIRMAGON (240 MG DOSE)	1	
fulvestrant SOSY	1	
INLURIYO TABS PO 200 MG	4	QL(56 EA per 28 day(s) retail; 56 EA per 28 days mail); PA

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
letrozole	1	
leuprolide acetate (3 month) INJ 22.5 MG	1	PA
leuprolide acetate KIT IJ 1 MG/0.2ML	1	PA
LUPRON DEPOT (1-MONTH) KIT IM 3.75 MG	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); PA
LUPRON DEPOT (1-MONTH) KIT IM 7.5 MG	1	QL(1 EA per 28 day(s) retail; 1 EA per 28 days mail)
LUPRON DEPOT (3-MONTH) KIT IM 22.5 MG	1	QL(1 EA per 84 day(s) retail; 1 EA per 84 days mail); AL(At least 18 yrs old)
LUPRON DEPOT (3-MONTH) KIT IM 11.25 MG	1	QL(1 EA per 84 day(s) retail; 1 EA per 84 days mail); PA
LUPRON DEPOT (4-MONTH) IM	1	QL(1 EA per 112 day(s) retail; 1 EA per 112 days mail); AL(At least 18 yrs old)
LUPRON DEPOT (6-MONTH) IM	3	QL(1 EA per 168 day(s) retail; 1 EA per 168 days mail); AL(At least 18 yrs old); PA
LUTRATE DEPOT INJ 22.5 MG	1	PA
LYSODREN	1	
megestrol acetate SUSP	1	
megestrol acetate TABS	1	
nilutamide	1	
NUBEQA	4	QL(4 EA daily); PA
ORGOVYX	4	QL(1 EA daily); PA
ORSERDU 86 MG	4	QL(3 EA daily); PA
ORSERDU 345 MG	4	QL(1 EA daily); PA
SOLTAMOX SOLN	4	QL(300 ML per 30 day(s) retail; 300 ML per 30 days mail); PA
tamoxifen citrate TABS	1	
toremifene citrate	1	
TRELSTAR MIXJECT	1	PA
XTANDI CAPS	4	QL(4 EA daily); PA
XTANDI TABS 80 MG	4	QL(2 EA daily); PA
XTANDI TABS 40 MG	4	QL(4 EA daily); PA
YONSA	4	QL(4 EA daily); PA
ZYTIGA 500 MG *(abiraterone acetate)*	4	QL(2 EA daily); PA
ZYTIGA 250 MG *(abiraterone acetate)*	4	QL(4 EA daily); PA
Antineoplastic - Hypoxia-Inducible Factor Inhibitors		
WELIREG	4	QL(3 EA daily); PA
Antineoplastic - Immunomodulators		
POMALYST	1	QL(21 EA per 28 day(s) retail; 21 EA per 28 days mail)
Antineoplastic - Menin Inhibitors		
REVUFORJ 25 MG	1	QL(8 EA daily); PA
REVUFORJ	1	QL(2 EA daily); PA
Antineoplastic - PDGFR-alpha Inhibitors		
AYVAKIT	4	QL(1 EA daily); PA
Antineoplastic - Protease Activators		
MODEYSO CAPS PO 125 MG	1	PA
Antineoplastic - XPO1 Inhibitors		

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
XPOVIO (100 MG ONCE WEEKLY) 50 MG	4	QL(8 EA per 28 day(s) retail; 8 EA per 28 days mail); PA
XPOVIO (40 MG ONCE WEEKLY) 40 MG	4	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); PA
XPOVIO (40 MG ONCE WEEKLY) 10 MG	4	QL(16 EA per 28 day(s) retail; 16 EA per 28 days mail); PA
XPOVIO (40 MG TWICE WEEKLY) 40 MG	4	QL(8 EA per 28 day(s) retail; 8 EA per 28 days mail); PA
XPOVIO (60 MG ONCE WEEKLY) 60 MG	4	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); PA
XPOVIO (60 MG TWICE WEEKLY)	4	QL(24 EA per 28 day(s) retail; 24 EA per 28 days mail); PA
XPOVIO (80 MG ONCE WEEKLY) 40 MG	4	QL(8 EA per 28 day(s) retail; 8 EA per 28 days mail); PA
XPOVIO (80 MG TWICE WEEKLY)	4	QL(32 EA per 28 day(s) retail; 32 EA per 28 days mail); PA
Antineoplastic Antibiotics		
bleomycin sulfate	1	
dactinomycin	1	
daunorubicin hcl SOLN	1	
DAUNORUBICIN HCL SOLN *(daunorubicin hcl)*	1	
DOXIL SUSP *(doxorubicin hcl liposomal)*	1	
doxorubicin hcl liposomal SUSP	1	
doxorubicin hcl SOLN	1	
DOXORUBICIN HCL SOLN *(doxorubicin hcl)*	1	
doxorubicin hcl SOLR 10 MG, 50 MG	1	
ELLENCE SOLN	1	
IDAMYCIN PFS *(idarubicin hcl)*	1	
idarubicin hcl	1	
JELMYTO SOLR UL	4	Medical Benefit Only
mitomycin SOLR IV	1	
mitoxantrone hcl 20 MG/10ML, 25 MG/12.5ML, 30 MG/15ML	1	
valrubicin	1	
VALSTAR *(valrubicin)*	1	
ZUSDURI SOLR IS	1	Medical Benefit Only
Antineoplastic Combinations		
AVMAPKI FAKZYNJA CO-PACK THPK PO	1	QL(66 EA per 28 day(s) retail; 66 EA per 28 days mail); PA
DARZALEX FASPRO	1	Medical Benefit Only
HERCEPTIN HYLECTA	1	QL(5 ML per 21 day(s) retail; 5 ML per 21 days mail); PA
INQOVI	4	QL(5 EA per 28 day(s) retail; 5 EA per 28 days mail); AL(At least 18 yrs old); PA
KEYTRUDA QLEX SOLN SC	1	Medical Benefit Only
KISQALI FEMARA (200 MG DOSE)	4	QL(49 EA per 28 day(s) retail; 49 EA per 28 days mail); PA
KISQALI FEMARA (400 MG DOSE)	4	QL(70 EA per 28 day(s) retail; 70 EA per 28 days mail); PA

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
KISQALI FEMARA (600 MG DOSE)	4	QL(91 EA per 28 day(s) retail; 91 EA per 28 days mail); PA
LONSURF	4	PA
OPDIVO QVANTIG	1	Medical Benefit Only
OPDUALAG	4	Medical Benefit Only
PHESGO 40 MG/ML-80 MG/ML-2000 UNIT/ML	4	QL(15 ML per 42 day(s) retail; 15 ML per 42 days mail); PA
PHESGO 60 MG/ML-60 MG/ML-2000 UNIT/ML	4	QL(10 ML per 21 day(s) retail; 10 ML per 21 days mail); PA
RITUXAN HYCELA	1	Medical Benefit Only
TECENTRIQ HYBREZA	4	Medical Benefit Only
VYXEOS	1	Medical Benefit Only
Antineoplastic Enzyme Inhibitors		
AFINITOR DISPERZ TBSO *(everolimus)*	4	QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); PA
AFINITOR TABS *(everolimus)*	4	QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); PA
ALECENSA	4	QL(8 EA daily); PA
ALUNBRIG TABS 180 MG	4	QL(1 EA daily); PA
ALUNBRIG TABS 30 MG, 90 MG	4	QL(2 EA daily); PA
ALUNBRIG TBPK	4	QL(1 EA daily); PA
AUGTYRO 160 MG	4	QL(2 EA daily); PA
AUGTYRO 160 MG	4	QL(14 EA per 14 day(s) retail; 14 EA per 14 days mail); PA
AUGTYRO 40 MG	4	QL(8 EA daily); PA
BALVERSA 4 MG	4	QL(56 EA per 28 day(s) retail; 56 EA per 28 days mail); PA
BALVERSA 5 MG	4	QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); PA
BALVERSA 3 MG	4	QL(84 EA per 28 day(s) retail; 84 EA per 28 days mail); PA
BELEODAQ	4	PA
BORTEZOMIB SOLN IV	1	
bortezomib SOLR IJ	1	
BORTEZOMIB SOLR IJ 1 MG, 2.5 MG	1	
BORUZU SOLN IJ	4	PA
BOSULIF CAPS 100 MG	4	QL(5 EA daily); PA
BOSULIF CAPS 50 MG	4	QL(1 EA daily); PA
BOSULIF TABS	4	QL(1 EA daily); PA
BRAFTOVI 75 MG	4	QL(6 EA daily); PA
BRUKINSA	4	QL(4 EA daily); PA
BRUKINSA PO 160 MG	4	QL(2 EA daily)
CABOMETYX TABS	4	QL(1 EA daily); PA
CALQUENCE	1	QL(2 EA daily); PA
CAPRELSA	1	
COMETRIQ (100 MG DAILY DOSE) KIT	1	QL(56 EA per 28 day(s) retail; 56 EA per 28 days mail)
COMETRIQ (140 MG DAILY DOSE) KIT	1	QL(112 EA per 28 day(s) retail; 112 EA per 28 days mail)
COMETRIQ (60 MG DAILY DOSE) KIT	1	QL(84 EA per 28 day(s) retail; 84 EA per 28 days mail)

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
COPIKTRA	4	QL(56 EA per 28 day(s) retail; 56 EA per 28 days mail); PA
COTELLIC	4	QL(63 EA per 20 day(s) retail; 63 EA per 20 days mail); PA
DANZITEN	4	QL(112 EA per 28 day(s) retail; 112 EA per 28 days mail); PA
dasatinib 20 MG, 50 MG	4	QL(2 EA daily); PA
dasatinib 70 MG, 80 MG, 100 MG, 140 MG	4	QL(1 EA daily); PA
everolimus TABS	4	QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); PA
everolimus TBSO	4	QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); PA
FOTIVDA	4	QL(21 EA per 28 day(s) retail; 21 EA per 28 days mail); PA
FYARRO	1	AL(At least 18 yrs old); PA
GAVRETO	4	QL(4 EA daily); AL(At least 18 yrs old); PA
GAVRETO	4	QL(4 EA daily); AL(At least 18 yrs old); PA
GLEEVEC TABS 400 MG *(imatinib mesylate)*	1	QL(2 EA daily); PA
GLEEVEC TABS 100 MG *(imatinib mesylate)*	1	QL(3 EA daily); PA
GOMEKLI CAPS PO 1 MG	1	QL(126 EA per 28 day(s) retail; 126 EA per 28 days mail); AL(At least 2 yrs old); PA
GOMEKLI CAPS PO 2 MG	1	QL(84 EA per 28 day(s) retail; 84 EA per 28 days mail); AL(At least 2 yrs old); PA
GOMEKLI TBSO PO 1 MG	1	QL(168 EA per 28 day(s) retail; 168 EA per 28 days mail); AL(At least 2 yrs old); PA
IBRANCE CAPS	4	QL(21 EA per 20 day(s) retail; 21 EA per 20 days mail); PA
IBRANCE TABS	4	QL(21 EA per 20 day(s) retail; 21 EA per 20 days mail); PA
IBTROZI CAPS PO 200 MG	4	QL(90 EA per 30 day(s) retail; 90 EA per 30 days mail)
ICLUSIG 10 MG, 30 MG, 45 MG	4	QL(1 EA daily); PA
ICLUSIG 15 MG	4	QL(2 EA daily); PA
IDHIFA	4	QL(1 EA daily); PA
imatinib mesylate TABS 100 MG	1	QL(3 EA daily)
imatinib mesylate TABS 400 MG	1	QL(2 EA daily)
IMBRUVICA CAPS 140 MG	4	QL(4 EA daily); PA
IMBRUVICA CAPS 70 MG	4	QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); PA
IMBRUVICA SUSP	4	QL(216 ML per 35 day(s) retail; 216 ML per 35 days mail); AL(Up to 10 yrs old); PA

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
IMBRUVICA TABS	4	QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); PA
IMKELDI SOLN	1	QL(280 ML per 28 day(s) retail; 280 ML per 28 days mail); PA
INREBIC	4	QL(4 EA daily); PA
ISTODAX SOLR *(romidepsin)*	4	PA
ITOVEBI 9 MG	1	QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); PA
ITOVEBI 3 MG	1	QL(56 EA per 28 day(s) retail; 56 EA per 28 days mail); PA
JAKAFI	4	QL(2 EA daily); PA
JAYPIRCA 100 MG	4	QL(2 EA daily); PA
JAYPIRCA 50 MG	4	QL(1 EA daily); PA
KISQALI (200 MG DOSE)	4	QL(21 EA per 20 day(s) retail; 21 EA per 20 days mail); PA
KISQALI (400 MG DOSE)	4	QL(42 EA per 20 day(s) retail; 42 EA per 20 days mail); PA
KISQALI (600 MG DOSE)	4	QL(63 EA per 20 day(s) retail; 63 EA per 20 days mail); PA
KOSELUGO PO 5 MG	4	QL(600 EA per 30 day(s) retail; 600 EA per 30 days mail)
KOSELUGO 10 MG	4	QL(10 EA daily); AL(At least 2 yrs old); PA
KOSELUGO PO 7.5 MG	4	QL(360 EA per 30 day(s) retail; 360 EA per 30 days mail)
KOSELUGO 25 MG	4	QL(4 EA daily); AL(At least 2 yrs old); PA
KRAZATI	4	QL(6 EA daily); PA
KYPROLIS	1	
lapatinib ditosylate	4	QL(150 EA per 30 day(s) retail; 150 EA per 30 days mail); PA
LORBRENA 25 MG	4	QL(3 EA daily); PA
LORBRENA 100 MG	4	QL(1 EA daily); PA
LUMAKRAS 120 MG	4	QL(8 EA daily); PA
LUMAKRAS 240 MG	4	QL(4 EA daily); PA
LUMAKRAS 320 MG	4	QL(3 EA daily); PA
LYNPARZA TABS	4	QL(4 EA daily); PA
LYTGOBI (12 MG DAILY DOSE)	4	QL(84 EA per 28 day(s) retail; 84 EA per 28 days mail); AL(At least 18 yrs old); PA
LYTGOBI (16 MG DAILY DOSE)	4	QL(112 EA per 28 day(s) retail; 112 EA per 28 days mail); AL(At least 18 yrs old); PA
LYTGOBI (20 MG DAILY DOSE)	4	QL(140 EA per 28 day(s) retail; 140 EA per 28 days mail); AL(At least 18 yrs old); PA

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
MEKINIST SOLR	4	QL(1170 ML per 29 day(s) retail; 1170 ML per 29 days mail); AL(At least 1 yrs old - Up to 10 yrs old); PA
MEKINIST TABS	4	QL(1 EA daily); PA
MEKTOVI	4	QL(6 EA daily); PA
NERLYNX	4	QL(6 EA daily); PA
NEXAVAR *(sorafenib tosylate)*	1	QL(4 EA daily)
NILOTINIB D-TARTRATE CAPS PO 50 MG	1	QL(4 EA daily); PA
NILOTINIB D-TARTRATE CAPS PO 150 MG, 200 MG	1	QL(112 EA per 28 day(s) retail; 112 EA per 28 days mail); PA
nilotinib hcl 50 MG, 150 MG, 200 MG	4	QL(4 EA daily); PA
NINLARO	4	QL(3 EA per 28 day(s) retail; 3 EA per 28 days mail); PA
OGSIVEO 100 MG, 150 MG	4	QL(56 EA per 28 day(s) retail; 56 EA per 28 days mail); PA
OGSIVEO 50 MG	4	QL(6 EA daily); PA
OJEMDA SUSR	1	QL(96 ML per 28 day(s) retail; 96 ML per 28 days mail); AL(Up to 10 yrs old); PA
OJEMDA TABS	1	QL(20 EA per 28 day(s) retail; 20 EA per 28 days mail); AL(Up to 25 yrs old); PA
OJEMDA TABS	1	QL(24 EA per 28 day(s) retail; 24 EA per 28 days mail); AL(Up to 25 yrs old); PA
OJEMDA TABS	1	QL(16 EA per 28 day(s) retail; 16 EA per 28 days mail); AL(Up to 25 yrs old); PA
OJJAARA	4	QL(1 EA daily); PA
pazopanib hcl	1	
PEMAZYRE	4	QL(14 EA per 20 day(s) retail; 14 EA per 20 days mail); PA
PHYRAGO 20 MG, 50 MG	4	QL(2 EA daily); PA
PHYRAGO 70 MG, 80 MG, 100 MG, 140 MG	4	QL(1 EA daily); PA
PIQRAY (200 MG DAILY DOSE)	4	QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); PA
PIQRAY (250 MG DAILY DOSE)	4	QL(56 EA per 28 day(s) retail; 56 EA per 28 days mail); PA
PIQRAY (300 MG DAILY DOSE)	4	QL(56 EA per 28 day(s) retail; 56 EA per 28 days mail); PA
QINLOCK	4	QL(3 EA daily); PA
RETEVMO CAPS 40 MG	4	QL(2 EA daily); AL(At least 12 yrs old); PA
RETEVMO CAPS 80 MG	4	QL(4 EA daily); AL(At least 12 yrs old); PA
RETEVMO TABS 40 MG	4	QL(120 EA per 40 day(s) retail; 120 EA per 40 days mail); PA
RETEVMO TABS 80 MG, 120 MG, 160 MG	4	QL(2 EA daily); PA

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
REZLIDHIA	4	QL(2 EA daily); PA
ROMIDEPSIN SOLN	4	PA
romidepsin SOLR	4	PA
ROMVIMZA CAPS PO 14 MG, 20 MG, 30 MG	1	QL(8 EA per 28 day(s) retail; 8 EA per 28 days mail); PA
ROZLYTREK CAPS 100 MG	4	QL(1 EA daily); PA
ROZLYTREK CAPS 200 MG	4	QL(3 EA daily); PA
ROZLYTREK PACK	4	QL(12 EA daily); AL(Up to 10 yrs old); PA
RUBRACA	4	QL(4 EA daily); PA
RYDAPT	1	QL(112 EA per 14 day(s) retail; 112 EA per 14 days mail)
RYTELO	1	Medical Benefit Only
SCEMBLIX 20 MG	4	QL(2 EA daily); PA
SCEMBLIX 40 MG	4	QL(10 EA daily); PA
SCEMBLIX 100 MG	4	QL(4 EA daily); PA
sorafenib tosylate	1	QL(4 EA daily)
SPRYCEL 70 MG, 80 MG, 100 MG, 140 MG *(dasatinib)*	4	QL(1 EA daily); PA
SPRYCEL 20 MG, 50 MG *(dasatinib)*	4	QL(2 EA daily); PA
STIVARGA	4	QL(112 EA per 28 day(s) retail; 112 EA per 28 days mail); PA
sunitinib malate	1	
SUTENT *(sunitinib malate)*	1	
TABRECTA	4	QL(112 EA per 28 day(s) retail; 112 EA per 28 days mail); PA

Drug Name	Drug Tier	Requirements/ Limits
TAFINLAR CAPS	4	QL(4 EA daily); PA
TAFINLAR TBSO	4	QL(840 EA per 28 day(s) retail; 840 EA per 28 days mail); AL(At least 1 yrs old - Up to 10 yrs old); PA
TALZENNA 0.25 MG	4	QL(3 EA daily); PA
TALZENNA 0.1 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	4	QL(1 EA daily); PA
TASIGNA 50 MG, 150 MG, 200 MG *(nilotinib hcl)*	4	QL(4 EA daily); PA
TAZVERIK	4	QL(8 EA daily); PA
temsirolimus	1	
TEPMETKO	4	QL(2 EA daily); AL(At least 18 yrs old); PA
TIBSOVO	4	QL(2 EA daily); PA
TORISEL *(temsirolimus)*	1	
TRUQAP TABS	4	QL(64 EA per 28 day(s) retail; 64 EA per 28 days mail); PA
TRUQAP TBPK	4	QL(64 EA per 28 day(s) retail; 64 EA per 28 days mail); PA
TURALIO 125 MG	4	QL(4 EA daily); PA
TYKERB *(lapatinib ditosylate)*	4	QL(150 EA per 30 day(s) retail; 150 EA per 30 days mail); PA
VANFLYTA	4	QL(56 EA per 28 day(s) retail; 56 EA per 28 days mail); PA
VELCADE SOLR IJ *(bortezomib)*	1	
VERZENIO 100 MG	4	QL(4 EA daily); PA

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
VERZENIO 50 MG, 150 MG, 200 MG	4	QL(2 EA daily); PA
VITRAKVI CAPS	4	PA
VITRAKVI SOLN	4	PA
VONJO	4	QL(4 EA daily); PA
VORANIGO 40 MG	1	QL(1 EA daily); PA
VORANIGO 10 MG	1	QL(2 EA daily); PA
VOTRIENT *(pazopanib hcl)*	1	PA
XALKORI CAPS	4	QL(2 EA daily); PA
XALKORI CPSP 20 MG, 50 MG	4	QL(4 EA daily); PA
XALKORI CPSP 150 MG	4	QL(6 EA daily); PA
XOSPATA	4	QL(3 EA daily); PA
ZEJULA TABS	4	QL(1 EA daily); PA
ZELBORAF	4	QL(8 EA daily); PA
ZOLINZA	4	QL(4 EA daily); PA
ZYDELIG	4	QL(2 EA daily); PA
ZYKADIA TABS	4	QL(84 EA per 28 day(s) retail; 84 EA per 28 days mail); PA
Antineoplastic Enzymes		
ASPARLAS	4	AL(Up to 21 yrs old); PA
ONCASPAR	4	PA
RYLAZE	4	PA
Antineoplastic Radiopharmaceuticals		
LUTATHERA	4	Medical Benefit Only
PLUVICTO	4	Medical Benefit Only
STRONTIUM CHLORIDE SR-89	1	Medical Benefit Only
XOFIGO	4	Medical Benefit Only
Antineoplastics Misc.		
ACTIMMUNE 100 MCG/0.5ML	1	
ANKTIVA	4	Medical Benefit Only
arsenic trioxide	1	
BESREMI	4	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); AL(At least 18 yrs old); PA
bexarotene	1	
dacarbazine SOLR	1	
ELZONRIS	4	Medical Benefit Only
HYDREA *(hydroxyurea)*	1	PA
hydroxyurea	1	
MATULANE	1	
NIPENT	1	
TICE BCG	1	
tretinoin (chemotherapy)	1	QL(3 EA daily)
TRISENOX *(arsenic trioxide)*	1	
Chemotherapy Adjuncts		
ELITEK	1	
KEPIVANCE 5.16 MG	4	PA
Chemotherapy Rescue/Antidote/Protective Agents		
COSELA	4	Medical Benefit Only
dexrazoxane hcl	1	
IWILFIN	4	QL(8 EA daily); PA
KHAPZORY 175 MG	4	PA
leucovorin calcium SOLN IJ 100 MG/10ML, 500 MG/50ML	1	
leucovorin calcium SOLR	1	
leucovorin calcium TABS	1	

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
levoleucovorin calcium SOLN	1	
levoleucovorin calcium SOLR	1	
mesna SOLN	1	
mesna TABS	1	
MESNEX SOLN *(mesna)*	1	
MESNEX TABS	1	
PEDMARK	4	AL(Up to 18 yrs old); PA
Mitotic Inhibitors		
ABRAXANE *(paclitaxel protein-bound particles)*	1	
BEIZRAY SOLN IV	4	PA
docetaxel CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML	1	
DOCETAXEL CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML	1	
DOCETAXEL CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML *(docetaxel)*	1	
docetaxel SOLN	1	
DOCETAXEL SOLN 20 MG/2ML, 80 MG/8ML, 160 MG/16ML	1	
DOCETAXEL SOLN *(docetaxel)*	1	
DOCIVYX SOLN 20 MG/2ML, 160 MG/16ML	1	
eribulin mesylate	4	Medical Benefit Only
ETOPOPHOS	1	
etoposide CAPS	1	
etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML	1	
HALAVEN *(eribulin mesylate)*	4	Medical Benefit Only
IXEMPRA KIT	4	Medical Benefit Only
JEVTANA	4	Medical Benefit Only
paclitaxel 30 MG/5ML, 100 MG/16.7ML, 150 MG/25ML, 300 MG/50ML	1	
PACLITAXEL PROTEIN-BOUND PART	1	
paclitaxel protein-bound particles	1	
vinblastine sulfate SOLN	1	
vincristine sulfate	1	
vinorelbine tartrate	1	
Oncolytic Viral Agents		
IMLYGIC	4	Medical Benefit Only
Topoisomerase I Inhibitors		
CAMPTOSAR *(irinotecan hcl)*	1	
DATROWAY	1	PA
HYCAMTIN CAPS	1	
irinotecan hcl	1	
ONIVYDE IV 43 MG/10ML	1	Medical Benefit Only
topotecan hcl SOLN	1	
TOPOTECAN HCL SOLN *(topotecan hcl)*	1	
topotecan hcl SOLR	1	
TRODELVY	4	PA
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjunctive Therapy		
carbidopa	1	
NOURIANZ	4	QL(1 EA daily); PA
Antiparkinson Anticholinergics		
benztropine mesylate SOLN	1	
benztropine mesylate TABS	1	

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
trihexyphenidyl hcl SOLN	1	
trihexyphenidyl hcl TABS	1	
Antiparkinson COMT Inhibitors		
entacapone	1	
ONGENTYS	4	QL(1 EA daily); AL(At least 18 yrs old); PA
tolcapone	1	
Antiparkinson Dopaminergics		
amantadine hcl CAPS	1	QL(4 EA daily)
amantadine hcl SOLN	1	QL(33.34 ML daily); MP
amantadine hcl TABS	1	QL(4 EA daily)
APOKYN SOCT	1	
apomorphine hydrochloride SOCT	1	
bromocriptine mesylate CAPS	1	
bromocriptine mesylate TABS 2.5 MG	1	
carbidopa-levodopa-entacapone 125 MG-31.25 MG-200 MG, 150 MG-37.5 MG-200 MG, 50 MG-12.5 MG-200 MG, 75 MG-18.75 MG-200 MG	1	
carbidopa-levodopa-entacapone 100 MG-25 MG-200 MG	1	QL(4 EA daily)
carbidopa-levodopa-entacapone 200 MG-50 MG-200 MG	1	QL(2 EA daily); MP
carbidopa-levodopa TABS	1	QL(11 EA daily); MP
carbidopa-levodopa TBCR	1	QL(4 EA daily); MP
carbidopa-levodopa TBDP	1	
CREXONT CPCR	1	QL(4 EA daily); PA
DHIVY TABS	1	QL(11 EA daily); MP
DUOPA SUSP	4	QL(2800 ML per 28 day(s) retail; 2800 ML per 28 days mail); PA
GOCOVRI CP24	4	QL(2 EA daily); PA
INBRIJA CAPS	4	5 package(s) per 30 day(s) retail; 5 package(s) per 30 day(s) mail; PA
NEUPRO	4	QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); AL(At least 18 yrs old); PA
ONAPGO SOCT 98 MG/20ML	1	QL(20 ML daily); PA
OSMOLEX ER TB24 129 MG	4	QL(1 EA daily); PA
pramipexole dihydrochloride TABS 1 MG	1	QL(4.67 EA daily); MP
pramipexole dihydrochloride TABS 1.5 MG	1	
pramipexole dihydrochloride TABS 0.75 MG	1	QL(8 EA daily); MP
pramipexole dihydrochloride TABS 0.125 MG	1	QL(20 EA daily); MP
pramipexole dihydrochloride TABS 0.25 MG	1	QL(10 EA daily); MP
pramipexole dihydrochloride TABS 0.5 MG	1	QL(9 EA daily); MP
pramipexole dihydrochloride TB24	4	QL(1 EA daily); PA
ropinirole hydrochloride TABS 3 MG	1	QL(6 EA daily); MP

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
ropinirole hydrochloride TABS 4 MG, 5 MG	1	QL(3 EA daily); MP
ropinirole hydrochloride TABS 0.5 MG	1	QL(7 EA daily); MP
ropinirole hydrochloride TABS 0.25 MG, 1 MG, 2 MG	1	
ropinirole hydrochloride TB24	4	PA
RYTARY CPCR	4	QL(3 EA daily); PA
SINEMET TABS 100 MG-10 MG, 100 MG-25 MG *(carbidopa-levodopa)*	1	QL(11 EA daily); MP; PA
STALEVO 100 *(carbidopa-levodopa-entacapone)*	1	QL(4 EA daily); PA
STALEVO 75 *(carbidopa-levodopa-entacapone)*	1	PA
VYALEV SOLN SC	1	QL(20 ML daily); AL(At least 18 yrs old); PA
Antiparkinson Monoamine Oxidase Inhibitors		
AZILECT *(rasagiline mesylate)*	1	QL(1 EA daily); PA
rasagiline mesylate	1	QL(1 EA daily)
selegiline hcl CAPS	1	
selegiline hcl TABS	1	
XADAGO	4	QL(1 EA daily); PA
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
lithium	1	
lithium carbonate CAPS	1	
lithium carbonate TABS	1	
lithium carbonate TBCR	1	
LITHOBID TBCR *(lithium carbonate)*	1	PA
Antipsychotics - Misc.		
CAPLYTA	3	QL(1 EA daily); ST
EQUETRO 100 MG	1	QL(3 EA daily)
EQUETRO 200 MG, 300 MG	1	QL(4 EA daily)
GEODON *(ziprasidone mesylate)*	1	
GEODON *(ziprasidone hcl)*	1	QL(2 EA daily); AL(At least 5 yrs old); MP; PA
LATUDA 80 MG *(lurasidone hcl)*	2	QL(2 EA daily); AL(At least 5 yrs old); ST; MP
LATUDA 20 MG, 40 MG, 60 MG, 120 MG *(lurasidone hcl)*	2	QL(1 EA daily); AL(At least 5 yrs old); ST; MP
lurasidone hcl 20 MG, 40 MG, 60 MG, 120 MG	2	QL(1 EA daily); AL(At least 5 yrs old); ST; MP
lurasidone hcl 80 MG	2	QL(2 EA daily); AL(At least 5 yrs old); ST; MP
lurasidone hcl 80 MG	2	QL(2 EA daily); ST; MP
NUPLAZID CAPS	4	QL(1 EA daily); PA
NUPLAZID TABS 10 MG	4	QL(1 EA daily); PA
VRAYLAR CAPS	3	QL(1 EA daily); AL(At least 5 yrs old); ST
ziprasidone hcl	1	QL(2 EA daily); AL(At least 5 yrs old); MP
ziprasidone mesylate	1	
Benzisoxazoles		
ERZOFRI 78 MG/0.5ML	3	QL(0.5 ML per 28 day(s) retail); PA

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
ERZOFRI 351 MG/2.25ML	3	QL(2.25 ML per 28 day(s) retail; 2 ML per 28 days mail); PA
ERZOFRI 234 MG/1.5ML	3	QL(1.5 ML per 28 day(s) retail; 2 ML per 28 days mail); PA
ERZOFRI 156 MG/ML	3	QL(1 ML per 28 day(s) retail; 1 ML per 28 days mail); PA
ERZOFRI 117 MG/0.75ML	3	QL(0.75 ML per 28 day(s) retail; 1 ML per 28 days mail); PA
ERZOFRI 39 MG/0.25ML	3	QL(0.25 ML per 28 day(s) retail); PA
FANAPT	2	QL(2 EA daily); AL(At least 5 yrs old); ST
FANAPT TITRATION PACK A	2	QL(2 EA daily; 8 EA per 4 day(s) retail; 8 EA per 4 days mail); AL(At least 5 yrs old)
FANAPT TITRATION PACK B	2	QL(12 EA per 4 day(s) retail; 12 EA per 4 days mail); AL(At least 5 yrs old)
FANAPT TITRATION PACK C	2	QL(2 EA daily; 8 EA per 4 day(s) retail; 8 EA per 4 days mail)
INVEGA 6 MG *(paliperidone)*	2	QL(100 EA per 50 day(s) retail; 100 EA per 50 days mail); AL(At least 5 yrs old); ST; PA
INVEGA 3 MG, 9 MG *(paliperidone)*	2	QL(1 EA daily); AL(At least 5 yrs old); ST; MP; PA
INVEGA HAFYERA 1092 MG/3.5ML	1	QL(3.5 ML per 180 day(s) retail; 4 ML per 180 days mail)
INVEGA HAFYERA 1560 MG/5ML	1	QL(5 ML per 180 day(s) retail; 5 ML per 180 days mail)
INVEGA SUSTENNA 234 MG/1.5ML	1	QL(1.5 ML per 28 day(s) retail; 2 ML per 28 days mail)
INVEGA SUSTENNA 78 MG/0.5ML	1	QL(0.5 ML per 28 day(s) retail)
INVEGA SUSTENNA 39 MG/0.25ML	1	QL(0.25 ML per 28 day(s) retail)
INVEGA SUSTENNA 117 MG/0.75ML	1	QL(0.75 ML per 28 day(s) retail; 1 ML per 28 days mail)
INVEGA SUSTENNA 156 MG/ML	1	QL(1 ML per 28 day(s) retail; 1 ML per 28 days mail)
INVEGA TRINZA 273 MG/0.88ML	1	QL(0.88 ML per 84 day(s) retail; 1 ML per 84 days mail)
INVEGA TRINZA 546 MG/1.75ML	1	QL(1.75 ML per 84 day(s) retail; 2 ML per 84 days mail)
INVEGA TRINZA 819 MG/2.63ML	1	QL(2.63 ML per 84 day(s) retail; 3 ML per 84 days mail)
INVEGA TRINZA 410 MG/1.32ML	1	QL(1.32 ML per 84 day(s) retail; 1 ML per 84 days mail)
paliperidone 1.5 MG, 3 MG, 9 MG	2	QL(1 EA daily); AL(At least 5 yrs old); ST; MP

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
paliperidone 6 MG	2	QL(100 EA per 50 day(s) retail; 100 EA per 50 days mail); AL(At least 5 yrs old); ST
PERSERIS PRSY	1	QL(1 EA per 28 day(s) retail; 1 EA per 28 days mail); AL(At least 5 yrs old)
RISPERDAL CONSTA *(risperidone microspheres)*	3	QL(2 EA per 28 day(s) retail; 2 EA per 28 days mail); AL(At least 5 yrs old)
RISPERDAL SOLN *(risperidone)*	1	QL(8 ML daily); AL(At least 5 yrs old); MP; PA
RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG *(risperidone)*	1	QL(2 EA daily); AL(At least 5 yrs old); MP; PA
risperidone microspheres	3	QL(2 EA per 28 day(s) retail; 2 EA per 28 days mail); AL(At least 5 yrs old)
risperidone SOLN	1	QL(8 ML daily); AL(At least 5 yrs old); MP
risperidone TABS	1	QL(2 EA daily); AL(At least 5 yrs old); MP
risperidone TBDP 0.25 MG, 0.5 MG, 1 MG, 2 MG, 4 MG	1	QL(2 EA daily); AL(At least 5 yrs old); MP
risperidone TBDP 3 MG	1	QL(100 EA per 50 day(s) retail; 100 EA per 50 days mail); AL(At least 5 yrs old)
RYKINDO SRER	3	QL(2 EA per 28 day(s) retail; 2 EA per 28 days mail); AL(At least 5 yrs old)
UZEDY SUSY 250 MG/0.7ML	1	QL(0.7 ML per 56 day(s) retail; 1 ML per 56 days mail); AL(At least 5 yrs old)
UZEDY SUSY 50 MG/0.14ML	1	QL(0.14 ML per 28 day(s) retail); AL(At least 5 yrs old)
UZEDY SUSY 125 MG/0.35ML	1	QL(0.35 ML per 28 day(s) retail); AL(At least 5 yrs old)
UZEDY SUSY 200 MG/0.56ML	1	QL(0.56 ML per 56 day(s) retail; 1 ML per 56 days mail); AL(At least 5 yrs old)
UZEDY SUSY 150 MG/0.42ML	1	QL(0.42 ML per 56 day(s) retail); AL(At least 5 yrs old)
UZEDY SUSY 100 MG/0.28ML	1	QL(0.28 ML per 28 day(s) retail); AL(At least 5 yrs old)
UZEDY SUSY 75 MG/0.21ML	1	QL(0.21 ML per 28 day(s) retail); AL(At least 5 yrs old)
Butyrophenones		
HALDOL DECANOATE 100 MG/ML *(haloperidol decanoate)*	1	
haloperidol decanoate	1	
haloperidol lactate CONC	1	
haloperidol lactate SOLN	1	
haloperidol TABS	1	
Dibenzapines		
ADASUVE	1	Medical Benefit Only
asenapine maleate	2	QL(2 EA daily); AL(At least 5 yrs old); ST

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
clozapine TABS	1	AL(At least 5 yrs old)
clozapine TBDP	1	AL(At least 5 yrs old); PA
CLOZARIL TABS 25 MG, 100 MG *(clozapine)*	1	AL(At least 5 yrs old); PA
loxapine succinate	1	
olanzapine SOLR	1	
olanzapine TABS	1	QL(1 EA daily); AL(At least 5 yrs old); MP
olanzapine TBDP	1	QL(1 EA daily); AL(At least 5 yrs old); MP
quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG, 300 MG, 400 MG	1	QL(3 EA daily); AL(At least 5 yrs old); MP
quetiapine fumarate TABS 150 MG	3	QL(2 EA daily); AL(At least 5 yrs old)
quetiapine fumarate TB24 150 MG, 200 MG	1	QL(1 EA daily); AL(At least 5 yrs old); MP
quetiapine fumarate TB24 50 MG, 300 MG, 400 MG	1	QL(2 EA daily); AL(At least 5 yrs old); MP
SAPHRIS *(asenapine maleate)*	2	QL(2 EA daily); AL(At least 5 yrs old); ST
SECUADO	1	QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); PA
SEROQUEL XR TB24 150 MG, 200 MG *(quetiapine fumarate)*	1	QL(1 EA daily); AL(At least 5 yrs old); MP; PA
SEROQUEL XR TB24 50 MG, 300 MG, 400 MG *(quetiapine fumarate)*	1	QL(2 EA daily); AL(At least 5 yrs old); MP; PA
SEROQUEL TABS *(quetiapine fumarate)*	1	QL(3 EA daily); AL(At least 5 yrs old); MP; PA
VERSACLOZ SUSP	1	QL(600 ML per 30 day(s) retail; 600 ML per 30 days mail); AL(At least 5 yrs old); PA
ZYPREXA RELPREVV	1	
ZYPREXA ZYDIS TBDP 5 MG, 10 MG, 15 MG *(olanzapine)*	1	QL(1 EA daily); AL(At least 5 yrs old); MP; PA
ZYPREXA SOLR *(olanzapine)*	1	
ZYPREXA TABS *(olanzapine)*	1	QL(1 EA daily); AL(At least 5 yrs old); MP; PA
Dihydroindolones		
molindone hcl 5 MG, 25 MG	1	
Muscarinic Agents		
COBENFY STARTER PACK CPPK	3	QL(2 EA daily); AL(At least 5 yrs old)
COBENFY CAPS	3	QL(2 EA daily); AL(At least 5 yrs old)
Phenothiazines		
chlorpromazine hcl CONC	1	AL(Up to 10 yrs old)
chlorpromazine hcl SOLN	1	
chlorpromazine hcl TABS	1	MP
fluphenazine decanoate	1	
fluphenazine hcl CONC	1	
fluphenazine hcl ELIX	1	
fluphenazine hcl SOLN	1	
fluphenazine hcl TABS	1	
perphenazine TABS	1	
prochlorperazine	1	
prochlorperazine edisylate 10 MG/2ML	1	

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
PROCHLORPERAZINE MALEATE POWD	1	
prochlorperazine maleate TABS	1	
thioridazine hcl	1	
trifluoperazine hcl TABS	1	
Quinolinone Derivatives		
ABILIFY ASIMTUFII PRSY 960 MG/3.2ML	1	QL(3.2 ML per 56 day(s) retail; 3 ML per 56 days mail); AL(At least 5 yrs old)
ABILIFY ASIMTUFII PRSY 720 MG/2.4ML	1	QL(2.4 ML per 56 day(s) retail; 2 ML per 56 days mail); AL(At least 5 yrs old)
ABILIFY MAINTENA PRSY	1	QL(1 EA per 28 day(s) retail; 1 EA per 28 days mail); AL(At least 5 yrs old)
ABILIFY MAINTENA SRER	1	QL(1 EA per 28 day(s) retail; 1 EA per 28 days mail); AL(At least 5 yrs old)
ABILIFY MYCITE STARTER KIT 5 MG	1	QL(1 EA daily); AL(At least 5 yrs old); PA
ABILIFY TABS *(aripiprazole)*	1	QL(2 EA daily); AL(At least 5 yrs old); MP; PA
aripiprazole SOLN PO	1	QL(900 ML per 30 day(s) retail; 900 ML per 30 days mail); AL(At least 5 yrs old - Up to 10 yrs old)
aripiprazole TABS	1	QL(2 EA daily); AL(At least 5 yrs old); MP
aripiprazole TBDP	1	QL(1 EA daily); AL(At least 5 yrs old); PA
ARISTADA 662 MG/2.4ML	1	QL(2.4 ML per 28 day(s) retail; 2 ML per 28 days mail); AL(At least 5 yrs old)
ARISTADA 882 MG/3.2ML	1	QL(3.2 ML per 28 day(s) retail; 3 ML per 28 days mail); AL(At least 5 yrs old)
ARISTADA 441 MG/1.6ML	1	QL(1.6 ML per 28 day(s) retail; 2 ML per 28 days mail); AL(At least 5 yrs old)
ARISTADA 1064 MG/3.9ML	1	QL(3.9 ML per 56 day(s) retail; 4 ML per 56 days mail); AL(At least 5 yrs old)
ARISTADA INITIO	1	QL(2.4 ML per fill retail)
OPIPZA FILM 5 MG, 10 MG	1	QL(3 EA daily); AL(At least 5 yrs old); PA
OPIPZA FILM 2 MG	1	QL(1 EA daily); AL(At least 5 yrs old); PA
REXULTI	3	QL(1 EA daily); AL(At least 5 yrs old); ST
Thioxanthenes		
thiothixene	1	
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
abacavir sulfate-lamivudine	1	
abacavir sulfate SOLN	1	
abacavir sulfate TABS	1	

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
APRETUDE	1	QL(3 ML per 28 day(s) retail; 3 ML per 28 days mail); AL(At least 12 yrs old)
APTIVUS CAPS	1	
atazanavir sulfate CAPS	1	
BIKTARVY	1	QL(1 EA daily)
CABENUVA 600 MG/2ML-400 MG/2ML	1	QL(4 ML per 30 day(s) retail; 4 ML per 30 days mail); AL(At least 12 yrs old)
CABENUVA 900 MG/3ML-600 MG/3ML	1	QL(6 ML per 30 day(s) retail; 6 ML per 30 days mail); AL(At least 12 yrs old)
CIMDUO	1	QL(1 EA daily)
COMBIVIR *(lamivudine-zidovudine)*	1	PA
COMPLERA 200 MG-300 MG-25 MG *(emtricitabine-rilpivirine-tenofovir disoproxil fumarate)*	1	
darunavir TABS 800 MG	1	QL(1 EA daily)
darunavir TABS 600 MG	1	QL(2 EA daily)
DELSTRIGO	1	QL(1 EA daily)
DESCOVY	1	QL(1 EA daily)
DOVATO	1	QL(1 EA daily)
EDURANT	1	
EDURANT PED PO 2.5 MG	1	QL(6 EA daily)
efavirenz CAPS	1	
efavirenz-emtricitabine-tenofovir disoproxil fumarate	1	
efavirenz-lamivudine-tenofovir disoproxil fumarate 300 MG-600 MG-300 MG	1	QL(1 EA daily); PA
efavirenz-lamivudine-tenofovir disoproxil fumarate 300 MG-400 MG-300 MG	1	QL(1 EA daily)
efavirenz TABS	1	
emtricitabine CAPS	1	
emtricitabine-rilpivirine-tenofovir disoproxil fumarate	1	
emtricitabine-tenofovir disoproxil fumarate	1	QL(1 EA daily)
EMTRIVA CAPS *(emtricitabine)*	1	PA
EMTRIVA SOLN	1	
EPIVIR SOLN *(lamivudine)*	1	PA
EPIVIR TABS *(lamivudine)*	1	PA
EPZICOM *(abacavir sulfate-lamivudine)*	1	PA
etravirine	1	
EVOTAZ	1	QL(1 EA daily)
fosamprenavir calcium TABS	1	QL(2.95 EA daily)
FUZEON SOLR	1	QL(300 EA per 102 day(s) retail; 300 EA per 102 days mail)
GENVOYA	1	QL(1 EA daily)
INTELENCE *(etravirine)*	1	PA
INTELENCE 25 MG	1	QL(2.95 EA daily)
ISENTRESS HD TABS	1	QL(2 EA daily)
ISENTRESS CHEW	1	AL(At least 2 yrs old - Up to 11 yrs old)
ISENTRESS PACK	1	AL(At least 2 yrs old - Up to 11 yrs old)
ISENTRESS TABS	1	
JULUCA	1	QL(1 EA daily)
KALETRA SOLN	1	

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
KALETRA TABS *(lopinavir-ritonavir)*	1	PA
lamivudine SOLN	1	
lamivudine TABS	1	
lamivudine-zidovudine	1	
lopinavir-ritonavir SOLN	1	
lopinavir-ritonavir TABS	1	
maraviroc TABS 150 MG	1	QL(2 EA daily)
maraviroc TABS 300 MG	1	QL(4 EA daily)
nevirapine SUSP	1	
nevirapine TABS	1	
nevirapine TB24 400 MG	1	
NORVIR PACK	1	QL(12 EA daily); AL(Up to 6 yrs old)
NORVIR TABS *(ritonavir)*	1	
ODEFSEY	1	QL(1 EA daily)
PIFELTRO	1	QL(1 EA daily)
PREZCOBIX	1	
PREZCOBIX	1	QL(1 EA daily)
PREZISTA SUSP	1	
PREZISTA TABS 600 MG *(darunavir)*	1	QL(2 EA daily); PA
PREZISTA TABS 75 MG, 150 MG	1	QL(2.95 EA daily)
PREZISTA TABS 800 MG *(darunavir)*	1	QL(1 EA daily); PA
RETROVIR CAPS *(zidovudine)*	1	PA
RETROVIR SOLN	1	
RETROVIR SYRP *(zidovudine)*	1	PA
REYATAZ CAPS 200 MG, 300 MG *(atazanavir sulfate)*	1	PA
REYATAZ PACK	1	AL(Up to 10 yrs old)
ritonavir TABS	1	
RUKOBIA	1	QL(2 EA daily)
SELZENTRY SOLN	1	QL(60 ML daily)
SELZENTRY TABS 150 MG *(maraviroc)*	1	QL(2 EA daily); PA
SELZENTRY TABS 300 MG *(maraviroc)*	1	QL(4 EA daily); PA
STRIBILD	1	QL(1 EA daily)
SUNLENCA SOLN	1	QL(3 ML per 180 day(s) retail; 3 ML per 180 days mail)
SUNLENCA TABS PO 300 MG	1	QL(4 EA per 2 day(s) retail; 4 EA per 2 days mail)
SUNLENCA TBPK 300 MG	1	QL(5 EA per 8 day(s) retail; 5 EA per 8 days mail)
SUNLENCA TBPK 300 MG	1	QL(4 EA per fill retail)
SYMFI *(efavirenz-lamivudine-tenofovir disoproxil fumarate)*	1	QL(1 EA daily)
SYMFI LO *(efavirenz-lamivudine-tenofovir disoproxil fumarate)*	1	QL(1 EA daily)
SYMTUZA	1	QL(1 EA daily)
tenofovir disoproxil fumarate TABS	1	QL(1 EA daily)
TIVICAY PD TBSO	1	QL(6 EA daily)
TIVICAY TABS	1	
TRIUMEQ PD TBSO	1	QL(6 EA daily)
TRIUMEQ TABS	1	QL(1 EA daily)
TROGARZO	1	QL(40.02 ML per 42 day(s) retail; 40 ML per 42 days mail)
TRUVADA *(emtricitabine-tenofovir disoproxil fumarate)*	1	QL(1 EA daily); PA
TYBOST	1	QL(1 EA daily)
VIRACEPT TABS	1	
VIREAD POWD	1	

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
VIREAD TABS *(tenofovir disoproxil fumarate)*	1	QL(1 EA daily); PA
VIREAD TABS 150 MG, 200 MG, 250 MG	1	QL(1 EA daily)
YEZTUGO SOLN 463.5 MG/1.5ML	1	QL(3 ML per 180 day(s) retail; 3 ML per 180 days mail)
YEZTUGO TABS PO 300 MG	1	QL(4 EA per 2 day(s) retail; 4 EA per 2 days mail)
ZIAGEN SOLN *(abacavir sulfate)*	1	PA
zidovudine CAPS	1	
zidovudine SYRP	1	
zidovudine TABS	1	
Antiviral Combinations		
PAXLOVID (150/100)	1	QL(20 EA per fill retail); 1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; AL(At least 18 yrs old)
PAXLOVID (300/100 & 150/100)	1	1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; AL(At least 18 yrs old)
PAXLOVID (300/100)	1	QL(30 EA per fill retail); 1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; AL(At least 18 yrs old)
CMV Agents		
cidofovir	1	
foscarnet sodium 6000 MG/250ML	1	
GANCICLOVIR SODIUM SOLN	1	
ganciclovir sodium SOLR	1	
LIVTENCITY	4	QL(112 EA per 28 day(s) retail; 112 EA per 28 days mail); AL(At least 12 yrs old); PA
PREVYMIS PACK 120 MG	4	QL(2 EA daily); PA
PREVYMIS PACK 20 MG	4	QL(4 EA daily); AL(Up to 11 yrs old); PA
PREVYMIS SOLN 480 MG/24ML	4	QL(672 ML per 28 day(s) retail; 672 ML per 28 days mail); PA
PREVYMIS SOLN 240 MG/12ML	4	QL(336 ML per 28 day(s) retail; 336 ML per 28 days mail); PA
PREVYMIS TABS	4	QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); PA
VALCYTE SOLR *(valganciclovir hcl)*	1	
VALCYTE TABS *(valganciclovir hcl)*	1	PA
valganciclovir hcl SOLR	1	
valganciclovir hcl TABS	1	
Hepatitis Agents		
adefovir dipivoxil	1	
BARACLUDE SOLN	1	
BARACLUDE TABS *(entecavir)*	1	PA
entecavir TABS	1	

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
EPCLUSA PACK 37.5 MG-150 MG	4	QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); AL(At least 3 yrs old - Up to 10 yrs old); PA
EPCLUSA PACK 50 MG-200 MG	4	QL(56 EA per 28 day(s) retail; 56 EA per 28 days mail); AL(At least 3 yrs old - Up to 10 yrs old); PA
EPCLUSA TABS 50 MG-200 MG	4	QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); PA
EPCLUSA TABS 100 MG-400 MG	4	QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); AL(At least 18 yrs old); PA
HARVONI PACK 33.75 MG-150 MG	4	QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); AL(At least 3 yrs old - Up to 6 yrs old); PA
HARVONI PACK 45 MG-200 MG	4	QL(56 EA per 28 day(s) retail; 56 EA per 28 days mail); AL(At least 3 yrs old - Up to 6 yrs old); PA
HARVONI TABS	4	QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); AL(At least 7 yrs old); PA
HARVONI TABS	4	QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); AL(At least 7 yrs old); PA
lamivudine (hbv) TABS	1	
LEDIPASVIR-SOFOSBUVIR TABS	4	QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); AL(At least 7 yrs old); PA
MAVYRET PACK	1	QL(336 EA per 56 day(s) retail; 336 EA per 56 days mail)
MAVYRET TABS	1	QL(168 EA per 56 day(s) retail; 168 EA per 56 days mail)
MAVYRET TABS	1	QL(168 EA per 56 day(s) retail; 168 EA per 56 days mail); PA
PEGASYS SOLN	1	QL(12 ML per 84 day(s) retail; 12 ML per 84 days mail)
PEGASYS SOSY	1	QL(12 ML per 84 day(s) retail; 12 ML per 84 days mail)
ribavirin (hepatitis c) CAPS	1	
ribavirin (hepatitis c) TABS 200 MG	1	
SOFOSBUVIR-VELPATASVIR TABS	4	QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); AL(At least 18 yrs old); PA
SOVALDI PACK 150 MG	4	QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); AL(At least 3 yrs old - Up to 6 yrs old); PA

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
SOVALDI PACK 200 MG	4	QL(56 EA per 28 day(s) retail; 56 EA per 28 days mail); AL(At least 3 yrs old - Up to 6 yrs old); PA
SOVALDI TABS	4	QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); AL(At least 7 yrs old); PA
VEMLIDY	1	QL(1 EA daily)
VOSEVI	4	QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); PA
ZEPATIER	4	QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); AL(At least 18 yrs old); PA
Herpes Agents		
acyclovir sodium SOLN	1	
acyclovir CAPS	1	
acyclovir SUSP	1	QL(473 ML per fill retail); AL(Up to 7 yrs old)
acyclovir TABS PO	1	
famciclovir	1	
valacyclovir hcl	1	
VALTREX *(valacyclovir hcl)*	1	PA
Influenza Agents		
oseltamivir phosphate CAPS 30 MG, 45 MG	1	
oseltamivir phosphate CAPS 75 MG	1	QL(20 EA per 10 day(s) retail; 20 EA per 10 days mail)
oseltamivir phosphate SUSR	1	
RAPIVAB	1	Medical Benefit Only
RELENZA DISKHALER	1	QL(20 EA per fill retail)
rimantadine hydrochloride TABS	1	
TAMIFLU CAPS 30 MG, 45 MG *(oseltamivir phosphate)*	1	PA
TAMIFLU CAPS 75 MG *(oseltamivir phosphate)*	1	QL(20 EA per 10 day(s) retail; 20 EA per 10 days mail); PA
TAMIFLU SUSR *(oseltamivir phosphate)*	1	PA
XOFLUZA (40 MG DOSE) 40 MG	1	QL(2 EA per fill retail); AL(At least 5 yrs old)
XOFLUZA (80 MG DOSE) 80 MG	1	QL(1 EA per fill retail); AL(At least 5 yrs old)
Misc. Antivirals		
VEKLURY SOLR	1	Medical Benefit Only
Respiratory Syncytial Virus (RSV) Agents		
ribavirin	1	
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
carvedilol 3.125 MG, 6.25 MG	1	QL(8 EA daily); MP
carvedilol 12.5 MG, 25 MG	1	QL(4 EA daily); MP
carvedilol phosphate	1	
labetalol hcl SOLN	1	
LABETALOL HCL SOLN	1	
LABETALOL HCL SOSY 10 MG/2ML	1	
labetalol hcl TABS 300 MG	1	QL(8 EA daily); MP
labetalol hcl TABS 400 MG	1	QL(2 EA daily); PA

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
labetalol hcl TABS 100 MG	1	QL(24 EA daily); MP
labetalol hcl TABS 200 MG	1	QL(12 EA daily); MP
Beta Blockers Cardio-Selective		
acebutolol hcl CAPS 400 MG	1	QL(4 EA daily); MP
acebutolol hcl CAPS 200 MG	1	QL(6 EA daily); MP
atenolol TABS 100 MG	1	QL(2 EA daily); MP
atenolol TABS 25 MG	1	QL(8 EA daily); MP
atenolol TABS 50 MG	1	QL(4 EA daily); MP
betaxolol hcl	1	
bisoprolol fumarate 2.5 MG	1	QL(1 EA daily); PA
bisoprolol fumarate 5 MG	1	QL(4 EA daily); MP
bisoprolol fumarate 10 MG	1	QL(2 EA daily); MP
BREVIBLOC IN NACL *(esmolol hcl-sodium chloride)*	1	
BREVIBLOC PREMIXED *(esmolol hcl-sodium chloride)*	1	
BREVIBLOC PREMIXED DS *(esmolol hcl-sodium chloride)*	1	
BREVIBLOC SOLN 100 MG/10ML *(esmolol hcl)*	1	
BYSTOLIC *(nebivolol hcl)*	1	PA
esmolol hcl-sodium chloride	1	
esmolol hcl SOLN 100 MG/10ML	1	
ESMOLOL HCL SOLN	1	
KAPSPARGO SPRINKLE CS24	4	QL(1 EA daily); PA
LOPRESSOR SOLN PO 10 MG/ML	4	QL(1200 ML per 30 day(s) retail; 1200 ML per 30 days mail)
LOPRESSOR TABS 100 MG *(metoprolol tartrate)*	1	QL(5 EA daily); MP; PA
LOPRESSOR TABS 50 MG *(metoprolol tartrate)*	1	QL(6 EA daily); MP; PA
metoprolol succinate TB24 100 MG, 200 MG	1	QL(2 EA daily); MP
metoprolol succinate TB24 25 MG, 50 MG	1	QL(3 EA daily); MP
metoprolol tartrate SOLN IV 5 MG/5ML	1	
metoprolol tartrate TABS 25 MG, 50 MG	1	QL(6 EA daily); MP
metoprolol tartrate TABS 37.5 MG, 75 MG, 100 MG	1	QL(5 EA daily); MP
nebivolol hcl	1	
TENORMIN TABS 100 MG *(atenolol)*	1	QL(2 EA daily); MP; PA
TENORMIN TABS 25 MG *(atenolol)*	1	QL(8 EA daily); MP; PA
TENORMIN TABS 50 MG *(atenolol)*	1	QL(4 EA daily); MP; PA
TOPROL XL TB24 25 MG, 50 MG *(metoprolol succinate)*	1	QL(3 EA daily); MP; PA
TOPROL XL TB24 100 MG, 200 MG *(metoprolol succinate)*	1	QL(2 EA daily); MP; PA
Beta Blockers Non-Selective		
BETAPACE AF 160 MG *(sotalol hcl (afib/afl))*	1	QL(4 EA daily); MP; PA
BETAPACE AF 80 MG *(sotalol hcl (afib/afl))*	1	QL(8 EA daily); MP; PA
BETAPACE AF 120 MG *(sotalol hcl (afib/afl))*	1	QL(6.67 EA daily); MP; PA
BETAPACE TABS 160 MG *(sotalol hcl)*	1	QL(4 EA daily); MP; PA
BETAPACE TABS 120 MG *(sotalol hcl)*	1	QL(6.67 EA daily); MP; PA

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
BETAPACE TABS 80 MG *(sotalol hcl)*	1	QL(8 EA daily); MP; PA
HEMANGEOL SOLN PO	4	QL(120 ML per 30 day(s) retail; 120 ML per 30 days mail); PA
INDERAL LA CP24 120 MG *(propranolol hcl)*	1	QL(3 EA daily); MP; PA
INDERAL LA CP24 60 MG, 80 MG, 160 MG *(propranolol hcl)*	1	QL(2 EA daily); MP; PA
INDERAL XL	1	
INNOPRAN XL	1	
nadolol TABS 40 MG, 80 MG	1	QL(4 EA daily); MP
nadolol TABS 20 MG	1	
pindolol TABS	1	
propranolol hcl CP24 60 MG, 80 MG, 160 MG	1	QL(2 EA daily); MP
propranolol hcl CP24 120 MG	1	QL(3 EA daily); MP
propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML	1	
propranolol hcl TABS 60 MG, 80 MG	1	QL(4 EA daily); MP
propranolol hcl TABS 10 MG, 20 MG	1	QL(8 EA daily); MP
propranolol hcl TABS 40 MG	1	QL(6 EA daily); MP
sotalol hcl (afib/afl) 120 MG	1	QL(6.67 EA daily); MP
sotalol hcl (afib/afl) 80 MG	1	QL(8 EA daily); MP
sotalol hcl (afib/afl) 160 MG	1	QL(4 EA daily); MP
sotalol hcl TABS 80 MG	1	QL(8 EA daily); MP
sotalol hcl TABS 160 MG	1	QL(4 EA daily); MP
sotalol hcl TABS 120 MG	1	QL(6.67 EA daily); MP
sotalol hcl TABS 240 MG	1	QL(2 EA daily); MP
SOTYLIZE SOLN PO	4	QL(1920 ML per 30 day(s) retail; 1920 ML per 30 days mail); PA
timolol maleate TABS	1	
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		
amlodipine besylate TABS 5 MG	1	QL(4 EA daily); MP
amlodipine besylate TABS 10 MG	1	QL(2 EA daily); MP
amlodipine besylate TABS 2.5 MG	1	QL(6 EA daily); MP
CARDENE IV SOLN 0.83 %-40 MG/200ML, 0.86 %-20 MG/200ML	1	
CARDIZEM CD CP24 360 MG *(diltiazem hcl coated beads)*	4	PA
CLEVIPREX 25 MG/50ML, 50 MG/100ML	1	
diltiazem hcl coated beads CP24 240 MG	1	QL(2 EA daily); MP
diltiazem hcl coated beads CP24 180 MG	1	QL(3 EA daily); MP
diltiazem hcl coated beads CP24 120 MG	1	QL(4 EA daily); MP
diltiazem hcl coated beads CP24 300 MG	1	QL(1 EA daily); MP
diltiazem hcl coated beads CP24 360 MG	4	PA
diltiazem hcl extended release beads 120 MG	1	QL(4 EA daily); MP
diltiazem hcl extended release beads 300 MG, 360 MG, 420 MG	1	QL(1 EA daily); MP
diltiazem hcl extended release beads 180 MG	1	QL(3 EA daily); MP
diltiazem hcl extended release beads 240 MG	1	QL(2 EA daily); MP

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
diltiazem hcl CP12	2	ST
diltiazem hcl CP24 180 MG	1	QL(3 EA daily); MP
diltiazem hcl CP24 240 MG	1	QL(2 EA daily); MP
diltiazem hcl CP24 120 MG	1	QL(4 EA daily); MP
DILTIAZEM HCL-SODIUM CHLORIDE	1	Medical Benefit Only
diltiazem hcl SOLN	1	Medical Benefit Only
DILTIAZEM HCL SOLR	1	Medical Benefit Only
diltiazem hcl TABS 30 MG, 60 MG	1	QL(6 EA daily); MP
diltiazem hcl TABS 90 MG	1	QL(3 EA daily); MP
diltiazem hcl TABS 120 MG	1	QL(8 EA daily); MP
diltiazem hcl TB24	2	ST
felodipine	1	QL(1 EA daily); MP
isradipine CAPS	2	ST
KATERZIA	4	QL(300 ML per 30 day(s) retail; 300 ML per 30 days mail); AL(At least 6 yrs old - Up to 10 yrs old); PA
levamlodipine maleate	4	QL(1 EA daily); PA
NICARDIPINE HCL IN NACL SOLN *(nicardipine hcl in sodium chloride)*	1	
nicardipine hcl in sodium chloride SOLN	1	
nicardipine hcl CAPS	2	ST; MP
nicardipine hcl SOLN	1	
NICARDIPINE HCL SOLN *(nicardipine hcl)*	1	
nifedipine CAPS	1	MP
nifedipine TB24	1	MP

Drug Name	Drug Tier	Requirements/ Limits
nimodipine CAPS	1	QL(252 EA per 20 day(s) retail; 252 EA per 20 days mail)
nimodipine SOLN	1	QL(2838 ML per 21 day(s) retail; 2838 ML per 21 days mail)
nisoldipine	2	ST
NORLIQVA SOLN	4	QL(300 ML per 30 day(s) retail; 300 ML per 30 days mail); AL(At least 6 yrs old - Up to 10 yrs old); PA
NORVASC TABS 2.5 MG *(amlodipine besylate)*	1	QL(6 EA daily); MP; PA
NORVASC TABS 5 MG *(amlodipine besylate)*	1	QL(4 EA daily); MP; PA
NORVASC TABS 10 MG *(amlodipine besylate)*	1	QL(2 EA daily); MP; PA
NYMALIZE SOLN 6 MG/ML	4	QL(1260 ML per 21 day(s) retail; 1260 ML per 21 days mail)
NYMALIZE SOLN 6 MG/ML	4	QL(630 ML per 21 day(s) retail; 630 ML per 21 days mail)
PROCARDIA XL TB24 *(nifedipine)*	1	MP; PA
SULAR 8.5 MG, 17 MG, 34 MG *(nisoldipine)*	2	ST; PA
VERAPAMIL HCL ER CP24 *(verapamil hcl)*	2	ST
verapamil hcl CP24	2	ST
verapamil hcl SOLN 2.5 MG/ML	1	
verapamil hcl TABS 40 MG	1	QL(3 EA daily); MP
verapamil hcl TABS 80 MG, 120 MG	1	QL(4 EA daily); MP

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
verapamil hcl TBCR 120 MG, 180 MG	1	QL(2 EA daily); MP
verapamil hcl TBCR 240 MG	1	
VERELAN PM CP24 *(verapamil hcl)*	2	ST; PA
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
digoxin SOLN IJ 0.25 MG/ML	1	
digoxin SOLN PO 0.05 MG/ML	1	QL(900 ML per 90 day(s) retail; 900 ML per 90 days mail); MP
digoxin TABS 125 MCG	1	QL(3.34 EA daily); MP
digoxin TABS 62.5 MCG	1	
digoxin TABS 250 MCG	1	QL(2.22 EA daily); MP
LANOXIN PEDIATRIC SOLN IJ	1	
LANOXIN SOLN IJ *(digoxin)*	1	
Inotropes		
dobutamine hcl 12.5 MG/ML, 250 MG/20ML	1	
DOBUTAMINE-DEXTROSE	1	
dopamine hcl 40 MG/ML	1	
DOPAMINE HCL *(dopamine hcl)*	1	
DOPAMINE-DEXTROSE	1	
milrinone lactate	1	
milrinone lactate in dextrose	1	
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiac Myosin Inhibitors		
CAMZYOS	4	QL(1 EA daily); AL(At least 18 yrs old); PA
Cardioplegic Solutions		
cardioplegic soln	1	
PLEGISOL *(cardioplegic soln)*	1	
Cardiovascular Agents Misc. - Combinations		
amlodipine besylate-atorvastatin calcium	2	ST
BIDIL *(isosorbide dinitrate-hydralazine hcl)*	1	
CADUET 10 MG-10 MG, 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG *(amlodipine besylate-atorvastatin calcium)*	2	ST; PA
ENTRESTO CPSP	4	QL(8 EA daily); AL(At least 1 yrs old - Up to 10 yrs old); PA
ENTRESTO TABS 103 MG-97 MG, 26 MG-24 MG, 51 MG-49 MG *(sacubitril-valsartan)*	1	QL(2 EA daily)
isosorbide dinitrate-hydralazine hcl	1	
OPSYNVI	4	QL(1 EA daily); PA
sacubitril-valsartan TABS	1	QL(2 EA daily); PA
Cardiovascular Anti-inflammatory/Immune Modulators		
LODOCO	1	QL(1 EA daily); AL(At least 18 yrs old); PA
Cardiovascular Sodium-Glucose Co-Transporter 2 Inhibitors		
INPEFA	4	QL(1 EA daily); AL(At least 18 yrs old); PA

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
Impotence Agents		
CIALIS 5 MG *(tadalafil)*	1	QL(1 EA daily); PA
tadalafil 5 MG	1	QL(1 EA daily); PA
Peripheral Vasodilators		
papaverine hcl SOLN	1	
Prostaglandin Vasodilators		
alprostadil SOLN IJ 500 MCG/ML	1	
epoprostenol sodium	1	
FLOLAN *(epoprostenol sodium)*	1	
ORENITRAM MONTH 1 TEPK	4	QL(168 EA per 28 day(s) retail; 168 EA per 28 days mail); PA
ORENITRAM MONTH 2 TEPK	4	QL(336 EA per 28 day(s) retail; 336 EA per 28 days mail); PA
ORENITRAM MONTH 3 TEPK	4	QL(252 EA per 28 day(s) retail; 252 EA per 28 days mail); PA
ORENITRAM TBCR	4	QL(6 EA daily); PA
PROSTIN VR SOLN IJ 500 MCG/ML *(alprostadil)*	1	
REMODULIN SOLN IJ	1	
treprostinil SOLN IJ	1	
TYVASO DPI INSTITUTIONAL KIT POWD	4	QL(112 EA per 28 day(s) retail; 112 EA per 28 days mail); PA
TYVASO DPI MAINTENANCE KIT POWD	4	QL(112 EA per 28 day(s) retail; 112 EA per 28 days mail); PA
TYVASO DPI TITRATION KIT POWD	4	QL(252 EA per 35 day(s) retail; 252 EA per 35 days mail); PA
TYVASO REFILL KIT SOLN IN	1	QL(324.8 ML per 28 day(s) retail; 325 ML per 28 days mail)
TYVASO STARTER KIT SOLN IN	1	QL(324.8 ML per 28 day(s) retail; 325 ML per 28 days mail)
TYVASO SOLN IN	1	QL(11.6 ML per 7 day(s) retail; 12 ML per 7 days mail)
VELETRI *(epoprostenol sodium)*	1	
VENTAVIS IN	1	
YUTREPIA CAPS IN 26.5 MCG, 53 MCG, 79.5 MCG, 106 MCG	1	QL(5 EA daily); PA
Pulmonary Hypertension - Activin Signaling Inhibitor		
WINREVAIR	4	QL(2 EA per 42 day(s) retail; 2 EA per 42 days mail); PA
Pulmonary Hypertension - Endothelin Receptor Antagonists		
ambrisentan	1	
bosentan TABS	1	
bosentan TBSO 32 MG	1	
LETAIRIS *(ambrisentan)*	1	PA
OPSUMIT	4	QL(1 EA daily); PA
TRACLEER TABS *(bosentan)*	1	PA
TRACLEER TBSO 32 MG *(bosentan)*	1	
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
ADCIRCA TABS *(tadalafil (pulmonary hypertension))*	4	QL(2 EA daily); PA

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
LIQREV SUSP	4	AL(At least 18 yrs old); PA
REVATIO SOLN *(sildenafil citrate (pulmonary hypertension))*	4	
REVATIO SOLN *(sildenafil citrate (pulmonary hypertension))*	4	PA
REVATIO SUSR *(sildenafil citrate (pulmonary hypertension))*	4	QL(224 ML per 30 day(s) retail; 224 ML per 30 days mail); AL(Up to 6 yrs old); PA
REVATIO TABS *(sildenafil citrate (pulmonary hypertension))*	4	QL(3 EA daily); PA
sildenafil citrate (pulmonary hypertension) SOLN	4	PA
sildenafil citrate (pulmonary hypertension) SUSR	4	QL(224 ML per 30 day(s) retail; 224 ML per 30 days mail); AL(Up to 6 yrs old); PA
sildenafil citrate (pulmonary hypertension) TABS	4	QL(3 EA daily); PA
tadalafil (pulmonary hypertension) TABS	4	QL(2 EA daily); PA
TADLIQ SUSP	4	QL(300 ML per 30 day(s) retail; 300 ML per 30 days mail); AL(Up to 10 yrs old); PA
Pulmonary Hypertension - Prostacyclin Receptor Agonist		
UPTRAVI TITRATION TBPK	4	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); AL(At least 18 yrs old); PA
UPTRAVI SOLR	4	QL(60 EA per 30 day(s) retail; 60 EA per 30 days mail); AL(At least 18 yrs old); PA
UPTRAVI TABS	4	QL(2 EA daily); AL(At least 18 yrs old); PA
Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator		
ADEMPAS	4	QL(3 EA daily); PA
Septal Agents		
ABLYSINOL *(dehydrated alcohol)*	4	Requires EPSDT PA Review; AL(Up to 20 yrs old); PA
dehydrated alcohol	1	Requires EPSDT PA Review; AL(Up to 20 yrs old); PA
Sinus Node Inhibitors		
CORLANOR SOLN	4	QL(560 ML per 28 day(s) retail; 560 ML per 28 days mail); PA
CORLANOR TABS *(ivabradine hcl)*	4	QL(2 EA daily); PA
ivabradine hcl TABS	1	QL(2 EA daily); PA
ivabradine hcl TABS	4	QL(2 EA daily); PA
Transthyretin Stabilizers		
ATTRUBY	4	QL(4 EA daily); AL(At least 18 yrs old); PA
VYNDAMAX	4	QL(1 EA daily); PA
VYNDAQEL	4	QL(4 EA daily); PA
Vasoactive Soluble Guanylate Cyclase Stimulator (sGC)		

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
VERQUVO	4	QL(1 EA daily); AL(At least 18 yrs old); PA
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporin Combinations		
AVYCAZ	4	QL(42 EA per 14 day(s) retail; 42 EA per 14 days mail); AL(At least 18 yrs old); PA
ZERBAXA	4	QL(84 EA per 14 day(s) retail; 84 EA per 14 days mail); AL(At least 18 yrs old); PA
Cephalosporins - 1st Generation		
cefadroxil CAPS	1	
cefadroxil SUSR	1	
cefadroxil TABS	1	
CEFAZOLIN SODIUM-DEXTROSE SOLN 4 %-1 GM/50ML, 4 %-2 GM/100ML, 4 %-3 GM/150ML	1	
CEFAZOLIN SODIUM-DEXTROSE SOLR	1	
cefazolin sodium SOLR IJ 1 GM, 2 GM, 3 GM, 10 GM, 500 MG	1	
CEFAZOLIN SODIUM SOLR IV 2 GM, 3 GM	1	
cephalexin CAPS 750 MG	4	PA
cephalexin CAPS 250 MG, 500 MG	1	
cephalexin SUSR	1	
cephalexin TABS	4	PA
Cephalosporins - 2nd Generation		
CEFACLOR ER TB12	1	
cefaclor CAPS	1	

Drug Name	Drug Tier	Requirements/ Limits
CEFOTAN IJ *(cefotetan disodium)*	1	
cefotetan disodium IJ 1 GM, 2 GM	1	
cefoxitin sodium IV	1	
CEFOXITIN SODIUM-DEXTROSE	1	
cefprozil SUSR	1	
cefprozil TABS	1	
cefuroxime axetil TABS	1	
cefuroxime sodium IJ 750 MG	1	
Cephalosporins - 3rd Generation		
cefdinir CAPS	1	
cefdinir SUSR	1	
cefixime CAPS	4	QL(10 EA per 10 day(s) retail; 10 EA per 10 days mail); PA
cefixime SUSR	4	QL(100 ML per 10 day(s) retail; 100 ML per 10 days mail); AL(Up to 12 yrs old); PA
cefpodoxime proxetil SUSR	1	
cefpodoxime proxetil TABS	1	
ceftazidime IJ 1 GM, 6 GM	1	
ceftriaxone sodium IJ 1 GM, 2 GM, 250 MG, 500 MG	1	
ceftriaxone sodium in dextrose	1	
CEFTRIAXONE SODIUM-DEXTROSE	1	
Cephalosporins - 4th Generation		
CEFEPIME HCL SOLN	1	
cefepime hcl SOLR IJ 1 GM	1	

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
CEFEPIME-DEXTROSE	1	
Cephalosporins - 5th Generation		
TEFLARO	1	
ZEVTERA SOLR IV 500 MG	4	PA
Cephalosporins - Siderophores		
FETROJA	4	AL(At least 18 yrs old); PA
CHEMICALS		
Bulk Chemicals - A's		
ACYCLOVIR	1	
ALBENDAZOLE	1	
AMLODIPINE BESYLATE	1	
Bulk Chemicals - B's		
BENZOCAINE	1	RX/OTC
BETHANECHOL CHLORIDE	1	
Bulk Chemicals - C's		
CHLORPROMAZINE HCL	1	
CHOLESTEROL FLAK	4	Requires EPSDT PA Review; PA
CHOLESTYRAMINE	1	
CLINDAMYCIN PHOSPHATE POWD	1	
Bulk Chemicals - D's		
DEXAMETHASONE	1	
DEXAMETHASONE SODIUM PHOSPHATE	1	
DIAZEPAM	1	
Bulk Chemicals - E's		
ENALAPRIL MALEATE	1	
ESTRADIOL MICRONIZED	1	
ESTRADIOL POWD	1	
ESTRIOL	1	
ESTRIOL MICRONIZED	1	

Drug Name	Drug Tier	Requirements/ Limits
Bulk Chemicals - G's		
GLYCOPYRROLATE	1	
Bulk Chemicals - H's		
HYDROCODONE BITARTRATE CRYS	1	
HYDROCODONE BITARTRATE POWD	1	
HYDROCORTISONE	1	
HYDROCORTISONE ACETATE	1	
HYDROCORTISONE MICRONIZED	1	
HYDROXYUREA	1	
HYDROXYZINE HCL	1	
Bulk Chemicals - K's		
KETAMINE HCL	1	Medical Benefit Only
Bulk Chemicals - L's		
LANSOPRAZOLE	1	RX/OTC
LIDOCAINE HCL	1	
LIDOCAINE HCL MONOHYDRATE	1	
LIDOCAINE CRYS	1	
LIDOCAINE POWD	1	
LORAZEPAM	1	
Bulk Chemicals - M's		
METFORMIN HCL	1	
METRONIDAZOLE	1	
METRONIDAZOLE BENZOATE	1	
MUPIROCIN	1	
Bulk Chemicals - N's		
NALTREXONE HCL	1	
NALTREXONE HCL ANHYDROUS	1	
NIFEDIPINE	1	
Bulk Chemicals - O's		

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
OMEPRAZOLE	1	
Bulk Chemicals - P's		
PHYTONADIONE LIQD	1	RX/OTC
PROGESTERONE MICRONIZED	1	
PROGESTERONE MILLED POWD	1	
PROGESTERONE WETTABLE (SOY) POWD	1	
PROGESTERONE WETTABLE POWD	1	
PROGESTERONE POWD	1	
PROMETHAZINE HCL POWD	1	
Bulk Chemicals - T's		
TESTOSTERONE MICRONIZED CRYS	1	PA
TESTOSTERONE MICRONIZED POWD	1	PA
TESTOSTERONE PROPIONATE	1	PA
TESTOSTERONE POWD	1	PA
TOPIRAMATE	1	
TRIAMCINOLONE	1	
TRICHLOROACETIC ACID CRYS	1	RX/OTC
Bulk Chemicals - U's		
URSODIOL	1	
Solids		
KETOCONAZOLE	1	
PILOCARPINE HCL POWD	1	
PREGNENOLONE	1	
PREGNENOLONE MICRONIZED	1	
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
AVERI TABS PO	4	QL(1 EA daily); GL; PA
BALCOLTRA *(levonorgestrel-ethinyl estradiol-iron)*	1	QL(1 EA daily); GL
BEYAZ *(drospirenone-ethinyl estradiol-levomefolate calcium)*	1	
desogestrel & ethinyl estradiol	1	
desogestrel & ethinyl estradiol 0.03 MG-0.15 MG	1	GL
desogestrel-ethinyl estradiol (biphasic)	1	GL
desogestrel-ethinyl estradiol (triphasic)	1	GL
drospirenone-ethinyl estradiol	1	GL
drospirenone-ethinyl estradiol-levomefolate calcium	1	GL
ethynodiol diacet & eth estrad	1	GL
ethynodiol diacet & eth estrad	1	
FEMLYV TBDP	1	QL(1 EA daily); PA
levonorgestrel & eth estradiol TABS	1	
levonorgestrel & eth estradiol TABS	1	GL
levonorgestrel-eth estradiol (triphasic)	1	GL
levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG	1	QL(1 EA daily); GL
levonorgestrel-ethinyl estradiol (continuous)	1	GL
levonorgestrel-ethinyl estradiol-iron	1	QL(1 EA daily)
LO LOESTRIN FE TABS	1	GL
NATAZIA	1	GL

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
NEXTSTELLIS	4	QL(1 EA daily); GL; PA
norethin acet & estrad-fe CAPS	4	QL(1 EA daily); PA
norethin acet & estrad-fe CHEW	1	GL
norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG	1	
norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG	1	GL
norethindrone & eth estradiol	1	GL
norethindrone & ethinyl estradiol-fe	1	
norethindrone & ethinyl estradiol-fe 35 MCG-0.4 MG	1	GL
norethindrone acet & eth estra TABS	1	GL
norethindrone acet & eth estra TABS	1	
norethindrone acetate-ethinyl estradiol-fe	1	
norethindrone acetate-ethinyl estradiol-fe	1	GL
norethindrone-eth estradiol (triphasic)	1	GL
norgestimate-ethinyl estradiol	1	GL
norgestimate-ethinyl estradiol (triphasic)	1	GL
norgestrel & ethinyl estradiol 30 MCG-0.3 MG	1	GL
SAFYRAL *(drospirenone-ethinyl estradiol-levomefolate calcium)*	1	
TAYTULLA CAPS *(norethin acet & estrad-fe)*	4	QL(1 EA daily); GL; PA
TYBLUME CHEW	1	GL
YASMIN 28 *(drospirenone-ethinyl estradiol)*	1	PA
YAZ *(drospirenone-ethinyl estradiol)*	1	PA
Combination Contraceptives - Transdermal		
norelgestromin-ethinyl estradiol	1	QL(9 EA per 84 day(s) retail; 9 EA per 84 days mail); GL
TWIRLA	1	GL
Combination Contraceptives - Vaginal		
ANNOVERA	1	1 package(s) per 365 day(s) retail; 1 package(s) per 365 day(s) mail; GL
ANNOVERA	1	1 package(s) per 365 day(s) retail; 1 package(s) per 365 day(s) mail
etonogestrel-ethinyl estradiol	1	QL(3 EA per 63 day(s) retail; 3 EA per 63 days mail); GL
NUVARING *(etonogestrel-ethinyl estradiol)*	1	QL(3 EA per 63 day(s) retail; 3 EA per 63 days mail)
Copper Contraceptives - IUD		
PARAGARD INTRAUTERINE COPPER	1	Medical Benefit Only; PA
Emergency Contraceptives		
ELLA	1	GL
levonorgestrel (emergency oc) 1.5 MG	1	GL
levonorgestrel (emergency oc) 1.5 MG	1	
Progestin Contraceptives - Implants		

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
NEXPLANON	1	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); AL(At least 10 yrs old - Up to 50 yrs old); PA
Progestin Contraceptives - Injectable		
DEPO-PROVERA SUSP IM *(medroxyprogesterone acetate (contraceptive))*	1	QL(1 ML per 84 day(s) retail; 1 ML per 84 days mail); GL; PA
DEPO-PROVERA SUSY IM *(medroxyprogesterone acetate (contraceptive))*	1	QL(1 ML per 84 day(s) retail; 1 ML per 84 days mail); GL; PA
DEPO-SUBQ PROVERA 104 SUSY SC	1	QL(0.65 ML per 90 day(s) retail; 1 ML per 90 days mail); GL
medroxyprogesterone acetate (contraceptive) SUSP IM	1	QL(1 ML per 84 day(s) retail; 1 ML per 84 days mail); GL
medroxyprogesterone acetate (contraceptive) SUSY IM	1	QL(1 ML per 84 day(s) retail; 1 ML per 84 days mail); GL
Progestin Contraceptives - IUD		
KYLEENA	1	Medical Benefit Only; PA
LILETTA (52 MG)	1	Medical Benefit Only; PA
MIRENA (52 MG)	1	Medical Benefit Only; PA
SKYLA	1	Medical Benefit Only; PA
Progestin Contraceptives - Oral		
norethindrone (contraceptive)	1	
norethindrone (contraceptive)	1	GL
OPILL	1	
SLYND	4	QL(1 EA daily); GL; PA
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
AGAMREE	1	QL(200 ML per 26 day(s) retail; 200 ML per 26 days mail); AL(At least 2 yrs old); PA
ALKINDI SPRINKLE CPSP	4	AL(Up to 6 yrs old); PA
betamethasone sod phosphate & acetate SUSP	1	
budesonide CPEP	1	
budesonide TB24	4	QL(1 EA daily); PA
CELESTONE SOLUSPAN SUSP *(betamethasone sod phosphate & acetate)*	1	
CORTEF TABS *(hydrocortisone)*	1	PA
CORTISONE ACETATE TABS	1	
deflazacort SUSP	4	Brand Required; QL(30 ML per 30 day(s) retail; 30 ML per 30 days mail); AL(At least 5 yrs old); PA
deflazacort SUSP	1	Brand Required; QL(30 ML per 30 day(s) retail; 30 ML per 30 days mail); AL(At least 2 yrs old); PA
deflazacort TABS	4	Brand Required; QL(1 EA daily); AL(At least 5 yrs old); PA

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
deflazacort TABS	4	Brand Required; QL(1 EA daily); AL(At least 2 yrs old); PA
DEPO-MEDROL SUSP	1	
DEPO-MEDROL SUSP *(methylprednisolone acetate)*	1	
DEXAMETHASONE INTENSOL CONC	1	
dexamethasone sodium phosphate SOLN IJ	1	
dexamethasone sodium phosphate SOSY IJ	1	
dexamethasone ELIX	1	
dexamethasone SOLN	1	
dexamethasone TABS	1	
dexamethasone TBPK	1	
dexamethasone TBPK	4	1 package(s) per 7 day(s) retail; 1 package(s) per 7 day(s) mail; PA
dexamethasone TBPK	4	PA
EMFLAZA SUSP *(deflazacort)*	4	Brand Required; QL(30 ML per 30 day(s) retail; 30 ML per 30 days mail); AL(At least 2 yrs old); PA
EMFLAZA TABS *(deflazacort)*	4	Brand Required; QL(1 EA daily); AL(At least 2 yrs old); PA
EOHILIA SUSP	4	QL(20 ML daily); AL(At least 11 yrs old); PA
HEMADY TABS	4	QL(24 EA per 28 day(s) retail; 24 EA per 28 days mail); AL(At least 18 yrs old); PA
hydrocortisone sod succinate 100 MG	1	
hydrocortisone TABS	1	
KENALOG-10 SUSP *(triamcinolone acetonide)*	1	QL(10 ML per 7 day(s) retail; 10 ML per 7 days mail)
KENALOG-40 SUSP *(triamcinolone acetonide)*	1	QL(10 ML per 7 day(s) retail; 10 ML per 7 days mail)
KENALOG-80 SUSP	1	
KHINDIVI SOLN PO 1 MG/ML	4	AL(At least 5 yrs old - Up to 6 yrs old); PA
MEDROL TABS 2 MG, 16 MG *(methylprednisolone)*	1	
MEDROL TABS	1	
MEDROL TABS 4 MG, 8 MG *(methylprednisolone)*	1	PA
MEDROL TBPK *(methylprednisolone)*	1	PA
methylprednisolone acetate SUSP	1	
methylprednisolone sod succ 40 MG, 125 MG, 500 MG, 1000 MG	1	
methylprednisolone TABS	1	
methylprednisolone TBPK	1	
PEDIAPRED SOLN *(prednisolone sodium phosphate)*	1	PA
PREDNISOLONE SODIUM PHOSPHATE POWD	1	
prednisolone sodium phosphate SOLN 5 MG/5ML, 15 MG/5ML, 25 MG/5ML	1	

