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)
amphetamine sulfate TABS	4	QL(3 EA daily); AL(At least 5 yrs old); PA
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 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 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 - Up to 10 yrs old); PA
ARYNTA SOLN PO 10 MG/ML	4	QL(30 ML per 30 day(s) retail; 30 ML per 30 days mail); AL(At least 5 yrs old); PA
ARYNTA SOLN PO 10 MG/ML	4	QL(240 ML per 34 day(s) retail; 240 ML per 34 days mail); AL(At least 5 yrs old); PA
ARYNTA SOLN PO 10 MG/ML	4	QL(90 ML per 30 day(s) retail; 90 ML per 30 days mail); AL(At least 5 yrs old); PA
ARYNTA SOLN PO 10 MG/ML	4	QL(60 ML per 30 day(s) retail; 60 ML per 30 days mail); 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 5 MG, 10 MG	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 SOLN	4	AL(At least 5 yrs old - Up to 9 yrs old); MP; 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

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
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); PA
EVEKEO TABS *(amphetamine sulfate)*	4	QL(3 EA daily); AL(At least 5 yrs old); PA
lisdexamfetamine dimesylate CAPS	2	QL(1 EA daily); AL(At least 5 yrs old); ST
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 *(lisdexamfetamine dimesylate)*	2	QL(1 EA daily); AL(At least 5 yrs old); ST
VYVANSE CHEW *(lisdexamfetamine dimesylate)*	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		
CAFCIT SOLN IV 60 MG/3ML *(caffeine citrate)*	1	MP
caffeine & sodium benzoate	1	MP
caffeine citrate SOLN IV 60 MG/3ML	1	MP
CAFFEINE CITRATE SOLN IV *(caffeine citrate)*	1	MP
Anti-Obesity Agents		
WEGOVY 1.7 MG/0.75ML, 2.4 MG/0.75ML	4	QL(3 ML per 28 day(s) retail; 3 ML per 28 days mail); AL(At least 18 yrs old); PA
WEGOVY PO 1.5 MG, 4 MG, 9 MG, 25 MG	4	QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); AL(At least 18 yrs old); PA
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
ZEPBOUND KWIKPEN SOPN SC 15 MG/0.6ML	4	AL(At least 18 yrs old); PA
ZEPBOUND KWIKPEN SOPN SC 2.5 MG/0.6ML, 5 MG/0.6ML, 7.5 MG/0.6ML, 10 MG/0.6ML, 12.5 MG/0.6ML	4	QL(2.4 ML per 28 day(s) retail; 2 ML per 28 days mail); AL(At least 18 yrs old); PA
ZEPBOUND SOAJ	4	AL(At least 18 yrs old); PA
Attention-Deficit/Hyperactivity Disorder (ADHD) Agents		
atomoxetine hcl PO 4 MG/ML	4	QL(800 ML per 32 day(s) retail; 800 ML per 32 days mail); AL(At least 12 yrs old); PA
atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG, 60 MG	1	QL(2 EA daily); AL(At least 5 yrs old)
atomoxetine hcl 80 MG, 100 MG	1	QL(1 EA daily); AL(At least 5 yrs old); 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
ATONCY PO 4 MG/ML *(atomoxetine hcl)*	4	QL(800 ML per 32 day(s) retail; 800 ML per 32 days mail); AL(At least 5 yrs old - Up to 10 yrs old); PA
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
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 10 MG, 18 MG, 25 MG, 40 MG, 60 MG *(atomoxetine hcl)*	1	QL(2 EA daily); AL(At least 5 yrs old)
STRATTERA 80 MG, 100 MG *(atomoxetine hcl)*	1	QL(1 EA daily); AL(At least 5 yrs old); MP
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
Stimulants - Misc.		
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
COTEMPLA XR-ODT TBED	1	QL(1 EA daily); AL(At least 5 yrs old - Up to 10 yrs old); PA
dexmethylphenidate hcl CP24	1	QL(1 EA daily); AL(At least 5 yrs old); PA
dexmethylphenidate hcl CP24	1	QL(1 EA daily); AL(At least 5 yrs old)
dexmethylphenidate hcl TABS	1	QL(2 EA daily); AL(At least 5 yrs old)
FOCALIN XR CP24 *(dexmethylphenidate hcl)*	1	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 ER TBED 8.6 MG, 17.3 MG, 25.9 MG	4	QL(1 EA daily); AL(At least 5 yrs old); PA
methylphenidate hcl CHEW	1	QL(3 EA daily); AL(At least 5 yrs old - 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
methylphenidate hcl CHEW 2.5 MG, 5 MG	4	QL(3 EA daily); AL(At least 5 yrs old - Up to 10 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 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 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); PA
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)
methylphenidate hcl TB24 18 MG, 27 MG, 54 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 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 PTCH	3	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 150 MG, 250 MG *(armodafinil)*	1	QL(1 EA daily); AL(At least 18 yrs old)
NUVIGIL 50 MG, 200 MG *(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)
QUILLICHEW ER CHER	4	QL(1 EA daily); 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	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