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
prednisolone sodium phosphate SOLN 10 MG/5ML, 20 MG/5ML	4	PA
prednisolone sodium phosphate TBDP	4	QL(10 EA per fill retail); AL(Up to 10 yrs old); PA
PREDNISOLONE SODIUM PHOSPHATE TBDP 10 MG, 15 MG, 30 MG	4	QL(10 EA per fill retail)
PREDNISOLONE SODIUM PHOSPHATE TBDP 10 MG, 15 MG, 30 MG	4	QL(10 EA per fill retail); AL(Up to 10 yrs old)
prednisolone SOLN	1	
prednisolone TABS	1	PA
PREDNISONE INTENSOL CONC	1	
PREDNISONE POWD	1	
prednisone SOLN	1	
prednisone TABS	1	
prednisone TBPK	1	
RAYOS TBEC	1	
SOLU-CORTEF	1	
SOLU-CORTEF *(hydrocortisone sod succinate)*	1	
SOLU-MEDROL	1	
SOLU-MEDROL 2 GM, 500 MG, 1000 MG *(methylprednisolone sod succ)*	1	
SOLU-MEDROL (PF)	1	
TARPEYO CPDR	4	QL(4 EA daily); AL(At least 18 yrs old); PA
triamcinolone acetonide SUSP	1	QL(10 ML per 7 day(s) retail; 10 ML per 7 days mail)
UCERIS TB24 *(budesonide)*	4	QL(1 EA daily); PA
ZILRETTA SRER	4	Medical Benefit Only
Mineralocorticoids		
fludrocortisone acetate TABS	1	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Expectorants		
SSKI SOLN *(potassium iodide (expectorant))*	4	Requires EPSDT PA Review; AL(Up to 20 yrs old); PA
Misc. Respiratory Inhalants		
HYPERSAL NEBU *(sodium chloride (inhalant))*	4	Requires EPSDT PA Review; PA
sodium chloride (inhalant) NEBU 7 %	4	Requires EPSDT PA Review; PA
sodium chloride (inhalant) NEBU 0.9 %, 3 %, 10 %	1	
Mucolytics		
ACETYLCYSTEINE POWD	1	
acetylcysteine SOLN	1	
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Acne Products		
ABSORICA 25 MG, 35 MG *(isotretinoin)*	1	QL(2 EA daily); AL(Up to 20 yrs old)
ABSORICA 10 MG, 20 MG, 30 MG, 40 MG *(isotretinoin)*	1	QL(2 EA daily); AL(Up to 20 yrs old); PA
ABSORICA LD	4	AL(At least 12 yrs old - Up to 20 yrs old); PA
CLEOCIN-T LOTN *(clindamycin phosphate (topical))*	1	AL(Up to 20 yrs old); PA

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
CLINDACIN ETZ	1	AL(Up to 20 yrs old); PA
CLINDAGEL GEL *(clindamycin phosphate (topical))*	4	AL(Up to 20 yrs old); PA
clindamycin phosphate (topical) FOAM	4	AL(Up to 20 yrs old); PA
clindamycin phosphate (topical) GEL	1	AL(Up to 20 yrs old)
clindamycin phosphate (topical) GEL	4	AL(Up to 20 yrs old); PA
clindamycin phosphate (topical) LOTN	1	AL(Up to 20 yrs old)
clindamycin phosphate (topical) SOLN	1	AL(Up to 20 yrs old)
clindamycin phosphate (topical) SWAB	1	AL(Up to 20 yrs old)
clindamycin phosphate (topical) SWAB	4	AL(Up to 20 yrs old)
dapsone (topical) 7.5 %	4	QL(60 GM per 84 day(s) retail; 60 GM per 84 days mail); 1 package(s) per 84 day(s) retail; 1 package(s) per 84 day(s) mail; AL(At least 9 yrs old - Up to 20 yrs old); PA
dapsone (topical) 5 %	4	QL(90 GM per 84 day(s) retail; 90 GM per 84 days mail); 1 package(s) per 84 day(s) retail; 1 package(s) per 84 day(s) mail; AL(Up to 20 yrs old); PA
dapsone (topical) 7.5 %	4	QL(90 GM per 84 day(s) retail; 90 GM per 84 days mail); 1 package(s) per 84 day(s) retail; 1 package(s) per 84 day(s) mail; AL(At least 9 yrs old - Up to 20 yrs old); PA
dapsone (topical) 5 %	4	QL(60 GM per 84 day(s) retail; 60 GM per 84 days mail); 1 package(s) per 84 day(s) retail; 1 package(s) per 84 day(s) mail; AL(Up to 20 yrs old); PA
erythromycin (acne aid) GEL	4	AL(Up to 20 yrs old)
erythromycin (acne aid) PADS	4	AL(Up to 20 yrs old); PA
erythromycin (acne aid) SOLN	1	AL(Up to 20 yrs old)
isotretinoin	1	QL(2 EA daily); AL(Up to 20 yrs old)
RETIN-A CREA 0.025 %, 0.05 % *(tretinoin)*	4	Requires EPSDT PA Review; PA
sulfacetamide sodium (acne)	1	AL(Up to 20 yrs old)
sulfacetamide sodium w/ sulfur CREA 10 %-5 %	1	AL(Up to 20 yrs old)
sulfacetamide sodium w/ sulfur LIQD 10 %-2 %, 9 %-4 %, 9 %-4.5 %	1	AL(Up to 20 yrs old)
sulfacetamide sodium w/ sulfur SUSP 8 %-4 %	1	QL(454 ML per 30 day(s) retail; 454 ML per 30 days mail); AL(Up to 20 yrs old)

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
SUMADAN	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); AL(Up to 20 yrs old); PA
SUMADAN WASH LIQD *(sulfacetamide sodium w/ sulfur)*	1	AL(Up to 20 yrs old)
tretinoin CREA 0.025 %, 0.05 %	4	Requires EPSDT PA Review; PA
WINLEVI	4	QL(60 GM per 30 day(s) retail; 60 GM per 30 days mail); AL(At least 12 yrs old - Up to 20 yrs old); PA
Agents for External Genital and Perianal Warts		
VEREGEN	1	QL(30 GM per 30 day(s) retail; 30 GM per 30 days mail)
Antibiotics - Topical		
CENTANY AT KIT	2	
gentamicin sulfate (topical) CREA	1	
gentamicin sulfate (topical) OINT	1	
mupirocin calcium (topical)	2	
mupirocin OINT	1	
NEO-SYNALAR	4	QL(60 GM per 30 day(s) retail; 60 GM per 30 days mail); PA
TETRACYCLINE HCL	1	
XEPI	2	QL(30 GM per 30 day(s) retail; 30 GM per 30 days mail)
Antifungals - Topical		
ciclopirox olamine CREA	1	
ciclopirox olamine SUSP	1	
ciclopirox GEL	2	
ciclopirox SHAM	2	
ciclopirox SOLN	1	QL(6.6 ML per 30 day(s) retail; 7 ML per 30 days mail); PA
clotrimazole (topical) CREA	1	QL(14.17 GM per 3 day(s) retail; 14 GM per 3 days mail); 1 package(s) per fill retail; 1 package(s) per fill mail; AL(Up to 20 yrs old); RX/OTC
clotrimazole (topical) CREA	1	QL(85 GM per 30 day(s) retail; 85 GM per 30 days mail); 1 package(s) per fill retail; 1 package(s) per fill mail; AL(Up to 20 yrs old); RX/OTC
clotrimazole (topical) CREA	1	QL(45 GM per 14 day(s) retail; 45 GM per 14 days mail); 1 package(s) per fill retail; 1 package(s) per fill mail; AL(Up to 20 yrs old); RX/OTC
clotrimazole (topical) CREA	1	QL(30 GM per 7 day(s) retail; 30 GM per 7 days mail); 1 package(s) per fill retail; 1 package(s) per fill mail; AL(Up to 20 yrs old); RX/OTC

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
clotrimazole (topical) CREA	1	QL(14 GM per 3 day(s) retail; 14 GM per 3 days mail); 1 package(s) per fill retail; 1 package(s) per fill mail; AL(Up to 20 yrs old); RX/OTC
clotrimazole (topical) CREA	1	QL(15 GM per 3 day(s) retail; 15 GM per 3 days mail); 1 package(s) per fill retail; 1 package(s) per fill mail; AL(Up to 20 yrs old); RX/OTC
clotrimazole (topical) CREA	1	AL(Up to 20 yrs old); RX/OTC
clotrimazole (topical) CREA	1	QL(29 GM per 7 day(s) retail; 29 GM per 7 days mail); 1 package(s) per fill retail; 1 package(s) per fill mail; AL(Up to 20 yrs old); RX/OTC
clotrimazole (topical) CREA	1	QL(58 GM per 14 day(s) retail; 58 GM per 14 days mail); 1 package(s) per fill retail; 1 package(s) per fill mail; AL(Up to 20 yrs old); RX/OTC
clotrimazole (topical) CREA	1	QL(28 GM per 7 day(s) retail; 28 GM per 7 days mail); 1 package(s) per fill retail; 1 package(s) per fill mail; AL(Up to 20 yrs old); RX/OTC
clotrimazole (topical) SOLN	2	RX/OTC
clotrimazole w/ betamethasone CREA	1	
clotrimazole w/ betamethasone LOTN	2	
econazole nitrate CREA	1	
ECONAZOLE NITRATE FOAM 1 %	1	QL(70 GM per 28 day(s) retail; 70 GM per 28 days mail); AL(At least 12 yrs old); PA
ERTACZO	2	
JUBLIA	4	QL(4 ML per 30 day(s) retail; 4 ML per 30 days mail); PA
ketoconazole (topical) CREA	1	
ketoconazole (topical) FOAM	2	
ketoconazole (topical) SHAM 2 %	1	QL(120 ML per 30 day(s) retail; 120 ML per 30 days mail)
LOPROX SUSP *(ciclopirox olamine)*	1	PA
miconazole-zinc oxide-white petrolatum	2	
naftifine hcl CREA	2	
naftifine hcl GEL 2 %	2	
NAFTIN GEL 1 %	2	PA
NAFTIN GEL 2 % *(naftifine hcl)*	2	

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
nystatin (topical) CREA	1	
nystatin (topical) OINT	1	
nystatin (topical) POWD EX	1	4 package(s) per 28 day(s) retail; 4 package(s) per 28 day(s) mail
nystatin-triamcinolone CREA	2	
nystatin-triamcinolone OINT	2	
oxiconazole nitrate CREA	2	
OXISTAT LOTN	2	
tavaborole	4	1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; PA
terbinafine hcl (topical) CREA	1	AL(Up to 20 yrs old)
tolnaftate CREA	1	AL(Up to 20 yrs old)
VUSION *(miconazole-zinc oxide-white petrolatum)*	2	
Anti-inflammatory Agents - Topical		
diclofenac epolamine PTCH EX	4	QL(30 EA per 15 day(s) retail; 30 EA per 15 days mail); PA
diclofenac sodium (topical) GEL EX	1	RX/OTC
diclofenac sodium (topical) SOLN EX 2 %	4	QL(112 GM per 28 day(s) retail; 112 GM per 28 days mail); PA
diclofenac sodium (topical) SOLN EX 1.5 %	1	QL(150 ML per 30 day(s) retail; 150 ML per 30 days mail); PA
diclofenac sodium (topical) SOLN EX 2 %	4	PA
PENNSAID SOLN EX 2 % *(diclofenac sodium (topical))*	4	QL(112 GM per 30 day(s) retail; 112 GM per 30 days mail); PA
Antineoplastic or Premalignant Lesion Agents - Topical		
AMELUZ GEL	1	Medical Benefit Only
bexarotene (topical)	1	
diclofenac sodium (actinic keratoses) EX	4	PA
fluorouracil (topical) CREA 0.5 %	4	PA
fluorouracil (topical) CREA 5 %	1	
fluorouracil (topical) SOLN	1	
LEVULAN KERASTICK SOLR	1	Medical Benefit Only
VALCHLOR	1	QL(60 GM per 30 day(s) retail; 60 GM per 30 days mail)
Antipruritics - Topical		
doxepin hcl (antipruritic)	4	1 package(s) per 8 day(s) retail; 1 package(s) per 8 day(s) mail; PA
PRUDOXIN *(doxepin hcl (antipruritic))*	4	1 package(s) per 8 day(s) retail; 1 package(s) per 8 day(s) mail; PA
ZONALON *(doxepin hcl (antipruritic))*	4	1 package(s) per 8 day(s) retail; 1 package(s) per 8 day(s) mail; PA
Antipsoriatics		
acitretin	1	QL(2 EA daily)

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
BIMZELX SOAJ	4	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); PA
BIMZELX SOSY	4	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); PA
calcipotriene CREA	1	QL(360 GM per 36 day(s) retail; 360 GM per 36 days mail)
CALCIPOTRIENE FOAM	4	QL(120 GM per 30 day(s) retail; 120 GM per 30 days mail); AL(At least 12 yrs old); PA
calcipotriene OINT	1	QL(300 GM per 30 day(s) retail; 300 GM per 30 days mail)
calcipotriene OINT	1	QL(360 GM per 36 day(s) retail; 360 GM per 36 days mail)
calcipotriene SOLN	1	QL(300 ML per 30 day(s) retail; 300 ML per 30 days mail)
calcitriol (topical)	1	
COSENTYX (300 MG DOSE) SOSY	4	QL(10 ML per 28 day(s) retail; 10 ML per 28 days mail); PA
COSENTYX SENSOREADY (300 MG) SOAJ	4	QL(10 ML per 28 day(s) retail; 10 ML per 28 days mail); PA
COSENTYX SENSOREADY PEN SOAJ	4	QL(10 ML per 28 day(s) retail; 10 ML per 28 days mail); PA
COSENTYX UNOREADY SOAJ	4	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); PA
COSENTYX SOLN	4	PA
COSENTYX SOSY 150 MG/ML	4	QL(10 ML per 28 day(s) retail; 10 ML per 28 days mail); PA
COSENTYX SOSY 75 MG/0.5ML	4	QL(1 ML per 28 day(s) retail; 1 ML per 28 days mail); AL(At least 6 yrs old - Up to 18 yrs old); PA
ILUMYA	4	QL(1 ML per 84 day(s) retail; 1 ML per 84 days mail); PA
IMULDOSA SOSY SC 90 MG/ML	2	QL(1 ML per 56 day(s) retail; 1 ML per 56 days mail)
IMULDOSA SOSY SC 45 MG/0.5ML	2	QL(0.5 ML per 84 day(s) retail)
methoxsalen rapid	1	
OTULFI SOLN SC 45 MG/0.5ML	4	QL(0.5 ML per 84 day(s) retail); PA
OTULFI SOSY SC 90 MG/ML	4	QL(1 ML per 56 day(s) retail; 1 ML per 56 days mail); PA
OTULFI SOSY SC 45 MG/0.5ML	4	QL(0.5 ML per 84 day(s) retail); PA
PYZCHIVA 45 MG/0.5ML	2	QL(0.5 ML per 84 day(s) retail)
PYZCHIVA SC 45 MG/0.5ML	2	QL(0.5 ML per 84 day(s) retail)
PYZCHIVA 90 MG/ML	2	QL(1 ML per 56 day(s) retail; 1 ML per 56 days mail)
SELARSDI SOSY SC 90 MG/ML	2	QL(1 ML per 56 day(s) retail; 1 ML per 56 days mail)
SELARSDI SOSY SC 45 MG/0.5ML	2	QL(0.5 ML per 84 day(s) retail)

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
SILIQ	4	QL(4.5 ML per 28 day(s) retail; 4 ML per 28 days mail); AL(At least 18 yrs old); PA
SKYRIZI PEN SOAJ	4	QL(1 ML per 84 day(s) retail; 1 ML per 84 days mail); PA
SKYRIZI SOSY	4	QL(1 ML per 84 day(s) retail; 1 ML per 84 days mail); PA
SORILUX FOAM	4	QL(120 GM per 30 day(s) retail; 120 GM per 30 days mail); AL(At least 12 yrs old); PA
SOTYKTU	1	QL(1 EA daily); AL(At least 18 yrs old); PA
SPEVIGO SOLN	4	QL(15 ML per 30 day(s) retail; 15 ML per 30 days mail); AL(At least 12 yrs old); PA
SPEVIGO SOSY	4	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); AL(At least 12 yrs old); PA
SPEVIGO SOSY	1	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); AL(At least 12 yrs old); PA
STELARA SOLN 45 MG/0.5ML	4	QL(0.5 ML per 84 day(s) retail); PA
STELARA SOSY 45 MG/0.5ML	4	QL(0.5 ML per 84 day(s) retail); PA
STELARA SOSY 90 MG/ML	4	QL(1 ML per 56 day(s) retail; 1 ML per 56 days mail); AL(At least 18 yrs old); PA
STEQEYMA 45 MG/0.5ML	2	QL(0.5 ML per 84 day(s) retail)
STEQEYMA 90 MG/ML	2	QL(1 ML per 56 day(s) retail; 1 ML per 56 days mail)
TALTZ SOAJ	4	QL(4 ML per 28 day(s) retail; 4 ML per 28 days mail); PA
TALTZ SOSY 40 MG/0.5ML	4	QL(0.5 ML per 28 day(s) retail); AL(At least 6 yrs old - Up to 17 yrs old); PA
TALTZ SOSY 80 MG/ML	4	QL(4 ML per 28 day(s) retail; 4 ML per 28 days mail); PA
TALTZ SOSY 20 MG/0.25ML	4	QL(0.25 ML per 28 day(s) retail); AL(At least 6 yrs old - Up to 17 yrs old); PA
tazarotene CREA 0.05 %	4	QL(60 GM per 30 day(s) retail; 60 GM per 30 days mail); AL(Up to 20 yrs old)
tazarotene CREA 0.1 %	1	QL(60 GM per 30 day(s) retail; 60 GM per 30 days mail)
tazarotene CREA 0.05 %	4	QL(60 GM per 30 day(s) retail; 60 GM per 30 days mail); AL(Up to 20 yrs old); PA

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
tazarotene GEL	4	QL(100 GM per 30 day(s) retail; 100 GM per 30 days mail); AL(Up to 20 yrs old); PA
tazarotene GEL	4	QL(60 GM per 30 day(s) retail; 60 GM per 30 days mail); AL(Up to 20 yrs old); PA
TREMFYA ONE-PRESS SOPN SC 100 MG/ML	4	QL(1 ML per 56 day(s) retail; 1 ML per 56 days mail); AL(At least 18 yrs old); PA
TREMFYA PEN SOAJ 100 MG/ML	4	QL(1 ML per 56 day(s) retail; 1 ML per 56 days mail); AL(At least 18 yrs old); PA
TREMFYA SOSY 100 MG/ML	4	QL(1 ML per 55 day(s) retail; 1 ML per 55 days mail); AL(At least 18 yrs old); PA
USTEKINUMAB-AEKN SOSY SC 90 MG/ML	4	QL(1 ML per 56 day(s) retail; 1 ML per 56 days mail); PA
USTEKINUMAB-AEKN SOSY SC 45 MG/0.5ML	4	QL(0.5 ML per 84 day(s) retail); PA
USTEKINUMAB SOLN 45 MG/0.5ML	4	QL(0.5 ML per 84 day(s) retail); PA
USTEKINUMAB SOSY 90 MG/ML	4	QL(1 ML per 56 day(s) retail; 1 ML per 56 days mail); AL(At least 18 yrs old); PA
USTEKINUMAB SOSY 45 MG/0.5ML	4	QL(0.5 ML per 84 day(s) retail); PA
USTEKINUMAB-TTWE 90 MG/ML	4	QL(1 ML per 56 day(s) retail; 1 ML per 56 days mail); PA
USTEKINUMAB-TTWE 45 MG/0.5ML	4	QL(0.5 ML per 84 day(s) retail); PA
VTAMA	4	QL(60 GM per 30 day(s) retail; 60 GM per 30 days mail); AL(At least 18 yrs old); PA
YESINTEK SOLN 45 MG/0.5ML	2	QL(0.5 ML per 84 day(s) retail)
YESINTEK SOSY 45 MG/0.5ML	2	QL(0.5 ML per 84 day(s) retail)
YESINTEK SOSY 90 MG/ML	2	QL(1 ML per 56 day(s) retail; 1 ML per 56 days mail)
Antiseborrheic Products		
selenium sulfide LOTN 2.5 %	1	
Antivirals - Topical		
acyclovir topical CREA	1	QL(5 GM per 30 day(s) retail; 5 GM per 30 days mail); PA
acyclovir topical OINT	1	QL(30 GM per 30 day(s) retail; 30 GM per 30 days mail)
DENAVIR *(penciclovir)*	4	Brand Required; QL(5 GM per 30 day(s) retail; 5 GM per 30 days mail); PA
penciclovir	4	Brand Required; QL(5 GM per 30 day(s) retail; 5 GM per 30 days mail); PA

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
XERESE	4	QL(5 GM per 30 day(s) retail; 5 GM per 30 days mail); PA
ZELSUVMI GEL EX 10.3 %	4	QL(31 GM per 30 day(s) retail; 31 GM per 30 days mail); PA
Burn Products		
mafenide acetate PACK	1	
SILVADENE *(silver sulfadiazine)*	1	PA
silver sulfadiazine	1	
SULFAMYLON CREA	1	QL(113.4 GM per 14 day(s) retail; 113 GM per 14 days mail)
Cauterizing Agents		
silver nitrate SOLN	1	
SILVER NITRATE SOLN 0.5 %	1	
Corticosteroids - Topical		
alclometasone dipropionate CREA	1	PA
alclometasone dipropionate OINT	1	PA
amcinonide CREA	1	PA
APEXICON E CREA	1	PA
betamethasone dipropionate (topical) CREA	1	
betamethasone dipropionate (topical) LOTN	1	
betamethasone dipropionate (topical) OINT	1	
betamethasone dipropionate augmented CREA	1	
betamethasone dipropionate augmented GEL 0.05 %	1	PA
betamethasone dipropionate augmented LOTN	1	
betamethasone dipropionate augmented OINT	1	
betamethasone valerate CREA	1	
betamethasone valerate FOAM	1	PA
betamethasone valerate LOTN	1	PA
betamethasone valerate OINT	1	
calcipotriene-betamethasone dipropionate OINT	1	PA
calcipotriene-betamethasone dipropionate SUSP	1	PA
clobetasol propionate emollient base 0.05 %	1	
clobetasol propionate emulsion	1	PA
clobetasol propionate CREA 0.025 %	1	PA
clobetasol propionate CREA 0.05 %	1	
clobetasol propionate FOAM	1	
clobetasol propionate GEL 0.05 %	1	1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; PA
clobetasol propionate LIQD	1	PA
clobetasol propionate LOTN	1	PA

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
clobetasol propionate OINT 0.05 %	1	
clobetasol propionate SHAM	1	PA
clobetasol propionate SOLN 0.05 %	1	1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail
clocortolone pivalate	1	PA
CLODAN	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); PA
DERMA-SMOOTHE/FS BODY OIL *(fluocinolone acetonide)*	2	Brand Required; QL(118.28 ML per 15 day(s) retail; 118 ML per 15 days mail); PA
DERMA-SMOOTHE/FS SCALP OIL *(fluocinolone acetonide)*	2	Brand Required; QL(118.28 ML per 15 day(s) retail; 118 ML per 15 days mail); PA
desonide CREA	1	
desonide LOTN	1	PA
desonide OINT	1	
desoximetasone CREA 0.25 %	1	
desoximetasone CREA 0.05 %	1	PA
desoximetasone GEL	1	PA
desoximetasone LIQD	1	QL(100 ML per 30 day(s) retail; 100 ML per 30 days mail); PA
desoximetasone OINT 0.05 %	1	PA
desoximetasone OINT 0.25 %	1	
diflorasone diacetate CREA	1	PA
diflorasone diacetate OINT	1	PA
DIPROLENE OINT *(betamethasone dipropionate augmented)*	1	PA
DUOBRII	4	QL(100 GM per 30 day(s) retail; 100 GM per 30 days mail); PA
ENSTILAR FOAM	1	QL(60 GM per 30 day(s) retail; 60 GM per 30 days mail); AL(At least 18 yrs old); PA
EPIFOAM FOAM	1	
fluocinolone acetonide CREA	1	PA
fluocinolone acetonide OIL	2	Brand Required; QL(118.28 ML per 15 day(s) retail; 118 ML per 15 days mail); PA
fluocinolone acetonide OINT	1	PA
fluocinolone acetonide SOLN	1	
fluocinonide emulsified base	1	1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; PA
fluocinonide CREA	1	
fluocinonide GEL	1	PA
fluocinonide OINT	1	
fluocinonide SOLN	1	
flurandrenolide LOTN	1	QL(120 ML per 30 day(s) retail; 120 ML per 30 days mail); PA
fluticasone propionate CREA 0.05 %	1	

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
fluticasone propionate LOTN	1	QL(120 ML per 30 day(s) retail; 120 ML per 30 days mail); PA
fluticasone propionate OINT	1	
halcinonide CREA	1	PA
halcinonide SOLN 0.1 %	1	PA
halobetasol propionate CREA	1	
halobetasol propionate FOAM	1	QL(50 GM per 30 day(s) retail; 50 GM per 30 days mail); AL(At least 18 yrs old); PA
halobetasol propionate OINT	1	
hydrocortisone (topical) CREA 2.5 %	1	QL(28 GM per 7 day(s) retail; 28 GM per 7 days mail); 1 package(s) per fill retail; 1 package(s) per fill mail
hydrocortisone (topical) CREA 1 %	1	QL(28.4 GM per 7 day(s) retail; 28 GM per 7 days mail); 1 package(s) per fill retail; 1 package(s) per fill mail; RX/OTC
hydrocortisone (topical) CREA 1 %, 2.5 %	1	QL(28.35 GM per 7 day(s) retail; 28 GM per 7 days mail); 1 package(s) per fill retail; 1 package(s) per fill mail; RX/OTC
hydrocortisone (topical) CREA 2.5 %	1	QL(20 GM per 5 day(s) retail; 20 GM per 5 days mail); 1 package(s) per fill retail; 1 package(s) per fill mail
hydrocortisone (topical) CREA 2.5 %	1	QL(30 GM per 7 day(s) retail; 30 GM per 7 days mail); 1 package(s) per fill retail; 1 package(s) per fill mail
hydrocortisone (topical) CREA 2.5 %	1	QL(454 GM per 30 day(s) retail; 454 GM per 30 days mail); 1 package(s) per fill retail; 1 package(s) per fill mail
hydrocortisone (topical) LOTN 2.5 %	1	
hydrocortisone (topical) OINT 2.5 %	1	QL(453.6 GM per 30 day(s) retail; 454 GM per 30 days mail); 1 package(s) per fill retail; 1 package(s) per fill mail
hydrocortisone (topical) OINT 2.5 %	1	QL(20 GM per 5 day(s) retail; 20 GM per 5 days mail); 1 package(s) per fill retail; 1 package(s) per fill mail

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
hydrocortisone (topical) OINT 2.5 %	1	QL(454 GM per 30 day(s) retail; 454 GM per 30 days mail); 1 package(s) per fill retail; 1 package(s) per fill mail
hydrocortisone (topical) OINT 1 %	1	QL(30 GM per 7 day(s) retail; 30 GM per 7 days mail); 1 package(s) per fill retail; 1 package(s) per fill mail; RX/OTC
hydrocortisone (topical) OINT 1 %, 2.5 %	1	QL(28.35 GM per 7 day(s) retail; 28 GM per 7 days mail); 1 package(s) per fill retail; 1 package(s) per fill mail; RX/OTC
hydrocortisone (topical) SOLN 2.5 %	1	QL(30 ML per 30 day(s) retail; 30 ML per 30 days mail); PA
hydrocortisone butyrate CREA	1	PA
hydrocortisone butyrate LOTN	1	PA
hydrocortisone butyrate OINT	1	PA
hydrocortisone butyrate SOLN	1	1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; PA
hydrocortisone valerate CREA	1	
hydrocortisone valerate OINT	1	PA
mometasone furoate CREA	1	
mometasone furoate OINT	1	
mometasone furoate SOLN	1	
PANDEL	1	PA
SYNALAR (CREAM)	1	PA
SYNALAR (OINTMENT)	1	PA
SYNALAR TS	1	PA
SYNALAR CREA *(fluocinolone acetonide)*	1	PA
SYNALAR OINT *(fluocinolone acetonide)*	1	PA
SYNALAR SOLN *(fluocinolone acetonide)*	1	PA
TACLONEX SUSP *(calcipotriene-betamethasone dipropionate)*	1	PA
TOPICORT CREA 0.25 % *(desoximetasone)*	1	PA
TOPICORT GEL *(desoximetasone)*	1	PA
triamcinolone acetonide (topical) AERS	1	PA
triamcinolone acetonide (topical) CREA	1	
triamcinolone acetonide (topical) LOTN	1	
triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide (topical) OINT 0.05 %	1	PA
TRIAMCINOLONE ACETONIDE POWD	1	
ULTRAVATE LOTN	1	QL(60 ML per 30 day(s) retail; 60 ML per 30 days mail); AL(At least 18 yrs old); PA

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
Eczema Agents		
ADBRY SOAJ	4	QL(6 ML per 28 day(s) retail; 6 ML per 28 days mail); AL(At least 18 yrs old); PA
ADBRY SOSY	4	QL(6 ML per 28 day(s) retail; 6 ML per 28 days mail); AL(At least 12 yrs old); PA
ANZUPGO CREA EX 20 MG/GM	1	QL(60 GM per 30 day(s) retail; 60 GM per 30 days mail); AL(At least 18 yrs old); PA
CIBINQO	4	QL(1 EA daily); AL(At least 12 yrs old); PA
DUPIXENT SOAJ 300 MG/2ML	4	QL(4 ML per 28 day(s) retail; 4 ML per 28 days mail); PA
DUPIXENT SOAJ 200 MG/1.14ML	4	QL(2.28 ML per 28 day(s) retail; 2 ML per 28 days mail); PA
DUPIXENT SOSY 200 MG/1.14ML	4	QL(4.56 ML per 28 day(s) retail; 5 ML per 28 days mail); PA
DUPIXENT SOSY 300 MG/2ML	4	QL(4 ML per 28 day(s) retail; 4 ML per 28 days mail); PA
EBGLYSS SOAJ	4	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); AL(At least 12 yrs old); PA
EBGLYSS SOSY	4	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); AL(At least 12 yrs old); PA
OPZELURA	4	1 package(s) per 7 day(s) retail; 1 package(s) per 7 day(s) mail; AL(At least 12 yrs old); PA
Emollient/Keratolytic Agents		
urea CREA 40 %	1	QL(85 GM per 30 day(s) retail; 85 GM per 30 days mail); 1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; RX/OTC
urea CREA 39 %	1	
urea CREA 40 %	1	QL(198 GM per 30 day(s) retail; 198 GM per 30 days mail); 1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; RX/OTC
urea CREA 40 %	1	QL(198.4 GM per 30 day(s) retail; 198 GM per 30 days mail); 1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; RX/OTC
urea CREA 40 %	1	1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; RX/OTC

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
urea CREA 40 %	1	QL(28 GM per 30 day(s) retail; 28 GM per 30 days mail); 1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; RX/OTC
urea CREA 40 %	1	QL(28.35 GM per 30 day(s) retail; 28 GM per 30 days mail); 1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; RX/OTC
Emollients		
lactic acid (ammonium lactate) CREA	1	RX/OTC
lactic acid (ammonium lactate) LOTN 12 %	1	RX/OTC
Enzymes - Topical		
SANTYL OINT	4	Requires EPSDT PA Review; QL(90 GM per 30 day(s) retail; 90 GM per 30 days mail); AL(Up to 20 yrs old); PA
SANTYL OINT	1	Requires EPSDT PA Review; QL(90 GM per 30 day(s) retail; 90 GM per 30 days mail); AL(Up to 20 yrs old); PA
Hair Growth Agents		
LEQSELVI TABS PO 8 MG	4	Requires EPSDT PA Review; QL(2 EA daily); AL(At least 18 yrs old - Up to 20 yrs old); PA
LITFULO	4	Requires EPSDT PA Review; QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); AL(At least 12 yrs old - Up to 20 yrs old); PA
Immunomodulating Agents - Systemic		
NEMLUVIO	4	QL(2 EA per 28 day(s) retail; 2 EA per 28 days mail); AL(At least 18 yrs old); PA
Immunomodulating Agents - Topical		
imiquimod 5 %	1	QL(0.4 EA daily)
imiquimod 3.75 %	4	QL(7.5 GM per 30 day(s) retail; 8 GM per 30 days mail); 1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; AL(At least 13 yrs old); PA

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
imiquimod 3.75 %	4	QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); 1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; AL(At least 13 yrs old); PA
ZYCLARA *(imiquimod)*	4	QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); 1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; AL(At least 13 yrs old); PA
ZYCLARA PUMP	4	1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; AL(At least 13 yrs old); PA
ZYCLARA PUMP *(imiquimod)*	4	QL(7.5 GM per 30 day(s) retail; 8 GM per 30 days mail); 1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; AL(At least 13 yrs old); PA
Immunosuppressive Agents - Topical		
HYFTOR	4	QL(30 GM per 35 day(s) retail; 30 GM per 35 days mail); AL(At least 6 yrs old - Up to 20 yrs old); PA
pimecrolimus	1	1 package(s) per 30 day(s) retail; 90 day(s) max supply per 365 day(s) retail; 1 package(s) per 30 day(s) mail; AL(At least 2 yrs old)
tacrolimus (topical) OINT 0.03 %	1	1 package(s) per 30 day(s) retail; 90 day(s) max supply per 365 day(s) retail; 1 package(s) per 30 day(s) mail; AL(At least 2 yrs old)
tacrolimus (topical) OINT 0.1 %	1	1 package(s) per 30 day(s) retail; 90 day(s) max supply per 365 day(s) retail; 1 package(s) per 30 day(s) mail; AL(At least 15 yrs old)
Keratolytic/Antimitotic/Vesicant Agents		
CONDYLOX GEL *(podofilox)*	1	QL(3.5 GM per fill retail)
PODOCON-25 SOLN	1	Medical Benefit Only
podofilox GEL	1	QL(3.5 GM per fill retail)
podofilox SOLN	1	QL(3.5 ML per fill retail)
SALICYLIC ACID OINT	1	PA; RX/OTC
SALYCIM CREA	1	AL(Up to 20 yrs old)
YCANTH SOLN	4	QL(2 EA per 21 day(s) retail; 2 EA per 21 days mail); AL(At least 2 yrs old); PA

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
YCANTH SOLN	4	Medical Benefit Only; QL(2 EA per 21 day(s) retail; 2 EA per 21 days mail)
Local Anesthetics - Topical		
lidocaine hcl CREA 3 %	1	QL(28.35 GM per 7 day(s) retail; 28 GM per 7 days mail); 1 package(s) per 7 day(s) retail; 1 package(s) per 7 day(s) mail; RX/OTC
lidocaine hcl CREA 3 %	1	QL(85 GM per 7 day(s) retail; 85 GM per 7 days mail); 1 package(s) per 7 day(s) retail; 1 package(s) per 7 day(s) mail; RX/OTC
lidocaine hcl GEL 2 %	1	
lidocaine hcl PRSY	1	
lidocaine hcl SOLN	1	
lidocaine OINT 5 %	1	1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail
lidocaine-prilocaine CREA	1	1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail
lidocaine PTCH 5 %	1	QL(90 EA per 30 day(s) retail; 90 EA per 30 days mail); PA
lidocaine PTCH 5 %	1	QL(90 EA per 30 day(s) retail; 90 EA per 30 days mail)
LIDODERM PTCH *(lidocaine)*	1	QL(90 EA per 30 day(s) retail; 90 EA per 30 days mail); PA
QUTENZA	4	Medical Benefit Only; QL(4 EA per 90 day(s) retail; 4 EA per 90 days mail)
QUTENZA (2 PATCH)	4	Medical Benefit Only; QL(4 EA per 90 day(s) retail; 4 EA per 90 days mail)
QUTENZA (4 PATCH)	4	Medical Benefit Only; QL(4 EA per 90 day(s) retail; 4 EA per 90 days mail)
ZTLIDO PTCH	4	QL(90 EA per 30 day(s) retail; 90 EA per 30 days mail); PA
Misc. Topical		
DRYSOL SOLN	1	AL(Up to 20 yrs old); PA
SOFDRA	4	Requires EPSDT PA Review; QL(40.2 ML per 30 day(s) retail; 40 ML per 30 days mail); AL(At least 9 yrs old - Up to 20 yrs old); PA
XERAC AC	1	AL(Up to 20 yrs old)
Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
EUCRISA	4	1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; PA

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
ZORYVE CREA EX 0.3 %	4	QL(60 GM per 30 day(s) retail; 60 GM per 30 days mail); AL(At least 6 yrs old); PA
ZORYVE CREA EX 0.05 %	4	QL(60 GM per 30 day(s) retail; 60 GM per 30 days mail); AL(At least 2 yrs old - Up to 5 yrs old); PA
ZORYVE CREA EX 0.15 %	1	QL(60 GM per 30 day(s) retail; 60 GM per 30 days mail); AL(At least 6 yrs old); PA
ZORYVE FOAM EX	4	QL(60 GM per 30 day(s) retail; 60 GM per 30 days mail); AL(At least 6 yrs old); PA
Protectives Against UV Radiation		
SCENESSE	4	Medical Benefit Only
Rosacea Agents		
brimonidine tartrate (topical)	4	QL(30 GM per 30 day(s) retail; 30 GM per 30 days mail); AL(At least 18 yrs old - Up to 20 yrs old); PA
doxycycline (rosacea)	4	PA
metronidazole (topical) CREA	1	AL(Up to 20 yrs old)
metronidazole (topical) GEL 1 %	4	AL(Up to 20 yrs old); PA
metronidazole (topical) GEL 0.75 %	1	AL(Up to 20 yrs old)
metronidazole (topical) LOTN	1	AL(Up to 20 yrs old)
NORITATE CREA	4	AL(Up to 20 yrs old); PA
Scabicides & Pediculicides		
crotamiton LOTN	4	1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; AL(At least 18 yrs old); PA
ELIMITE CREA *(permethrin)*	1	1 package(s) per 7 day(s) retail; 1 package(s) per 7 day(s) mail; PA
ivermectin (pediculicide)	1	QL(117 GM per fill retail); PA
malathion	1	1 package(s) per 7 day(s) retail; 1 package(s) per 7 day(s) mail; AL(At least 6 yrs old); PA
NATROBA *(spinosad)*	1	Brand Required; 1 package(s) per 7 day(s) retail; 1 package(s) per 7 day(s) mail
permethrin CREA	1	1 package(s) per 7 day(s) retail; 1 package(s) per 7 day(s) mail
permethrin LIQD EX	1	2 package(s) per 7 day(s) retail; 2 package(s) per 7 day(s) mail; AL(Up to 20 yrs old)
SKLICE *(ivermectin (pediculicide))*	1	QL(117 GM per fill retail); PA

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
spinosad	1	Brand Required; 1 package(s) per 7 day(s) retail; 1 package(s) per 7 day(s) mail; PA
VANALICE GEL	1	AL(Up to 18 yrs old)
Wound Care Products		
FILSUVEZ	4	QL(702 GM per 30 day(s) retail; 702 GM per 30 days mail); PA
VASHE WOUND SOLN 0.033 %	1	Requires EPSDT PA Review; AL(Up to 20 yrs old); PA; RX/OTC
VASHE WOUND SOLN 0.033 %	4	Requires EPSDT PA Review; AL(Up to 20 yrs old); PA; RX/OTC
VYJUVEK	4	QL(10 ML per 28 day(s) retail; 10 ML per 28 days mail); PA
ZEVASKYN (UP TO 12 SHEETS) SHEE EX	1	PA
DIAGNOSTIC PRODUCTS		
Diagnostic Biologicals		
APLISOL	1	QL(0.1 ML per fill retail)
Diagnostic Drugs		
adenosine (diagnostic)	1	Medical Benefit Only
BLUDIGO IV	1	Medical Benefit Only
CHIRHOSTIM	1	Medical Benefit Only
CORTROSYN SOLR *(cosyntropin)*	1	
cosyntropin SOLR	1	
dipyridamole (diagnostic)	1	
GLEOLAN	1	Medical Benefit Only
GLUCAGON HCL (DIAGNOSTIC)	1	
GVOKE VIALDX SOLN IV 1 MG/0.2ML	1	Medical Benefit Only
LEXISCAN *(regadenoson)*	1	Medical Benefit Only
LUMISIGHT	1	Medical Benefit Only
METOPIRONE	1	
regadenoson	1	Medical Benefit Only
R-GENE 10	1	
SINCALIDE	1	Medical Benefit Only
SINCALIDE	1	Medical Benefit Only
THYROGEN 0.9 MG	1	Medical Benefit Only
Diagnostic Radiopharmaceuticals		
AMYVID	1	Medical Benefit Only
AXUMIN	1	Medical Benefit Only
FLYRCADO	1	Medical Benefit Only
ILLUCCIX CONFIGURATION A KIT	1	Medical Benefit Only
ILLUCCIX CONFIGURATION B KIT	1	Medical Benefit Only
LOCAMETZ KIT	1	Medical Benefit Only
NEUROLITE	1	Medical Benefit Only
POSLUMA	1	Medical Benefit Only
PYLARIFY SOSY	1	Medical Benefit Only
TAUVID	1	Medical Benefit Only
XENON XE 133	1	Medical Benefit Only
Diagnostic Tests		

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
ACCU-CHEK GUIDE TEST STRP	1	RX/OTC
ACCU-CHEK GUIDE TEST STRP	4	Requires EPSDT PA Review; PA; RX/OTC
CONTOUR NEXT TEST STRP	2	RX/OTC
EASYMAX TEST STRP	2	RX/OTC
KETONE TEST STRP	1	QL(100 EA per 30 day(s) retail; 100 EA per 30 days mail)
KETOSTIX STRP	1	QL(100 EA per 30 day(s) retail; 100 EA per 30 days mail)
PRECISION XTRA KETONE	1	QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); AL(Up to 4 yrs old)
PRODIGY NO CODING BLOOD GLUC STRP	2	RX/OTC
RELION KETONE TEST STRP	1	QL(100 EA per 30 day(s) retail; 100 EA per 30 days mail)
RELION TRUE METRIX TEST STRIPS STRP	1	RX/OTC
TRUE METRIX BLOOD GLUCOSE TEST STRP	1	RX/OTC
Miscellaneous Contrast Media		
EOVIST	1	Medical Benefit Only
GADAVIST SOLN *(gadobutrol)*	1	Medical Benefit Only
GADAVIST SOSY 10 MMOL/10ML, 15 MMOL/15ML	1	Medical Benefit Only
gadobutrol SOLN	1	Medical Benefit Only
gadoterate meglumine SOLN	1	Medical Benefit Only
gadoterate meglumine SOSY	1	Medical Benefit Only
gadoteridol 279.3 MG/ML	1	Medical Benefit Only
OMNISCAN SOLN IV	1	Medical Benefit Only
Radiographic Contrast Media		
diatrizoate meglumine & sodium PO	1	Medical Benefit Only
iopamidol IV	1	Medical Benefit Only
OMNIPAQUE SOLN PO 12 MG/ML	1	Medical Benefit Only
ULTRAVIST 62 %, 77 %	1	Medical Benefit Only
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
Dietary Management Products		
DEPLIN 7.5	4	Requires EPSDT PA Review; QL(1 EA daily); AL(Up to 20 yrs old); PA
NEOPHE POWD	1	RX/OTC
NEOPHE TABS	1	RX/OTC
URE-NA PACK	4	Requires EPSDT PA Review; AL(Up to 20 yrs old); PA
Infant Foods		
PERIFLEX INFANT POWD	1	
PHENYL-FREE 1 POWD	1	
Nutritional Supplements		
CAMINO PRO COMPLETE/GLYTACTIN BAR	1	RX/OTC
EAA SUPPLEMENT PACK	1	RX/OTC

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
FLAVOR PACKETS PACK	1	AL(Up to 20 yrs old)
GLYTACTIN BETTERMILK 15 PACK	1	RX/OTC
GLYTACTIN BETTERMILK DE-LITE PACK	1	RX/OTC
GLYTACTIN BUILD 10PE PACK	1	RX/OTC
GLYTACTIN BUILD 20/20 PKU PACK	1	RX/OTC
GLYTACTIN BUILD 20/20 PACK	1	RX/OTC
GLYTACTIN BURST PACK	1	RX/OTC
GLYTACTIN COMPLETE 10PE BAR	1	RX/OTC
GLYTACTIN RESTORE 10 LIQD PO	1	RX/OTC
GLYTACTIN RESTORE 5 PACK	1	RX/OTC
GLYTACTIN RESTORE LITE 10 LIQD PO	1	RX/OTC
GLYTACTIN RESTORE LITE 10PE PACK	1	RX/OTC
GLYTACTIN RTD 10 LIQD PO	1	RX/OTC
GLYTACTIN RTD 15 LIQD PO	1	RX/OTC
GLYTACTIN RTD LITE 15 LIQD PO	1	RX/OTC
GLYTACTIN SWIRL 15 PACK	1	RX/OTC
GLYTACTIN SWIRL 15PE PACK	1	RX/OTC
LANAFLEX PACK	1	RX/OTC
LOPHLEX LQ 20 LIQD PO	1	RX/OTC
LOPHLEX PACK	1	RX/OTC
PERIFLEX ADVANCE POWD	1	RX/OTC
PERIFLEX JUNIOR POWD	1	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PHENEX-1 POWD	1	RX/OTC
PHENEX-2 POWD	1	RX/OTC
PHENYLADE DRINK MIX POWD	1	RX/OTC
PHENYLADE ESSENTIAL DRINK MIX PACK	1	RX/OTC
PHENYLADE ESSENTIAL DRINK MIX POWD	1	RX/OTC
PHENYLADE ESSENTIAL MIX/FIBER PACK	1	RX/OTC
PHENYLADE ESSENTIAL MIX/FIBER POWD	1	RX/OTC
PHENYLADE GMP MIX DHA/FIBER POWD	1	RX/OTC
PHENYLADE GMP MIX-IN PACK	1	RX/OTC
PHENYLADE GMP MIX-IN POWD	1	RX/OTC
PHENYLADE GMP READY LIQD PO	1	RX/OTC
PHENYLADE GMP ULTRA PACK	1	RX/OTC
PHENYLADE GMP PACK	1	RX/OTC
PHENYLADE GMP POWD	1	RX/OTC
PHENYLADE RTD PKU 10 LIQD PO	1	RX/OTC
PHENYLADE60 DRINK MIX PACK	1	RX/OTC
PHENYLADE60 DRINK MIX POWD	1	RX/OTC
PHENYL-FREE 2HP POWD	1	RX/OTC
PHENYL-FREE 2 POWD	1	RX/OTC
PHLEXY-10 PACK	1	RX/OTC
PKU 2 POWD	1	RX/OTC
PKU 3 POWD	1	RX/OTC
PKU AIR20 GOLD LIQD PO	1	RX/OTC
PKU AIR20 GREEN LIQD PO	1	RX/OTC

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
PKU AIR20 YELLOW LIQD PO	1	RX/OTC
PKU COOLER 10 LIQD PO	1	RX/OTC
PKU COOLER 15 LIQD PO	1	RX/OTC
PKU COOLER 20 LIQD PO	1	RX/OTC
PKU EASY MICROTABS PLUS TBEC	1	RX/OTC
PKU EASY MICROTABS TBEC	1	RX/OTC
PKU EASY SHAKE & GO POWD	1	RX/OTC
PKU EASY TABS	1	RX/OTC
PKU EXPLORE10 PACK	1	RX/OTC
PKU EXPLORE5 PACK	1	RX/OTC
PKU EXPRESS 15 PLUS+ PACK	1	RX/OTC
PKU EXPRESS 20 PLUS+ PACK	1	RX/OTC
PKU GEL PACK	1	RX/OTC
PKU LOPHLEX LQ 20 LIQD PO	1	RX/OTC
PKU PERIFLEX EARLY YEARS POWD	1	RX/OTC
PKU PERIFLEX JUNIOR PLUS POWD	1	RX/OTC
PKU SPHERE 15 PACK	1	RX/OTC
PKU SPHERE 20 LIQD PO	1	RX/OTC
PKU SPHERE 20 PACK	1	RX/OTC
PKU SPHERE NEXT 15 LIQD PO	1	RX/OTC
PKU START POWD	1	RX/OTC
PKU TRIO POWD	1	RX/OTC
TYR EASY TABS	1	RX/OTC
XPHE MAXAMAID POWD	1	RX/OTC
XPHE-XTYR MAXAMAID POWD	1	RX/OTC
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
CREON CPEP	1	
PANCREAZE CPEP 83900 UNIT-54700 UNIT-21000 UNIT	4	Requires EPSDT PA Review; AL(Up to 20 yrs old); PA
PERTZYE CPEP	4	PA
SUCRAID	4	Requires EPSDT PA Review; PA
SUCRAID	1	AL(Up to 20 yrs old); PA
VIOKACE TABS	4	PA
ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 252600 UNIT-189600 UNIT-60000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT	1	
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		
acetazolamide sodium	1	
acetazolamide CP12	1	
acetazolamide TABS	1	
dichlorphenamide	4	QL(4 EA daily); PA
KEVEYIS *(dichlorphenamide)*	4	QL(4 EA daily); PA
methazolamide TABS 25 MG	4	QL(12 EA daily); PA
methazolamide TABS 50 MG	4	QL(6 EA daily); PA
Diuretic Combinations		

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
amiloride & hydrochlorothiazide	1	
spironolactone & hydrochlorothiazide	1	MP
triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG	1	
triamterene & hydrochlorothiazide TABS	1	
Loop Diuretics		
bumetanide SOLN 0.25 MG/ML	1	
bumetanide TABS	1	
ethacrynate sodium	1	
ethacrynic acid	1	
FUROSCIX CTKT	4	AL(At least 18 yrs old); PA
furosemide SOLN IJ 10 MG/ML	1	
furosemide TABS 20 MG	1	QL(30 EA daily); MP
furosemide TABS 40 MG	1	QL(15 EA daily); MP
furosemide TABS 80 MG	1	QL(8 EA daily); MP
LASIX TABS 20 MG *(furosemide)*	1	QL(30 EA daily); MP; PA
LASIX TABS 80 MG *(furosemide)*	1	QL(8 EA daily); MP; PA
LASIX TABS 40 MG *(furosemide)*	1	QL(15 EA daily); MP; PA
torsemide TABS 5 MG, 10 MG, 20 MG	1	QL(10 EA daily); MP
torsemide TABS 100 MG	1	QL(2 EA daily); MP
Osmotic Diuretics		
mannitol 10 %, 20 %, 25 %	1	
Potassium Sparing Diuretics		
ALDACTONE TABS *(spironolactone)*	1	MP; PA
amiloride hcl TABS	1	
CAROSPIR SUSP *(spironolactone)*	4	QL(473 ML per 30 day(s) retail; 473 ML per 30 days mail); PA
SPIRONOLACTONE POWD	1	
spironolactone SUSP	4	QL(473 ML per 30 day(s) retail; 473 ML per 30 days mail); PA
spironolactone TABS	1	MP
triamterene CAPS	1	
Thiazides and Thiazide-Like Diuretics		
chlorothiazide sodium	1	
chlorthalidone 25 MG, 50 MG	1	
HEMICLOR 12.5 MG	1	QL(8 EA daily); PA
hydrochlorothiazide CAPS	1	QL(3 EA daily); MP
hydrochlorothiazide TABS 12.5 MG	1	
hydrochlorothiazide TABS 25 MG, 50 MG	1	QL(3 EA daily); MP
indapamide TABS 1.25 MG, 2.5 MG	1	QL(2 EA daily); MP
INZIRQO SUSR PO 10 MG/ML	1	QL(8 ML daily); AL(Up to 6 yrs old)
metolazone	1	
THALITONE	1	
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
Adrenal Steroid Inhibitors		
ISTURISA 1 MG	4	QL(8 EA daily); PA
ISTURISA 5 MG	4	QL(2 EA daily); PA

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
RECORLEV	4	QL(250 EA per 30 day(s) retail; 250 EA per 30 days mail); AL(At least 18 yrs old); PA
Bone Density Regulators		
ACTONEL TABS 35 MG *(risedronate sodium)*	4	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); PA
ACTONEL TABS 150 MG *(risedronate sodium)*	4	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); PA
alendronate sodium SOLN	4	QL(300 ML per 28 day(s) retail; 300 ML per 28 days mail); PA
alendronate sodium TABS 35 MG	1	QL(12 EA per 84 day(s) retail; 12 EA per 84 days mail)
alendronate sodium TABS 70 MG	1	QL(13 EA per 90 day(s) retail; 13 EA per 90 days mail); MP
alendronate sodium TABS 10 MG	1	QL(1 EA daily); MP
ATELVIA TBEC *(risedronate sodium)*	4	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); PA
BILDYOS SOSY SC 60 MG/ML	4	QL(1 ML per 180 day(s) retail; 1 ML per 180 days mail)
BILPREVDA SOLN SC 120 MG/1.7ML	4	
BINOSTO TBEF	4	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); PA
BOMYNTRA SOLN SC 120 MG/1.7ML	4	Medical Benefit Only
BOMYNTRA SOSY SC 120 MG/1.7ML	4	Medical Benefit Only
BONSITY SOPN 560 MCG/2.24ML	4	Brand Required; QL(2.24 ML per 28 day(s) retail; 2 ML per 28 days mail); PA
calcitonin (salmon) NA	1	QL(3.7 ML per 30 day(s) retail; 4 ML per 30 days mail)
calcitonin (salmon) IJ	1	
CONEXXENCE SOSY SC 60 MG/ML	4	QL(1 ML per 180 day(s) retail; 1 ML per 180 days mail); PA
EVENITY	4	QL(2.34 ML per 30 day(s) retail; 2 ML per 30 days mail); PA
FORTEO SOPN *(teriparatide)*	4	Brand Required; PA
FORTEO SOPN *(teriparatide)*	4	Brand Required; QL(2.24 ML per 28 day(s) retail; 2 ML per 28 days mail); PA
FOSAMAX PLUS D	1	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); PA
FOSAMAX TABS 70 MG *(alendronate sodium)*	1	QL(13 EA per 90 day(s) retail; 13 EA per 90 days mail); MP; PA
ibandronate sodium SOLN	4	QL(3 ML per 90 day(s) retail; 3 ML per 90 days mail); PA
ibandronate sodium TABS	1	1 package(s) per 84 day(s) retail; 1 package(s) per 84 day(s) mail

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
JUBBONTI SOSY SC 60 MG/ML	1	QL(1 ML per 180 day(s) retail; 1 ML per 180 days mail); PA
MIACALCIN IJ *(calcitonin (salmon))*	1	
OSENVELT SOLN SC 120 MG/1.7ML	1	Medical Benefit Only
pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML	1	
PAMIDRONATE DISODIUM SOLN	1	
PROLIA SOSY	4	QL(1 ML per 180 day(s) retail; 1 ML per 180 days mail); PA
RECLAST SOLN *(zoledronic acid)*	1	QL(100 ML per 365 day(s) retail; 100 ML per 365 days mail)
risedronate sodium TABS 5 MG, 30 MG	4	QL(1 EA daily); PA
risedronate sodium TABS 150 MG	4	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); PA
risedronate sodium TABS 35 MG	4	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); PA
risedronate sodium TBEC	4	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); PA
STOBOCLO SOSY SC 60 MG/ML	4	QL(1 ML per 180 day(s) retail; 1 ML per 180 days mail); PA
teriparatide SOPN	4	Brand Required; QL(2.24 ML per 28 day(s) retail; 2 ML per 28 days mail); PA
TERIPARATIDE SOPN	4	Brand Required; QL(2.48 ML per 28 day(s) retail; 2 ML per 28 days mail); PA
TYMLOS	4	QL(1.56 ML per 30 day(s) retail; 2 ML per 30 days mail); PA
WYOST SOLN SC 120 MG/1.7ML	1	Medical Benefit Only
XGEVA SOLN	4	Medical Benefit Only
zoledronic acid CONC	1	
zoledronic acid SOLN 5 MG/100ML	1	QL(100 ML per 365 day(s) retail; 100 ML per 365 days mail)
ZOLEDRONIC ACID SOLN	1	QL(200 ML per 28 day(s) retail; 200 ML per 28 days mail)
Corticotropin		
ACTHAR GEL PEN SC 40 UNIT/0.5ML, 80 UNIT/ML	4	PA
ACTHAR GEL	4	PA
CORTROPHIN GEL PRSY SC 40 UNIT/0.5ML, 80 UNIT/ML	4	PA
CORTROPHIN GEL	4	PA
Corticotropin-Releasing Factor (CRF) Receptor Antagonists		
CRENESSITY CAPS	1	QL(2 EA daily); AL(At least 4 yrs old); PA
CRENESSITY SOLN	1	QL(2 ML daily); AL(At least 4 yrs old); PA

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
Fertility Regulators		
CHORIONIC GONADOTROPIN IM	4	AL(At least 4 yrs old - Up to 10 yrs old); PA
NOVAREL IM 5000 UNIT	4	AL(At least 4 yrs old - Up to 10 yrs old); PA
PREGNYL IM	4	AL(At least 4 yrs old - Up to 10 yrs old); PA
GnRH/LHRH Antagonists		
ORILISSA 150 MG	4	QL(1 EA daily); AL(At least 18 yrs old); PA
ORILISSA 200 MG	4	QL(2 EA daily); AL(At least 18 yrs old); PA
Growth Hormone Receptor Antagonists		
SOMAVERT	1	
Growth Hormones		
GENOTROPIN MINIQUICK PRSY	1	PA
GENOTROPIN CART SC	1	PA
HUMATROPE CART IJ	4	PA
NGENLA	4	PA
NORDITROPIN FLEXPRO SOPN	4	PA
NUTROPIN AQ NUSPIN 10 SOPN	4	PA
NUTROPIN AQ NUSPIN 20 SOPN	4	PA
NUTROPIN AQ NUSPIN 5 SOPN	4	PA
OMNITROPE SOCT	4	PA
OMNITROPE SOLR SC	4	PA
SEROSTIM SC 4 MG, 5 MG, 6 MG	4	PA
SKYTROFA 0.7 MG, 1.4 MG, 1.8 MG, 2.1 MG, 2.5 MG	1	PA
SKYTROFA	4	PA
SOGROYA	4	PA
ZOMACTON SOLR SC	4	PA
Hormone Receptor Modulators		
EVISTA *(raloxifene hcl)*	1	PA
raloxifene hcl	1	
Insulin-Like Growth Factor Receptor Inhibitors		
TEPEZZA	4	PA
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX	4	PA
LHRH/GnRH Agonist Analog Pituitary Suppressants		
FENSOLVI (6 MONTH) SC	1	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail); AL(At least 2 yrs old); PA
LUPRON DEPOT-PED (1-MONTH)	1	PA
LUPRON DEPOT-PED (3-MONTH)	1	PA
LUPRON DEPOT-PED (6-MONTH) IM	1	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail); PA
SUPPRELIN LA	1	Medical Benefit Only
SYNAREL	1	QL(40 ML per 28 day(s) retail; 40 ML per 28 days mail); AL(Up to 16 yrs old); PA
TRIPTODUR	1	QL(1 EA per 168 day(s) retail; 1 EA per 168 days mail); AL(At least 2 yrs old - Up to 14 yrs old); PA
Menopausal Symptoms Suppressants		

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
VEOZAH	4	QL(1 EA daily); AL(At least 18 yrs old); PA
Metabolic Modifiers		
ALDURAZYME	4	PA
betaine	1	
BRINEURA	4	PA
BUPHENYL POWD *(sodium phenylbutyrate)*	4	PA
BUPHENYL TABS *(sodium phenylbutyrate)*	4	PA
calcitriol CAPS	1	
calcitriol SOLN IV	1	Medical Benefit Only
calcitriol SOLN PO	1	
CARBAGLU *(carglumic acid)*	4	Brand Required; PA
carglumic acid	4	Brand Required; PA
CARNITOR SF SOLN PO *(levocarnitine (metabolic modifiers))*	1	
CARNITOR SOLN PO 1 GM/10ML *(levocarnitine (metabolic modifiers))*	1	PA
CARNITOR SOLN IV 200 MG/ML *(levocarnitine (metabolic modifiers))*	1	
CARNITOR TABS *(levocarnitine (metabolic modifiers))*	1	
cinacalcet hcl	1	
CRYSVITA	4	AL(At least 1 yrs old); PA
CYSTADANE *(betaine)*	1	
doxercalciferol CAPS	4	PA
doxercalciferol SOLN	4	PA
ELAPRASE	4	PA
ELFABRIO	4	AL(At least 18 yrs old); PA
FABRAZYME	4	PA
GALAFOLD	4	QL(14 EA per 28 day(s) retail; 14 EA per 28 days mail); PA
HARLIKU TABS PO 2 MG	4	QL(1 EA daily)
IMCIVREE SOLN SC	4	QL(9 ML per 30 day(s) retail; 9 ML per 30 days mail); AL(At least 6 yrs old); PA
KANUMA	4	Medical Benefit Only
KEBILIDI	1	QL(0.5 ML per 1 day(s) retail); AL(At least 1 yrs old); PA
KUVAN PACK *(sapropterin dihydrochloride)*	4	PA
KUVAN TABS *(sapropterin dihydrochloride)*	4	PA
LAMZEDE	4	PA
levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML	1	
levocarnitine (metabolic modifiers) TABS	1	
LUMIZYME	4	PA
MEPSEVII	4	PA
MYALEPT	4	QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); PA
NAGLAZYME	4	PA
NEXVIAZYME	4	PA
nitisinone CAPS	1	
NITYR TABS	1	
NULIBRY	4	PA
OLPRUVA (3 GM DOSE) THPK	4	QL(90 EA per 30 day(s) retail; 90 EA per 30 days mail); PA

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
OLPRUVA (4 GM DOSE) THPK	4	QL(90 EA per 30 day(s) retail; 90 EA per 30 days mail); PA
OLPRUVA (5 GM DOSE) THPK	4	QL(90 EA per 30 day(s) retail; 90 EA per 30 days mail); PA
OLPRUVA (6 GM DOSE) THPK	4	QL(90 EA per 30 day(s) retail; 90 EA per 30 days mail); PA
OLPRUVA (6.67 GM DOSE) THPK	4	QL(90 EA per 30 day(s) retail; 90 EA per 30 days mail); PA
OPFOLDA	4	QL(8 EA per 28 day(s) retail; 8 EA per 28 days mail); AL(At least 18 yrs old); PA
ORFADIN CAPS *(nitisinone)*	1	
ORFADIN SUSP	1	
PALYNZIQ 2.5 MG/0.5ML	4	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); PA
PALYNZIQ 10 MG/0.5ML	4	QL(7 ML per 28 day(s) retail; 7 ML per 28 days mail); PA
PALYNZIQ 20 MG/ML	4	QL(60 ML per 30 day(s) retail; 60 ML per 30 days mail); PA
paricalcitol CAPS	4	QL(1 EA daily); AL(At least 10 yrs old); PA
paricalcitol SOLN	4	AL(At least 10 yrs old); PA
PARSABIV 10 MG/2ML	4	QL(24 ML per 30 day(s) retail; 24 ML per 30 days mail); PA
PARSABIV 2.5 MG/0.5ML	4	QL(6 ML per 30 day(s) retail; 6 ML per 30 days mail); PA
PARSABIV 5 MG/ML	4	QL(12 ML per 30 day(s) retail; 12 ML per 30 days mail); PA
PHEBURANE PLLT	4	QL(1218 GM per 29 day(s) retail; 1218 GM per 29 days mail); PA
POMBILITI	4	AL(At least 18 yrs old); PA
RAVICTI 1.1 GM/ML *(glycerol phenylbutyrate)*	4	QL(525 ML per 30 day(s) retail; 525 ML per 30 days mail); PA
RAYALDEE	4	QL(1 EA daily); PA
REVCOVI	4	PA
ROCALTROL SOLN PO *(calcitriol)*	1	PA
sapropterin dihydrochloride PACK	4	PA
sapropterin dihydrochloride TABS	4	PA
SENSIPAR 30 MG, 90 MG *(cinacalcet hcl)*	1	PA
SEPHIENCE PACK PO 250 MG, 1000 MG	1	PA
sod benzoate & sod phenylacetate	1	Medical Benefit Only
sodium phenylbutyrate POWD	4	PA
sodium phenylbutyrate TABS	4	PA
STRENSIQ	4	PA
TRYNGOLZA	1	QL(0.8 ML per 28 day(s) retail; 1 ML per 28 days mail); AL(At least 18 yrs old); PA

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
VIMIZIM	4	Medical Benefit Only
VYKAT XR TB24 PO 150 MG	4	QL(3 EA daily); AL(At least 4 yrs old); PA
VYKAT XR TB24 PO 75 MG	4	QL(7 EA daily); AL(At least 4 yrs old); PA
VYKAT XR TB24 PO 25 MG	4	QL(4 EA daily); AL(At least 4 yrs old); PA
XENPOZYME	4	PA
XPHOZAH	4	QL(2 EA daily); AL(At least 18 yrs old); PA
YORVIPATH 168 MCG/0.56ML	1	QL(1.12 ML per 28 day(s) retail; 1 ML per 28 days mail); AL(At least 18 yrs old); PA
YORVIPATH 294 MCG/0.98ML	1	QL(1.96 ML per 28 day(s) retail; 2 ML per 28 days mail); AL(At least 18 yrs old); PA
YORVIPATH 420 MCG/1.4ML	1	QL(2.8 ML per 82 day(s) retail; 3 ML per 82 days mail); AL(At least 18 yrs old); PA
ZEMPLAR CAPS 1 MCG, 2 MCG *(paricalcitol)*	4	QL(1 EA daily); AL(At least 10 yrs old); PA
ZEMPLAR SOLN 5 MCG/ML *(paricalcitol)*	4	AL(At least 10 yrs old); PA
Mineralocorticoid Receptor Antagonists		
KERENDIA	4	QL(1 EA daily); AL(At least 18 yrs old); PA
Natriuretic Peptides		
VOXZOGO	4	QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); AL(At least 5 yrs old); PA
Posterior Pituitary Hormones		
DDAVP PF SOLN IJ *(desmopressin acetate)*	1	PA
DDAVP SOLN IJ 4 MCG/ML *(desmopressin acetate)*	1	PA
DDAVP TABS 0.1 MG *(desmopressin acetate)*	1	MP; PA
DDAVP TABS 0.2 MG *(desmopressin acetate)*	1	QL(6 EA daily); MP; PA
desmopressin acetate spray	1	QL(5 ML per 25 day(s) retail; 5 ML per 25 days mail)
desmopressin acetate spray refrigerated 0.01 %	1	QL(5 ML per 25 day(s) retail; 5 ML per 25 days mail)
desmopressin acetate SOLN IJ	1	
desmopressin acetate TABS 0.1 MG	1	MP
desmopressin acetate TABS 0.2 MG	1	QL(6 EA daily); MP
NOCDURNA SUBL	4	QL(1 EA daily); PA
VASOPRESSIN-SODIUM CHLORIDE SOLN	1	
vasopressin SOLN IV	1	Medical Benefit Only
VASOPRESSIN SOLN IV 20 UNIT/ML *(vasopressin)*	1	Medical Benefit Only
VASOSTRICT SOLN	1	
VASOSTRICT SOLN IV *(vasopressin)*	1	Medical Benefit Only
Progesterone Receptor Antagonists		
MIFEPREX *(mifepristone)*	1	Medical Benefit Only

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
mifepristone	1	Medical Benefit Only
Prolactin Inhibitors		
cabergoline	1	
Somatostatic Agents		
lanreotide acetate	1	QL(0.5 ML per 28 day(s) retail)
LANREOTIDE ACETATE	1	QL(0.5 ML per 28 day(s) retail)
MYCAPSSA CPDR	4	QL(112 EA per 28 day(s) retail; 112 EA per 28 days mail); PA
octreotide acetate KIT 20 MG	1	QL(2 EA per 28 day(s) retail; 2 EA per 28 days mail)
octreotide acetate KIT	1	QL(1 EA per 28 day(s) retail; 1 EA per 28 days mail)
octreotide acetate SOLN	1	
octreotide acetate SOSY	1	
SANDOSTATIN LAR DEPOT KIT 20 MG *(octreotide acetate)*	1	QL(2 EA per 28 day(s) retail; 2 EA per 28 days mail)
SANDOSTATIN LAR DEPOT KIT *(octreotide acetate)*	1	QL(1 EA per 28 day(s) retail; 1 EA per 28 days mail)
SANDOSTATIN SOLN 100 MCG/ML *(octreotide acetate)*	1	PA
SANDOSTATIN SOLN 50 MCG/ML, 500 MCG/ML *(octreotide acetate)*	1	
SIGNIFOR	1	QL(60 ML per 30 day(s) retail; 60 ML per 30 days mail)
SIGNIFOR LAR	4	QL(1 EA per 28 day(s) retail; 1 EA per 28 days mail); PA
SOMATULINE DEPOT 120 MG/0.5ML	1	QL(0.5 ML per 28 day(s) retail)
SOMATULINE DEPOT 90 MG/0.3ML	1	QL(0.3 ML per 28 day(s) retail)
SOMATULINE DEPOT 60 MG/0.2ML	1	QL(0.2 ML per 28 day(s) retail)
Vasopressin Receptor Antagonists		
JYNARQUE TABS 15 MG, 30 MG *(tolvaptan)*	4	Brand Required; QL(2 EA daily)
JYNARQUE TBPK 15 MG *(tolvaptan)*	4	Brand Required; QL(56 EA per 28 day(s) retail; 56 EA per 28 days mail)
SAMSCA TABS *(tolvaptan)*	4	QL(2 EA daily); PA
tolvaptan TABS	4	Brand Required; QL(2 EA daily); PA
tolvaptan TBPK 15 MG	4	Brand Required; QL(56 EA per 28 day(s) retail; 56 EA per 28 days mail); PA
VAPRISOL	1	
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
ACTIVELLA TABS 1 MG-0.5 MG *(estradiol & norethindrone acetate)*	1	GL; PA
ANGELIQ	1	GL
BIJUVA	4	QL(1 EA daily); PA
CLIMARA PRO	1	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); GL
COMBIPATCH PTTW	1	QL(8 EA per 28 day(s) retail; 8 EA per 28 days mail); GL

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
DUAVEE	4	QL(1 EA daily); GL; PA
estradiol & norethindrone acetate TABS	1	
estradiol & norethindrone acetate TABS	1	GL
MYFEMBREE	4	QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); GL; PA
norethindrone acetate-ethinyl estradiol	1	GL
ORIAHNN	4	QL(56 EA per 28 day(s) retail; 56 EA per 28 days mail); PA
PREMPHASE	1	GL
PREMPRO	1	GL
Estrogens		
CLIMARA PTWK 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR *(estradiol)*	1	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); GL; PA
DELESTROGEN 20 MG/ML *(estradiol valerate)*	1	GL; PA
DELESTROGEN 10 MG/ML *(estradiol valerate)*	1	GL
DEPO-ESTRADIOL	1	GL
DIVIGEL GEL 0.5 MG/0.5GM *(estradiol)*	1	QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); AL(At least 1 yrs old); GL
DIVIGEL GEL 0.25 MG/0.25GM, 0.75 MG/0.75GM, 1 MG/GM *(estradiol)*	1	QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); GL
DIVIGEL GEL 1.25 MG/1.25GM *(estradiol)*	1	QL(37.5 GM per 30 day(s) retail; 38 GM per 30 days mail); GL
ELESTRIN GEL	1	QL(52 GM per 30 day(s) retail; 52 GM per 30 days mail); AL(Up to 65 yrs old); GL
ESTRACE TABS *(estradiol)*	1	GL; PA
estradiol valerate	1	GL
estradiol GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM	1	QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail)
estradiol GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM	1	QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); GL
estradiol GEL 1.25 MG/1.25GM	1	QL(37.5 GM per 30 day(s) retail; 38 GM per 30 days mail)
estradiol GEL 1.25 MG/1.25GM	1	QL(37.5 GM per 30 day(s) retail; 38 GM per 30 days mail); GL
estradiol GEL	1	QL(50 GM per 30 day(s) retail; 50 GM per 30 days mail); GL
estradiol PTTW	1	QL(8 EA per 28 day(s) retail; 8 EA per 28 days mail); GL
estradiol PTWK	1	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); GL
estradiol TABS	1	GL

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
EVAMIST SOLN	1	QL(8.1 ML per 55 day(s) retail; 8 ML per 55 days mail); GL
MENEST 2.5 MG	1	GL
MENOSTAR PTWK	1	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); GL
MINIVELLE PTTW *(estradiol)*	1	QL(8 EA per 28 day(s) retail; 8 EA per 28 days mail); GL; PA
PREMARIN SOLR	1	GL
PREMARIN TABS 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG *(estrogens, conjugated)*	1	GL
VIVELLE-DOT PTTW 0.05 MG/24HR *(estradiol)*	1	QL(8 EA per 28 day(s) retail; 8 EA per 28 days mail); PA
VIVELLE-DOT PTTW 0.025 MG/24HR, 0.0375 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR *(estradiol)*	1	QL(8 EA per 28 day(s) retail; 8 EA per 28 days mail); GL; PA
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
BAXDELA SOLR	4	QL(2 EA daily); PA
BAXDELA TABS	4	QL(28 EA per 14 day(s) retail; 28 EA per 14 days mail); PA
ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG	1	
ciprofloxacin in d5w	1	
CIPRO SUSR	1	AL(Up to 6 yrs old)
CIPRO TABS 250 MG, 500 MG *(ciprofloxacin hcl)*	1	PA
levofloxacin in d5w	1	
levofloxacin SOLN PO	1	AL(Up to 6 yrs old)
levofloxacin TABS 750 MG	1	QL(1 EA daily)
levofloxacin TABS 250 MG, 500 MG	1	
moxifloxacin hcl in sodium chloride	1	
MOXIFLOXACIN HCL SOLN 400 MG/250ML	1	
moxifloxacin hcl TABS	1	QL(21 EA per 20 day(s) retail; 21 EA per 20 days mail)
ofloxacin 300 MG, 400 MG	4	QL(2 EA daily); PA
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
5-HT4 Receptor Agonists		
MOTEGRITY *(prucalopride succinate)*	4	QL(1 EA daily); PA
prucalopride succinate	4	QL(1 EA daily); PA
Agents for Chronic Idiopathic Constipation (CIC)		
TRULANCE	4	QL(1 EA daily); AL(At least 18 yrs old); PA
Bile Acid Synthesis Disorder Agents		
CHOLBAM	4	QL(4 EA daily); PA
CTEXLI TABS PO 250 MG	1	QL(3 EA daily); AL(At least 16 yrs old); PA
Farnesoid X Receptor (FXR) Agonists		
OCALIVA	4	QL(1 EA daily); PA
Gallstone Solubilizing Agents		
chenodiol	1	QL(3 EA daily)
RELTONE CAPS 200 MG	4	PA
RELTONE CAPS 400 MG	1	PA

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
URSO FORTE TABS *(ursodiol)*	1	
ursodiol CAPS	1	
ursodiol TABS	1	
Gastrointestinal Antiallergy Agents		
cromolyn sodium (mastocytosis)	1	
GASTROCROM *(cromolyn sodium (mastocytosis))*	1	PA
Gastrointestinal Chloride Channel Activators		
AMITIZA *(lubiprostone)*	4	QL(100 EA per 50 day(s) retail; 100 EA per 50 days mail); PA
lubiprostone	4	QL(100 EA per 50 day(s) retail; 100 EA per 50 days mail); PA
Gastrointestinal Stimulants		
GIMOTI SOLN NA	4	QL(9.8 ML per 28 day(s) retail; 10 ML per 28 days mail); AL(At least 18 yrs old - Up to 65 yrs old); PA
METOCLOPRAMIDE HCL MONOHYDRATE	1	
METOCLOPRAMIDE HCL POWD	1	
metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML	1	
metoclopramide hcl TABS	1	
REGLAN TABS *(metoclopramide hcl)*	1	PA
Hepatotropics		
REZDIFFRA	4	QL(1 EA daily); AL(At least 18 yrs old); PA
Ileal Bile Acid Transporter (IBAT) Inhibitors		
BYLVAY (PELLETS) CPSP	4	PA
BYLVAY CAPS	4	PA
LIVMARLI PO 10 MG, 15 MG, 20 MG	4	QL(2 EA daily); PA
LIVMARLI 19 MG/ML	4	QL(2 ML daily); PA
LIVMARLI 9.5 MG/ML	4	QL(90 ML per 30 day(s) retail; 90 ML per 30 days mail); PA
LIVMARLI PO 30 MG	4	QL(1 EA daily); PA
Inflammatory Bowel Agents		
AVSOLA	4	QL(8 EA per 28 day(s) retail; 8 EA per 28 days mail); PA
AZULFIDINE EN-TABS TBEC *(sulfasalazine)*	1	PA
AZULFIDINE TABS *(sulfasalazine)*	1	PA
balsalazide disodium CAPS	1	QL(9 EA daily); AL(At least 5 yrs old)
CANASA SUPP *(mesalamine)*	1	QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); PA
CIMZIA (1 SYRINGE) PSKT 200 MG/ML	1	QL(3 EA per 42 day(s) retail; 3 EA per 42 days mail); PA
CIMZIA (2 SYRINGE) PSKT	1	QL(3 EA per 42 day(s) retail; 3 EA per 42 days mail); PA
CIMZIA KIT	1	QL(1 EA per 28 day(s) retail; 1 EA per 28 days mail); PA
CIMZIA-STARTER PSKT	1	QL(3 EA per 42 day(s) retail; 3 EA per 42 days mail); PA
DIPENTUM	1	QL(4 EA daily)

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
ENTYVIO PEN SOAJ	4	QL(1.36 ML per 28 day(s) retail; 1 ML per 28 days mail); PA
ENTYVIO SOLR	4	QL(1 EA per 14 day(s) retail; 1 EA per 14 days mail); PA
IMULDOSA SOLN IV 130 MG/26ML	2	QL(104 ML per 365 day(s) retail; 104 ML per 365 days mail)
INFLECTRA SOLR	2	QL(8 EA per 28 day(s) retail; 8 EA per 28 days mail)
INFLIXIMAB	4	QL(16 EA per 56 day(s) retail; 16 EA per 56 days mail); PA
LIALDA TBEC *(mesalamine)*	1	QL(4 EA daily); PA
mesalamine w/ cleanser	1	PA
mesalamine CP24	1	QL(4 EA daily)
mesalamine CPCR	1	Brand Required; QL(8 EA daily); 56 day(s) max supply per 999 day(s) retail; 56 day(s) max supply per 999 day(s) mail; PA
mesalamine CPDR	1	QL(6 EA daily)
mesalamine ENEM	1	QL(1800 ML per 30 day(s) retail; 1800 ML per 30 days mail)
mesalamine SUPP	1	QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail)
mesalamine TBEC 1.2 GM	1	QL(4 EA daily)
mesalamine TBEC 800 MG	4	QL(6 EA daily); PA
OMVOH (300 MG DOSE) SOAJ	4	QL(3 ML per 63 day(s) retail; 3 ML per 63 days mail); PA
OMVOH (300 MG DOSE) SOSY	4	QL(3 ML per 63 day(s) retail; 3 ML per 63 days mail); PA
OMVOH SOAJ	4	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); PA
OMVOH SOLN	4	QL(15 ML per 28 day(s) retail; 15 ML per 28 days mail); PA
OMVOH SOSY	4	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); PA
OTULFI SOLN IV 130 MG/26ML	4	QL(104 ML per 365 day(s) retail; 104 ML per 365 days mail); PA
PENTASA CPCR *(mesalamine)*	1	Brand Required; QL(8 EA daily); 56 day(s) max supply per 999 day(s) retail; 56 day(s) max supply per 999 day(s) mail
PENTASA CPCR 250 MG	1	QL(16 EA daily); 56 day(s) max supply per 999 day(s) retail; 56 day(s) max supply per 999 day(s) mail
PYZCHIVA 130 MG/26ML	2	QL(104 ML per 365 day(s) retail; 104 ML per 365 days mail)

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
REMICADE	4	QL(16 EA per 56 day(s) retail; 16 EA per 56 days mail); PA
RENFLEXIS	4	QL(8 EA per 28 day(s) retail; 8 EA per 28 days mail); PA
ROWASA *(mesalamine w/ cleanser)*	1	PA
SELARSDI SOLN IV 130 MG/26ML	2	QL(104 ML per 365 day(s) retail; 104 ML per 365 days mail)
SFROWASA ENEM	1	QL(1800 ML per 30 day(s) retail; 1800 ML per 30 days mail); PA
SKYRIZI SOCT 180 MG/1.2ML	4	QL(1.2 ML per 56 day(s) retail; 1 ML per 56 days mail); PA
SKYRIZI SOCT 360 MG/2.4ML	4	QL(2.4 ML per 56 day(s) retail; 2 ML per 56 days mail); PA
SKYRIZI SOLN	4	QL(10 ML per 28 day(s) retail; 10 ML per 28 days mail); PA
STELARA 130 MG/26ML	4	QL(104 ML per 365 day(s) retail; 104 ML per 365 days mail); PA
STEQEYMA	2	QL(104 ML per 365 day(s) retail; 104 ML per 365 days mail)
SULFASALAZINE POWD	1	
sulfasalazine TABS	1	
sulfasalazine TBEC	1	

Drug Name	Drug Tier	Requirements/ Limits
TREMFYA PEN SOAJ SC 200 MG/2ML	4	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); AL(At least 18 yrs old); PA
TREMFYA-CD/UC INDUCTION SOAJ SC 200 MG/2ML	4	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); AL(At least 18 yrs old); PA
TREMFYA SOLN IV	4	QL(20 ML per 28 day(s) retail; 20 ML per 28 days mail); AL(At least 18 yrs old); PA
TREMFYA SOSY SC 200 MG/2ML	4	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); AL(At least 18 yrs old); PA
USTEKINUMAB 130 MG/26ML	4	QL(104 ML per 365 day(s) retail; 104 ML per 365 days mail); PA
USTEKINUMAB-TTWE	4	QL(104 ML per 365 day(s) retail; 104 ML per 365 days mail); PA
VELSIPITY	4	QL(1 EA daily); PA
YESINTEK 130 MG/26ML	2	QL(104 ML per 365 day(s) retail; 104 ML per 365 days mail)
ZYMFENTRA (1 PEN) AJKT	4	QL(2 EA per 28 day(s) retail; 2 EA per 28 days mail); PA
ZYMFENTRA (2 PEN) AJKT	4	QL(2 EA per 28 day(s) retail; 2 EA per 28 days mail); PA

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
ZYMFENTRA (2 SYRINGE) PSKT	4	QL(2 EA per 28 day(s) retail; 2 EA per 28 days mail); PA
Intestinal Acidifiers		
lactulose (encephalopathy)	1	
Irritable Bowel Syndrome (IBS) Agents		
alosetron hcl	1	QL(2 EA daily)
IBSRELA	4	QL(2 EA daily); AL(At least 18 yrs old); PA
LINZESS	4	QL(1 EA daily); AL(At least 6 yrs old); PA
LOTRONEX *(alosetron hcl)*	1	QL(2 EA daily); PA
VIBERZI	4	QL(2 EA daily); AL(At least 18 yrs old); PA
Live Fecal Microbiota		
REBYOTA	4	Medical Benefit Only
VOWST	4	QL(4 EA daily); AL(At least 18 yrs old); PA
Peripheral Opioid Receptor Antagonists		
alvimopan	1	Medical Benefit Only
ENTEREG *(alvimopan)*	1	Medical Benefit Only
MOVANTIK	4	QL(1 EA daily); PA
RELISTOR SOLN 12 MG/0.6ML	4	QL(18 ML per 30 day(s) retail; 18 ML per 30 days mail); AL(At least 18 yrs old); PA
RELISTOR SOSY SC 8 MG/0.4ML	4	QL(12 ML per 30 day(s) retail; 12 ML per 30 days mail); AL(At least 18 yrs old); PA
RELISTOR SOSY SC 12 MG/0.6ML	4	QL(18 ML per 30 day(s) retail; 18 ML per 30 days mail); AL(At least 18 yrs old); PA
RELISTOR TABS	4	QL(3 EA daily); AL(At least 18 yrs old); PA
SYMPROIC	4	QL(1 EA daily); AL(At least 18 yrs old); PA
Peroxisome Proliferator-Activated Receptor(PPAR) Agonists		
IQIRVO	1	QL(1 EA daily); AL(At least 18 yrs old); PA
LIVDELZI	1	QL(1 EA daily); AL(At least 18 yrs old); PA
Phosphate Binder Agents		
AURYXIA 210 MG *(ferric citrate)*	4	QL(360 EA per 30 day(s) retail; 360 EA per 30 days mail); AL(At least 19 yrs old); PA
calcium acetate (phosphate binder) CAPS	1	
calcium acetate (phosphate binder) TABS	1	RX/OTC
ferric citrate	4	QL(360 EA per 30 day(s) retail; 360 EA per 30 days mail); AL(At least 19 yrs old); PA
FOSRENOL CHEW *(lanthanum carbonate)*	4	Brand Required; PA
FOSRENOL PACK	4	Brand Required; PA
lanthanum carbonate CHEW	4	Brand Required; PA
RENVELA PACK *(sevelamer carbonate)*	1	PA

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
RENVELA TABS *(sevelamer carbonate)*	1	PA
sevelamer carbonate PACK	1	
sevelamer carbonate TABS	1	
sevelamer hcl	4	PA
VELPHORO	4	PA
Short Bowel Syndrome (SBS) Agents		
GATTEX	4	QL(1 EA per fill retail); PA
GENERAL ANESTHETICS		
Anesthetics - Misc.		
AMIDATE *(etomidate)*	1	
DIPRIVAN EMUL *(propofol)*	1	
DIPRIVAN EMUL	1	
etomidate	1	
KETALAR SOLN IJ *(ketamine hcl)*	1	Medical Benefit Only
ketamine hcl SOLN IJ	1	Medical Benefit Only
propofol EMUL 200 MG/20ML, 500 MG/50ML, 1000 MG/100ML	1	
Barbiturate Anesthetics		
BREVITAL SODIUM SOLR *(methohexital sodium)*	1	
methohexital sodium SOLR	1	
Volatile Anesthetics		
desflurane	1	
FORANE *(isoflurane)*	1	
isoflurane	1	
sevoflurane	1	
SUPRANE *(desflurane)*	1	
ULTANE *(sevoflurane)*	1	
GENITOURINARY AGENTS - MISCELLANEOUS -		

Drug Name	Drug Tier	Requirements/ Limits
Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Acidifiers		
K-PHOS NO 2	1	
Alkalinizers		
ORACIT	1	
ORAL CITRATE	1	
potassium citrate (alkalinizer) TBCR	1	
potassium citrate-citric acid SOLN	1	PA; RX/OTC
sodium citrate & citric acid	1	RX/OTC
UROCIT-K 10 TBCR *(potassium citrate (alkalinizer))*	1	PA
UROCIT-K 15 TBCR *(potassium citrate (alkalinizer))*	1	PA
Cystinosis Agents		
CYSTAGON CAPS	1	
PROCYSBI CPDR	4	PA
PROCYSBI PACK	4	PA
Genitourinary Irrigants		
acetic acid 0.25 %	1	
glycine (gu irrigant) SOLN 1.5 %	1	
sodium chloride (gu irrigant) 0.9 %	1	
SORBITOL 3 %	1	
SORBITOL-MANNITOL 2.7 GM/100ML-0.54 GM/100ML	1	
Hyperoxaluria Agents		
OXLUMO	4	PA

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
RIVFLOZA SOLN	4	QL(1 ML per 30 day(s) retail; 1 ML per 30 days mail); AL(At least 9 yrs old - Up to 11 yrs old); PA
RIVFLOZA SOSY 128 MG/0.8ML	4	QL(0.8 ML per 30 day(s) retail; 1 ML per 30 days mail); AL(At least 9 yrs old); PA
RIVFLOZA SOSY 160 MG/ML	4	QL(1 ML per 30 day(s) retail; 1 ML per 30 days mail); AL(At least 9 yrs old); PA
IgA Nephropathy (IgAN) Agents		
FILSPARI	4	QL(1 EA daily); AL(At least 18 yrs old); PA
VANRAFIA TABS PO 0.75 MG	1	QL(1 EA daily); AL(At least 18 yrs old); PA
Interstitial Cystitis Agents		
ELMIRON CAPS	1	
RIMSO-50	1	
Prostatic Hypertrophy Agents		
alfuzosin hcl	1	QL(1 EA daily); MP
CARDURA XL	2	ST
dutasteride	1	QL(1 EA daily); MP
dutasteride-tamsulosin hcl	2	ST
finasteride	1	QL(1 EA daily); MP
PROSCAR *(finasteride)*	1	QL(1 EA daily); MP; PA
RAPAFLO *(silodosin)*	2	ST; PA
silodosin	2	ST
tamsulosin hcl	1	QL(2 EA daily); MP
Urinary Stone Agents		
LITHOSTAT	1	
THIOLA EC TBEC *(tiopronin)*	1	
THIOLA TABS *(tiopronin)*	1	Brand Required; QL(3 EA daily)
tiopronin TABS	1	Brand Required; QL(3 EA daily); PA
tiopronin TBEC	1	PA
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
colchicine w/ probenecid	1	
Gout Agents		
allopurinol 100 MG, 300 MG	1	
allopurinol 200 MG	4	PA
allopurinol sodium	1	Medical Benefit Only
ALOPRIM *(allopurinol sodium)*	1	Medical Benefit Only
colchicine CAPS	4	QL(2 EA daily); PA
colchicine CAPS	4	QL(2 EA daily)
colchicine TABS	1	QL(2 EA daily)
COLCRYS TABS *(colchicine)*	1	QL(2 EA daily); PA
febuxostat	4	QL(1 EA daily); PA
GLOPERBA SOLN PO	4	QL(300 ML per 30 day(s) retail; 300 ML per 30 days mail); PA
KRYSTEXXA	4	Medical Benefit Only
KRYSTEXXA	1	Medical Benefit Only
MITIGARE CAPS *(colchicine)*	4	QL(2 EA daily); PA
ULORIC *(febuxostat)*	4	QL(1 EA daily); PA
Uricosurics		

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
probenecid	1	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Aminolevulinate Synthase 1-Directed siRNA		
GIVLAARI	4	PA
Antihemophilic Products		
ADVATE	1	
ADYNOVATE	4	PA
AFSTYLA 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 2500 UNIT	4	PA
ALHEMO	1	AL(At least 12 yrs old); PA
ALPHANATE SOLR	1	
ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	1	
ALPROLIX	4	PA
ALTUVIIIO 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT	4	PA
BALFAXAR	1	Medical Benefit Only
BENEFIX KIT	1	
BEQVEZ	1	QL(1 EA per 1 day(s) retail; 1 EA per 1 days mail); AL(At least 18 yrs old); PA
COAGADEX	4	PA
CORIFACT	4	PA
ELOCTATE	4	PA
ESPEROCT	4	PA
FEIBA	4	PA
FIBRYGA 2 GM	1	

Drug Name	Drug Tier	Requirements/ Limits
HEMGENIX	4	QL(1 EA per fill retail); AL(At least 19 yrs old); PA
HEMLIBRA	4	PA
HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT	1	
HUMATE-P SOLR	1	
HYMPAVZI	1	QL(4 ML per 28 day(s) retail; 4 ML per 28 days mail); AL(At least 12 yrs old); PA
IDELVION	4	PA
IXINITY SOLR	1	
JIVI	4	PA
KCENTRA	1	
KOATE SOLR	1	
KOVALTRY	1	
NOVOEIGHT	1	
NOVOSEVEN RT	4	PA
NUWIQ KIT	1	
OBIZUR	4	PA
PROFILNINE	1	
QFITLIA SOAJ SC 50 MG/0.5ML	1	QL(0.5 ML per 60 day(s) retail); AL(At least 12 yrs old); PA
QFITLIA SOLN SC 20 MG/0.2ML	1	QL(0.2 ML per 60 day(s) retail); AL(At least 12 yrs old); PA
REBINYN	4	PA
RECOMBINATE SOLR	1	
RIASTAP	1	
RIXUBIS SOLR	1	

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
ROCTAVIAN	4	QL(1 EA per fill retail); AL(At least 18 yrs old); PA
SEVENFACT	4	PA
TRETTEN	4	PA
VONVENDI	1	
WILATE KIT	1	
XYNTHA	1	
XYNTHA SOLOFUSE	1	
Bradykinin B2 Receptor Antagonists		
FIRAZYR SOSY *(icatibant acetate)*	4	PA
icatibant acetate SOSY	4	PA
Complement Inhibitors		
BERINERT KIT	4	PA
BKEMV SOLN IV 300 MG/30ML	1	PA
CINRYZE SOLR IV	4	QL(16 EA per 28 day(s) retail; 16 EA per 28 days mail); PA
EMPAVELI	4	QL(160 ML per 28 day(s) retail; 160 ML per 28 days mail); AL(At least 18 yrs old); PA
ENJAYMO	4	QL(308 ML per 28 day(s) retail; 308 ML per 28 days mail); AL(At least 18 yrs old); PA
EPYSQLI SOLN IV 300 MG/30ML	1	PA
FABHALTA	1	QL(2 EA daily); AL(At least 18 yrs old); PA
HAEGARDA SOLR SC	4	PA
PIASKY	1	Medical Benefit Only
RUCONEST	4	QL(1 EA per 28 day(s) retail; 1 EA per 28 days mail); PA
SOLIRIS	4	PA
TAVNEOS	4	QL(6 EA daily); AL(At least 18 yrs old); PA
ULTOMIRIS	4	PA
VEOPOZ	4	QL(16 ML per 28 day(s) retail; 16 ML per 28 days mail); AL(At least 1 yrs old); PA
VOYDEYA TABS	1	QL(180 EA per 30 day(s) retail; 180 EA per 30 days mail); PA
VOYDEYA TBPK	1	QL(180 EA per 30 day(s) retail; 180 EA per 30 days mail); PA
ZILBRYSQ 32.4 MG/0.81ML	4	QL(22.68 ML per 28 day(s) retail; 23 ML per 28 days mail); AL(At least 18 yrs old); PA
ZILBRYSQ 16.6 MG/0.416ML	4	QL(11.648 ML per 28 day(s) retail; 12 ML per 28 days mail); AL(At least 18 yrs old); PA
ZILBRYSQ 23 MG/0.574ML	4	QL(16.072 ML per 28 day(s) retail; 16 ML per 28 days mail); AL(At least 18 yrs old); PA
Hemataologic - Tyrosine Kinase Inhibitors		
TAVALISSE	4	QL(2 EA daily); PA

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
WAYRILZ TABS PO 400 MG	4	QL(60 EA per 30 day(s) retail; 60 EA per 30 days mail); AL(At least 18 yrs old); PA
Hematological Enzymes - Misc		
ADZYNMA	1	PA
Hematorheologic Agents		
pentoxifylline	1	
Hemin		
PANHEMATIN 350 MG	1	Medical Benefit Only
Human Protein C		
CEPROTIN	1	
Plasma Expanders		
dextran 40 in d5w	1	
dextran 40 in saline	1	
hetastarch (hes /0.7 or /0.75) in sodium chloride	1	
HEXTEND	1	
Plasma Factor XIIa Inhibitors		
ANDEMBRY SOAJ SC 200 MG/1.2ML	4	QL(1.2 ML per 30 day(s) retail; 1 ML per 30 days mail); PA
Plasma Kallikrein Inhibitors		
EKTERLY TABS PO 300 MG	1	PA
KALBITOR	4	PA
ORLADEYO	4	QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); AL(At least 12 yrs old); PA

Drug Name	Drug Tier	Requirements/ Limits
TAKHZYRO SOLN	4	QL(4 ML per 28 day(s) retail; 4 ML per 28 days mail); AL(At least 12 yrs old); PA
TAKHZYRO SOSY 300 MG/2ML	4	QL(4 ML per 28 day(s) retail; 4 ML per 28 days mail); AL(At least 12 yrs old); PA
TAKHZYRO SOSY 150 MG/ML	4	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); AL(At least 2 yrs old - Up to 11 yrs old); PA
Plasma Proteins		
ALBUKED 25	1	
ALBUKED 5	1	
ALBUMIN HUMAN	1	
ALBUMINEX	1	
ALBURX	1	
ALBUTEIN	1	
FLEXBUMIN	1	
KEDBUMIN	1	
OCTAPLAS BLOOD GROUP A	1	Medical Benefit Only
OCTAPLAS BLOOD GROUP AB	1	Medical Benefit Only
OCTAPLAS BLOOD GROUP B	1	Medical Benefit Only
OCTAPLAS BLOOD GROUP O	1	Medical Benefit Only
RYPLAZIM	4	PA
THROMBATE III 500 UNIT	1	
Platelet Aggregation Inhibitors		
AGGRASTAT *(tirofiban hcl in sodium chloride)*	1	
AGGRASTAT 3.75 MG/15ML	1	

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
AGRYLIN 0.5 MG *(anagrelide hcl)*	1	PA
anagrelide hcl	1	
aspirin-dipyridamole	1	QL(2 EA daily); AL(At least 18 yrs old); PA
BRILINTA 60 MG *(ticagrelor)*	1	QL(2 EA daily); 365 day(s) max supply per 999 day(s) retail
BRILINTA 90 MG *(ticagrelor)*	1	QL(61 EA per 30 day(s) retail; 61 EA per 30 days mail); 365 day(s) max supply per 999 day(s) retail
CABLIVI	4	QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); PA
cilostazol	1	
clopidogrel bisulfate	1	QL(1 EA daily); MP
dipyridamole	1	QL(4 EA daily); MP
EFFIENT *(prasugrel hcl)*	1	QL(35 EA per 30 day(s) retail; 35 EA per 30 days mail); PA
eptifibatide 20 MG/10ML, 200 MG/100ML	1	
eptifibatide 75 MG/100ML	1	Medical Benefit Only
KENGREAL	1	Medical Benefit Only
PLAVIX 75 MG *(clopidogrel bisulfate)*	1	QL(1 EA daily); MP; PA
prasugrel hcl	1	QL(35 EA per 30 day(s) retail; 35 EA per 30 days mail)
ticagrelor 60 MG	1	QL(2 EA daily)
ticagrelor 90 MG	1	QL(61 EA per 30 day(s) retail; 61 EA per 30 days mail)
ticagrelor 90 MG	1	QL(61 EA per 30 day(s) retail; 61 EA per 30 days mail); 365 day(s) max supply per 999 day(s) retail
tirofiban hcl in sodium chloride	1	
Prekallikrein-Directed Antisense Oligonucleotides (ASO)		
DAWNZERA SOAJ SC 80 MG/0.8ML	4	QL(0.8 ML per 28 day(s) retail; 1 ML per 28 days mail); AL(At least 12 yrs old)
Protamine		
protamine sulfate	1	
Pyruvate Kinase Activators		
PYRUKYND TAPER PACK TBPK	4	QL(7 EA per fill retail); AL(At least 18 yrs old); PA
PYRUKYND TAPER PACK TBPK	4	QL(14 EA per 14 day(s) retail; 14 EA per 14 days mail); AL(At least 18 yrs old); PA
PYRUKYND TABS	4	QL(56 EA per 28 day(s) retail; 56 EA per 28 days mail); AL(At least 18 yrs old); PA
Thrombolytic Agent - Misc		
DEFITELIO	4	Medical Benefit Only
Thrombolytic Enzymes		
ACTIVASE IV	1	
CATHFLO ACTIVASE IJ	1	
TNKASE	1	Medical Benefit Only

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
CERDELGA	4	QL(56 EA per 28 day(s) retail; 56 EA per 28 days mail); PA
CEREZYME 400 UNIT	4	PA
ELELYSO	4	PA
miglustat	4	Brand Required; QL(3 EA daily); PA
miglustat	1	Brand Required; QL(3 EA daily); PA
VPRIV	4	PA
ZAVESCA *(miglustat)*	1	Brand Required; QL(3 EA daily); PA
Agents for Sickle Cell Disease		
ADAKVEO	4	PA
CASGEVY	4	Medical Benefit Only
DROXIA CAPS	1	
ENDARI *(glutamine (sickle cell))*	4	Brand Required; AL(At least 5 yrs old)
glutamine (sickle cell)	4	Brand Required; AL(At least 5 yrs old); PA
LYFGENIA	4	Medical Benefit Only
SIKLOS TABS	4	AL(At least 2 yrs old); PA
XROMI SOLN PO 100 MG/ML	4	AL(Up to 6 yrs old)
Cobalamins		
cyanocobalamin SOLN IJ 1000 MCG/ML	1	AL(Up to 20 yrs old)
hydroxocobalamin acetate SOLN	1	AL(Up to 20 yrs old)
Folic Acid/Folates		
folic acid SOLN	1	
folic acid TABS 1 MG	1	RX/OTC
Hematopoietic Gene Therapy		
ZYNTEGLO	4	Medical Benefit Only; QL(1 EA per fill retail); AL(At least 4 yrs old)
Hematopoietic Growth Factors		
ALVAIZ 36 MG, 54 MG	1	QL(2 EA daily); AL(At least 6 yrs old); PA
ALVAIZ 18 MG	1	QL(4 EA daily); AL(At least 6 yrs old); PA
ALVAIZ 9 MG	1	QL(1 EA daily); AL(At least 6 yrs old); PA
ARANESP (ALBUMIN FREE) SOLN	4	QL(4 ML per 28 day(s) retail; 4 ML per 28 days mail); PA
ARANESP (ALBUMIN FREE) SOSY 10 MCG/0.4ML, 40 MCG/0.4ML, 200 MCG/0.4ML	4	QL(1.6 ML per 28 day(s) retail; 2 ML per 28 days mail); PA
ARANESP (ALBUMIN FREE) SOSY 300 MCG/0.6ML	4	QL(2.4 ML per 28 day(s) retail; 2 ML per 28 days mail); PA
ARANESP (ALBUMIN FREE) SOSY 500 MCG/ML	4	QL(4 ML per 28 day(s) retail; 4 ML per 28 days mail); PA
ARANESP (ALBUMIN FREE) SOSY 60 MCG/0.3ML, 150 MCG/0.3ML	4	QL(1.2 ML per 28 day(s) retail; 1 ML per 28 days mail); PA
ARANESP (ALBUMIN FREE) SOSY 100 MCG/0.5ML	4	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); PA

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
ARANESP (ALBUMIN FREE) SOSY 25 MCG/0.42ML	4	QL(1.68 ML per 28 day(s) retail; 2 ML per 28 days mail); PA
DOPTELET	4	QL(15 EA per 5 day(s) retail; 15 EA per 5 days mail); PA
DOPTELET	4	QL(10 EA per 5 day(s) retail; 10 EA per 5 days mail); PA
DOPTELET SPRINKLE PO 10 MG	4	QL(60 EA per 30 day(s) retail); AL(At least 1 yrs old - Up to 5 yrs old); PA
eltrombopag olamine PACK 12.5 MG, 25 MG	1	QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail)
eltrombopag olamine TABS 12.5 MG, 25 MG, 50 MG, 75 MG	1	QL(1 EA daily)
EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	4	PA
FULPHILA	1	QL(0.6 ML per 20 day(s) retail; 1 ML per 20 days mail)
FYLNETRA	1	QL(0.6 ML per 20 day(s) retail; 1 ML per 20 days mail)
GRANIX SOLN 300 MCG/ML	1	QL(30 ML per 30 day(s) retail; 30 ML per 30 days mail)
GRANIX SOSY 300 MCG/0.5ML	1	QL(15 ML per 30 day(s) retail; 15 ML per 30 days mail)
GRANIX SOSY 480 MCG/0.8ML	1	QL(24 ML per 30 day(s) retail; 24 ML per 30 days mail)
JESDUVROQ 1 MG, 2 MG, 4 MG	4	QL(1 EA daily); AL(At least 18 yrs old); PA
JESDUVROQ 8 MG	4	QL(3 EA daily); AL(At least 18 yrs old); PA
JESDUVROQ 6 MG	4	QL(2 EA daily); AL(At least 18 yrs old); PA
LEUKINE SOLR IJ	1	
MULPLETA	1	QL(7 EA per fill retail); PA
NEULASTA ONPRO SOSY 6 MG/0.6ML	4	Medical Benefit Only
NEULASTA SOSY	4	QL(0.6 ML per 20 day(s) retail; 1 ML per 20 days mail); PA
NEUPOGEN SOLN 300 MCG/ML	1	QL(30 ML per 30 day(s) retail; 30 ML per 30 days mail)
NEUPOGEN SOLN 480 MCG/1.6ML	1	QL(48 ML per 30 day(s) retail; 48 ML per 30 days mail)
NEUPOGEN SOSY 300 MCG/0.5ML	1	QL(15 ML per 30 day(s) retail; 15 ML per 30 days mail)
NEUPOGEN SOSY 480 MCG/0.8ML	1	QL(24 ML per 30 day(s) retail; 24 ML per 30 days mail)
NIVESTYM SOLN 300 MCG/ML	4	QL(30 ML per 30 day(s) retail; 30 ML per 30 days mail); PA
NIVESTYM SOLN 480 MCG/1.6ML	4	QL(48 ML per 30 day(s) retail; 48 ML per 30 days mail); PA
NIVESTYM SOSY 300 MCG/0.5ML	4	QL(15 ML per 30 day(s) retail; 15 ML per 30 days mail); PA

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
NIVESTYM SOSY 480 MCG/0.8ML	4	QL(24 ML per 30 day(s) retail; 24 ML per 30 days mail); PA
NPLATE	1	
NYVEPRIA	4	QL(0.6 ML per 20 day(s) retail; 1 ML per 20 days mail); PA
PROCRIT	4	PA
PROCRIT	4	PA
PROMACTA PACK 12.5 MG, 25 MG *(eltrombopag olamine)*	1	QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail)
PROMACTA TABS 12.5 MG, 25 MG, 50 MG, 75 MG *(eltrombopag olamine)*	1	QL(1 EA daily)
REBLOZYL	4	PA
RELEUKO SOLN 480 MCG/1.6ML	4	QL(48 ML per 30 day(s) retail; 48 ML per 30 days mail); PA
RELEUKO SOSY 300 MCG/0.5ML	4	QL(15 ML per 30 day(s) retail; 15 ML per 30 days mail); PA
RELEUKO SOSY 480 MCG/0.8ML	4	QL(24 ML per 30 day(s) retail; 24 ML per 30 days mail); PA
RETACRIT	4	PA
ROLVEDON	4	QL(0.6 ML per 20 day(s) retail; 1 ML per 20 days mail); PA
RYZNEUTA SOSY SC 20 MG/ML	4	QL(1 ML per 21 day(s) retail; 1 ML per 21 days mail); PA
STIMUFEND	4	QL(0.6 ML per 20 day(s) retail; 1 ML per 20 days mail); PA
UDENYCA ONBODY SOSY	4	Medical Benefit Only; QL(0.6 ML per 21 day(s) retail; 1 ML per 21 days mail)
UDENYCA SOAJ	4	QL(0.6 ML per 20 day(s) retail; 1 ML per 20 days mail); PA
UDENYCA SOSY	4	QL(0.6 ML per 20 day(s) retail; 1 ML per 20 days mail); PA
VAFSEO 300 MG	4	QL(60 EA per 30 day(s) retail; 60 EA per 30 days mail); AL(At least 18 yrs old); PA
VAFSEO 150 MG	4	QL(90 EA per 30 day(s) retail; 90 EA per 30 days mail); AL(At least 18 yrs old); PA
ZARXIO 300 MCG/0.5ML	1	QL(15 ML per 30 day(s) retail; 15 ML per 30 days mail)
ZARXIO 480 MCG/0.8ML	1	QL(24 ML per 30 day(s) retail; 24 ML per 30 days mail)
ZIEXTENZO	1	QL(0.6 ML per 21 day(s) retail; 1 ML per 21 days mail)
Iron		
ACCRUFER	4	QL(2 EA daily); AL(At least 18 yrs old); PA
FERAHEME *(ferumoxytol)*	1	Medical Benefit Only
FER-IN-SOL SOLN *(ferrous sulfate)*	4	Requires EPSDT PA Review; PA

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
FERRLECIT *(sodium ferric gluconate complex in sucrose)*	1	Medical Benefit Only
ferrous sulfate SOLN 15 MG/ML, 15 MG/ML	4	Requires EPSDT PA Review; PA
ferumoxytol	1	Medical Benefit Only
INFED	1	Medical Benefit Only
INJECTAFER 1000 MG/20ML	1	Medical Benefit Only
INJECTAFER	4	Medical Benefit Only
iron sucrose 20 MG/ML	1	Medical Benefit Only
MONOFERRIC	4	Medical Benefit Only
sodium ferric gluconate complex in sucrose	1	Medical Benefit Only
VENOFER 20 MG/ML *(iron sucrose)*	1	Medical Benefit Only
Stem Cell Mobilizers		
APHEXDA	4	PA
MOZOBIL *(plerixafor)*	4	QL(1.2 ML daily); PA
plerixafor	4	QL(1.2 ML daily); PA
XOLREMDI	1	QL(4 EA daily); AL(At least 12 yrs old); PA
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
aminocaproic acid SOLN PO 0.25 GM/ML	1	
aminocaproic acid TABS	1	
CYKLOKAPRON SOLN *(tranexamic acid)*	1	
TRANEXAMIC ACID-NACL *(tranexamic acid-sodium chloride)*	1	
tranexamic acid-sodium chloride	1	
tranexamic acid SOLN 1000 MG/10ML	1	
tranexamic acid TABS	1	
Hemostatics - Topical		
ARTISS KIT	1	
RECOTHROM	1	Medical Benefit Only
RECOTHROM SPRAY KIT	1	Medical Benefit Only
THROMBIN-JMI EPISTAXIS KIT	1	
THROMBIN-JMI KIT	1	
THROMBIN-JMI SOLR	1	
TISSEEL KIT	1	Medical Benefit Only
TISSEEL SOLN	1	Medical Benefit Only
VISTASEAL EX 2 ML, 4 ML, 10 ML	1	Medical Benefit Only
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Barbiturate Hypnotics		
pentobarbital sodium SOLN	1	QL(1 ML daily); AL(At least 19 yrs old)
phenobarbital sodium SOLN	1	
phenobarbital ELIX	1	
phenobarbital TABS	1	
SEZABY SOLR	1	Medical Benefit Only
Hypnotics - Tricyclic Agents		
doxepin hcl (sleep)	4	QL(1 EA daily); AL(At least 19 yrs old); PA
Non-Barbiturate Hypnotics		
AMBIEN CR TBCR *(zolpidem tartrate)*	2	QL(1 EA daily); AL(At least 19 yrs old); PA

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
AMBIEN TABS *(zolpidem tartrate)*	1	QL(1 EA daily); AL(At least 19 yrs old); PA
BYFAVO	1	Medical Benefit Only
dexmedetomidine hcl in sodium chloride SOLN	1	Medical Benefit Only
DEXMEDETOMIDINE HCL-DEXTROSE	1	Medical Benefit Only
dexmedetomidine hcl SOLN	1	Medical Benefit Only
DEXMEDETOMIDINE HCL SOLN 400 MCG/4ML *(dexmedetomidine hcl)*	1	Medical Benefit Only
DORAL *(quazepam)*	4	QL(1 EA daily); AL(At least 19 yrs old); PA
EDLUAR SUBL	4	QL(1 EA daily); AL(At least 19 yrs old); PA
estazolam	1	QL(1 EA daily); AL(At least 19 yrs old)
eszopiclone	1	QL(1 EA daily); AL(At least 19 yrs old)
flurazepam hcl	1	QL(1 EA daily); AL(At least 19 yrs old)
HALCION 0.25 MG *(triazolam)*	1	QL(1 EA daily); AL(At least 19 yrs old); PA
IGALMI FILM	1	Medical Benefit Only
midazolam hcl SOLN IJ	1	
midazolam hcl SYRP	1	
midazolam-sodium chloride	1	
MIDAZOLAM-SODIUM CHLORIDE *(midazolam-sodium chloride)*	1	
PRECEDEX SOLN	1	Medical Benefit Only
PRECEDEX SOLN *(dexmedetomidine hcl in sodium chloride)*	1	Medical Benefit Only
quazepam	4	QL(1 EA daily); AL(At least 19 yrs old); PA
RESTORIL 15 MG, 30 MG *(temazepam)*	1	QL(1 EA daily); AL(At least 19 yrs old); PA
RESTORIL 7.5 MG, 22.5 MG *(temazepam)*	4	QL(1 EA daily); AL(At least 19 yrs old); PA
temazepam 15 MG, 30 MG	1	QL(1 EA daily); AL(At least 19 yrs old)
temazepam 7.5 MG, 22.5 MG	4	QL(1 EA daily); AL(At least 19 yrs old); PA
triazolam	1	QL(1 EA daily); AL(At least 19 yrs old)
zaleplon	1	QL(2 EA daily); AL(At least 19 yrs old)
ZOLPIDEM TARTRATE CAPS	4	QL(1 EA daily); AL(At least 19 yrs old); PA
zolpidem tartrate SUBL	4	QL(1 EA daily); AL(At least 19 yrs old); PA
zolpidem tartrate TABS	1	QL(1 EA daily); AL(At least 19 yrs old)
zolpidem tartrate TBCR	2	QL(1 EA daily); AL(At least 19 yrs old)
Orexin Receptor Antagonists		
BELSOMRA	3	QL(1 EA daily); AL(At least 19 yrs old)
DAYVIGO	3	QL(1 EA daily); AL(At least 19 yrs old)
QUVIVIQ	4	QL(1 EA daily); AL(At least 19 yrs old); PA
Selective Melatonin Receptor Agonists		
HETLIOZ LQ SUSP	4	AL(At least 3 yrs old - Up to 15 yrs old); PA

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
HETLIOZ CAPS *(tasimelteon)*	4	QL(1 EA daily); AL(At least 19 yrs old); PA
ramelteon	1	Brand Required; QL(1 EA daily); AL(At least 19 yrs old); PA
ROZEREM *(ramelteon)*	1	Brand Required; QL(1 EA daily); AL(At least 19 yrs old)
tasimelteon CAPS	4	QL(1 EA daily); AL(At least 19 yrs old); PA
LAXATIVES - Bowel Treatment Drugs		
Laxative Combinations		
CLENPIQ SOLN 12 GM/175ML-3.5 GM/175ML-10 MG/175ML	4	QL(350 ML per fill retail); PA
GOLYTELY SOLR *(peg 3350-kcl-sod bicarb-sod chloride-sod sulfate)*	1	QL(4000 ML per fill retail); PA
peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid	1	QL(1 EA per fill retail)
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 236 GM	1	QL(4000 ML per fill retail)
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 240 GM	1	
peg 3350-potassium chloride-sod bicarbonate-sod chloride	1	QL(4000 ML per fill retail)
PLENVU	4	QL(3 EA per fill retail); PA
sodium sulfate-potassium sulfate-magnesium sulfate	4	QL(354 ML per fill retail); PA
SUFLAVE	4	QL(2 EA per fill retail); PA
SUPREP BOWEL PREP KIT *(sodium sulfate-potassium sulfate-magnesium sulfate)*	4	QL(354 ML per fill retail); PA
SUTAB	4	QL(24 EA per fill retail); PA
Laxatives - Miscellaneous		
lactulose PACK 20 GM	4	QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); PA
lactulose PACK 10 GM	1	QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); PA
lactulose SOLN	1	
polyethylene glycol 3350 PACK	1	AL(Up to 20 yrs old)
polyethylene glycol 3350 PACK	1	
polyethylene glycol 3350 POWD	1	QL(1581 GM per 30 day(s) retail; 1581 GM per 30 days mail); AL(Up to 20 yrs old)
Stimulant Laxatives		
FLEET BISACODYL ENEM	4	Requires EPSDT PA Review; QL(1110 ML per 30 day(s) retail; 1110 ML per 30 days mail); AL(Up to 20 yrs old); PA
Surfactant Laxatives		
benzocaine-docusate sodium ENEM	4	Requires EPSDT PA Review; QL(150 ML per 30 day(s) retail; 150 ML per 30 days mail); AL(Up to 20 yrs old); PA

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
docusate sodium ENEM 283 MG/5ML	4	Requires EPSDT PA Review; QL(150 ML per 30 day(s) retail); AL(Up to 20 yrs old); PA
LOCAL ANESTHETICS-Parenteral - Drugs for Numbing		
Local Anesthetic Combinations		
bupivacaine w/ epinephrine SOLN 1 :200000-0.25 %, 1 :200000-0.5 %	1	
lidocaine w/ epinephrine SOLN	1	
MARCAINE/EPINEPHRINE PF SOLN *(bupivacaine w/ epinephrine)*	1	
MARCAINE/EPINEPHRINE SOLN 1 :200000-0.25 %, 1 :200000-0.5 % *(bupivacaine w/ epinephrine)*	1	
SENSORCAINE-MPF/EPINEPHRINE SOLN	1	
XYLOCAINE/EPINEPHRINE SOLN 0.5 %-1:200000, 2 %-1:100000 *(lidocaine w/ epinephrine)*	1	
XYLOCAINE/EPINEPHRINE SOLN 1 %-1:100000 *(lidocaine w/ epinephrine)*	1	PA
XYLOCAINE-MPF/EPINEPHRINE SOLN *(lidocaine w/ epinephrine)*	1	
XYLOCAINE-MPF/EPINEPHRINE SOLN	1	
Local Anesthetics - Amides		
BUPIVACAINE FISIOPHARMA SOLN IJ	1	
bupivacaine hcl SOLN IJ	1	
bupivacaine in dextrose SOLN	1	
EXPAREL	1	Medical Benefit Only
lidocaine hcl (local anesth.) SOLN	1	
lidocaine hcl (local anesth.) SOSY IJ 100 MG/5ML	1	
MARCAINE PRESERVATIVE FREE SOLN IJ *(bupivacaine hcl)*	1	
MARCAINE SPINAL SOLN *(bupivacaine in dextrose)*	1	
MARCAINE SOLN IJ *(bupivacaine hcl)*	1	
mepivacaine hcl SOLN 1 %, 1.5 %, 2 %	1	
NAROPIN SOLN IJ *(ropivacaine hcl)*	1	
ropivacaine hcl SOLN IJ	1	
XYLOCAINE MPF +RFID SOLN 1 % *(lidocaine hcl (local anesth.))*	1	
XYLOCAINE-MPF +RFID SOLN 2 % *(lidocaine hcl (local anesth.))*	1	
XYLOCAINE-MPF SOLN 1 % *(lidocaine hcl (local anesth.))*	1	PA
XYLOCAINE-MPF SOLN 0.5 %, 1 %, 1.5 %, 2 % *(lidocaine hcl (local anesth.))*	1	
XYLOCAINE SOLN 1 %, 2 % *(lidocaine hcl (local anesth.))*	1	
Local Anesthetics - Esters		
chloroprocaine hcl IJ	1	
NESACAINE IJ 1 %, 2 %	1	

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
NESACAINE-MPF IJ *(chloroprocaine hcl)*	1	
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
azithromycin PACK	1	
azithromycin SOLR	1	
azithromycin SUSR 100 MG/5ML	1	QL(45 ML per fill retail)
azithromycin SUSR 200 MG/5ML	1	QL(12 ML daily)
azithromycin TABS	1	
ZITHROMAX TRI-PAK TABS *(azithromycin)*	1	PA
ZITHROMAX Z-PAK TABS *(azithromycin)*	1	PA
ZITHROMAX PACK	1	PA
ZITHROMAX SOLR *(azithromycin)*	1	PA
ZITHROMAX SUSR 200 MG/5ML *(azithromycin)*	1	QL(12 ML daily); PA
ZITHROMAX SUSR 100 MG/5ML *(azithromycin)*	1	QL(45 ML per fill retail); PA
ZITHROMAX TABS 250 MG, 500 MG *(azithromycin)*	1	PA
Clarithromycin		
clarithromycin SUSR	1	
clarithromycin TABS	1	
clarithromycin TB24	1	QL(28 EA per 14 day(s) retail; 28 EA per 14 days mail)
Erythromycins		
E.E.S. GRANULES SUSR *(erythromycin ethylsuccinate)*	1	PA
ERYPED 200 SUSR *(erythromycin ethylsuccinate)*	1	PA
ERYPED 400 SUSR *(erythromycin ethylsuccinate)*	1	PA
ERYTHROCIN LACTOBIONATE *(erythromycin lactobionate)*	1	
erythromycin base CPEP	1	
erythromycin base TABS	1	
erythromycin base TBEC	1	
erythromycin base TBEC 500 MG	1	PA
erythromycin ethylsuccinate SUSR	1	
erythromycin ethylsuccinate TABS	1	
erythromycin lactobionate 500 MG	1	
Fidaxomicin		
DIFICID SUSR	1	QL(136 ML per 12 day(s) retail; 136 ML per 12 days mail)
DIFICID TABS 200 MG *(fidaxomicin)*	1	QL(20 EA per 10 day(s) retail; 20 EA per 10 days mail)
fidaxomicin TABS 200 MG	1	QL(20 EA per 10 day(s) retail; 20 EA per 10 days mail)
MEDICAL DEVICES AND SUPPLIES		
Contraceptives		
CAYA DPRH	1	
DUREX EXTRA SENSITIVE THIN DEVI	1	
DUREX EXTRA SENSITIVE THIN MISC	1	
DUREX TROPICAL MISC	1	
FANTASY LUBRICATED/SPERMICIDE MISC	1	

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
FANTASY LUBRICATED MISC	1	
FC2 FEMALE CONDOM	1	QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail)
KIMONO MAXX-LARGE FLARE MISC	1	
KIMONO MICRO THIN PLUS MISC	1	
KIMONO MICRO THIN MISC	1	
KIMONO SENSATION PLUS MISC	1	
KIMONO SENSATION MISC	1	
KIMONO MISC	1	
MAXX MISC	1	
TROJAN BARESKIN DEVI	1	
TROJAN ENZ MISC	1	
TROJAN MAGNUM MISC	1	
TROJAN ULTRA THIN/SPERMICIDAL MISC	1	
TROJAN ULTRA THIN MISC	1	
TROJAN-ENZ LUBRICATED MISC	1	
TROJAN-ENZ/SPERMICIDAL MISC	1	
TRUE COVER DEVI	1	
TRUSTEX LUB/RIBBED/STUDDED MISC	1	
TRUSTEX LUB/SPERMICIDE EX ST MISC	1	
TRUSTEX LUB/SPERMICIDE XL MISC	1	
TRUSTEX LUBRICATED EX LARGE MISC	1	
TRUSTEX LUBRICATED EXTRA ST MISC	1	
TRUSTEX LUBRICATED/SPERMICIDE MISC	1	
TRUSTEX LUBRICATED MISC	1	
TRUSTEX NON-LUBRICATED MISC	1	
TRUSTEX RIA LUB/SPERMICIDE MISC	1	
TRUSTEX RIA LUBRICATED MISC	1	
TRUSTEX RIA NON-LUBRICATED MISC	1	
TRUSTEX-NONOXYNOL-9/RIB/STUD MISC	1	
Diabetic Supplies		
ACCU-CHEK FASTCLIX LANCET KIT	1	
ACCU-CHEK FASTCLIX LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
ACCU-CHEK GUIDE CONTROL LIQD	1	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail)
ACCU-CHEK GUIDE ME KIT	1	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); RX/OTC
ACCU-CHEK GUIDE KIT	1	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); RX/OTC
ACCU-CHEK SAFE-T PRO LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
ACCU-CHEK SOFTCLIX LANCET DEV KIT	1	

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
ACCU-CHEK SOFTCLIX LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
ACTI-LANCE 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
ACTI-LANCE LITE LANCETS 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
ACTI-LANCE SPECIAL LANCETS 17G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
ACTI-LANCE UNIVERSAL 23G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
ADVANCED MOBILE LANCET	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
ADVOCATE LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
ADVOCATE LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
ADVOCATE LANCING DEVICE MISC	1	
ADVOCATE RAPID-SAFE LANCING MISC	1	
ADVOCATE SAFETY LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
ADVOCATE SAFETY LANCETS 21G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); PA; RX/OTC
ADVOCATE SAFETY LANCETS 23G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); PA; RX/OTC
ADVOCATE SAFETY LANCETS 26G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
ADVOCATE SAFETY LANCETS 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); PA; RX/OTC
AGAMATRIX ULTRA-THIN LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
AQUALANCE LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
ASSURE COMFORT LANCETS 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
ASSURE HAEMOLANCE PLUS HIGH	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
ASSURE HAEMOLANCE PLUS LOW	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
ASSURE HAEMOLANCE PLUS MICRO	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
ASSURE HAEMOLANCE PLUS NORMAL	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
ASSURE HAEMOLANCE PLUS PED	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
ASSURE LANCE LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
ASSURE LANCE SAFETY LANCET 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
AUTO-LANCET MINI MISC	1	
AUTOLET LANCING DEVICE MISC	1	
AUTOLET LITE LANCING DEVICE MISC	1	PA
AUTOLET PLUS MISC	1	
BD MICROTAINER LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
CAREONE ADVANCED LANCING DEV MISC	1	
CAREONE LANCET SUPER THIN 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
CAREONE LANCET THIN 23G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
CARESENS LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
CARETOUCH CONTROL SOL LEVEL 2 LIQD	1	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail)
CARETOUCH SAFETY LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
CARETOUCH SAFETY LANCETS 26G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
CARETOUCH TWIST LANCETS 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
CARETOUCH TWIST LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
CARETOUCH TWIST LANCETS 33G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
CARETOUCH TWIST MC LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
CHOSEN LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
CHOSEN LANCING DEVICE MISC	1	

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
CHOSEN SAFETY LANCETS 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
CLEVER CHEK LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
CLEVER CHOICE COMFORT EZ	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
CLEVER CHOICE LANCETS 23G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
CLEVER CHOICE LANCETS 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
COAGUCHEK LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
COMFORT ASSURED LANCETS 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
COMFORT ASSURED LANCETS 33G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
COMFORT TOUCH LANCETS 31G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
COMFORT TOUCH PLUS LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
CVS LANCETS THIN 26G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
DEXCOM G6 RECEIVER	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
DEXCOM G6 SENSOR	1	QL(3 EA per 30 day(s) retail; 2 EA per 30 days mail)
DEXCOM G6 TRANSMITTER	1	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)
DEXCOM G7 15 DAY SENSOR	1	QL(2 EA per 30 day(s) retail; 2 EA per 30 days mail); PA
DEXCOM G7 RECEIVER	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
DEXCOM G7 SENSOR	1	QL(3 EA per 30 day(s) retail; 3 EA per 30 days mail)
DROPLET GENTEEL LANCING DEVICE MISC	1	PA
DROPLET LANCETS ULTRA THIN 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
DROPLET LANCING DEVICE MISC	1	
DROPLET PERSONAL LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
DROPSAFE ACTI-LANCE 23G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
DRUG MART LANCING DEVICE MISC	1	
DRUG MART ON-THE-GO LANCET 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
DRUG MART UNILET LANCETS 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
DRUG MART UNILET LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
DRUG MART UNILET LANCETS 33G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
EASY COMFORT LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
EASY COMFORT LANCETS TWIST TOP	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
EASY MINI EJECT LANCING DEVICE MISC	1	
EASY MINI LANCING DEVICE MISC	1	
EASY TOUCH LANCETS 21G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
EASY TOUCH LANCETS 23G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
EASY TOUCH LANCETS 26G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
EASY TOUCH LANCETS 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
EASY TOUCH LANCETS 28G/TWIST	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
EASY TOUCH LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
EASY TOUCH LANCETS 30G/TWIST	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
EASY TOUCH LANCETS 32G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
EASY TOUCH LANCETS 32G/TWIST	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
EASY TOUCH LANCETS 33G/TWIST	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
EASY TOUCH LANCING DEVICE MISC	1	
EASY TOUCH SAFETY LANCETS 21G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH SAFETY LANCETS 23G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
EASY TOUCH SAFETY LANCETS 26G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
EASY TOUCH SAFETY LANCETS 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
EMBRACE LANCETS ULTRA THIN 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
EMBRACE LANCING DEVICE/EJECTOR MISC	1	
EMBRACE PRESSURE ACTIVATED 21G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
EMBRACE PRESSURE ACTIVATED 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
EZ-LETS LANCETS 26G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
FIFTY50 SAFETY SEAL LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
FIFTY50 UNILET LANCETS 33G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
FINE 30	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
FINGERSTIX LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
FORA LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
FORA LANCING DEVICE MISC	1	
FREESTYLE CONTROL SOLUTION LIQD	1	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail)
FREESTYLE LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
FREESTYLE LIBRE 14 DAY READER	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
FREESTYLE LIBRE 14 DAY SENSOR	1	QL(2 EA per 28 day(s) retail; 2 EA per 30 days mail)
FREESTYLE LIBRE 2 PLUS SENSOR	1	QL(2 EA per 30 day(s) retail; 2 EA per 30 days mail)
FREESTYLE LIBRE 2 READER	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
FREESTYLE LIBRE 2 SENSOR	1	QL(2 EA per 28 day(s) retail; 2 EA per 30 days mail)
FREESTYLE LIBRE 3 PLUS SENSOR	1	QL(2 EA per 30 day(s) retail; 2 EA per 30 days mail)

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
FREESTYLE LIBRE 3 READER	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
FREESTYLE LIBRE 3 SENSOR	1	QL(2 EA per 30 day(s) retail; 2 EA per 30 days mail)
FREESTYLE LIBRE READER	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)
FREESTYLE UNISTICK II LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
GENTEEL BUTTERFLY TOUCH LANCET	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
GLOBAL INJECT EASE LANCETS 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
GLOBAL INJECT EASE LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
GLOBAL LANCING DEVICE MISC	1	
GLUCOCOM LANCETS 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
GLUCOCOM LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
GLUCOCOM LANCETS 33G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
GNP LANCING SYSTEM DEVICE MISC	1	
GNP STERILE LANCETS 33G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
GOJJI LANCING DEVICE/CLEAR CAP MISC	1	
GOJJI STERILE LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
H-E-B INCONTROL ADV LANCING MISC	1	
H-E-B INCONTROL LANCETS 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
H-E-B INCONTROL LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
H-E-B INCONTROL LANCETS 33G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
HYPOLANCE AST LANCING KIT	1	
KROGER AUTOLET LANCING DEVICE MISC	1	
KROGER HEALTHPRO LANCET 26G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
LANCET DEVICE WITH EJECTOR MISC	1	
LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
LANCETS 28G THIN	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
LANCETS 33G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
LANCETS SUPER THIN 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
LANCETS ULTRA THIN	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
LANCETS ULTRA THIN 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
LANCING DEVICE MISC	1	
LANZO MISC	1	
LEADER ADVANCED LANCING DEVICE MISC	1	
LITE TOUCH LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
LITE TOUCH LANCING PEN MISC	1	
LITETOUCH LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
MEDLANCE LITE 25G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
MEDLANCE PLUS EXTRA 21G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
MEDLANCE PLUS LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
MEDLANCE PLUS LITE 25G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
MEDLANCE PLUS SPECIAL 0.8MM	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
MEDLANCE PLUS SUPERLITE 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
MEDLANCE PLUS UNIVERSAL 21G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
MEDLANCE UNIVERSAL 21G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
MICROLET LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
MICROLET NEXT LANCING DEVICE MISC	1	
MINI LANCING DEVICE MISC	1	

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
MM LANCING DEVICE MISC	1	
MM TWIST LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
MONOLET LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
MULTI-LANCET DEVICE 2 KIT	1	
MYGLUCOHEALTH LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
NOVA SAFETY LANCETS 23G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
NOVA SAFETY LANCETS 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
NOVA SUREFLEX LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
NOVA SUREFLEX LANCING DEVICE MISC	1	
ONETOUCH DELICA PLUS LANCET30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
ONETOUCH DELICA PLUS LANCET33G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
ONETOUCH DELICA PLUS LANCING MISC	1	
ONETOUCH DELICA SAFETY LANCING	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
ONETOUCH ULTRA CONTROL LIQD	1	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail)
ONETOUCH ULTRASOFT 2 LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
ONETOUCH VERIO LIQD	1	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail)
PERFECT POINT SAFETY LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
PHARMACIST CHOICE LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
PIP LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
PRECISION XTRA-GLUCOSE/KETONE DEVI	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); AL(Up to 4 yrs old)
PRO COMFORT LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
PRO COMFORT LANCETS 31G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
PRO COMFORT SAFETY LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
PRODIGY AUTOCODE BLOOD GLUCOSE KIT	1	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); PA; RX/OTC
PRODIGY LANCETS 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
PRODIGY LANCING DEVICE MISC	1	
PRODIGY TWIST TOP LANCETS 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
PURE COMFORT LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
PX ADVANCED LANCING DEVICE MISC	1	
PX LANCETS MICROTHIN 33G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
PX LANCETS ULTRA THIN 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
QC ADVANCED LANCING DEVICE MISC	1	
QC LANCETS SUPER THIN 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
QC UNILET LANCETS 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
QC UNILET LANCETS MICRO THIN	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
READYLANCE SAFETY LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
RELION LANCET DEVICES 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
RELION LANCETS MICRO-THIN 33G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
RELION LANCETS THIN 26G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
RELION TRUE MET AIR GLUC METER KIT	1	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); RX/OTC
RELION ULTRA THIN LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
RIGHTEST GD500 LANCING DEVICE MISC	1	
RIGHTEST GL300 LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
SAFE-T-LANCE	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
SAFE-T-LANCE PLUS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
SAFETY LANCET 30G/PRESSURE ACT	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
SAFETY LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
SAFETY LANCETS 21G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
SAFETY LANCETS 23G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
SAFETY LANCETS 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
SAPS HEALTH PLUS LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
SAPS HEALTH TWIST TOP LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
SAPS TWIST TOP LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
SAPSCARE TWIST TOP LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
SELECT-LITE LANCING DEVICE MISC	1	
SIMPLE DIAGNOSTICS LANCING DEV MISC	1	
SMART DIABETES VANTAGE LANCING MISC	1	
SMARTEST LANCETS 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
SOLUS V2 LANCETS 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
SOLUS V2 LANCING DEVICE MISC	1	
SOLUS V2 TWIST LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
STERILANCE PA MISC	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail)
STERILANCE TL	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
SURE COMFORT LANCETS 18G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
SURE COMFORT LANCETS 21G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
SURE COMFORT LANCETS 23G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
SURE COMFORT LANCETS 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
SURE COMFORT LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
SURE COMFORT LANCING PEN MISC	1	
TECHLITE LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
TECHLITE LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
TODAYS HEALTH LANCING DEVICE MISC	1	
TODAYS HEALTH THIN LANCETS 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
TODAYS HEALTH THIN LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
TRUE COMFORT SAFETY LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
TRUE COMFORT TWIST TOP LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
TRUE METRIX AIR GLUCOSE METER KIT	1	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); RX/OTC
TRUE METRIX LEVEL 1 SOLN	1	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail)
TRUE METRIX LEVEL 2 SOLN	1	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail)
TRUE METRIX LEVEL 3 SOLN	1	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail)
TRUE METRIX METER KIT	1	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); RX/OTC
TRUEPLUS LANCETS 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
TRUEPLUS LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
TRUEPLUS LANCETS 33G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
TRUEPLUS SAFETY LANCETS 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
TWIST TOP LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
ULTI-LANCE AUTOMATIC MISC	1	

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
ULTILET CLASSIC LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
ULTILET LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
ULTILET SAFETY LANCETS 23G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
ULTRA THIN LANCETS 31G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
ULTRA-CARE LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
ULTRA-THIN II LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
UNILET COMFORTOUCH LANCET	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
UNILET G.P. SUPERLITE LANCET	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
UNILET GP 28 ULTRA THIN	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
UNILET LANCET	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
UNILET MICRO-THIN 33G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
UNILET SUPER-THIN 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
UNILET ULTRA-THIN 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
UNISTIK 2 NORMAL	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
UNISTIK 3 COMFORT	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
UNISTIK 3 EXTRA	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
UNISTIK 3 GENTLE	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
UNISTIK 3 NORMAL	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
UNISTIK CZT COMFORT	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
UNISTIK CZT NORMAL	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
UNISTIK NORMAL	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
UNISTIK PRO SAFETY LANCET	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
UNISTIK SAFETY LANCETS 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
UNISTIK SAFETY LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
UNISTIK TOUCH SAFETY LANC 21G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
UNISTIK TOUCH SAFETY LANC 23G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
UNISTIK TOUCH SAFETY LANC 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
UNISTIK TOUCH SAFETY LANC 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
VERIFINE SAFE LANCET MINI 21G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
VERIFINE SAFE LANCET MINI 23G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
VERIFINE SAFE LANCET MINI 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
VERIFINE SAFE LANCET MINI 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
VERIFINE UNIVERSAL LANCETS 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
VERIFINE UNIVERSAL LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
VERIFINE UNIVERSAL LANCETS 33G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
VIVAGUARD LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
VIVAGUARD LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
VIVAGUARD LANCING DEVICE MISC	1	
VIVAGUARD SAFETY LANCETS 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
ZEVRX TWIST TOP LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); RX/OTC
Parenteral Therapy Supplies		

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
1ST TIER UNIFINE PENTIPS	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail)
1ST TIER UNIFINE PENTIPS PLUS	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail)
ABOUTTIME PEN NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail)
ADVOCATE INSULIN PEN NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
ADVOCATE INSULIN PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail)
ADVOCATE INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
AQ INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
AQINJECT PEN NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
ASSURE ID INSULIN SAFETY SYR	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
ASSURE ID SAFETY PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail)
AUM MINI INSULIN PEN NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
AUM SAFETY PEN NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail)
AURORA PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
BD AUTOSHIELD DUO	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
BD ECLIPSE SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail)
BD INS SYR ULTRAFINE 1/2UNIT	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
BD INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
BD INSULIN SYRINGE HALF-UNIT	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
BD INSULIN SYRINGE MICROFINE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
BD INSULIN SYRINGE U-500	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail)
BD INSULIN SYRINGE ULTRAFINE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail)
BD PEN NEEDLE MICRO ULTRAFINE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail)

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
BD PEN NEEDLE MINI ULTRAFINE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
BD PEN NEEDLE NANO 2ND GEN	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
BD PEN NEEDLE NANO ULTRAFINE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
BD PEN NEEDLE ORIG ULTRAFINE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail)
BD PEN NEEDLE SHORT ULTRAFINE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
BD SAFETYGLIDE SYRINGE/NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail)
BD TB SYRINGE MISC	4	Requires EPSDT PA Review; QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); AL(Up to 20 yrs old)
BD VEO INSULIN SYR U/F 1/2UNIT	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
BD VEO INSULIN SYR ULTRAFINE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
CAREONE INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail)
CAREONE UNIFINE PENTIPS PLUS	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail)
CARETOUCH HYPODERMIC NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
CARETOUCH INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
CARETOUCH PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
CLEVER CHOICE COMFORT EZ	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail)
COMFORT EZ INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
COMFORT EZ MICRO PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
COMFORT EZ PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
COMFORT EZ PRO PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail)
COMFORT EZ SHORT PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
COMFORT TOUCH INSULIN PEN NEED	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail)
DROPLET INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); PA; RX/OTC
DROPLET INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
DROPLET MICRON	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail)
DROPLET MICRON	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); PA
DROPLET PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); PA
DROPLET PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
DROPSAFE SAFETY PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
DROPSAFE SAFETY SYRINGE/NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
DRUG MART UNIFINE PENTIPS	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
DRUG MART UNIFINE PENTIPS PLUS	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
EASY COMFORT INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail)
EASY COMFORT INSULIN SYRINGE	1	PA
EASY COMFORT INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); PA
EASY COMFORT PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); PA
EASY COMFORT PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
EASY COMFORT PEN NEEDLES	1	PA
EASY GLIDE PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail)
EASY TOUCH FLIPLOCK INSULIN SY	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
EASY TOUCH INSULIN BARRELS	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH INSULIN SAFETY SYR	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
EASY TOUCH INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail)
EASY TOUCH PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
EASY TOUCH SAFETY PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail)
EASY TOUCH SHEATHLOCK SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
EMBECTA AUTOSHIELD DUO	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); PA; RX/OTC
EMBECTA INS SYR U/F 1/2 UNIT	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
EMBECTA INS SYR U/F 1/2 UNIT	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); PA; RX/OTC
EMBECTA INSULIN SYR ULTRAFINE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
EMBECTA INSULIN SYR ULTRAFINE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); PA
EMBECTA INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); PA; RX/OTC
EMBECTA INSULIN SYRINGE U-500	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); PA
EMBECTA PEN NEEDLE NANO	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
EMBECTA PEN NEEDLE NANO 2 GEN	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
EMBECTA PEN NEEDLE ULTRAFINE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail)
EMBRACE PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
FIFTY50 PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
FIFTY50 SUPERIOR COMFORT SYR	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
GLOBAL EASE INJECT PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
GLOBAL EASY GLIDE INSULIN SYR	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
GLOBAL EASY GLIDE PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
GLOBAL INJECT EASE INSULIN SYR	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
GLOBAL INSULIN SYRINGES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
GNP INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
GNP INSULIN SYRINGES 28GX1/2"	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
GNP PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
GNP ULTICARE PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
GNP ULTIGUARD SAFEPACK NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
GNP ULTRA COM INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
HEALTHWISE INSULIN SYR/NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
HEALTHWISE MICRON PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
HEALTHWISE SHORT PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
H-E-B INCONTROL PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
H-E-B INCONTROL UNIFINE PENTIP	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
HM ULTICARE MINI PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
INCONTROL ULTICARE PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
INSULIN SYRINGE-NEEDLE U-100	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
INSUPEN PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); PA; RX/OTC
INSUPEN PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
INSUPEN32G EXTR3ME	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); PA
KROGER PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
LEADER UNIFINE PENTIPS	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
LEADER UNIFINE PENTIPS PLUS	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
LITETOUCH INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
LITETOUCH PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
MAGELLAN INSULIN SAFETY SYR	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
MARATHON MEDICAL PENTIPS	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
MAXICOMFORT II PEN NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
MAXI-COMFORT INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
MAXI-COMFORT SAFETY PEN NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail)
MAXICOMFORT SYR 27G X 1/2"	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
MEDICINE SHOPPE PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
MICRODOT PEN NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
MM INSULIN SYRINGE/NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
MM PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
MONOJECT INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
MONOJECT ULTRA COMFORT SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
NOVOFINE AUTOCOVER PEN NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail)
NOVOFINE PEN NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail)

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
NOVOFINE PLUS PEN NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
PC UNIFINE PENTIPS	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
PENTIPS	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
PENTIPS GENERIC PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail)
PIP PEN NEEDLES 31G X 5MM	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
PIP PEN NEEDLES 32G X 4MM	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
PREFERRED PLUS UNIFINE PENTIPS	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
PREVENT DROPSAFE PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
PRO COMFORT INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
PRO COMFORT PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
PRO COMFORT PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); PA
PRODIGY INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
PURE COMFORT PEN NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
PURE COMFORT SAFETY PEN NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
PX INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail)
PX MINI PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
QC UNIFINE PENTIPS	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
RAYA SURE PEN NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
RELION INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
RELION PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
SAFETY PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
SECURESAFE INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
SECURESAFE SAFETY PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail)
SURE COMFORT INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail)
SURE COMFORT PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
TECHLITE INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
TECHLITE PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
TECHLITE PLUS PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
TODAYS HEALTH PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
TODAYS HEALTH SHORT PEN NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
TRUE COMFORT INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
TRUE COMFORT PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
TRUE COMFORT PRO INSULIN SYR	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
TRUE COMFORT PRO PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
TRUE COMFORT SAFETY PEN NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
TRUE COMFORT SAFETY PEN NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); PA; RX/OTC
TRUEPLUS 5-BEVEL PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail)
TRUEPLUS INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
ULTICARE INSULIN SAFETY SYR	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
ULTICARE INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail)
ULTICARE MICRO PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
ULTICARE MINI PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
ULTICARE PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
ULTICARE SHORT PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail)
ULTICARE TUBERCULIN SAFETY SYR MISC	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail)
ULTIGUARD SAFEPACK PEN NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
ULTIGUARD SAFEPACK SYR/NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail)
ULTILET PEN NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
ULTRA FLO INSULIN PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
ULTRA FLO INSULIN SYR 1/2 UNIT	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
ULTRA FLO INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
ULTRA THIN PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
ULTRACARE INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
ULTRACARE PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
ULTRA-THIN II INS SYR SHORT	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
ULTRA-THIN II INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
ULTRA-THIN II MINI PEN NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
ULTRA-THIN II PEN NEEDLE SHORT	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
ULTRA-THIN II PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail)

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
UNIFINE PENTIPS	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); PA; RX/OTC
UNIFINE PENTIPS	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
UNIFINE PENTIPS PLUS	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail)
UNIFINE PROTECT PEN NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
UNIFINE SAFECONTROL PEN NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
UNIFINE ULTRA PEN NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
VANISHPOINT INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail)
VERIFINE INSULIN PEN NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
VERIFINE INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
VERIFINE PLUS PEN NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
WEGMANS UNIFINE PENTIPS PLUS	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
ZEVRX INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
ZEVRX PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); RX/OTC
Respiratory Therapy Supplies		
ACE AEROSOL CLOUD ENHANCER MISC	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
AEROCHAMBER HOLDING CHAMBER DEVI	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
AEROCHAMBER MINI CHAMBER DEVI	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
AEROCHAMBER MV MISC	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
AEROCHAMBER PLS FLOVU MTHPIECE DEVI	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
AEROCHAMBER PLUS FLO-VU INTERM DEVI	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
AEROCHAMBER PLUS FLO-VU LARGE DEVI	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
AEROCHAMBER PLUS FLO-VU LARGE MISC	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
AEROCHAMBER PLUS FLO-VU MEDIUM DEVI	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
AEROCHAMBER PLUS FLO-VU MEDIUM MISC	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
AEROCHAMBER PLUS FLO-VU SMALL DEVI	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
AEROCHAMBER PLUS FLO-VU SMALL MISC	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
AEROCHAMBER PLUS FLO-VU W/MASK MISC	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
AEROCHAMBER PLUS FLO-VU MISC	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
AEROCHAMBER PLUS FLOW VU MISC	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
AEROCHAMBER W/FLOWSIGNAL MISC	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
AEROCHAMBER Z-STAT PLUS CHAMBR MISC	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
AEROCHAMBER Z-STAT PLUS/LARGE MISC	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
AEROCHAMBER Z-STAT PLUS/MEDIUM MISC	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
AEROCHAMBER Z-STAT PLUS/SMALL MISC	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
AEROCHAMBER Z-STAT PLUS MISC	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
AEROCHAMBER2GO ANTI-STATIC DEVI	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
AEROTRACH PLUS MISC	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
BREATHERITE VALVED MDI CHAMBER DEVI	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
CLEVER CHOICE HOLDING CHAMBER DEVI	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
COMPACT SPACE CHAMBER/LG MASK DEVI	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
COMPACT SPACE CHAMBER/MED MASK DEVI	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
COMPACT SPACE CHAMBER/SM MASK DEVI	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
COMPACT SPACE CHAMBER DEVI	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
EASIVENT MASK LARGE MISC	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
EASIVENT MASK MEDIUM MISC	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
EASIVENT MASK SMALL MISC	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
EASIVENT MISC	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
EQ SPACE CHAMBER ANTI-STATIC L DEVI	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
EQ SPACE CHAMBER ANTI-STATIC M DEVI	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
EQ SPACE CHAMBER ANTI-STATIC S DEVI	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
EQ SPACE CHAMBER ANTI-STATIC DEVI	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
FLEXICHAMBER ADULT MASK/SMALL	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
FLEXICHAMBER CHILD MASK/LARGE	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
FLEXICHAMBER CHILD MASK/SMALL	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
FLEXICHAMBER DEVI	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
MICROCHAMBER DEVI	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
MICROCHAMBER MISC	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
MICROSPACER MISC	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
OPTICHAMBER DIAMOND-LG MASK DEVI	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
OPTICHAMBER DIAMOND-MD MASK MISC	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
OPTICHAMBER DIAMOND MISC	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
OPTICHAMBER DIAMOND-SM MASK MISC	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
POCKET CHAMBER DEVI	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
PRO COMFORT SPACER ADULT MISC	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
PRO COMFORT SPACER CHILD MISC	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
PRO COMFORT SPACER INFANT DEVI	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
PROCARE SPACER/ADULT MASK DEVI	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
PROCARE SPACER/CHILD MASK DEVI	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
PROCHAMBER VHC DEVI	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
PURE COMFORT PEAK FLOW MISC	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
PURE COMFORT SPACER CHAMBER DEVI	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
REUSABLE COMFORTSEAL MASK-LRG MISC	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
REUSABLE COMFORTSEAL MASK-MED MISC	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
REUSABLE COMFORTSEAL MASK-SML MISC	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
RITEFLO DEVI	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
VORTEX HOLD CHMBR/MASK/CHILD DEVI	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
VORTEX HOLD CHMBR/MASK/TODDLER DEVI	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
VORTEX VALVE CHAMBER-PEDI MASK DEVI	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
VORTEX VALVED HOLDING CHAMBER DEVI	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antag		
AIMOVIG 140 MG/ML	4	AL(At least 18 yrs old); PA
AIMOVIG 70 MG/ML	4	QL(1 ML per 30 day(s) retail; 1 ML per 30 days mail); AL(At least 18 yrs old); PA
AJOVY SOAJ	4	QL(1.5 ML per 30 day(s) retail; 2 ML per 30 days mail); AL(At least 18 yrs old); PA
AJOVY SOSY	4	QL(1.5 ML per 30 day(s) retail; 2 ML per 30 days mail); AL(At least 18 yrs old); PA
EMGALITY (300 MG DOSE) SOSY	4	QL(3 ML per 30 day(s) retail; 3 ML per 30 days mail); AL(At least 18 yrs old); PA
EMGALITY SOAJ	4	QL(1 ML per 30 day(s) retail; 1 ML per 30 days mail); AL(At least 18 yrs old); PA
EMGALITY SOSY	4	QL(1 ML per 30 day(s) retail; 1 ML per 30 days mail); AL(At least 18 yrs old); PA
NURTEC	4	QL(8 EA per 30 day(s) retail; 8 EA per 30 days mail); AL(At least 18 yrs old); PA
QULIPTA	4	QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); AL(At least 18 yrs old); PA

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
UBRELVY	4	QL(16 EA per 30 day(s) retail; 16 EA per 30 days mail); AL(At least 18 yrs old); PA
VYEPTI	4	QL(3 ML per 90 day(s) retail; 3 ML per 63 days mail); AL(At least 18 yrs old); PA
ZAVZPRET	4	QL(8 EA per 30 day(s) retail; 8 EA per 30 days mail); AL(At least 18 yrs old); PA
Migraine Combinations		
ergotamine w/ caffeine SUPP	1	QL(25 EA per 30 day(s) retail; 25 EA per 30 days mail)
sumatriptan-naproxen sodium	2	QL(9 EA per 30 day(s) retail; 9 EA per 30 days mail)
SYMBRAVO TABS PO	1	QL(7 EA per 30 day(s) retail; 7 EA per 30 days mail); PA
Migraine Products		
BREKIYA SOAJ SC 1 MG/ML	4	QL(24 ML per 28 day(s) retail; 24 ML per 28 days mail); PA
dihydroergotamine mesylate SOLN NA 4 MG/ML	4	QL(8 ML per 30 day(s) retail; 8 ML per 30 days mail); PA
dihydroergotamine mesylate SOLN IJ 1 MG/ML	4	QL(24 ML per 28 day(s) retail; 24 ML per 28 days mail); PA
dihydroergotamine mesylate SOLN NA 4 MG/ML	4	QL(8 ML per 30 day(s) retail; 8 ML per 30 days mail)
ERGOMAR SUBL	4	QL(20 EA per 28 day(s) retail; 20 EA per 28 days mail); PA
MIGRANAL SOLN NA *(dihydroergotamine mesylate)*	4	QL(8 ML per 30 day(s) retail; 8 ML per 30 days mail); PA
Migraine Products - NSAIDs		
diclofenac potassium (migraine)	4	PA
ELYXYB	4	QL(19.2 ML per 30 day(s) retail; 19 ML per 30 days mail); AL(At least 18 yrs old); PA
ELYXYB	4	AL(At least 18 yrs old); PA
Serotonin Agonists		
almotriptan malate 6.25 MG	3	QL(2 EA daily)
almotriptan malate 12.5 MG	3	QL(2 EA daily); ST
eletriptan hydrobromide	1	QL(2 EA daily)
FROVA *(frovatriptan succinate)*	2	QL(3 EA daily); ST; PA
frovatriptan succinate	2	QL(3 EA daily); ST
IMITREX STATDOSE REFILL SOCT *(sumatriptan succinate)*	1	QL(2 ML daily); PA
IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML *(sumatriptan succinate)*	3	QL(2 ML daily); PA
IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML *(sumatriptan succinate)*	1	QL(2 ML daily); PA
IMITREX TABS *(sumatriptan succinate)*	1	QL(2 EA daily); PA

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
MAXALT-MLT TBDP 10 MG *(rizatriptan benzoate)*	1	QL(18 EA per 30 day(s) retail; 18 EA per 30 days mail); PA
MAXALT TABS 10 MG *(rizatriptan benzoate)*	1	QL(18 EA per 30 day(s) retail; 18 EA per 30 days mail); PA
naratriptan hcl 2.5 MG	1	QL(9 EA per 30 day(s) retail; 9 EA per 30 days mail)
naratriptan hcl 1 MG	1	QL(54 EA per 30 day(s) retail; 54 EA per 30 days mail)
RELPAX *(eletriptan hydrobromide)*	1	QL(2 EA daily); PA
REYVOW	4	QL(8 EA per 30 day(s) retail; 8 EA per 30 days mail); AL(At least 18 yrs old); PA
rizatriptan benzoate TABS	1	QL(18 EA per 30 day(s) retail; 18 EA per 30 days mail)
rizatriptan benzoate TBDP	1	QL(18 EA per 30 day(s) retail; 18 EA per 30 days mail)
sumatriptan	3	2 package(s) per 12 day(s) retail; 2 package(s) per 12 day(s) mail
sumatriptan succinate SOAJ 6 MG/0.5ML	3	QL(2 ML daily)
sumatriptan succinate SOCT 6 MG/0.5ML	1	QL(2 ML daily); PA
sumatriptan succinate SOLN 6 MG/0.5ML	3	QL(4 ML per 30 day(s) retail; 4 ML per 30 days mail)
sumatriptan succinate TABS	1	QL(2 EA daily)
TOSYMRA	4	QL(3 EA daily); PA
ZEMBRACE SYMTOUCH SOAJ	4	QL(4 ML per 30 day(s) retail; 4 ML per 30 days mail); PA
zolmitriptan SOLN	4	QL(6 EA per 30 day(s) retail; 6 EA per 30 days mail); PA
zolmitriptan TABS	1	QL(6 EA per 30 day(s) retail; 6 EA per 30 days mail); PA
zolmitriptan TBDP	1	QL(6 EA per 30 day(s) retail; 6 EA per 30 days mail)
ZOMIG SOLN *(zolmitriptan)*	4	QL(6 EA per 30 day(s) retail; 6 EA per 30 days mail); PA
MINERALS & ELECTROLYTES		
Bicarbonates		
sodium acetate SOLN	1	
SODIUM ACETATE SOLN *(sodium acetate)*	1	
sodium bicarbonate IV 4.2 %, 7.5 %, 8.4 %	1	
THAM *(tromethamine)*	1	
tromethamine	1	
Calcium		
calcium carbonate-cholecalciferol TABS 10 MCG-600 MG, 200 UNIT-500 MG, 200 UNIT-600 MG, 400 UNIT-600 MG, 5 MCG-600 MG, 500 MG-5 MCG	2	ST
calcium carbonate-vitamin d TABS 250 MG-125 UNIT	2	ST
calcium chloride (dihydrate) SOLN	1	

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
calcium citrate-vitamin d TABS 200 UNIT-315 MG, 250 UNIT-200 MG, 250 UNIT-315 MG	2	ST
CALCIUM GLUCONATE-NACL SOLN 1 GM/100ML-0.8 %, 1 GM/50ML-0.675 %, 2 GM/100ML-0.675 %	1	
CALCIUM GLUCONATE-NACL SOLN *(calcium gluconate-sodium chloride)*	1	
calcium gluconate-sodium chloride SOLN	1	
calcium gluconate SOLN	1	
CALCIUM GLUCONATE SOLN *(calcium gluconate)*	1	
OYSTER SHELL CALCIUM/D TABS 500 MG-200 UNIT	2	ST
OYSTER SHELL CALCIUM/VIT D3 TABS 3.12 MCG-250 MG	2	ST
Electrolyte Mixtures		
DEXTROSE 5%/ELECTROLYTE #48	1	
dextrose in lactated ringers	1	
dextrose w/ sodium chloride 0.45 %-2.5 %, 0.9 %-5 %, 10 %-0.45 %, 5 %-0.2 %, 5 %-0.225 %, 5 %-0.3 %, 5 %-0.33 %, 5 %-0.45 %, 5 %-0.9 %	1	
DEXTROSE-NACL	1	PA
DEXTROSE-SODIUM CHLORIDE *(dextrose w/ sodium chloride)*	1	
DEXTROSE-SODIUM CHLORIDE	1	
electrolyte-148	1	
electrolyte-a	1	

Drug Name	Drug Tier	Requirements/ Limits
IONOSOL-MB IN D5W	1	
ISOLYTE-P IN D5W	1	
ISOLYTE-S	1	
ISOLYTE-S PH 7.4	1	
KCL IN DEXTROSE-NACL	1	
KCL IN DEXTROSE-NACL *(potassium chloride in dextrose & sodium chloride)*	1	
KCL-LACTATED RINGERS-D5W	1	
lactated ringer's	1	
NORMOSOL-M IN D5W	1	
NORMOSOL-R 27 MEQ/L-23 MEQ/L-98 MEQ/L-140 MEQ/L-3 MEQ/L-5 MEQ/L	1	
NORMOSOL-R PH 7.4	1	
PLASMA-LYTE 148	1	
PLASMA-LYTE A *(electrolyte-a)*	1	
potassium chloride in dextrose	1	
potassium chloride in dextrose & sodium chloride 5 %-0.075 %-0.45 %, 5 %-0.15 %-0.225 %, 5 %-10 MEQ/L-0.45 %, 5 %-20 MEQ/L-0.2 %, 5 %-20 MEQ/L-0.225 %, 5 %-20 MEQ/L-0.45 %, 5 %-20 MEQ/L-0.9 %, 5 %-30 MEQ/L-0.45 %, 5 %-40 MEQ/L-0.45 %, 5 %-40 MEQ/L-0.9 %	1	
potassium chloride in nacl 20 MEQ/L-0.45 %, 20 MEQ/L-0.9 %, 40 MEQ/L-0.9 %	1	
POTASSIUM CHLORIDE IN NACL *(potassium chloride in nacl)*	1	

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
POTASSIUM CHLORIDE IN NACL 20 MEQ/L-0.45 %, 20 MEQ/L-0.9 %, 40 MEQ/L-0.9 %	1	
POTASSIUM CL IN DEXTROSE 5% 20 MEQ/L	1	
ringer's	1	
TPN ELECTROLYTES CONC	1	
Fluoride		
sodium fluoride CHEW	1	QL(1 EA daily)
sodium fluoride SOLN 0.5 MG/ML	1	QL(1 ML daily); AL(Up to 6 yrs old); RX/OTC
SOLUVITA SOLN	1	QL(1 ML daily); AL(Up to 6 yrs old); RX/OTC
Magnesium		
MAG-G TABS	4	Requires EPSDT PA Review; AL(Up to 20 yrs old); PA
magnesium chloride SOLN	1	
magnesium sulfate IJ 50 %	1	
MAGNESIUM SULFATE IV *(magnesium sulfate)*	1	
MAGNESIUM SULFATE IN D5W *(magnesium sulfate in dextrose)*	1	
magnesium sulfate in dextrose	1	
MAGONATE LIQD	4	Requires EPSDT PA Review; AL(Up to 20 yrs old); PA
Phosphate		
K-PHOS-NEUTRAL *(pot phosphate monobasic w/ sod phosphate dibasic & monobasic)*	1	
K-PHOS TABS *(potassium phosphate monobasic)*	1	
PHOS-NAK PACK *(potassium & sodium phosphates)*	4	Requires EPSDT PA Review; AL(Up to 20 yrs old); PA
pot phosphate monobasic w/ sod phosphate dibasic & monobasic	1	
potassium phosphates	1	
POTASSIUM PHOSPHATES-NACL	1	
sodium phosphates (sodium phosphate dibasic & monobasic) 45 MMOLE/15ML	4	Requires EPSDT PA Review; PA
sodium phosphates (sodium phosphate dibasic & monobasic) 15 MMOLE/5ML	1	AL(Up to 20 yrs old); PA
Potassium		
POKONZA PACK PO	4	AL(Up to 10 yrs old); PA
potassium acetate SOLN 2 MEQ/ML	1	
POTASSIUM ACETATE SOLN *(potassium acetate)*	1	
POTASSIUM ACETATE SOLN 2 MEQ/ML	1	
potassium bicarbonate TBEF	1	
potassium chloride microencapsulated crystals er	1	
potassium chloride CPCR	1	

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
potassium chloride PACK PO 20 MEQ	4	QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); PA
potassium chloride SOLN PO 10 %, 20 %, 10 %	1	
POTASSIUM CHLORIDE SOLN IV	1	
POTASSIUM CHLORIDE SOLN IV *(potassium chloride)*	1	
potassium chloride TBCR	1	
Sodium		
SODIUM CHLORIDE GRAN	1	QL(5 GM daily); RX/OTC
sodium chloride SOLN IV 0.45 %, 0.9 %, 3 %, 4 MEQ/ML, 5 %	1	
Zinc		
GALZIN	1	
GALZIN	1	
zinc chloride SOLN	1	
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
CUVRIOR	4	QL(288 EA per 28 day(s) retail; 288 EA per 28 days mail); AL(At least 18 yrs old); PA
DEPEN TITRATABS TABS *(penicillamine)*	4	PA
penicillamine CAPS	1	
penicillamine TABS	4	PA
trientine hcl 250 MG	1	
trientine hcl 500 MG	4	QL(4 EA daily); PA
Enzymes		
HYLENEX	1	QL(1 ML per 1 day(s) retail; 1 ML per 1 days mail)
XIAFLEX	4	Medical Benefit Only
Immunomodulators		
IMAAVY SOLN IV 1200 MG/6.5ML	1	QL(65 ML per 28 day(s) retail; 65 ML per 28 days mail); AL(At least 12 yrs old); PA
JOENJA	4	QL(2 EA daily); AL(At least 12 yrs old); PA
lenalidomide	1	
NIKTIMVO	1	PA
REVLIMID	1	
REZUROCK	4	QL(1 EA daily); AL(At least 12 yrs old); PA
RHAPSIDO TABS PO 25 MG	4	QL(60 EA per 30 day(s) retail; 60 EA per 30 days mail); AL(At least 18 yrs old); PA
RYONCIL <12.5KG KIT IV	1	QL(2 EA per 7 day(s) retail; 2 EA per 7 days mail); AL(Up to 17 yrs old); PA
RYONCIL 100KG TO <112.5KG KIT IV	4	QL(2 EA per 7 day(s) retail; 2 EA per 7 days mail); AL(Up to 17 yrs old); PA
RYONCIL 112.5KG TO <125KG KIT IV	4	QL(2 EA per 7 day(s) retail; 2 EA per 7 days mail); AL(Up to 17 yrs old); PA
RYONCIL 12.5KG TO <25KG KIT IV	1	QL(2 EA per 7 day(s) retail; 2 EA per 7 days mail); AL(Up to 17 yrs old); PA

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
RYONCIL 125KG TO <137.5KG KIT IV	4	QL(2 EA per 7 day(s) retail; 2 EA per 7 days mail); AL(Up to 17 yrs old); PA
RYONCIL 137.5KG TO <150KG KIT IV	4	QL(2 EA per 7 day(s) retail; 2 EA per 7 days mail); AL(Up to 17 yrs old); PA
RYONCIL 25KG TO <37.5KG KIT IV	1	QL(2 EA per 7 day(s) retail; 2 EA per 7 days mail); AL(Up to 17 yrs old); PA
RYONCIL 37.5KG TO <50KG KIT IV	1	QL(2 EA per 7 day(s) retail; 2 EA per 7 days mail); AL(Up to 17 yrs old); PA
RYONCIL 50KG TO <62.5KG KIT IV	1	QL(2 EA per 7 day(s) retail; 2 EA per 7 days mail); AL(Up to 17 yrs old); PA
RYONCIL 62.5KG TO <75KG KIT IV	1	QL(2 EA per 7 day(s) retail; 2 EA per 7 days mail); AL(Up to 17 yrs old); PA
RYONCIL 75KG TO <87.5KG KIT IV	1	QL(2 EA per 7 day(s) retail; 2 EA per 7 days mail); AL(Up to 17 yrs old); PA
RYONCIL 87.5KG TO <100KG KIT IV	1	QL(2 EA per 7 day(s) retail; 2 EA per 7 days mail); AL(Up to 17 yrs old); PA
RYSTIGGO 420 MG/3ML	4	QL(18 ML per 48 day(s) retail; 18 ML per 48 days mail); AL(At least 18 yrs old); PA
RYSTIGGO 280 MG/2ML, 840 MG/6ML	4	QL(36 ML per 42 day(s) retail; 36 ML per 42 days mail); AL(At least 18 yrs old); PA
RYSTIGGO 560 MG/4ML	4	QL(24 ML per 42 day(s) retail; 24 ML per 42 days mail); AL(At least 18 yrs old); PA
THALOMID 50 MG, 100 MG, 200 MG	1	
VYVGART	4	QL(240 ML per 50 day(s) retail; 240 ML per 50 days mail); AL(At least 18 yrs old); PA
VYVGART HYTRULO	1	QL(22.4 ML per 28 day(s) retail; 22 ML per 28 days mail); AL(At least 18 yrs old); PA
VYVGART HYTRULO SC	1	QL(20 ML per 28 day(s) retail; 20 ML per 28 days mail); AL(At least 18 yrs old); PA
Immunosuppressive Agents		
ASTAGRAF XL CP24 0.5 MG	1	QL(2.95 EA daily)
ASTAGRAF XL CP24 1 MG, 5 MG	1	
ATGAM	1	
AZATHIOPRINE SODIUM	1	
AZATHIOPRINE POWD	1	
azathioprine TABS 75 MG	1	QL(1 EA daily)
azathioprine TABS 50 MG	1	QL(8.4 EA daily)
azathioprine TABS 100 MG	1	QL(3 EA daily)

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
CELLCEPT INTRAVENOUS *(mycophenolate mofetil hcl)*	1	
CELLCEPT CAPS *(mycophenolate mofetil)*	1	QL(10 EA daily); PA
CELLCEPT SUSR *(mycophenolate mofetil)*	1	QL(16 ML daily); 3 package(s) per 30 day(s) retail; 3 package(s) per 30 day(s) mail; PA
CELLCEPT TABS *(mycophenolate mofetil)*	1	QL(6 EA daily); PA
cyclosporine modified (for microemulsion) CAPS 50 MG	1	QL(8 EA daily)
cyclosporine modified (for microemulsion) CAPS 25 MG	1	QL(6 EA daily)
cyclosporine modified (for microemulsion) CAPS 100 MG	1	QL(5 EA daily)
cyclosporine modified (for microemulsion) SOLN	1	QL(6 ML daily)
cyclosporine CAPS 100 MG	1	QL(3 EA daily)
cyclosporine CAPS 25 MG	1	QL(5 EA daily)
ENSPRYNG	4	QL(1 ML per 28 day(s) retail; 1 ML per 28 days mail); AL(At least 18 yrs old); PA
ENVARSUS XR TB24 1 MG	1	QL(6 EA daily)
ENVARSUS XR TB24 4 MG	1	QL(2 EA daily)
ENVARSUS XR TB24 0.75 MG	1	QL(3 EA daily)
everolimus (immunosuppressant)	1	QL(2 EA daily)
GAMIFANT	4	PA
IMURAN TABS *(azathioprine)*	1	QL(8.4 EA daily); PA
LUPKYNIS	4	QL(6 EA daily); AL(At least 18 yrs old); PA
mycophenolate mofetil hcl	1	
mycophenolate mofetil CAPS	1	QL(10 EA daily)
mycophenolate mofetil SUSR	1	QL(16 ML daily)
mycophenolate mofetil TABS	1	QL(6 EA daily)
mycophenolate sodium	1	
MYFORTIC *(mycophenolate sodium)*	1	PA
MYHIBBIN SUSP	1	QL(525 ML per 35 day(s) retail; 525 ML per 35 days mail); PA
NEORAL CAPS 25 MG *(cyclosporine modified (for microemulsion))*	1	QL(6 EA daily); PA
NEORAL CAPS 100 MG *(cyclosporine modified (for microemulsion))*	1	QL(5 EA daily); PA
NEORAL SOLN *(cyclosporine modified (for microemulsion))*	1	QL(6 ML daily); PA
NULOJIX	1	
PROGRAF CAPS 0.5 MG *(tacrolimus)*	1	QL(38 EA daily); PA
PROGRAF CAPS 5 MG *(tacrolimus)*	1	QL(12 EA daily); PA
PROGRAF CAPS 1 MG *(tacrolimus)*	1	QL(24 EA daily); PA
PROGRAF PACK 0.2 MG	1	AL(Up to 6 yrs old)
PROGRAF PACK 1 MG	1	QL(6 EA daily); AL(Up to 6 yrs old)
PROGRAF SOLN	1	
RAPAMUNE TABS 1 MG *(sirolimus)*	1	QL(3 EA daily); PA

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
RAPAMUNE TABS 2 MG *(sirolimus)*	1	QL(2 EA daily); PA
SANDIMMUNE CAPS 25 MG *(cyclosporine)*	1	QL(5 EA daily)
SANDIMMUNE CAPS 100 MG *(cyclosporine)*	1	QL(3 EA daily); PA
SANDIMMUNE SOLN IV 50 MG/ML	1	
SANDIMMUNE SOLN PO 100 MG/ML	1	QL(2 ML daily)
SIMULECT	1	
sirolimus SOLN	1	QL(6 ML daily)
sirolimus TABS 1 MG	1	QL(3 EA daily)
sirolimus TABS 2 MG	1	QL(2 EA daily)
sirolimus TABS 0.5 MG	1	QL(1 EA daily)
tacrolimus CAPS 1 MG	1	QL(24 EA daily)
tacrolimus CAPS 5 MG	1	QL(12 EA daily)
tacrolimus CAPS 0.5 MG	1	QL(38 EA daily)
THYMOGLOBULIN	1	
UPLIZNA	4	QL(60 ML per 14 day(s) retail; 60 ML per 14 days mail); PA
ZORTRESS *(everolimus (immunosuppressant))*	1	QL(2 EA daily)
Irrigation Solutions		
irrigation solutions, physiological	1	
lactated ringer's (irrigation)	1	
ringer's irrigation	1	
RINGERS IRRIGATION 4.5 MEQ/L-156 MEQ/L-147 MEQ/L-4 MEQ/L	1	
water for irrigation, sterile	1	
Lymphatic Agents		
SYLVANT	4	Medical Benefit Only
PIK3CA-Related Overgrowth Spectrum (PROS)		
Agents		
VIJOICE PACK	4	QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); PA
VIJOICE TBPK	4	QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); PA
VIJOICE TBPK	4	QL(56 EA per 28 day(s) retail; 56 EA per 28 days mail); PA
Potassium Removing Agents		
LOKELMA	4	QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); PA
sodium polystyrene sulfonate POWD	1	
sodium polystyrene sulfonate SUSP CO 15 GM/60ML	1	
VELTASSA 1 GM	4	QL(120 EA per 30 day(s) retail; 120 EA per 30 days mail); PA
VELTASSA 8.4 GM	4	QL(1 EA daily); PA
VELTASSA 16.8 GM, 25.2 GM	4	QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); PA
Progeria Treatment Agents		
ZOKINVY	4	QL(4 EA daily); AL(At least 1 yrs old); PA
Systemic Lupus Erythematosus Agents		
BENLYSTA SOAJ	4	QL(4 ML per 28 day(s) retail; 4 ML per 28 days mail); PA
BENLYSTA SOLR	4	Medical Benefit Only

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
BENLYSTA SOSY	4	QL(4 ML per 28 day(s) retail; 4 ML per 28 days mail); PA
SAPHNELO	4	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); AL(At least 18 yrs old); PA
Uremic Pruritus Agents		
KORSUVA	1	Medical Benefit Only
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
lidocaine hcl (mouth-throat)	1	
Anti-infectives - Throat		
AMPHOTERICIN B	1	
clotrimazole	1	
NYSTATIN *(nystatin (mouth-throat))*	1	
nystatin (mouth-throat)	1	
Antiseptics - Mouth/Throat		
chlorhexidine gluconate (mouth-throat)	1	QL(500 ML per 14 day(s) retail; 500 ML per 14 days mail)
Dental Products		
DENTA 5000 PLUS SENSITIVE GEL	1	AL(At least 6 yrs old); MP
SOD FLUORIDE-POTASSIUM NITRATE GEL	1	AL(At least 6 yrs old); MP
sodium fluoride (dental) CREA	1	QL(51 GM per 30 day(s) retail; 51 GM per 30 days mail)
sodium fluoride (dental) GEL	1	1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail
sodium fluoride (dental) GEL	1	1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; AL(At least 6 yrs old)
sodium fluoride (dental) PSTE DT	1	AL(At least 6 yrs old); MP
sodium fluoride (dental) SOLN 0.2 %	1	
SODIUM FLUORIDE 5000 ENAMEL GEL	1	AL(At least 6 yrs old); MP
SODIUM FLUORIDE 5000 SENSITIVE GEL	1	AL(At least 6 yrs old); MP
Steroids - Mouth/Throat/Dental		
triamcinolone acetonide (mouth)	1	QL(5 GM per 30 day(s) retail; 5 GM per 30 days mail)
Throat Products - Misc.		
cevimeline hcl	1	QL(4 EA daily)
EVOXAC *(cevimeline hcl)*	1	QL(4 EA daily); PA
pilocarpine hcl (oral)	1	
MULTIVITAMINS		
Multiple Vitamins w/ Minerals		
DEKAS PLUS CAPS	4	Requires EPSDT PA Review; QL(2 EA daily); AL(Up to 20 yrs old); PA; RX/OTC
DEKAS PLUS CHEW	4	Requires EPSDT PA Review; QL(2 EA daily); AL(Up to 20 yrs old); PA
MVW COMPLETE FORMULATION D3000 CAPS	1	QL(2 EA daily); AL(Up to 20 yrs old); PA; RX/OTC

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
MVW COMPLETE FORMULATION D5000 CAPS	1	QL(2 EA daily); AL(Up to 20 yrs old); PA; RX/OTC
MVW COMPLETE FORMULATION MINIS CAPS	1	QL(2 EA daily); AL(Up to 20 yrs old); PA; RX/OTC
MVW COMPLETE FORMULATION CAPS	1	QL(2 EA daily); AL(Up to 20 yrs old); PA; RX/OTC
PHLEXY-VITS POWD	1	
Multivitamins		
DEKAS ESSENTIAL CAPS	4	Requires EPSDT PA Review; QL(2 EA daily); AL(Up to 20 yrs old); PA; RX/OTC
DEKAS ESSENTIAL LIQD	4	Requires EPSDT PA Review; QL(2 ML daily); AL(Up to 20 yrs old); PA
Ped Multiple Vitamins w/ Minerals		
ACTIVNUTRIENTS CHEW	4	Requires EPSDT PA Review; QL(2 EA daily); PA
ALIVE GUMMIES FOR CHILDREN CHEW	4	Requires EPSDT PA Review; QL(2 EA daily); PA
ALIVE MULTI-VITAMIN CHILDRENS CHEW	4	Requires EPSDT PA Review; QL(2 EA daily); PA
CENTRUM FLAVOR BURST KIDS CHEW	4	Requires EPSDT PA Review; QL(2 EA daily); PA
CENTRUM KIDS CHEW	4	Requires EPSDT PA Review; QL(2 EA daily); PA
CHILDRENS GUMMIES CHEW	4	Requires EPSDT PA Review; QL(2 EA daily); PA
CVS GUMMY DINOS CHEW	4	Requires EPSDT PA Review; QL(2 EA daily); PA
CVS GUMMY MULTIVITAMIN KIDS CHEW	4	Requires EPSDT PA Review; QL(2 EA daily); PA
DEKAS PLUS LIQD	4	Requires EPSDT PA Review; QL(2 ML daily); AL(Up to 20 yrs old); PA; RX/OTC
EMERGEN-C KIDZ DAILY IMMUNE CHEW 250 MG-12 MCG-0.5 MG-0.13 MG-10 MG-0.5 MG-1.4 MCG	4	Requires EPSDT PA Review; QL(2 EA daily); PA
EMERGEN-C KIDZ IMMUNE+ CHEW	4	Requires EPSDT PA Review; QL(2 EA daily); PA
EQ MULTIVITAMIN GUMMIES CHEW	4	Requires EPSDT PA Review; QL(2 EA daily); PA
EQ MULTIVITAMINS GUMMY CHILD CHEW	4	Requires EPSDT PA Review; QL(2 EA daily); PA
EQL GUMMIES CHILDRENS CHEW	4	Requires EPSDT PA Review; QL(2 EA daily); PA
FLINTSTONES + EXTRA IRON CHEW	4	Requires EPSDT PA Review; QL(2 EA daily); PA
FLINTSTONES COMPLETE CHEW	4	Requires EPSDT PA Review; QL(2 EA daily); PA

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
FLINTSTONES GUMMIES BONE BUILD CHEW	4	Requires EPSDT PA Review; QL(2 EA daily); PA
FLINTSTONES GUMMIES COMPLETE CHEW	4	Requires EPSDT PA Review; QL(2 EA daily); PA
FLINTSTONES GUMMIES CHEW	4	Requires EPSDT PA Review; QL(2 EA daily); PA
FLINTSTONES GUMMIES-IMMUNITY CHEW	4	Requires EPSDT PA Review; QL(2 EA daily); PA
FLINTSTONES SOUR GUMMIES CHEW	4	Requires EPSDT PA Review; QL(2 EA daily); PA
FLINTSTONES TODDLER CHEW	4	Requires EPSDT PA Review; QL(2 EA daily); PA
FLINTSTONES-IMMUNITY SUPPORT CHEW	4	Requires EPSDT PA Review; QL(2 EA daily); PA
GNP MULTI CHILDRENS CHEW	4	Requires EPSDT PA Review; QL(2 EA daily); PA
GUMMI BEAR MULTIVITAMIN/MIN CHEW	4	Requires EPSDT PA Review; QL(2 EA daily); PA
HEALTHY KIDS GUMMIES CHEW	4	Requires EPSDT PA Review; QL(2 EA daily); PA
JUST 4 KIDZ MULTIVIT/PROBIOTIC CHEW	4	Requires EPSDT PA Review; QL(2 EA daily); PA
MULTIVITAMIN CHILDRENS GUMMIES CHEW	4	Requires EPSDT PA Review; QL(2 EA daily); PA
MULTIVIT-MIN GUMMIES CHILDRENS CHEW	4	Requires EPSDT PA Review; QL(2 EA daily); PA
MVW COMPLETE FORMULATION D3000 CHEW	4	Requires EPSDT PA Review; QL(2 EA daily); AL(Up to 20 yrs old); PA
MVW COMPLETE FORMULATION D5000 CHEW	4	Requires EPSDT PA Review; QL(2 EA daily); AL(Up to 20 yrs old); PA
MVW COMPLETE FORMULATION CHEW	4	Requires EPSDT PA Review; QL(2 EA daily); AL(Up to 20 yrs old); PA
ONE-A-DAY JOLLY RANCHER CHEW	4	Requires EPSDT PA Review; QL(2 EA daily); PA
SMARTY PANTS KIDS COMPLETE CHEW	4	Requires EPSDT PA Review; QL(2 EA daily); PA
SPONGEBOB SQUAREPANTS GUMMIES CHEW	4	Requires EPSDT PA Review; QL(2 EA daily); PA
VITACHEW MULTIPLE VITAMIN CHEW	4	Requires EPSDT PA Review; QL(2 EA daily); PA
VITALETS CHILDRENS CHEW	4	Requires EPSDT PA Review; QL(2 EA daily); PA
YUMVSKIDS MULTI ZERO CHEW	4	Requires EPSDT PA Review; QL(2 EA daily); PA
ZOO FRIENDS MULTI GUMMIES CHEW	4	Requires EPSDT PA Review; QL(2 EA daily); PA

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
Prenatal Vitamins		
CITRANATAL 90 DHA 120 MG-20 MG-1 MG-3 MG-400 UNIT-3.4 MG-20 MG-50 MG-25 MG-2 MG-159 MG-90 MG-150 MCG-30 UNIT-0.75 MG-300 MG	2	AL(At least 10 yrs old - Up to 50 yrs old)
CITRANATAL ASSURE	2	AL(At least 10 yrs old - Up to 50 yrs old)
C-NATE DHA CAPS	2	AL(At least 10 yrs old - Up to 50 yrs old)
COMPLETE NATAL DHA	1	AL(At least 10 yrs old - Up to 50 yrs old)
COMPLETENATE CHEW	1	AL(At least 10 yrs old - Up to 50 yrs old)
CONCEPT DHA	1	AL(At least 10 yrs old - Up to 50 yrs old); PA
CONCEPT OB	1	AL(At least 10 yrs old - Up to 50 yrs old); PA
EMBRIVA TABS	4	AL(At least 10 yrs old - Up to 50 yrs old); GL; PA
ENBRACE HR	2	AL(At least 10 yrs old - Up to 50 yrs old)
FOLIVANE-OB	1	AL(At least 10 yrs old - Up to 50 yrs old)
M-NATAL PLUS TABS	1	AL(At least 10 yrs old - Up to 50 yrs old); RX/OTC
NESTABS	2	AL(At least 10 yrs old - Up to 50 yrs old)
NESTABS DHA	2	AL(At least 10 yrs old - Up to 50 yrs old)
NESTABS ONE	2	AL(At least 10 yrs old - Up to 50 yrs old)
OB COMPLETE ONE	2	AL(At least 10 yrs old - Up to 50 yrs old)
OB COMPLETE PETITE	2	AL(At least 10 yrs old - Up to 50 yrs old)
OB COMPLETE PREMIER	2	AL(At least 10 yrs old - Up to 50 yrs old)
OB COMPLETE/DHA	2	AL(At least 10 yrs old - Up to 50 yrs old)
OB COMPLETE TABS	2	AL(At least 10 yrs old - Up to 50 yrs old)
PNV-DHA+DOCUSATE	2	AL(At least 10 yrs old - Up to 50 yrs old)
PNV-OMEGA	2	AL(At least 10 yrs old - Up to 50 yrs old)
PRENAISSANCE PLUS CAPS	2	AL(At least 10 yrs old - Up to 50 yrs old)
PRENATAL PLUS VITAMIN/MINERAL TABS	1	AL(At least 10 yrs old - Up to 50 yrs old); RX/OTC
prenatal vit w/ ferrous fumarate-l methylfolate-folic acid	2	AL(At least 10 yrs old - Up to 50 yrs old)
prenatal vit w/ iron carbonyl-folic acid TABS 120 MG-10 MG-1.25 MG-315 UNIT-15 MCG-3.4 MG-10 MG-1 MG-2 MG-15 MG-10 MG-20 UNIT-2100 UNIT-50 MG	2	AL(At least 10 yrs old - Up to 50 yrs old)
prenatal without a w/ fe fumarate-l methylfolate-fa-dha	1	AL(At least 10 yrs old - Up to 50 yrs old)
PRENATAL TABS 120 MG-10 MG-1 MG-10 MCG-12 MCG-3 MG-20 MG-1200 MCG-27 MG-200 MG-1.84 MG-25 MG-2 MG-10 MG	1	AL(At least 10 yrs old - Up to 50 yrs old); RX/OTC

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
PRENATE	2	AL(At least 10 yrs old - Up to 50 yrs old)
PRENATE AM	2	AL(At least 10 yrs old - Up to 50 yrs old)
PRENATE DHA 90 MG-26 MG-400 MCG-400 UNIT-25 MCG-155 MG-50 MG-300 MG-40 UNIT-600 MCG-18 MG	2	AL(At least 10 yrs old - Up to 50 yrs old)
PRENATE ELITE 75 MG-21 MG-330 MCG-400 MCG-600 UNIT-13 MCG-3.5 MG-21 MG-3 MG-155 MG-25 MG-15 MG-1.5 MG-2600 UNIT-150 MCG-40 UNIT-600 MCG-20 MG	2	AL(At least 10 yrs old - Up to 50 yrs old)
PRENATE ENHANCE	2	AL(At least 10 yrs old - Up to 50 yrs old)
PRENATE ESSENTIAL 90 MG-26 MG-280 MCG-400 MCG-220 UNIT-13 MCG-155 MG-50 MG-300 MG-150 MCG-10 UNIT-40 MG-600 MCG-18 MG	2	AL(At least 10 yrs old - Up to 50 yrs old)
PRENATE MINI 60 MG-26 MG-280 MCG-400 MCG-1000 UNIT-13 MCG-80 MG-25 MG-350 MG-18 MG-150 MCG-10 UNIT-600 MCG-25 MG	2	AL(At least 10 yrs old - Up to 50 yrs old)
PRENATE PIXIE	2	AL(At least 10 yrs old - Up to 50 yrs old)
PRENATE RESTORE	2	AL(At least 10 yrs old - Up to 50 yrs old)
PRIMACARE	2	AL(At least 10 yrs old - Up to 50 yrs old)
PROVIDA OB	2	AL(At least 10 yrs old - Up to 50 yrs old)
SELECT-OB+DHA MISC	1	AL(At least 10 yrs old - Up to 50 yrs old)
SELECT-OB CHEW 60 MG-2.5 MG-1 MG-400 UNIT-5 MCG-1.8 MG-15 MG-1.6 MG-25 MG-15 MG-30 UNIT-29 MG-1700 UNIT	2	AL(At least 10 yrs old - Up to 50 yrs old)
SE-NATAL 19 CHEW	1	AL(At least 10 yrs old - Up to 50 yrs old)
SE-NATAL 19 TABS	1	AL(At least 10 yrs old - Up to 50 yrs old); RX/OTC
TARON-C DHA	1	AL(At least 10 yrs old - Up to 50 yrs old)
TRICARE TABS	1	AL(At least 10 yrs old - Up to 50 yrs old); RX/OTC
TRINATAL RX 1 TABS	1	AL(At least 10 yrs old - Up to 50 yrs old)
TRISTART DHA	2	AL(At least 10 yrs old - Up to 50 yrs old)
VITAFOL FE+	1	AL(At least 10 yrs old - Up to 50 yrs old)
VITAFOL GUMMIES	1	AL(At least 10 yrs old - Up to 50 yrs old)
VITAFOL ULTRA	1	AL(At least 10 yrs old - Up to 50 yrs old)
VITAFOL-OB+DHA MISC	1	AL(At least 10 yrs old - Up to 50 yrs old)
VITAFOL-OB TABS	1	AL(At least 10 yrs old - Up to 50 yrs old)
VITAFOL-ONE CAPS	1	AL(At least 10 yrs old - Up to 50 yrs old)
WESCAP-C DHA	1	AL(At least 10 yrs old - Up to 50 yrs old)

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
WESCAP-PN DHA	1	AL(At least 10 yrs old - Up to 50 yrs old)
WESNATAL DHA COMPLETE	1	AL(At least 10 yrs old - Up to 50 yrs old)
WESNATE DHA CAPS	2	AL(At least 10 yrs old - Up to 50 yrs old)
WESTAB PLUS TABS	1	AL(At least 10 yrs old - Up to 50 yrs old); RX/OTC
WESTGEL DHA	2	AL(At least 10 yrs old - Up to 50 yrs old)
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
Central Muscle Relaxants		
AMRIX CP24 *(cyclobenzaprine hcl)*	4	QL(1 EA daily); PA
BACLOFEN REFILL KIT-SYNCHROMED KIT IT 40 MG/20ML	1	
BACLOFEN POWD	1	Medical Benefit Only
BACLOFEN POWD	1	
baclofen SOLN PO 5 MG/5ML	4	AL(Up to 20 yrs old); PA
baclofen SOLN PO 5 MG/5ML, 10 MG/5ML	4	AL(Up to 10 yrs old); PA
baclofen SOLN IT 10 MG/20ML, 40 MG/20ML, 20000 MCG/20ML, 40000 MCG/20ML	1	
BACLOFEN SOSY	1	
baclofen SUSP	4	AL(Up to 10 yrs old); PA
baclofen TABS 10 MG, 20 MG	1	
baclofen TABS 5 MG, 15 MG	4	PA
carisoprodol TABS 250 MG	4	QL(4 EA daily); PA
carisoprodol TABS 350 MG	1	QL(4 EA daily); 90 day(s) max supply per 365 day(s) retail
chlorzoxazone TABS 375 MG, 750 MG	4	QL(4 EA daily); PA
chlorzoxazone TABS 500 MG	1	
chlorzoxazone TABS 250 MG	4	PA
cyclobenzaprine hcl CP24	4	QL(1 EA daily); PA
cyclobenzaprine hcl TABS 5 MG, 10 MG	1	
cyclobenzaprine hcl TABS 7.5 MG	4	QL(3 EA daily); PA
FLEQSUVY SUSP *(baclofen)*	4	AL(Up to 10 yrs old); PA
GABLOFEN SOLN IT	1	
GABLOFEN SOLN IT *(baclofen)*	1	
GABLOFEN SOSY	1	
LIORESAL SOLN IT *(baclofen)*	1	
LIORESAL SOLN IT	1	
LYVISPAH PACK 5 MG, 10 MG	4	QL(90 EA per 30 day(s) retail; 90 EA per 30 days mail); AL(Up to 10 yrs old); PA
LYVISPAH PACK 20 MG	4	QL(120 EA per 30 day(s) retail; 120 EA per 30 days mail); AL(Up to 10 yrs old); PA
metaxalone	2	ST
METAXALONE 640 MG	4	QL(4 EA daily); PA
methocarbamol SOLN	1	
methocarbamol TABS 500 MG, 750 MG	1	
methocarbamol TABS 1000 MG	1	PA

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
orphenadrine citrate SOLN 30 MG/ML	1	
orphenadrine citrate TB12	1	
OZOBAX DS SOLN PO *(baclofen)*	4	AL(Up to 10 yrs old); PA
ROBAXIN SOLN *(methocarbamol)*	1	
SOMA TABS 250 MG *(carisoprodol)*	4	QL(4 EA daily); PA
SOMA TABS 350 MG *(carisoprodol)*	1	QL(4 EA daily); 90 day(s) max supply per 365 day(s) retail; PA
tizanidine hcl CAPS	4	PA
tizanidine hcl TABS	1	
ZANAFLEX CAPS	4	PA
ZANAFLEX CAPS *(tizanidine hcl)*	4	PA
ZANAFLEX TABS 4 MG *(tizanidine hcl)*	1	PA
Direct Muscle Relaxants		
DANTRIUM CAPS 25 MG *(dantrolene sodium)*	1	PA
dantrolene sodium CAPS	1	
dantrolene sodium SOLR	1	
RYANODEX SUSR	1	
Fibrodysplasia Ossificans Progressiva (FOP) Agents		
SOHONOS 1 MG, 1.5 MG	4	QL(112 EA per 28 day(s) retail; 112 EA per 28 days mail); AL(At least 8 yrs old); PA
SOHONOS 10 MG	4	QL(56 EA per 28 day(s) retail; 56 EA per 28 days mail); AL(At least 8 yrs old); PA
SOHONOS 2.5 MG	4	QL(140 EA per 28 day(s) retail; 140 EA per 28 days mail); AL(At least 8 yrs old); PA
Muscle Relaxant Combinations		
orphenadrine w/ aspirin & caff	4	AL(At least 12 yrs old); PA
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Agent Combinations		
azelastine hcl-fluticasone propionate SUSP	3	QL(23 GM per 30 day(s) retail; 23 GM per 30 days mail)
DYMISTA SUSP *(azelastine hcl-fluticasone propionate)*	3	QL(23 GM per 30 day(s) retail; 23 GM per 30 days mail)
RYALTRIS	3	QL(29 GM per 30 day(s) retail; 29 GM per 30 days mail); AL(At least 12 yrs old)
Nasal Anesthetics		
COCAINE HCL 40 MG/ML	1	Medical Benefit Only
GOPRELTO	1	Medical Benefit Only
NUMBRINO	1	Medical Benefit Only
Nasal Antiallergy		
azelastine hcl 0.1 %, 137 MCG/SPRAY	1	QL(30 ML per 30 day(s) retail; 30 ML per 30 days mail)
olopatadine hcl (nasal)	2	QL(30.5 GM per 30 day(s) retail; 30 GM per 30 days mail)
Nasal Anticholinergics		

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
ipratropium bromide (nasal)	1	QL(30 ML per 30 day(s) retail; 30 ML per 30 days mail)
Nasal Steroids		
flunisolide (nasal)	3	QL(75 ML per 30 day(s) retail; 75 ML per 30 days mail)
fluticasone propionate (nasal) SUSP	1	QL(16 GM per 30 day(s) retail; 16 GM per 30 days mail); RX/OTC
mometasone furoate (nasal) SUSP	2	QL(17 GM per 30 day(s) retail; 17 GM per 30 days mail); RX/OTC
OMNARIS SUSP	1	QL(12.5 GM per 30 day(s) retail; 12 GM per 30 days mail)
QNASL	3	QL(10.6 GM per 30 day(s) retail; 11 GM per 30 days mail)
QNASL CHILDRENS	3	QL(6.8 GM per 30 day(s) retail; 7 GM per 30 days mail); AL(At least 4 yrs old - Up to 11 yrs old)
SINUVA IMPL	4	Medical Benefit Only
XHANCE EXHU	4	PA
ZETONNA AERS	1	QL(6.1 GM per 30 day(s) retail; 6 GM per 30 days mail)
Sympathomimetic Decongestants		
pseudoephedrine hcl TB12	4	Requires EPSDT PA Review; AL(Up to 20 yrs old); PA
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		
edaravone SOLN 30 MG/100ML	4	PA
QALSODY	4	QL(30 ML per 28 day(s) retail; 30 ML per 28 days mail); AL(At least 18 yrs old); PA
RADICAVA ORS STARTER KIT SUSP	4	QL(70 ML per 28 day(s) retail; 70 ML per 28 days mail); PA
RADICAVA ORS SUSP	4	QL(50 ML per 28 day(s) retail; 50 ML per 28 days mail); PA
RADICAVA SOLN *(edaravone)*	4	PA
RILUTEK TABS *(riluzole)*	4	QL(2 EA daily); PA
riluzole TABS	4	QL(2 EA daily); PA
TIGLUTIK SUSP	4	QL(600 ML per 30 day(s) retail; 600 ML per 30 days mail); PA
Depolarizing Muscle Relaxants		
ANECTINE SOLN	1	Medical Benefit Only
QUELICIN SOLN *(succinylcholine chloride)*	1	Medical Benefit Only
succinylcholine chloride SOLN	1	Medical Benefit Only
SUCCINYLCHOLINE CHLORIDE SOSY IJ 100 MG/5ML, 200 MG/10ML	1	Medical Benefit Only

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
SUCCINYLCHOLINE CL +RFID SOSY IJ 100 MG/5ML, 200 MG/10ML	1	Medical Benefit Only
Friedrich's Ataxia Agents		
SKYCLARYS	4	QL(3 EA daily); AL(At least 18 yrs old); PA
Muscular Dystrophy Agents		
AMONDYS 45	4	PA
DUVYZAT	1	QL(12 ML daily); AL(At least 6 yrs old); PA
ELEVIDYS 10.0-10.4 KG	4	QL(1 EA per fill retail); AL(At least 4 yrs old); PA
ELEVIDYS 10.5-11.4 KG	4	QL(1 EA per fill retail); AL(At least 4 yrs old); PA
ELEVIDYS 11.5-12.4 KG	4	QL(1 EA per fill retail); AL(At least 4 yrs old); PA
ELEVIDYS 12.5-13.4 KG	4	QL(1 EA per fill retail); AL(At least 4 yrs old); PA
ELEVIDYS 13.5-14.4 KG	4	QL(1 EA per fill retail); AL(At least 4 yrs old); PA
ELEVIDYS 14.5-15.4 KG	4	QL(1 EA per fill retail); AL(At least 4 yrs old); PA
ELEVIDYS 15.5-16.4 KG	4	QL(1 EA per fill retail); AL(At least 4 yrs old); PA
ELEVIDYS 16.5-17.4 KG	4	QL(1 EA per fill retail); AL(At least 4 yrs old); PA
ELEVIDYS 17.5-18.4 KG	4	QL(1 EA per fill retail); AL(At least 4 yrs old); PA
ELEVIDYS 18.5-19.4 KG	4	QL(1 EA per fill retail); AL(At least 4 yrs old); PA
ELEVIDYS 19.5-20.4 KG	4	QL(1 EA per fill retail); AL(At least 4 yrs old); PA
ELEVIDYS 20.5-21.4 KG	4	QL(1 EA per fill retail); AL(At least 4 yrs old); PA
ELEVIDYS 21.5-22.4 KG	4	QL(1 EA per fill retail); AL(At least 4 yrs old); PA
ELEVIDYS 22.5-23.4 KG	4	QL(1 EA per fill retail); AL(At least 4 yrs old); PA
ELEVIDYS 23.5-24.4 KG	4	QL(1 EA per fill retail); AL(At least 4 yrs old); PA
ELEVIDYS 24.5-25.4 KG	4	QL(1 EA per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA
ELEVIDYS 25.5-26.4 KG	4	QL(1 EA per fill retail); AL(At least 4 yrs old); PA
ELEVIDYS 26.5-27.4 KG	4	QL(1 EA per fill retail); AL(At least 4 yrs old); PA
ELEVIDYS 27.5-28.4 KG	4	QL(1 EA per fill retail); AL(At least 4 yrs old); PA
ELEVIDYS 28.5-29.4 KG	4	QL(1 EA per fill retail); AL(At least 4 yrs old); PA

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
ELEVIDYS 29.5-30.4 KG	4	QL(1 EA per fill retail); AL(At least 4 yrs old); PA
ELEVIDYS 30.5-31.4 KG	4	QL(1 EA per fill retail); AL(At least 4 yrs old); PA
ELEVIDYS 31.5-32.4 KG	4	QL(1 EA per fill retail); AL(At least 4 yrs old); PA
ELEVIDYS 32.5-33.4 KG	4	QL(1 EA per fill retail); AL(At least 4 yrs old); PA
ELEVIDYS 33.5-34.4 KG	4	QL(1 EA per fill retail); AL(At least 4 yrs old); PA
ELEVIDYS 34.5-35.4 KG	4	QL(1 EA per fill retail); AL(At least 4 yrs old); PA
ELEVIDYS 35.5-36.4 KG	4	QL(1 EA per fill retail); AL(At least 4 yrs old); PA
ELEVIDYS 36.5-37.4 KG	4	QL(1 EA per fill retail); AL(At least 4 yrs old); PA
ELEVIDYS 37.5-38.4 KG	4	QL(1 EA per fill retail); AL(At least 4 yrs old); PA
ELEVIDYS 38.5-39.4 KG	4	QL(1 EA per fill retail); AL(At least 4 yrs old); PA
ELEVIDYS 39.5-40.4 KG	4	QL(1 EA per fill retail); AL(At least 4 yrs old); PA
ELEVIDYS 40.5-41.4 KG	4	QL(1 EA per fill retail); AL(At least 4 yrs old); PA
ELEVIDYS 41.5-42.4 KG	4	QL(1 EA per fill retail); AL(At least 4 yrs old); PA
ELEVIDYS 42.5-43.4 KG	4	QL(1 EA per fill retail); AL(At least 4 yrs old); PA
ELEVIDYS 43.5-44.4 KG	4	QL(1 EA per fill retail); AL(At least 4 yrs old); PA
ELEVIDYS 44.5-45.4 KG	4	QL(1 EA per fill retail); AL(At least 4 yrs old); PA
ELEVIDYS 45.5-46.4 KG	4	QL(1 EA per fill retail); AL(At least 4 yrs old); PA
ELEVIDYS 46.5-47.4 KG	4	QL(1 EA per fill retail); AL(At least 4 yrs old); PA
ELEVIDYS 47.5-48.4 KG	4	QL(1 EA per fill retail); AL(At least 4 yrs old); PA
ELEVIDYS 48.5-49.4 KG	4	QL(1 EA per fill retail); AL(At least 4 yrs old); PA
ELEVIDYS 49.5-50.4 KG	4	QL(1 EA per fill retail); AL(At least 4 yrs old); PA
ELEVIDYS 50.5-51.4 KG	4	QL(1 EA per fill retail); AL(At least 4 yrs old); PA
ELEVIDYS 51.5-52.4 KG	4	QL(1 EA per fill retail); AL(At least 4 yrs old); PA
ELEVIDYS 52.5-53.4 KG	4	QL(1 EA per fill retail); AL(At least 4 yrs old); PA

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
ELEVIDYS 53.5-54.4 KG	4	QL(1 EA per fill retail); AL(At least 4 yrs old); PA
ELEVIDYS 54.5-55.4 KG	4	QL(1 EA per fill retail); AL(At least 4 yrs old); PA
ELEVIDYS 55.5-56.4 KG	4	QL(1 EA per fill retail); AL(At least 4 yrs old); PA
ELEVIDYS 56.5-57.4 KG	4	QL(1 EA per fill retail); AL(At least 4 yrs old); PA
ELEVIDYS 57.5-58.4 KG	4	QL(1 EA per fill retail); AL(At least 4 yrs old); PA
ELEVIDYS 58.5-59.4 KG	4	QL(1 EA per fill retail); AL(At least 4 yrs old); PA
ELEVIDYS 59.5-60.4 KG	4	QL(1 EA per fill retail); AL(At least 4 yrs old); PA
ELEVIDYS 60.5-61.4 KG	4	QL(1 EA per fill retail); AL(At least 4 yrs old); PA
ELEVIDYS 61.5-62.4 KG	4	QL(1 EA per fill retail); AL(At least 4 yrs old); PA
ELEVIDYS 62.5-63.4 KG	4	QL(1 EA per fill retail); AL(At least 4 yrs old); PA
ELEVIDYS 63.5-64.4 KG	4	QL(1 EA per fill retail); AL(At least 4 yrs old); PA
ELEVIDYS 64.5-65.4 KG	4	QL(1 EA per fill retail); AL(At least 4 yrs old); PA
ELEVIDYS 65.5-66.4 KG	4	QL(1 EA per fill retail); AL(At least 4 yrs old); PA
ELEVIDYS 66.5-67.4 KG	4	QL(1 EA per fill retail); AL(At least 4 yrs old); PA
ELEVIDYS 67.5-68.4 KG	4	QL(1 EA per fill retail); AL(At least 4 yrs old); PA
ELEVIDYS 68.5-69.4 KG	4	QL(1 EA per fill retail); AL(At least 4 yrs old); PA
ELEVIDYS 69.5 KG PLUS	4	QL(1 EA per fill retail); AL(At least 4 yrs old); PA
EXONDYS 51	4	PA
VILTEPSO	4	PA
VYONDYS 53	4	PA
Neuromuscular Blocking Agent - Neurotoxins		
DAXXIFY SOLR IM	1	Medical Benefit Only
DYSPORT	4	Medical Benefit Only
MYOBLOC	4	Medical Benefit Only
XEOMIN	4	Medical Benefit Only
Nondepolarizing Muscle Relaxants		
atracurium besylate 50 MG/5ML, 100 MG/10ML	1	
cisatracurium besylate SOLN	1	
rocuronium bromide SOLN	1	
ROCURONIUM BROMIDE SOLN 50 MG/5ML	1	
vecuronium bromide SOLR	1	
Rett Syndrome Agents		

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
DAYBUE	4	QL(3600 ML per 30 day(s) retail; 3600 ML per 30 days mail); AL(At least 2 yrs old); PA
Spinal Muscular Atrophy Agents (SMA)		
EVRYSDI PO 5 MG	4	QL(1 EA daily); AL(At least 2 yrs old); PA
EVRYSDI	4	QL(240 ML per 35 day(s) retail; 240 ML per 35 days mail); PA
SPINRAZA	4	PA
ZOLGENSMA 20.6-21.0 KG	4	QL(1 EA per fill retail); AL(Up to 1 yrs old); PA
ZOLGENSMA 10.1-10.5 KG	4	QL(1 EA per fill retail); AL(Up to 1 yrs old); PA
ZOLGENSMA 10.6-11.0 KG	4	QL(1 EA per fill retail); AL(Up to 1 yrs old); PA
ZOLGENSMA 11.1-11.5 KG	4	QL(1 EA per fill retail); AL(Up to 1 yrs old); PA
ZOLGENSMA 11.6-12.0 KG	4	QL(1 EA per fill retail); AL(Up to 1 yrs old); PA
ZOLGENSMA 12.1-12.5 KG	4	QL(1 EA per fill retail); AL(Up to 1 yrs old); PA
ZOLGENSMA 12.6-13.0 KG	4	QL(1 EA per fill retail); AL(Up to 1 yrs old); PA
ZOLGENSMA 13.1-13.5 KG	4	QL(1 EA per fill retail); AL(Up to 1 yrs old); PA
ZOLGENSMA 13.6-14.0 KG	4	QL(1 EA per fill retail); AL(Up to 1 yrs old); PA
ZOLGENSMA 14.1-14.5 KG	4	QL(1 EA per fill retail); AL(Up to 1 yrs old); PA
ZOLGENSMA 14.6-15.0 KG	4	QL(1 EA per fill retail); AL(Up to 1 yrs old); PA
ZOLGENSMA 15.1-15.5 KG	4	QL(1 EA per fill retail); AL(Up to 1 yrs old); PA
ZOLGENSMA 15.6-16.0 KG	4	QL(1 EA per fill retail); AL(Up to 1 yrs old); PA
ZOLGENSMA 16.1-16.5 KG	4	QL(1 EA per fill retail); AL(Up to 1 yrs old); PA
ZOLGENSMA 16.6-17.0 KG	4	QL(1 EA per fill retail); AL(Up to 1 yrs old); PA
ZOLGENSMA 17.1-17.5 KG	4	QL(1 EA per fill retail); AL(Up to 1 yrs old); PA
ZOLGENSMA 17.6-18.0 KG	4	QL(1 EA per fill retail); AL(Up to 1 yrs old); PA
ZOLGENSMA 18.1-18.5 KG	4	QL(1 EA per fill retail); AL(Up to 1 yrs old); PA
ZOLGENSMA 18.6-19.0 KG	4	QL(1 EA per fill retail); AL(Up to 1 yrs old); PA
ZOLGENSMA 19.1-19.5 KG	4	QL(1 EA per fill retail); AL(Up to 1 yrs old); PA
ZOLGENSMA 19.6-20.0 KG	4	QL(1 EA per fill retail); AL(Up to 1 yrs old); PA
ZOLGENSMA 2.6-3.0 KG	4	QL(1 EA per fill retail); AL(Up to 1 yrs old); PA
ZOLGENSMA 20.1-20.5 KG	4	QL(1 EA per fill retail); AL(Up to 1 yrs old); PA
ZOLGENSMA 3.1-3.5 KG	4	QL(1 EA per fill retail); AL(Up to 1 yrs old); PA
ZOLGENSMA 3.6-4.0 KG	4	QL(1 EA per fill retail); AL(Up to 1 yrs old); PA
ZOLGENSMA 4.1-4.5 KG	4	QL(1 EA per fill retail); AL(Up to 1 yrs old); PA
ZOLGENSMA 4.6-5.0 KG	4	QL(1 EA per fill retail); AL(Up to 1 yrs old); PA

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
ZOLGENSMA 5.1-5.5 KG	4	QL(1 EA per fill retail); AL(Up to 1 yrs old); PA
ZOLGENSMA 5.6-6.0 KG	4	QL(1 EA per fill retail); AL(Up to 1 yrs old); PA
ZOLGENSMA 6.1-6.5 KG	4	QL(1 EA per fill retail); AL(Up to 1 yrs old); PA
ZOLGENSMA 6.6-7.0 KG	4	QL(1 EA per fill retail); AL(Up to 1 yrs old); PA
ZOLGENSMA 7.1-7.5 KG	4	QL(1 EA per fill retail); AL(Up to 1 yrs old); PA
ZOLGENSMA 7.6-8.0 KG	4	QL(1 EA per fill retail); AL(Up to 1 yrs old); PA
ZOLGENSMA 8.1-8.5 KG	4	QL(1 EA per fill retail); AL(Up to 1 yrs old); PA
ZOLGENSMA 8.6-9.0 KG	4	QL(1 EA per fill retail); AL(Up to 1 yrs old); PA
ZOLGENSMA 9.1-9.5 KG	4	QL(1 EA per fill retail); AL(Up to 1 yrs old); PA
ZOLGENSMA 9.6-10.0 KG	4	QL(1 EA per fill retail); AL(Up to 1 yrs old); PA
NUTRIENTS		
Carbohydrates		
dextrose SOLN 5 %, 10 %, 50 %, 70 %, 250 MG/ML	1	
DEXTROSE SOLN 5 %, 20 %, 30 %, 40 %, 70 %	1	
Lipids		
DOJOLVI	4	AL(Up to 21 yrs old); PA
MCT OIL OIL	4	Requires EPSDT PA Review; PA
MCT OIL OIL	4	Requires EPSDT PA Review; AL(Up to 20 yrs old); PA
OMEGAVEN	1	Medical Benefit Only
ORGANIC MCT OIL OIL	4	Requires EPSDT PA Review; PA
Proteins		
amino acid infusion SOLN 15 %	1	Medical Benefit Only
amino acids TABS	1	
ELCYS	1	
PERIFLEX LQ PKU LIQD	1	RX/OTC
PHENYLADE AMINO ACID BLEND PACK	1	
PHENYLADE AMINO ACID BAR	1	
PHENYLADE MTE AMINO ACID BLEND PACK	1	
PHENYLADE MTE AMINO ACID BLEND POWD PO	1	
PHENYLADE MTE POWD PO	1	
PHENYLADE PHEBLOC POWD PO	1	
PHENYLADE PHEBLOC TABS	1	
PHENYLADE40 DRINK MIX PACK	1	
PHENYLADE POWD PO	1	
PKU GOLIKE 10G P.E. BAR	1	
PKU GOLIKE PLUS 16+ PACK	1	
PKU GOLIKE PLUS 4-16 PACK	1	
PKU MAXAMUM POWD PO	1	

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
PROSOL SOLN	1	
REFRESH AA 15 PKU LIQD	1	RX/OTC
XPHE MAXAMUM PACK	1	
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Artificial Tears and Lubricants		
LACRISERT	1	
Beta-blockers - Ophthalmic		
betaxolol hcl (ophth) SOLN	2	QL(15 ML per 30 day(s) retail; 15 ML per 30 days mail)
BETIMOL	1	MP; PA
BETIMOL *(timolol)*	1	MP; PA
BETOPTIC-S SUSP	1	
brimonidine tartrate-timolol maleate	1	Brand Required; QL(30 ML per 90 day(s) retail; 30 ML per 90 days mail); AL(At least 3 yrs old); MP; PA
carteolol hcl (ophth)	1	QL(30 ML per 90 day(s) retail; 30 ML per 90 days mail); MP
COMBIGAN *(brimonidine tartrate-timolol maleate)*	1	Brand Required; QL(30 ML per 90 day(s) retail; 30 ML per 90 days mail); AL(At least 3 yrs old); MP
COSOPT *(dorzolamide hcl-timolol maleate)*	1	QL(45 ML per 90 day(s) retail; 45 ML per 90 days mail); MP; PA
COSOPT PF *(dorzolamide hcl-timolol maleate)*	2	QL(60 EA per 30 day(s) retail; 60 EA per 30 days mail); PA
dorzolamide hcl-timolol maleate	1	QL(45 ML per 90 day(s) retail; 45 ML per 90 days mail); MP
dorzolamide hcl-timolol maleate	2	QL(60 EA per 30 day(s) retail; 60 EA per 30 days mail)
ISTALOL SOLN *(timolol maleate (ophth))*	4	QL(22.5 ML per 90 day(s) retail; 22 ML per 90 days mail); MP; PA
ISTALOL SOLN *(timolol maleate (ophth))*	4	QL(30 ML per 90 day(s) retail; 30 ML per 90 days mail); MP; PA
levobunolol hcl 0.5 %	1	QL(30 ML per 90 day(s) retail; 30 ML per 90 days mail); MP
timolol	1	MP; PA
timolol maleate (ophth) SOLG	2	QL(10 ML per 30 day(s) retail; 10 ML per 30 days mail)
timolol maleate (ophth) SOLN 0.5 %	4	QL(30 ML per 90 day(s) retail; 30 ML per 90 days mail); MP; PA
timolol maleate (ophth) SOLN	1	QL(30 ML per 90 day(s) retail; 30 ML per 90 days mail); MP
timolol maleate (ophth) SOLN 0.5 %	4	MP; PA
timolol maleate (ophth) SOLN	4	QL(60 EA per 30 day(s) retail; 60 EA per 30 days mail); PA
timolol maleate (ophth) SOLN 0.5 %	4	QL(22.5 ML per 90 day(s) retail; 22 ML per 90 days mail); MP; PA

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
TIMOPTIC OCUDOSE SOLN *(timolol maleate (ophth))*	4	QL(60 EA per 30 day(s) retail; 60 EA per 30 days mail); PA
Cholinergic Agonists		
TYRVAYA	4	QL(8.4 ML per 30 day(s) retail; 8 ML per 30 days mail); PA
Cycloplegic Mydriatics		
atropine sulfate (ophthalmic) OINT	1	QL(3.5 GM per fill retail)
atropine sulfate (ophthalmic) SOLN	1	
ATROPINE SULFATE SOLN 1 %	1	
CYCLOGYL *(cyclopentolate hcl)*	1	
CYCLOGYL	1	
CYCLOGYL *(cyclopentolate hcl)*	1	PA
CYCLOMYDRIL	1	
cyclopentolate hcl 1 %	1	
MYDRIACYL SOLN *(tropicamide)*	1	PA
phenylephrine hcl (mydriatic) SOLN	1	
PHENYLEPHRINE HCL SOLN *(phenylephrine hcl (mydriatic))*	1	
tropicamide SOLN	1	
Miotics		
MIOCHOL-E SOLR	1	
MIOSTAT IO	1	QL(1.5 ML per fill retail)
pilocarpine hcl SOLN 1.25 %	4	PA
pilocarpine hcl SOLN 1 %, 2 %, 4 %	1	QL(30 ML per 90 day(s) retail; 30 ML per 90 days mail)
VUITY SOLN 1.25 % *(pilocarpine hcl)*	4	PA
Ophthalmic - Angiogenesis Inhibitors		
BEOVU SOSY	1	Medical Benefit Only
BYOOVIZ	1	Medical Benefit Only
CIMERLI	1	Medical Benefit Only
EYLEA HD SOLN	1	Medical Benefit Only
EYLEA SOLN	1	Medical Benefit Only
EYLEA SOSY	1	Medical Benefit Only
LUCENTIS SOSY 0.5 MG/0.05ML	1	Medical Benefit Only; QL(0.5 ML per fill retail)
LUCENTIS SOSY 0.3 MG/0.05ML	1	Medical Benefit Only
PAVBLU SOLN	1	Medical Benefit Only
PAVBLU SOSY	1	Medical Benefit Only
SUSVIMO (IMPLANT 1ST FILL) SOLN	1	Medical Benefit Only
VABYSMO SOLN	4	Medical Benefit Only
VABYSMO SOSY	4	Medical Benefit Only
Ophthalmic Adrenergic Agents		
ALPHAGAN P 0.1 % *(brimonidine tartrate)*	1	Brand Required; QL(30 ML per 90 day(s) retail; 30 ML per 90 days mail); AL(At least 3 yrs old); MP
ALPHAGAN P 0.15 % *(brimonidine tartrate)*	4	QL(15 ML per 30 day(s) retail; 15 ML per 30 days mail); AL(At least 3 yrs old); PA

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
apraclonidine hcl	2	QL(30 ML per 90 day(s) retail; 30 ML per 90 days mail)
brimonidine tartrate 0.2 %	1	1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail; AL(At least 3 yrs old); MP
brimonidine tartrate 0.1 %	1	Brand Required; QL(30 ML per 90 day(s) retail; 30 ML per 90 days mail); AL(At least 3 yrs old); MP; PA
brimonidine tartrate 0.15 %	4	QL(15 ML per 30 day(s) retail; 15 ML per 30 days mail); AL(At least 3 yrs old); PA
IOPIDINE	2	
SIMBRINZA	1	QL(24 ML per 90 day(s) retail; 24 ML per 90 days mail); MP
Ophthalmic Anti-infectives		
AZASITE	1	QL(2.5 ML per fill retail)
bacitracin (ophthalmic)	1	QL(3.5 GM per fill retail)
bacitracin-polymyxin b (ophth)	1	QL(3.5 GM per fill retail)
BESIVANCE	1	
CILOXAN OINT	1	QL(3.5 GM per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
ciprofloxacin hcl (ophth) SOLN	1	QL(5 ML per 5 day(s) retail; 5 ML per 5 days mail); 1 package(s) per 10 day(s) retail; 1 package(s) per 10 day(s) mail
ciprofloxacin hcl (ophth) SOLN	1	QL(10 ML per 10 day(s) retail; 10 ML per 10 days mail); 1 package(s) per 10 day(s) retail; 1 package(s) per 10 day(s) mail
ciprofloxacin hcl (ophth) SOLN	1	QL(2.5 ML per fill retail); 1 package(s) per 10 day(s) retail; 1 package(s) per 10 day(s) mail
ciprofloxacin hcl (ophth) SOLN	1	QL(5 ML per fill retail); 1 package(s) per 10 day(s) retail; 1 package(s) per 10 day(s) mail
ciprofloxacin hcl (ophth) SOLN	1	QL(2.5 ML per 5 day(s) retail; 2 ML per 5 days mail); 1 package(s) per 10 day(s) retail; 1 package(s) per 10 day(s) mail
ciprofloxacin hcl (ophth) SOLN	1	QL(10 ML per fill retail); 1 package(s) per 10 day(s) retail; 1 package(s) per 10 day(s) mail

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
erythromycin (ophth)	1	1 package(s) per 5 day(s) retail; 1 package(s) per 5 day(s) mail
gatifloxacin (ophth)	1	QL(2.5 ML per fill retail)
gatifloxacin (ophth)	1	QL(2.5 ML per fill retail); PA
gentamicin sulfate (ophth) SOLN	1	
levofloxacin (ophth) 0.5 %	1	PA
moxifloxacin hcl (ophth) SOLN OP	1	
NATACYN	1	
neomycin-bacitracin zn-polymyxin	1	QL(3.5 GM per fill retail)
neomycin-polymyxin-gramicidin	1	
OCUFLOX *(ofloxacin (ophth))*	1	PA
ofloxacin (ophth)	1	
polymyxin b-trimethoprim	1	1 package(s) per 10 day(s) retail; 1 package(s) per 10 day(s) mail
sulfacetamide sodium (ophth) OINT	1	QL(3.5 GM per fill retail)
sulfacetamide sodium (ophth) SOLN	1	
tobramycin (ophth) SOLN	1	
TOBREX OINT	1	QL(3.5 GM per fill retail)
trifluridine	1	QL(7.5 ML per fill retail)
VIGAMOX SOLN OP *(moxifloxacin hcl (ophth))*	1	PA
XDEMVY	4	QL(10 ML per 42 day(s) retail; 10 ML per 42 days mail); AL(At least 18 yrs old); PA
ZIRGAN GEL	1	

Drug Name	Drug Tier	Requirements/ Limits
Ophthalmic Complement Inhibitors		
IZERVAY	4	Medical Benefit Only
SYFOVRE	4	Medical Benefit Only
Ophthalmic Gene Therapy		
ENCELTO IMPL IZ 200000 CELLS	4	AL(At least 18 yrs old); PA
LUXTURNA	4	QL(0.5 ML per fill retail); AL(At least 4 yrs old); PA
Ophthalmic Immunomodulators		
CEQUA SOLN	4	QL(60 EA per 30 day(s) retail; 60 EA per 30 days mail); PA
cyclosporine (ophth) EMUL	1	QL(60 EA per 30 day(s) retail; 60 EA per 30 days mail)
RESTASIS MULTIDOSE EMUL	4	QL(5.5 ML per 30 day(s) retail; 6 ML per 30 days mail); PA
RESTASIS EMUL *(cyclosporine (ophth))*	1	QL(60 EA per 30 day(s) retail; 60 EA per 30 days mail)
VERKAZIA EMUL	4	QL(120 EA per 30 day(s) retail; 120 EA per 30 days mail); PA
VEVYE SOLN	4	QL(2 ML per 50 day(s) retail; 2 ML per 50 days mail); AL(At least 18 yrs old); PA
Ophthalmic Integrin Antagonists		
XIIDRA	4	QL(60 EA per 30 day(s) retail; 60 EA per 30 days mail); AL(At least 17 yrs old); PA

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
Ophthalmic Kinase Inhibitors		
RHOPRESSA	1	QL(7.5 ML per 90 day(s) retail; 8 ML per 90 days mail); MP
ROCKLATAN	1	QL(10 ML per 90 day(s) retail; 10 ML per 90 days mail); MP
Ophthalmic Local Anesthetics		
AKTEN	1	
ALCAINE *(proparacaine hcl)*	1	PA
IHEEZO	1	Medical Benefit Only
proparacaine hcl	1	
tetracaine hcl (ophth)	1	
Ophthalmic Nerve Growth Factors		
OXERVATE	4	QL(14 ML per 12 day(s) retail; 14 ML per 12 days mail); PA
Ophthalmic Photoenhancers		
PHOTREXA-PHOTREXA VISCOUS KIT	1	Medical Benefit Only
Ophthalmic Steroids		
ALREX SUSP *(loteprednol etabonate)*	3	QL(10 ML per 30 day(s) retail; 10 ML per 30 days mail)
bacitracin-poly-neomycin-hc	1	QL(3.5 GM per fill retail)
dexamethasone sodium phosphate (ophth)	1	
DEXTENZA INST	4	Medical Benefit Only
difluprednate	1	Brand Required; PA
DUREZOL *(difluprednate)*	1	Brand Required
EYSUVIS SUSP	4	QL(8.3 ML per 15 day(s) retail; 8 ML per 15 days mail); PA
FLAREX	1	
fluorometholone (ophth) SUSP	1	
FML FORTE SUSP	1	QL(15 ML per 30 day(s) retail; 15 ML per 30 days mail); PA
FML LIQUIFILM SUSP *(fluorometholone (ophth))*	1	
ILUVIEN	4	Medical Benefit Only
INVELTYS SUSP	1	QL(2.8 ML per 12 day(s) retail; 3 ML per 12 days mail); PA
LOTEMAX SM GEL	1	QL(5 GM per 12 day(s) retail; 5 GM per 12 days mail); PA
LOTEMAX GEL *(loteprednol etabonate)*	1	Brand Required; QL(5 GM per 15 day(s) retail; 5 GM per 15 days mail)
LOTEMAX OINT	1	Brand Required; QL(3.5 GM per 15 day(s) retail; 4 GM per 15 days mail)
LOTEMAX SUSP *(loteprednol etabonate)*	1	Brand Required; 2 package(s) per 30 day(s) retail; 2 package(s) per 30 day(s) mail
loteprednol etabonate GEL	1	Brand Required; QL(5 GM per 15 day(s) retail; 5 GM per 15 days mail); PA

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
loteprednol etabonate GEL	1	Brand Required; QL(5 GM per 15 day(s) retail; 5 GM per 15 days mail)
loteprednol etabonate SUSP 0.5 %	1	Brand Required; 2 package(s) per 30 day(s) retail; 2 package(s) per 30 day(s) mail; PA
loteprednol etabonate SUSP 0.2 %	3	QL(10 ML per 30 day(s) retail; 10 ML per 30 days mail)
MAXIDEX SUSP OP	1	
MAXITROL OINT *(neomycin-polymy-dexameth)*	1	QL(3.5 GM per fill retail); PA
MAXITROL SUSP *(neomycin-polymy-dexameth)*	1	QL(5 ML per fill retail); PA
neomycin-polymy-dexameth OINT	1	QL(3.5 GM per fill retail)
neomycin-polymy-dexameth SUSP 0.1 %-3.5 MG/ML-10000 UNIT/ML, 0.1 %	1	QL(5 ML per fill retail)
neomycin-polymyxin-hc (ophth)	1	QL(7.5 ML per fill retail)
OZURDEX IMPL	4	Medical Benefit Only
PRED FORTE *(prednisolone acetate (ophth))*	1	QL(15 ML per 30 day(s) retail; 15 ML per 30 days mail); PA
PRED MILD	1	
prednisolone acetate (ophth)	1	QL(15 ML per 30 day(s) retail; 15 ML per 30 days mail)
PREDNISOLONE SODIUM PHOSPHATE	1	
RETISERT	4	Medical Benefit Only
sulfacetamide sod-prednisolone SOLN	1	
TOBRADEX ST SUSP	1	QL(20 ML per 30 day(s) retail; 20 ML per 30 days mail)
TOBRADEX OINT	1	QL(3.5 GM per fill retail)
tobramycin-dexamethasone SUSP	1	1 package(s) per 5 day(s) retail; 1 package(s) per 5 day(s) mail
tobramycin-dexamethasone SUSP	1	1 package(s) per 10 day(s) retail; 1 package(s) per 10 day(s) mail
tobramycin-dexamethasone SUSP	1	1 package(s) per 15 day(s) retail; 1 package(s) per 15 day(s) mail
TRIESENCE	1	Medical Benefit Only; QL(10 ML per 7 day(s) retail; 10 ML per 7 days mail)
XIPERE	4	Medical Benefit Only; QL(10 ML per 7 day(s) retail; 10 ML per 7 days mail)
YUTIQ	4	Medical Benefit Only
ZYLET	1	QL(5 ML per 10 day(s) retail; 5 ML per 10 days mail); 1 package(s) per 10 day(s) retail; 1 package(s) per 10 day(s) mail

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
ZYLET	1	QL(10 ML per 20 day(s) retail; 10 ML per 20 days mail); 1 package(s) per 10 day(s) retail; 1 package(s) per 10 day(s) mail
Ophthalmic Surgical Aids		
OMIDRIA	1	Medical Benefit Only
Ophthalmics - Misc.		
ACULAR *(ketorolac tromethamine (ophth))*	1	PA
ACULAR LS *(ketorolac tromethamine (ophth))*	1	QL(5 ML per 30 day(s) retail; 5 ML per 30 days mail); PA
ACUVAIL	1	QL(30 EA per 12 day(s) retail; 30 EA per 12 days mail); PA
azelastine hcl (ophth)	2	QL(6 ML per 30 day(s) retail; 6 ML per 30 days mail)
AZOPT *(brinzolamide)*	1	Brand Required; QL(30 ML per fill retail); MP
bepotastine besilate	3	QL(10 ML per 30 day(s) retail; 10 ML per 30 days mail)
BEPREVE *(bepotastine besilate)*	3	QL(10 ML per 30 day(s) retail; 10 ML per 30 days mail)
brinzolamide	1	Brand Required; QL(30 ML per fill retail); MP; PA
bromfenac sodium (ophth) 0.09 %	1	QL(1.7 ML per 5 day(s) retail; 2 ML per 5 days mail); PA
bromfenac sodium (ophth) 0.07 %	1	QL(3 ML per fill retail); PA
bromfenac sodium (ophth) 0.075 %	1	QL(5 ML per fill retail); PA
BROMSITE *(bromfenac sodium (ophth))*	1	QL(5 ML per fill retail); PA
BSS PLUS SOLN	1	
BSS SOLN	1	
cromolyn sodium (ophth)	1	QL(10 ML per 30 day(s) retail; 10 ML per 30 days mail)
CYSTADROPS	4	QL(20 ML per 28 day(s) retail; 20 ML per 28 days mail); PA
CYSTARAN	4	QL(60 ML per 30 day(s) retail; 60 ML per 30 days mail); PA
diclofenac sodium (ophth)	1	1 package(s) per 10 day(s) retail; 1 package(s) per 10 day(s) mail
diclofenac sodium (ophth)	1	
diclofenac sodium (ophth)	1	1 package(s) per 5 day(s) retail; 1 package(s) per 5 day(s) mail
dorzolamide hcl	1	QL(30 ML per 90 day(s) retail; 30 ML per 90 days mail); MP
epinastine hcl (ophth)	2	QL(5 ML per 30 day(s) retail; 5 ML per 30 days mail)
fluorescein sodium injection IV 10 %	1	Medical Benefit Only
fluorescein sodium injection IV 25 %	1	
FLUORESCEIN SODIUM/BENOXINATE	1	Medical Benefit Only

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
FLUORESCITE IV 10 % *(fluorescein sodium injection)*	1	Medical Benefit Only
FLUOR-I-STRIPS A.T. STRP	1	
flurbiprofen sodium	1	QL(2.5 ML per fill retail)
GLOSTRIPS STRP 1 MG	1	
ILEVRO	1	QL(3 ML per 12 day(s) retail; 3 ML per 12 days mail); PA
ketorolac tromethamine (ophth) 0.4 %	1	QL(5 ML per 30 day(s) retail; 5 ML per 30 days mail); PA
ketorolac tromethamine (ophth) 0.5 %	1	
ketotifen fumarate (ophth) 0.035 %	1	1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; AL(Up to 20 yrs old)
MIEBO	4	QL(12 ML per 30 day(s) retail; 12 ML per 30 days mail); AL(At least 18 yrs old); PA
MURO 128 SOLN *(sodium chloride hypertonic)*	4	Requires EPSDT PA Review; AL(Up to 20 yrs old); PA
NEVANAC	1	QL(3 ML per 12 day(s) retail; 3 ML per 12 days mail); PA
olopatadine hcl 0.1 %	2	1 package(s) per 25 day(s) retail; 1 package(s) per 25 day(s) mail; RX/OTC
olopatadine hcl 0.2 %	3	QL(2.5 ML per 25 day(s) retail; 2 ML per 25 days mail); RX/OTC
PATADAY 0.7 %	2	2 package(s) per 30 day(s) retail; 2 package(s) per 30 day(s) mail
PATADAY 0.2 % *(olopatadine hcl)*	3	QL(2.5 ML per 25 day(s) retail; 2 ML per 25 days mail); PA; RX/OTC
PATADAY 0.1 % *(olopatadine hcl)*	2	1 package(s) per 25 day(s) retail; 1 package(s) per 25 day(s) mail; PA; RX/OTC
PROLENSA *(bromfenac sodium (ophth))*	1	QL(3 ML per fill retail); PA
TRYPTYR SOLN OP 0.003 %	4	QL(60 EA per 30 day(s) retail; 60 EA per 30 days mail); AL(At least 18 yrs old); PA
ZADITOR 0.035 % *(ketotifen fumarate (ophth))*	1	1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; AL(Up to 20 yrs old)
ZERVIATE	3	QL(60 EA per 30 day(s) retail; 60 EA per 30 days mail)
Prostaglandins - Ophthalmic		
bimatoprost SOLN	2	1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail
DURYSTA IMPL	4	Medical Benefit Only

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
IDOSE TR IMPL	4	Medical Benefit Only
IYUZEH SOLN	4	QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); PA
latanoprost SOLN	1	QL(30 ML per 90 day(s) retail; 30 ML per 90 days mail); MP
LUMIGAN SOLN 0.01 %	1	QL(15 ML per 90 day(s) retail; 15 ML per 90 days mail); MP
LUMIGAN SOLN 0.01 %	1	QL(22.5 ML per 90 day(s) retail; 22 ML per 90 days mail); MP
tafluprost	1	Brand Required; QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); PA
TRAVATAN Z SOLN *(travoprost)*	1	Brand Required; 6 package(s) per 90 day(s) retail; 6 package(s) per 90 day(s) mail; MP
travoprost SOLN	1	Brand Required; 6 package(s) per 90 day(s) retail; 6 package(s) per 90 day(s) mail; MP; PA
VYZULTA	4	QL(5 ML per 30 day(s) retail; 5 ML per 30 days mail); PA
XALATAN SOLN *(latanoprost)*	1	QL(30 ML per 90 day(s) retail; 30 ML per 90 days mail); MP; PA
XELPROS EMUL	2	QL(10 ML per 30 day(s) retail; 10 ML per 30 days mail)
ZIOPTAN *(tafluprost)*	1	Brand Required; QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail)
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
acetic acid (otic)	1	QL(15 ML per 30 day(s) retail; 15 ML per 30 days mail)
Otic Anti-infectives		
ciprofloxacin hcl (otic)	2	QL(14 EA per 14 day(s) retail; 14 EA per 14 days mail)
ofloxacin (otic)	1	
Otic Combinations		
CIPRO HC	1	
ciprofloxacin-dexamethasone	2	QL(7.5 ML per fill retail)
ciprofloxacin-fluocinolone acetonide	2	QL(14 EA per 7 day(s) retail; 14 EA per 7 days mail)
CORTISPORIN-TC	1	QL(10 ML per fill retail)
neomycin-polymyxin-hc (otic) SOLN	2	QL(10 ML per fill retail); ST
neomycin-polymyxin-hc (otic) SUSP	2	ST
Otic Steroids		
DERMOTIC *(fluocinolone acetonide (otic))*	1	QL(20 ML per fill retail); PA
fluocinolone acetonide (otic)	1	QL(20 ML per fill retail)
hydrocortisone w/acetic acid	4	PA

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
Abortifacients/Agents for Cervical Ripening		
carboprost tromethamine SOLN	1	Medical Benefit Only
CARBOPROST TROMETHAMINE SOSY	1	Medical Benefit Only
CERVIDIL INST	1	
HEMABATE SOLN *(carboprost tromethamine)*	1	Medical Benefit Only
PREPIDIL GEL	1	
Oxytocics		
methylergonovine maleate SOLN	1	
methylergonovine maleate TABS	1	QL(28 EA per fill retail)
oxytocin	1	
PITOCIN *(oxytocin)*	1	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		
Antitoxins-Antivenins		
ANTIVENIN LATRODECTUS MACTANS	1	Medical Benefit Only
ANTIVENIN MICRURUS FULVIUS	1	Medical Benefit Only
Immune Serums		
ALYGLO	1	AL(At least 18 yrs old)
ASCENIV	1	
BIVIGAM SOLN	1	
CUTAQUIG	1	
CUVITRU SOLN	1	
CYTOGAM SOLN	1	
GAMASTAN IM	1	
GAMMAGARD	1	
GAMMAGARD S/D LESS IGA SOLR	1	
GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	1	
GAMMAPLEX SOLN	1	
GAMUNEX-C	1	
HEPAGAM B SOLN IJ	1	AL(At least 19 yrs old)
HIZENTRA SOLN	1	
HIZENTRA SOSY	1	
HYPERHEP B SOLN IM	1	AL(At least 19 yrs old)
HYPERHEP B SOSY 110 UNIT/0.5ML	1	QL(0.5 ML per fill retail); AL(At least 19 yrs old)
HYPERRAB SOLN	1	
HYPERRHO S/D SOSY IM	1	
HYPERTET SOSY	1	AL(At least 19 yrs old)
KEDRAB SOLN	1	
NABI-HB SOLN IM	1	AL(At least 19 yrs old)
OCTAGAM SOLN	1	
PANZYGA	1	
PRIVIGEN SOLN	1	
RHOGAM ULTRA-FILTERED PLUS SOSY IM	1	
RHOPHYLAC SOSY IJ	1	
VARIZIG SOLN	1	QL(6 ML per 28 day(s) retail; 6 ML per 28 days mail)
WINRHO SDF SOLN 2500 UNIT/2.2ML	1	QL(2.2 ML per fill retail)
WINRHO SDF SOLN 1500 UNIT/1.3ML	1	QL(1.3 ML per fill retail)
WINRHO SDF SOLN 5000 UNIT/4.4ML	1	QL(4.4 ML per fill retail)

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
WINRHO SDF SOLN 15000 UNIT/13ML	1	
XEMBIFY	1	
Monoclonal Antibodies		
BEYFORTUS 50 MG/0.5ML	1	QL(0.5 ML per fill retail); AL(Up to 1 yrs old)
BEYFORTUS 100 MG/ML	1	QL(2 ML per fill retail); AL(Up to 1 yrs old)
SYNAGIS SOLN 50 MG/0.5ML	4	QL(0.5 ML per 30 day(s) retail); AL(Up to 2 yrs old); PA
SYNAGIS SOLN 100 MG/ML	4	QL(1 ML per 30 day(s) retail; 1 ML per 30 days mail); AL(Up to 2 yrs old); PA
ZINPLAVA	4	Medical Benefit Only
Passive Immunizing Agents - Combinations		
HYQVIA	1	
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
amoxicillin CAPS	1	
amoxicillin CHEW 125 MG, 250 MG	1	
amoxicillin SUSR	1	
amoxicillin TABS	1	
ampicillin sodium IJ 1 GM, 2 GM, 250 MG, 500 MG	1	
ampicillin CAPS 500 MG	1	
Natural Penicillins		
BICILLIN L-A SUSY	1	
PENICILLIN G POT IN DEXTROSE 40000 UNIT/ML, 60000 UNIT/ML	1	
penicillin g potassium 5000000 UNIT, 20000000 UNIT	1	
penicillin g sodium	1	
penicillin v potassium SOLR	1	
penicillin v potassium TABS	1	
Penicillin Combinations		
amoxicillin & pot clavulanate CHEW	1	
amoxicillin & pot clavulanate SUSR	1	
amoxicillin & pot clavulanate TABS	1	
amoxicillin & pot clavulanate TB12	4	QL(40 EA per 10 day(s) retail; 40 EA per 10 days mail); PA
ampicillin & sulbactam sodium IV 1 GM-0.5 GM, 10 GM-5 GM, 2 GM-1 GM	1	
AUGMENTIN ES-600 SUSR *(amoxicillin & pot clavulanate)*	1	PA
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	1	
BICILLIN C-R	1	
BICILLIN C-R 900/300	1	
piperacillin sodium-tazobactam sodium	1	
UNASYN IJ 1 GM-0.5 GM, 2 GM-1 GM *(ampicillin & sulbactam sodium)*	1	PA
ZOSYN	1	
Penicillinase-Resistant Penicillins		
dicloxacillin sodium	1	
nafcillin sodium IJ 1 GM, 2 GM	1	
NAFCILLIN SODIUM IN DEXTROSE	1	
oxacillin sodium IJ 1 GM, 2 GM	1	

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
OXACILLIN SODIUM IN DEXTROSE 2 GM/50ML	1	
PHARMACEUTICAL ADJUVANTS		
Flavoring Agents		
CHERRY FLAVOR LIQD	1	AL(Up to 20 yrs old); RX/OTC
Internal Vehicle Ingredients/Agents		
THICK-IT #2 POWD	4	Requires EPSDT PA Review; AL(Up to 20 yrs old); PA
Liquid Vehicles		
bacteriostatic sodium chloride	1	
BACTERIOSTATIC WATER(BENZ ALC)	1	
CHERRY	1	AL(Up to 20 yrs old); RX/OTC
glycine diluent	1	
ORA-BLEND SF SUSP	1	AL(Up to 20 yrs old); RX/OTC
ORA-BLEND SUSP	1	AL(Up to 20 yrs old); RX/OTC
ORAL SUSPEND LIQD	1	AL(Up to 20 yrs old); RX/OTC
ORAL SYRUP SF SYRP	1	AL(Up to 20 yrs old); RX/OTC
ORA-PLUS LIQD	1	AL(Up to 20 yrs old); RX/OTC
ORA-SWEET SF SYRP 10 %-9 %	1	AL(Up to 20 yrs old); RX/OTC
ORA-SWEET SYRP	1	AL(Up to 20 yrs old); RX/OTC
SIMPLE SYRUP	1	AL(Up to 20 yrs old); RX/OTC
STERILE DILUENT FOR REMODULIN *(glycine diluent)*	1	
SYRPALTA SYRP	1	AL(Up to 20 yrs old); RX/OTC
SYRSPEND SF LIQD	1	AL(Up to 20 yrs old); RX/OTC
SYRUP VEHICLE SYRP	1	AL(Up to 20 yrs old); RX/OTC
water for injection, sterile IJ	1	
Pharmaceutical Excipients		
SODIUM BENZOATE	4	Requires EPSDT PA Review; PA; RX/OTC
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG	1	GL
megestrol acetate (appetite)	1	
norethindrone acetate TABS	1	GL
progesterone CAPS	1	GL
progesterone OIL	1	GL
PROMETRIUM CAPS *(progesterone)*	1	GL; PA
PROVERA 5 MG, 10 MG *(medroxyprogesterone acetate)*	1	GL; PA
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
acamprosate calcium	1	
disulfiram	1	
lofexidine hcl	4	QL(168 EA per 14 day(s) retail; 168 EA per 14 days mail); PA
LUCEMYRA *(lofexidine hcl)*	4	QL(168 EA per 14 day(s) retail; 168 EA per 14 days mail); PA
Anti-Cataplectic Agents		

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
SODIUM OXYBATE SOLN	4	Brand Required; PA
XYREM SOLN	4	Brand Required; PA
XYWAV	4	QL(540 ML per 30 day(s) retail; 540 ML per 30 days mail); AL(At least 7 yrs old); PA
Antidementia Agents		
ADLARITY PTWK	4	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); AL(At least 51 yrs old); PA
ADUHELM	4	PA
ARICEPT TABS 23 MG *(donepezil hydrochloride)*	4	AL(At least 51 yrs old); PA
ARICEPT TABS 5 MG *(donepezil hydrochloride)*	1	QL(2 EA daily); AL(At least 51 yrs old); MP; PA
ARICEPT TABS 10 MG *(donepezil hydrochloride)*	1	QL(3 EA daily); AL(At least 51 yrs old); MP; PA
donepezil hydrochloride TABS 10 MG	1	QL(3 EA daily); AL(At least 51 yrs old); MP
donepezil hydrochloride TABS 5 MG	1	QL(2 EA daily); AL(At least 51 yrs old); MP
donepezil hydrochloride TABS 23 MG	4	AL(At least 51 yrs old); PA
donepezil hydrochloride TBDP	1	AL(At least 51 yrs old); PA
EXELON 4.6 MG/24HR, 9.5 MG/24HR *(rivastigmine)*	4	QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail)
EXELON *(rivastigmine)*	4	QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); AL(At least 51 yrs old); PA
EXELON 13.3 MG/24HR *(rivastigmine)*	1	QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); AL(At least 51 yrs old); PA
galantamine hydrobromide CP24	4	AL(At least 51 yrs old); PA
galantamine hydrobromide SOLN	4	AL(At least 51 yrs old); PA
galantamine hydrobromide TABS 8 MG, 12 MG	1	AL(At least 51 yrs old)
galantamine hydrobromide TABS 4 MG	1	QL(2 EA daily); AL(At least 51 yrs old); MP
KISUNLA	4	QL(80 ML per 28 day(s) retail; 80 ML per 28 days mail); PA
LEQEMBI	4	PA
LEQEMBI IQLIK SC 360 MG/1.8ML	4	QL(7.2 ML per 28 day(s) retail; 7 ML per 28 days mail); PA
memantine hcl CP24	4	QL(1 EA daily); AL(At least 51 yrs old); PA
memantine hcl CP24 14 MG	4	QL(1 EA daily); PA
memantine hcl-donepezil hcl CP24	4	QL(1 EA daily); AL(At least 51 yrs old); PA
memantine hcl SOLN	4	AL(At least 51 yrs old); PA
memantine hcl TABS 10 MG	1	QL(3 EA daily); AL(At least 51 yrs old); MP
memantine hcl TABS	4	AL(At least 51 yrs old); PA

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
memantine hcl TABS 5 MG	1	QL(4 EA daily); AL(At least 51 yrs old); MP
NAMENDA TITRATION PAK TABS *(memantine hcl)*	4	AL(At least 51 yrs old); PA
NAMENDA XR CP24 14 MG, 21 MG, 28 MG *(memantine hcl)*	4	QL(1 EA daily); AL(At least 51 yrs old); PA
NAMZARIC C4PK	4	QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); AL(At least 51 yrs old); PA
NAMZARIC CP24 *(memantine hcl-donepezil hcl)*	4	QL(1 EA daily); AL(At least 51 yrs old); PA
NAMZARIC CP24	4	QL(1 EA daily); AL(At least 51 yrs old); PA
rivastigmine	4	QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); AL(At least 51 yrs old); PA
rivastigmine tartrate CAPS 1.5 MG, 4.5 MG, 6 MG	1	AL(At least 51 yrs old)
rivastigmine tartrate CAPS 3 MG	1	QL(2 EA daily); AL(At least 51 yrs old); MP
ZUNVEYL TBEC PO 5 MG, 10 MG, 15 MG	1	QL(2 EA daily); AL(At least 51 yrs old); PA
Cerebral Adrenoleukodystrophy (CALD) Agents		
SKYSONA	4	Medical Benefit Only; QL(1 EA per fill retail); AL(At least 4 yrs old)
Combination Psychotherapeutics		
chlordiazepoxide-amitriptyline	1	
LYBALVI	1	QL(1 EA daily); AL(At least 18 yrs old); PA
olanzapine-fluoxetine hcl	1	QL(1 EA daily); AL(At least 5 yrs old); PA
perphenazine-amitriptyline	1	
Fibromyalgia Agents		
SAVELLA TITRATION PACK MISC	1	QL(55 EA per 28 day(s) retail; 55 EA per 28 days mail); PA
SAVELLA TABS	1	QL(2 EA daily); PA
Metachromatic Leukodystrophy (MLD) Agents		
LENMELDY	1	Medical Benefit Only
Movement Disorder Drug Therapy		
AUSTEDO XR PATIENT TITRATION TEPK	4	QL(1 EA daily); PA
AUSTEDO XR PATIENT TITRATION TEPK	4	QL(42 EA per 28 day(s) retail; 42 EA per 28 days mail); PA
AUSTEDO XR TB24 24 MG	4	QL(2 EA daily); PA
AUSTEDO XR TB24 6 MG, 12 MG, 18 MG, 30 MG, 36 MG, 42 MG, 48 MG	4	QL(1 EA daily); PA
AUSTEDO TABS	4	QL(4 EA daily); PA
INGREZZA CAPS	4	QL(1 EA daily); PA
INGREZZA CPPK	4	QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); PA
INGREZZA CPSP	4	QL(1 EA daily); PA
tetrabenazine	4	PA
XENAZINE *(tetrabenazine)*	4	PA
Multiple Sclerosis Agents		

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
AMPYRA *(dalfampridine)*	4	QL(2 EA daily); PA
AUBAGIO *(teriflunomide)*	4	QL(1 EA daily); PA
AVONEX PEN AJKT	1	QL(1 EA per 28 day(s) retail; 1 EA per 28 days mail); PA
AVONEX PREFILLED PSKT	1	QL(3 EA per 84 day(s) retail; 3 EA per 84 days mail); PA
BAFIERTAM	4	QL(4 EA daily); AL(At least 18 yrs old); PA
BETASERON KIT	1	QL(0.5 EA daily); PA
BRIUMVI	4	PA
COPAXONE SOSY 20 MG/ML *(glatiramer acetate)*	4	Brand Required; QL(30 ML per 30 day(s) retail; 30 ML per 30 days mail); PA
COPAXONE SOSY 40 MG/ML *(glatiramer acetate)*	4	QL(12 ML per 28 day(s) retail; 12 ML per 28 days mail); PA
dalfampridine	4	QL(2 EA daily); PA
dimethyl fumarate CDPK	4	QL(2 EA daily); PA
dimethyl fumarate CPDR 120 MG	4	QL(14 EA per fill retail); PA
dimethyl fumarate CPDR 240 MG	4	QL(2 EA daily); PA
fingolimod hcl	4	QL(1 EA daily); PA
GILENYA *(fingolimod hcl)*	4	QL(1 EA daily); PA
glatiramer acetate SOSY 40 MG/ML	4	QL(12 ML per 28 day(s) retail; 12 ML per 28 days mail); PA
glatiramer acetate SOSY 20 MG/ML	4	Brand Required; QL(30 ML per 30 day(s) retail; 30 ML per 30 days mail); PA
KESIMPTA	4	QL(0.4 ML per 28 day(s) retail); AL(At least 18 yrs old); PA
LEMTRADA	4	Medical Benefit Only
MAVENCLAD (10 TABS)	4	PA
MAVENCLAD (4 TABS)	4	PA
MAVENCLAD (5 TABS)	4	PA
MAVENCLAD (6 TABS)	4	PA
MAVENCLAD (7 TABS)	4	PA
MAVENCLAD (8 TABS)	4	PA
MAVENCLAD (9 TABS)	4	PA
MAYZENT STARTER PACK TBPK 0.25 MG	4	QL(12 EA per fill retail); PA
MAYZENT STARTER PACK TBPK 0.25 MG	4	QL(49 EA per 28 day(s) retail; 49 EA per 28 days mail); PA
MAYZENT TABS 0.25 MG	4	QL(112 EA per 28 day(s) retail; 112 EA per 28 days mail); PA
MAYZENT TABS 1 MG, 2 MG	4	QL(1 EA daily); PA
OCREVUS	4	PA
OCREVUS ZUNOVO	4	QL(23 ML per 180 day(s) retail; 23 ML per 180 days mail); PA
PLEGRIDY STARTER PACK SOAJ	1	QL(1 ML per 28 day(s) retail; 1 ML per 28 days mail); PA
PLEGRIDY STARTER PACK SOSY SC	1	QL(1 ML per 28 day(s) retail; 1 ML per 28 days mail); PA

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
PLEGRIDY SOAJ	1	QL(1 ML per 28 day(s) retail; 1 ML per 28 days mail); PA
PLEGRIDY SOSY IM	1	QL(1 ML per 28 day(s) retail; 1 ML per 28 days mail); PA
PONVORY STARTER PACK TBPK	4	QL(14 EA per 14 day(s) retail; 14 EA per 14 days mail); AL(At least 18 yrs old); PA
PONVORY TABS	4	QL(1 EA daily); AL(At least 18 yrs old); PA
REBIF REBIDOSE TITRATION PACK SOAJ	1	QL(4.2 ML per 30 day(s) retail; 4 ML per 30 days mail); PA
REBIF REBIDOSE SOAJ	1	QL(6 ML per 28 day(s) retail; 6 ML per 28 days mail); PA
REBIF TITRATION PACK SOSY	1	QL(4.2 ML per 30 day(s) retail; 4 ML per 30 days mail); PA
REBIF SOSY	1	QL(6 ML per 28 day(s) retail; 6 ML per 28 days mail); PA
TASCENSO ODT	4	QL(1 EA daily); AL(At least 10 yrs old); PA
TECFIDERA CDPK *(dimethyl fumarate)*	4	QL(2 EA daily); PA
TECFIDERA CPDR 240 MG *(dimethyl fumarate)*	4	QL(2 EA daily); PA
TECFIDERA CPDR 120 MG *(dimethyl fumarate)*	4	QL(14 EA per fill retail); PA
teriflunomide	4	QL(1 EA daily); PA
TYRUKO CONC IV 300 MG/15ML	1	
TYSABRI	4	PA
VUMERITY	4	QL(4 EA daily); PA
ZEPOSIA 7-DAY STARTER PACK CPPK	4	QL(7 EA per fill retail); PA
ZEPOSIA STARTER KIT CPPK	4	QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); PA
ZEPOSIA CAPS	4	QL(1 EA daily); PA
Postherpetic Neuralgia (PHN)/Neuropathic Pain Agents		
gabapentin (once-daily) TABS 300 MG	4	QL(1 EA daily); PA
gabapentin (once-daily) TABS 600 MG	4	QL(2 EA daily); PA
GRALISE TABS *(gabapentin (once-daily))*	4	QL(2 EA daily); PA
GRALISE TABS *(gabapentin (once-daily))*	4	QL(1 EA daily); PA
LYRICA CR *(pregabalin (once-daily))*	4	QL(1 EA daily); PA
pregabalin (once-daily)	4	QL(1 EA daily); PA
Premenstrual Dysphoric Disorder (PMDD) Agents		
fluoxetine hcl (pmdd) TABS	1	QL(45 EA per 30 day(s) retail; 45 EA per 30 days mail); PA
Pseudobulbar Affect (PBA) Agents		
NUEDEXTA	4	QL(2 EA daily); AL(At least 18 yrs old); PA
Psychotherapeutic and Neurological Agents - Misc.		
AQNEURSA	1	QL(4 EA daily); PA
ergoloid mesylates TABS	1	
MIPLYFFA	1	QL(3 EA daily); AL(At least 2 yrs old); PA
pimozide	1	

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
Restless Leg Syndrome (RLS) Agents		
HORIZANT	4	QL(1 EA daily); PA
Smoking Deterrents		
bupropion hcl (smoking deterrent)	1	QL(100 EA per 50 day(s) retail; 200 EA per 100 days mail)
CHANTIX CONTINUING MONTH PAK TABS *(varenicline tartrate)*	1	QL(2 EA daily); AL(At least 17 yrs old)
CHANTIX STARTING MONTH PAK TBPK *(varenicline tartrate)*	1	QL(53 EA per 28 day(s) retail; 53 EA per 28 days mail); AL(At least 17 yrs old)
CHANTIX TABS *(varenicline tartrate)*	1	QL(2 EA daily); AL(At least 17 yrs old)
nicotine polacrilex GUM	1	
nicotine polacrilex LOZG	1	
NICOTINE KIT	1	QL(1 EA daily); MP
nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR	1	QL(1 EA daily); MP
NICOTROL NS SOLN	1	
varenicline tartrate TABS	1	QL(2 EA daily); AL(At least 17 yrs old)
varenicline tartrate TBPK	1	QL(53 EA per 28 day(s) retail; 53 EA per 28 days mail); AL(At least 17 yrs old)
Transthyretin Amyloidosis Agents		
AMVUTTRA	4	QL(0.5 ML per 90 day(s) retail); PA
ONPATTRO	4	Medical Benefit Only
TEGSEDI	4	QL(6 ML per 28 day(s) retail; 6 ML per 28 days mail); PA
WAINUA	4	QL(0.8 ML per 28 day(s) retail; 1 ML per 28 days mail); PA
Vasomotor Symptom Agents		
paroxetine mesylate (vasomotor)	4	QL(1 EA daily); PA
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Alpha-Proteinase Inhibitor (Human)		
ARALAST NP SOLR 500 MG, 1000 MG	4	AL(At least 18 yrs old); PA
GLASSIA SOLN	4	AL(At least 18 yrs old); PA
PROLASTIN-C SOLN	4	PA
ZEMAIRA SOLR	4	AL(At least 18 yrs old); PA
Cystic Fibrosis Agents		
ALYFTREK 50 MG-4 MG-20 MG	1	QL(84 EA per 28 day(s) retail; 84 EA per 28 days mail); AL(At least 6 yrs old); PA
ALYFTREK 125 MG-10 MG-50 MG	1	QL(56 EA per 28 day(s) retail; 56 EA per 28 days mail); AL(At least 6 yrs old); PA
BRONCHITOL	4	QL(560 EA per 28 day(s) retail; 560 EA per 28 days mail); AL(At least 18 yrs old); PA

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
BRONCHITOL TOLERANCE TEST	4	QL(560 EA per 28 day(s) retail; 560 EA per 28 days mail); AL(At least 18 yrs old); PA
KALYDECO PACK 25 MG, 50 MG, 75 MG	4	QL(56 EA per 28 day(s) retail; 56 EA per 28 days mail); AL(Up to 5 yrs old); PA
KALYDECO PACK 5.8 MG, 13.4 MG	4	QL(56 EA per 28 day(s) retail; 56 EA per 28 days mail); AL(Up to 1 yrs old); PA
KALYDECO TABS	4	QL(56 EA per 28 day(s) retail; 56 EA per 28 days mail); AL(At least 2 yrs old); PA
ORKAMBI PACK 125 MG-100 MG, 188 MG-150 MG	4	QL(56 EA per 28 day(s) retail; 56 EA per 28 days mail); AL(At least 1 yrs old - Up to 6 yrs old); PA
ORKAMBI PACK 94 MG-75 MG	4	QL(56 EA per 28 day(s) retail; 56 EA per 28 days mail); AL(At least 1 yrs old - Up to 2 yrs old); PA
ORKAMBI TABS	4	QL(112 EA per 28 day(s) retail; 112 EA per 28 days mail); AL(At least 6 yrs old); PA
PULMOZYME	4	QL(150 ML per 30 day(s) retail; 150 ML per 30 days mail); PA
SYMDEKO 150 MG-100 MG	4	QL(56 EA per 28 day(s) retail; 56 EA per 28 days mail); AL(At least 6 yrs old); PA
SYMDEKO 75 MG-50 MG	4	QL(56 EA per 28 day(s) retail; 56 EA per 28 days mail); AL(At least 6 yrs old - Up to 11 yrs old); PA
TRIKAFTA TBPK 100 MG-50 MG	4	QL(84 EA per 28 day(s) retail; 84 EA per 28 days mail); AL(At least 6 yrs old); PA
TRIKAFTA TBPK 50 MG-25 MG	4	QL(84 EA per 28 day(s) retail; 84 EA per 28 days mail); AL(At least 2 yrs old - Up to 11 yrs old); PA
TRIKAFTA THPK	4	QL(56 EA per 28 day(s) retail; 56 EA per 28 days mail); AL(At least 2 yrs old - Up to 5 yrs old); PA
Pulmonary Fibrosis Agents		
ESBRIET CAPS *(pirfenidone)*	4	QL(270 EA per 30 day(s) retail; 270 EA per 30 days mail); AL(At least 18 yrs old); PA
ESBRIET TABS 267 MG *(pirfenidone)*	4	QL(9 EA daily); AL(At least 18 yrs old); PA
ESBRIET TABS 801 MG *(pirfenidone)*	4	QL(3 EA daily); AL(At least 18 yrs old); PA

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
JASCAYD TABS PO 9 MG, 18 MG	4	QL(60 EA per 30 day(s) retail; 60 EA per 30 days mail); AL(At least 18 yrs old)
OFEV	4	QL(2 EA daily); AL(At least 18 yrs old); PA
pirfenidone CAPS	4	QL(270 EA per 30 day(s) retail; 270 EA per 30 days mail); AL(At least 18 yrs old); PA
pirfenidone TABS 267 MG	4	QL(9 EA daily); AL(At least 18 yrs old); PA
pirfenidone TABS 534 MG, 801 MG	4	QL(3 EA daily); AL(At least 18 yrs old); PA
Respiratory Agents - Misc.		
BRINSUPRI TABS PO 10 MG, 25 MG	1	AL(At least 12 yrs old); PA
CUROSURF TR 120 MG/1.5ML, 240 MG/3ML	1	
SULFONAMIDES - Drugs to Treat Bacterial Infections		
Sulfonamides		
sulfadiazine TABS	1	
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Aminomethylcyclines		
NUZYRA SOLR	4	AL(At least 18 yrs old); PA
NUZYRA TABS	4	AL(At least 18 yrs old); PA
Fluorocyclines		
XERAVA	4	Medical Benefit Only
Glycylcyclines		
tigecycline	1	
TIGECYCLINE	1	
TYGACIL *(tigecycline)*	1	
Tetracyclines		
demeclocycline hcl TABS	1	
DORYX MPC TBEC 60 MG	4	QL(2 EA daily); PA
doxycycline (monohydrate) CAPS 75 MG	1	PA
doxycycline (monohydrate) CAPS 150 MG	4	PA
doxycycline (monohydrate) CAPS 50 MG, 100 MG	1	
doxycycline (monohydrate) SUSR	1	
doxycycline (monohydrate) TABS 50 MG, 75 MG, 100 MG	1	
doxycycline (monohydrate) TABS 150 MG	4	PA
doxycycline hyclate CAPS	1	
doxycycline hyclate SOLR	1	
doxycycline hyclate TABS 20 MG, 100 MG	1	
doxycycline hyclate TABS 50 MG	1	PA
doxycycline hyclate TABS 75 MG, 150 MG	4	PA
doxycycline hyclate TBEC 75 MG, 100 MG, 150 MG	1	PA
doxycycline hyclate TBEC 50 MG, 80 MG, 200 MG	4	PA
MINOCIN SOLR	1	
minocycline hcl CAPS	1	
minocycline hcl TABS	1	QL(2 EA daily); PA
minocycline hcl TB24 45 MG, 90 MG, 135 MG	1	PA

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
minocycline hcl TB24 55 MG, 65 MG, 80 MG, 105 MG, 115 MG	4	PA
MINOLIRA TB24	4	AL(At least 12 yrs old); PA
SOLODYN TB24 80 MG *(minocycline hcl)*	4	PA
tetracycline hcl CAPS	4	QL(56 EA per 14 day(s) retail; 56 EA per 14 days mail); PA
TETRACYCLINE HCL TABS	4	QL(56 EA per 14 day(s) retail; 56 EA per 14 days mail); PA
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
METHIMAZOLE POWD	1	
methimazole TABS	1	
propylthiouracil	1	
Thyroid Hormones		
ADTHYZA TABS	1	MP
ARMOUR THYROID TABS	1	MP
CYTOMEL TABS *(liothyronine sodium)*	1	MP; PA
ERMEZA SOLN PO	4	PA
levothyroxine sodium CAPS	4	PA
LEVOTHYROXINE SODIUM SOLN IV 100 MCG/ML, 500 MCG/5ML	1	Medical Benefit Only
LEVOTHYROXINE SODIUM SOLN IV 100 MCG/5ML, 200 MCG/5ML	1	
LEVOTHYROXINE SODIUM SOLN IV 100 MCG/5ML, 200 MCG/5ML	1	
levothyroxine sodium SOLR IV	1	
LEVOTHYROXINE SODIUM SOLR IV *(levothyroxine sodium)*	1	
levothyroxine sodium TABS	1	MP
liothyronine sodium SOLN	1	
liothyronine sodium TABS	1	MP
NIVA THYROID TABS	1	MP
NP THYROID TABS	1	MP
RENTHYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	1	MP
SYNTHROID TABS *(levothyroxine sodium)*	1	MP; PA
THYQUIDITY SOLN PO	4	QL(300 ML per 30 day(s) retail; 300 ML per 30 days mail); PA
THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	1	MP
TOXOIDS		
Toxoid Combinations		
ADACEL SUSP	1	QL(0.5 ML per 1 day(s) retail); AL(At least 19 yrs old)
ADACEL SUSY 2 LF/0.5ML-5 LF/0.5ML-15.5 MCG/0.5ML	1	QL(0.5 ML per 1 day(s) retail); AL(At least 19 yrs old)
ADACEL SUSY 2 LF/0.5ML-5 LF/0.5ML-15.5 MCG/0.5ML	1	AL(At least 19 yrs old)
BOOSTRIX SUSP	1	QL(0.5 ML per 1 day(s) retail); AL(At least 19 yrs old)
BOOSTRIX SUSY	1	QL(0.5 ML per 1 day(s) retail); AL(At least 19 yrs old)

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
BOOSTRIX SUSY	1	QL(0.5 ML per 1 day(s) retail); AL(At least 19 yrs old)
DAPTACEL	1	QL(0.5 ML per 1 day(s) retail); AL(At least 19 yrs old)
DAPTACEL	1	AL(At least 19 yrs old)
INFANRIX	1	QL(0.5 ML per 1 day(s) retail); AL(At least 19 yrs old)
INFANRIX	1	AL(At least 19 yrs old)
KINRIX SUSY	1	QL(0.5 ML per 1 day(s) retail); AL(At least 19 yrs old)
KINRIX SUSY	1	AL(At least 19 yrs old)
PEDIARIX SUSY	1	AL(At least 19 yrs old)
PEDIARIX SUSY	1	QL(0.5 ML per 1 day(s) retail); AL(At least 19 yrs old)
QUADRACEL SUSP	1	QL(0.5 ML per 1 day(s) retail); AL(At least 19 yrs old)
QUADRACEL SUSP	1	AL(At least 19 yrs old)
QUADRACEL SUSY	1	QL(0.5 ML per 1 day(s) retail); AL(At least 19 yrs old)
QUADRACEL SUSY	1	AL(At least 19 yrs old)
TDVAX SUSP	1	QL(0.5 ML per 1 day(s) retail); AL(At least 19 yrs old)
TENIVAC SUSP 2 LFU-5 LFU	1	QL(0.5 ML per 1 day(s) retail); AL(At least 19 yrs old)
TETANUS-DIPHTHERIA TOXOIDS TD SUSP	1	QL(0.5 ML per 1 day(s) retail); AL(At least 19 yrs old)
VAXELIS SUSP	1	QL(0.5 ML per 1 day(s) retail); AL(Up to 4 yrs old)
VAXELIS SUSY	1	QL(0.5 ML per 1 day(s) retail); AL(Up to 4 yrs old)
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics		
atropine sulfate SOLN IJ 8 MG/20ML	1	
ATROPINE SULFATE SOLN IV 0.4 MG/ML, 1 MG/ML *(atropine sulfate)*	1	
atropine sulfate SOSY IJ 0.5 MG/5ML, 1 MG/10ML	1	
ATROPINE SULFATE SOSY IJ *(atropine sulfate)*	1	
ATROPINE SULFATE SOSY IJ 0.25 MG/5ML, 0.5 MG/5ML, 1 MG/10ML	1	
BELLADONNA ALKALOIDS-OPIUM	1	
CUVPOSA SOLN PO *(glycopyrrolate)*	1	
DARTISLA ODT TBDP	4	QL(3 EA daily); AL(At least 18 yrs old); PA
dicyclomine hcl CAPS	1	
dicyclomine hcl SOLN IM	1	
dicyclomine hcl TABS	1	PA
dicyclomine hcl TABS	1	
GLYCATE TABS	4	AL(At least 12 yrs old); PA
GLYCOPYRROLATE PF SOSY IJ	1	

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
GLYCOPYRROLATE PF SOSY IJ 0.2 MG/ML, 0.4 MG/2ML, 0.6 MG/3ML *(glycopyrrolate)*	1	
glycopyrrolate SOLN PO 1 MG/5ML	1	
glycopyrrolate SOSY IJ	1	
glycopyrrolate TABS 1 MG, 2 MG	1	
GLYRX-PF SOLN IJ	1	
GLYRX-PF SOSY IJ 1 MG/5ML	1	
hyoscyamine sulfate ELIX	4	Requires EPSDT PA Review; AL(Up to 20 yrs old); PA
hyoscyamine sulfate SUBL 0.125 MG	1	
hyoscyamine sulfate TABS 0.125 MG	1	
hyoscyamine sulfate TB12 0.375 MG	1	
hyoscyamine sulfate TBDP 0.125 MG	1	PA
LEVSIN/SL SUBL *(hyoscyamine sulfate)*	1	PA
LEVSIN TABS *(hyoscyamine sulfate)*	1	PA
methscopolamine bromide	1	
ROBINUL-FORTE TABS *(glycopyrrolate)*	1	PA
ROBINUL TABS *(glycopyrrolate)*	1	PA
H-2 Antagonists		
cimetidine hcl PO 300 MG/5ML	1	QL(15 ML daily); MP
cimetidine TABS 200 MG, 300 MG, 400 MG	4	QL(2 EA daily); PA; RX/OTC
cimetidine TABS 800 MG	4	QL(1 EA daily); MP; PA
famotidine in nacl SOLN	1	
famotidine SOLN 20 MG/2ML, 40 MG/4ML, 200 MG/20ML	1	
famotidine SUSR	1	QL(8 ML daily); AL(Up to 6 yrs old); MP
famotidine TABS 20 MG	1	QL(4 EA daily); MP; RX/OTC
famotidine TABS 40 MG	1	QL(2 EA daily); MP
nizatidine CAPS 300 MG	4	QL(1 EA daily); PA
nizatidine CAPS 150 MG	4	QL(3 EA daily); MP; PA
Misc. Anti-Ulcer		
CARAFATE SUSP *(sucralfate)*	4	
CARAFATE TABS *(sucralfate)*	1	PA
SUCRALFATE POWD	1	
sucralfate SUSP	4	PA
sucralfate SUSP	4	
sucralfate TABS	1	
Proton Pump Inhibitors		
DEXILANT *(dexlansoprazole)*	2	QL(1 EA daily)
dexlansoprazole	2	QL(1 EA daily)
esomeprazole magnesium CPDR	1	QL(2 EA daily); MP; RX/OTC
esomeprazole magnesium PACK	1	Brand Required; QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); PA
esomeprazole sodium 40 MG	1	PA
lansoprazole CPDR	1	QL(2 EA daily); MP
lansoprazole TBDD	1	Brand Required; QL(1 EA daily); PA; RX/OTC

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
NEXIUM CPDR *(esomeprazole magnesium)*	1	QL(2 EA daily); MP; PA; RX/OTC
NEXIUM PACK *(esomeprazole magnesium)*	1	Brand Required; QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail)
omeprazole CPDR 10 MG	1	QL(3 EA daily); MP
omeprazole CPDR 20 MG	1	QL(4 EA daily); MP
omeprazole CPDR 40 MG	1	QL(2 EA daily); MP
PANTOPRAZOLE SODIUM-NACL 0.9 %-40 MG/100ML	1	QL(1000 ML per 10 day(s) retail; 1000 ML per 10 days mail); PA
PANTOPRAZOLE SODIUM-NACL 0.9 %-40 MG/50ML	1	QL(500 ML per 1 day(s) retail; 500 ML per 1 days mail); PA
PANTOPRAZOLE SODIUM-NACL 0.9 %-80 MG/100ML	1	QL(1800 ML per 6 day(s) retail; 1800 ML per 6 days mail); PA
pantoprazole sodium PACK	3	QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); ST
pantoprazole sodium SOLR	2	QL(10 EA per 10 day(s) retail; 10 EA per 10 days mail)
PANTOPRAZOLE SODIUM SOLR 40 MG *(pantoprazole sodium)*	2	QL(10 EA per 10 day(s) retail; 10 EA per 10 days mail)
pantoprazole sodium TBEC	1	QL(4 EA daily); MP
PREVACID SOLUTAB TBDD *(lansoprazole)*	1	Brand Required; QL(1 EA daily); RX/OTC
PREVACID CPDR 30 MG *(lansoprazole)*	1	QL(2 EA daily); MP; PA
PRILOSEC PACK	3	QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); ST; PA
PROTONIX PACK *(pantoprazole sodium)*	3	QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); ST
PROTONIX SOLR *(pantoprazole sodium)*	2	QL(10 EA per 10 day(s) retail; 10 EA per 10 days mail)
PROTONIX TBEC *(pantoprazole sodium)*	1	QL(4 EA daily); MP; PA
rabeprazole sodium TBEC	1	QL(2 EA daily); MP
VOQUEZNA	4	QL(1 EA daily); AL(At least 18 yrs old); PA
Ulcer Drugs - Prostaglandins		
CYTOTEC *(misoprostol)*	1	PA
misoprostol	1	
Ulcer Therapy Combinations		
amoxicillin-clarithromycin w/ lansoprazole THPK	4	QL(112 EA per 14 day(s) retail; 112 EA per 14 days mail); PA
bismuth subcitrate potassium-metronidazole-tetracycline	4	PA
KONVOMEP SUSR	4	QL(20 ML daily); AL(At least 18 yrs old); PA
omeprazole-sodium bicarbonate CAPS	1	QL(1 EA daily); PA; RX/OTC
omeprazole-sodium bicarbonate PACK	4	QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); PA
PYLERA *(bismuth subcitrate potassium-metronidazole-tetracycline)*	4	PA

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
TALICIA	4	QL(168 EA per 14 day(s) retail; 168 EA per 14 days mail); PA
VOQUEZNA DUAL PAK	4	QL(112 EA per 14 day(s) retail; 112 EA per 14 days mail); AL(At least 18 yrs old); PA
VOQUEZNA TRIPLE PAK	4	QL(112 EA per 14 day(s) retail; 112 EA per 14 days mail); AL(At least 18 yrs old); PA
ZEGERID PACK *(omeprazole-sodium bicarbonate)*	4	QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); PA
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
darifenacin hydrobromide	1	QL(1 EA daily); PA
DETROL LA CP24 *(tolterodine tartrate)*	1	QL(1 EA daily); PA
DETROL TABS *(tolterodine tartrate)*	1	PA
fesoterodine fumarate 4 MG	1	QL(2 EA daily); MP
fesoterodine fumarate 8 MG	1	QL(1 EA daily); MP
oxybutynin chloride SOLN	1	
oxybutynin chloride TABS 2.5 MG	4	QL(4 EA daily); PA
oxybutynin chloride TABS 5 MG	1	QL(4 EA daily); MP
oxybutynin chloride TB24 5 MG	1	QL(6 EA daily); MP
oxybutynin chloride TB24 10 MG	1	QL(3 EA daily); MP
oxybutynin chloride TB24 15 MG	1	QL(2 EA daily); MP
OXYTROL PTTW	4	QL(8 EA per 30 day(s) retail; 8 EA per 30 days mail); PA; RX/OTC
solifenacin succinate TABS 10 MG	1	QL(1 EA daily); MP
solifenacin succinate TABS 5 MG	1	QL(2 EA daily); MP
tolterodine tartrate CP24	1	QL(1 EA daily); PA
tolterodine tartrate TABS	1	PA
TOVIAZ 8 MG *(fesoterodine fumarate)*	1	QL(1 EA daily); MP; PA
TOVIAZ 4 MG *(fesoterodine fumarate)*	1	QL(2 EA daily); MP; PA
trospium chloride CP24	1	PA
trospium chloride TABS	1	QL(2 EA daily); MP
VESICARE LS SUSP	1	QL(300 ML per 30 day(s) retail; 300 ML per 30 days mail); AL(At least 2 yrs old - Up to 10 yrs old)
VESICARE TABS 5 MG *(solifenacin succinate)*	1	QL(2 EA daily); MP; PA
VESICARE TABS 10 MG *(solifenacin succinate)*	1	QL(1 EA daily); MP; PA
Urinary Antispasmodics - Beta-3 Adrenergic Agonists		
GEMTESA	4	QL(1 EA daily); PA
mirabegron TB24	3	Brand Required; QL(1 EA daily); PA

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
MYRBETRIQ SRER	1	Brand Required; QL(300 ML per 30 day(s) retail; 300 ML per 30 days mail); AL(At least 3 yrs old - Up to 10 yrs old)
MYRBETRIQ TB24 *(mirabegron)*	1	Brand Required; QL(1 EA daily)
Urinary Antispasmodics - Cholinergic Agonists		
bethanechol chloride 10 MG, 50 MG	1	QL(4 EA daily)
bethanechol chloride 5 MG	1	
bethanechol chloride 25 MG	1	QL(8 EA daily)
Urinary Antispasmodics - Direct Muscle Relaxants		
flavoxate hcl	1	
VACCINES		
Bacterial Vaccines		
ACTHIB SOLR IM	1	AL(At least 19 yrs old)
BCG VACCINE	1	AL(At least 19 yrs old)
BEXSERO 0.5 ML	1	AL(At least 19 yrs old)
BIOTHRAX	1	AL(At least 19 yrs old)
CAPVAXIVE	1	AL(At least 19 yrs old)
HIBERIX SOLR IJ	1	AL(At least 19 yrs old)
MENACTRA	1	AL(At least 19 yrs old)
MENQUADFI 0.5 ML	1	AL(At least 19 yrs old)
MENQUADFI 0.5 ML	1	AL(At least 19 yrs old)
MENVEO SOLN	1	AL(At least 19 yrs old)
MENVEO SOLR	1	AL(At least 19 yrs old)
PEDVAX HIB SUSP	1	AL(At least 19 yrs old)
PENBRAYA	1	AL(At least 19 yrs old)
PNEUMOVAX 23 SOLN	1	AL(At least 19 yrs old)
PNEUMOVAX 23 SOSY	1	AL(At least 19 yrs old)
PNEUMOVAX 23 SOSY	1	AL(At least 2 yrs old - Up to 18 yrs old)
PREVNAR 13	1	AL(At least 19 yrs old)
PREVNAR 20	1	AL(At least 19 yrs old)
TRUMENBA 0.5 ML	1	AL(At least 19 yrs old)
TYPHIM VI SOLN	1	AL(At least 19 yrs old)
TYPHIM VI SOSY	1	AL(At least 19 yrs old)
VAXCHORA	1	AL(At least 19 yrs old)
VAXNEUVANCE	1	AL(At least 19 yrs old)
VIVOTIF	1	Medical Benefit Only
VIVOTIF	1	AL(At least 19 yrs old)
Viral Vaccines		
ABRYSVO	1	AL(At least 19 yrs old)
ABRYSVO	1	AL(At least 19 yrs old)
ABRYSVO	1	AL(At least 10 yrs old - Up to 18 yrs old)
AFLURIA PRESERVATIVE FREE SUSY	1	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
AFLURIA PRESERVATIVE FREE SUSY	1	1 max fill(s) per 180 day(s) retail; AL(At least 3 yrs old - Up to 18 yrs old)

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
AFLURIA PRESERVATIVE FREE SUSY	1	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
AFLURIA PRESERVATIVE FREE SUSY	1	1 max fill(s) per 180 day(s) retail; AL(At least 3 yrs old - Up to 18 yrs old)
AFLURIA QUADRIVALENT SUSP	1	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
AFLURIA QUADRIVALENT SUSY 0.5 ML	1	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
AFLURIA SUSP	1	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
AFLURIA SUSP	1	1 max fill(s) per 180 day(s) retail; AL(Up to 18 yrs old)
AREXVY	1	AL(At least 19 yrs old)
COMIRNATY 5-11 YEARS SUSP 10 MCG/0.3ML	1	AL(At least 5 yrs old - Up to 11 yrs old)
COMIRNATY SUSP	1	AL(At least 19 yrs old)
COMIRNATY SUSY	1	AL(At least 19 yrs old)
COMIRNATY SUSY	1	AL(At least 19 yrs old)
COMIRNATY SUSY	1	AL(At least 12 yrs old - Up to 18 yrs old)
DENGVAXIA	1	AL(At least 19 yrs old)
ENGERIX-B SUSP 20 MCG/ML	1	QL(1 ML per 34 day(s) retail; 1 ML per 34 days mail); 3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old)
ENGERIX-B SUSY 10 MCG/0.5ML	1	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old)
ENGERIX-B SUSY 20 MCG/ML	1	QL(1 ML per 34 day(s) retail; 1 ML per 34 days mail); 3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old)
ENGERIX-B SUSY 20 MCG/ML	1	QL(1 ML per 34 day(s) retail; 1 ML per 34 days mail); AL(At least 19 yrs old)
FLUAD	1	1 max fill(s) per 180 day(s) retail; AL(At least 65 yrs old)
FLUAD	1	1 max fill(s) per 180 day(s) retail; AL(At least 65 yrs old)
FLUAD QUADRIVALENT	1	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
FLUARIX QUADRIVALENT SUSY	1	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
FLUARIX SUSY	1	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
FLUARIX SUSY	1	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
FLUARIX SUSY	1	1 max fill(s) per 180 day(s) retail; AL(Up to 18 yrs old)
FLUARIX SUSY	1	1 max fill(s) per 180 day(s) retail; AL(Up to 18 yrs old)
FLUBLOK QUADRIVALENT	1	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
FLUBLOK SOSY	1	1 max fill(s) per 180 day(s) retail; AL(At least 18 yrs old - Up to 18 yrs old)
FLUBLOK SOSY	1	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
FLUBLOK SOSY	1	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
FLUBLOK SOSY	1	1 max fill(s) per 180 day(s) retail; AL(At least 18 yrs old - Up to 18 yrs old)
FLUCELVAX QUADRIVALENT SUSP	1	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
FLUCELVAX QUADRIVALENT SUSY	1	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
FLUCELVAX SUSP	1	1 max fill(s) per 180 day(s) retail; AL(Up to 18 yrs old)
FLUCELVAX SUSP	1	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
FLUCELVAX SUSY	1	1 max fill(s) per 180 day(s) retail; AL(Up to 18 yrs old)
FLUCELVAX SUSY	1	1 max fill(s) per 180 day(s) retail; AL(Up to 18 yrs old)
FLUCELVAX SUSY	1	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
FLUCELVAX SUSY	1	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
FLULAVAL QUADRIVALENT SUSY	1	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
FLULAVAL SUSY	1	1 max fill(s) per 180 day(s) retail; AL(Up to 18 yrs old)
FLULAVAL SUSY	1	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
FLULAVAL SUSY	1	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
FLULAVAL SUSY	1	1 max fill(s) per 180 day(s) retail; AL(Up to 18 yrs old)
FLUMIST	1	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old - Up to 49 yrs old)
FLUMIST	1	1 max fill(s) per 180 day(s) retail; AL(At least 2 yrs old - Up to 18 yrs old)
FLUMIST	1	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old - Up to 49 yrs old)
FLUMIST QUADRIVALENT	1	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
FLUZONE HIGH-DOSE QUADRIVALENT	1	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
FLUZONE HIGH-DOSE SUSY	1	1 max fill(s) per 180 day(s) retail; AL(At least 65 yrs old)
FLUZONE HIGH-DOSE SUSY	1	1 max fill(s) per 180 day(s) retail; AL(At least 65 yrs old)
FLUZONE QUADRIVALENT SUSP	1	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
FLUZONE QUADRIVALENT SUSY	1	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
FLUZONE SUSP	1	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
FLUZONE SUSP	1	1 max fill(s) per 180 day(s) retail; AL(Up to 18 yrs old)
FLUZONE SUSY	1	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
FLUZONE SUSY	1	1 max fill(s) per 180 day(s) retail; AL(Up to 18 yrs old)
FLUZONE SUSY	1	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
FLUZONE SUSY	1	1 max fill(s) per 180 day(s) retail; AL(Up to 18 yrs old)
GARDASIL 9 SUSP 0.5 ML	1	QL(0.5 ML per 56 day(s) retail); 3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old - Up to 45 yrs old)

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
GARDASIL 9 SUSY 0.5 ML	1	QL(0.5 ML per 56 day(s) retail); 3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old - Up to 45 yrs old)
HAVRIX IM 1440 EL U/ML	1	AL(At least 19 yrs old)
HAVRIX IM 720 EL U/0.5ML	1	AL(At least 19 yrs old)
HAVRIX IM 720 EL U/0.5ML	1	AL(At least 1 yrs old - Up to 18 yrs old)
HAVRIX IM 1440 EL U/ML	1	QL(1 ML per 34 day(s) retail; 1 ML per 34 days mail); AL(At least 19 yrs old)
HEPLISAV-B SOSY	1	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old)
IMOVAX RABIES SUSR	1	QL(1 EA per 34 day(s) retail; 1 EA per 34 days mail); AL(At least 19 yrs old)
IPOL IJ	1	AL(At least 19 yrs old)
IXCHIQ	1	AL(At least 19 yrs old)
IXIARO	1	AL(At least 19 yrs old)
JYNNEOS	1	QL(0.5 ML per 28 day(s) retail); AL(At least 19 yrs old)
M-M-R II SOLR	1	QL(1 EA per 34 day(s) retail; 1 EA per 34 days mail); AL(At least 19 yrs old)
MNEXSPIKE SUSY 10 MCG/0.2ML	1	AL(At least 19 yrs old)
MODERNA COVID-19 BIVALENT	1	AL(At least 19 yrs old)
MODERNA COVID-19 VAC 6M-11Y SUSP	1	AL(At least 19 yrs old)
MODERNA COVID-19 VACCINE SUSP	1	AL(At least 19 yrs old)
MRESVIA	1	AL(At least 60 yrs old)
NOVAVAX COVID-19 VACCINE SUSP	1	AL(At least 19 yrs old)
NUVAXOVID COVID-19 VACCINE SUSY 5 MCG/0.5ML	1	QL(1 ML per 34 day(s) retail; 1 ML per 34 days mail); AL(At least 19 yrs old)
NUVAXOVID COVID-19 VACCINE SUSY 5 MCG/0.5ML	1	QL(1 ML per 34 day(s) retail; 1 ML per 34 days mail); AL(At least 12 yrs old - Up to 18 yrs old)
PFIZER COVID-19 VAC BIVALENT	1	AL(At least 19 yrs old)
PFIZER COVID-19 VAC-TRIS 5-11Y SUSP	1	AL(At least 19 yrs old)
PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP	1	AL(At least 19 yrs old)
PFIZER-BIONT COVID-19 VAC-TRIS SUSP	1	AL(At least 19 yrs old)
PFIZER-BIONTECH COVID-19 VACC SUSP	1	AL(At least 19 yrs old)
PREHEVBRIO	1	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old)
PRIORIX SUSR	1	AL(At least 19 yrs old)
PROQUAD SUSR	1	AL(At least 19 yrs old)

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
RABAVERT	1	QL(1 EA per 34 day(s) retail; 1 EA per 34 days mail); AL(At least 19 yrs old)
RECOMBIVAX HB SUSP 40 MCG/ML	1	QL(1 ML per 34 day(s) retail; 1 ML per 34 days mail); 3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old)
RECOMBIVAX HB SUSP 5 MCG/0.5ML, 10 MCG/ML	1	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old)
RECOMBIVAX HB SUSY	1	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old)
ROTARIX SUSP	1	QL(1.5 ML per 28 day(s) retail; 2 ML per 28 days mail); AL(At least 19 yrs old)
ROTATEQ SOLN	1	AL(At least 19 yrs old)
SHINGRIX	1	QL(1 EA per 34 day(s) retail; 1 EA per 34 days mail); 2 max fill(s) per 999 day(s) retail; AL(At least 50 yrs old)
SPIKEVAX 6M-11Y SUSY 25 MCG/0.25ML	1	AL(Up to 11 yrs old)
SPIKEVAX SUSP	1	AL(At least 19 yrs old)
SPIKEVAX SUSY	1	AL(At least 19 yrs old)
SPIKEVAX SUSY	1	AL(At least 19 yrs old)
SPIKEVAX SUSY	1	AL(At least 12 yrs old - Up to 18 yrs old)
STAMARIL SUSR	1	AL(At least 19 yrs old)
TICOVAC	1	AL(At least 19 yrs old)
TWINRIX SUSY	1	QL(1 ML per 34 day(s) retail; 1 ML per 34 days mail); AL(At least 19 yrs old)
VAQTA IM 50 UNIT/ML	1	QL(1 ML per 34 day(s) retail; 1 ML per 34 days mail); AL(At least 19 yrs old)
VAQTA IM 25 UNIT/0.5ML	1	AL(At least 19 yrs old)
VAQTA 25 UNIT/0.5ML	1	AL(At least 19 yrs old)
VAQTA 50 UNIT/ML	1	QL(1 ML per 34 day(s) retail; 1 ML per 34 days mail); AL(At least 19 yrs old)
VARIVAX SUSR	1	QL(1 EA per 34 day(s) retail; 1 EA per 34 days mail); 2 max fill(s) per 999 day(s) retail; AL(At least 1 yrs old - Up to 18 yrs old)
VARIVAX SUSR	1	QL(1 EA per 34 day(s) retail; 1 EA per 34 days mail); 2 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old)
YF-VAX SUSR	1	AL(At least 19 yrs old)
VAGINAL AND RELATED PRODUCTS		

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
Spermicides		
VCF VAGINAL CONTRACEPTIVE FILM	1	
Vaginal Anti-infectives		
CLEOCIN CREA *(clindamycin phosphate vaginal)*	1	PA
CLEOCIN SUPP	1	
clindamycin phosphate vaginal CREA	1	
CLINDESSE	1	QL(5.8 GM per 1 day(s) retail; 6 GM per 1 days mail)
GYNAZOLE-1	1	QL(5.8 GM per 28 day(s) retail; 6 GM per 28 days mail)
metronidazole vaginal	1	QL(70 GM per fill retail)
miconazole nitrate vaginal SUPP 200 MG	1	
NUVESSA	4	QL(5 GM per fill retail); PA
terconazole vaginal CREA	1	
terconazole vaginal SUPP	1	
VANDAZOLE	1	QL(70 GM per fill retail)
XACIATO GEL	4	QL(8 GM per fill retail); PA
Vaginal Contraceptive - pH Modulators		
PHEXXI	4	PA
Vaginal Estrogens		
ESTRACE CREA *(estradiol vaginal)*	1	QL(42.5 GM per 28 day(s) retail; 42 GM per 28 days mail)
estradiol vaginal CREA	1	QL(42.5 GM per 28 day(s) retail; 42 GM per 28 days mail); GL
estradiol vaginal TABS	1	GL
estradiol vaginal TABS	1	
ESTRING RING 7.5 MCG/24HR	1	
FEMRING	1	GL
PREMARIN	1	QL(30 GM per 28 day(s) retail; 30 GM per 28 days mail); GL
VAGIFEM TABS *(estradiol vaginal)*	1	PA
Vaginal Progestins		
CRINONE GEL 8 %	4	QL(37.5 GM per 30 day(s) retail; 38 GM per 30 days mail); AL(At least 12 yrs old - Up to 55 yrs old); GL; PA
ENDOMETRIN INST 100 MG *(progesterone (vaginal))*	4	QL(42 EA per 21 day(s) retail; 42 EA per 21 days mail); AL(At least 12 yrs old - Up to 55 yrs old); GL; PA
progesterone (vaginal) INST 100 MG	4	QL(42 EA per 21 day(s) retail; 42 EA per 21 days mail); AL(At least 12 yrs old - Up to 55 yrs old); PA
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
ADRENALIN SOLN IJ 1 MG/ML, 30 MG/30ML *(epinephrine (anaphylaxis))*	1	
AUVI-Q SOAJ 0.15 MG/0.15ML, 0.3 MG/0.3ML	1	

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
AUVI-Q SOAJ 0.1 MG/0.1ML	4	Requires EPSDT PA Review; PA
AUVI-Q SOAJ 0.1 MG/0.1ML	4	Requires EPSDT PA Review
epinephrine (anaphylaxis) SOAJ	1	
epinephrine (anaphylaxis) SOLN IJ 30 MG/30ML	1	
EPIPEN 2-PAK SOAJ *(epinephrine (anaphylaxis))*	1	
EPIPEN JR 2-PAK SOAJ *(epinephrine (anaphylaxis))*	1	
NEFFY SOLN NA	1	
Neurogenic Orthostatic Hypotension (NOH) - Agents		
droxidopa 300 MG	4	QL(6 EA daily); AL(At least 18 yrs old)
droxidopa 100 MG, 200 MG	4	QL(3 EA daily); AL(At least 18 yrs old); PA
droxidopa 300 MG	4	QL(6 EA daily); AL(At least 18 yrs old); PA
droxidopa 100 MG, 200 MG	4	QL(3 EA daily); AL(At least 18 yrs old)
NORTHERA 300 MG *(droxidopa)*	4	QL(6 EA daily); AL(At least 18 yrs old); PA
NORTHERA 100 MG, 200 MG *(droxidopa)*	4	QL(3 EA daily); AL(At least 18 yrs old); PA
Vasopressors		
ADRENALIN SOLN	1	Medical Benefit Only
AKOVAZ SOLN IV *(ephedrine sulfate (pressors))*	1	

Drug Name	Drug Tier	Requirements/ Limits
AKOVAZ SOSY IV *(ephedrine sulfate (pressors))*	1	Medical Benefit Only
BIORPHEN SOLN IV	1	Medical Benefit Only
BIORPHEN SOLN IV 0.5 MG/5ML *(phenylephrine hcl (pressors))*	1	Medical Benefit Only
EMERPHED SOLN IV	1	Medical Benefit Only
EMERPHED SOSY IV	1	Medical Benefit Only
ephedrine sulfate (pressors) SOLN IV	1	
EPHEDRINE SULFATE (PRESSORS) SOLN IV 50 MG/ML	1	
EPHEDRINE SULFATE (PRESSORS) SOLN IV 5 MG/ML	1	Medical Benefit Only
ephedrine sulfate (pressors) SOSY IV	1	Medical Benefit Only
EPINEPHRINE BITARTRATE-NACL SOLN IV	1	Medical Benefit Only
epinephrine SOLN IJ	1	
EPINEPHRINE SOLN IJ	1	
EPINEPHRINE SOSY IV 1 MG/10ML	1	
GIAPREZA	1	Medical Benefit Only
IMMPHENTIV SOLN IV	1	Medical Benefit Only
LEVOPHED IV *(norepinephrine bitartrate)*	1	
midodrine hcl	1	
norepinephrine bitartrate IV	1	
NOREPINEPHRINE-DEXTROSE SOLN 5 %-16 MG/250ML, 5 %-4 MG/250ML, 5 %-8 MG/250ML	1	

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/ Limits
NOREPINEPHRINE-SODIUM CHLORIDE SOLN 0.9 %-16 MG/250ML, 0.9 %-4 MG/250ML, 0.9 %-8 MG/250ML	1	
phenylephrine hcl (pressors) SOLN IV	1	Medical Benefit Only; AL(Up to 20 yrs old)
phenylephrine hcl (pressors) SOLN IV	1	Medical Benefit Only
VITAMINS		
Oil Soluble Vitamins		
cholecalciferol CHEW	4	Requires EPSDT PA Review; PA
cholecalciferol CHEW 1000 UNIT	4	Requires EPSDT PA Review; AL(Up to 20 yrs old); PA
cholecalciferol LIQD PO 10 MCG/ML	1	AL(Up to 20 yrs old); PA
ergocalciferol CAPS	1	
ergocalciferol SOLN PO 200 MCG/ML	1	AL(Up to 20 yrs old); PA
phytonadione SOLN 1 MG/0.5ML	1	QL(0.5 ML per fill retail)
phytonadione SOLN 10 MG/ML	1	
phytonadione TABS 5 MG	1	
VITAMIN D3 LIQD PO 125 MCG/ML	1	AL(Up to 20 yrs old); PA
vitamin e SOLN 15 MG/0.67ML	1	AL(Up to 20 yrs old); PA
Water Soluble Vitamins		
THIAMINE HCL POWD	1	AL(Up to 2 yrs old); PA; RX/OTC

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 4 = Special PA Criteria X= Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

INDEX

1ST TIER UNIFINE PENTIPS ... 164

1ST TIER UNIFINE PENTIPS PLUS 164

abacavir sulfate SOLN ... 83

abacavir sulfate TABS ... 83

abacavir sulfate-lamivudine ... 83

ABECMA ... 67

ABILIFY ASIMTUFII PRSY 720 MG/2.4ML ... 83

ABILIFY ASIMTUFII PRSY 960 MG/3.2ML ... 83

ABILIFY MAINTENA PRSY ... 83

ABILIFY MAINTENA SRER ... 83

ABILIFY MYCITE STARTER KIT 5 MG ... 83

ABILIFY TABS (aripiprazole) ... 83

abiraterone acetate 250 MG ... 68

abiraterone acetate 500 MG ... 68

ABLYSINOL (dehydrated alcohol) 94

ABOUTTIME PEN NEEDLE ... 164

ABRAXANE (paclitaxel protein-bound particles) ... 77

ABRILADA (1 PEN) AJKT ... 6

ABRILADA (2 PEN) AJKT ... 7

ABRILADA (2 SYRINGE) PSKT 20 MG/0.4ML ... 7

ABRILADA (2 SYRINGE) PSKT 40 MG/0.8ML ... 7

ABRYSVO ... 222

ABSORICA 10 MG, 20 MG, 30 MG, 40 MG (isotretinoin) ... 101

ABSORICA 25 MG, 35 MG (isotretinoin) ... 101

ABSORICA LD ... 101

acamprosate calcium ... 209

acarbose 25 MG, 100 MG ... 41

acarbose 50 MG ... 41

ACCOLATE (zafirlukast) ... 24

ACCRUFER ... 144

ACCU-CHEK FASTCLIX LANCET KIT ... 150

ACCU-CHEK FASTCLIX LANCETS 150

ACCU-CHEK GUIDE CONTROL LIQD ... 150

ACCU-CHEK GUIDE KIT ... 150

ACCU-CHEK GUIDE ME KIT ... 150

ACCU-CHEK GUIDE TEST STRP 119

ACCU-CHEK SAFE-T PRO LANCETS ... 150

ACCU-CHEK SOFTCLIX LANCET DEV KIT ... 150

ACCU-CHEK SOFTCLIX LANCETS 151

ACCUPRIL (quinapril hcl) ... 56

ACCURETIC 12.5 MG-10 MG, 12.5 MG-20 MG (quinapril-hydrochlorothiazide) ... 57

ACE AEROSOL CLOUD ENHANCER MISC ... 173

acebutolol hcl CAPS 200 MG ... 89

acebutolol hcl CAPS 400 MG ... 89

ACETADOTE SOLN (acetylcysteine (antidote)) ... 49

acetaminophen SOLN IV 10 MG/ML, 1000 MG/100ML ... 13

acetaminophen SOLN PO 160 MG/5ML ... 13

acetaminophen w/ codeine SOLN 17

acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG ... 17

acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG ... 17

acetazolamide CP12 ... 121

acetazolamide sodium ... 121

acetazolamide TABS ... 121

acetic acid (otic) ... 206

acetic acid 0.25 % ... 136

acetylcysteine (antidote) SOLN ... 49

ACETYLCYSTEINE POWD ... 101

acetylcysteine SOLN ... 101

acitretin ... 105

ACTEMRA ACTPEN SOAJ ... 10

ACTEMRA SOLN ... 10

ACTEMRA SOSY ... 10

ACTHAR GEL PEN SC 40 UNIT/0.5ML, 80 UNIT/ML ... 124

ACTHAR GEL ... 124

ACTHIB SOLR IM ... 222

ACTI-LANCE 28G ... 151

ACTI-LANCE LITE LANCETS 28G 151

ACTI-LANCE SPECIAL LANCETS 17G ... 151

ACTI-LANCE UNIVERSAL 23G 151

ACTIMMUNE 100 MCG/0.5ML ... 76

ACTIQ LPOP 400 MCG (fentanyl citrate) ... 14

ACTIVASE IV 141

ACTIVELLA TABS 1 MG-0.5 MG (estradiol & norethindrone acetate) 129

ACTIVNUTRIENTS CHEW 186

ACTONEL TABS 150 MG (risedronate sodium) 123

ACTONEL TABS 35 MG (risedronate sodium) 123

ACTOPLUS MET TABS 850 MG-15 MG (pioglitazone hcl-metformin hcl) 41

ACTOS 15 MG (pioglitazone hcl) .. 48

ACTOS 30 MG, 45 MG (pioglitazone hcl) 48

ACULAR (ketorolac tromethamine (ophth)) 204

ACULAR LS (ketorolac tromethamine (ophth)) 204

ACUVAIL 204

ACYCLOVIR 96

acyclovir CAPS 88

acyclovir sodium SOLN 88

acyclovir SUSP 88

acyclovir TABS PO 88

acyclovir topical CREA 108

acyclovir topical OINT 108

ADACEL SUSP 217

ADACEL SUSY 2 LF/0.5ML-5 LF/0.5ML-15.5 MCG/0.5ML 217

ADAKVEO 142

ADALIMUMAB-AACF (2 PEN) AJKT . 7

ADALIMUMAB-AACF (2 SYRINGE) PSKT 7

ADALIMUMAB-AACF(CD/UC/HS STRT) AJKT 7

ADALIMUMAB-AACF(PS/UV STARTER) AJKT 7

ADALIMUMAB-AATY (1 PEN) AJKT 40 MG/0.4ML 7

ADALIMUMAB-AATY (1 PEN) AJKT 80 MG/0.8ML 7

ADALIMUMAB-AATY (2 PEN) AJKT . 7

ADALIMUMAB-AATY (2 SYRINGE) PSKT 20 MG/0.2ML 7

ADALIMUMAB-AATY (2 SYRINGE) PSKT 40 MG/0.4ML 7

ADALIMUMAB-AATY CD/UC/HS START AJKT 80 MG/0.8ML 7

ADALIMUMAB-ADAZ SOAJ 40 MG/0.4ML 7

ADALIMUMAB-ADAZ SOAJ 80 MG/0.8ML 7

ADALIMUMAB-ADAZ SOSY 10 MG/0.1ML 7

ADALIMUMAB-ADAZ SOSY 20 MG/0.2ML 7

ADALIMUMAB-ADAZ SOSY 40 MG/0.4ML 7

ADALIMUMAB-ADBM (2 PEN) AJKT 7

ADALIMUMAB-ADBM (2 SYRINGE) PSKT 10 MG/0.2ML, 20 MG/0.4ML .7

ADALIMUMAB-ADBM (2 SYRINGE) PSKT 40 MG/0.4ML, 40 MG/0.8ML .7

ADALIMUMAB-ADBM(CD/UC/HS STRT) AJKT 7

ADALIMUMAB-ADBM(PS/UV STARTER) AJKT 7

ADALIMUMAB-FKJP (2 PEN) AJKT . 8

ADALIMUMAB-FKJP (2 SYRINGE) PSKT 20 MG/0.4ML 8

ADALIMUMAB-FKJP (2 SYRINGE) PSKT 40 MG/0.8ML 8

ADALIMUMAB-RYVK (1 PEN) AJKT 80 MG/0.8ML 8

ADALIMUMAB-RYVK (2 PEN) AJKT . 8

ADALIMUMAB-RYVK (2 SYRINGE) PSKT 8

ADASUVE 81

ADBRY SOAJ 113

ADBRY SOSY 113

ADCETRIS 66

ADCIRCA TABS (tadalafil (pulmonary hypertension)) 93

ADDERALL TABS 30 MG (amphetamine-dextroamphetamine) . 1

ADDERALL TABS 5 MG, 7.5 MG, 10 MG, 12.5 MG, 15 MG, 20 MG (amphetamine-dextroamphetamine) . 1

ADDERALL XR CP24 (amphetamine-dextroamphetamine) . 1

adefovir dipivoxil 86

ADEMPAS 94

adenosine (diagnostic) 118

adenosine SOLN 22

ADLARITY PTWK 210

ADMELOG SOLN IJ 44

ADMELOG SOLOSTAR SOPN 44
ADRENALIN SOLN IJ 1 MG/ML, 30 MG/30ML (epinephrine (anaphylaxis)) 228
ADRENALIN SOLN 229
ADSTILADRIN 68
ADTHYZA TABS 217
ADUHELM 210
ADVAIR DISKUS AEPB (fluticasone-salmeterol) 26
ADVAIR HFA AERO (fluticasone-salmeterol) 26
ADVANCED MOBILE LANCET ..151
ADVATE 138
ADVOCATE INSULIN PEN NEEDLE 164
ADVOCATE INSULIN PEN NEEDLES 164
ADVOCATE INSULIN SYRINGE 164
ADVOCATE LANCETS 151
ADVOCATE LANCETS 30G 151
ADVOCATE LANCING DEVICE MISC 151
ADVOCATE RAPID-SAFE LANCING MISC 151
ADVOCATE SAFETY LANCETS 151
ADVOCATE SAFETY LANCETS 21G 151
ADVOCATE SAFETY LANCETS 23G 151
ADVOCATE SAFETY LANCETS 26G 151
ADVOCATE SAFETY LANCETS 28G 151
ADYNOVATE 138
ADZENYS XR-ODT TBED 3.1 MG, 6.3 MG, 9.4 MG, 12.5 MG, 15.7 MG, 18.8 MG (amphetamine) 1
ADZYNMA 140
AEMCOLO 59
AEROCHAMBER HOLDING CHAMBER DEVI 173
AEROCHAMBER MINI CHAMBER DEVI 173
AEROCHAMBER MV MISC 173
AEROCHAMBER PLS FLOVU MTHPIECE DEVI 173
AEROCHAMBER PLUS FLO-VU INTERM DEVI 173
AEROCHAMBER PLUS FLO-VU LARGE DEVI 173
AEROCHAMBER PLUS FLO-VU LARGE MISC 173
AEROCHAMBER PLUS FLO-VU MEDIUM DEVI 174
AEROCHAMBER PLUS FLO-VU MEDIUM MISC 174
AEROCHAMBER PLUS FLO-VU MISC 174
AEROCHAMBER PLUS FLO-VU SMALL DEVI 174
AEROCHAMBER PLUS FLO-VU SMALL MISC 174
AEROCHAMBER PLUS FLO-VU W/MASK MISC 174
AEROCHAMBER PLUS FLOW VU MISC 174
AEROCHAMBER W/FLOWSIGNAL MISC 174
AEROCHAMBER Z-STAT PLUS CHAMBR MISC 174
AEROCHAMBER Z-STAT PLUS MISC 174
AEROCHAMBER Z-STAT PLUS/LARGE MISC 174
AEROCHAMBER Z-STAT PLUS/MEDIUM MISC 174
AEROCHAMBER Z-STAT PLUS/SMALL MISC 174
AEROCHAMBER2GO ANTI-STATIC DEVI 174
AEROTRACH PLUS MISC 174
AFINITOR DISPERZ TBSO (everolimus) 71
AFINITOR TABS (everolimus) 71
AFLURIA PRESERVATIVE FREE SUSY 222
AFLURIA PRESERVATIVE FREE SUSY 223
AFLURIA QUADRIVALENT SUSP 223
AFLURIA QUADRIVALENT SUSY 0.5 ML 223
AFLURIA SUSP 223
AFREZZA POWD 4 UNIT, 8 UNIT, 12 UNIT 44
AFSTYLA 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 2500 UNIT 138
AGAMATRIX ULTRA-THIN LANCETS 151
AGAMREE 99

AGGRASTAT (tirofiban hcl in sodium chloride) 140
AGGRASTAT 3.75 MG/15ML 140
AGRYLIN 0.5 MG (anagrelide hcl) 141
AIMOVIG 140 MG/ML 176
AIMOVIG 70 MG/ML 176
AIRDUO DIGIHALER 113 MCG/ACT-14 MCG/ACT, 232 MCG/ACT-14 MCG/ACT 26
AIRDUO RESPICLICK 113/14 AEPB (fluticasone-salmeterol) 26
AIRDUO RESPICLICK 232/14 AEPB (fluticasone-salmeterol) 26
AIRDUO RESPICLICK 55/14 AEPB (fluticasone-salmeterol) 27
AIRSUPRA 27
AJOVY SOAJ 176
AJOVY SOSY 176
AKEEGA 68
AKOVAZ SOLN IV (ephedrine sulfate (pressors)) 229
AKOVAZ SOSY IV (ephedrine sulfate (pressors)) 229
AKTEN 202
AKYNZEO (READY-TO-USE) SOLN 51
AKYNZEO (TO-BE-DILUTED) SOLN 51
AKYNZEO 51
albendazole 20
ALBENDAZOLE 96
ALBUKED 25 140
ALBUKED 5 140
ALBUMIN HUMAN 140
ALBUMINEX 140
ALBURX 140
ALBUTEIN 140
albuterol sulfate AERS 27
albuterol sulfate NEBU 27
albuterol sulfate SYRP 27
albuterol sulfate TABS 27
ALCAINE (proparacaine hcl) 202
alclometasone dipropionate CREA 109
alclometasone dipropionate OINT 109
ALDACTONE TABS (spironolactone) 122
ALDURAZYME 126
ALECENSA 71
alendronate sodium SOLN 123
alendronate sodium TABS 10 MG 123
alendronate sodium TABS 35 MG 123
alendronate sodium TABS 70 MG 123
alfuzosin hcl 137
ALHEMO 138
ALIMTA SOLR (pemetrexed disodium) 65
ALINIA SUSR 60
aliskiren fumarate 59
ALIVE GUMMIES FOR CHILDREN CHEW 186
ALIVE MULTI-VITAMIN CHILDRENS CHEW 186
ALKINDI SPRINKLE CPSP 99
allopurinol 100 MG, 300 MG 137
allopurinol 200 MG 137
allopurinol sodium 137
almotriptan malate 12.5 MG 177
almotriptan malate 6.25 MG 177
alogliptin benzoate 43
alogliptin-metformin hcl 41
alogliptin-pioglitazone 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG 41
ALOPRIM (allopurinol sodium) 137
alosetron hcl 135
ALPHAGAN P 0.1 % (brimonidine tartrate) 199
ALPHAGAN P 0.15 % (brimonidine tartrate) 199
ALPHANATE SOLR 138
ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT 138
ALPRAZOLAM INTENSOL CONC 22
alprazolam TABS 0.25 MG, 0.5 MG, 1 MG 22
alprazolam TABS 2 MG 22
alprazolam TB24 0.5 MG, 1 MG, 3 MG 22
alprazolam TB24 2 MG 22
alprazolam TBDP 0.25 MG, 0.5 MG, 1 MG 22
alprazolam TBDP 2 MG 22
ALPROLIX 138
alprostadil SOLN IJ 500 MCG/ML 93

ALREX SUSP (loteprednol etabonate) 202
ALTACE CAPS 10 MG (ramipril) .. 56
ALTOPREV TB24 20 MG, 40 MG, 60 MG 55
ALTUVIIIO 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT 138
ALUNBRIG TABS 180 MG 71
ALUNBRIG TABS 30 MG, 90 MG . 71
ALUNBRIG TBPK 71
ALVAIZ 18 MG 142
ALVAIZ 36 MG, 54 MG 142
ALVAIZ 9 MG 142
ALVESCO 25
alvimopan 135
ALYFTREK 125 MG-10 MG-50 MG 214
ALYFTREK 50 MG-4 MG-20 MG 214
ALYGLO 207
ALYMSYS 66
amantadine hcl CAPS 78
amantadine hcl SOLN 78
amantadine hcl TABS 78
AMBIEN CR TBCR (zolpidem tartrate) 145
AMBIEN TABS (zolpidem tartrate) 146
AMBISOME (amphotericin b liposome) 52
ambrisentan 93
amcinonide CREA 109
AMELUZ GEL 105
AMIDATE (etomidate) 136
amikacin sulfate SOLN 1 GM/4ML, 500 MG/2ML 5
amiloride & hydrochlorothiazide . 122
amiloride hcl TABS 122
amino acid infusion SOLN 15 % .. 197
amino acids TABS 197
aminocaproic acid SOLN PO 0.25 GM/ML 145
aminocaproic acid TABS 145
AMINOPHYLLINE SOLN 25 MG/ML . 29
amiodarone hcl SOLN 150 MG/3ML, 450 MG/9ML, 900 MG/18ML 23
amiodarone hcl TABS 23
AMITIZA (lubiprostone) 132
amitriptyline hcl TABS 41
AMJEVITA SOAJ 40 MG/0.4ML 8
AMJEVITA SOAJ 8
AMJEVITA SOSY 8
AMJEVITA-PED 10KG TO <15KG SOSY 8
AMJEVITA-PED 15KG TO <30KG SOSY 8
AMLODIPINE BESYLATE 96
amlodipine besylate TABS 10 MG . 90
amlodipine besylate TABS 2.5 MG 90
amlodipine besylate TABS 5 MG .. 90
amlodipine besylate-atorvastatin calcium 92
amlodipine besylate-benazepril hcl 10 MG-2.5 MG 58
amlodipine besylate-benazepril hcl 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG 58
amlodipine besylate-benazepril hcl 40 MG-10 MG, 40 MG-5 MG 58
amlodipine besylate-olmesartan medoxomil 58
amlodipine besylate-valsartan 58
amlodipine-valsartan-hydrochlorothiazide 58
AMONDYS 45 193
amoxapine 41
amoxicillin & pot clavulanate CHEW . 208
amoxicillin & pot clavulanate SUSR 208
amoxicillin & pot clavulanate TABS 208
amoxicillin & pot clavulanate TB12 208
amoxicillin CAPS 208
amoxicillin CHEW 125 MG, 250 MG . 208
amoxicillin SUSR 208
amoxicillin TABS 208
amoxicillin-clarithromycin w/ lansoprazole THPK 220
amphetamine sulfate TABS 1
amphetamine TBED 3.1 MG, 6.3 MG, 9.4 MG, 12.5 MG, 15.7 MG, 18.8 MG 1
amphetamine-dextroamphetamine CP24 12.5 MG, 25 MG, 37.5 MG, 50 MG 1
amphetamine-dextroamphetamine CP24 37.5 MG 1

amphetamine-dextroamphetamine CP24 5 MG, 10 MG, 15 MG, 20 MG, 25 MG, 30 MG 1

amphetamine-dextroamphetamine TABS 30 MG 1

amphetamine-dextroamphetamine TABS 5 MG, 7.5 MG, 10 MG, 12.5 MG, 15 MG, 20 MG 1

AMPHOTERICIN B 185

amphotericin b IV 52

amphotericin b liposome 52

ampicillin & sulbactam sodium IV 1 GM-0.5 GM, 10 GM-5 GM, 2 GM-1 GM 208

ampicillin CAPS 500 MG 208

ampicillin sodium IJ 1 GM, 2 GM, 250 MG, 500 MG 208

AMPYRA (dalfampridine) 212

AMRIX CP24 (cyclobenzaprine hcl) 190

AMVUTTRA 214

AMYVID 118

ANAFRANIL (clomipramine hcl) .. 41

anagrelide hcl 141

anastrozole 68

ANCOBON (flucytosine) 52

ANDEMBRY SOAJ SC 200 MG/1.2ML 140

ANDEXXA 200 MG 49

ANDROGEL PUMP GEL TD (testosterone) 19

ANECTINE SOLN 192

ANGELIQ 129

ANKTIVA 76

ANNOVERA 98

ANORO ELLIPTA 25 MCG/ACT-62.5 MCG/ACT (umeclidinium-vilanterol) 27

ANTIVENIN LATRODECTUS MACTANS 207

ANTIVENIN MICRURUS FULVIUS 207

ANZEMET TABS 50 MG 50

ANZUPGO CREA EX 20 MG/GM 113

APEXICON E CREA 109

APHEXDA 145

APIDRA SOLN 44

APIDRA SOLOSTAR SOPN 44

APLISOL 118

APOKYN SOCT 78

apomorphine hydrochloride SOCT 78

APONVIE EMUL 51

apraclonidine hcl 200

aprepitant CAPS 80 MG 51

aprepitant CAPS 51

APRETUDE 84

APTENSIO XR CP24 (methylphenidate hcl) 3

APTIOM 200 MG, 400 MG (eslicarbazepine acetate) 33

APTIOM 600 MG, 800 MG (eslicarbazepine acetate) 33

APTIVUS CAPS 84

AQ INSULIN SYRINGE 164

AQINJECT PEN NEEDLE 164

AQNEURSA 213

AQUALANCE LANCETS 30G ... 151

ARALAST NP SOLR 500 MG, 1000 MG 214

ARANESP (ALBUMIN FREE) SOLN . 142

ARANESP (ALBUMIN FREE) SOSY 10 MCG/0.4ML, 40 MCG/0.4ML, 200 MCG/0.4ML 142

ARANESP (ALBUMIN FREE) SOSY 100 MCG/0.5ML 142

ARANESP (ALBUMIN FREE) SOSY 25 MCG/0.42ML 143

ARANESP (ALBUMIN FREE) SOSY 300 MCG/0.6ML 142

ARANESP (ALBUMIN FREE) SOSY 500 MCG/ML 142

ARANESP (ALBUMIN FREE) SOSY 60 MCG/0.3ML, 150 MCG/0.3ML 142

ARAVA (leflunomide) 12

ARBLI PO 10 MG/ML 56

ARCALYST 10

AREXVY 223

arformoterol tartrate 27

ARGATROBAN (argatroban) 31

argatroban 31

ARGATROBAN 32

ARGATROBAN IN SODIUM CHLORIDE 32

ARICEPT TABS 10 MG (donepezil hydrochloride) 210

ARICEPT TABS 23 MG (donepezil hydrochloride) 210

ARICEPT TABS 5 MG (donepezil hydrochloride) 210

ARIKAYCE 5
ARIMIDEX (anastrozole) 68
aripiprazole SOLN PO 83
aripiprazole TABS 83
aripiprazole TBDP 83
ARISTADA 1064 MG/3.9ML 83
ARISTADA 441 MG/1.6ML 83
ARISTADA 662 MG/2.4ML 83
ARISTADA 882 MG/3.2ML 83
ARISTADA INITIO 83
ARIXTRA 10 MG/0.8ML (fondaparinux sodium) 30
ARIXTRA 2.5 MG/0.5ML (fondaparinux sodium) 30
ARIXTRA 5 MG/0.4ML (fondaparinux sodium) 30
ARIXTRA 7.5 MG/0.6ML (fondaparinux sodium) 30
armodafinil 3
ARMONAIR DIGIHALER 113 MCG/ACT, 232 MCG/ACT 25
ARMOUR THYROID TABS 217
ARNUITY ELLIPTA 100 MCG/ACT, 200 MCG/ACT (fluticasone furoate (inhalation)) 25
ARNUITY ELLIPTA 50 MCG/ACT (fluticasone furoate (inhalation)) 25
AROMASIN (exemestane) 68
ARRANON (nelarabine) 65
arsenic trioxide 76
ARTESUNATE 63
ARTHROTEC TBEC (diclofenac w/ misoprostol) 11
ARTISS KIT 145
ASCENIV 207
asenapine maleate 81
ASMANEX (120 METERED DOSES) AEPB 25
ASMANEX (14 METERED DOSES) AEPB 25
ASMANEX (30 METERED DOSES) AEPB 110 MCG/ACT 25
ASMANEX (30 METERED DOSES) AEPB 220 MCG/ACT 25
ASMANEX (60 METERED DOSES) AEPB 25
ASMANEX HFA AERO 100 MCG/ACT, 200 MCG/ACT 25
ASMANEX HFA AERO 50 MCG/ACT 25
ASPARLAS 76
aspirin CHEW 13
aspirin TBEC 81 MG 13
aspirin-dipyridamole 141
ASPRUZYO SPRINKLE PACK 500 MG 20
ASSURE COMFORT LANCETS 28G 151
ASSURE HAEMOLANCE PLUS HIGH 151
ASSURE HAEMOLANCE PLUS LOW 151
ASSURE HAEMOLANCE PLUS MICRO 151
ASSURE HAEMOLANCE PLUS NORMAL 152
ASSURE HAEMOLANCE PLUS PED 152
ASSURE ID INSULIN SAFETY SYR 164
ASSURE ID SAFETY PEN NEEDLES 164
ASSURE LANCE LANCETS 152
ASSURE LANCE SAFETY LANCET 28G 152
ASTAGRAF XL CP24 0.5 MG 182
ASTAGRAF XL CP24 1 MG, 5 MG 182
ASTHMANEFRIN REFILL 2.25 % .27
ATACAND (candesartan cilexetil) .56
ATACAND HCT (candesartan cilexetil-hydrochlorothiazide) 58
atazanavir sulfate CAPS 84
ATELVIA TBEC (risedronate sodium) 123
atenolol & chlorthalidone 58
atenolol TABS 100 MG 89
atenolol TABS 25 MG 89
atenolol TABS 50 MG 89
ATGAM 182
ATIVAN SOLN 2 MG/ML (lorazepam) 22
ATIVAN SOLN 4 MG/ML (lorazepam) 22
atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG, 60 MG 2
atomoxetine hcl 80 MG, 100 MG 2
ATORVALIQ SUSP 55
atorvastatin calcium TABS 10 MG, 20 MG, 40 MG 55
atorvastatin calcium TABS 80 MG .55

atovaquone 60
atovaquone-proguanil hcl 63
atracurium besylate 50 MG/5ML, 100 MG/10ML 195
atropine sulfate (ophthalmic) OINT 199
atropine sulfate (ophthalmic) SOLN 199
ATROPINE SULFATE SOLN 1 % 199
atropine sulfate SOLN IJ 8 MG/20ML 218
ATROPINE SULFATE SOLN IV 0.4 MG/ML, 1 MG/ML (atropine sulfate) 218
ATROPINE SULFATE SOSY IJ (atropine sulfate) 218
ATROPINE SULFATE SOSY IJ 0.25 MG/5ML, 0.5 MG/5ML, 1 MG/10ML 218
atropine sulfate SOSY IJ 0.5 MG/5ML, 1 MG/10ML 218
ATROVENT HFA 24
ATTRUBY 94
AUBAGIO (teriflunomide) 212
AUCATZYL 67
AUGMENTIN ES-600 SUSR (amoxicillin & pot clavulanate) 208
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML 208
AUGTYRO 160 MG 71
AUGTYRO 40 MG 71
AUM MINI INSULIN PEN NEEDLE 164
AUM SAFETY PEN NEEDLE 164
AURORA PEN NEEDLES 164
AURYXIA 210 MG (ferric citrate) .135
AUSTEDO TABS 211
AUSTEDO XR PATIENT TITRATION TEPK 211
AUSTEDO XR TB24 24 MG 211
AUSTEDO XR TB24 6 MG, 12 MG, 18 MG, 30 MG, 36 MG, 42 MG, 48 MG 211
AUTO-LANCET MINI MISC 152
AUTOLET LANCING DEVICE MISC . 152
AUTOLET LITE LANCING DEVICE MISC 152
AUTOLET PLUS MISC 152
AUVELITY 38
AUVI-Q SOAJ 0.1 MG/0.1ML 229
AUVI-Q SOAJ 0.15 MG/0.15ML, 0.3 MG/0.3ML 228
AVALIDE (irbesartan-hydrochlorothiazide) 58
AVAPRO 150 MG, 300 MG (irbesartan) 56
AVASTIN 66
AVEED SOLN 19
AVERI TABS PO 97
AVGEMSI SOLN 1 GM/26.3ML, 2 GM/52.6ML 65
AVMAPKI FAKZYNJA CO-PACK THPK PO 70
AVONEX PEN AJKT 212
AVONEX PREFILLED PSKT 212
AVSOLA 132
AVTOZMA SOLN IV 80 MG/4ML, 200 MG/10ML, 400 MG/20ML 10
AVYCAZ 95
AXTLE 65
AXUMIN 118
AYVAKIT 69
azacitidine SUSR 65
AZACTAM (aztreonam) 62
AZASITE 200
AZATHIOPRINE POWD 182
AZATHIOPRINE SODIUM 182
azathioprine TABS 100 MG 182
azathioprine TABS 50 MG 182
azathioprine TABS 75 MG 182
azelastine hcl (ophth) 204
azelastine hcl 0.1 %, 137 MCG/SPRAY 191
azelastine hcl-fluticasone propionate SUSP 191
AZILECT (rasagiline mesylate) ... 79
azithromycin PACK 149
azithromycin SOLR 149
azithromycin SUSR 100 MG/5ML 149
azithromycin SUSR 200 MG/5ML 149
azithromycin TABS 149
AZMIRO SOSY 19
AZOPT (brinzolamide) 204
AZOR (amlodipine besylate-olmesartan medoxomil) 58
AZSTARYS 3
aztreonam 62

AZULFIDINE EN-TABS TBEC (sulfasalazine) 132

AZULFIDINE TABS (sulfasalazine) 132

bacitracin (ophthalmic) 200

bacitracin-polymyxin b (ophth) ... 200

bacitracin-poly-neomycin-hc 202

BACLOFEN POWD 190

BACLOFEN REFILL KIT-SYNCHROMED KIT IT 40 MG/20ML 190

baclofen SOLN IT 10 MG/20ML, 40 MG/20ML, 20000 MCG/20ML, 40000 MCG/20ML 190

baclofen SOLN PO 5 MG/5ML, 10 MG/5ML 190

baclofen SOLN PO 5 MG/5ML ... 190

BACLOFEN SOSY 190

baclofen SUSP 190

baclofen TABS 10 MG, 20 MG ... 190

baclofen TABS 5 MG, 15 MG 190

bacteriostatic sodium chloride ... 209

BACTERIOSTATIC WATER(BENZ ALC) 209

BACTRIM DS TABS (sulfamethoxazole-trimethoprim) .. 59

BACTRIM TABS (sulfamethoxazole-trimethoprim) 59

BAFIERTAM 212

BALCOLTRA (levonorgestrel-ethinyl estradiol-iron) 97

BALFAXAR 138

balsalazide disodium CAPS 132

BALVERSA 3 MG 71

BALVERSA 4 MG 71

BALVERSA 5 MG 71

BANZEL SUSP (rufinamide) 33

BANZEL TABS (rufinamide) 33

BAQSIMI ONE PACK POWD 43

BAQSIMI TWO PACK POWD 43

BARACLUDE SOLN 86

BARACLUDE TABS (entecavir) ... 86

BARHEMSYS 51

BASAGLAR KWIKPEN SOPN 44

BAVENCIO 66

BAXDELA SOLR 131

BAXDELA TABS 131

BCG VACCINE 222

BD AUTOSHIELD DUO 164

BD ECLIPSE SYRINGE 164

BD INS SYR ULTRAFINE 1/2UNIT 164

BD INSULIN SYRINGE 164

BD INSULIN SYRINGE HALF-UNIT . 164

BD INSULIN SYRINGE MICROFINE 164

BD INSULIN SYRINGE U-500 ... 164

BD INSULIN SYRINGE ULTRAFINE 164

BD MICROTAINER LANCETS .. 152

BD PEN NEEDLE MICRO ULTRAFINE 164

BD PEN NEEDLE MINI ULTRAFINE 165

BD PEN NEEDLE NANO 2ND GEN . 165

BD PEN NEEDLE NANO ULTRAFINE 165

BD PEN NEEDLE ORIG ULTRAFINE 165

BD PEN NEEDLE SHORT ULTRAFINE 165

BD SAFETYGLIDE INSULIN SYRINGE 165

BD SAFETYGLIDE SYRINGE/NEEDLE 165

BD TB SYRINGE MISC 165

BD VEO INSULIN SYR U/F 1/2UNIT 165

BD VEO INSULIN SYR ULTRAFINE 165

BEIZRAY SOLN IV 77

BELBUCA FILM 18

BELEODAQ 71

BELLADONNA ALKALOIDS-OPIUM 218

BELRAPZO SOLN 64

BELSOMRA 146

benazepril & hydrochlorothiazide . 58

benazepril hcl 10 MG 56

benazepril hcl 20 MG, 40 MG 56

benazepril hcl 5 MG 56

BENDAMUSTINE HCL SOLN 64

bendamustine hcl SOLR 64

BENDEKA SOLN 64

BENEFIX KIT 138

BENICAR 20 MG (olmesartan medoxomil) 56

BENICAR 40 MG (olmesartan medoxomil) 56
BENICAR 5 MG (olmesartan medoxomil) 56
BENICAR HCT (olmesartan medoxomil-hydrochlorothiazide) ... 58
BENLYSTA SOAJ 184
BENLYSTA SOLR 184
BENLYSTA SOSY 185
BENZNIDAZOLE 20
BENZOCAINE 96
benzocaine-docusate sodium ENEM . 147
benztropine mesylate SOLN 77
benztropine mesylate TABS 77
BEOVU SOSY 199
bepotastine besilate 204
BEPREVE (bepotastine besilate) 204
BEQVEZ 138
BERINERT KIT 139
BESIVANCE 200
BESPONSA 66
BESREMI 76
betaine 126
betamethasone dipropionate (topical) CREA 109
betamethasone dipropionate (topical) LOTN 109
betamethasone dipropionate (topical) OINT 109
betamethasone dipropionate augmented CREA 109
betamethasone dipropionate augmented GEL 0.05 % 109
betamethasone dipropionate augmented LOTN 109
betamethasone dipropionate augmented OINT 109
betamethasone sod phosphate & acetate SUSP 99
betamethasone valerate CREA .. 109
betamethasone valerate FOAM .. 109
betamethasone valerate LOTN ... 109
betamethasone valerate OINT ... 109
BETAPACE AF 120 MG (sotalol hcl (afib/afl)) 89
BETAPACE AF 160 MG (sotalol hcl (afib/afl)) 89
BETAPACE AF 80 MG (sotalol hcl (afib/afl)) 89
BETAPACE TABS 120 MG (sotalol hcl) 89
BETAPACE TABS 160 MG (sotalol hcl) 89
BETAPACE TABS 80 MG (sotalol hcl) 90
BETASERON KIT 212
betaxolol hcl (ophth) SOLN 198
betaxolol hcl 89
BETHANECHOL CHLORIDE 96
bethanechol chloride 10 MG, 50 MG . 222
bethanechol chloride 25 MG 222
bethanechol chloride 5 MG 222
BETHKIS NEBU (tobramycin) 5
BETIMOL (timolol) 198
BETIMOL 198
BETOPTIC-S SUSP 198
BEVESPI AEROSPHERE 27
bexarotene (topical) 105
bexarotene 76
BEXSERO 0.5 ML 222
BEYAZ (drospirenone-ethinyl estradiol-levomefolate calcium) 97
BEYFORTUS 100 MG/ML 208
BEYFORTUS 50 MG/0.5ML 208
bicalutamide 68
BICILLIN C-R 208
BICILLIN C-R 900/300 208
BICILLIN L-A SUSY 208
BICNU (carmustine) 64
BIDIL (isosorbide dinitrate-hydralazine hcl) 92
BIJUVA 129
BIKTARVY 84
BILDYOS SOSY SC 60 MG/ML .. 123
BILPREVDA SOLN SC 120 MG/1.7ML 123
bimatoprost SOLN 205
BIMZELX SOAJ 106
BIMZELX SOSY 106
BINOSTO TBEF 123
BIORPHEN SOLN IV 0.5 MG/5ML (phenylephrine hcl (pressors)) ... 229
BIORPHEN SOLN IV 229
BIOTHRAX 222
bismuth subcitrate potassium-metronidazole-tetracycline 220

bisoprolol & hydrochlorothiazide . . 58
bisoprolol fumarate 10 MG 89
bisoprolol fumarate 2.5 MG 89
bisoprolol fumarate 5 MG 89
bivalirudin trifluoroacetate SOLN . . 32
bivalirudin trifluoroacetate SOLR . . 32
BIVIGAM SOLN 207
BIZENGRI (750 MG DOSE) 66
BKEMV SOLN IV 300 MG/30ML . 139
bleomycin sulfate 70
BLINCYTO 66
BLOXIVERZ SOLN IV 10 MG/10ML (neostigmine methylsulfate) 63
BLOXIVERZ SOSY 63
BLUDIGO IV 118
BLUJEPA TABS PO 750 MG 62
BOMYNTRA SOLN SC 120 MG/1.7ML 123
BOMYNTRA SOSY SC 120 MG/1.7ML 123
BONJESTA TBCR 51
BONSITY SOPN 560 MCG/2.24ML 123
BOOSTRIX SUSP 217
BOOSTRIX SUSY 217
BOOSTRIX SUSY 218
BORTEZOMIB SOLN IV 71
BORTEZOMIB SOLR IJ 1 MG, 2.5 MG 71
bortezomib SOLR IJ 71
BORUZU SOLN IJ 71
bosentan TABS 93
bosentan TBSO 32 MG 93
BOSULIF CAPS 100 MG 71
BOSULIF CAPS 50 MG 71
BOSULIF TABS 71
BRAFTOVI 75 MG 71
BREATHERITE VALVED MDI CHAMBER DEVI 174
BREKIYA SOAJ SC 1 MG/ML 177
BREO ELLIPTA (fluticasone furoate-vilanterol) 27
BREO ELLIPTA 50 MCG/INH-25 MCG/INH 27
BREVIBLOC IN NACL (esmolol hcl-sodium chloride) 89
BREVIBLOC PREMIXED (esmolol hcl-sodium chloride) 89
BREVIBLOC PREMIXED DS (esmolol hcl-sodium chloride) 89
BREVIBLOC SOLN 100 MG/10ML (esmolol hcl) 89
BREVITAL SODIUM SOLR (methohexital sodium) 136
BREXAFEMME 52
BREYANZI 67
BREZTRI AEROSPHERE 27
BRIDION SOLN 49
BRILINTA 60 MG (ticagrelor) 141
BRILINTA 90 MG (ticagrelor) 141
brimonidine tartrate (topical) 117
brimonidine tartrate 0.1 % 200
brimonidine tartrate 0.15 % 200
brimonidine tartrate 0.2 % 200
brimonidine tartrate-timolol maleate . 198
BRINEURA 126
BRINSUPRI TABS PO 10 MG, 25 MG 216
brinzolamide 204
BRIUMVI 212
BRIVIACT SOLN IV 50 MG/5ML . . 33
BRIVIACT SOLN PO 10 MG/ML . . 33
BRIVIACT TABS 33
BRIXADI (WEEKLY) SOSY 16 MG/0.32ML 18
BRIXADI (WEEKLY) SOSY 24 MG/0.48ML 18
BRIXADI (WEEKLY) SOSY 32 MG/0.64ML 18
BRIXADI (WEEKLY) SOSY 8 MG/0.16ML 18
BRIXADI SOSY 128 MG/0.36ML . . 18
BRIXADI SOSY 64 MG/0.18ML . . . 18
BRIXADI SOSY 96 MG/0.27ML . . . 18
bromfenac sodium (ophth) 0.07 % 204
bromfenac sodium (ophth) 0.075 % 204
bromfenac sodium (ophth) 0.09 % 204
bromocriptine mesylate CAPS 78
bromocriptine mesylate TABS 2.5 MG 78
BROMSITE (bromfenac sodium (ophth)) 204
BRONCHITOL 214
BRONCHITOL TOLERANCE TEST . 215

BROVANA (arformoterol tartrate) 27
BRUKINSA 71
BRUKINSA PO 160 MG 71
BRYNOVIN SOLN PO 25 MG/ML 43
BSS PLUS SOLN 204
BSS SOLN 204
BUCAPSOL PO 15 MG 21
BUCAPSOL PO 7.5 MG, 10 MG 21
budesonide (inhalation) SUSP 0.25 MG/2ML, 0.5 MG/2ML 25
budesonide (inhalation) SUSP 1 MG/2ML 26
budesonide (intrarectal) 19
budesonide CPEP 99
budesonide TB24 99
budesonide-formoterol fumarate dihydrate 27
bumetanide SOLN 0.25 MG/ML 122
bumetanide TABS 122
BUPHENYL POWD (sodium phenylbutyrate) 126
BUPHENYL TABS (sodium phenylbutyrate) 126
BUPIVACAINE FISIOPHARMA SOLN IJ 148
bupivacaine hcl SOLN IJ 148
bupivacaine in dextrose SOLN 148
bupivacaine w/ epinephrine SOLN 1 :200000-0.25 %, 1 :200000-0.5 % 148
buprenorphine hcl SOLN 18
buprenorphine hcl SUBL 18
buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG 18
buprenorphine hcl-naloxone hcl dihydrate FILM SL 2 MG-8 MG 18
buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG 18
buprenorphine hcl-naloxone hcl dihydrate SUBL 18
buprenorphine PTWK 18
bupropion hcl (smoking deterrent) 214
bupropion hcl TABS 38
bupropion hcl TB12 38
bupropion hcl TB24 150 MG, 300 MG 38
bupropion hcl TB24 450 MG 38
buspirone hcl 5 MG, 10 MG, 15 MG 21
buspirone hcl 7.5 MG, 30 MG 21
busulfan SOLN 64
BUSULFEX SOLN (busulfan) 64
butalbital-acetaminophen CAPS 50 MG-300 MG 13
butalbital-acetaminophen TABS 50 MG-300 MG 13
butalbital-acetaminophen TABS 50 MG-325 MG 13
butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG, 40 MG-50 MG-325 MG 13
butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG 13
butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-300 MG 17
butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG 17
BUTALBITAL-APAP-CAFFEINE SOLN 13
butalbital-aspirin-caffeine CAPS 13
butalbital-aspirin-caffeine w/cod 17
butorphanol tartrate IJ 1 MG/ML, 2 MG/ML 18
butorphanol tartrate NA 10 MG/ML 18
BUTRANS PTWK (buprenorphine) 18
BYDUREON BCISE AUIJ 43
BYETTA 10 MCG PEN SOPN 10 MCG/0.04ML (exenatide) 44
BYETTA 5 MCG PEN SOPN 5 MCG/0.02ML (exenatide) 44
BYFAVO 146
BYLVAY (PELLETS) CPSP 132
BYLVAY CAPS 132
BYOOVIZ 199
BYSTOLIC (nebivolol hcl) 89
CABENUVA 600 MG/2ML-400 MG/2ML 84
CABENUVA 900 MG/3ML-600 MG/3ML 84
cabergoline 129
CABLIVI 141
CABOMETYX TABS 71
CADUET 10 MG-10 MG, 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG (amlodipine besylate-atorvastatin calcium) 92

caffeine & sodium benzoate 2

CAFFEINE CITRATE SOLN IV (caffeine citrate) 2

caffeine citrate SOLN PO 2

calcipotriene CREA 106

CALCIPOTRIENE FOAM 106

calcipotriene OINT 106

calcipotriene SOLN 106

calcipotriene-betamethasone dipropionate OINT 109

calcipotriene-betamethasone dipropionate SUSP 109

calcitonin (salmon) IJ 123

calcitonin (salmon) NA 123

calcitriol (topical) 106

calcitriol CAPS 126

calcitriol SOLN IV 126

calcitriol SOLN PO 126

calcium acetate (phosphate binder) CAPS 135

calcium acetate (phosphate binder) TABS 135

calcium carbonate (antacid) SUSP 20

CALCIUM CARBONATE ANTACID SUSP 20

calcium carbonate-cholecalciferol TABS 10 MCG-600 MG, 200 UNIT-500 MG, 200 UNIT-600 MG, 400 UNIT-600 MG, 5 MCG-600 MG, 500 MG-5 MCG 178

calcium carbonate-vitamin d TABS 250 MG-125 UNIT 178

calcium chloride (dihydrate) SOLN 178

calcium citrate-vitamin d TABS 200 UNIT-315 MG, 250 UNIT-200 MG, 250 UNIT-315 MG 179

CALCIUM GLUCONATE SOLN (calcium gluconate) 179

calcium gluconate SOLN 179

CALCIUM GLUCONATE-NACL SOLN (calcium gluconate-sodium chloride) 179

CALCIUM GLUCONATE-NACL SOLN 1 GM/100ML-0.8 %, 1 GM/50ML-0.675 %, 2 GM/100ML-0.675 % 179

calcium gluconate-sodium chloride SOLN 179

CALDOLOR SOLN 11

CALQUENCE 71

CAMCEVI 68

CAMINO PRO COMPLETE/GLYTACTIN BAR ...119

CAMPTOSAR (irinotecan hcl) 77

CAMZYOS 92

CANASA SUPP (mesalamine) ...132

CANCIDAS 70 MG (caspofungin acetate) 52

candesartan cilexetil 57

candesartan cilexetil-hydrochlorothiazide 58

capecitabine 65

CAPLYTA 79

CAPRELSA 71

captopril & hydrochlorothiazide ...58

captopril 56

CAPVAXIVE 222

CARAFATE SUSP (sucralfate) ...219

CARAFATE TABS (sucralfate) ...219

CARBAGLU (carglumic acid) 126

carbamazepine CHEW 100 MG ...33

carbamazepine CHEW 200 MG ...33

carbamazepine CP12 33

carbamazepine SUSP 33

carbamazepine TABS 33

carbamazepine TB12 100 MG, 200 MG 33

carbamazepine TB12 400 MG 33

CARBATROL CP12 (carbamazepine) 33

carbidopa 77

carbidopa-levodopa TABS 78

carbidopa-levodopa TBCR 78

carbidopa-levodopa TBDP 78

carbidopa-levodopa-entacapone 100 MG-25 MG-200 MG 78

carbidopa-levodopa-entacapone 125 MG-31.25 MG-200 MG, 150 MG-37.5 MG-200 MG, 50 MG-12.5 MG-200 MG, 75 MG-18.75 MG-200 MG 78

carbidopa-levodopa-entacapone 200 MG-50 MG-200 MG 78

carbinoxamine maleate SOLN 53

carbinoxamine maleate TABS 4 MG . 53

carboplatin SOLN 50 MG/5ML, 150 MG/15ML, 450 MG/45ML, 600 MG/60ML 64

carboprost tromethamine SOLN . 207

CARBOPROST TROMETHAMINE SOSY 207

CARDENE IV SOLN 0.83 %-40 MG/200ML, 0.86 %-20 MG/200ML 90
cardioplegic soln 92
CARDIZEM CD CP24 360 MG (diltiazem hcl coated beads) 90
CARDURA 1 MG, 2 MG (doxazosin mesylate) 57
CARDURA 4 MG (doxazosin mesylate) 57
CARDURA 8 MG (doxazosin mesylate) 57
CARDURA XL 137
CAREONE ADVANCED LANCING DEV MISC 152
CAREONE INSULIN SYRINGE . 165
CAREONE LANCET SUPER THIN 30G 152
CAREONE LANCET THIN 23G . 152
CAREONE UNIFINE PENTIPS PLUS 165
CARESENS LANCETS 30G 152
CARETOUCH CONTROL SOL LEVEL 2 LIQD 152
CARETOUCH HYPODERMIC NEEDLE 165
CARETOUCH INSULIN SYRINGE 165
CARETOUCH PEN NEEDLES . . 165
CARETOUCH SAFETY LANCETS 152
CARETOUCH SAFETY LANCETS 26G 152
CARETOUCH TWIST LANCETS 28G 152
CARETOUCH TWIST LANCETS 30G 152
CARETOUCH TWIST LANCETS 33G 152
CARETOUCH TWIST MC LANCETS 30G 152
carglumic acid 126
carisoprodol TABS 250 MG 190
carisoprodol TABS 350 MG 190
carmustine 64
CARNITOR SF SOLN PO (levocarnitine (metabolic modifiers)) 126
CARNITOR SOLN IV 200 MG/ML (levocarnitine (metabolic modifiers)) 126
CARNITOR SOLN PO 1 GM/10ML (levocarnitine (metabolic modifiers)) 126
CARNITOR TABS (levocarnitine (metabolic modifiers)) 126
CAROSPIR SUSP (spironolactone) 122
carteolol hcl (ophth) 198
carvedilol 12.5 MG, 25 MG 88
carvedilol 3.125 MG, 6.25 MG 88
carvedilol phosphate 88
CARVYKTI 67
CASGEVY 142
CASODEX (bicalutamide) 68
caspofungin acetate 52
CASPOFUNGIN ACETATE 52
CATHFLO ACTIVASE IJ 141
CAYA DPRH 149
CAYSTON 62
cefaclor CAPS 95
CEFACLOR ER TB12 95
cefadroxil CAPS 95
cefadroxil SUSR 95
cefadroxil TABS 95
cefazolin sodium SOLR IJ 1 GM, 2 GM, 3 GM, 10 GM, 500 MG 95
CEFAZOLIN SODIUM SOLR IV 2 GM, 3 GM 95
CEFAZOLIN SODIUM-DEXTROSE SOLN 4 %-1 GM/50ML, 4 %-2 GM/100ML, 4 %-3 GM/150ML 95
CEFAZOLIN SODIUM-DEXTROSE SOLR 95
cefdinir CAPS 95
cefdinir SUSR 95
CEFEPIME HCL SOLN 95
cefepime hcl SOLR IJ 1 GM 95
CEFEPIME-DEXTROSE 96
cefixime CAPS 95
cefixime SUSR 95
CEFOTAN IJ (cefotetan disodium) 95
cefotetan disodium IJ 1 GM, 2 GM 95
cefoxitin sodium IV 95
CEFOXITIN SODIUM-DEXTROSE 95
cefpodoxime proxetil SUSR 95
cefpodoxime proxetil TABS 95
cefprozil SUSR 95
cefprozil TABS 95
ceftazidime IJ 1 GM, 6 GM 95

ceftriaxone sodium IJ 1 GM, 2 GM, 250 MG, 500 MG 95
ceftriaxone sodium in dextrose 95
CEFTRIAXONE SODIUM-DEXTROSE 95
cefuroxime axetil TABS 95
cefuroxime sodium IJ 750 MG 95
CELEBREX 400 MG (celecoxib) 11
CELEBREX 50 MG, 100 MG, 200 MG (celecoxib) 11
celecoxib 400 MG 11
celecoxib 50 MG, 100 MG, 200 MG 11
CELESTONE SOLUSPAN SUSP (betamethasone sod phosphate & acetate) 99
CELEXA TABS 10 MG, 20 MG (citalopram hydrobromide) 39
CELEXA TABS 40 MG (citalopram hydrobromide) 39
CELLCEPT CAPS (mycophenolate mofetil) 183
CELLCEPT INTRAVENOUS (mycophenolate mofetil hcl) 183
CELLCEPT SUSR (mycophenolate mofetil) 183
CELLCEPT TABS (mycophenolate mofetil) 183
CELONTIN (methsuximide) 37
CENTANY AT KIT 103
CENTRUM FLAVOR BURST KIDS CHEW 186
CENTRUM KIDS CHEW 186
cephalexin CAPS 250 MG, 500 MG 95
cephalexin CAPS 750 MG 95
cephalexin SUSR 95
cephalexin TABS 95
CEPROTIN 140
CEQUA SOLN 201
CERDELGA 142
CEREBYX (fosphenytoin sodium) 37
CEREZYME 400 UNIT 142
CERVIDIL INST 207
cetirizine hcl SOLN PO 53
cetirizine hcl TABS 53
cevimeline hcl 185
CHANTIX CONTINUING MONTH PAK TABS (varenicline tartrate) 214
CHANTIX STARTING MONTH PAK TBPK (varenicline tartrate) 214
CHANTIX TABS (varenicline tartrate) 214
CHEMET 49
chenodiol 131
CHERRY 209
CHERRY FLAVOR LIQD 209
CHILDRENS ADVIL SUSP 100 MG/5ML (ibuprofen) 11
CHILDRENS GUMMIES CHEW . 186
CHILDRENS MOTRIN SUSP 100 MG/5ML (ibuprofen) 11
CHIRHOSTIM 118
chloramphenicol sodium succinate 60
chlordiazepoxide hcl CAPS 22
chlordiazepoxide-amitriptyline 211
chlorhexidine gluconate (mouth-throat) 185
chloroprocaine hcl IJ 148
chloroquine phosphate TABS 63
chlorothiazide sodium 122
CHLORPROMAZINE HCL 96
chlorpromazine hcl CONC 82
chlorpromazine hcl SOLN 82
chlorpromazine hcl TABS 82
chlorthalidone 25 MG, 50 MG 122
chlorzoxazone TABS 250 MG 190
chlorzoxazone TABS 375 MG, 750 MG 190
chlorzoxazone TABS 500 MG 190
CHOLBAM 131
cholecalciferol CHEW 1000 UNIT 230
cholecalciferol CHEW 230
cholecalciferol LIQD PO 10 MCG/ML 230
CHOLESTEROL FLAK 96
CHOLESTYRAMINE 96
cholestyramine light PACK 54
cholestyramine light POWD 54
cholestyramine PACK 54
cholestyramine POWD 54
choline fenofibrate 135 MG 54
choline fenofibrate 45 MG 54
CHORIONIC GONADOTROPIN IM 125
CHOSEN LANCETS 30G 152
CHOSEN LANCING DEVICE MISC

152

CHOSEN SAFETY LANCETS 28G 153

CIALIS 5 MG (tadalafil) 93

CIBINQO 113

ciclopirox GEL 103

ciclopirox olamine CREA 103

ciclopirox olamine SUSP 103

ciclopirox SHAM 103

ciclopirox SOLN 103

cidofovir 86

cilostazol 141

CILOXAN OINT 200

CIMDUO 84

CIMERLI 199

cimetidine hcl PO 300 MG/5ML .. 219

cimetidine TABS 200 MG, 300 MG, 400 MG 219

cimetidine TABS 800 MG 219

CIMZIA (1 SYRINGE) PSKT 200 MG/ML 132

CIMZIA (2 SYRINGE) PSKT 132

CIMZIA KIT 132

CIMZIA-STARTER PSKT 132

cinacalcet hcl 126

CINQAIR 23

CINRYZE SOLR IV 139

CINVANTI EMUL 51

CIPRO HC 206

CIPRO SUSR 131

CIPRO TABS 250 MG, 500 MG (ciprofloxacin hcl) 131

ciprofloxacin hcl (ophth) SOLN ... 200

ciprofloxacin hcl (otic) 206

ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG 131

ciprofloxacin in d5w 131

ciprofloxacin-dexamethasone ... 206

ciprofloxacin-fluocinolone acetonide . 206

cisatracurium besylate SOLN 195

cisplatin SOLN 50 MG/50ML, 100 MG/100ML, 200 MG/200ML 64

CISPLATIN SOLR 64

CITALOPRAM HYDROBROMIDE CAPS 39

citalopram hydrobromide SOLN ... 39

citalopram hydrobromide TABS 10 MG, 20 MG 39

citalopram hydrobromide TABS 40 MG 39

CITRANATAL 90 DHA 120 MG-20 MG-1 MG-3 MG-400 UNIT-3.4 MG-20 MG-50 MG-25 MG-2 MG-159 MG-90 MG-150 MCG-30 UNIT-0.75 MG-300 MG 188

CITRANATAL ASSURE 188

cladribine 10 MG/10ML 65

CLARINEX TABS (desloratadine) . 53

clarithromycin SUSR 149

clarithromycin TABS 149

clarithromycin TB24 149

clemastine fumarate SYRP 53

clemastine fumarate TABS 2.68 MG . 53

CLEMSZA TABS 2.68 MG (clemastine fumarate) 53

CLENPIQ SOLN 12 GM/175ML-3.5 GM/175ML-10 MG/175ML 147

CLEOCIN (clindamycin hcl) 61

CLEOCIN (clindamycin palmitate hydrochloride) 61

CLEOCIN CREA (clindamycin phosphate vaginal) 228

CLEOCIN PHOSPHATE SOLN IJ (clindamycin phosphate) 61

CLEOCIN PHOSPHATE SOLN IJ . 61

CLEOCIN SUPP 228

CLEOCIN-T LOTN (clindamycin phosphate (topical)) 101

CLEVER CHEK LANCETS 153

CLEVER CHOICE COMFORT EZ 153

CLEVER CHOICE COMFORT EZ 165

CLEVER CHOICE HOLDING CHAMBER DEVI 174

CLEVER CHOICE LANCETS 23G 153

CLEVER CHOICE LANCETS 28G 153

CLEVIPREX 25 MG/50ML, 50 MG/100ML 90

CLIMARA PRO 129

CLIMARA PTWK 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (estradiol) 130

CLINDACIN ETZ 102

CLINDAGEL GEL (clindamycin

phosphate (topical)) 102
clindamycin hcl 61
clindamycin palmitate hydrochloride . 62
clindamycin phosphate (topical) FOAM 102
clindamycin phosphate (topical) GEL 102
clindamycin phosphate (topical) LOTN 102
clindamycin phosphate (topical) SOLN 102
clindamycin phosphate (topical) SWAB 102
clindamycin phosphate in d5w 62
CLINDAMYCIN PHOSPHATE IN NACL 62
CLINDAMYCIN PHOSPHATE POWD 96
clindamycin phosphate SOLN IJ 300 MG/2ML, 600 MG/4ML, 900 MG/6ML 62
clindamycin phosphate vaginal CREA 228
CLINDESSE 228
clobazam SUSP 32
clobazam TABS 32
clobetasol propionate CREA 0.025 % 109
clobetasol propionate CREA 0.05 % . 109
clobetasol propionate emollient base 0.05 % 109
clobetasol propionate emulsion ..109
clobetasol propionate FOAM 109
clobetasol propionate GEL 0.05 % 109
clobetasol propionate LIQD 109
clobetasol propionate LOTN 109
clobetasol propionate OINT 0.05 % 110
clobetasol propionate SHAM 110
clobetasol propionate SOLN 0.05 % . 110
clocortolone pivalate 110
CLODAN 110
clofarabine 65
clomipramine hcl 41
clonazepam TABS 0.5 MG, 1 MG . 32
clonazepam TABS 2 MG 32
clonazepam TBDP 0.125 MG, 0.25 MG, 0.5 MG, 1 MG 32
clonazepam TBDP 2 MG 32
clonidine hcl (adhd) TB12 2
clonidine hcl (analgesia) EP 13
CLONIDINE HCL POWD 57
clonidine hcl TABS 57
clonidine PTWK 0.1 MG/24HR 57
clonidine PTWK 0.2 MG/24HR, 0.3 MG/24HR 57
clonidine TB24 57
clopidogrel bisulfate 141
clorazepate dipotassium TABS 22
clotrimazole (topical) CREA 103
clotrimazole (topical) CREA 104
clotrimazole (topical) SOLN 104
clotrimazole 185
clotrimazole w/ betamethasone CREA 104
clotrimazole w/ betamethasone LOTN 104
clozapine TABS 82
clozapine TBDP 82
CLOZARIL TABS 25 MG, 100 MG (clozapine) 82
C-NATE DHA CAPS 188
COAGADEX 138
COAGUCHEK LANCETS 153
COARTEM 63
COBENFY CAPS 82
COBENFY STARTER PACK CPPK 82
COCAINE HCL 40 MG/ML 191
CODEINE PHOSPHATE POWD .. 14
codeine sulfate TABS 30 MG 14
CODEINE SULFATE TABS 14
colchicine CAPS 137
colchicine TABS 137
colchicine w/ probenecid 137
COLCRYS TABS (colchicine) 137
colesevelam hcl PACK 54
colesevelam hcl TABS 54
COLESTID GRAN (colestipol hcl) . 54
COLESTID TABS (colestipol hcl) .. 54
colestipol hcl GRAN 54
colestipol hcl PACK 54
colestipol hcl TABS 54
colistimethate sodium 62

COLUMVI 66
COLY-MYCIN M (colistimethate sodium) 62
COMBIGAN (brimonidine tartrate-timolol maleate) 198
COMBIPATCH PTTW 129
COMBIVENT RESPIMAT AERS .. 27
COMBIVIR (lamivudine-zidovudine) . 84
COMBOGESIC SOLN 11
COMETRIQ (100 MG DAILY DOSE) KIT 71
COMETRIQ (140 MG DAILY DOSE) KIT 71
COMETRIQ (60 MG DAILY DOSE) KIT 71
COMFORT ASSURED LANCETS 28G 153
COMFORT ASSURED LANCETS 33G 153
COMFORT EZ INSULIN SYRINGE . 165
COMFORT EZ MICRO PEN NEEDLES 165
COMFORT EZ PEN NEEDLES . 165
COMFORT EZ PRO PEN NEEDLES 166
COMFORT EZ SHORT PEN NEEDLES 166
COMFORT TOUCH INSULIN PEN NEED 166
COMFORT TOUCH LANCETS 31G . 153
COMFORT TOUCH PLUS LANCETS 30G 153
COMIRNATY 5-11 YEARS SUSP 10 MCG/0.3ML 223
COMIRNATY SUSP 223
COMIRNATY SUSY 223
COMPACT SPACE CHAMBER DEVI 174
COMPACT SPACE CHAMBER/LG MASK DEVI 174
COMPACT SPACE CHAMBER/MED MASK DEVI 174
COMPACT SPACE CHAMBER/SM MASK DEVI 174
COMPLERA 200 MG-300 MG-25 MG (emtricitabine-rilpivirine-tenofovir disoproxil fumarate) 84
COMPLETE NATAL DHA 188
COMPLETENATE CHEW 188
CONCEPT DHA 188
CONCEPT OB 188
CONCERTA TBCR 18 MG, 27 MG, 54 MG (methylphenidate hcl) 3
CONCERTA TBCR 36 MG (methylphenidate hcl) 3
CONDYLOX GEL (podofilox) 115
CONEXXENCE SOSY SC 60 MG/ML 123
CONTOUR NEXT TEST STRP .. 119
CONZIP CP24 (tramadol hcl) 14
COPAXONE SOSY 20 MG/ML (glatiramer acetate) 212
COPAXONE SOSY 40 MG/ML (glatiramer acetate) 212
COPIKTRA 72
CORIFACT 138
CORLANOR SOLN 94
CORLANOR TABS (ivabradine hcl) 94
CORTEF TABS (hydrocortisone) ..99
CORTENEMA (hydrocortisone (intrarectal)) 19
CORTIFOAM EX 10 % 19
CORTISONE ACETATE TABS 99
CORTISPORIN-TC 206
CORTROPHIN GEL PRSY SC 40 UNIT/0.5ML, 80 UNIT/ML 124
CORTROPHIN GEL 124
CORTROSYN SOLR (cosyntropin) 118
CORVERT (ibutilide fumarate) 23
COSELA 76
COSENTYX (300 MG DOSE) SOSY . 106
COSENTYX SENSOREADY (300 MG) SOAJ 106
COSENTYX SENSOREADY PEN SOAJ 106
COSENTYX SOLN 106
COSENTYX SOSY 150 MG/ML ..106
COSENTYX SOSY 75 MG/0.5ML 106
COSENTYX UNOREADY SOAJ .106
COSOPT (dorzolamide hcl-timolol maleate) 198
COSOPT PF (dorzolamide hcl-timolol maleate) 198
cosyntropin SOLR 118
COTELLIC 72

COTEMPLA XR-ODT TBED 3
COZAAR 25 MG (losartan potassium) 57
COZAAR 50 MG, 100 MG (losartan potassium) 57
CRENESSITY CAPS 124
CRENESSITY SOLN 124
CREON CPEP 121
CRESEMBA CAPS 186 MG 52
CRESEMBA CAPS 74.5 MG 52
CRESEMBA SOLR 52
CREXONT CPCR 78
CRINONE GEL 8 % 228
cromolyn sodium (mastocytosis) 132
cromolyn sodium (ophth) 204
cromolyn sodium NEBU 24
crotamiton LOTN 117
CRYSVITA 126
CTEXLI TABS PO 250 MG 131
CUROSURF TR 120 MG/1.5ML, 240 MG/3ML 216
CUTAQUIG 207
CUVITRU SOLN 207
CUVPOSA SOLN PO (glycopyrrolate) 218
CUVRIOR 181
CVS GUMMY DINOS CHEW 186
CVS GUMMY MULTIVITAMIN KIDS CHEW 186
CVS LANCETS THIN 26G 153
cyanocobalamin SOLN IJ 1000 MCG/ML 142
cyclobenzaprine hcl CP24 190
cyclobenzaprine hcl TABS 5 MG, 10 MG 190
cyclobenzaprine hcl TABS 7.5 MG 190
CYCLOGYL (cyclopentolate hcl) 199
CYCLOGYL 199
CYCLOMYDRIL 199
cyclopentolate hcl 1 % 199
cyclophosphamide CAPS 64
CYCLOPHOSPHAMIDE SOLN 64
cyclophosphamide SOLR IJ 64
CYCLOPHOSPHAMIDE TABS 50 MG 64
cycloserine 64
CYCLOSET 43
cyclosporine (ophth) EMUL 201
cyclosporine CAPS 100 MG 183
cyclosporine CAPS 25 MG 183
cyclosporine modified (for microemulsion) CAPS 100 MG ... 183
cyclosporine modified (for microemulsion) CAPS 25 MG 183
cyclosporine modified (for microemulsion) CAPS 50 MG 183
cyclosporine modified (for microemulsion) SOLN 183
CYKLOKAPRON SOLN (tranexamic acid) 145
CYLTEZO (2 PEN) AJKT 8
CYLTEZO (2 SYRINGE) PSKT 10 MG/0.2ML, 20 MG/0.4ML 8
CYLTEZO (2 SYRINGE) PSKT 40 MG/0.4ML, 40 MG/0.8ML 8
CYLTEZO-CD/UC/HS STARTER AJKT 8
CYLTEZO-PSORIASIS/UV STARTER AJKT 8
CYMBALTA CPEP (duloxetine hcl) 40
cyproheptadine hcl SYRP 54
cyproheptadine hcl TABS 54
CYRAMZA 66
CYSTADANE (betaine) 126
CYSTADROPS 204
CYSTAGON CAPS 136
CYSTARAN 204
cytarabine SOLN 65
CYTOGAM SOLN 207
CYTOMEL TABS (liothyronine sodium) 217
CYTOTEC (misoprostol) 220
dabigatran etexilate mesylate CAPS 110 MG 32
dabigatran etexilate mesylate CAPS . 32
dacarbazine SOLR 76
dactinomycin 70
dalfampridine 212
DALIRESP 250 MCG (roflumilast) 25
DALIRESP 500 MCG (roflumilast) 25
DALVANCE 60
danazol CAPS 19
DANTRIUM CAPS 25 MG (dantrolene sodium) 191

dantrolene sodium CAPS 191
dantrolene sodium SOLR 191
DANYELZA 66
DANZITEN 72
dapagliflozin propanediol 48
dapagliflozin propanediol-metformin hcl 1000 MG-10 MG 41
dapagliflozin propanediol-metformin hcl 1000 MG-5 MG 41
dapsone (topical) 5 % 102
dapsone (topical) 7.5 % 102
dapsone 61
DAPTACEL 218
DAPTOMYCIN (daptomycin) 60
daptomycin 60
DAPTOMYCIN 60
DAPTOMYCIN-SODIUM CHLORIDE 60
darifenacin hydrobromide 221
DARTISLA ODT TBDP 218
darunavir TABS 600 MG 84
darunavir TABS 800 MG 84
DARZALEX 66
DARZALEX FASPRO 70
dasatinib 20 MG, 50 MG 72
dasatinib 70 MG, 80 MG, 100 MG, 140 MG 72
DATROWAY 77
DAUNORUBICIN HCL SOLN (daunorubicin hcl) 70
daunorubicin hcl SOLN 70
DAURISMO 68
DAWNZERA SOAJ SC 80 MG/0.8ML 141
DAXXIFY SOLR IM 195
DAYBUE 196
DAYPRO TABS (oxaprozin) 11
DAYTRANA PTCH (methylphenidate) 3
DAYVIGO 146
DDAVP PF SOLN IJ (desmopressin acetate) 128
DDAVP SOLN IJ 4 MCG/ML (desmopressin acetate) 128
DDAVP TABS 0.1 MG (desmopressin acetate) 128
DDAVP TABS 0.2 MG (desmopressin acetate) 128
decitabine 65
DEFENCATH 31
deferasirox PACK 49
deferasirox TABS 49
deferasirox TBSO 49
deferiprone TABS 49
deferoxamine mesylate 49
DEFITELIO 141
deflazacort SUSP 99
deflazacort TABS 100
deflazacort TABS 99
dehydrated alcohol 94
DEKAS ESSENTIAL CAPS 186
DEKAS ESSENTIAL LIQD 186
DEKAS PLUS CAPS 185
DEKAS PLUS CHEW 185
DEKAS PLUS LIQD 186
DELESTROGEN 10 MG/ML (estradiol valerate) 130
DELESTROGEN 20 MG/ML (estradiol valerate) 130
DELSTRIGO 84
demeclocycline hcl TABS 216
DEMEROL SOLN IJ (meperidine hcl) 14
DEMEROL SOLN IJ 14
DENAVIR (penciclovir) 108
DENGVAXIA 223
DENTA 5000 PLUS SENSITIVE GEL 185
DEPAKOTE ER TB24 250 MG (divalproex sodium) 37
DEPAKOTE ER TB24 500 MG (divalproex sodium) 37
DEPAKOTE SPRINKLES CSDR (divalproex sodium) 38
DEPAKOTE TBEC 125 MG, 250 MG (divalproex sodium) 38
DEPAKOTE TBEC 500 MG (divalproex sodium) 38
DEPEN TITRATABS TABS (penicillamine) 181
DEPLIN 7.5 119
DEPO-ESTRADIOL 130
DEPO-MEDROL SUSP (methylprednisolone acetate) 100
DEPO-MEDROL SUSP 100
DEPO-PROVERA SUSP IM (medroxyprogesterone acetate (contraceptive)) 99

DEPO-PROVERA SUSY IM (medroxyprogesterone acetate (contraceptive)) 99
DEPO-SUBQ PROVERA 104 SUSY SC 99
DERMA-SMOOTHE/FS BODY OIL (fluocinolone acetonide) 110
DERMA-SMOOTHE/FS SCALP OIL (fluocinolone acetonide) 110
DERMOTIC (fluocinolone acetonide (otic)) 206
DESCOVY 84
DESFERAL 500 MG (deferoxamine mesylate) 49
desflurane 136
desipramine hcl TABS 41
desloratadine TABS 53
desloratadine TBDP 53
desmopressin acetate SOLN IJ .. 128
desmopressin acetate spray 128
desmopressin acetate spray refrigerated 0.01 % 128
desmopressin acetate TABS 0.1 MG 128
desmopressin acetate TABS 0.2 MG 128
desogestrel & ethinyl estradiol 97
desogestrel & ethinyl estradiol 0.03 MG-0.15 MG 97
desogestrel-ethinyl estradiol (biphasic) 97
desogestrel-ethinyl estradiol (triphasic) 97
desonide CREA 110
desonide LOTN 110
desonide OINT 110
desoximetasone CREA 0.05 % ... 110
desoximetasone CREA 0.25 % ... 110
desoximetasone GEL 110
desoximetasone LIQD 110
desoximetasone OINT 0.05 % ... 110
desoximetasone OINT 0.25 % ... 110
DESVENLAFAXINE ER 40
desvenlafaxine succinate 40
DETROL LA CP24 (tolterodine tartrate) 221
DETROL TABS (tolterodine tartrate) . 221
DEXAMETHASONE 96
dexamethasone ELIX 100
DEXAMETHASONE INTENSOL CONC 100
dexamethasone sodium phosphate (ophth) 202
DEXAMETHASONE SODIUM PHOSPHATE 96
dexamethasone sodium phosphate SOLN IJ 100
dexamethasone sodium phosphate SOSY IJ 100
dexamethasone SOLN 100
dexamethasone TABS 100
dexamethasone TBPK 100
DEXCOM G6 RECEIVER 153
DEXCOM G6 SENSOR 153
DEXCOM G6 TRANSMITTER ... 153
DEXCOM G7 15 DAY SENSOR . 153
DEXCOM G7 RECEIVER 153
DEXCOM G7 SENSOR 153
DEXEDRINE CP24 10 MG (dextroamphetamine sulfate) 1
DEXILANT (dexlansoprazole) ... 219
dexlansoprazole 219
dexmedetomidine hcl in sodium chloride SOLN 146
DEXMEDETOMIDINE HCL SOLN 400 MCG/4ML (dexmedetomidine hcl) 146
dexmedetomidine hcl SOLN 146
DEXMEDETOMIDINE HCL-DEXTROSE 146
dexmethylphenidate hcl CP24 3
dexmethylphenidate hcl TABS 3
dexrazoxane hcl 76
DEXTENZA INST 202
dextran 40 in d5w 140
dextran 40 in saline 140
dextroamphetamine sulfate CP24 15 MG 1
dextroamphetamine sulfate CP24 5 MG, 10 MG 1
dextroamphetamine sulfate SOLN .. 1
dextroamphetamine sulfate TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG, 15 MG, 20 MG 1
dextroamphetamine sulfate TABS 30 MG 1
DEXTROSE 5%/ELECTROLYTE #48 179
dextrose in lactated ringers 179

dextrose SOLN 5 %, 10 %, 50 %, 70 %, 250 MG/ML 197

DEXTROSE SOLN 5 %, 20 %, 30 %, 40 %, 70 % 197

dextrose w/ sodium chloride 0.45 %-2.5 %, 0.9 %-5 %, 10 %-0.45 %, 5 %-0.2 %, 5 %-0.225 %, 5 %-0.3 %, 5 %-0.33 %, 5 %-0.45 %, 5 %-0.9 % ..179

DEXTROSE-NACL 179

DEXTROSE-SODIUM CHLORIDE (dextrose w/ sodium chloride) 179

DEXTROSE-SODIUM CHLORIDE 179

DHIVY TABS 78

DIACOMIT CAPS 33

DIACOMIT PACK 33

diatrizoate meglumine & sodium PO . 119

diazepam (anticonvulsant) GEL 10 MG, 20 MG 32

DIAZEPAM 96

diazepam CONC 22

diazepam SOLN IJ 5 MG/ML, 10 MG/2ML 22

diazepam SOLN PO 5 MG/5ML ...22

diazepam TABS 22

diazoxide 43

dichlorphenamide 121

DICLEGIS TBEC (doxylamine-pyridoxine) 51

diclofenac epolamine PTCH EX ..105

diclofenac potassium (migraine) .177

diclofenac potassium CAPS 11

diclofenac potassium TABS 25 MG 11

diclofenac potassium TABS 50 MG 11

diclofenac sodium (actinic keratoses) EX 105

diclofenac sodium (ophth) 204

diclofenac sodium (topical) GEL EX 105

diclofenac sodium (topical) SOLN EX 1.5 % 105

diclofenac sodium (topical) SOLN EX 2 % 105

diclofenac sodium TB24 11

diclofenac sodium TBEC 25 MG ...11

diclofenac sodium TBEC 50 MG, 75 MG 11

diclofenac w/ misoprostol TBEC ...11

dicloxacillin sodium 208

dicyclomine hcl CAPS 218

dicyclomine hcl SOLN IM 218

dicyclomine hcl TABS 218

DIFICID SUSR 149

DIFICID TABS 200 MG (fidaxomicin) 149

diflorasone diacetate CREA 110

diflorasone diacetate OINT 110

DIFLUCAN SUSR 40 MG/ML (fluconazole) 52

diflunisal TABS 13

difluprednate 202

digoxin SOLN IJ 0.25 MG/ML 92

digoxin SOLN PO 0.05 MG/ML 92

digoxin TABS 125 MCG 92

digoxin TABS 250 MCG 92

digoxin TABS 62.5 MCG 92

dihydroergotamine mesylate SOLN IJ 1 MG/ML 177

dihydroergotamine mesylate SOLN NA 4 MG/ML 177

DILANTIN (phenytoin sodium extended) 37

DILANTIN 30 MG 37

DILANTIN INFATABS CHEW (phenytoin) 37

DILANTIN-125 SUSP (phenytoin) . 37

DILAUDID LIQD (hydromorphone hcl) 14

DILAUDID SOLN IJ 0.2 MG/ML, 1 MG/ML, 2 MG/ML (hydromorphone hcl) 14

DILAUDID TABS (hydromorphone hcl) 14

diltiazem hcl coated beads CP24 120 MG 90

diltiazem hcl coated beads CP24 180 MG 90

diltiazem hcl coated beads CP24 240 MG 90

diltiazem hcl coated beads CP24 300 MG 90

diltiazem hcl coated beads CP24 360 MG 90

diltiazem hcl CP12 91

diltiazem hcl CP24 120 MG 91

diltiazem hcl CP24 180 MG 91

diltiazem hcl CP24 240 MG 91

diltiazem hcl extended release beads 120 MG 90

diltiazem hcl extended release beads 180 MG 90
diltiazem hcl extended release beads 240 MG 90
diltiazem hcl extended release beads 300 MG, 360 MG, 420 MG 90
diltiazem hcl SOLN 91
DILTIAZEM HCL SOLR 91
diltiazem hcl TABS 120 MG 91
diltiazem hcl TABS 30 MG, 60 MG 91
diltiazem hcl TABS 90 MG 91
diltiazem hcl TB24 91
DILTIAZEM HCL-SODIUM CHLORIDE 91
DIMENHYDRINATE SOLN 51
dimethyl fumarate CDPK 212
dimethyl fumarate CPDR 120 MG 212
dimethyl fumarate CPDR 240 MG 212
DIOVAN HCT (valsartan-hydrochlorothiazide) 58
DIOVAN TABS (valsartan) 57
DIPENTUM 132
diphenhydramine hcl SOLN 50 MG/ML 53
diphenoxylate w/ atropine LIQD ... 49
diphenoxylate w/ atropine TABS ... 49
DIPRIVAN EMUL (propofol) 136
DIPRIVAN EMUL 136
DIPROLENE OINT (betamethasone dipropionate augmented) 110
dipyridamole (diagnostic) 118
dipyridamole 141
disopyramide phosphate CAPS ... 23
disulfiram 209
divalproex sodium CSDR 38
divalproex sodium TB24 250 MG .. 38
divalproex sodium TB24 500 MG .. 38
divalproex sodium TBEC 125 MG, 250 MG 38
divalproex sodium TBEC 500 MG . 38
DIVIGEL GEL 0.25 MG/0.25GM, 0.75 MG/0.75GM, 1 MG/GM (estradiol) 130
DIVIGEL GEL 0.5 MG/0.5GM (estradiol) 130
DIVIGEL GEL 1.25 MG/1.25GM (estradiol) 130
dobutamine hcl 12.5 MG/ML, 250 MG/20ML 92
DOBUTAMINE-DEXTROSE 92
DOCETAXEL CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML (docetaxel) 77
docetaxel CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML 77
DOCETAXEL CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML 77
DOCETAXEL SOLN (docetaxel) ... 77
DOCETAXEL SOLN 20 MG/2ML, 80 MG/8ML, 160 MG/16ML 77
docetaxel SOLN 77
DOCIVYX SOLN 20 MG/2ML, 160 MG/16ML 77
docusate sodium ENEM 283 MG/5ML 148
dofetilide 23
DOJOLVI 197
DOLOBID TABS 13
donepezil hydrochloride TABS 10 MG 210
donepezil hydrochloride TABS 23 MG 210
donepezil hydrochloride TABS 5 MG . 210
donepezil hydrochloride TBDP ... 210
DOPAMINE HCL (dopamine hcl) . 92
dopamine hcl 40 MG/ML 92
DOPAMINE-DEXTROSE 92
DOPTELET 143
DOPTELET SPRINKLE PO 10 MG 143
DORAL (quazepam) 146
DORYX MPC TBEC 60 MG 216
dorzolamide hcl 204
dorzolamide hcl-timolol maleate . 198
DOVATO 84
doxazosin mesylate 1 MG, 2 MG .. 57
doxazosin mesylate 4 MG 57
doxazosin mesylate 8 MG 57
doxepin hcl (antipruritic) 105
doxepin hcl (sleep) 145
doxepin hcl CAPS 41
doxepin hcl CONC 41
doxercalciferol CAPS 126
doxercalciferol SOLN 126
DOXIL SUSP (doxorubicin hcl liposomal) 70

doxorubicin hcl liposomal SUSP ...70
DOXORUBICIN HCL SOLN (doxorubicin hcl) ... 70
doxorubicin hcl SOLN ...70
doxorubicin hcl SOLR 10 MG, 50 MG ...70
doxycycline (monohydrate) CAPS 150 MG ...216
doxycycline (monohydrate) CAPS 50 MG, 100 MG ...216
doxycycline (monohydrate) CAPS 75 MG ...216
doxycycline (monohydrate) SUSR 216
doxycycline (monohydrate) TABS 150 MG ...216
doxycycline (monohydrate) TABS 50 MG, 75 MG, 100 MG ... 216
doxycycline (rosacea) ...117
doxycycline hyclate CAPS ...216
doxycycline hyclate SOLR ...216
doxycycline hyclate TABS 20 MG, 100 MG ... 216
doxycycline hyclate TABS 50 MG 216
doxycycline hyclate TABS 75 MG, 150 MG ... 216
doxycycline hyclate TBEC 50 MG, 80 MG, 200 MG ...216
doxycycline hyclate TBEC 75 MG, 100 MG, 150 MG ... 216
doxylamine-pyridoxine TBEC ...51
DRIZALMA SPRINKLE CSDR ...40
dronabinol CAPS ...51
droperidol SOLN 2.5 MG/ML ... 21
DROPLET GENTEEL LANCING DEVICE MISC ...153
DROPLET INSULIN SYRINGE ..166
DROPLET LANCETS ULTRA THIN 30G ...153
DROPLET LANCING DEVICE MISC . 153
DROPLET MICRON ...166
DROPLET PEN NEEDLES ...166
DROPLET PERSONAL LANCETS 30G ...153
DROPSAFE ACTI-LANCE 23G . 153
DROPSAFE SAFETY PEN NEEDLES ...166
DROPSAFE SAFETY SYRINGE/NEEDLE ...166
drospirenone-ethinyl estradiol ...97
drospirenone-ethinyl estradiol-levomefolate calcium ...97
DROXIA CAPS ... 142
droxidopa 100 MG, 200 MG ...229
droxidopa 300 MG ...229
DRUG MART LANCING DEVICE MISC ...154
DRUG MART ON-THE-GO LANCET 30G ...154
DRUG MART UNIFINE PENTIPS 166
DRUG MART UNIFINE PENTIPS PLUS ...166
DRUG MART UNILET LANCETS 28G ...154
DRUG MART UNILET LANCETS 30G ...154
DRUG MART UNILET LANCETS 33G ...154
DRYSOL SOLN ...116
DUAKLIR PRESSAIR ...27
DUAVEE ... 130
DUETACT (pioglitazone hcl-glimepiride) ...41
DULERA 100 MCG/ACT-5 MCG/ACT, 200 MCG/ACT-5 MCG/ACT ...27
DULERA 50 MCG/ACT-5 MCG/ACT . 28
duloxetine hcl CPEP 20 MG, 30 MG, 60 MG ...40
duloxetine hcl CPEP 40 MG ...40
DUOBRII ...110
DUOPA SUSP ... 78
DUPIXENT SOAJ 200 MG/1.14ML 113
DUPIXENT SOAJ 300 MG/2ML ..113
DUPIXENT SOSY 200 MG/1.14ML 113
DUPIXENT SOSY 300 MG/2ML . 113
DURACLON EP 100 MCG/ML (clonidine hcl (analgesia)) ...13
DURAMORPH SOLN IJ 0.5 MG/ML, 1 MG/ML (morphine sulfate) ...14
DUREX EXTRA SENSITIVE THIN DEVI ... 149
DUREX EXTRA SENSITIVE THIN MISC ...149
DUREX TROPICAL MISC ...149
DUREZOL (difluprednate) ... 202

DURYSTA IMPL 205
dutasteride 137
dutasteride-tamsulosin hcl 137
DUVYZAT 193
DYANAVEL XR SUER 1
DYANAVEL XR TBCR 1
DYMISTA SUSP (azelastine hcl-fluticasone propionate) 191
DYSPORT 195
E.E.S. GRANULES SUSR (erythromycin ethylsuccinate) 149
EAA SUPPLEMENT PACK 119
EASIVENT MASK LARGE MISC .174
EASIVENT MASK MEDIUM MISC 174
EASIVENT MASK SMALL MISC .174
EASIVENT MISC 175
EASY COMFORT INSULIN SYRINGE 166
EASY COMFORT LANCETS 154
EASY COMFORT LANCETS TWIST TOP 154
EASY COMFORT PEN NEEDLES 166
EASY GLIDE PEN NEEDLES 166
EASY MINI EJECT LANCING DEVICE MISC 154
EASY MINI LANCING DEVICE MISC 154
EASY TOUCH FLIPLOCK INSULIN SY 166
EASY TOUCH INSULIN BARRELS . 166
EASY TOUCH INSULIN SAFETY SYR 167
EASY TOUCH INSULIN SYRINGE 167
EASY TOUCH LANCETS 21G .. 154
EASY TOUCH LANCETS 23G .. 154
EASY TOUCH LANCETS 26G .. 154
EASY TOUCH LANCETS 28G .. 154
EASY TOUCH LANCETS 28G/TWIST 154
EASY TOUCH LANCETS 30G .. 154
EASY TOUCH LANCETS 30G/TWIST 154
EASY TOUCH LANCETS 32G .. 154
EASY TOUCH LANCETS 32G/TWIST 154
EASY TOUCH LANCETS 33G/TWIST 154
EASY TOUCH LANCING DEVICE MISC 154
EASY TOUCH PEN NEEDLES ..167
EASY TOUCH SAFETY LANCETS 21G 154
EASY TOUCH SAFETY LANCETS 23G 155
EASY TOUCH SAFETY LANCETS 26G 155
EASY TOUCH SAFETY LANCETS 28G 155
EASY TOUCH SAFETY PEN NEEDLES 167
EASY TOUCH SHEATHLOCK SYRINGE 167
EASYMAX TEST STRP 119
EBGLYSS SOAJ 113
EBGLYSS SOSY 113
econazole nitrate CREA 104
ECONAZOLE NITRATE FOAM 1 % . 104
edaravone SOLN 30 MG/100ML .192
EDARBI 57
EDARBYCLOR 58
EDETATE CALCIUM DISODIUM SOLN 49
EDLUAR SUBL 146
EDURANT 84
EDURANT PED PO 2.5 MG 84
efavirenz CAPS 84
efavirenz TABS 84
efavirenz-emtricitabine-tenofovir disoproxil fumarate 84
efavirenz-lamivudine-tenofovir disoproxil fumarate 300 MG-400 MG-300 MG 84
efavirenz-lamivudine-tenofovir disoproxil fumarate 300 MG-600 MG-300 MG 84
EFFEXOR XR CP24 150 MG (venlafaxine hcl) 40
EFFEXOR XR CP24 37.5 MG, 75 MG (venlafaxine hcl) 40
EFFIENT (prasugrel hcl) 141
EKTERLY TABS PO 300 MG 140
ELAHERE 66
ELAPRASE 126
ELCYS 197
electrolyte-148 179

electrolyte-a 179
ELELYSO 142
ELEPSIA XR TB24 33
ELESTRIN GEL 130
eletriptan hydrobromide 177
ELEVIDYS 10.0-10.4 KG 193
ELEVIDYS 10.5-11.4 KG 193
ELEVIDYS 11.5-12.4 KG 193
ELEVIDYS 12.5-13.4 KG 193
ELEVIDYS 13.5-14.4 KG 193
ELEVIDYS 14.5-15.4 KG 193
ELEVIDYS 15.5-16.4 KG 193
ELEVIDYS 16.5-17.4 KG 193
ELEVIDYS 17.5-18.4 KG 193
ELEVIDYS 18.5-19.4 KG 193
ELEVIDYS 19.5-20.4 KG 193
ELEVIDYS 20.5-21.4 KG 193
ELEVIDYS 21.5-22.4 KG 193
ELEVIDYS 22.5-23.4 KG 193
ELEVIDYS 23.5-24.4 KG 193
ELEVIDYS 24.5-25.4 KG 193
ELEVIDYS 25.5-26.4 KG 193
ELEVIDYS 26.5-27.4 KG 193
ELEVIDYS 27.5-28.4 KG 193
ELEVIDYS 28.5-29.4 KG 193
ELEVIDYS 29.5-30.4 KG 194
ELEVIDYS 30.5-31.4 KG 194
ELEVIDYS 31.5-32.4 KG 194
ELEVIDYS 32.5-33.4 KG 194
ELEVIDYS 33.5-34.4 KG 194
ELEVIDYS 34.5-35.4 KG 194
ELEVIDYS 35.5-36.4 KG 194
ELEVIDYS 36.5-37.4 KG 194
ELEVIDYS 37.5-38.4 KG 194
ELEVIDYS 38.5-39.4 KG 194
ELEVIDYS 39.5-40.4 KG 194
ELEVIDYS 40.5-41.4 KG 194
ELEVIDYS 41.5-42.4 KG 194
ELEVIDYS 42.5-43.4 KG 194
ELEVIDYS 43.5-44.4 KG 194
ELEVIDYS 44.5-45.4 KG 194
ELEVIDYS 45.5-46.4 KG 194
ELEVIDYS 46.5-47.4 KG 194
ELEVIDYS 47.5-48.4 KG 194
ELEVIDYS 48.5-49.4 KG 194
ELEVIDYS 49.5-50.4 KG 194
ELEVIDYS 50.5-51.4 KG 194
ELEVIDYS 51.5-52.4 KG 194
ELEVIDYS 52.5-53.4 KG 194
ELEVIDYS 53.5-54.4 KG 195
ELEVIDYS 54.5-55.4 KG 195
ELEVIDYS 55.5-56.4 KG 195
ELEVIDYS 56.5-57.4 KG 195
ELEVIDYS 57.5-58.4 KG 195
ELEVIDYS 58.5-59.4 KG 195
ELEVIDYS 59.5-60.4 KG 195
ELEVIDYS 60.5-61.4 KG 195
ELEVIDYS 61.5-62.4 KG 195
ELEVIDYS 62.5-63.4 KG 195
ELEVIDYS 63.5-64.4 KG 195
ELEVIDYS 64.5-65.4 KG 195
ELEVIDYS 65.5-66.4 KG 195
ELEVIDYS 66.5-67.4 KG 195
ELEVIDYS 67.5-68.4 KG 195
ELEVIDYS 68.5-69.4 KG 195
ELEVIDYS 69.5 KG PLUS 195
ELFABRIO 126
ELIGARD SC 68
ELIMITE CREA (permethrin) 117
ELIQUIS (1.5 MG PACK) TBSO PO 29
ELIQUIS (2 MG PACK) TBSO PO 29
ELIQUIS CPSP PO 0.15 MG 29
ELIQUIS DVT/PE STARTER PACK TBPK 29
ELIQUIS TABS 2.5 MG 29
ELIQUIS TABS 5 MG 29
ELIQUIS TBSO PO 0.5 MG 29
ELITEK 76
ELLA 98
ELLENCE SOLN 70
ELMIRON CAPS 137
ELOCTATE 138
ELREXFIO 66
eltrombopag olamine PACK 12.5 MG, 25 MG 143
eltrombopag olamine TABS 12.5 MG, 25 MG, 50 MG, 75 MG 143
ELYXYB 177
ELZONRIS 76
EMBECTA AUTOSHIELD DUO 167

EMBECTA INS SYR U/F 1/2 UNIT 167

EMBECTA INSULIN SYR ULTRAFINE 167

EMBECTA INSULIN SYRINGE ..167

EMBECTA INSULIN SYRINGE U-500 167

EMBECTA PEN NEEDLE NANO 167

EMBECTA PEN NEEDLE NANO 2 GEN 167

EMBECTA PEN NEEDLE ULTRAFINE 167

EMBLAVEO SOLR IV 62

EMBRACE LANCETS ULTRA THIN 30G 155

EMBRACE LANCING DEVICE/EJECTOR MISC 155

EMBRACE PEN NEEDLES 167

EMBRACE PRESSURE ACTIVATED 21G 155

EMBRACE PRESSURE ACTIVATED 28G 155

EMBRIVA TABS 188

EMEND BIPACK CAPS 80 MG (aprepitant) 51

EMEND SOLR (fosaprepitant dimeglumine) 51

EMEND SUSR 51

EMEND TRIPACK CAPS (aprepitant) 51

EMERGEN-C KIDZ DAILY IMMUNE CHEW 250 MG-12 MCG-0.5 MG-0.13 MG-10 MG-0.5 MG-1.4 MCG 186

EMERGEN-C KIDZ IMMUNE+ CHEW 186

EMERPHED SOLN IV 229

EMERPHED SOSY IV 229

EMFLAZA SUSP (deflazacort) ... 100

EMFLAZA TABS (deflazacort) ... 100

EMGALITY (300 MG DOSE) SOSY 176

EMGALITY SOAJ 176

EMGALITY SOSY 176

EMPAVELI 139

EMPLICITI 66

EMRELIS SOLR IV 20 MG, 100 MG . 66

EMSAM 38

emtricitabine CAPS 84

emtricitabine-rilpivirine-tenofovir disoproxil fumarate 84

emtricitabine-tenofovir disoproxil fumarate 84

EMTRIVA CAPS (emtricitabine) ...84

EMTRIVA SOLN 84

EMVERM CHEW 20

enalapril maleate & hydrochlorothiazide 58

ENALAPRIL MALEATE 96

enalapril maleate SOLN 56

enalapril maleate TABS 10 MG, 20 MG 56

enalapril maleate TABS 2.5 MG, 5 MG 56

enalaprilat SOLN 56

ENBRACE HR 188

ENBREL MINI SOCT 13

ENBREL SOLN 13

ENBREL SOSY 25 MG/0.5ML 13

ENBREL SOSY 50 MG/ML 13

ENBREL SURECLICK SOAJ 13

ENCELTO IMPL IZ 200000 CELLS 201

ENDARI (glutamine (sickle cell)) 142

ENDOMETRIN INST 100 MG (progesterone (vaginal)) 228

ENGERIX-B SUSP 20 MCG/ML . 223

ENGERIX-B SUSY 10 MCG/0.5ML 223

ENGERIX-B SUSY 20 MCG/ML . 223

ENHERTU 66

ENJAYMO 139

enoxaparin sodium SOLN IJ 300 MG/3ML 30

enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML 30

enoxaparin sodium SOSY 30 MG/0.3ML 30

enoxaparin sodium SOSY 40 MG/0.4ML 30

enoxaparin sodium SOSY 60 MG/0.6ML 30

enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML 30

ENSPRYNG 183

ENSTILAR FOAM 110

entacapone 78

entecavir TABS 86

ENTEREG (alvimopan) 135

ENTRESTO CPSP 92
ENTRESTO TABS 103 MG-97 MG, 26 MG-24 MG, 51 MG-49 MG (sacubitril-valsartan) 92
ENTYVIO PEN SOAJ 133
ENTYVIO SOLR 133
ENVARSUS XR TB24 0.75 MG .. 183
ENVARSUS XR TB24 1 MG 183
ENVARSUS XR TB24 4 MG 183
EOHILIA SUSP 100
EOVIST 119
EPANED SOLN (enalapril maleate) 56
EPCLUSA PACK 37.5 MG-150 MG 87
EPCLUSA PACK 50 MG-200 MG . 87
EPCLUSA TABS 100 MG-400 MG 87
EPCLUSA TABS 50 MG-200 MG . 87
EPHEDRINE SULFATE (PRESSORS) SOLN IV 5 MG/ML 229
EPHEDRINE SULFATE (PRESSORS) SOLN IV 50 MG/ML 229
ephedrine sulfate (pressors) SOLN IV 229
ephedrine sulfate (pressors) SOSY IV 229
EPIDIOLEX 33
EPIFOAM FOAM 110
epinastine hcl (ophth) 204
epinephrine (anaphylaxis) SOAJ . 229
epinephrine (anaphylaxis) SOLN IJ 30 MG/30ML 229
EPINEPHRINE BITARTRATE-NACL SOLN IV 229
epinephrine SOLN IJ 229
EPINEPHRINE SOLN IJ 229
EPINEPHRINE SOSY IV 1 MG/10ML 229
EPIPEN 2-PAK SOAJ (epinephrine (anaphylaxis)) 229
EPIPEN JR 2-PAK SOAJ (epinephrine (anaphylaxis)) 229
EPIVIR SOLN (lamivudine) 84
EPIVIR TABS (lamivudine) 84
EPKINLY 66
eplerenone 59
EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML 143
epoprostenol sodium 93
EPRONTIA SOLN 25 MG/ML (topiramate) 33
eptifibatide 20 MG/10ML, 200 MG/100ML 141
eptifibatide 75 MG/100ML 141
EPYSQLI SOLN IV 300 MG/30ML 139
EPZICOM (abacavir sulfate-lamivudine) 84
EQ MULTIVITAMIN GUMMIES CHEW 186
EQ MULTIVITAMINS GUMMY CHILD CHEW 186
EQ SPACE CHAMBER ANTI-STATIC DEVI 175
EQ SPACE CHAMBER ANTI-STATIC L DEVI 175
EQ SPACE CHAMBER ANTI-STATIC M DEVI 175
EQ SPACE CHAMBER ANTI-STATIC S DEVI 175
EQL GUMMIES CHILDRENS CHEW 186
EQUETRO 100 MG 79
EQUETRO 200 MG, 300 MG 79
ERAXIS 52
ERBITUX 68
ergocalciferol CAPS 230
ergocalciferol SOLN PO 200 MCG/ML 230
ergoloid mesylates TABS 213
ERGOMAR SUBL 177
ergotamine w/ caffeine SUPP 177
eribulin mesylate 77
ERIVEDGE 68
ERLEADA 240 MG 68
ERLEADA 60 MG 68
erlotinib hcl 68
ERMEZA SOLN PO 217
ERTACZO 104
ertapenem sodium IJ 60
ERYPED 200 SUSR (erythromycin ethylsuccinate) 149
ERYPED 400 SUSR (erythromycin ethylsuccinate) 149
ERYTHROCIN LACTOBIONATE (erythromycin lactobionate) 149
erythromycin (acne aid) GEL 102
erythromycin (acne aid) PADS ... 102

erythromycin (acne aid) SOLN ... 102
erythromycin (ophth) 201
erythromycin base CPEP 149
erythromycin base TABS 149
erythromycin base TBEC 500 MG 149
erythromycin base TBEC 149
erythromycin ethylsuccinate SUSR 149
erythromycin ethylsuccinate TABS 149
erythromycin lactobionate 500 MG 149
ERZOFRI 117 MG/0.75ML 80
ERZOFRI 156 MG/ML 80
ERZOFRI 234 MG/1.5ML 80
ERZOFRI 351 MG/2.25ML 80
ERZOFRI 39 MG/0.25ML 80
ERZOFRI 78 MG/0.5ML 79
ESBRIET CAPS (pirfenidone) 215
ESBRIET TABS 267 MG (pirfenidone) 215
ESBRIET TABS 801 MG (pirfenidone) 215
ESCITALOPRAM OXALATE CAPS PO 15 MG 39
escitalopram oxalate SOLN 39
escitalopram oxalate TABS 10 MG 39
escitalopram oxalate TABS 5 MG, 20 MG 39
eslicarbazepine acetate 200 MG, 400 MG 33
eslicarbazepine acetate 600 MG, 800 MG 33
esmolol hcl SOLN 100 MG/10ML .. 89
ESMOLOL HCL SOLN 89
esmolol hcl-sodium chloride 89
esomeprazole magnesium CPDR 219
esomeprazole magnesium PACK 219
esomeprazole sodium 40 MG 219
ESPEROCT 138
estazolam 146
ESTRACE CREA (estradiol vaginal) . 228
ESTRACE TABS (estradiol) 130
estradiol & norethindrone acetate TABS 130
estradiol GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM 130
estradiol GEL 1.25 MG/1.25GM .. 130
estradiol GEL 130
ESTRADIOL MICRONIZED 96
ESTRADIOL POWD 96
estradiol PTTW 130
estradiol PTWK 130
estradiol TABS 130
estradiol vaginal CREA 228
estradiol vaginal TABS 228
estradiol valerate 130
ESTRING RING 7.5 MCG/24HR .228
ESTRIOL 96
ESTRIOL MICRONIZED 96
eszopiclone 146
ethacrynate sodium 122
ethacrynic acid 122
ethambutol hcl TABS 64
ethosuximide CAPS 37
ethosuximide SOLN 37
ethynodiol diacet & eth estrad 97
etodolac CAPS 11
etodolac TABS 11
etodolac TB24 11
etomidate 136
etonogestrel-ethinyl estradiol 98
ETOPOPHOS 77
etoposide CAPS 77
etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML 77
etravirine 84
EUCRISA 116
EVAMIST SOLN 131
EVEKEO ODT TBDP 1
EVEKEO TABS (amphetamine sulfate) 1
EVENITY 123
everolimus (immunosuppressant) 183
everolimus TABS 72
everolimus TBSO 72
EVISTA (raloxifene hcl) 125
EVKEEZA 54
EVOMELA IV 64
EVOTAZ 84

EVOXAC (cevimeline hcl) 185
EVRYSDI 196
EVRYSDI PO 5 MG 196
EXELON (rivastigmine) 210
EXELON 13.3 MG/24HR (rivastigmine) 210
EXELON 4.6 MG/24HR, 9.5 MG/24HR (rivastigmine) 210
exemestane 68
exenatide SOPN 10 MCG/0.04ML 44
exenatide SOPN 5 MCG/0.02ML 44
EXFORGE (amlodipine besylate-valsartan) 58
EXFORGE HCT 12.5 MG-10 MG-160 MG, 12.5 MG-5 MG-160 MG, 25 MG-10 MG-160 MG, 25 MG-10 MG-320 MG (amlodipine-valsartan-hydrochlorothiazide) 58
EXJADE TBSO 125 MG, 500 MG (deferasirox) 49
EXJADE TBSO 250 MG (deferasirox) 49
EXONDYS 51 195
EXPAREL 148
EYLEA HD SOLN 199
EYLEA SOLN 199
EYLEA SOSY 199
EYSUVIS SUSP 202
EZALLOR SPRINKLE CPSP 55
ezetimibe 55
ezetimibe-simvastatin 54
EZ-LETS LANCETS 26G 155
FABHALTA 139
FABRAZYME 126
famciclovir 88
famotidine in nacl SOLN 219
famotidine SOLN 20 MG/2ML, 40 MG/4ML, 200 MG/20ML 219
famotidine SUSR 219
famotidine TABS 20 MG 219
famotidine TABS 40 MG 219
FANAPT 80
FANAPT TITRATION PACK A 80
FANAPT TITRATION PACK B 80
FANAPT TITRATION PACK C 80
FANTASY LUBRICATED MISC 150
FANTASY LUBRICATED/SPERMICIDE MISC 149
FARESTON (toremifene citrate) 68
FARXIGA (dapagliflozin propanediol) 48
FASENRA PEN SOAJ 23
FASENRA SOSY 10 MG/0.5ML 23
FASENRA SOSY 30 MG/ML 23
FASLODEX SOSY (fulvestrant) 68
FC2 FEMALE CONDOM 150
febuxostat 137
FEIBA 138
felbamate SUSP 37
felbamate TABS 400 MG 37
felbamate TABS 600 MG 37
FELBATOL SUSP (felbamate) 37
FELBATOL TABS 400 MG (felbamate) 37
FELBATOL TABS 600 MG (felbamate) 37
felodipine 91
FEMARA (letrozole) 68
FEMLYV TBDP 97
FEMRING 228
fenofibrate CAPS 54
fenofibrate micronized 43 MG, 130 MG 54
fenofibrate micronized 67 MG, 134 MG, 200 MG 54
fenofibrate TABS 40 MG, 120 MG 54
fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG 54
fenoprofen calcium CAPS 400 MG 11
fenoprofen calcium TABS 11
FENOPRON CAPS 11
FENSOLVI (6 MONTH) SC 125
FENTANYL CITRATE (PF) SOLN IJ 50 MCG/ML (fentanyl citrate) 14
FENTANYL CITRATE (PF) SOSY IJ 25 MCG/0.5ML, 50 MCG/ML (fentanyl citrate) 14
FENTANYL CITRATE (PF) SOSY IJ 25 MCG/0.5ML, 50 MCG/ML 14
fentanyl citrate LPOP 14
FENTANYL CITRATE POWD 14
fentanyl citrate SOLN IJ 50 MCG/ML, 100 MCG/2ML, 250 MCG/5ML, 500 MCG/10ML, 1000 MCG/20ML, 2500 MCG/50ML 14
fentanyl citrate SOSY IJ 14
fentanyl citrate TABS 400 MCG, 600 MCG, 800 MCG 14

fentanyl PT72 100 MCG/HR 14

fentanyl PT72 12 MCG/HR, 25 MCG/HR, 37.5 MCG/HR, 50 MCG/HR, 62.5 MCG/HR, 75 MCG/HR, 87.5 MCG/HR 14

FENTORA TABS (fentanyl citrate) . 14

FERAHEME (ferumoxytol) 144

FER-IN-SOL SOLN (ferrous sulfate) . 144

ferric citrate 135

FERRIPROX SOLN 49

FERRIPROX TABS (deferiprone) . 49

FERRIPROX TWICE-A-DAY TABS 49

FERRLECIT (sodium ferric gluconate complex in sucrose) ... 145

ferrous sulfate SOLN 15 MG/ML, 15 MG/ML 145

ferumoxytol 145

fesoterodine fumarate 4 MG 221

fesoterodine fumarate 8 MG 221

FETROJA 96

FETZIMA CP24 40

FETZIMA TITRATION C4PK 40

FIASP FLEXTOUCH SOPN 44

FIASP PENFILL SOCT 44

FIASP PUMPCART SOCT 44

FIASP SOLN 45

FIBRYGA 2 GM 138

fidaxomicin TABS 200 MG 149

FIFTY50 PEN NEEDLES 167

FIFTY50 SAFETY SEAL LANCETS . 155

FIFTY50 SUPERIOR COMFORT SYR 167

FIFTY50 UNILET LANCETS 33G 155

FILSPARI 137

FILSUVEZ 118

finasteride 137

FINE 30 155

FINGERSTIX LANCETS 155

fingolimod hcl 212

FINTEPLA 33

FIORICET CAPS (butalbital-acetaminophen-caffeine) 13

FIORICET/CODEINE 30 MG-40 MG-50 MG-300 MG (butalbital-acetaminophen-caffeine w/ codeine) . 17

FIRAZYR SOSY (icatibant acetate) 139

FIRDAPSE 63

FIRMAGON (240 MG DOSE) 68

FIRMAGON 80 MG 68

FIRVANQ SOLR PO (vancomycin hcl) 61

FIRVANQ SOLR PO 25 MG/ML (vancomycin hcl) 60

FIRVANQ SOLR PO 50 MG/ML (vancomycin hcl) 60

FLAREX 202

FLAVOR PACKETS PACK 120

flavoxate hcl 222

flecainide acetate 23

FLEET BISACODYL ENEM 147

FLEQSUVY SUSP (baclofen) 190

FLEXBUMIN 140

FLEXICHAMBER ADULT MASK/SMALL 175

FLEXICHAMBER CHILD MASK/LARGE 175

FLEXICHAMBER CHILD MASK/SMALL 175

FLEXICHAMBER DEVI 175

FLINTSTONES + EXTRA IRON CHEW 186

FLINTSTONES COMPLETE CHEW . 186

FLINTSTONES GUMMIES BONE BUILD CHEW 187

FLINTSTONES GUMMIES CHEW 187

FLINTSTONES GUMMIES COMPLETE CHEW 187

FLINTSTONES GUMMIES-IMMUNITY CHEW 187

FLINTSTONES SOUR GUMMIES CHEW 187

FLINTSTONES TODDLER CHEW 187

FLINTSTONES-IMMUNITY SUPPORT CHEW 187

FLOLAN (epoprostenol sodium) .. 93

FLOLIPID SUSP 55

FLUAD 223

FLUAD QUADRIVALENT 223

FLUARIX QUADRIVALENT SUSY 223

FLUARIX SUSY 224

FLUBLOK QUADRIVALENT 224
FLUBLOK SOSY 224
FLUCELVAX QUADRIVALENT SUSP 224
FLUCELVAX QUADRIVALENT SUSY 224
FLUCELVAX SUSP 224
FLUCELVAX SUSY 224
fluconazole in nacl 0.9 %-200 MG/100ML, 0.9 %-400 MG/200ML 52
fluconazole SUSR 52
fluconazole TABS 150 MG 52
fluconazole TABS 50 MG, 100 MG, 200 MG 52
flucytosine 52
fludarabine phosphate SOLN 65
fludarabine phosphate SOLR 65
fludrocortisone acetate TABS 101
FLULAVAL QUADRIVALENT SUSY . 224
FLULAVAL SUSY 224
FLULAVAL SUSY 225
flumazenil 50
FLUMIST 225
FLUMIST QUADRIVALENT 225
flunisolide (nasal) 192
fluocinolone acetonide (otic) 206
fluocinolone acetonide CREA 110
fluocinolone acetonide OIL 110
fluocinolone acetonide OINT 110
fluocinolone acetonide SOLN 110
fluocinonide CREA 110
fluocinonide emulsified base 110
fluocinonide GEL 110
fluocinonide OINT 110
fluocinonide SOLN 110
fluorescein sodium injection IV 10 % . 204
fluorescein sodium injection IV 25 % . 204
FLUORESCEIN SODIUM/BENOXINATE 204
FLUORESCITE IV 10 % (fluorescein sodium injection) 205
FLUOR-I-STRIPS A.T. STRP 205
fluorometholone (ophth) SUSP 202
fluorouracil (topical) CREA 0.5 % 105
fluorouracil (topical) CREA 5 % .. 105
fluorouracil (topical) SOLN 105
fluorouracil 65
fluoxetine hcl (pmdd) TABS 213
fluoxetine hcl CAPS 10 MG 39
fluoxetine hcl CAPS 20 MG 39
fluoxetine hcl CAPS 40 MG 39
fluoxetine hcl CPDR 39
fluoxetine hcl SOLN 39
FLUOXETINE HCL TABS (fluoxetine hcl) 39
fluoxetine hcl TABS 10 MG, 20 MG 39
fluoxetine hcl TABS 60 MG 39
fluphenazine decanoate 82
fluphenazine hcl CONC 82
fluphenazine hcl ELIX 82
fluphenazine hcl SOLN 82
fluphenazine hcl TABS 82
flurandrenolide LOTN 110
flurazepam hcl 146
flurbiprofen sodium 205
flurbiprofen TABS 100 MG 11
fluticasone furoate (inhalation) 100 MCG/ACT, 200 MCG/ACT 26
fluticasone furoate (inhalation) 50 MCG/ACT 26
fluticasone furoate-vilanterol 28
fluticasone propionate (inhalation) AEPB 26
fluticasone propionate (nasal) SUSP . 192
fluticasone propionate CREA 0.05 % 110
fluticasone propionate hfa 110 MCG/ACT 26
fluticasone propionate hfa 220 MCG/ACT 26
fluticasone propionate hfa 44 MCG/ACT 26
fluticasone propionate LOTN 111
fluticasone propionate OINT 111
fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT 28
fluticasone-salmeterol AEPB 113 MCG/ACT-14 MCG/ACT, 232 MCG/ACT-14 MCG/ACT, 55 MCG/ACT-14 MCG/ACT 28
fluticasone-salmeterol AERO 28
fluvastatin sodium CAPS 55

fluvastatin sodium TB24 55
fluvoxamine maleate CP24 39
fluvoxamine maleate TABS 100 MG . 39
fluvoxamine maleate TABS 25 MG 39
fluvoxamine maleate TABS 50 MG 39
FLUZONE HIGH-DOSE QUADRIVALENT 225
FLUZONE HIGH-DOSE SUSY ...225
FLUZONE QUADRIVALENT SUSP 225
FLUZONE QUADRIVALENT SUSY 225
FLUZONE SUSP 225
FLUZONE SUSY 225
FLYRCADO 118
FML FORTE SUSP 202
FML LIQUIFILM SUSP (fluorometholone (ophth)) 202
FOCALIN TABS (dexmethylphenidate hcl) 3
FOCALIN XR CP24 (dexmethylphenidate hcl) 3
FOCINVEZ SOLN 51
folic acid SOLN 142
folic acid TABS 1 MG 142
FOLIVANE-OB 188
FOLOTYN 65
fomepizole 1.5 GM/1.5ML 49
fondaparinux sodium 10 MG/0.8ML 30
fondaparinux sodium 2.5 MG/0.5ML . 30
fondaparinux sodium 5 MG/0.4ML .30
fondaparinux sodium 7.5 MG/0.6ML . 30
FORA LANCETS 155
FORA LANCING DEVICE MISC . 155
FORANE (isoflurane) 136
FORFIVO XL TB24 (bupropion hcl) 38
formoterol fumarate NEBU 28
FORTEO SOPN (teriparatide) 123
FOSAMAX PLUS D 123
FOSAMAX TABS 70 MG (alendronate sodium) 123
fosamprenavir calcium TABS 84
fosaprepitant dimeglumine SOLR . 52
foscarnet sodium 6000 MG/250ML 86
fosfomycin tromethamine 62
fosinopril sodium & hydrochlorothiazide 58
fosinopril sodium 56
fosphenytoin sodium 37
FOSRENOL CHEW (lanthanum carbonate) 135
FOSRENOL PACK 135
FOTIVDA 72
FRAGMIN SOLN 10000 UNIT/4ML 30
FRAGMIN SOLN 95000 UNIT/3.8ML 31
FRAGMIN SOSY 10000 UNIT/ML .31
FRAGMIN SOSY 12500 UNIT/0.5ML 31
FRAGMIN SOSY 15000 UNIT/0.6ML 31
FRAGMIN SOSY 18000 UNT/0.72ML 31
FRAGMIN SOSY 2500 UNIT/0.2ML, 5000 UNIT/0.2ML 31
FRAGMIN SOSY 7500 UNIT/0.3ML 31
FREESTYLE CONTROL SOLUTION LIQD 155
FREESTYLE LANCETS 155
FREESTYLE LIBRE 14 DAY READER 155
FREESTYLE LIBRE 14 DAY SENSOR 155
FREESTYLE LIBRE 2 PLUS SENSOR 155
FREESTYLE LIBRE 2 READER .155
FREESTYLE LIBRE 2 SENSOR 155
FREESTYLE LIBRE 3 PLUS SENSOR 155
FREESTYLE LIBRE 3 READER .156
FREESTYLE LIBRE 3 SENSOR 156
FREESTYLE LIBRE READER ...156
FREESTYLE UNISTICK II LANCETS 156
FRINDOVYX SOLN 64
FROVA (frovatriptan succinate) . 177
frovatriptan succinate 177
FRUZAQLA 1 MG 66
FRUZAQLA 5 MG 66
FULPHILA 143

fulvestrant SOSY 68
FUROSCIX CTKT 122
furosemide SOLN IJ 10 MG/ML ..122
furosemide TABS 20 MG 122
furosemide TABS 40 MG 122
furosemide TABS 80 MG 122
FUZEON SOLR 84
FYARRO 72
FYCOMPA SUSP 32
FYCOMPA TABS 2 MG, 4 MG, 6 MG, 8 MG, 10 MG, 12 MG (perampanel) 32
FYCOMPA TABS 32
FYLNETRA 143
gabapentin (once-daily) TABS 300 MG 213
gabapentin (once-daily) TABS 600 MG 213
gabapentin CAPS 100 MG 33
gabapentin CAPS 300 MG 33
gabapentin CAPS 400 MG 33
gabapentin SOLN 33
gabapentin TABS 600 MG, 800 MG 33
GABARONE TABS 100 MG, 400 MG 33
GABLOFEN SOLN IT (baclofen) .190
GABLOFEN SOLN IT 190
GABLOFEN SOSY 190
GADAVIST SOLN (gadobutrol) ...119
GADAVIST SOSY 10 MMOL/10ML, 15 MMOL/15ML 119
gadobutrol SOLN 119
gadoterate meglumine SOLN 119
gadoterate meglumine SOSY 119
gadoteridol 279.3 MG/ML 119
GALAFOLD 126
galantamine hydrobromide CP24 210
galantamine hydrobromide SOLN 210
galantamine hydrobromide TABS 4 MG 210
galantamine hydrobromide TABS 8 MG, 12 MG 210
GALZIN 181
GAMASTAN IM 207
GAMIFANT 183
GAMMAGARD 207
GAMMAGARD S/D LESS IGA SOLR 207
GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML 207
GAMMAPLEX SOLN 207
GAMUNEX-C 207
GANCICLOVIR SODIUM SOLN ...86
ganciclovir sodium SOLR 86
GARDASIL 9 SUSP 0.5 ML 225
GARDASIL 9 SUSY 0.5 ML 226
GASTROCROM (cromolyn sodium (mastocytosis)) 132
gatifloxacin (ophth) 201
GATTEX 136
GAVRETO 72
GAZYVA 66
gefitinib 68
GEMCITABINE HCL SOLN (gemcitabine hcl) 65
gemcitabine hcl SOLN 65
GEMCITABINE HCL SOLN 65
gemcitabine hcl SOLR 65
gemfibrozil TABS 54
GEMTESA 221
GENOTROPIN CART SC 125
GENOTROPIN MINIQUICK PRSY 125
gentamicin in saline 0.8 MG/ML-0.9 %, 1 MG/ML-0.9 %, 1.2 MG/ML-0.9 %, 1.6 MG/ML-0.9 %, 2 MG/ML-0.9 % 5
gentamicin sulfate (ophth) SOLN 201
gentamicin sulfate (topical) CREA 103
gentamicin sulfate (topical) OINT 103
gentamicin sulfate IJ 5
GENTEEL BUTTERFLY TOUCH LANCET 156
GENVOYA 84
GEODON (ziprasidone hcl) 79
GEODON (ziprasidone mesylate) .79
GIAPREZA 229
GILENYA (fingolimod hcl) 212
GILOTRIF 68
GIMOTI SOLN NA 132
GIVLAARI 138
GLASSIA SOLN 214

glatiramer acetate SOSY 20 MG/ML . 212

glatiramer acetate SOSY 40 MG/ML . 212

GLEEVEC TABS 100 MG (imatinib mesylate) 72

GLEEVEC TABS 400 MG (imatinib mesylate) 72

GLEOLAN 118

GLEOSTINE 10 MG, 40 MG, 100 MG 64

GLIADEL WAFER 64

glimepiride 1 MG 48

glimepiride 2 MG 48

glimepiride 3 MG 48

glimepiride 4 MG 48

glipizide TABS 10 MG 48

glipizide TABS 2.5 MG 48

glipizide TABS 5 MG 48

glipizide TB24 10 MG 48

glipizide TB24 2.5 MG 48

glipizide TB24 5 MG 48

glipizide-metformin hcl 250 MG-2.5 MG 41

glipizide-metformin hcl 500 MG-2.5 MG, 500 MG-5 MG 41

GLOBAL EASE INJECT PEN NEEDLES 167

GLOBAL EASY GLIDE INSULIN SYR 167

GLOBAL EASY GLIDE PEN NEEDLES 168

GLOBAL INJECT EASE INSULIN SYR 168

GLOBAL INJECT EASE LANCETS 28G 156

GLOBAL INJECT EASE LANCETS 30G 156

GLOBAL INSULIN SYRINGES ..168

GLOBAL LANCING DEVICE MISC 156

GLOPERBA SOLN PO 137

GLOSTRIPS STRP 1 MG 205

GLUCAGON EMERGENCY 43

GLUCAGON HCL (DIAGNOSTIC) 118

glucagon SOLR IJ 1 MG 43

GLUCOCOM LANCETS 28G 156

GLUCOCOM LANCETS 30G 156

GLUCOCOM LANCETS 33G 156

GLUCOTROL XL TB24 10 MG (glipizide) 49

GLUCOTROL XL TB24 5 MG (glipizide) 49

GLUMETZA TB24 (metformin hcl) .43

glutamine (sickle cell) 142

glyburide micronized 1.5 MG 49

glyburide micronized 3 MG 49

glyburide micronized 6 MG 49

glyburide TABS 1.25 MG, 2.5 MG .49

glyburide TABS 5 MG 49

glyburide-metformin 250 MG-1.25 MG 41

glyburide-metformin 500 MG-2.5 MG, 500 MG-5 MG 41

GLYCATE TABS 218

glycine (gu irrigant) SOLN 1.5 % .136

glycine diluent 209

GLYCOPYRROLATE 96

GLYCOPYRROLATE PF SOSY IJ 0.2 MG/ML, 0.4 MG/2ML, 0.6 MG/3ML (glycopyrrolate) 219

GLYCOPYRROLATE PF SOSY IJ 218

glycopyrrolate SOLN PO 1 MG/5ML . 219

glycopyrrolate SOSY IJ 219

glycopyrrolate TABS 1 MG, 2 MG 219

GLYRX-PF SOLN IJ 219

GLYRX-PF SOSY IJ 1 MG/5ML ..219

GLYTACTIN BETTERMILK 15 PACK 120

GLYTACTIN BETTERMILK DE-LITE PACK 120

GLYTACTIN BUILD 10PE PACK .120

GLYTACTIN BUILD 20/20 PACK 120

GLYTACTIN BUILD 20/20 PKU PACK 120

GLYTACTIN BURST PACK 120

GLYTACTIN COMPLETE 10PE BAR 120

GLYTACTIN RESTORE 10 LIQD PO 120

GLYTACTIN RESTORE 5 PACK .120

GLYTACTIN RESTORE LITE 10 LIQD PO 120

GLYTACTIN RESTORE LITE 10PE PACK 120

GLYTACTIN RTD 10 LIQD PO ...120

GLYTACTIN RTD 15 LIQD PO ...120

GLYTACTIN RTD LITE 15 LIQD PO . 120
GLYTACTIN SWIRL 15 PACK ... 120
GLYTACTIN SWIRL 15PE PACK 120
GLYXAMBI 41
GNP INSULIN SYRINGE 168
GNP INSULIN SYRINGES 28GX1/2" 168
GNP LANCING SYSTEM DEVICE MISC 156
GNP MULTI CHILDRENS CHEW 187
GNP PEN NEEDLES 168
GNP STERILE LANCETS 33G .. 156
GNP ULTICARE PEN NEEDLES 168
GNP ULTIGUARD SAFEPACK NEEDLE 168
GNP ULTRA COM INSULIN SYRINGE 168
GOCOVRI CP24 78
GOJJI LANCING DEVICE/CLEAR CAP MISC 156
GOJJI STERILE LANCETS 156
GOLYTELY SOLR (peg 3350-kcl-sod bicarb-sod chloride-sod sulfate) .. 147
GOMEKLI CAPS PO 1 MG 72
GOMEKLI CAPS PO 2 MG 72
GOMEKLI TBSO PO 1 MG 72
GOPRELTO 191
GRAFAPEX SOLR IV 1 GM, 5 GM 64
GRALISE TABS (gabapentin (once-daily)) 213
granisetron hcl SOLN IV 1 MG/ML, 4 MG/4ML 50
granisetron hcl TABS 50
GRANIX SOLN 300 MCG/ML 143
GRANIX SOSY 300 MCG/0.5ML . 143
GRANIX SOSY 480 MCG/0.8ML . 143
GRASTEK SUBL 5
griseofulvin microsize SUSP 52
griseofulvin microsize TABS 52
griseofulvin ultramicrosize 52
guanfacine hcl (adhd) 2
guanfacine hcl 57
GUMMI BEAR MULTIVITAMIN/MIN CHEW 187
GVOKE HYPOPEN 2-PACK SOAJ 43
GVOKE KIT SOLN 43
GVOKE PFS SOSY 1 MG/0.2ML . 43
GVOKE VIALDX SOLN IV 1 MG/0.2ML 118
GYNAZOLE-1 228
HADLIMA PUSHTOUCH SOAJ 8
HADLIMA SOSY 8
HAEGARDA SOLR SC 139
HALAVEN (eribulin mesylate) 77
halcinonide CREA 111
halcinonide SOLN 0.1 % 111
HALCION 0.25 MG (triazolam) ... 146
HALDOL DECANOATE 100 MG/ML (haloperidol decanoate) 81
halobetasol propionate CREA 111
halobetasol propionate FOAM 111
halobetasol propionate OINT 111
haloperidol decanoate 81
haloperidol lactate CONC 81
haloperidol lactate SOLN 81
haloperidol TABS 81
HARLIKU TABS PO 2 MG 126
HARVONI PACK 33.75 MG-150 MG . 87
HARVONI PACK 45 MG-200 MG . 87
HARVONI TABS 87
HAVRIX IM 1440 EL U/ML 226
HAVRIX IM 720 EL U/0.5ML 226
HEALTHWISE INSULIN SYR/NEEDLE 168
HEALTHWISE MICRON PEN NEEDLES 168
HEALTHWISE SHORT PEN NEEDLES 168
HEALTHY KIDS GUMMIES CHEW 187
H-E-B INCONTROL ADV LANCING MISC 156
H-E-B INCONTROL LANCETS 28G . 156
H-E-B INCONTROL LANCETS 30G . 156
H-E-B INCONTROL LANCETS 33G . 156
H-E-B INCONTROL PEN NEEDLES 168
H-E-B INCONTROL UNIFINE PENTIP 168
HEMABATE SOLN (carboprost

tromethamine) 207
HEMADY TABS 100
HEMANGEOL SOLN PO 90
HEMGENIX 138
HEMICLOR 12.5 MG 122
HEMLIBRA 138
HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT 138
HEPAGAM B SOLN IJ 207
HEPARIN (PORCINE) IN NACL SOLN IV 0.45 %-12500 UNIT/250ML, 0.45 %-25000 UNIT/250ML, 0.45 %-25000 UNIT/500ML, 0.9 %-1000 UNIT/500ML, 0.9 %-2000 UNIT/L (heparin (porcine) in sodium chloride) 31
HEPARIN (PORCINE) IN NACL SOLN IV 0.45 %-12500 UNIT/250ML, 0.45 %-25000 UNIT/250ML, 0.45 %-25000 UNIT/500ML, 0.9 %-1000 UNIT/500ML, 0.9 %-2000 UNIT/L 31
heparin (porcine) in sodium chloride SOLN IV 0.9 %-1000 UNIT/500ML, 0.9 %-2000 UNIT/L 31
HEPARIN SOD (PORCINE) IN D5W 31
HEPARIN SODIUM (PORCINE) PF SOLN IJ 31
heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML 31
HEPARIN SODIUM (PORCINE) SOSY IJ 31
HEPLISAV-B SOSY 226
HERCEPTIN 150 MG 67
HERCEPTIN HYLECTA 70
HERCESSI 67
HERNEXEOS TABS PO 60 MG 67
HERZUMA 67
hetastarch (hes /0.7 or /0.75) in sodium chloride 140
HETLIOZ CAPS (tasimelteon) 147
HETLIOZ LQ SUSP 146
HEXTEND 140
HIBERIX SOLR IJ 222
HIZENTRA SOLN 207
HIZENTRA SOSY 207
HM ULTICARE MINI PEN NEEDLES 168
HORIZANT 214
HULIO (2 PEN) AJKT 8
HULIO (2 SYRINGE) PSKT 20 MG/0.4ML 9
HULIO (2 SYRINGE) PSKT 40 MG/0.8ML 8
HUMALOG JUNIOR KWIKPEN SOPN 45
HUMALOG KWIKPEN SOPN 100 UNIT/ML 45
HUMALOG KWIKPEN SOPN 200 UNIT/ML 45
HUMALOG MIX 50/50 KWIKPEN SUPN 45
HUMALOG MIX 75/25 KWIKPEN SUPN 45
HUMALOG MIX 75/25 SUSP 45
HUMALOG SOCT 45
HUMALOG SOLN IJ 45
HUMALOG TEMPO PEN SOPN 45
HUMATE-P SOLR 138
HUMATROPE CART IJ 125
HUMIRA (2 PEN) AJKT 40 MG/0.4ML 9
HUMIRA (2 PEN) AJKT 40 MG/0.8ML 9
HUMIRA (2 PEN) AJKT 80 MG/0.8ML 9
HUMIRA (2 SYRINGE) PSKT 10 MG/0.1ML, 20 MG/0.2ML 9
HUMIRA (2 SYRINGE) PSKT 40 MG/0.4ML, 40 MG/0.8ML 9
HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML 9
HUMIRA-PSORIASIS/UVEIT STARTER AJKT 9
HUMULIN 70/30 KWIKPEN SUPN 45
HUMULIN 70/30 SUSP 45
HUMULIN N KWIKPEN SUPN 45
HUMULIN N SUSP 45
HUMULIN R SOLN IJ 45
HUMULIN R U-500 (CONCENTRATED) SOLN SC 45
HUMULIN R U-500 KWIKPEN SOPN SC 45
HYCAMTIN CAPS 77
hydralazine hcl SOLN 59
hydralazine hcl TABS 10 MG 59
hydralazine hcl TABS 100 MG 59
hydralazine hcl TABS 25 MG 59
hydralazine hcl TABS 50 MG 59
HYDREA (hydroxyurea) 76
hydrochlorothiazide CAPS 122

hydrochlorothiazide TABS 12.5 MG 122

hydrochlorothiazide TABS 25 MG, 50 MG 122

hydrocodone bitartrate CP12 14

HYDROCODONE BITARTRATE CRYS 96

HYDROCODONE BITARTRATE POWD 96

hydrocodone bitartrate T24A 20 MG . 14

hydrocodone bitartrate T24A 30 MG, 40 MG, 60 MG, 80 MG, 100 MG, 120 MG 15

hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML 17

hydrocodone-acetaminophen SOLN 325 MG/15ML-10 MG/15ML 17

hydrocodone-acetaminophen SOLN . 17

hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG, 325 MG-10 MG, 325 MG-2.5 MG, 325 MG-5 MG, 325 MG-7.5 MG 17

hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG, 7.5 MG-200 MG . 17

hydrocortisone (intrarectal) 20

hydrocortisone (rectal) EX 1 % 20

hydrocortisone (rectal) EX 2.5 % .. 20

hydrocortisone (topical) CREA 1 %, 2.5 % 111

hydrocortisone (topical) CREA 1 % 111

hydrocortisone (topical) CREA 2.5 % 111

hydrocortisone (topical) LOTN 2.5 % . 111

hydrocortisone (topical) OINT 1 %, 2.5 % 112

hydrocortisone (topical) OINT 1 % 112

hydrocortisone (topical) OINT 2.5 % . 111

hydrocortisone (topical) OINT 2.5 % . 112

hydrocortisone (topical) SOLN 2.5 % 112

HYDROCORTISONE 96

HYDROCORTISONE ACETATE . 96

hydrocortisone butyrate CREA ... 112

hydrocortisone butyrate LOTN ... 112

hydrocortisone butyrate OINT 112

hydrocortisone butyrate SOLN ... 112

HYDROCORTISONE MICRONIZED 96

hydrocortisone sod succinate 100 MG 100

hydrocortisone TABS 100

hydrocortisone valerate CREA ... 112

hydrocortisone valerate OINT 112

hydrocortisone w/acetic acid 206

hydromorphone hcl LIQD 15

HYDROMORPHONE HCL PF SOLN IJ (hydromorphone hcl) 15

HYDROMORPHONE HCL PF SOLN IJ 15

HYDROMORPHONE HCL POWD 15

hydromorphone hcl SOLN IJ 0.2 MG/ML, 1 MG/ML, 2 MG/ML, 4 MG/ML, 10 MG/ML, 50 MG/5ML, 500 MG/50ML 15

HYDROMORPHONE HCL SOLN IJ 2 MG/ML 15

HYDROMORPHONE HCL SUPP . 15

hydromorphone hcl TABS 15

hydromorphone hcl TB24 12 MG .. 15

hydromorphone hcl TB24 8 MG, 16 MG, 32 MG 15

hydroxocobalamin acetate SOLN 142

hydroxychloroquine sulfate 63

hydroxyurea 76

HYDROXYUREA 96

HYDROXYZINE HCL 96

hydroxyzine hcl SOLN 25 MG/ML, 50 MG/ML 21

hydroxyzine hcl SYRP 21

hydroxyzine hcl TABS 10 MG, 25 MG 21

hydroxyzine hcl TABS 50 MG 21

hydroxyzine pamoate CAPS 100 MG 21

hydroxyzine pamoate CAPS 25 MG, 50 MG 21

HYFTOR 115

HYLENEX 181

HYMPAVZI 138

hyoscyamine sulfate ELIX 219

hyoscyamine sulfate SUBL 0.125 MG 219

hyoscyamine sulfate TABS 0.125 MG 219

hyoscyamine sulfate TB12 0.375 MG 219
hyoscyamine sulfate TBDP 0.125 MG 219
HYPERHEP B SOLN IM 207
HYPERHEP B SOSY 110 UNIT/0.5ML 207
HYPERRAB SOLN 207
HYPERRHO S/D SOSY IM 207
HYPERSAL NEBU (sodium chloride (inhalant)) 101
HYPERTET SOSY 207
HYPOLANCE AST LANCING KIT 156
HYQVIA 208
HYRIMOZ SOAJ 40 MG/0.4ML 9
HYRIMOZ SOAJ 80 MG/0.8ML 9
HYRIMOZ SOSY 10 MG/0.1ML 9
HYRIMOZ SOSY 20 MG/0.2ML 9
HYRIMOZ SOSY 40 MG/0.4ML 9
HYRIMOZ-CROHNS/UC STARTER SOAJ 9
HYRIMOZ-PED<40KG CROHN STARTER SOSY 9
HYRIMOZ-PED>/=40KG CROHN START SOSY 9
HYRIMOZ-PLAQ PSOR/UVEIT START SOAJ 9
HYSINGLA ER T24A 15
HYZAAR (losartan potassium & hydrochlorothiazide) 58
ibandronate sodium SOLN 123
ibandronate sodium TABS 123
IBRANCE CAPS 72
IBRANCE TABS 72
IBSRELA 135
IBTROZI CAPS PO 200 MG 72
ibuprofen lysine 11
IBUPROFEN POWD 11
ibuprofen SUSP 100 MG/5ML, 200 MG/10ML 11
ibuprofen SUSP 100 MG/5ML 11
ibuprofen TABS 300 MG 11
ibuprofen TABS 400 MG, 600 MG, 800 MG 11
ibuprofen-famotidine 11
ibutilide fumarate 23
icatibant acetate SOSY 139
ICLUSIG 10 MG, 30 MG, 45 MG ..72
ICLUSIG 15 MG 72
icosapent ethyl 0.5 GM 54
icosapent ethyl 1 GM 54
IDACIO (2 PEN) AJKT 9
IDACIO (2 SYRINGE) PSKT 9
IDACIO-CROHNS/UC STARTER AJKT 9
IDACIO-PSORIASIS STARTER AJKT 9
IDAMYCIN PFS (idarubicin hcl) ...70
idarubicin hcl 70
IDELVION 138
IDHIFA 72
IDOSE TR IMPL 206
IFEX SOLR (ifosfamide) 64
IFEX SOLR 64
ifosfamide SOLN 64
ifosfamide SOLR 64
IFOSFAMIDE SOLR 64
IGALMI FILM 146
IHEEZO 202
ILARIS SOLN 10
ILEVRO 205
ILLUCCIX CONFIGURATION A KIT . 118
ILLUCCIX CONFIGURATION B KIT . 118
ILUMYA 106
ILUVIEN 202
IMAAVY SOLN IV 1200 MG/6.5ML 181
imatinib mesylate TABS 100 MG ..72
imatinib mesylate TABS 400 MG ..72
IMBRUVICA CAPS 140 MG 72
IMBRUVICA CAPS 70 MG 72
IMBRUVICA SUSP 72
IMBRUVICA TABS 73
IMCIVREE SOLN SC 126
IMDELLTRA 66
IMFINZI 66
imipenem-cilastatin IV 60
imipramine hcl TABS 41
imipramine pamoate 41
imiquimod 3.75 % 114
imiquimod 3.75 % 115
imiquimod 5 % 114

IMITREX STATDOSE REFILL SOCT (sumatriptan succinate) 177
IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML (sumatriptan succinate) 177
IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (sumatriptan succinate) 177
IMITREX TABS (sumatriptan succinate) 177
IMJUDO 66
IMKELDI SOLN 73
IMLYGIC 77
IMMPHENTIV SOLN IV 229
IMOVAX RABIES SUSR 226
IMPAVIDO 59
IMULDOSA SOLN IV 130 MG/26ML . 133
IMULDOSA SOSY SC 45 MG/0.5ML 106
IMULDOSA SOSY SC 90 MG/ML 106
IMURAN TABS (azathioprine) 183
INBRIJA CAPS 78
INCONTROL ULTICARE PEN NEEDLES 168
INCRELEX 125
INCRUSE ELLIPTA 24
indapamide TABS 1.25 MG, 2.5 MG . 122
INDERAL LA CP24 120 MG (propranolol hcl) 90
INDERAL LA CP24 60 MG, 80 MG, 160 MG (propranolol hcl) 90
INDERAL XL 90
INDOCIN SUSP (indomethacin) ...11
indomethacin CAPS 25 MG, 50 MG 11
indomethacin CPCR 11
INDOMETHACIN SODIUM 11
indomethacin SUPP 11
indomethacin SUSP 12
INFANRIX 218
INFED 145
INFLECTRA SOLR 133
INFLIXIMAB 133
INFUMORPH 200 (morphine sulfate for continuous microinfusion) 15
INFUMORPH 500 (morphine sulfate for continuous microinfusion) 15
INGREZZA CAPS 211
INGREZZA CPPK 211
INGREZZA CPSP 211
INJECTAFER 145
INJECTAFER 1000 MG/20ML ... 145
INLEXZO DEVI IS 225 MG 65
INLURIYO TABS PO 200 MG 68
INLYTA 66
INNOPRAN XL 90
INPEFA 92
INQOVI 70
INREBIC 73
INSPRA (eplerenone) 59
INSULIN ASP PROT & ASP FLEXPEN SUPN 45
INSULIN ASPART FLEXPEN SOPN . 45
INSULIN ASPART PENFILL SOCT 45
INSULIN ASPART PROT & ASPART SUSP 45
INSULIN ASPART SOLN IJ 45
INSULIN DEGLUDEC FLEXTOUCH SOPN 100 UNIT/ML 46
INSULIN DEGLUDEC FLEXTOUCH SOPN 200 UNIT/ML 45
INSULIN DEGLUDEC SOLN 46
INSULIN GLARGINE MAX SOLOSTAR SOPN 46
INSULIN GLARGINE SOLN 46
INSULIN GLARGINE SOLOSTAR SOPN 100 UNIT/ML 46
INSULIN GLARGINE SOLOSTAR SOPN 300 UNIT/ML 46
INSULIN GLARGINE-YFGN SOLN 46
INSULIN GLARGINE-YFGN SOPN 46
INSULIN LISPRO (1 UNIT DIAL) SOPN 46
INSULIN LISPRO JUNIOR KWIKPEN SOPN 46
INSULIN LISPRO PROT & LISPRO SUPN 46
INSULIN LISPRO SOLN IJ 46
INSULIN SYRINGE 168
INSULIN SYRINGE-NEEDLE U-100 168
INSUPEN PEN NEEDLES 168
INSUPEN32G EXTR3ME 169

INTELENCE (etravirine) 84
INTELENCE 25 MG 84
INTUNIV (guanfacine hcl (adhd)) .. 2
INVEGA 3 MG, 9 MG (paliperidone) . 80
INVEGA 6 MG (paliperidone) 80
INVEGA HAFYERA 1092 MG/3.5ML . 80
INVEGA HAFYERA 1560 MG/5ML 80
INVEGA SUSTENNA 117 MG/0.75ML 80
INVEGA SUSTENNA 156 MG/ML .80
INVEGA SUSTENNA 234 MG/1.5ML 80
INVEGA SUSTENNA 39 MG/0.25ML 80
INVEGA SUSTENNA 78 MG/0.5ML 80
INVEGA TRINZA 273 MG/0.88ML 80
INVEGA TRINZA 410 MG/1.32ML 80
INVEGA TRINZA 546 MG/1.75ML 80
INVEGA TRINZA 819 MG/2.63ML 80
INVELTYS SUSP 202
INVOKAMET TABS 1000 MG-150 MG, 500 MG-50 MG 42
INVOKAMET TABS 1000 MG-50 MG, 500 MG-150 MG 41
INVOKAMET XR TB24 1000 MG-150 MG, 1000 MG-50 MG 41
INVOKAMET XR TB24 500 MG-150 MG, 500 MG-50 MG 41
INVOKANA 100 MG 48
INVOKANA 300 MG 48
INZIRQO SUSR PO 10 MG/ML .. 122
IONOSOL-MB IN D5W 179
iopamidol IV 119
IOPIDINE 200
IPOL IJ 226
ipratropium bromide (nasal) 192
ipratropium bromide SOLN 0.02 % 24
ipratropium-albuterol SOLN 28
IQIRVO 135
irbesartan 57
irbesartan-hydrochlorothiazide 58
IRESSA (gefitinib) 68
irinotecan hcl 77
iron sucrose 20 MG/ML 145
irrigation solutions, physiological 184
ISENTRESS CHEW 84
ISENTRESS HD TABS 84
ISENTRESS PACK 84
ISENTRESS TABS 84
isoflurane 136
ISOLYTE-P IN D5W 179
ISOLYTE-S 179
ISOLYTE-S PH 7.4 179
isoniazid SOLN 64
isoniazid SYRP 64
isoniazid TABS 64
isoproterenol hcl 28
isosorbide dinitrate TABS 10 MG .. 21
isosorbide dinitrate TABS 20 MG .. 21
isosorbide dinitrate TABS 40 MG .. 21
isosorbide dinitrate TABS 5 MG, 30 MG 21
isosorbide dinitrate-hydralazine hcl 92
isosorbide mononitrate TABS 21
ISOSORBIDE MONONITRATE TABS 21
isosorbide mononitrate TB24 120 MG 21
isosorbide mononitrate TB24 30 MG . 21
isosorbide mononitrate TB24 60 MG . 21
isotretinoin 102
isradipine CAPS 91
ISTALOL SOLN (timolol maleate (ophth)) 198
ISTODAX SOLR (romidepsin) 73
ISTURISA 1 MG 122
ISTURISA 5 MG 122
ITOVEBI 3 MG 73
ITOVEBI 9 MG 73
itraconazole CAPS 52
itraconazole SOLN 52
ivabradine hcl TABS 94
ivermectin (pediculicide) 117
ivermectin 20
IVRA IV 90 MG/ML 64
IWILFIN 76
IXCHIQ 226
IXEMPRA KIT 77
IXIARO 226

IXINITY SOLR 138
IYUZEH SOLN 206
IZERVAY 201
JADENU SPRINKLE PACK (deferasirox) 49
JADENU TABS (deferasirox) 49
JAKAFI 73
JANUMET TABS 42
JANUMET XR TB24 1000 MG-100 MG, 500 MG-50 MG 42
JANUMET XR TB24 1000 MG-50 MG 42
JANUVIA 25 MG 43
JANUVIA 50 MG, 100 MG 43
JARDIANCE 10 MG 48
JARDIANCE 25 MG 48
JASCAYD TABS PO 9 MG, 18 MG 216
JATENZO CAPS 158 MG, 198 MG 19
JATENZO CAPS 237 MG 19
JAYPIRCA 100 MG 73
JAYPIRCA 50 MG 73
JELMYTO SOLR UL 70
JEMPERLI 66
JENTADUETO TABS 42
JENTADUETO XR TB24 42
JESDUVROQ 1 MG, 2 MG, 4 MG 143
JESDUVROQ 6 MG 143
JESDUVROQ 8 MG 143
JEVTANA 77
JIVI 138
JOBEVNE SOLN IV 100 MG/4ML, 400 MG/16ML 66
JOENJA 181
JORNAY PM CP24 3
JOURNAVX 13
JUBBONTI SOSY SC 60 MG/ML 124
JUBLIA 104
JULUCA 84
JUST 4 KIDZ MULTIVIT/PROBIOTIC CHEW 187
JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG 55
JYLAMVO SOLN PO 65
JYNARQUE TABS 15 MG, 30 MG (tolvaptan) 129
JYNARQUE TBPK 15 MG (tolvaptan) 129
JYNNEOS 226
KADCYLA 66
KALBITOR 140
KALETRA SOLN 84
KALETRA TABS (lopinavir-ritonavir) . 85
KALYDECO PACK 25 MG, 50 MG, 75 MG 215
KALYDECO PACK 5.8 MG, 13.4 MG 215
KALYDECO TABS 215
KANJINTI 67
KANUMA 126
KAPSPARGO SPRINKLE CS24 .. 89
KATERZIA 91
KAZANO (alogliptin-metformin hcl) 42
KCENTRA 138
KCL IN DEXTROSE-NACL (potassium chloride in dextrose & sodium chloride) 179
KCL IN DEXTROSE-NACL 179
KCL-LACTATED RINGERS-D5W 179
KEBILIDI 126
KEDBUMIN 140
KEDRAB SOLN 207
KEMOPLAT SOLN 64
KENALOG-10 SUSP (triamcinolone acetonide) 100
KENALOG-40 SUSP (triamcinolone acetonide) 100
KENALOG-80 SUSP 100
KENGREAL 141
KEPIVANCE 5.16 MG 76
KEPPRA SOLN IV 500 MG/5ML (levetiracetam) 34
KEPPRA SOLN PO 100 MG/ML (levetiracetam) 34
KEPPRA TABS 1000 MG (levetiracetam) 34
KEPPRA TABS 250 MG (levetiracetam) 34
KEPPRA TABS 500 MG, 750 MG (levetiracetam) 34
KEPPRA XR TB24 500 MG (levetiracetam) 34
KEPPRA XR TB24 750 MG (levetiracetam) 33

KERENDIA 128
KESIMPTA 212
KETALAR SOLN IJ (ketamine hcl) 136
KETAMINE HCL 96
ketamine hcl SOLN IJ 136
ketoconazole (topical) CREA 104
ketoconazole (topical) FOAM 104
ketoconazole (topical) SHAM 2 % 104
ketoconazole 52
KETOCONAZOLE 97
KETONE TEST STRP 119
ketoprofen CAPS 25 MG 12
ketoprofen CP24 12
ketorolac tromethamine (ophth) 0.4 % 205
ketorolac tromethamine (ophth) 0.5 % 205
ketorolac tromethamine SOLN IM 60 MG/2ML 12
ketorolac tromethamine TABS 12
KETOSTIX STRP 119
ketotifen fumarate (ophth) 0.035 % 205
KEVEYIS (dichlorphenamide) ... 121
KEVZARA SOAJ 10
KEVZARA SOSY 10
KEYTRUDA 66
KEYTRUDA QLEX SOLN SC 70
KHAPZORY 175 MG 76
KHINDIVI SOLN PO 1 MG/ML ... 100
KIMMTRAK 66
KIMONO MAXX-LARGE FLARE MISC 150
KIMONO MICRO THIN MISC 150
KIMONO MICRO THIN PLUS MISC . 150
KIMONO MISC 150
KIMONO SENSATION MISC 150
KIMONO SENSATION PLUS MISC 150
KIMYRSA 61
KINERET SOSY 10
KINRIX SUSY 218
KIRSTY SOLN IJ 100 UNIT/ML ... 46
KIRSTY SOPN SC 100 UNIT/ML ..46
KISQALI (200 MG DOSE) 73
KISQALI (400 MG DOSE) 73
KISQALI (600 MG DOSE) 73
KISQALI FEMARA (200 MG DOSE) . 70
KISQALI FEMARA (400 MG DOSE) . 70
KISQALI FEMARA (600 MG DOSE) . 71
KISUNLA 210
KITABIS PAK (W/ NEBULIZER) NEBU 300 MG/5ML (tobramycin) ...5
KLONOPIN TABS 0.5 MG, 1 MG (clonazepam) 32
KLONOPIN TABS 2 MG (clonazepam) 32
KLOXXADO LIQD 50
KOATE SOLR 138
KOMBIGLYZE XR 1000 MG-2.5 MG (saxagliptin-metformin hcl) 42
KOMBIGLYZE XR 1000 MG-5 MG, 500 MG-5 MG (saxagliptin-metformin hcl) 42
KONVOMEP SUSR 220
KORLYM (mifepristone (hyperglycemia)) 43
KORSUVA 185
KOSELUGO 10 MG 73
KOSELUGO 25 MG 73
KOSELUGO PO 5 MG 73
KOSELUGO PO 7.5 MG 73
KOVALTRY 138
K-PHOS NO 2 136
K-PHOS TABS (potassium phosphate monobasic) 180
K-PHOS-NEUTRAL (pot phosphate monobasic w/ sod phosphate dibasic & monobasic) 180
KRAZATI 73
KRINTAFEL 63
KROGER AUTOLET LANCING DEVICE MISC 156
KROGER HEALTHPRO LANCET 26G 156
KROGER PEN NEEDLES 169
KRYSTEXXA 137
KUVAN PACK (sapropterin dihydrochloride) 126
KUVAN TABS (sapropterin dihydrochloride) 126
KYLEENA 99
KYMRIAH 68

KYPROLIS 73
KYXATA SOLN 80 MG/8ML, 500 MG/50ML 64
labetalol hcl SOLN 88
LABETALOL HCL SOLN 88
LABETALOL HCL SOSY 10 MG/2ML 88
labetalol hcl TABS 100 MG 89
labetalol hcl TABS 200 MG 89
labetalol hcl TABS 300 MG 88
labetalol hcl TABS 400 MG 88
lacosamide SOLN IV 200 MG/20ML . 34
lacosamide SOLN PO 10 MG/ML, 50 MG/5ML, 100 MG/10ML 34
lacosamide TABS 34
LACRISERT 198
lactated ringer's (irrigation) 184
lactated ringer's 179
lactic acid (ammonium lactate) CREA 114
lactic acid (ammonium lactate) LOTN 12 % 114
lactulose (encephalopathy) 135
lactulose PACK 10 GM 147
lactulose PACK 20 GM 147
lactulose SOLN 147
LAMICTAL CHEW 25 MG (lamotrigine) 34
LAMICTAL CHEW 5 MG (lamotrigine) 34
LAMICTAL ODT KIT (lamotrigine) . 34
LAMICTAL ODT TBDP 25 MG, 100 MG, 200 MG (lamotrigine) 34
LAMICTAL ODT TBDP 50 MG (lamotrigine) 34
LAMICTAL STARTER KIT 25 MG (lamotrigine) 34
LAMICTAL TABS 100 MG (lamotrigine) 34
LAMICTAL TABS 150 MG (lamotrigine) 34
LAMICTAL TABS 200 MG (lamotrigine) 34
LAMICTAL TABS 25 MG (lamotrigine) 34
LAMICTAL XR KIT 34
LAMICTAL XR TB24 200 MG, 250 MG (lamotrigine) 34
LAMICTAL XR TB24 25 MG, 50 MG, 100 MG (lamotrigine) 34
LAMICTAL XR TB24 300 MG (lamotrigine) 34
lamivudine (hbv) TABS 87
lamivudine SOLN 85
lamivudine TABS 85
lamivudine-zidovudine 85
lamotrigine CHEW 25 MG 34
lamotrigine CHEW 5 MG 34
lamotrigine KIT 25 MG 34
lamotrigine TABS 100 MG 34
lamotrigine TABS 150 MG 34
lamotrigine TABS 200 MG 34
lamotrigine TABS 25 MG 34
lamotrigine TB24 200 MG, 250 MG 34
lamotrigine TB24 25 MG, 50 MG, 100 MG 34
lamotrigine TB24 300 MG 34
lamotrigine TBDP 25 MG, 100 MG, 200 MG 34
lamotrigine TBDP 50 MG 34
LAMPIT 120 MG 60
LAMPIT 30 MG 60
LAMZEDE 126
LANAFLEX PACK 120
LANCET DEVICE WITH EJECTOR MISC 156
LANCETS 156
LANCETS 28G THIN 157
LANCETS 30G 157
LANCETS 33G 157
LANCETS SUPER THIN 28G ... 157
LANCETS ULTRA THIN 157
LANCETS ULTRA THIN 30G 157
LANCING DEVICE MISC 157
LANOXIN PEDIATRIC SOLN IJ ... 92
LANOXIN SOLN IJ (digoxin) 92
lanreotide acetate 129
LANREOTIDE ACETATE 129
LANSOPRAZOLE 96
lansoprazole CPDR 219
lansoprazole TBDD 219
lanthanum carbonate CHEW 135
LANTUS SOLN 46
LANTUS SOLOSTAR SOPN 46
LANZO MISC 157

lapatinib ditosylate 73
LASIX TABS 20 MG (furosemide) 122
LASIX TABS 40 MG (furosemide) 122
LASIX TABS 80 MG (furosemide) 122
latanoprost SOLN 206
LATUDA 20 MG, 40 MG, 60 MG, 120 MG (lurasidone hcl) 79
LATUDA 80 MG (lurasidone hcl) .. 79
LAZCLUZE 240 MG 68
LAZCLUZE 80 MG 68
LEADER ADVANCED LANCING DEVICE MISC 157
LEADER UNIFINE PENTIPS 169
LEADER UNIFINE PENTIPS PLUS . 169
LEDIPASVIR-SOFOSBUVIR TABS 87
leflunomide 12
LEMTRADA 212
lenalidomide 181
LENMELDY 211
LENVIMA (10 MG DAILY DOSE) . 66
LENVIMA (12 MG DAILY DOSE) . 66
LENVIMA (14 MG DAILY DOSE) . 66
LENVIMA (18 MG DAILY DOSE) . 66
LENVIMA (20 MG DAILY DOSE) . 66
LENVIMA (24 MG DAILY DOSE) . 66
LENVIMA (4 MG DAILY DOSE) .. 66
LENVIMA (8 MG DAILY DOSE) .. 66
LEQEMBI 210
LEQEMBI IQLIK SC 360 MG/1.8ML 210
LEQSELVI TABS PO 8 MG 114
LEQVIO 55
LESCOL XL TB24 (fluvastatin sodium) 55
LETAIRIS (ambrisentan) 93
letrozole 69
leucovorin calcium SOLN IJ 100 MG/10ML, 500 MG/50ML 76
leucovorin calcium SOLR 76
leucovorin calcium TABS 76
LEUKINE SOLR IJ 143
leuprolide acetate (3 month) INJ 22.5 MG 69
leuprolide acetate KIT IJ 1 MG/0.2ML 69
levalbuterol hcl 28
levalbuterol tartrate 28
levamlodipine maleate 91
LEVEMIR FLEXPEN SOPN 46
LEVEMIR SOLN 46
LEVETIRACETAM IN NACL (levetiracetam in sodium chloride) .34
LEVETIRACETAM IN NACL 34
levetiracetam in sodium chloride .. 34
levetiracetam SOLN IV 500 MG/5ML 34
levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML 34
levetiracetam TABS 1000 MG 35
levetiracetam TABS 250 MG 35
levetiracetam TABS 500 MG, 750 MG 35
levetiracetam TB24 500 MG 35
levetiracetam TB24 750 MG 35
LEVETIRACETAM TB3D 35
levobunolol hcl 0.5 % 198
levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML 126
levocarnitine (metabolic modifiers) TABS 126
levocetirizine dihydrochloride SOLN 53
levocetirizine dihydrochloride TABS 53
levofloxacin (ophth) 0.5 % 201
levofloxacin in d5w 131
levofloxacin SOLN PO 131
levofloxacin TABS 250 MG, 500 MG . 131
levofloxacin TABS 750 MG 131
levoleucovorin calcium SOLN 77
levoleucovorin calcium SOLR 77
levonorgestrel & eth estradiol TABS 97
levonorgestrel (emergency oc) 1.5 MG 98
levonorgestrel-eth estradiol (triphasic) 97
levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG 97
levonorgestrel-ethinyl estradiol (continuous) 97
levonorgestrel-ethinyl estradiol-iron 97

LEVOPHED IV (norepinephrine bitartrate) 229
levorphanol tartrate TABS 15
levothyroxine sodium CAPS 217
LEVOTHYROXINE SODIUM SOLN IV 100 MCG/5ML, 200 MCG/5ML 217
LEVOTHYROXINE SODIUM SOLN IV 100 MCG/ML, 500 MCG/5ML . 217
LEVOTHYROXINE SODIUM SOLR IV (levothyroxine sodium) 217
levothyroxine sodium SOLR IV ... 217
levothyroxine sodium TABS 217
LEVSIN TABS (hyoscyamine sulfate) 219
LEVSIN/SL SUBL (hyoscyamine sulfate) 219
LEVULAN KERASTICK SOLR ... 105
LEXAPRO TABS 10 MG (escitalopram oxalate) 39
LEXAPRO TABS 5 MG, 20 MG (escitalopram oxalate) 39
LEXISCAN (regadenoson) 118
LIALDA TBEC (mesalamine) 133
LIBERVANT FILM 32
LIBTAYO 66
LIDOCAINE CRYS 96
LIDOCAINE HCL (CARDIAC) PF SOLN 23
lidocaine hcl (cardiac) SOSY 23
lidocaine hcl (local anesth.) SOLN 148
lidocaine hcl (local anesth.) SOSY IJ 100 MG/5ML 148
lidocaine hcl (mouth-throat) 185
LIDOCAINE HCL 96
lidocaine hcl CREA 3 % 116
lidocaine hcl GEL 2 % 116
LIDOCAINE HCL MONOHYDRATE . 96
lidocaine hcl PRSY 116
lidocaine hcl SOLN 116
lidocaine in d5w 5 %-4 MG/ML, 5 %-8 MG/ML 23
lidocaine OINT 5 % 116
LIDOCAINE POWD 96
lidocaine PTCH 5 % 116
lidocaine w/ epinephrine SOLN ... 148
lidocaine-hydrocortisone acetate (rectal) CREA EX 20
lidocaine-prilocaine CREA 116
LIDODERM PTCH (lidocaine) 116
LIKMEZ SUSP 59
LILETTA (52 MG) 99
LINCOCIN (lincomycin hcl) 62
lincomycin hcl 62
LINEZOLID IN SODIUM CHLORIDE 62
linezolid SOLN 62
linezolid SUSR 62
linezolid TABS 62
LINZESS 135
LIORESAL SOLN IT (baclofen) .. 190
LIORESAL SOLN IT 190
liothyronine sodium SOLN 217
liothyronine sodium TABS 217
LIPITOR TABS 10 MG, 20 MG, 40 MG (atorvastatin calcium) 55
LIPITOR TABS 80 MG (atorvastatin calcium) 55
LIPOFEN CAPS (fenofibrate) 54
LIQREV SUSP 94
liraglutide 44
lisdexamfetamine dimesylate CAPS 1
lisdexamfetamine dimesylate CHEW . 2
lisinopril & hydrochlorothiazide 58
lisinopril TABS 10 MG 56
lisinopril TABS 2.5 MG, 5 MG 56
lisinopril TABS 20 MG 56
lisinopril TABS 30 MG, 40 MG 56
LITE TOUCH LANCETS 157
LITE TOUCH LANCING PEN MISC 157
LITETOUCH INSULIN SYRINGE 169
LITETOUCH LANCETS 157
LITETOUCH PEN NEEDLES 169
LITFULO 114
lithium 79
lithium carbonate CAPS 79
lithium carbonate TABS 79
lithium carbonate TBCR 79
LITHOBID TBCR (lithium carbonate) . 79
LITHOSTAT 137
LIVALO (pitavastatin calcium) 55

LIVDELZI 135
LIVMARLI 19 MG/ML 132
LIVMARLI 9.5 MG/ML 132
LIVMARLI PO 10 MG, 15 MG, 20 MG 132
LIVMARLI PO 30 MG 132
LIVTENCITY 86
LO LOESTRIN FE TABS 97
LOCAMETZ KIT 118
LODOCO 92
lofexidine hcl 209
LOKELMA 184
LOMOTIL TABS (diphenoxylate w/ atropine) 49
LONSURF 71
loperamide hcl CAPS 49
LOPHLEX LQ 20 LIQD PO 120
LOPHLEX PACK 120
LOPID TABS (gemfibrozil) 55
lopinavir-ritonavir SOLN 85
lopinavir-ritonavir TABS 85
LOPRESSOR SOLN PO 10 MG/ML . 89
LOPRESSOR TABS 100 MG (metoprolol tartrate) 89
LOPRESSOR TABS 50 MG (metoprolol tartrate) 89
LOPROX SUSP (ciclopirox olamine) . 104
LOQTORZI 67
loratadine SOLN 53
loratadine TABS 53
loratadine TBDP 10 MG 53
LORAZEPAM 96
lorazepam CONC 22
lorazepam SOLN 22
lorazepam TABS 22
LORBRENA 100 MG 73
LORBRENA 25 MG 73
LOREEV XR CS24 22
losartan potassium & hydrochlorothiazide 58
losartan potassium 25 MG 57
losartan potassium 50 MG, 100 MG 57
LOTEMAX GEL (loteprednol etabonate) 202
LOTEMAX OINT 202
LOTEMAX SM GEL 202
LOTEMAX SUSP (loteprednol etabonate) 202
LOTENSIN 10 MG (benazepril hcl) 56
LOTENSIN 20 MG, 40 MG (benazepril hcl) 56
LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (benazepril & hydrochlorothiazide) 58
loteprednol etabonate GEL 202
loteprednol etabonate GEL 203
loteprednol etabonate SUSP 0.2 % 203
loteprednol etabonate SUSP 0.5 % 203
LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG (amlodipine besylate-benazepril hcl) 58
LOTREL 40 MG-10 MG (amlodipine besylate-benazepril hcl) 58
LOTRONEX (alosetron hcl) 135
lovastatin TABS 55
LOVENOX SOLN IJ 300 MG/3ML (enoxaparin sodium) 31
LOVENOX SOSY 100 MG/ML, 150 MG/ML (enoxaparin sodium) 31
LOVENOX SOSY 30 MG/0.3ML (enoxaparin sodium) 31
LOVENOX SOSY 40 MG/0.4ML (enoxaparin sodium) 31
LOVENOX SOSY 60 MG/0.6ML (enoxaparin sodium) 31
LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML (enoxaparin sodium) ... 31
loxapine succinate 82
lubiprostone 132
LUCEMYRA (lofexidine hcl) 209
LUCENTIS SOSY 0.3 MG/0.05ML 199
LUCENTIS SOSY 0.5 MG/0.05ML 199
LUMAKRAS 120 MG 73
LUMAKRAS 240 MG 73
LUMAKRAS 320 MG 73
LUMIGAN SOLN 0.01 % 206
LUMISIGHT 118
LUMIZYME 126
LUNSUMIO 67
LUPKYNIS 183
LUPRON DEPOT (1-MONTH) KIT IM

3.75 MG 69

LUPRON DEPOT (1-MONTH) KIT IM 7.5 MG 69

LUPRON DEPOT (3-MONTH) KIT IM 11.25 MG 69

LUPRON DEPOT (3-MONTH) KIT IM 22.5 MG 69

LUPRON DEPOT (4-MONTH) IM . 69

LUPRON DEPOT (6-MONTH) IM . 69

LUPRON DEPOT-PED (1-MONTH) . 125

LUPRON DEPOT-PED (3-MONTH) . 125

LUPRON DEPOT-PED (6-MONTH) IM 125

lurasidone hcl 20 MG, 40 MG, 60 MG, 120 MG 79

lurasidone hcl 80 MG 79

LURBIRO TABS 100 MG (flurbiprofen) 12

LUTATHERA 76

LUTRATE DEPOT INJ 22.5 MG ... 69

LUXTURNA 201

LYBALVI 211

LYFGENIA 142

LYNOZYFIC SOLN IV 5 MG/2.5ML, 200 MG/10ML 67

LYNPARZA TABS 73

LYRICA CAPS 225 MG (pregabalin) . 35

LYRICA CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG, 300 MG (pregabalin) 35

LYRICA CR (pregabalin (once-daily)) 213

LYRICA SOLN (pregabalin) 35

LYSODREN 69

LYTGOBI (12 MG DAILY DOSE) . 73

LYTGOBI (16 MG DAILY DOSE) . 73

LYTGOBI (20 MG DAILY DOSE) . 73

LYUMJEV KWIKPEN SOPN 100 UNIT/ML 46

LYUMJEV KWIKPEN SOPN 200 UNIT/ML 46

LYUMJEV SOLN 46

LYUMJEV TEMPO PEN SOPN ... 46

LYVISPAH PACK 20 MG 190

LYVISPAH PACK 5 MG, 10 MG . 190

MACROBID (nitrofurantoin monohyd macro) 62

mafenide acetate PACK 109

MAGELLAN INSULIN SAFETY SYR 169

MAG-G TABS 180

magnesium chloride SOLN 180

magnesium sulfate IJ 50 % 180

MAGNESIUM SULFATE IN D5W (magnesium sulfate in dextrose) . 180

magnesium sulfate in dextrose .. 180

MAGNESIUM SULFATE IV (magnesium sulfate) 180

MAGONATE LIQD 180

MALARONE (atovaquone-proguanil hcl) 63

malathion 117

mannitol 10 %, 20 %, 25 % 122

MARATHON MEDICAL PENTIPS 169

maraviroc TABS 150 MG 85

maraviroc TABS 300 MG 85

MARCAINE PRESERVATIVE FREE SOLN IJ (bupivacaine hcl) 148

MARCAINE SOLN IJ (bupivacaine hcl) 148

MARCAINE SPINAL SOLN (bupivacaine in dextrose) 148

MARCAINE/EPINEPHRINE PF SOLN (bupivacaine w/ epinephrine) 148

MARCAINE/EPINEPHRINE SOLN 1 :200000-0.25 %, 1 :200000-0.5 % (bupivacaine w/ epinephrine) 148

MARGENZA 67

MARINOL CAPS 2.5 MG (dronabinol) 51

MARPLAN 38

MATULANE 76

MAVENCLAD (10 TABS) 212

MAVENCLAD (4 TABS) 212

MAVENCLAD (5 TABS) 212

MAVENCLAD (6 TABS) 212

MAVENCLAD (7 TABS) 212

MAVENCLAD (8 TABS) 212

MAVENCLAD (9 TABS) 212

MAVYRET PACK 87

MAVYRET TABS 87

MAXALT TABS 10 MG (rizatriptan benzoate) 178

MAXALT-MLT TBDP 10 MG (rizatriptan benzoate) 178

MAXICOMFORT II PEN NEEDLE 169
MAXI-COMFORT INSULIN SYRINGE 169
MAXI-COMFORT SAFETY PEN NEEDLE 169
MAXICOMFORT SYR 27G X 1/2" 169
MAXIDEX SUSP OP 203
MAXITROL OINT (neomycin-polymy-dexameth) 203
MAXITROL SUSP (neomycin-polymy-dexameth) 203
MAXX MISC 150
MAYZENT STARTER PACK TBPK 0.25 MG 212
MAYZENT TABS 0.25 MG 212
MAYZENT TABS 1 MG, 2 MG ... 212
MCT OIL OIL 197
meclizine hcl TABS 12.5 MG, 25 MG, 50 MG 51
meclofenamate sodium CAPS 12
MEDICINE SHOPPE PEN NEEDLES 169
MEDLANCE LITE 25G 157
MEDLANCE PLUS EXTRA 21G 157
MEDLANCE PLUS LANCETS ... 157
MEDLANCE PLUS LITE 25G 157
MEDLANCE PLUS SPECIAL 0.8MM 157
MEDLANCE PLUS SUPERLITE 30G 157
MEDLANCE PLUS UNIVERSAL 21G 157
MEDLANCE UNIVERSAL 21G .. 157
MEDROL TABS 2 MG, 16 MG (methylprednisolone) 100
MEDROL TABS 4 MG, 8 MG (methylprednisolone) 100
MEDROL TABS 100
MEDROL TBPK (methylprednisolone) 100
medroxyprogesterone acetate (contraceptive) SUSP IM 99
medroxyprogesterone acetate (contraceptive) SUSY IM 99
medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG 209
mefenamic acid CAPS 12
mefloquine hcl 63
megestrol acetate (appetite) 209
megestrol acetate SUSP 69
megestrol acetate TABS 69
MEKINIST SOLR 74
MEKINIST TABS 74
MEKTOVI 74
meloxicam CAPS 12
meloxicam TABS 12
melphalan hcl IV 64
memantine hcl CP24 14 MG 210
memantine hcl CP24 210
memantine hcl SOLN 210
memantine hcl TABS 10 MG 210
memantine hcl TABS 5 MG 211
memantine hcl TABS 210
memantine hcl-donepezil hcl CP24 210
MENACTRA 222
MENEST 2.5 MG 131
MENOSTAR PTWK 131
MENQUADFI 0.5 ML 222
MENVEO SOLN 222
MENVEO SOLR 222
meperidine hcl SOLN IJ 25 MG/ML, 50 MG/ML, 100 MG/ML 15
meperidine hcl SOLN PO 50 MG/5ML 15
meperidine hcl TABS 50 MG 15
mepivacaine hcl SOLN 1 %, 1.5 %, 2 % 148
meprobamate 21
MEPRON (atovaquone) 60
MEPSEVII 126
mercaptopurine SUSP 2000 MG/100ML 65
mercaptopurine TABS 65
MERILOG SOLN SC 100 UNIT/ML 47
MERILOG SOLOSTAR SOPN SC 100 UNIT/ML 47
meropenem 60
MEROPENEM 2 GM (meropenem) 60
meropenem 2 GM 60
MEROPENEM-SODIUM CHLORIDE 60
mesalamine CP24 133
mesalamine CPCR 133
mesalamine CPDR 133

mesalamine ENEM 133
mesalamine SUPP 133
mesalamine TBEC 1.2 GM 133
mesalamine TBEC 800 MG 133
mesalamine w/ cleanser 133
mesna SOLN 77
mesna TABS 77
MESNEX SOLN (mesna) 77
MESNEX TABS 77
metaxalone 190
METAXALONE 640 MG 190
METFORMIN HCL 96
metformin hcl SOLN 43
metformin hcl TABS 500 MG 43
metformin hcl TABS 625 MG 43
metformin hcl TABS 750 MG 43
metformin hcl TABS 850 MG, 1000 MG 43
metformin hcl TB24 500 MG, 1000 MG 43
metformin hcl TB24 500 MG 43
metformin hcl TB24 750 MG 43
methadone hcl CONC 15
METHADONE HCL SOLN IJ (methadone hcl) 15
methadone hcl SOLN IJ 10 MG/ML 15
methadone hcl SOLN PO 10 MG/5ML 15
methadone hcl SOLN PO 5 MG/5ML 15
methadone hcl TABS 15
methadone hcl TBSO 15
METHADOSE CONC (methadone hcl) 15
METHADOSE SUGAR-FREE CONC (methadone hcl) 15
methamphetamine hcl 2
methazolamide TABS 25 MG 121
methazolamide TABS 50 MG 121
methenamine hippurate 62
methenamine mandelate 62
METHIMAZOLE POWD 217
methimazole TABS 217
methocarbamol SOLN 190
methocarbamol TABS 1000 MG . 190
methocarbamol TABS 500 MG, 750 MG 190
methohexital sodium SOLR 136
methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML 65
methotrexate sodium SOLR 65
methotrexate sodium TABS 2.5 MG 65
methoxsalen rapid 106
methscopolamine bromide 219
methsuximide 37
methyldopa TABS 57
methylene blue (antidote) SOLN IV 50 MG/10ML 49
methylergonovine maleate SOLN 207
methylergonovine maleate TABS 207
METHYLIN SOLN (methylphenidate hcl) 3
methylphenidate hcl CHEW 2.5 MG 3
methylphenidate hcl CHEW 3
methylphenidate hcl CP24 10 MG, 20 MG, 40 MG, 60 MG 3
methylphenidate hcl CP24 30 MG .. 3
methylphenidate hcl CP24 3
methylphenidate hcl CPCR 3
methylphenidate hcl SOLN 3
methylphenidate hcl TABS 3
methylphenidate hcl TB24 18 MG, 27 MG, 54 MG 4
methylphenidate hcl TB24 36 MG .. 3
methylphenidate hcl TBCR 10 MG, 20 MG 4
methylphenidate hcl TBCR 18 MG, 27 MG, 45 MG, 54 MG, 63 MG, 72 MG 4
methylphenidate hcl TBCR 36 MG .. 4
methylphenidate hcl TBCR 72 MG .. 4
methylphenidate PTCH 4
methylprednisolone acetate SUSP 100
methylprednisolone sod succ 40 MG, 125 MG, 500 MG, 1000 MG 100
methylprednisolone TABS 100
methylprednisolone TBPK 100
methyltestosterone CAPS 19
METHYLTESTOSTERONE POWD 19
methyltestosterone TABS 19
METOCLOPRAMIDE HCL MONOHYDRATE 132
METOCLOPRAMIDE HCL POWD

132

metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML 132

metoclopramide hcl TABS 132

metolazone 122

METOPIRONE 118

metoprolol & hydrochlorothiazide TABS 25 MG-100 MG 58

metoprolol & hydrochlorothiazide TABS 25 MG-50 MG, 50 MG-100 MG 58

metoprolol succinate TB24 100 MG, 200 MG 89

metoprolol succinate TB24 25 MG, 50 MG 89

metoprolol tartrate SOLN IV 5 MG/5ML 89

metoprolol tartrate TABS 25 MG, 50 MG 89

metoprolol tartrate TABS 37.5 MG, 75 MG, 100 MG 89

metronidazole (topical) CREA 117

metronidazole (topical) GEL 0.75 % 117

metronidazole (topical) GEL 1 % 117

metronidazole (topical) LOTN 117

METRONIDAZOLE 96

METRONIDAZOLE BENZOATE 96

metronidazole CAPS 59

METRONIDAZOLE SOLN (metronidazole) 59

metronidazole SOLN 59

metronidazole TABS 125 MG 59

metronidazole TABS 250 MG, 500 MG 59

metronidazole vaginal 228

metyrosine 56

mexiletine hcl 23

MIACALCIN IJ (calcitonin (salmon)) 124

micafungin sodium 52

MICAFUNGIN SODIUM 52

MICAFUNGIN SODIUM-NACL 0.9 %-100 MG/100ML 52

MICAFUNGIN SODIUM-NACL 0.9 %-150 MG/150ML 52

MICAFUNGIN SODIUM-NACL 0.9 %-50 MG/50ML 52

MICARDIS 40 MG (telmisartan) 57

MICARDIS 80 MG (telmisartan) 57

MICARDIS HCT (telmisartan-hydrochlorothiazide) 58

MICONAZOLE 52

miconazole nitrate vaginal SUPP 200 MG 228

miconazole-zinc oxide-white petrolatum 104

MICROCHAMBER DEVI 175

MICROCHAMBER MISC 175

MICRODOT PEN NEEDLE 169

MICROLET LANCETS 157

MICROLET NEXT LANCING DEVICE MISC 157

MICROSPACER MISC 175

midazolam hcl SOLN IJ 146

midazolam hcl SYRP 146

MIDAZOLAM-SODIUM CHLORIDE (midazolam-sodium chloride) 146

midazolam-sodium chloride 146

midodrine hcl 229

MIEBO 205

MIFEPREX (mifepristone) 128

mifepristone (hyperglycemia) 43

mifepristone 129

miglitol 41

miglustat 142

MIGRANAL SOLN NA (dihydroergotamine mesylate) 177

milrinone lactate 92

milrinone lactate in dextrose 92

MINI LANCING DEVICE MISC 157

MINIVELLE PTTW (estradiol) 131

MINOCIN SOLR 216

minocycline hcl CAPS 216

minocycline hcl TABS 216

minocycline hcl TB24 45 MG, 90 MG, 135 MG 216

minocycline hcl TB24 55 MG, 65 MG, 80 MG, 105 MG, 115 MG 217

MINOLIRA TB24 217

minoxidil 10 MG 59

minoxidil 2.5 MG 59

MIOCHOL-E SOLR 199

MIOSTAT IO 199

MIPLYFFA 213

mirabegron TB24 221

MIRENA (52 MG) 99

mirtazapine TABS 38

mirtazapine TBDP 38
misoprostol 220
MITIGARE CAPS (colchicine) 137
mitomycin SOLR IV 70
mitoxantrone hcl 20 MG/10ML, 25 MG/12.5ML, 30 MG/15ML 70
MM INSULIN SYRINGE/NEEDLE 169
MM LANCING DEVICE MISC 158
MM PEN NEEDLES 169
MM TWIST LANCETS 158
M-M-R II SOLR 226
M-NATAL PLUS TABS 188
MNEXSPIKE SUSY 10 MCG/0.2ML . 226
modafinil 4
MODERNA COVID-19 BIVALENT 226
MODERNA COVID-19 VAC 6M-11Y SUSP 226
MODERNA COVID-19 VACCINE SUSP 226
MODEYSO CAPS PO 125 MG 69
moexipril hcl 56
molindone hcl 5 MG, 25 MG 82
mometasone furoate (nasal) SUSP 192
mometasone furoate CREA 112
mometasone furoate OINT 112
mometasone furoate SOLN 112
MONJUVI 67
MONOFERRIC 145
MONOJECT INSULIN SYRINGE 169
MONOJECT ULTRA COMFORT SYRINGE 169
MONOLET LANCETS 158
montelukast sodium CHEW 24
montelukast sodium PACK 24
montelukast sodium TABS 24
MORPHINE SULFATE (PF) SOLN IV 1 MG/ML, 2 MG/ML, 4 MG/ML, 10 MG/ML 15
morphine sulfate beads 16
morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG 16
morphine sulfate for continuous microinfusion 16
MORPHINE SULFATE POWD 16
morphine sulfate SOLN IV 2 MG/ML, 4 MG/ML, 8 MG/ML, 10 MG/ML, 50 MG/ML 16
MORPHINE SULFATE SOLN IV 50 MG/ML 16
morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML, 100 MG/5ML . 16
morphine sulfate SUPP 16
morphine sulfate TABS 16
morphine sulfate TBCR 15 MG, 30 MG, 60 MG, 100 MG 16
morphine sulfate TBCR 200 MG ... 16
MOTEGRITY (prucalopride succinate) 131
MOTOFEN 49
MOTPOLY XR CP24 100 MG 35
MOTPOLY XR CP24 150 MG, 200 MG 35
MOUNJARO 44
MOVANTIK 135
moxifloxacin hcl (ophth) SOLN OP 201
moxifloxacin hcl in sodium chloride 131
MOXIFLOXACIN HCL SOLN 400 MG/250ML 131
moxifloxacin hcl TABS 131
MOZOBIL (plerixafor) 145
MRESVIA 226
MS CONTIN TBCR 15 MG, 30 MG, 60 MG, 100 MG (morphine sulfate) 16
MULPLETA 143
MULTAQ 23
MULTI-LANCET DEVICE 2 KIT .. 158
MULTIVITAMIN CHILDRENS GUMMIES CHEW 187
MULTIVIT-MIN GUMMIES CHILDRENS CHEW 187
MUPIROCIN 96
mupirocin calcium (topical) 103
mupirocin OINT 103
MURO 128 SOLN (sodium chloride hypertonic) 205
MVASI 66
MVW COMPLETE FORMULATION CAPS 186
MVW COMPLETE FORMULATION CHEW 187
MVW COMPLETE FORMULATION

D3000 CAPS 185
MVW COMPLETE FORMULATION D3000 CHEW 187
MVW COMPLETE FORMULATION D5000 CAPS 186
MVW COMPLETE FORMULATION D5000 CHEW 187
MVW COMPLETE FORMULATION MINIS CAPS 186
MYALEPT 126
MYCAMINE (micafungin sodium) 52
MYCAPSSA CPDR 129
MYCOBUTIN (rifabutin) 64
mycophenolate mofetil CAPS 183
mycophenolate mofetil hcl 183
mycophenolate mofetil SUSR 183
mycophenolate mofetil TABS 183
mycophenolate sodium 183
MYDAYIS CP24 (amphetamine-dextroamphetamine) 2
MYDRIACYL SOLN (tropicamide) 199
MYFEMBREE 130
MYFORTIC (mycophenolate sodium) 183
MYGLUCOHEALTH LANCETS 30G 158
MYHIBBIN SUSP 183
MYOBLOC 195
MYRBETRIQ SRER 222
MYRBETRIQ TB24 (mirabegron) 222
MYSOLINE 250 MG (primidone) .. 35
MYTESI 49
MYXREDLIN 47
NABI-HB SOLN IM 207
nabumetone 12
nadolol TABS 20 MG 90
nadolol TABS 40 MG, 80 MG 90
nafcillin sodium IJ 1 GM, 2 GM ... 208
NAFCILLIN SODIUM IN DEXTROSE 208
naftifine hcl CREA 104
naftifine hcl GEL 2 % 104
NAFTIN GEL 1 % 104
NAFTIN GEL 2 % (naftifine hcl) .. 104
NAGLAZYME 126
nalbuphine hcl 18
NALFON CAPS (fenoprofen calcium) 12
NALFON TABS 600 MG 12
NALMEFENE HCL IJ 50
NALOCET TABS 17
naloxone hcl LIQD 50
naloxone hcl SOCT 50
naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML 50
naloxone hcl SOSY 0.4 MG/ML ... 50
naloxone hcl SOSY 2 MG/2ML 50
naltrexone hcl 50
NALTREXONE HCL 96
NALTREXONE HCL ANHYDROUS 96
NAMENDA TITRATION PAK TABS (memantine hcl) 211
NAMENDA XR CP24 14 MG, 21 MG, 28 MG (memantine hcl) 211
NAMZARIC C4PK 211
NAMZARIC CP24 (memantine hcl-donepezil hcl) 211
NAMZARIC CP24 211
NAPRELAN TB24 (naproxen sodium) 12
NAPROSYN SUSP (naproxen) 12
naproxen sodium TABS 275 MG, 550 MG 12
naproxen sodium TB24 12
naproxen SUSP 12
naproxen TABS 12
naproxen TBEC 375 MG 12
naproxen TBEC 500 MG 12
naproxen-esomeprazole magnesium 12
naratriptan hcl 1 MG 178
naratriptan hcl 2.5 MG 178
NARCAN LIQD (naloxone hcl) 50
NARDIL (phenelzine sulfate) 38
NAROPIN SOLN IJ (ropivacaine hcl) 148
NATACYN 201
NATAZIA 97
nateglinide 48
NATESTO GEL NA 19
NATROBA (spinosad) 117
NAYZILAM 32
nebivolol hcl 89
NEBUPENT IN (pentamidine isethionate) 59

nefazodone hcl 40
NEFFY SOLN NA 229
nelarabine 65
NEMLUVIO 114
neomycin sulfate TABS 5
neomycin-bacitracin zn-polymyxin 201
neomycin-polymy-dexameth OINT 203
neomycin-polymy-dexameth SUSP 0.1 %-3.5 MG/ML-10000 UNIT/ML, 0.1 % 203
neomycin-polymyxin-gramicidin . 201
neomycin-polymyxin-hc (ophth) . 203
neomycin-polymyxin-hc (otic) SOLN . 206
neomycin-polymyxin-hc (otic) SUSP . 206
NEOPHE POWD 119
NEOPHE TABS 119
NEOPROFEN (ibuprofen lysine) .. 12
NEORAL CAPS 100 MG (cyclosporine modified (for microemulsion)) 183
NEORAL CAPS 25 MG (cyclosporine modified (for microemulsion)) 183
NEORAL SOLN (cyclosporine modified (for microemulsion)) 183
NEOSTIGMINE METHYLSULFATE RFID SOLN IV 10 MG/10ML 63
NEOSTIGMINE METHYLSULFATE RFID SOSY (neostigmine methylsulfate) 63
neostigmine methylsulfate SOLN IV 5 MG/10ML, 10 MG/10ML 63
NEOSTIGMINE METHYLSULFATE SOLN IV 5 MG/10ML, 10 MG/10ML 63
NEOSTIGMINE METHYLSULFATE SOSY (neostigmine methylsulfate) 63
neostigmine methylsulfate SOSY .. 63
NEO-SYNALAR 103
NERLYNX 74
NESACAINE IJ 1 %, 2 % 148
NESACAINE-MPF IJ (chloroprocaine hcl) 149
NESINA 12.5 MG, 25 MG (alogliptin benzoate) 43
NESTABS 188
NESTABS DHA 188
NESTABS ONE 188
NEULASTA ONPRO SOSY 6 MG/0.6ML 143
NEULASTA SOSY 143
NEUPOGEN SOLN 300 MCG/ML 143
NEUPOGEN SOLN 480 MCG/1.6ML 143
NEUPOGEN SOSY 300 MCG/0.5ML 143
NEUPOGEN SOSY 480 MCG/0.8ML 143
NEUPRO 78
NEUROLITE 118
NEURONTIN CAPS 100 MG (gabapentin) 35
NEURONTIN CAPS 300 MG (gabapentin) 35
NEURONTIN CAPS 400 MG (gabapentin) 35
NEURONTIN SOLN (gabapentin) . 35
NEURONTIN TABS (gabapentin) . 35
NEVANAC 205
nevirapine SUSP 85
nevirapine TABS 85
nevirapine TB24 400 MG 85
NEXAVAR (sorafenib tosylate) 74
NEXICLON XR TB24 (clonidine) .. 57
NEXIUM CPDR (esomeprazole magnesium) 220
NEXIUM PACK (esomeprazole magnesium) 220
NEXLETOL 54
NEXLIZET 54
NEXPLANON 99
NEXTERONE 23
NEXTSTELLIS 98
NEXVIAZYME 126
NGENLA 125
niacin (antihyperlipidemic) TBCR 500 MG 55
niacin (antihyperlipidemic) TBCR 750 MG, 1000 MG 55
nicardipine hcl CAPS 91
NICARDIPINE HCL IN NACL SOLN (nicardipine hcl in sodium chloride) 91
nicardipine hcl in sodium chloride SOLN 91
NICARDIPINE HCL SOLN (nicardipine hcl) 91
nicardipine hcl SOLN 91

NICOTINE KIT 214
nicotine polacrilex GUM 214
nicotine polacrilex LOZG 214
nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR 214
NICOTROL NS SOLN 214
NIFEDIPINE 96
nifedipine CAPS 91
nifedipine TB24 91
NIKTIMVO 181
NILOTINIB D-TARTRATE CAPS PO 150 MG, 200 MG 74
NILOTINIB D-TARTRATE CAPS PO 50 MG 74
nilotinib hcl 50 MG, 150 MG, 200 MG 74
nilutamide 69
nimodipine CAPS 91
nimodipine SOLN 91
NINLARO 74
NIPENT 76
NIPRIDE RTU (nitroprusside sodium-sodium chloride) 59
nisoldipine 91
nitazoxanide TABS 60
nitisinone CAPS 126
NITRO-BID OINT 21
NITRO-DUR PT24 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR (nitroglycerin) 21
NITRO-DUR PT24 0.3 MG/HR, 0.6 MG/HR, 0.8 MG/HR (nitroglycerin) 21
NITRO-DUR PT24 21
nitrofurantoin 63
NITROFURANTOIN 63
nitrofurantoin macrocrystal 63
nitrofurantoin monohyd macro 63
nitroglycerin (intra-anal) 20
nitroglycerin in d5w 21
nitroglycerin PT24 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR 21
nitroglycerin PT24 0.6 MG/HR 21
NITROGLYCERIN SOLN IV 21
nitroglycerin SOLN TL 0.4 MG/SPRAY 21
nitroglycerin SUBL 0.3 MG, 0.4 MG 21
nitroglycerin SUBL 0.6 MG 21
NITROLINGUAL SOLN TL (nitroglycerin) 21
nitroprusside sodium 59
nitroprusside sodium-sodium chloride 59
NITROSTAT SUBL 0.3 MG, 0.4 MG (nitroglycerin) 21
NITROSTAT SUBL 0.6 MG (nitroglycerin) 21
NITYR TABS 126
NIVA THYROID TABS 217
NIVESTYM SOLN 300 MCG/ML . 143
NIVESTYM SOLN 480 MCG/1.6ML 143
NIVESTYM SOSY 300 MCG/0.5ML 143
NIVESTYM SOSY 480 MCG/0.8ML 144
nizatidine CAPS 150 MG 219
nizatidine CAPS 300 MG 219
NOCDURNA SUBL 128
NORDITROPIN FLEXPRO SOPN 125
norelgestromin-ethinyl estradiol ... 98
norepinephrine bitartrate IV 229
NOREPINEPHRINE-DEXTROSE SOLN 5 %-16 MG/250ML, 5 %-4 MG/250ML, 5 %-8 MG/250ML ... 229
NOREPINEPHRINE-SODIUM CHLORIDE SOLN 0.9 %-16 MG/250ML, 0.9 %-4 MG/250ML, 0.9 %-8 MG/250ML 230
norethin acet & estrad-fe CAPS ... 98
norethin acet & estrad-fe CHEW .. 98
norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG 98
norethindrone & eth estradiol 98
norethindrone & ethinyl estradiol-fe 98
norethindrone & ethinyl estradiol-fe 35 MCG-0.4 MG 98
norethindrone (contraceptive) 99
norethindrone acet & eth estra TABS 98
norethindrone acetate TABS 209
norethindrone acetate-ethinyl estradiol 130
norethindrone acetate-ethinyl estradiol-fe 98
norethindrone-eth estradiol (triphasic) 98
norgestimate-ethinyl estradiol

(triphasic) 98
norgestimate-ethinyl estradiol 98
norgestrel & ethinyl estradiol 30 MCG-0.3 MG 98
NORITATE CREA 117
NORLIQVA SOLN 91
NORMOSOL-M IN D5W 179
NORMOSOL-R 27 MEQ/L-23 MEQ/L-98 MEQ/L-140 MEQ/L-3 MEQ/L-5 MEQ/L 179
NORMOSOL-R PH 7.4 179
NORPACE CAPS (disopyramide phosphate) 23
NORPACE CR CP12 23
NORTHERA 100 MG, 200 MG (droxidopa) 229
NORTHERA 300 MG (droxidopa) 229
nortriptyline hcl CAPS 41
nortriptyline hcl SOLN 41
NORVASC TABS 10 MG (amlodipine besylate) 91
NORVASC TABS 2.5 MG (amlodipine besylate) 91
NORVASC TABS 5 MG (amlodipine besylate) 91
NORVIR PACK 85
NORVIR TABS (ritonavir) 85
NOURIANZ 77
NOVA SAFETY LANCETS 23G . 158
NOVA SAFETY LANCETS 28G . 158
NOVA SUREFLEX LANCETS ... 158
NOVA SUREFLEX LANCING DEVICE MISC 158
NOVAREL IM 5000 UNIT 125
NOVAVAX COVID-19 VACCINE SUSP 226
NOVOEIGHT 138
NOVOFINE AUTOCOVER PEN NEEDLE 169
NOVOFINE PEN NEEDLE 169
NOVOFINE PLUS PEN NEEDLE 170
NOVOLIN 70/30 FLEXPEN RELION SUPN 47
NOVOLIN 70/30 FLEXPEN SUPN 47
NOVOLIN 70/30 RELION SUSP .. 47
NOVOLIN 70/30 SUSP 47
NOVOLIN N FLEXPEN RELION SUPN 47
NOVOLIN N FLEXPEN SUPN 47
NOVOLIN N RELION SUSP 47
NOVOLIN N SUSP 47
NOVOLIN R FLEXPEN RELION SOPN IJ 47
NOVOLIN R FLEXPEN SOPN IJ .. 47
NOVOLIN R RELION SOLN IJ 47
NOVOLIN R SOLN IJ 47
NOVOLOG 70/30 FLEXPEN RELION SUPN 47
NOVOLOG FLEXPEN RELION SOPN 47
NOVOLOG FLEXPEN SOPN 47
NOVOLOG MIX 70/30 FLEXPEN SUPN 47
NOVOLOG MIX 70/30 RELION SUSP 47
NOVOLOG MIX 70/30 SUSP 47
NOVOLOG PENFILL SOCT 47
NOVOLOG RELION SOLN IJ 47
NOVOLOG SOLN IJ 47
NOVOSEVEN RT 138
NOXAFIL PACK 53
NOXAFIL SOLN (posaconazole) .. 53
NOXAFIL SUSP (posaconazole) .. 53
NOXAFIL TBEC (posaconazole) .. 53
NP THYROID TABS 217
NPLATE 144
NUBEQA 69
NUCALA SOAJ 23
NUCALA SOLR 23
NUCALA SOSY 100 MG/ML 23
NUCALA SOSY 40 MG/0.4ML 23
NUEDEXTA 213
NULIBRY 126
NULOJIX 183
NUMBRINO 191
NUPLAZID CAPS 79
NUPLAZID TABS 10 MG 79
NURTEC 176
NUTROPIN AQ NUSPIN 10 SOPN 125
NUTROPIN AQ NUSPIN 20 SOPN 125
NUTROPIN AQ NUSPIN 5 SOPN 125
NUVARING (etonogestrel-ethinyl

estradiol) 98
NUVAXOVID COVID-19 VACCINE SUSY 5 MCG/0.5ML 226
NUVESSA 228
NUVIGIL (armodafinil) 4
NUVIGIL 200 MG (armodafinil) 4
NUVIGIL 50 MG, 150 MG, 250 MG (armodafinil) 4
NUWIQ KIT 138
NUZYRA SOLR 216
NUZYRA TABS 216
NYMALIZE SOLN 6 MG/ML 91
NYSTATIN (nystatin (mouth-throat)) . 185
nystatin (mouth-throat) 185
nystatin (topical) CREA 105
nystatin (topical) OINT 105
nystatin (topical) POWD EX 105
nystatin TABS 52
nystatin-triamcinolone CREA 105
nystatin-triamcinolone OINT 105
NYVEPRIA 144
OB COMPLETE ONE 188
OB COMPLETE PETITE 188
OB COMPLETE PREMIER 188
OB COMPLETE TABS 188
OB COMPLETE/DHA 188
OBIZUR 138
OCALIVA 131
OCREVUS 212
OCREVUS ZUNOVO 212
OCTAGAM SOLN 207
OCTAPLAS BLOOD GROUP A . 140
OCTAPLAS BLOOD GROUP AB 140
OCTAPLAS BLOOD GROUP B . 140
OCTAPLAS BLOOD GROUP O . 140
octreotide acetate KIT 20 MG 129
octreotide acetate KIT 129
octreotide acetate SOLN 129
octreotide acetate SOSY 129
OCUFLOX (ofloxacin (ophth)) ... 201
ODACTRA SUBL 5
ODEFSEY 85
ODOMZO 68
OFEV 216
ofloxacin (ophth) 201
ofloxacin (otic) 206
ofloxacin 300 MG, 400 MG 131
OGIVRI 67
OGSIVEO 100 MG, 150 MG 74
OGSIVEO 50 MG 74
OHTUVAYRE 25
OJEMDA SUSR 74
OJEMDA TABS 74
OJJAARA 74
olanzapine SOLR 82
olanzapine TABS 82
olanzapine TBDP 82
olanzapine-fluoxetine hcl 211
olmesartan medoxomil 20 MG 57
olmesartan medoxomil 40 MG 57
olmesartan medoxomil 5 MG 57
olmesartan medoxomil-amlodipine-hydrochlorothiazide 58
olmesartan medoxomil-hydrochlorothiazide 58
olopatadine hcl (nasal) 191
olopatadine hcl 0.1 % 205
olopatadine hcl 0.2 % 205
OLPRUVA (3 GM DOSE) THPK . 126
OLPRUVA (4 GM DOSE) THPK . 127
OLPRUVA (5 GM DOSE) THPK . 127
OLPRUVA (6 GM DOSE) THPK . 127
OLPRUVA (6.67 GM DOSE) THPK 127
OLUMIANT 1 MG, 2 MG 6
omega-3-acid ethyl esters 54
OMEGAVEN 197
OMEPRAZOLE 97
omeprazole CPDR 10 MG 220
omeprazole CPDR 20 MG 220
omeprazole CPDR 40 MG 220
omeprazole-sodium bicarbonate CAPS 220
omeprazole-sodium bicarbonate PACK 220
OMIDRIA 204
OMISIRGE 68
OMNARIS SUSP 192
OMNIPAQUE SOLN PO 12 MG/ML 119
OMNISCAN SOLN IV 119

OMNITROPE SOCT 125
OMNITROPE SOLR SC 125
OMVOH (300 MG DOSE) SOAJ .133
OMVOH (300 MG DOSE) SOSY .133
OMVOH SOAJ 133
OMVOH SOLN 133
OMVOH SOSY 133
ONAPGO SOCT 98 MG/20ML 78
ONCASPAR 76
ondansetron hcl SOLN IJ 50
ondansetron hcl SOLN PO 4 MG/5ML 50
ondansetron hcl SOSY 50
ondansetron hcl TABS 4 MG, 8 MG 50
ondansetron TBDP 16 MG 50
ondansetron TBDP 4 MG, 8 MG ...50
ONE-A-DAY JOLLY RANCHER CHEW 187
ONETOUCH DELICA PLUS LANCET30G 158
ONETOUCH DELICA PLUS LANCET33G 158
ONETOUCH DELICA PLUS LANCING MISC 158
ONETOUCH DELICA SAFETY LANCING 158
ONETOUCH ULTRA CONTROL LIQD 158
ONETOUCH ULTRASOFT 2 LANCETS 158
ONETOUCH VERIO LIQD 158
ONFI SUSP (clobazam) 32
ONFI TABS (clobazam) 32
ONGENTYS 78
ONGLYZA 2.5 MG (saxagliptin hcl) 43
ONGLYZA 5 MG (saxagliptin hcl) . 43
ONIVYDE IV 43 MG/10ML 77
ONPATTRO 214
ONTRUZANT 67
ONUREG TABS 65
ONYDA XR SUER 2
OPDIVO 67
OPDIVO QVANTIG 71
OPDUALAG 71
OPFOLDA 127
OPILL 99
OPIPZA FILM 2 MG 83
OPIPZA FILM 5 MG, 10 MG 83
opium tincture 49
OPSUMIT 93
OPSYNVI 92
OPTICHAMBER DIAMOND MISC 175
OPTICHAMBER DIAMOND-LG MASK DEVI 175
OPTICHAMBER DIAMOND-MD MASK MISC 175
OPTICHAMBER DIAMOND-SM MASK MISC 175
OPVEE NA 50
OPZELURA 113
ORA-BLEND SF SUSP 209
ORA-BLEND SUSP 209
ORACIT 136
ORAL CITRATE 136
ORAL SUSPEND LIQD 209
ORAL SYRUP SF SYRP 209
ORALAIR SUBL 5
ORA-PLUS LIQD 209
ORA-SWEET SF SYRP 10 %-9 % 209
ORA-SWEET SYRP 209
ORBACTIV 61
ORENCIA CLICKJECT SOAJ 12
ORENCIA SOLR 12
ORENCIA SOSY 125 MG/ML 13
ORENCIA SOSY 50 MG/0.4ML ...12
ORENCIA SOSY 87.5 MG/0.7ML . 12
ORENITRAM MONTH 1 TEPK 93
ORENITRAM MONTH 2 TEPK 93
ORENITRAM MONTH 3 TEPK 93
ORENITRAM TBCR 93
ORFADIN CAPS (nitisinone) 127
ORFADIN SUSP 127
ORGANIC MCT OIL OIL 197
ORGOVYX 69
ORIAHNN 130
ORILISSA 150 MG 125
ORILISSA 200 MG 125
ORKAMBI PACK 125 MG-100 MG, 188 MG-150 MG 215
ORKAMBI PACK 94 MG-75 MG . 215
ORKAMBI TABS 215
ORLADEYO 140

ORLYNVAH TABS PO 62

orphenadrine citrate SOLN 30 MG/ML 191

orphenadrine citrate TB12 191

orphenadrine w/ aspirin & caff ...191

ORSERDU 345 MG 69

ORSERDU 86 MG 69

oseltamivir phosphate CAPS 30 MG, 45 MG 88

oseltamivir phosphate CAPS 75 MG . 88

oseltamivir phosphate SUSR 88

OSENI 30 MG-25 MG (alogliptin-pioglitazone) 42

OSENVELT SOLN SC 120 MG/1.7ML 124

OSMOLEX ER TB24 129 MG 78

OTEZLA TABS 12

OTEZLA TBPK 12

OTEZLA XR TB24 PO 75 MG 12

OTEZLA/OTEZLA XR INITIATION PK TBPK 12

OTREXUP SOAJ 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 6

OTULFI SOLN IV 130 MG/26ML .133

OTULFI SOLN SC 45 MG/0.5ML 106

OTULFI SOSY SC 45 MG/0.5ML 106

OTULFI SOSY SC 90 MG/ML 106

oxacillin sodium IJ 1 GM, 2 GM ..208

OXACILLIN SODIUM IN DEXTROSE 2 GM/50ML 209

oxaliplatin SOLN 50 MG/10ML, 100 MG/20ML 64

oxaprozin TABS 12

oxazepam CAPS 22

oxcarbazepine SUSP 35

oxcarbazepine TABS 150 MG, 300 MG 35

oxcarbazepine TABS 600 MG 35

oxcarbazepine TB24 150 MG, 300 MG 35

oxcarbazepine TB24 600 MG 35

OXERVATE 202

oxiconazole nitrate CREA 105

OXISTAT LOTN 105

OXLUMO 136

OXTELLAR XR TB24 150 MG, 300 MG (oxcarbazepine) 35

OXTELLAR XR TB24 600 MG (oxcarbazepine) 35

oxybutynin chloride SOLN 221

oxybutynin chloride TABS 2.5 MG 221

oxybutynin chloride TABS 5 MG . 221

oxybutynin chloride TB24 10 MG .221

oxybutynin chloride TB24 15 MG .221

oxybutynin chloride TB24 5 MG ..221

oxycodone hcl CAPS 16

oxycodone hcl CONC 100 MG/5ML 16

OXYCODONE HCL POWD 16

oxycodone hcl SOLN 16

oxycodone hcl T12A 10 MG, 20 MG, 40 MG, 80 MG 16

oxycodone hcl TABS 16

oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-2.5 MG, 325 MG-5 MG, 325 MG-7.5 MG ...17

OXYCONTIN T12A 10 MG, 15 MG, 20 MG 16

OXYCONTIN T12A 30 MG, 40 MG, 60 MG, 80 MG 16

oxymorphone hcl TABS 16

oxymorphone hcl TB12 40 MG 16

oxymorphone hcl TB12 5 MG, 7.5 MG, 10 MG, 15 MG, 20 MG, 30 MG 16

oxytocin 207

OXYTROL PTTW 221

OYSTER SHELL CALCIUM/D TABS 500 MG-200 UNIT 179

OYSTER SHELL CALCIUM/VIT D3 TABS 3.12 MCG-250 MG 179

OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 44

OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML 44

OZEMPIC (2 MG/DOSE) SOPN ...44

OZOBAX DS SOLN PO (baclofen) 191

OZURDEX IMPL 203

paclitaxel 30 MG/5ML, 100 MG/16.7ML, 150 MG/25ML, 300 MG/50ML 77

PACLITAXEL PROTEIN-BOUND PART 77

paclitaxel protein-bound particles .77

PADCEV 67

PALFORZIA (12 MG DAILY DOSE)

CSPK 5
PALFORZIA (120 MG DAILY DOSE) CSPK 5
PALFORZIA (160 MG DAILY DOSE) CSPK 5
PALFORZIA (20 MG DAILY DOSE) CSPK 5
PALFORZIA (200 MG DAILY DOSE) CSPK 5
PALFORZIA (240 MG DAILY DOSE) CSPK 5
PALFORZIA (3 MG DAILY DOSE) CSPK 5
PALFORZIA (300 MG MAINTENANCE) PACK 5
PALFORZIA (300 MG TITRATION) PACK 5
PALFORZIA (40 MG DAILY DOSE) CSPK 5
PALFORZIA (6 MG DAILY DOSE) CSPK 5
PALFORZIA (80 MG DAILY DOSE) CSPK 5
PALFORZIA INITIAL ESCALATION CSPK 5
paliperidone 1.5 MG, 3 MG, 9 MG ..80
paliperidone 6 MG 81
palonosetron hcl SOLN 50
palonosetron hcl SOSY 50
PALYNZIQ 10 MG/0.5ML 127
PALYNZIQ 2.5 MG/0.5ML 127
PALYNZIQ 20 MG/ML 127
PAMELOR CAPS (nortriptyline hcl) 41
pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML 124
PAMIDRONATE DISODIUM SOLN 124
PANCREAZE CPEP 83900 UNIT-54700 UNIT-21000 UNIT 121
PANDEL 112
PANHEMATIN 350 MG 140
pantoprazole sodium PACK 220
PANTOPRAZOLE SODIUM SOLR 40 MG (pantoprazole sodium) 220
pantoprazole sodium SOLR 220
pantoprazole sodium TBEC 220
PANTOPRAZOLE SODIUM-NACL 0.9 %-40 MG/100ML 220
PANTOPRAZOLE SODIUM-NACL 0.9 %-40 MG/50ML 220
PANTOPRAZOLE SODIUM-NACL 0.9 %-80 MG/100ML 220
PANZYGA 207
papaverine hcl SOLN 93
PARAGARD INTRAUTERINE COPPER 98
paricalcitol CAPS 127
paricalcitol SOLN 127
paroxetine hcl SUSP 39
paroxetine hcl TABS 10 MG, 40 MG . 39
paroxetine hcl TABS 20 MG 39
paroxetine hcl TABS 30 MG 39
paroxetine hcl TB24 12.5 MG, 37.5 MG 39
paroxetine hcl TB24 25 MG 39
paroxetine mesylate (vasomotor) 214
PARSABIV 10 MG/2ML 127
PARSABIV 2.5 MG/0.5ML 127
PARSABIV 5 MG/ML 127
PATADAY 0.1 % (olopatadine hcl) 205
PATADAY 0.2 % (olopatadine hcl) 205
PATADAY 0.7 % 205
PAVBLU SOLN 199
PAVBLU SOSY 199
PAXIL CR TB24 12.5 MG, 37.5 MG (paroxetine hcl) 39
PAXIL CR TB24 25 MG (paroxetine hcl) 39
PAXIL SUSP (paroxetine hcl) 40
PAXIL TABS 10 MG, 40 MG (paroxetine hcl) 40
PAXIL TABS 20 MG (paroxetine hcl) . 40
PAXIL TABS 30 MG (paroxetine hcl) . 40
PAXLOVID (150/100) 86
PAXLOVID (300/100 & 150/100) ..86
PAXLOVID (300/100) 86
pazopanib hcl 74
PC UNIFINE PENTIPS 170
PEDIAPRED SOLN (prednisolone sodium phosphate) 100
PEDIARIX SUSY 218
PEDMARK 77
PEDVAX HIB SUSP 222

peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid 147
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 236 GM 147
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 240 GM 147
peg 3350-potassium chloride-sod bicarbonate-sod chloride 147
PEGASYS SOLN 87
PEGASYS SOSY 87
PEMAZYRE 74
PEMETREXED 65
PEMETREXED DISODIUM SOLN 1 GM/40ML, 100 MG/4ML, 500 MG/20ML 65
PEMETREXED DISODIUM SOLN 100 MG/4ML, 500 MG/20ML 65
pemetrexed disodium SOLR 65
PEMFEXY 65
PEMRYDI RTU SOLN 100 MG/10ML 65
PEMRYDI RTU SOLN 500 MG/50ML 65
PEN NEEDLES 170
PENBRAYA 222
penciclovir 108
penicillamine CAPS 181
penicillamine TABS 181
PENICILLIN G POT IN DEXTROSE 40000 UNIT/ML, 60000 UNIT/ML 208
penicillin g potassium 5000000 UNIT, 20000000 UNIT 208
penicillin g sodium 208
penicillin v potassium SOLR 208
penicillin v potassium TABS 208
PENNSAID SOLN EX 2 % (diclofenac sodium (topical)) 105
PENTAM IJ (pentamidine isethionate) 59
pentamidine isethionate IJ 59
PENTASA CPCR (mesalamine) ..133
PENTASA CPCR 250 MG 133
pentazocine w/ naloxone hcl 18
PENTIPS 170
PENTIPS GENERIC PEN NEEDLES 170
pentobarbital sodium SOLN 145
pentoxifylline 140
perampanel TABS 2 MG, 4 MG, 6 MG, 8 MG, 10 MG, 12 MG 32
PERCOCET TABS 325 MG-10 MG, 325 MG-2.5 MG, 325 MG-5 MG, 325 MG-7.5 MG (oxycodone w/ acetaminophen) 17
PERFECT POINT SAFETY LANCETS 158
PERFOROMIST NEBU (formoterol fumarate) 28
PERIFLEX ADVANCE POWD ... 120
PERIFLEX INFANT POWD 119
PERIFLEX JUNIOR POWD 120
PERIFLEX LQ PKU LIQD 197
perindopril erbumine 56
PERJETA 67
permethrin CREA 117
permethrin LIQD EX 117
perphenazine TABS 82
perphenazine-amitriptyline 211
PERSERIS PRSY 81
PERTZYE CPEP 121
PFIZER COVID-19 VAC BIVALENT . 226
PFIZER COVID-19 VAC-TRIS 5-11Y SUSP 226
PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP 226
PFIZER-BIONT COVID-19 VAC-TRIS SUSP 226
PFIZER-BIONTECH COVID-19 VACC SUSP 226
PHARMACIST CHOICE LANCETS . 158
PHEBURANE PLLT 127
phenelzine sulfate 38
PHENERGAN SOLN IJ (promethazine hcl) 53
PHENERGAN SOLN IJ 50 MG/ML (promethazine hcl) 54
PHENEX-1 POWD 120
PHENEX-2 POWD 120
phenobarbital ELIX 145
phenobarbital sodium SOLN 145
phenobarbital TABS 145
phenoxybenzamine hcl 56
phentolamine mesylate SOLR 56
PHENYLADE AMINO ACID BAR 197
PHENYLADE AMINO ACID BLEND PACK 197

PHENYLADE DRINK MIX POWD 120

PHENYLADE ESSENTIAL DRINK MIX PACK 120

PHENYLADE ESSENTIAL DRINK MIX POWD 120

PHENYLADE ESSENTIAL MIX/FIBER PACK 120

PHENYLADE ESSENTIAL MIX/FIBER POWD 120

PHENYLADE GMP MIX DHA/FIBER POWD 120

PHENYLADE GMP MIX-IN PACK 120

PHENYLADE GMP MIX-IN POWD 120

PHENYLADE GMP PACK 120

PHENYLADE GMP POWD 120

PHENYLADE GMP READY LIQD PO 120

PHENYLADE GMP ULTRA PACK 120

PHENYLADE MTE AMINO ACID BLEND PACK 197

PHENYLADE MTE AMINO ACID BLEND POWD PO 197

PHENYLADE MTE POWD PO ...197

PHENYLADE PHEBLOC POWD PO . 197

PHENYLADE PHEBLOC TABS ..197

PHENYLADE POWD PO 197

PHENYLADE RTD PKU 10 LIQD PO 120

PHENYLADE40 DRINK MIX PACK 197

PHENYLADE60 DRINK MIX PACK 120

PHENYLADE60 DRINK MIX POWD . 120

phenylephrine hcl (mydriatic) SOLN 199

phenylephrine hcl (pressors) SOLN IV 230

PHENYLEPHRINE HCL SOLN (phenylephrine hcl (mydriatic)) ... 199

PHENYL-FREE 1 POWD 119

PHENYL-FREE 2 POWD 120

PHENYL-FREE 2HP POWD 120

phenytoin CHEW 37

phenytoin sodium extended 100 MG . 37

phenytoin sodium extended 200 MG . 37

phenytoin sodium extended 300 MG . 37

phenytoin sodium SOLN 37

phenytoin SUSP 125 MG/5ML 37

PHESGO 40 MG/ML-80 MG/ML-2000 UNIT/ML 71

PHESGO 60 MG/ML-60 MG/ML-2000 UNIT/ML 71

PHEXXI 228

PHLEXY-10 PACK 120

PHLEXY-VITS POWD 186

PHOS-NAK PACK (potassium & sodium phosphates) 180

PHOTREXA-PHOTREXA VISCOUS KIT 202

PHYRAGO 20 MG, 50 MG 74

PHYRAGO 70 MG, 80 MG, 100 MG, 140 MG 74

PHYTONADIONE LIQD 97

phytonadione SOLN 1 MG/0.5ML 230

phytonadione SOLN 10 MG/ML ..230

phytonadione TABS 5 MG 230

PIASKY 139

PIFELTRO 85

pilocarpine hcl (oral) 185

PILOCARPINE HCL POWD 97

pilocarpine hcl SOLN 1 %, 2 %, 4 % . 199

pilocarpine hcl SOLN 1.25 % 199

pimecrolimus 115

pimozide 213

pindolol TABS 90

pioglitazone hcl 15 MG 48

pioglitazone hcl 30 MG, 45 MG 48

pioglitazone hcl-glimepiride 42

pioglitazone hcl-metformin hcl TABS . 42

PIP LANCETS 30G 158

PIP PEN NEEDLES 31G X 5MM 170

PIP PEN NEEDLES 32G X 4MM 170

piperacillin sodium-tazobactam sodium 208

PIQRAY (200 MG DAILY DOSE) .74

PIQRAY (250 MG DAILY DOSE) .74

PIQRAY (300 MG DAILY DOSE) .74

pirfenidone CAPS 216
pirfenidone TABS 267 MG 216
pirfenidone TABS 534 MG, 801 MG 216
piroxicam CAPS 12
pitavastatin calcium 55
PITOCIN (oxytocin) 207
PKU 2 POWD 120
PKU 3 POWD 120
PKU AIR20 GOLD LIQD PO 120
PKU AIR20 GREEN LIQD PO 120
PKU AIR20 YELLOW LIQD PO 121
PKU COOLER 10 LIQD PO 121
PKU COOLER 15 LIQD PO 121
PKU COOLER 20 LIQD PO 121
PKU EASY MICROTABS PLUS TBEC 121
PKU EASY MICROTABS TBEC 121
PKU EASY SHAKE & GO POWD 121
PKU EASY TABS 121
PKU EXPLORE10 PACK 121
PKU EXPLORE5 PACK 121
PKU EXPRESS 15 PLUS+ PACK 121
PKU EXPRESS 20 PLUS+ PACK 121
PKU GEL PACK 121
PKU GOLIKE 10G P.E. BAR 197
PKU GOLIKE PLUS 16+ PACK 197
PKU GOLIKE PLUS 4-16 PACK 197
PKU LOPHLEX LQ 20 LIQD PO 121
PKU MAXAMUM POWD PO 197
PKU PERIFLEX EARLY YEARS POWD 121
PKU PERIFLEX JUNIOR PLUS POWD 121
PKU SPHERE 15 PACK 121
PKU SPHERE 20 LIQD PO 121
PKU SPHERE 20 PACK 121
PKU SPHERE NEXT 15 LIQD PO 121
PKU START POWD 121
PKU TRIO POWD 121
PLASMA-LYTE 148 179
PLASMA-LYTE A (electrolyte-a) 179
PLAVIX 75 MG (clopidogrel bisulfate) 141
PLEGISOL (cardioplegic soln) 92
PLEGRIDY SOAJ 213
PLEGRIDY SOSY IM 213
PLEGRIDY STARTER PACK SOAJ 212
PLEGRIDY STARTER PACK SOSY SC 212
PLENVU 147
plerixafor 145
PLUVICTO 76
PNEUMOVAX 23 SOLN 222
PNEUMOVAX 23 SOSY 222
PNV-DHA+DOCUSATE 188
PNV-OMEGA 188
POCKET CHAMBER DEVI 175
PODOCON-25 SOLN 115
podofilox GEL 115
podofilox SOLN 115
POKONZA PACK PO 180
POLIVY 67
polyethylene glycol 3350 PACK 147
polyethylene glycol 3350 POWD 147
polymyxin b sulfate SOLR 62
polymyxin b-trimethoprim 201
POMALYST 69
POMBILITI 127
PONVORY STARTER PACK TBPK 213
PONVORY TABS 213
PORTRAZZA 68
posaconazole SOLN 53
posaconazole SUSP 53
posaconazole TBEC 53
POSFREA SOLN 50
POSLUMA 118
pot phosphate monobasic w/ sod phosphate dibasic & monobasic 180
POTASSIUM ACETATE SOLN (potassium acetate) 180
potassium acetate SOLN 2 MEQ/ML 180
POTASSIUM ACETATE SOLN 2 MEQ/ML 180
potassium bicarbonate TBEF 180
potassium chloride CPCR 180
potassium chloride in dextrose & sodium chloride 5 %-0.075 %-0.45 %, 5 %-0.15 %-0.225 %, 5 %-10 MEQ/L-0.45 %, 5 %-20 MEQ/L-0.2

%, 5 %-20 MEQ/L-0.225 %, 5 %-20 MEQ/L-0.45 %, 5 %-20 MEQ/L-0.9 %, 5 %-30 MEQ/L-0.45 %, 5 %-40 MEQ/L-0.45 %, 5 %-40 MEQ/L-0.9 % 179

potassium chloride in dextrose .. 179

POTASSIUM CHLORIDE IN NACL (potassium chloride in nacl) 179

potassium chloride in nacl 20 MEQ/L-0.45 %, 20 MEQ/L-0.9 %, 40 MEQ/L-0.9 % 179

POTASSIUM CHLORIDE IN NACL 20 MEQ/L-0.45 %, 20 MEQ/L-0.9 %, 40 MEQ/L-0.9 % 180

potassium chloride microencapsulated crystals er ... 180

potassium chloride PACK PO 20 MEQ 181

POTASSIUM CHLORIDE SOLN IV (potassium chloride) 181

POTASSIUM CHLORIDE SOLN IV 181

potassium chloride SOLN PO 10 %, 20 %, 10 % 181

potassium chloride TBCR 181

potassium citrate (alkalinizer) TBCR . 136

potassium citrate-citric acid SOLN 136

POTASSIUM CL IN DEXTROSE 5% 20 MEQ/L 180

potassium phosphates 180

POTASSIUM PHOSPHATES-NACL 180

POTELIGEO 67

PRADAXA CAPS (dabigatran etexilate mesylate) 32

PRADAXA PACK 20 MG, 150 MG 32

PRADAXA PACK 30 MG, 40 MG, 50 MG, 110 MG 32

pralatrexate 65

PRALUENT SOAJ 55

pramipexole dihydrochloride TABS 0.125 MG 78

pramipexole dihydrochloride TABS 0.25 MG 78

pramipexole dihydrochloride TABS 0.5 MG 78

pramipexole dihydrochloride TABS 0.75 MG 78

pramipexole dihydrochloride TABS 1 MG 78

pramipexole dihydrochloride TABS 1.5 MG 78

pramipexole dihydrochloride TB24 78

prasugrel hcl 141

pravastatin sodium 10 MG 55

pravastatin sodium 20 MG, 40 MG 55

pravastatin sodium 80 MG 55

PRAXBIND 49

praziquantel 20

prazosin hcl CAPS 1 MG 57

prazosin hcl CAPS 2 MG 57

prazosin hcl CAPS 5 MG 57

PRECEDEX SOLN (dexmedetomidine hcl in sodium chloride) 146

PRECEDEX SOLN 146

PRECISION XTRA KETONE 119

PRECISION XTRA-GLUCOSE/KETONE DEVI 158

PRED FORTE (prednisolone acetate (ophth)) 203

PRED MILD 203

prednisolone acetate (ophth) 203

PREDNISOLONE SODIUM PHOSPHATE 203

PREDNISOLONE SODIUM PHOSPHATE POWD 100

prednisolone sodium phosphate SOLN 10 MG/5ML, 20 MG/5ML .. 101

prednisolone sodium phosphate SOLN 5 MG/5ML, 15 MG/5ML, 25 MG/5ML 100

PREDNISOLONE SODIUM PHOSPHATE TBDP 10 MG, 15 MG, 30 MG 101

prednisolone sodium phosphate TBDP 101

prednisolone SOLN 101

prednisolone TABS 101

PREDNISONE INTENSOL CONC 101

PREDNISONE POWD 101

prednisone SOLN 101

prednisone TABS 101

prednisone TBPK 101

PREFERRED PLUS UNIFINE PENTIPS 170

pregabalin (once-daily) 213

pregabalin CAPS 225 MG 35

pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG, 300 MG 35

pregabalin SOLN 35
PREGNENOLONE 97
PREGNENOLONE MICRONIZED 97
PREGNYL IM 125
PREHEVBRIO 226
PREMARIN 228
PREMARIN SOLR 131
PREMARIN TABS 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (estrogens, conjugated) 131
PREMPHASE 130
PREMPRO 130
PRENAISSANCE PLUS CAPS ... 188
PRENATAL PLUS VITAMIN/MINERAL TABS 188
PRENATAL TABS 120 MG-10 MG-1 MG-10 MCG-12 MCG-3 MG-20 MG-1200 MCG-27 MG-200 MG-1.84 MG-25 MG-2 MG-10 MG 188
prenatal vit w/ ferrous fumarate-l methylfolate-folic acid 188
prenatal vit w/ iron carbonyl-folic acid TABS 120 MG-10 MG-1.25 MG-315 UNIT-15 MCG-3.4 MG-10 MG-1 MG-2 MG-15 MG-10 MG-20 UNIT-2100 UNIT-50 MG 188
prenatal without a w/ fe fumarate-l methylfolate-fa-dha 188
PRENATE 189
PRENATE AM 189
PRENATE DHA 90 MG-26 MG-400 MCG-400 UNIT-25 MCG-155 MG-50 MG-300 MG-40 UNIT-600 MCG-18 MG 189
PRENATE ELITE 75 MG-21 MG-330 MCG-400 MCG-600 UNIT-13 MCG-3.5 MG-21 MG-3 MG-155 MG-25 MG-15 MG-1.5 MG-2600 UNIT-150 MCG-40 UNIT-600 MCG-20 MG . 189
PRENATE ENHANCE 189
PRENATE ESSENTIAL 90 MG-26 MG-280 MCG-400 MCG-220 UNIT-13 MCG-155 MG-50 MG-300 MG-150 MCG-10 UNIT-40 MG-600 MCG-18 MG 189
PRENATE MINI 60 MG-26 MG-280 MCG-400 MCG-1000 UNIT-13 MCG-80 MG-25 MG-350 MG-18 MG-150 MCG-10 UNIT-600 MCG-25 MG . 189
PRENATE PIXIE 189
PRENATE RESTORE 189
PREPIDIL GEL 207
PREVACID CPDR 30 MG (lansoprazole) 220
PREVACID SOLUTAB TBDD (lansoprazole) 220
PREVDUO 49
PREVENT DROPSAFE PEN NEEDLES 170
PREVNAR 13 222
PREVNAR 20 222
PREVYMIS PACK 120 MG 86
PREVYMIS PACK 20 MG 86
PREVYMIS SOLN 240 MG/12ML . 86
PREVYMIS SOLN 480 MG/24ML . 86
PREVYMIS TABS 86
PREZCOBIX 85
PREZISTA SUSP 85
PREZISTA TABS 600 MG (darunavir) 85
PREZISTA TABS 75 MG, 150 MG 85
PREZISTA TABS 800 MG (darunavir) 85
PRIFTIN 64
PRILOSEC PACK 220
PRIMACARE 189
PRIMAQUINE PHOSPHATE TABS (primaquine phosphate) 63
primaquine phosphate TABS 63
primidone 125 MG 35
primidone 250 MG 35
primidone 50 MG 35
PRIORIX SUSR 226
PRISTIQ (desvenlafaxine succinate) 40
PRIVIGEN SOLN 207
PRO COMFORT INSULIN SYRINGE 170
PRO COMFORT LANCETS 30G 158
PRO COMFORT LANCETS 31G 158
PRO COMFORT PEN NEEDLES 170
PRO COMFORT SAFETY LANCETS 30G 159
PRO COMFORT SPACER ADULT MISC 175
PRO COMFORT SPACER CHILD MISC 175
PRO COMFORT SPACER INFANT DEVI 175
PROAIR DIGIHALER 28

PROAIR RESPICLICK AEPB 28
probenecid 138
procainamide hcl SOLN 23
PROCARDIA XL TB24 (nifedipine) 91
PROCARE SPACER/ADULT MASK DEVI 175
PROCARE SPACER/CHILD MASK DEVI 175
PROCHAMBER VHC DEVI 175
prochlorperazine 82
prochlorperazine edisylate 10 MG/2ML 82
PROCHLORPERAZINE MALEATE POWD 83
prochlorperazine maleate TABS ... 83
PROCRIT 144
PROCTOFOAM HC FOAM EX 20
PROCYSBI CPDR 136
PROCYSBI PACK 136
PRODIGY AUTOCODE BLOOD GLUCOSE KIT 159
PRODIGY INSULIN SYRINGE .. 170
PRODIGY LANCETS 28G 159
PRODIGY LANCING DEVICE MISC . 159
PRODIGY NO CODING BLOOD GLUC STRP 119
PRODIGY TWIST TOP LANCETS 28G 159
PROFILNINE 138
progesterone (vaginal) INST 100 MG 228
progesterone CAPS 209
PROGESTERONE MICRONIZED 97
PROGESTERONE MILLED POWD 97
progesterone OIL 209
PROGESTERONE POWD 97
PROGESTERONE WETTABLE (SOY) POWD 97
PROGESTERONE WETTABLE POWD 97
PROGLYCEM (diazoxide) 43
PROGRAF CAPS 0.5 MG (tacrolimus) 183
PROGRAF CAPS 1 MG (tacrolimus) . 183
PROGRAF CAPS 5 MG (tacrolimus) . 183
PROGRAF PACK 0.2 MG 183
PROGRAF PACK 1 MG 183
PROGRAF SOLN 183
PROLASTIN-C SOLN 214
PROLATE SOLN 17
PROLATE TABS 17
PROLENSA (bromfenac sodium (ophth)) 205
PROLIA SOSY 124
PROMACTA PACK 12.5 MG, 25 MG (eltrombopag olamine) 144
PROMACTA TABS 12.5 MG, 25 MG, 50 MG, 75 MG (eltrombopag olamine) 144
PROMETHAZINE HCL POWD 97
promethazine hcl SOLN PO 6.25 MG/5ML, 12.5 MG/10ML 54
promethazine hcl SUPP 54
promethazine hcl TABS 54
PROMETRIUM CAPS (progesterone) 209
propafenone hcl CP12 23
propafenone hcl TABS 23
proparacaine hcl 202
propofol EMUL 200 MG/20ML, 500 MG/50ML, 1000 MG/100ML 136
propranolol hcl CP24 120 MG 90
propranolol hcl CP24 60 MG, 80 MG, 160 MG 90
propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML 90
propranolol hcl TABS 10 MG, 20 MG 90
propranolol hcl TABS 40 MG 90
propranolol hcl TABS 60 MG, 80 MG 90
propylthiouracil 217
PROQUAD SUSR 226
PROSCAR (finasteride) 137
PROSOL SOLN 198
PROSTIN VR SOLN IJ 500 MCG/ML (alprostadil) 93
protamine sulfate 141
PROTONIX PACK (pantoprazole sodium) 220
PROTONIX SOLR (pantoprazole sodium) 220
PROTONIX TBEC (pantoprazole sodium) 220

protriptyline hcl 41

PROVAYBLUE SOLN IV (methylene blue (antidote)) 50

PROVENGE 68

PROVERA 5 MG, 10 MG (medroxyprogesterone acetate) .. 209

PROVIDA OB 189

PROVIGIL (modafinil) 4

PROZAC CAPS 10 MG (fluoxetine hcl) 40

PROZAC CAPS 20 MG (fluoxetine hcl) 40

PROZAC CAPS 40 MG (fluoxetine hcl) 40

prucalopride succinate 131

PRUDOXIN (doxepin hcl (antipruritic)) 105

pseudoephedrine hcl TB12 192

PULMICORT FLEXHALER AEPB .26

PULMICORT SUSP 0.25 MG/2ML, 0.5 MG/2ML (budesonide (inhalation)) 26

PULMICORT SUSP 1 MG/2ML (budesonide (inhalation)) 26

PULMOZYME 215

PURE COMFORT LANCETS 30G 159

PURE COMFORT PEAK FLOW MISC 175

PURE COMFORT PEN NEEDLE 170

PURE COMFORT SAFETY PEN NEEDLE 170

PURE COMFORT SPACER CHAMBER DEVI 176

PURIXAN SUSP 2000 MG/100ML (mercaptopurine) 65

PX ADVANCED LANCING DEVICE MISC 159

PX INSULIN SYRINGE 170

PX LANCETS MICROTHIN 33G 159

PX LANCETS ULTRA THIN 28G 159

PX MINI PEN NEEDLES 170

PYLARIFY SOSY 118

PYLERA (bismuth subcitrate potassium-metronidazole-tetracycline) 220

pyrazinamide 64

pyridostigmine bromide SOLN PO .63

pyridostigmine bromide TABS 30 MG 63

pyridostigmine bromide TABS 60 MG 63

pyridostigmine bromide TBCR 63

pyrimethamine 63

PYRUKYND TABS 141

PYRUKYND TAPER PACK TBPK 141

PYZCHIVA 130 MG/26ML 133

PYZCHIVA 45 MG/0.5ML 106

PYZCHIVA 90 MG/ML 106

PYZCHIVA SC 45 MG/0.5ML 106

QALSODY 192

QBRELIS SOLN 56

QC ADVANCED LANCING DEVICE MISC 159

QC LANCETS SUPER THIN 30G 159

QC UNIFINE PENTIPS 170

QC UNILET LANCETS 28G 159

QC UNILET LANCETS MICRO THIN 159

QELBREE 100 MG 2

QELBREE 150 MG 2

QELBREE 200 MG 2

QFITLIA SOAJ SC 50 MG/0.5ML 138

QFITLIA SOLN SC 20 MG/0.2ML 138

QINLOCK 74

QNASL 192

QNASL CHILDRENS 192

QTERN 42

QUADRACEL SUSP 218

QUADRACEL SUSY 218

QUALAQUIN CAPS (quinine sulfate) 63

quazepam 146

QUDEXY XR CS24 150 MG, 200 MG (topiramate) 35

QUDEXY XR CS24 25 MG, 50 MG, 100 MG (topiramate) 35

QUELICIN SOLN (succinylcholine chloride) 192

QUESTRAN LIGHT POWD (cholestyramine light) 54

QUESTRAN PACK (cholestyramine) 54

QUESTRAN POWD (cholestyramine) 54

quetiapine fumarate TABS 150 MG

82

quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG, 300 MG, 400 MG 82

quetiapine fumarate TB24 150 MG, 200 MG 82

quetiapine fumarate TB24 50 MG, 300 MG, 400 MG 82

QUILLICHEW ER CHER 4

QUILLIVANT XR SRER 4

quinapril hcl 56

quinapril-hydrochlorothiazide 59

quinidine gluconate TBCR 23

quinidine sulfate TABS 23

quinine sulfate CAPS 324 MG 63

QULIPTA 176

QUTENZA (2 PATCH) 116

QUTENZA (4 PATCH) 116

QUTENZA 116

QUVIVIQ 146

QVAR REDIHALER 26

RABAVERT 227

rabeprazole sodium TBEC 220

RADICAVA ORS STARTER KIT SUSP 192

RADICAVA ORS SUSP 192

RADICAVA SOLN (edaravone) 192

RAGWITEK SUBL 5

RALDESY SOLN PO 10 MG/ML 40

raloxifene hcl 125

ramelteon 147

ramipril CAPS 1.25 MG, 2.5 MG 56

ramipril CAPS 5 MG, 10 MG 56

ranolazine TB12 1000 MG 21

ranolazine TB12 500 MG 20

RAPAFLO (silodosin) 137

RAPAMUNE TABS 1 MG (sirolimus) 183

RAPAMUNE TABS 2 MG (sirolimus) 184

RAPIVAB 88

rasagiline mesylate 79

RASUVO SOAJ 10 MG/0.2ML 6

RASUVO SOAJ 12.5 MG/0.25ML 6

RASUVO SOAJ 15 MG/0.3ML 6

RASUVO SOAJ 17.5 MG/0.35ML 6

RASUVO SOAJ 20 MG/0.4ML 6

RASUVO SOAJ 22.5 MG/0.45ML 6

RASUVO SOAJ 25 MG/0.5ML 6

RASUVO SOAJ 30 MG/0.6ML 6

RASUVO SOAJ 7.5 MG/0.15ML 6

RAVICTI 1.1 GM/ML (glycerol phenylbutyrate) 127

RAYA SURE PEN NEEDLE 170

RAYALDEE 127

RAYOS TBEC 101

READYLANCE SAFETY LANCETS 159

REBIF REBIDOSE SOAJ 213

REBIF REBIDOSE TITRATION PACK SOAJ 213

REBIF SOSY 213

REBIF TITRATION PACK SOSY 213

REBINYN 138

REBLOZYL 144

REBYOTA 135

RECARBRIO 60

RECLAST SOLN (zoledronic acid) 124

RECOMBINATE SOLR 138

RECOMBIVAX HB SUSP 40 MCG/ML 227

RECOMBIVAX HB SUSP 5 MCG/0.5ML, 10 MCG/ML 227

RECOMBIVAX HB SUSY 227

RECORLEV 123

RECOTHROM 145

RECOTHROM SPRAY KIT 145

RECTIV (nitroglycerin (intra-anal)) 20

REFRESH AA 15 PKU LIQD 198

regadenoson 118

REGLAN TABS (metoclopramide hcl) 132

REGONOL SOLN IV 63

RELAFEN DS 12

RELENZA DISKHALER 88

RELEUKO SOLN 480 MCG/1.6ML 144

RELEUKO SOSY 300 MCG/0.5ML 144

RELEUKO SOSY 480 MCG/0.8ML 144

RELEXXII TBCR 18 MG, 27 MG, 45 MG, 54 MG, 63 MG, 72 MG (methylphenidate hcl) 4

RELEXXII TBCR 36 MG 4

RELEXXII TBCR 4
RELION INSULIN SYRINGE 170
RELION KETONE TEST STRP .. 119
RELION LANCET DEVICES 30G 159
RELION LANCETS MICRO-THIN 33G 159
RELION LANCETS THIN 26G ...159
RELION PEN NEEDLES 171
RELION TRUE MET AIR GLUC METER KIT 159
RELION TRUE METRIX TEST STRIPS STRP 119
RELION ULTRA THIN LANCETS 30G 159
RELISTOR SOLN 12 MG/0.6ML .135
RELISTOR SOSY SC 12 MG/0.6ML . 135
RELISTOR SOSY SC 8 MG/0.4ML 135
RELISTOR TABS 135
RELPAX (eletriptan hydrobromide) 178
RELTONE CAPS 200 MG 131
RELTONE CAPS 400 MG 131
REMERON SOLTAB TBDP (mirtazapine) 38
REMERON TABS 15 MG, 30 MG (mirtazapine) 38
REMICADE 134
remifentanil hcl 16
REMODULIN SOLN IJ 93
RENFLEXIS 134
RENTHYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG 217
RENVELA PACK (sevelamer carbonate) 135
RENVELA TABS (sevelamer carbonate) 136
repaglinide 48
REPATHA PUSHTRONEX SYSTEM SOCT 55
REPATHA SOSY 56
REPATHA SURECLICK SOAJ 56
RESTASIS EMUL (cyclosporine (ophth)) 201
RESTASIS MULTIDOSE EMUL . 201
RESTORIL 15 MG, 30 MG (temazepam) 146
RESTORIL 7.5 MG, 22.5 MG (temazepam) 146
RETACRIT 144
RETEVMO CAPS 40 MG 74
RETEVMO CAPS 80 MG 74
RETEVMO TABS 40 MG 74
RETEVMO TABS 80 MG, 120 MG, 160 MG 74
RETIN-A CREA 0.025 %, 0.05 % (tretinoin) 102
RETISERT 203
RETROVIR CAPS (zidovudine) ... 85
RETROVIR SOLN 85
RETROVIR SYRP (zidovudine) ... 85
REUSABLE COMFORTSEAL MASK-LRG MISC 176
REUSABLE COMFORTSEAL MASK-MED MISC 176
REUSABLE COMFORTSEAL MASK-SML MISC 176
REVATIO SOLN (sildenafil citrate (pulmonary hypertension)) 94
REVATIO SUSR (sildenafil citrate (pulmonary hypertension)) 94
REVATIO TABS (sildenafil citrate (pulmonary hypertension)) 94
REVCOVI 127
REVLIMID 181
REVUFORJ 69
REVUFORJ 25 MG 69
REXTOVY LIQD 50
REXULTI 83
REYATAZ CAPS 200 MG, 300 MG (atazanavir sulfate) 85
REYATAZ PACK 85
REYVOW 178
REZDIFFRA 132
REZLIDHIA 75
REZUROCK 181
REZVOGLAR KWIKPEN 47
REZZAYO 52
R-GENE 10 118
RHAPSIDO TABS PO 25 MG 181
RHOGAM ULTRA-FILTERED PLUS SOSY IM 207
RHOPHYLAC SOSY IJ 207
RHOPRESSA 202
RIABNI 67
RIASTAP 138
ribavirin (hepatitis c) CAPS 87

ribavirin (hepatitis c) TABS 200 MG 87

ribavirin 88

RIDAURA 10

rifabutin 64

RIFADIN SOLR (rifampin) 64

rifampin CAPS 64

rifampin SOLR 64

RIGHTEST GD500 LANCING DEVICE MISC 159

RIGHTEST GL300 LANCETS ... 159

RILUTEK TABS (riluzole) 192

riluzole TABS 192

rimantadine hydrochloride TABS .. 88

RIMSO-50 137

ringer's 180

ringer's irrigation 184

RINGERS IRRIGATION 4.5 MEQ/L-156 MEQ/L-147 MEQ/L-4 MEQ/L 184

RINVOQ LQ SOLN 6

RINVOQ TB24 15 MG, 30 MG 6

RINVOQ TB24 45 MG 6

risedronate sodium TABS 150 MG 124

risedronate sodium TABS 35 MG 124

risedronate sodium TABS 5 MG, 30 MG 124

risedronate sodium TBEC 124

RISPERDAL CONSTA (risperidone microspheres) 81

RISPERDAL SOLN (risperidone) .. 81

RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (risperidone) 81

risperidone microspheres 81

risperidone SOLN 81

risperidone TABS 81

risperidone TBDP 0.25 MG, 0.5 MG, 1 MG, 2 MG, 4 MG 81

risperidone TBDP 3 MG 81

RITALIN LA CP24 10 MG, 20 MG, 40 MG (methylphenidate hcl) 4

RITALIN LA CP24 30 MG (methylphenidate hcl) 4

RITALIN TABS (methylphenidate hcl) 5

RITEFLO DEVI 176

ritonavir TABS 85

RITUXAN 67

RITUXAN HYCELA 71

rivaroxaban SUSR 1 MG/ML 29

rivaroxaban TABS 2.5 MG 30

rivastigmine 211

rivastigmine tartrate CAPS 1.5 MG, 4.5 MG, 6 MG 211

rivastigmine tartrate CAPS 3 MG 211

RIVFLOZA SOLN 137

RIVFLOZA SOSY 128 MG/0.8ML 137

RIVFLOZA SOSY 160 MG/ML ... 137

RIXUBIS SOLR 138

rizatriptan benzoate TABS 178

rizatriptan benzoate TBDP 178

ROBAXIN SOLN (methocarbamol) 191

ROBINUL TABS (glycopyrrolate) 219

ROBINUL-FORTE TABS (glycopyrrolate) 219

ROCALTROL SOLN PO (calcitriol) 127

ROCKLATAN 202

ROCTAVIAN 139

ROCURONIUM BROMIDE SOLN 50 MG/5ML 195

rocuronium bromide SOLN 195

roflumilast 250 MCG 25

roflumilast 500 MCG 25

ROLVEDON 144

ROMIDEPSIN SOLN 75

romidepsin SOLR 75

ROMVIMZA CAPS PO 14 MG, 20 MG, 30 MG 75

ropinirole hydrochloride TABS 0.25 MG, 1 MG, 2 MG 79

ropinirole hydrochloride TABS 0.5 MG 79

ropinirole hydrochloride TABS 3 MG 78

ropinirole hydrochloride TABS 4 MG, 5 MG 79

ropinirole hydrochloride TB24 79

ropivacaine hcl SOLN IJ 148

rosuvastatin calcium TABS 55

ROTARIX SUSP 227

ROTATEQ SOLN 227

ROWASA (mesalamine w/ cleanser) 134

ROXICODONE TABS 15 MG, 30 MG

(oxycodone hcl) 16
ROXYBOND TABA 16
ROZEREM (ramelteon) 147
ROZLYTREK CAPS 100 MG 75
ROZLYTREK CAPS 200 MG 75
ROZLYTREK PACK 75
RUBRACA 75
RUCONEST 139
rufinamide SUSP 35
rufinamide SUSP 36
rufinamide TABS 36
RUKOBIA 85
RUXIENCE 67
RYALTRIS 191
RYANODEX SUSR 191
RYBELSUS TABS 44
RYBREVANT 67
RYDAPT 75
RYKINDO SRER 81
RYLAZE 76
RYONCIL <12.5KG KIT IV 181
RYONCIL 100KG TO <112.5KG KIT IV 181
RYONCIL 112.5KG TO <125KG KIT IV 181
RYONCIL 12.5KG TO <25KG KIT IV 181
RYONCIL 125KG TO <137.5KG KIT IV 182
RYONCIL 137.5KG TO <150KG KIT IV 182
RYONCIL 25KG TO <37.5KG KIT IV 182
RYONCIL 37.5KG TO <50KG KIT IV 182
RYONCIL 50KG TO <62.5KG KIT IV 182
RYONCIL 62.5KG TO <75KG KIT IV 182
RYONCIL 75KG TO <87.5KG KIT IV 182
RYONCIL 87.5KG TO <100KG KIT IV 182
RYPLAZIM 140
RYSTIGGO 280 MG/2ML, 840 MG/6ML 182
RYSTIGGO 420 MG/3ML 182
RYSTIGGO 560 MG/4ML 182
RYTARY CPCR 79
RYTELO 75
RYZNEUTA SOSY SC 20 MG/ML 144
S2 (RACEPINEPHRINE) 2.25 % .. 28
SABRIL PACK (vigabatrin) 37
SABRIL TABS (vigabatrin) 37
sacubitril-valsartan TABS 92
SAFE-T-LANCE 160
SAFE-T-LANCE PLUS 160
SAFETY LANCET 30G/PRESSURE ACT 160
SAFETY LANCETS 160
SAFETY LANCETS 21G 160
SAFETY LANCETS 23G 160
SAFETY LANCETS 28G 160
SAFETY PEN NEEDLES 171
SAFYRAL (drospirenone-ethinyl estradiol-levomefolate calcium) 98
SALICYLIC ACID OINT 115
salsalate 13
SALYCIM CREA 115
SAMSCA TABS (tolvaptan) 129
SANCUSO PTCH 51
SANDIMMUNE CAPS 100 MG (cyclosporine) 184
SANDIMMUNE CAPS 25 MG (cyclosporine) 184
SANDIMMUNE SOLN IV 50 MG/ML . 184
SANDIMMUNE SOLN PO 100 MG/ML 184
SANDOSTATIN LAR DEPOT KIT (octreotide acetate) 129
SANDOSTATIN LAR DEPOT KIT 20 MG (octreotide acetate) 129
SANDOSTATIN SOLN 100 MCG/ML (octreotide acetate) 129
SANDOSTATIN SOLN 50 MCG/ML, 500 MCG/ML (octreotide acetate) 129
SANTYL OINT 114
SAPHNELO 185
SAPHRIS (asenapine maleate) ... 82
sapropterin dihydrochloride PACK 127
sapropterin dihydrochloride TABS 127
SAPS HEALTH PLUS LANCETS 160
SAPS HEALTH TWIST TOP LANCETS 160

SAPS TWIST TOP LANCETS ...160
SAPSCARE TWIST TOP LANCETS 160
SARCLISA ...67
SAVAYSA ...30
SAVELLA TABS ...211
SAVELLA TITRATION PACK MISC 211
saxagliptin hcl 2.5 MG ...43
saxagliptin hcl 5 MG ...43
saxagliptin-metformin hcl 1000 MG-2.5 MG ...42
saxagliptin-metformin hcl 1000 MG-5 MG, 500 MG-5 MG ...42
SCEMBLIX 100 MG ...75
SCEMBLIX 20 MG ...75
SCEMBLIX 40 MG ...75
SCENESSE ...117
scopolamine ...51
SECUADO ...82
SECURESAFE INSULIN SYRINGE ... 171
SECURESAFE SAFETY PEN NEEDLES ...171
SEGLENTIS ...17
SEGLUROMET ...42
SELARSDI SOLN IV 130 MG/26ML 134
SELARSDI SOSY SC 45 MG/0.5ML ... 106
SELARSDI SOSY SC 90 MG/ML 106
SELECT-LITE LANCING DEVICE MISC ...160
SELECT-OB CHEW 60 MG-2.5 MG-1 MG-400 UNIT-5 MCG-1.8 MG-15 MG-1.6 MG-25 MG-15 MG-30 UNIT-29 MG-1700 UNIT ...189
SELECT-OB+DHA MISC ...189
selegiline hcl CAPS ...79
selegiline hcl TABS ...79
selenium sulfide LOTN 2.5 % ... 108
SELZENTRY SOLN ...85
SELZENTRY TABS 150 MG (maraviroc) ...85
SELZENTRY TABS 300 MG (maraviroc) ...85
SEMGLEE (YFGN) SOLN ...48
SEMGLEE (YFGN) SOPN ...48
SE-NATAL 19 CHEW ...189
SE-NATAL 19 TABS ...189
SENSIPAR 30 MG, 90 MG (cinacalcet hcl) ...127
SENSORCAINE-MPF/EPINEPHRINE SOLN ... 148
SEPHIENCE PACK PO 250 MG, 1000 MG ...127
SEREVENT DISKUS ...28
SEROQUEL TABS (quetiapine fumarate) ...82
SEROQUEL XR TB24 150 MG, 200 MG (quetiapine fumarate) ...82
SEROQUEL XR TB24 50 MG, 300 MG, 400 MG (quetiapine fumarate) 82
SEROSTIM SC 4 MG, 5 MG, 6 MG 125
SERTRALINE HCL CAPS 150 MG, 200 MG (sertraline hcl) ...40
sertraline hcl CAPS 150 MG, 200 MG ...40
sertraline hcl CONC ...40
sertraline hcl TABS ... 40
sevelamer carbonate PACK ...136
sevelamer carbonate TABS ...136
sevelamer hcl ...136
SEVENFACT ...139
sevoflurane ...136
SEZABY SOLR ...145
SFROWASA ENEM ... 134
SHINGRIX ...227
SIGNIFOR ...129
SIGNIFOR LAR ...129
SIKLOS TABS ...142
sildenafil citrate (pulmonary hypertension) SOLN ... 94
sildenafil citrate (pulmonary hypertension) SUSR ...94
sildenafil citrate (pulmonary hypertension) TABS ...94
SILIQ ...107
silodosin ...137
SILVADENE (silver sulfadiazine) 109
SILVER NITRATE SOLN 0.5 % ..109
silver nitrate SOLN ...109
silver sulfadiazine ...109
SIMBRINZA ...200
SIMLANDI (1 PEN) AJKT ...9
SIMLANDI (1 SYRINGE) PSKT ...9
SIMLANDI (2 PEN) AJKT ...9

SIMLANDI (2 SYRINGE) PSKT 20 MG/0.2ML 10
SIMLANDI (2 SYRINGE) PSKT 40 MG/0.4ML 10
SIMPLE DIAGNOSTICS LANCING DEV MISC 160
SIMPLE SYRUP 209
SIMPONI ARIA SOLN 10
SIMPONI SOAJ 100 MG/ML 10
SIMPONI SOAJ 50 MG/0.5ML 10
SIMPONI SOSY 100 MG/ML 10
SIMPONI SOSY 50 MG/0.5ML 10
SIMULECT 184
simvastatin TABS 10 MG, 20 MG .. 55
simvastatin TABS 40 MG 55
simvastatin TABS 5 MG, 80 MG ... 55
SINCALIDE 118
SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (carbidopa-levodopa) 79
SINGULAIR CHEW (montelukast sodium) 24
SINGULAIR PACK (montelukast sodium) 24
SINGULAIR TABS (montelukast sodium) 24
SINUVA IMPL 192
sirolimus SOLN 184
sirolimus TABS 0.5 MG 184
sirolimus TABS 1 MG 184
sirolimus TABS 2 MG 184
SIRTURO 100 MG 64
SIRTURO 20 MG 64
SITAGLIPT BASE-METFORM HCL ER TB24 42
SITAGLIPTIN 43
SITAGLIPTIN BASE-METFORMIN HCL TABS 42
SIVEXTRO SOLR 62
SIVEXTRO TABS 62
SKLICE (ivermectin (pediculicide)) 117
SKYCLARYS 193
SKYLA 99
SKYRIZI PEN SOAJ 107
SKYRIZI SOCT 180 MG/1.2ML .. 134
SKYRIZI SOCT 360 MG/2.4ML .. 134
SKYRIZI SOLN 134
SKYRIZI SOSY 107
SKYSONA 211
SKYTROFA 125
SKYTROFA 0.7 MG, 1.4 MG, 1.8 MG, 2.1 MG, 2.5 MG 125
SLYND 99
SMART DIABETES VANTAGE LANCING MISC 160
SMARTEST LANCETS 28G 160
SMARTY PANTS KIDS COMPLETE CHEW 187
sod benzoate & sod phenylacetate 127
SOD FLUORIDE-POTASSIUM NITRATE GEL 185
SODIUM ACETATE SOLN (sodium acetate) 178
sodium acetate SOLN 178
SODIUM BENZOATE 209
sodium bicarbonate IV 4.2 %, 7.5 %, 8.4 % 178
sodium chloride (gu irrigant) 0.9 % 136
sodium chloride (inhalant) NEBU 0.9 %, 3 %, 10 % 101
sodium chloride (inhalant) NEBU 7 % 101
SODIUM CHLORIDE GRAN 181
sodium chloride SOLN IV 0.45 %, 0.9 %, 3 %, 4 MEQ/ML, 5 % 181
sodium citrate & citric acid 136
sodium ferric gluconate complex in sucrose 145
sodium fluoride (dental) CREA ... 185
sodium fluoride (dental) GEL 185
sodium fluoride (dental) PSTE DT 185
sodium fluoride (dental) SOLN 0.2 % 185
SODIUM FLUORIDE 5000 ENAMEL GEL 185
SODIUM FLUORIDE 5000 SENSITIVE GEL 185
sodium fluoride CHEW 180
sodium fluoride SOLN 0.5 MG/ML 180
SODIUM OXYBATE SOLN 210
sodium phenylbutyrate POWD ... 127
sodium phenylbutyrate TABS 127
sodium phosphates (sodium phosphate dibasic & monobasic) 15 MMOLE/5ML 180

sodium phosphates (sodium phosphate dibasic & monobasic) 45 MMOLE/15ML 180
sodium polystyrene sulfonate POWD 184
sodium polystyrene sulfonate SUSP CO 15 GM/60ML 184
sodium sulfate-potassium sulfate-magnesium sulfate 147
SOFDRA 116
SOFOSBUVIR-VELPATASVIR TABS 87
SOGROYA 125
SOHONOS 1 MG, 1.5 MG 191
SOHONOS 10 MG 191
SOHONOS 2.5 MG 191
solifenacin succinate TABS 10 MG 221
solifenacin succinate TABS 5 MG 221
SOLIQUA 42
SOLIRIS 139
SOLODYN TB24 80 MG (minocycline hcl) 217
SOLOSEC 5
SOLTAMOX SOLN 69
SOLU-CORTEF (hydrocortisone sod succinate) 101
SOLU-CORTEF 101
SOLU-MEDROL (PF) 101
SOLU-MEDROL 101
SOLU-MEDROL 2 GM, 500 MG, 1000 MG (methylprednisolone sod succ) 101
SOLUS V2 LANCETS 28G 160
SOLUS V2 LANCING DEVICE MISC 160
SOLUS V2 TWIST LANCETS 30G 160
SOLUVITA SOLN 180
SOMA TABS 250 MG (carisoprodol) . 191
SOMA TABS 350 MG (carisoprodol) . 191
SOMATULINE DEPOT 120 MG/0.5ML 129
SOMATULINE DEPOT 60 MG/0.2ML 129
SOMATULINE DEPOT 90 MG/0.3ML 129
SOMAVERT 125
sorafenib tosylate 75
SORBITOL 3 % 136
SORBITOL-MANNITOL 2.7 GM/100ML-0.54 GM/100ML 136
SORILUX FOAM 107
sotalol hcl (afib/afl) 120 MG 90
sotalol hcl (afib/afl) 160 MG 90
sotalol hcl (afib/afl) 80 MG 90
sotalol hcl TABS 120 MG 90
sotalol hcl TABS 160 MG 90
sotalol hcl TABS 240 MG 90
sotalol hcl TABS 80 MG 90
SOTYKTU 107
SOTYLIZE SOLN PO 90
SOVALDI PACK 150 MG 87
SOVALDI PACK 200 MG 88
SOVALDI TABS 88
SOVUNA 63
SPEVIGO SOLN 107
SPEVIGO SOSY 107
SPIKEVAX 6M-11Y SUSY 25 MCG/0.25ML 227
SPIKEVAX SUSP 227
SPIKEVAX SUSY 227
spinosad 118
SPINRAZA 196
SPIRIVA HANDIHALER CAPS IN (tiotropium bromide) 24
SPIRIVA RESPIMAT AERS IN 1.25 MCG/ACT 24
SPIRIVA RESPIMAT AERS IN 2.5 MCG/ACT 24
spironolactone & hydrochlorothiazide 122
SPIRONOLACTONE POWD 122
spironolactone SUSP 122
spironolactone TABS 122
SPONGEBOB SQUAREPANTS GUMMIES CHEW 187
SPORANOX CAPS (itraconazole) .53
SPRAVATO (56 MG DOSE) 38
SPRAVATO (84 MG DOSE) 39
SPRITAM TB3D 36
SPRYCEL 20 MG, 50 MG (dasatinib) 75
SPRYCEL 70 MG, 80 MG, 100 MG, 140 MG (dasatinib) 75
SSKI SOLN (potassium iodide (expectorant)) 101

STALEVO 100 (carbidopa-levodopa-entacapone) 79
STALEVO 75 (carbidopa-levodopa-entacapone) 79
STAMARIL SUSR 227
STEGLATRO 48
STEGLUJAN 42
STELARA 130 MG/26ML 134
STELARA SOLN 45 MG/0.5ML ..107
STELARA SOSY 45 MG/0.5ML ..107
STELARA SOSY 90 MG/ML 107
STEQEYMA 134
STEQEYMA 45 MG/0.5ML 107
STEQEYMA 90 MG/ML 107
STERILANCE PA MISC 160
STERILANCE TL 160
STERILE DILUENT FOR REMODULIN (glycine diluent) ...209
STIMUFEND 144
STIOLTO RESPIMAT 28
STIVARGA 75
STOBOCLO SOSY SC 60 MG/ML 124
STRATTERA 10 MG, 18 MG, 25 MG, 40 MG, 60 MG (atomoxetine hcl) ...2
STRATTERA 80 MG, 100 MG (atomoxetine hcl) 2
STRENSIQ 127
streptomycin sulfate SOLR 5
STRIBILD 85
STRIVERDI RESPIMAT 28
STROMECTOL (ivermectin) 20
STRONTIUM CHLORIDE SR-89 ..76
SUBLOCADE SOSY 100 MG/0.5ML ..18
SUBLOCADE SOSY 300 MG/1.5ML ..18
SUBOXONE FILM SL 0.5 MG-2 MG, 1 MG-4 MG (buprenorphine hcl-naloxone hcl dihydrate) 18
SUBOXONE FILM SL 2 MG-8 MG (buprenorphine hcl-naloxone hcl dihydrate) 18
SUBOXONE FILM SL 3 MG-12 MG (buprenorphine hcl-naloxone hcl dihydrate) 18
succinylcholine chloride SOLN ...192
SUCCINYLCHOLINE CHLORIDE SOSY IJ 100 MG/5ML, 200 MG/10ML 192
SUCCINYLCHOLINE CL +RFID SOSY IJ 100 MG/5ML, 200 MG/10ML 193
SUCRAID 121
SUCRALFATE POWD 219
sucralfate SUSP 219
sucralfate TABS 219
sufentanil citrate SOLN IV 50 MCG/ML 16
SUFLAVE 147
SULAR 8.5 MG, 17 MG, 34 MG (nisoldipine) 91
sulfacetamide sodium (acne) 102
sulfacetamide sodium (ophth) OINT 201
sulfacetamide sodium (ophth) SOLN ..201
sulfacetamide sodium w/ sulfur CREA 10 %-5 % 102
sulfacetamide sodium w/ sulfur LIQD 10 %-2 %, 9 %-4 %, 9 %-4.5 % ..102
sulfacetamide sodium w/ sulfur SUSP 8 %-4 % 102
sulfacetamide sod-prednisolone SOLN 203
sulfadiazine TABS 216
sulfamethoxazole-trimethoprim SOLN 60
sulfamethoxazole-trimethoprim SUSP 60
sulfamethoxazole-trimethoprim TABS 60
SULFAMYLON CREA 109
SULFASALAZINE POWD 134
sulfasalazine TABS 134
sulfasalazine TBEC 134
sulindac TABS 12
SUMADAN 103
SUMADAN WASH LIQD (sulfacetamide sodium w/ sulfur) ..103
sumatriptan 178
sumatriptan succinate SOAJ 6 MG/0.5ML 178
sumatriptan succinate SOCT 6 MG/0.5ML 178
sumatriptan succinate SOLN 6 MG/0.5ML 178
sumatriptan succinate TABS 178
sumatriptan-naproxen sodium ...177
sunitinib malate 75
SUNLENCA SOLN 85

SUNLENCA TABS PO 300 MG ... 85
SUNLENCA TBPK 300 MG ... 85
SUNOSI ... 2
SUPPRELIN LA ... 125
SUPRANE (desflurane) ... 136
SUPREP BOWEL PREP KIT (sodium sulfate-potassium sulfate-magnesium sulfate) ... 147
SURE COMFORT INSULIN SYRINGE ... 171
SURE COMFORT LANCETS 18G 160
SURE COMFORT LANCETS 21G 160
SURE COMFORT LANCETS 23G 161
SURE COMFORT LANCETS 28G 161
SURE COMFORT LANCETS 30G 161
SURE COMFORT LANCING PEN MISC ... 161
SURE COMFORT PEN NEEDLES 171
SUSTOL PRSY ... 51
SUSVIMO (IMPLANT 1ST FILL) SOLN ... 199
SUTAB ... 147
SUTENT (sunitinib malate) ... 75
SYFOVRE ... 201
SYLVANT ... 184
SYMBICORT (budesonide-formoterol fumarate dihydrate) ... 29
SYMBRAVO TABS PO ... 177
SYMDEKO 150 MG-100 MG ... 215
SYMDEKO 75 MG-50 MG ... 215
SYMFI (efavirenz-lamivudine-tenofovir disoproxil fumarate) ... 85
SYMFI LO (efavirenz-lamivudine-tenofovir disoproxil fumarate) ... 85
SYMLINPEN 120 SOPN ... 41
SYMLINPEN 60 SOPN ... 41
SYMPAZAN FILM ... 32
SYMPROIC ... 135
SYMTUZA ... 85
SYNAGIS SOLN 100 MG/ML ... 208
SYNAGIS SOLN 50 MG/0.5ML ... 208
SYNALAR (CREAM) ... 112
SYNALAR (OINTMENT) ... 112
SYNALAR CREA (fluocinolone acetonide) ... 112
SYNALAR OINT (fluocinolone acetonide) ... 112
SYNALAR SOLN (fluocinolone acetonide) ... 112
SYNALAR TS ... 112
SYNAREL ... 125
SYNDROS SOLN ... 51
SYNJARDY TABS ... 42
SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-12.5 MG, 1000 MG-5 MG ... 42
SYNJARDY XR TB24 1000 MG-25 MG ... 42
SYNTHROID TABS (levothyroxine sodium) ... 217
SYRPALTA SYRP ... 209
SYRSPEND SF LIQD ... 209
SYRUP VEHICLE SYRP ... 209
TABLOID ... 65
TABRECTA ... 75
TACLONEX SUSP (calcipotriene-betamethasone dipropionate) ... 112
tacrolimus (topical) OINT 0.03 % ... 115
tacrolimus (topical) OINT 0.1 % ... 115
tacrolimus CAPS 0.5 MG ... 184
tacrolimus CAPS 1 MG ... 184
tacrolimus CAPS 5 MG ... 184
tadalafil (pulmonary hypertension) TABS ... 94
tadalafil 5 MG ... 93
TADLIQ SUSP ... 94
TAFINLAR CAPS ... 75
TAFINLAR TBSO ... 75
tafluprost ... 206
TAGRISSO ... 68
TAKHZYRO SOLN ... 140
TAKHZYRO SOSY 150 MG/ML ... 140
TAKHZYRO SOSY 300 MG/2ML ... 140
TALICIA ... 221
TALTZ SOAJ ... 107
TALTZ SOSY 20 MG/0.25ML ... 107
TALTZ SOSY 40 MG/0.5ML ... 107
TALTZ SOSY 80 MG/ML ... 107
TALVEY ... 67
TALZENNA 0.1 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG ... 75
TALZENNA 0.25 MG ... 75

TAMIFLU CAPS 30 MG, 45 MG (oseltamivir phosphate) 88
TAMIFLU CAPS 75 MG (oseltamivir phosphate) 88
TAMIFLU SUSR (oseltamivir phosphate) 88
tamoxifen citrate TABS 69
tamsulosin hcl 137
TARCEVA 100 MG (erlotinib hcl) .. 68
TARON-C DHA 189
TARPEYO CPDR 101
TASCENSO ODT 213
TASIGNA 50 MG, 150 MG, 200 MG (nilotinib hcl) 75
tasimelteon CAPS 147
TAUVID 118
tavaborole 105
TAVALISSE 139
TAVNEOS 139
TAYTULLA CAPS (norethin acet & estrad-fe) 98
tazarotene CREA 0.05 % 107
tazarotene CREA 0.1 % 107
tazarotene GEL 108
TAZVERIK 75
TDVAX SUSP 218
TECARTUS 68
TECELRA 68
TECENTRIQ 67
TECENTRIQ HYBREZA 71
TECFIDERA CDPK (dimethyl fumarate) 213
TECFIDERA CPDR 120 MG (dimethyl fumarate) 213
TECFIDERA CPDR 240 MG (dimethyl fumarate) 213
TECHLITE INSULIN SYRINGE .. 171
TECHLITE LANCETS 161
TECHLITE LANCETS 30G 161
TECHLITE PEN NEEDLES 171
TECHLITE PLUS PEN NEEDLES 171
TECVAYLI 67
TEFLARO 96
TEGRETOL SUSP (carbamazepine) . 36
TEGRETOL TABS (carbamazepine) . 36
TEGRETOL-XR TB12 100 MG, 200 MG (carbamazepine) 36
TEGRETOL-XR TB12 400 MG (carbamazepine) 36
TEGSEDI 214
TEKTURNA (aliskiren fumarate) .. 59
telmisartan 20 MG 57
telmisartan 40 MG 57
telmisartan 80 MG 57
telmisartan-amlodipine 59
telmisartan-hydrochlorothiazide ... 59
temazepam 15 MG, 30 MG 146
temazepam 7.5 MG, 22.5 MG 146
TEMODAR SOLR 64
temozolomide CAPS 64
temsirolimus 75
TENIVAC SUSP 2 LFU-5 LFU ... 218
tenofovir disoproxil fumarate TABS 85
TENORETIC 100 (atenolol & chlorthalidone) 59
TENORETIC 50 (atenolol & chlorthalidone) 59
TENORMIN TABS 100 MG (atenolol) 89
TENORMIN TABS 25 MG (atenolol) . 89
TENORMIN TABS 50 MG (atenolol) . 89
TEPADINA (thiotepa) 64
TEPADINA SOLR IV 200 MG/200ML 64
TEPEZZA 125
TEPMETKO 75
TEPYLUTE IV 15 MG/1.5ML, 100 MG/10ML 65
terazosin hcl 1 MG 57
terazosin hcl 10 MG 57
terazosin hcl 2 MG 57
terazosin hcl 5 MG 57
terbinafine hcl (topical) CREA 105
terbinafine hcl TABS 52
terbutaline sulfate SOLN 29
terbutaline sulfate TABS 29
terconazole vaginal CREA 228
terconazole vaginal SUPP 228
teriflunomide 213
teriparatide SOPN 124
TERIPARATIDE SOPN 124

TESTIM GEL TD (testosterone) . . . 19
TESTOPEL PLLT 19
testosterone cypionate SOLN IM . . 19
testosterone enanthate SOLN IM . . 19
testosterone GEL TD 1 %, 50 MG/5GM 19
testosterone GEL TD 1.62 %, 25 MG/2.5GM, 40.5 MG/2.5GM, 1.62 % . 19
testosterone GEL TD 10 MG/ACT . 19
testosterone GEL TD 20.25 MG/1.25GM 19
TESTOSTERONE MICRONIZED CRYS 97
TESTOSTERONE MICRONIZED POWD 97
TESTOSTERONE POWD 97
TESTOSTERONE PROPIONATE 97
testosterone SOLN 19
TETANUS-DIPHTHERIA TOXOIDS TD SUSP 218
tetrabenazine 211
tetracaine hcl (ophth) 202
TETRACYCLINE HCL 103
tetracycline hcl CAPS 217
TETRACYCLINE HCL TABS 217
TEVIMBRA 67
TEZRULY PO 1 MG/ML 57
TEZSPIRE SOAJ 23
TEZSPIRE SOSY 24
THALITONE 122
THALOMID 50 MG, 100 MG, 200 MG 182
THAM (tromethamine) 178
THEO-24 CP24 29
theophylline ELIX 29
theophylline SOLN 29
theophylline TB12 300 MG, 450 MG . 29
theophylline TB24 29
THIAMINE HCL POWD 230
THICK-IT #2 POWD 209
THIOLA EC TBEC (tiopronin) 137
THIOLA TABS (tiopronin) 137
thioridazine hcl 83
thiotepa 65
thiothixene 83
THROMBATE III 500 UNIT 140
THROMBIN-JMI EPISTAXIS KIT . 145
THROMBIN-JMI KIT 145
THROMBIN-JMI SOLR 145
THYMOGLOBULIN 184
THYQUIDITY SOLN PO 217
THYROGEN 0.9 MG 118
THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG 217
tiagabine hcl 37
TIBSOVO 75
ticagrelor 60 MG 141
ticagrelor 90 MG 141
TICE BCG 76
TICOVAC 227
TIGAN SOLN 51
tigecycline 216
TIGECYCLINE 216
TIGLUTIK SUSP 192
TIKOSYN (dofetilide) 23
timolol 198
timolol maleate (ophth) SOLG 198
timolol maleate (ophth) SOLN 0.5 % . 198
timolol maleate (ophth) SOLN 198
timolol maleate TABS 90
TIMOPTIC OCUDOSE SOLN (timolol maleate (ophth)) 199
tinidazole 59
tiopronin TABS 137
tiopronin TBEC 137
tiotropium bromide CAPS IN 18 MCG 24
tirofiban hcl in sodium chloride . . . 141
TISSEEL KIT 145
TISSEEL SOLN 145
TIVDAK 67
TIVICAY PD TBSO 85
TIVICAY TABS 85
tizanidine hcl CAPS 191
tizanidine hcl TABS 191
TLANDO CAPS 19
TNKASE 141
TOBI NEBU (tobramycin) 5
TOBI PODHALER CAPS 5
TOBRADEX OINT 203
TOBRADEX ST SUSP 203
tobramycin (ophth) SOLN 201

tobramycin NEBU 6
TOBRAMYCIN SULFATE POWD ..6
tobramycin sulfate SOLN IJ 1.2 GM/30ML, 2 GM/50ML, 10 MG/ML, 80 MG/2ML 6
tobramycin sulfate SOLR 6
tobramycin-dexamethasone SUSP 203
TOBREX OINT 201
TODAYS HEALTH LANCING DEVICE MISC 161
TODAYS HEALTH PEN NEEDLES . 171
TODAYS HEALTH SHORT PEN NEEDLE 171
TODAYS HEALTH THIN LANCETS 28G 161
TODAYS HEALTH THIN LANCETS 30G 161
TOFIDENCE 10
tolcapone 78
tolmetin sodium CAPS 12
tolmetin sodium TABS 600 MG 12
tolnaftate CREA 105
TOLSURA CAPS 53
tolterodine tartrate CP24 221
tolterodine tartrate TABS 221
tolvaptan TABS 129
tolvaptan TBPK 15 MG 129
TOPAMAX SPRINKLE CPSP (topiramate) 36
TOPAMAX TABS 200 MG (topiramate) 36
TOPAMAX TABS 25 MG, 50 MG, 100 MG (topiramate) 36
TOPICORT CREA 0.25 % (desoximetasone) 112
TOPICORT GEL (desoximetasone) 112
TOPIRAMATE 97
topiramate CP24 200 MG 36
topiramate CP24 25 MG, 50 MG, 100 MG 36
topiramate CPSP 15 MG, 25 MG ..36
topiramate CPSP 50 MG 36
topiramate CS24 150 MG, 200 MG 36
topiramate CS24 25 MG, 50 MG, 100 MG 36
topiramate SOLN 25 MG/ML 36
topiramate TABS 200 MG 36
topiramate TABS 25 MG, 50 MG, 100 MG 36
TOPOTECAN HCL SOLN (topotecan hcl) 77
topotecan hcl SOLN 77
topotecan hcl SOLR 77
TOPROL XL TB24 100 MG, 200 MG (metoprolol succinate) 89
TOPROL XL TB24 25 MG, 50 MG (metoprolol succinate) 89
toremifene citrate 69
TORISEL (temsirolimus) 75
torsemide TABS 100 MG 122
torsemide TABS 5 MG, 10 MG, 20 MG 122
TOSYMRA 178
TOUJEO MAX SOLOSTAR SOPN 48
TOUJEO SOLOSTAR SOPN 48
TOVIAZ 4 MG (fesoterodine fumarate) 221
TOVIAZ 8 MG (fesoterodine fumarate) 221
TPN ELECTROLYTES CONC ... 180
TRACLEER TABS (bosentan) 93
TRACLEER TBSO 32 MG (bosentan) 93
TRADJENTA 43
tramadol hcl CP24 100 MG, 200 MG, 300 MG 16
TRAMADOL HCL SOLN (tramadol hcl) 16
tramadol hcl SOLN 16
tramadol hcl TABS 25 MG, 100 MG 17
tramadol hcl TABS 50 MG 16
tramadol hcl TABS 75 MG 17
tramadol hcl TB24 17
tramadol-acetaminophen 17
trandolapril 56
trandolapril-verapamil hcl 59
tranexamic acid SOLN 1000 MG/10ML 145
tranexamic acid TABS 145
TRANEXAMIC ACID-NACL (tranexamic acid-sodium chloride) 145
tranexamic acid-sodium chloride 145
TRANSDERM-SCOP (scopolamine) 51

tranylcypromine sulfate 38
TRAVATAN Z SOLN (travoprost) 206
travoprost SOLN 206
TRAZIMERA 67
trazodone hcl TABS 300 MG 40
trazodone hcl TABS 50 MG, 100 MG, 150 MG 40
TREANDA SOLR 100 MG (bendamustine hcl) 65
TREANDA SOLR 25 MG (bendamustine hcl) 65
TRELEGY ELLIPTA 29
TRELSTAR MIXJECT 69
TREMFYA ONE-PRESS SOPN SC 100 MG/ML 108
TREMFYA PEN SOAJ 100 MG/ML 108
TREMFYA PEN SOAJ SC 200 MG/2ML 134
TREMFYA SOLN IV 134
TREMFYA SOSY 100 MG/ML ... 108
TREMFYA SOSY SC 200 MG/2ML 134
TREMFYA-CD/UC INDUCTION SOAJ SC 200 MG/2ML 134
treprostinil SOLN IJ 93
TRESIBA FLEXTOUCH SOPN 100 UNIT/ML 48
TRESIBA FLEXTOUCH SOPN 200 UNIT/ML 48
TRESIBA SOLN 48
tretinoin (chemotherapy) 76
tretinoin CREA 0.025 %, 0.05 % . 103
TRETTEN 139
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG 66
TRIAMCINOLONE 97
triamcinolone acetonide (mouth) 185
triamcinolone acetonide (topical) AERS 112
triamcinolone acetonide (topical) CREA 112
triamcinolone acetonide (topical) LOTN 112
triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %, 0.5 % 112
triamcinolone acetonide (topical) OINT 0.05 % 112
TRIAMCINOLONE ACETONIDE POWD 112
triamcinolone acetonide SUSP ... 101
triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG 122
triamterene & hydrochlorothiazide TABS 122
triamterene CAPS 122
triazolam 146
TRIBENZOR (olmesartan medoxomil-amlodipine-hydrochlorothiazide) 59
TRICARE TABS 189
TRICHLOROACETIC ACID CRYS 97
TRICOR TABS (fenofibrate) 55
trientine hcl 250 MG 181
trientine hcl 500 MG 181
TRIESENCE 203
trifluoperazine hcl TABS 83
trifluridine 201
trihexyphenidyl hcl SOLN 78
trihexyphenidyl hcl TABS 78
TRIJARDY XR 1000 MG-2.5 MG-12.5 MG, 1000 MG-2.5 MG-5 MG . 42
TRIJARDY XR 1000 MG-5 MG-10 MG, 1000 MG-5 MG-25 MG 42
TRIKAFTA TBPK 100 MG-50 MG 215
TRIKAFTA TBPK 50 MG-25 MG . 215
TRIKAFTA THPK 215
TRILEPTAL SUSP (oxcarbazepine) 36
TRILEPTAL TABS 150 MG, 300 MG (oxcarbazepine) 36
TRILEPTAL TABS 600 MG (oxcarbazepine) 36
trimethobenzamide hcl CAPS 51
trimethoprim TABS 59
trimipramine maleate CAPS 41
TRINATAL RX 1 TABS 189
TRINTELLIX 40
TRIPTODUR 125
TRISENOX (arsenic trioxide) 76
TRISTART DHA 189
TRIUMEQ PD TBSO 85
TRIUMEQ TABS 85
TRODELVY 77
TROGARZO 85
TROJAN BARESKIN DEVI 150
TROJAN ENZ MISC 150
TROJAN MAGNUM MISC 150

TROJAN ULTRA THIN MISC 150
TROJAN ULTRA THIN/SPERMICIDAL MISC 150
TROJAN-ENZ LUBRICATED MISC 150
TROJAN-ENZ/SPERMICIDAL MISC . 150
TROKENDI XR CP24 200 MG (topiramate) 36
TROKENDI XR CP24 25 MG, 50 MG, 100 MG (topiramate) 36
tromethamine 178
tropicamide SOLN 199
trospium chloride CP24 221
trospium chloride TABS 221
TRUE COMFORT INSULIN SYRINGE 171
TRUE COMFORT PEN NEEDLES 171
TRUE COMFORT PRO INSULIN SYR 171
TRUE COMFORT PRO PEN NEEDLES 171
TRUE COMFORT SAFETY LANCETS 161
TRUE COMFORT SAFETY PEN NEEDLE 171
TRUE COMFORT TWIST TOP LANCETS 161
TRUE COVER DEVI 150
TRUE METRIX AIR GLUCOSE METER KIT 161
TRUE METRIX BLOOD GLUCOSE TEST STRP 119
TRUE METRIX LEVEL 1 SOLN .. 161
TRUE METRIX LEVEL 2 SOLN .. 161
TRUE METRIX LEVEL 3 SOLN .. 161
TRUE METRIX METER KIT 161
TRUEPLUS 5-BEVEL PEN NEEDLES 171
TRUEPLUS INSULIN SYRINGE 171
TRUEPLUS LANCETS 28G 161
TRUEPLUS LANCETS 30G 161
TRUEPLUS LANCETS 33G 161
TRUEPLUS SAFETY LANCETS 28G 161
TRULANCE 131
TRULICITY 44
TRUMENBA 0.5 ML 222
TRUQAP TABS 75
TRUQAP TBPK 75
TRUSTEX LUB/RIBBED/STUDDED MISC 150
TRUSTEX LUB/SPERMICIDE EX ST MISC 150
TRUSTEX LUB/SPERMICIDE XL MISC 150
TRUSTEX LUBRICATED EX LARGE MISC 150
TRUSTEX LUBRICATED EXTRA ST MISC 150
TRUSTEX LUBRICATED MISC .. 150
TRUSTEX LUBRICATED/SPERMICIDE MISC 150
TRUSTEX NON-LUBRICATED MISC 150
TRUSTEX RIA LUB/SPERMICIDE MISC 150
TRUSTEX RIA LUBRICATED MISC . 150
TRUSTEX RIA NON-LUBRICATED MISC 150
TRUSTEX-NONOXYNOL-9/RIB/STUD MISC 150
TRUVADA (emtricitabine-tenofovir disoproxil fumarate) 85
TRUXIMA 67
TRYNGOLZA 127
TRYPTYR SOLN OP 0.003 % ... 205
TRYVIO 59
TUDORZA PRESSAIR 24
TUKYSA 150 MG 67
TUKYSA 50 MG 67
TURALIO 125 MG 75
TWINRIX SUSY 227
TWIRLA 98
TWIST TOP LANCETS 30G 161
TYBLUME CHEW 98
TYBOST 85
TYENNE SOAJ 11
TYENNE SOLN 11
TYENNE SOSY 11
TYGACIL (tigecycline) 216
TYKERB (lapatinib ditosylate) 75
TYMLOS 124
TYPHIM VI SOLN 222
TYPHIM VI SOSY 222
TYR EASY TABS 121
TYRUKO CONC IV 300 MG/15ML 213

TYRVAYA 199
TYSABRI 213
TYVASO DPI INSTITUTIONAL KIT POWD 93
TYVASO DPI MAINTENANCE KIT POWD 93
TYVASO DPI TITRATION KIT POWD 93
TYVASO REFILL KIT SOLN IN 93
TYVASO SOLN IN 93
TYVASO STARTER KIT SOLN IN 93
TZIELD 43
UBRELVY 177
UCERIS (budesonide (intrarectal)) 20
UCERIS TB24 (budesonide) 101
UDENYCA ONBODY SOSY 144
UDENYCA SOAJ 144
UDENYCA SOSY 144
ULORIC (febuxostat) 137
ULTANE (sevoflurane) 136
ULTICARE INSULIN SAFETY SYR . 171
ULTICARE INSULIN SYRINGE . 172
ULTICARE MICRO PEN NEEDLES . 172
ULTICARE MINI PEN NEEDLES 172
ULTICARE PEN NEEDLES 172
ULTICARE SHORT PEN NEEDLES 172
ULTICARE TUBERCULIN SAFETY SYR MISC 172
ULTIGUARD SAFEPACK PEN NEEDLE 172
ULTIGUARD SAFEPACK SYR/NEEDLE 172
ULTI-LANCE AUTOMATIC MISC 161
ULTILET CLASSIC LANCETS ... 162
ULTILET LANCETS 162
ULTILET PEN NEEDLE 172
ULTILET SAFETY LANCETS 23G 162
ULTIVA (remifentanil hcl) 17
ULTOMIRIS 139
ULTRA FLO INSULIN PEN NEEDLES 172
ULTRA FLO INSULIN SYR 1/2 UNIT 172
ULTRA FLO INSULIN SYRINGE 172
ULTRA THIN LANCETS 31G 162
ULTRA THIN PEN NEEDLES ... 172
ULTRACARE INSULIN SYRINGE 172
ULTRA-CARE LANCETS 30G ... 162
ULTRACARE PEN NEEDLES ... 172
ULTRA-THIN II INS SYR SHORT 172
ULTRA-THIN II INSULIN SYRINGE . 172
ULTRA-THIN II LANCETS 162
ULTRA-THIN II MINI PEN NEEDLE . 172
ULTRA-THIN II PEN NEEDLE SHORT 172
ULTRA-THIN II PEN NEEDLES . 172
ULTRAVATE LOTN 112
ULTRAVIST 62 %, 77 % 119
umeclidinium-vilanterol 29
UNASYN IJ 1 GM-0.5 GM, 2 GM-1 GM (ampicillin & sulbactam sodium) . 208
UNDECATREX CAPS 19
UNIFINE PENTIPS 173
UNIFINE PENTIPS PLUS 173
UNIFINE PROTECT PEN NEEDLE . 173
UNIFINE SAFECONTROL PEN NEEDLE 173
UNIFINE ULTRA PEN NEEDLE . 173
UNILET COMFORTOUCH LANCET 162
UNILET G.P. SUPERLITE LANCET . 162
UNILET GP 28 ULTRA THIN 162
UNILET LANCET 162
UNILET MICRO-THIN 33G 162
UNILET SUPER-THIN 30G 162
UNILET ULTRA-THIN 28G 162
UNISTIK 2 NORMAL 162
UNISTIK 3 COMFORT 162
UNISTIK 3 EXTRA 162
UNISTIK 3 GENTLE 162
UNISTIK 3 NORMAL 162
UNISTIK CZT COMFORT 162
UNISTIK CZT NORMAL 162
UNISTIK NORMAL 163

UNISTIK PRO SAFETY LANCET 163
UNISTIK SAFETY LANCETS 28G 163
UNISTIK SAFETY LANCETS 30G 163
UNISTIK TOUCH SAFETY LANC 21G 163
UNISTIK TOUCH SAFETY LANC 23G 163
UNISTIK TOUCH SAFETY LANC 28G 163
UNISTIK TOUCH SAFETY LANC 30G 163
UNITUXIN 67
UPLIZNA 184
UPTRAVI SOLR 94
UPTRAVI TABS 94
UPTRAVI TITRATION TBPK 94
urea CREA 39 % 113
urea CREA 40 % 113
urea CREA 40 % 114
URE-NA PACK 119
UROCIT-K 10 TBCR (potassium citrate (alkalinizer)) 136
UROCIT-K 15 TBCR (potassium citrate (alkalinizer)) 136
URSO FORTE TABS (ursodiol) .. 132
URSODIOL 97
ursodiol CAPS 132
ursodiol TABS 132
USTEKINUMAB 130 MG/26ML .. 134
USTEKINUMAB SOLN 45 MG/0.5ML 108
USTEKINUMAB SOSY 45 MG/0.5ML 108
USTEKINUMAB SOSY 90 MG/ML 108
USTEKINUMAB-AEKN SOSY SC 45 MG/0.5ML 108
USTEKINUMAB-AEKN SOSY SC 90 MG/ML 108
USTEKINUMAB-TTWE 134
USTEKINUMAB-TTWE 45 MG/0.5ML 108
USTEKINUMAB-TTWE 90 MG/ML 108
UZEDY SUSY 100 MG/0.28ML 81
UZEDY SUSY 125 MG/0.35ML 81
UZEDY SUSY 150 MG/0.42ML 81
UZEDY SUSY 200 MG/0.56ML 81
UZEDY SUSY 250 MG/0.7ML 81
UZEDY SUSY 50 MG/0.14ML 81
UZEDY SUSY 75 MG/0.21ML 81
VABOMERE 60
VABYSMO SOLN 199
VABYSMO SOSY 199
VAFSEO 150 MG 144
VAFSEO 300 MG 144
VAGIFEM TABS (estradiol vaginal) 228
valacyclovir hcl 88
VALCHLOR 105
VALCYTE SOLR (valganciclovir hcl) . 86
VALCYTE TABS (valganciclovir hcl) . 86
valganciclovir hcl SOLR 86
valganciclovir hcl TABS 86
valproate sodium SOLN IV 100 MG/ML, 500 MG/5ML 38
valproate sodium SOLN PO 250 MG/5ML, 500 MG/10ML 38
valproic acid CAPS 38
valrubicin 70
valsartan SOLN 57
valsartan TABS 57
valsartan-hydrochlorothiazide 59
VALSTAR (valrubicin) 70
VALTOCO 10 MG DOSE LIQD 33
VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML 33
VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML 33
VALTOCO 5 MG DOSE LIQD 33
VALTREX (valacyclovir hcl) 88
VANALICE GEL 118
VANCOCIN CAPS (vancomycin hcl) . 61
vancomycin hcl CAPS 61
VANCOMYCIN HCL IN DEXTROSE 1 GM/200ML-5 %, 1.25 GM/250ML-5 %, 1.5 GM/300ML-5 %, 500 MG/100ML-5 %, 750 MG/150ML-5 % 61
VANCOMYCIN HCL IN NACL SOLN 1 GM/200ML-0.9 %, 500 MG/100ML-0.9 %, 750 MG/150ML-0.9 % 61
VANCOMYCIN HCL SOLN IV 61
VANCOMYCIN HCL SOLR IV

(vancomycin hcl) 61

vancomycin hcl SOLR IV 1 GM, 1.25 GM, 1.5 GM, 5 GM, 10 GM, 500 MG, 750 MG 61

VANCOMYCIN HCL SOLR IV 61

vancomycin hcl SOLR PO 25 MG/ML, 50 MG/ML, 250 MG/5ML . 61

vancomycin hcl SOLR PO 25 MG/ML 61

vancomycin hcl SOLR PO 250 MG/5ML 61

vancomycin hcl SOLR PO 50 MG/ML, 250 MG/5ML 61

VANDAZOLE 228

VANFLYTA 75

VANISHPOINT INSULIN SYRINGE . 173

VANRAFIA TABS PO 0.75 MG ... 137

VAPRISOL 129

VAQTA 25 UNIT/0.5ML 227

VAQTA 50 UNIT/ML 227

VAQTA IM 25 UNIT/0.5ML 227

VAQTA IM 50 UNIT/ML 227

varenicline tartrate TABS 214

varenicline tartrate TBPK 214

VARIVAX SUSR 227

VARIZIG SOLN 207

VASHE WOUND SOLN 0.033 % . 118

VASOPRESSIN SOLN IV 20 UNIT/ML (vasopressin) 128

vasopressin SOLN IV 128

VASOPRESSIN-SODIUM CHLORIDE SOLN 128

VASOSTRICT SOLN IV (vasopressin) 128

VASOSTRICT SOLN 128

VAXCHORA 222

VAXELIS SUSP 218

VAXELIS SUSY 218

VAXNEUVANCE 222

VCF VAGINAL CONTRACEPTIVE FILM 228

VECTIBIX 100 MG/5ML, 400 MG/20ML 68

vecuronium bromide SOLR 195

VEGZELMA 66

VEKLURY SOLR 88

VELCADE SOLR IJ (bortezomib) .. 75

VELETRI (epoprostenol sodium) . 93

VELPHORO 136

VELSIPITY 134

VELTASSA 1 GM 184

VELTASSA 16.8 GM, 25.2 GM ... 184

VELTASSA 8.4 GM 184

VEMLIDY 88

VENCLEXTA STARTING PACK TBPK 67

VENCLEXTA TABS 10 MG 67

VENCLEXTA TABS 100 MG 67

VENCLEXTA TABS 50 MG 67

VENLAFAXINE BESYLATE ER ... 40

venlafaxine hcl CP24 150 MG 40

venlafaxine hcl CP24 37.5 MG, 75 MG 40

venlafaxine hcl TABS 40

venlafaxine hcl TB24 150 MG 40

venlafaxine hcl TB24 225 MG 41

venlafaxine hcl TB24 37.5 MG, 75 MG 40

VENOFER 20 MG/ML (iron sucrose) . 145

VENTAVIS IN 93

VENTOLIN HFA AERS (albuterol sulfate) 29

VEOPOZ 139

VEOZAH 126

verapamil hcl CP24 91

VERAPAMIL HCL ER CP24 (verapamil hcl) 91

verapamil hcl SOLN 2.5 MG/ML ... 91

verapamil hcl TABS 40 MG 91

verapamil hcl TABS 80 MG, 120 MG . 91

verapamil hcl TBCR 120 MG, 180 MG 92

verapamil hcl TBCR 240 MG 92

VEREGEN 103

VERELAN PM CP24 (verapamil hcl) . 92

VERIFINE INSULIN PEN NEEDLE 173

VERIFINE INSULIN SYRINGE .. 173

VERIFINE PLUS PEN NEEDLE .173

VERIFINE SAFE LANCET MINI 21G 163

VERIFINE SAFE LANCET MINI 23G 163

VERIFINE SAFE LANCET MINI 28G 163

VERIFINE SAFE LANCET MINI 30G 163
VERIFINE UNIVERSAL LANCETS 28G 163
VERIFINE UNIVERSAL LANCETS 30G 163
VERIFINE UNIVERSAL LANCETS 33G 163
VERKAZIA EMUL 201
VERQUVO 95
VERSACLOZ SUSP 82
VERZENIO 100 MG 75
VERZENIO 50 MG, 150 MG, 200 MG 76
VESICARE LS SUSP 221
VESICARE TABS 10 MG (solifenacin succinate) 221
VESICARE TABS 5 MG (solifenacin succinate) 221
VEVYE SOLN 201
VFEND IV SOLR (voriconazole) 53
VFEND SUSR (voriconazole) 53
VFEND TABS 200 MG (voriconazole) 53
VIBATIV 750 MG 61
VIBERZI 135
VICTOZA (liraglutide) 44
VIDAZA SUSR (azacitidine) 66
vigabatrin PACK 37
vigabatrin TABS 37
VIGAFYDE SOLN 37
VIGAMOX SOLN OP (moxifloxacin hcl (ophth)) 201
VIIBRYD TABS (vilazodone hcl) 40
VIJOICE PACK 184
VIJOICE TBPK 184
vilazodone hcl TABS 40
VILTEPSO 195
VIMIZIM 128
VIMOVO 500 MG-20 MG (naproxen-esomeprazole magnesium) 12
VIMPAT SOLN IV 200 MG/20ML (lacosamide) 36
VIMPAT SOLN PO 10 MG/ML (lacosamide) 36
VIMPAT TABS (lacosamide) 36
vinblastine sulfate SOLN 77
vincristine sulfate 77
vinorelbine tartrate 77
VIOKACE TABS 121
VIRACEPT TABS 85
VIREAD POWD 85
VIREAD TABS (tenofovir disoproxil fumarate) 86
VIREAD TABS 150 MG, 200 MG, 250 MG 86
VISTARIL CAPS 25 MG (hydroxyzine pamoate) 21
VISTASEAL EX 2 ML, 4 ML, 10 ML 145
VITACHEW MULTIPLE VITAMIN CHEW 187
VITAFOL FE+ 189
VITAFOL GUMMIES 189
VITAFOL ULTRA 189
VITAFOL-OB TABS 189
VITAFOL-OB+DHA MISC 189
VITAFOL-ONE CAPS 189
VITALETS CHILDRENS CHEW 187
VITAMIN D3 LIQD PO 125 MCG/ML 230
vitamin e SOLN 15 MG/0.67ML 230
VITRAKVI CAPS 76
VITRAKVI SOLN 76
VIVAGUARD LANCETS 163
VIVAGUARD LANCETS 30G 163
VIVAGUARD LANCING DEVICE MISC 163
VIVAGUARD SAFETY LANCETS 28G 163
VIVELLE-DOT PTTW 0.025 MG/24HR, 0.0375 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (estradiol) 131
VIVELLE-DOT PTTW 0.05 MG/24HR (estradiol) 131
VIVIMUSTA SOLN 65
VIVITROL 50
VIVJOA 53
VIVOTIF 222
VIZIMPRO 68
VONJO 76
VONVENDI 139
VOQUEZNA 220
VOQUEZNA DUAL PAK 221
VOQUEZNA TRIPLE PAK 221
VORANIGO 10 MG 76
VORANIGO 40 MG 76

voriconazole SOLR 53
VORICONAZOLE SOLR 53
voriconazole SUSR 53
voriconazole TABS 53
VORTEX HOLD CHMBR/MASK/CHILD DEVI 176
VORTEX HOLD CHMBR/MASK/TODDLER DEVI 176
VORTEX VALVE CHAMBER-PEDI MASK DEVI 176
VORTEX VALVED HOLDING CHAMBER DEVI 176
VOSEVI 88
VOTRIENT (pazopanib hcl) 76
VOWST 135
VOXZOGO 128
VOYDEYA TABS 139
VOYDEYA TBPK 139
VPRIV 142
VRAYLAR CAPS 79
VTAMA 108
VUITY SOLN 1.25 % (pilocarpine hcl) 199
VUMERITY 213
VUSION (miconazole-zinc oxide-white petrolatum) 105
VYALEV SOLN SC 79
VYEPTI 177
VYJUVEK 118
VYKAT XR TB24 PO 150 MG 128
VYKAT XR TB24 PO 25 MG 128
VYKAT XR TB24 PO 75 MG 128
VYLOY 67
VYNDAMAX 94
VYNDAQEL 94
VYONDYS 53 195
VYTORIN (ezetimibe-simvastatin) 54
VYVANSE CAPS 2
VYVANSE CHEW 2
VYVGART 182
VYVGART HYTRULO 182
VYVGART HYTRULO SC 182
VYXEOS 71
VYZULTA 206
WAINUA 214
WAKIX 2
warfarin sodium TABS 29
water for injection, sterile IJ 209
water for irrigation, sterile 184
WAYRILZ TABS PO 400 MG 140
WEGMANS UNIFINE PENTIPS PLUS 173
WEGOVY 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML 2
WEGOVY 1.7 MG/0.75ML, 2.4 MG/0.75ML 2
WELCHOL PACK (colesevelam hcl) . 54
WELCHOL TABS (colesevelam hcl) . 54
WELIREG 69
WELLBUTRIN SR TB12 (bupropion hcl) 38
WESCAP-C DHA 189
WESCAP-PN DHA 190
WESNATAL DHA COMPLETE 190
WESNATE DHA CAPS 190
WESTAB PLUS TABS 190
WESTGEL DHA 190
WILATE KIT 139
WINLEVI 103
WINREVAIR 93
WINRHO SDF SOLN 1500 UNIT/1.3ML 207
WINRHO SDF SOLN 15000 UNIT/13ML 208
WINRHO SDF SOLN 2500 UNIT/2.2ML 207
WINRHO SDF SOLN 5000 UNIT/4.4ML 207
WYOST SOLN SC 120 MG/1.7ML 124
XACDURO 60
XACIATO GEL 228
XADAGO 79
XALATAN SOLN (latanoprost) 206
XALKORI CAPS 76
XALKORI CPSP 150 MG 76
XALKORI CPSP 20 MG, 50 MG 76
XANAX TABS 0.25 MG, 0.5 MG, 1 MG (alprazolam) 22
XANAX TABS 2 MG (alprazolam) . 22
XANAX XR TB24 0.5 MG, 1 MG, 3 MG (alprazolam) 22
XANAX XR TB24 2 MG (alprazolam) 22
XARELTO STARTER PACK TBPK

30

XARELTO SUSR 1 MG/ML (rivaroxaban) 30

XARELTO TABS 10 MG 30

XARELTO TABS 15 MG 30

XARELTO TABS 2.5 MG (rivaroxaban) 30

XARELTO TABS 20 MG 30

XATMEP SOLN PO 66

XCOPRI (250 MG DAILY DOSE) TBPK 37

XCOPRI (350 MG DAILY DOSE) TBPK 37

XCOPRI TABS 150 MG, 200 MG ..37

XCOPRI TABS 25 MG, 50 MG, 100 MG 37

XCOPRI TBPK 37

XDEMVY 201

XELJANZ SOLN 6

XELJANZ TABS 6

XELJANZ XR TB24 6

XELODA (capecitabine) 66

XELPROS EMUL 206

XELSTRYM 2

XEMBIFY 208

XENAZINE (tetrabenazine) 211

XENON XE 133 118

XENPOZYME 128

XEOMIN 195

XEPI 103

XERAC AC 116

XERAVA 216

XERESE 109

XGEVA SOLN 124

XHANCE EXHU 192

XIAFLEX 181

XIFYRM SOLN IV 30 MG/ML 12

XIGDUO XR (dapagliflozin propanediol-metformin hcl) 42

XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG, 500 MG-5 MG 42

XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG 42

XIIDRA 201

XIPERE 203

XOFIGO 76

XOFLUZA (40 MG DOSE) 40 MG .88

XOFLUZA (80 MG DOSE) 80 MG .88

XOLAIR SOAJ 24

XOLAIR SOLR 24

XOLAIR SOSY 24

XOLREMDI 145

XOPENEX HFA (levalbuterol tartrate) 29

XOSPATA 76

XPHE MAXAMAID POWD 121

XPHE MAXAMUM PACK 198

XPHE-XTYR MAXAMAID POWD 121

XPHOZAH 128

XPOVIO (100 MG ONCE WEEKLY) 50 MG 70

XPOVIO (40 MG ONCE WEEKLY) 10 MG 70

XPOVIO (40 MG ONCE WEEKLY) 40 MG 70

XPOVIO (40 MG TWICE WEEKLY) 40 MG 70

XPOVIO (60 MG ONCE WEEKLY) 60 MG 70

XPOVIO (60 MG TWICE WEEKLY) . 70

XPOVIO (80 MG ONCE WEEKLY) 40 MG 70

XPOVIO (80 MG TWICE WEEKLY) . 70

XROMI SOLN PO 100 MG/ML ...142

XTANDI CAPS 69

XTANDI TABS 40 MG 69

XTANDI TABS 80 MG 69

XULTOPHY 42

XYLOCAINE MPF +RFID SOLN 1 % (lidocaine hcl (local anesth.)) 148

XYLOCAINE SOLN 1 %, 2 % (lidocaine hcl (local anesth.)) 148

XYLOCAINE/EPINEPHRINE SOLN 0.5 %-1:200000, 2 %-1:100000 (lidocaine w/ epinephrine) 148

XYLOCAINE/EPINEPHRINE SOLN 1 %-1:100000 (lidocaine w/ epinephrine) 148

XYLOCAINE-MPF +RFID SOLN 2 % (lidocaine hcl (local anesth.)) 148

XYLOCAINE-MPF SOLN 0.5 %, 1 %, 1.5 %, 2 % (lidocaine hcl (local anesth.)) 148

XYLOCAINE-MPF SOLN 1 % (lidocaine hcl (local anesth.)) 148

XYLOCAINE-MPF/EPINEPHRINE SOLN (lidocaine w/ epinephrine) .148

XYLOCAINE-MPF/EPINEPHRINE SOLN 148
XYNTHA 139
XYNTHA SOLOFUSE 139
XYOSTED SOAJ 19
XYREM SOLN 210
XYWAV 210
YASMIN 28 (drospirenone-ethinyl estradiol) 98
YAZ (drospirenone-ethinyl estradiol) 98
YCANTH SOLN 115
YCANTH SOLN 116
YERVOY 67
YESCARTA 68
YESINTEK 130 MG/26ML 134
YESINTEK SOLN 45 MG/0.5ML . 108
YESINTEK SOSY 45 MG/0.5ML . 108
YESINTEK SOSY 90 MG/ML 108
YEZTUGO SOLN 463.5 MG/1.5ML 86
YEZTUGO TABS PO 300 MG 86
YF-VAX SUSR 227
YONDELIS 65
YONSA 69
YORVIPATH 168 MCG/0.56ML .. 128
YORVIPATH 294 MCG/0.98ML .. 128
YORVIPATH 420 MCG/1.4ML ... 128
YUFLYMA (1 PEN) AJKT 40 MG/0.4ML 10
YUFLYMA (1 PEN) AJKT 80 MG/0.8ML 10
YUFLYMA (2 PEN) AJKT 10
YUFLYMA (2 SYRINGE) PSKT 20 MG/0.2ML 10
YUFLYMA (2 SYRINGE) PSKT 40 MG/0.4ML 10
YUFLYMA-CD/UC/HS STARTER AJKT 10
YUMVSKIDS MULTI ZERO CHEW 187
YUPELRI 24
YUSIMRY 10
YUTIQ 203
YUTREPIA CAPS IN 26.5 MCG, 53 MCG, 79.5 MCG, 106 MCG 93
ZADITOR 0.035 % (ketotifen fumarate (ophth)) 205
zafirlukast 24
zaleplon 146
ZALTRAP 66
ZANAFLEX CAPS (tizanidine hcl) 191
ZANAFLEX CAPS 191
ZANAFLEX TABS 4 MG (tizanidine hcl) 191
ZARONTIN CAPS (ethosuximide) .37
ZARONTIN SOLN (ethosuximide) .37
ZARXIO 300 MCG/0.5ML 144
ZARXIO 480 MCG/0.8ML 144
ZAVESCA (miglustat) 142
ZAVZPRET 177
ZEGALOGUE SOAJ 43
ZEGALOGUE SOSY 43
ZEGERID PACK (omeprazole-sodium bicarbonate) 221
ZEJULA TABS 76
ZELBORAF 76
ZELSUVMI GEL EX 10.3 % 109
ZEMAIRA SOLR 214
ZEMBRACE SYMTOUCH SOAJ .178
ZEMDRI 6
ZEMPLAR CAPS 1 MCG, 2 MCG (paricalcitol) 128
ZEMPLAR SOLN 5 MCG/ML (paricalcitol) 128
ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 252600 UNIT-189600 UNIT-60000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT 121
ZEPATIER 88
ZEPOSIA 7-DAY STARTER PACK CPPK 213
ZEPOSIA CAPS 213
ZEPOSIA STARTER KIT CPPK . 213
ZEPZELCA 65
ZERBAXA 95
ZERVIATE 205
ZESTORETIC (lisinopril & hydrochlorothiazide) 59
ZESTRIL TABS 10 MG (lisinopril) . 56
ZESTRIL TABS 2.5 MG, 5 MG (lisinopril) 56
ZESTRIL TABS 20 MG (lisinopril) . 56

ZESTRIL TABS 30 MG, 40 MG (lisinopril) 56
ZETIA (ezetimibe) 55
ZETONNA AERS 192
ZEVALIN Y-90 67
ZEVASKYN (UP TO 12 SHEETS) SHEE EX 118
ZEVRX INSULIN SYRINGE 173
ZEVRX PEN NEEDLES 173
ZEVRX TWIST TOP LANCETS 30G 163
ZEVTERA SOLR IV 500 MG 96
ZIAGEN SOLN (abacavir sulfate) ..86
zidovudine CAPS 86
zidovudine SYRP 86
zidovudine TABS 86
ZIEXTENZO 144
ZIIHERA 67
ZILBRYSQ 16.6 MG/0.416ML 139
ZILBRYSQ 23 MG/0.574ML 139
ZILBRYSQ 32.4 MG/0.81ML 139
zileuton TB12 24
ZILRETTA SRER 101
ZIMHI SOSY 50
zinc chloride SOLN 181
ZINPLAVA 208
ZIOPTAN (tafluprost) 206
ziprasidone hcl 79
ziprasidone mesylate 79
ZIRABEV 66
ZIRGAN GEL 201
ZITHROMAX PACK 149
ZITHROMAX SOLR (azithromycin) 149
ZITHROMAX SUSR 100 MG/5ML (azithromycin) 149
ZITHROMAX SUSR 200 MG/5ML (azithromycin) 149
ZITHROMAX TABS 250 MG, 500 MG (azithromycin) 149
ZITHROMAX TRI-PAK TABS (azithromycin) 149
ZITHROMAX Z-PAK TABS (azithromycin) 149
ZITUVIMET TABS 42
ZITUVIMET XR TB24 1000 MG-100 MG, 500 MG-50 MG 42
ZITUVIMET XR TB24 1000 MG-50 MG 42
ZITUVIO 43
ZOCOR TABS 10 MG, 20 MG (simvastatin) 55
ZOCOR TABS 40 MG (simvastatin) 55
ZOKINVY 184
zoledronic acid CONC 124
zoledronic acid SOLN 5 MG/100ML 124
ZOLEDRONIC ACID SOLN 124
ZOLGENSMA 20.6-21.0 KG 196
ZOLGENSMA 10.1-10.5 KG 196
ZOLGENSMA 10.6-11.0 KG 196
ZOLGENSMA 11.1-11.5 KG 196
ZOLGENSMA 11.6-12.0 KG 196
ZOLGENSMA 12.1-12.5 KG 196
ZOLGENSMA 12.6-13.0 KG 196
ZOLGENSMA 13.1-13.5 KG 196
ZOLGENSMA 13.6-14.0 KG 196
ZOLGENSMA 14.1-14.5 KG 196
ZOLGENSMA 14.6-15.0 KG 196
ZOLGENSMA 15.1-15.5 KG 196
ZOLGENSMA 15.6-16.0 KG 196
ZOLGENSMA 16.1-16.5 KG 196
ZOLGENSMA 16.6-17.0 KG 196
ZOLGENSMA 17.1-17.5 KG 196
ZOLGENSMA 17.6-18.0 KG 196
ZOLGENSMA 18.1-18.5 KG 196
ZOLGENSMA 18.6-19.0 KG 196
ZOLGENSMA 19.1-19.5 KG 196
ZOLGENSMA 19.6-20.0 KG 196
ZOLGENSMA 2.6-3.0 KG 196
ZOLGENSMA 20.1-20.5 KG 196
ZOLGENSMA 3.1-3.5 KG 196
ZOLGENSMA 3.6-4.0 KG 196
ZOLGENSMA 4.1-4.5 KG 196
ZOLGENSMA 4.6-5.0 KG 196
ZOLGENSMA 5.1-5.5 KG 197
ZOLGENSMA 5.6-6.0 KG 197
ZOLGENSMA 6.1-6.5 KG 197
ZOLGENSMA 6.6-7.0 KG 197
ZOLGENSMA 7.1-7.5 KG 197
ZOLGENSMA 7.6-8.0 KG 197
ZOLGENSMA 8.1-8.5 KG 197
ZOLGENSMA 8.6-9.0 KG 197
ZOLGENSMA 9.1-9.5 KG 197

ZOLGENSMA 9.6-10.0 KG 197
ZOLINZA 76
zolmitriptan SOLN 178
zolmitriptan TABS 178
zolmitriptan TBDP 178
ZOLOFT CONC (sertraline hcl) 40
ZOLOFT TABS (sertraline hcl) 40
ZOLPIDEM TARTRATE CAPS 146
zolpidem tartrate SUBL 146
zolpidem tartrate TABS 146
zolpidem tartrate TBCR 146
ZOMACTON SOLR SC 125
ZOMIG SOLN (zolmitriptan) 178
ZONALON (doxepin hcl (antipruritic)) 105
ZONEGRAN CAPS 100 MG (zonisamide) 36
ZONISADE SUSP 36
zonisamide CAPS 100 MG 36
zonisamide CAPS 25 MG, 50 MG 36
ZOO FRIENDS MULTI GUMMIES CHEW 187
ZORTRESS (everolimus (immunosuppressant)) 184
ZORYVE CREA EX 0.05 % 117
ZORYVE CREA EX 0.15 % 117
ZORYVE CREA EX 0.3 % 117
ZORYVE FOAM EX 117
ZOSYN 208
ZTALMY 37
ZTLIDO PTCH 116
ZUBSOLV SUBL 0.18 MG-0.7 MG, 0.36 MG-1.4 MG, 0.71 MG-2.9 MG, 1.4 MG-5.7 MG 19
ZUBSOLV SUBL 2.1 MG-8.6 MG 19
ZUBSOLV SUBL 2.9 MG-11.4 MG 19
ZULRESSO 38
ZUNVEYL TBEC PO 5 MG, 10 MG, 15 MG 211
ZURNAI IJ 1.5 MG/0.5ML 50
ZURZUVAE 25 MG 38
ZURZUVAE 30 MG 38
ZUSDURI SOLR IS 70
ZYCLARA (imiquimod) 115
ZYCLARA PUMP (imiquimod) 115
ZYCLARA PUMP 115
ZYDELIG 76
ZYFLO TABS 25
ZYKADIA TABS 76
ZYLET 203
ZYLET 204
ZYMFENTRA (1 PEN) AJKT 134
ZYMFENTRA (2 PEN) AJKT 134
ZYMFENTRA (2 SYRINGE) PSKT 135
ZYNLONTA 67
ZYNRELEF 12
ZYNTEGLO 142
ZYNYZ 67
ZYPITAMAG 2 MG, 4 MG 55
ZYPREXA RELPREVV 82
ZYPREXA SOLR (olanzapine) 82
ZYPREXA TABS (olanzapine) 82
ZYPREXA ZYDIS TBDP 5 MG, 10 MG, 15 MG (olanzapine) 82
ZYTIGA 250 MG (abiraterone acetate) 69
ZYTIGA 500 MG (abiraterone acetate) 69
ZYVOX SOLN (linezolid) 62
ZYVOX SOLN 62
ZYVOX SUSR (linezolid) 62
ZYVOX TABS (linezolid) 62