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
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 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
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
RITALIN LA CP24 20 MG, 40 MG *(methylphenidate hcl)*	2	QL(1 EA daily); AL(At least 5 yrs old)
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 5 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	MP; PA
PALFORZIA (120 MG DAILY DOSE) CSPK	4	MP; PA
PALFORZIA (160 MG DAILY DOSE) CSPK	4	MP; PA
PALFORZIA (20 MG DAILY DOSE) CSPK	4	MP; PA
PALFORZIA (200 MG DAILY DOSE) CSPK	4	MP; PA
PALFORZIA (240 MG DAILY DOSE) CSPK	4	MP; PA
PALFORZIA (3 MG DAILY DOSE) CSPK	4	MP; PA
PALFORZIA (300 MG MAINTENANCE) PACK	4	MP; PA
PALFORZIA (300 MG TITRATION) PACK	4	MP; PA
PALFORZIA (40 MG DAILY DOSE) CSPK	4	MP; PA
PALFORZIA (6 MG DAILY DOSE) CSPK	4	MP; PA
PALFORZIA (80 MG DAILY DOSE) CSPK	4	MP; PA
PALFORZIA INITIAL ESCALATION CSPK	4	MP; 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	MP
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

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
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	MP
gentamicin sulfate IJ	1	MP
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	MP
streptomycin sulfate SOLR	1	MP
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
TOBRAMYCIN SULFATE POWD	1	
tobramycin sulfate SOLN IJ 1.2 GM/30ML, 10 MG/ML, 80 MG/2ML	1	MP
tobramycin sulfate SOLR	1	MP
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	MP; PA
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
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
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

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-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 40 MG/0.4ML	2	QL(1.6 ML per 28 day(s) retail; 2 ML per 28 days mail)
ADALIMUMAB-ADAZ SOAJ 80 MG/0.8ML	2	QL(3.2 ML per 28 day(s) retail; 3 ML per 28 days mail)
ADALIMUMAB-ADAZ SOSY 10 MG/0.1ML	2	QL(0.2 ML per 28 day(s) retail)
ADALIMUMAB-ADAZ SOSY 20 MG/0.2ML	2	QL(4 ML per 28 day(s) retail; 4 ML per 28 days mail)
ADALIMUMAB-ADAZ SOSY 40 MG/0.4ML	2	QL(1.6 ML per 28 day(s) retail; 2 ML per 28 days mail)
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-FKJP (2 PEN) AJKT	2	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail)
ADALIMUMAB-FKJP (2 SYRINGE) PSKT 40 MG/0.8ML	2	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail)
ADALIMUMAB-FKJP (2 SYRINGE) PSKT 20 MG/0.4ML	2	QL(2 EA per 28 day(s) retail; 2 EA per 28 days mail)
ADALIMUMAB-RYVK (1 PEN) AJKT 80 MG/0.8ML	2	QL(3 EA per 63 day(s) retail; 3 EA per 63 days mail); PA
ADALIMUMAB-RYVK (2 PEN) AJKT	2	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); PA
ADALIMUMAB-RYVK (2 SYRINGE) PSKT	2	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(0.4 ML per 28 day(s) retail); PA
AMJEVITA SOAJ 80 MG/0.8ML	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(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
CYLTEZO (2 PEN) AJKT	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 (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-CD/UC/HS STARTER AJKT	4	QL(6 EA per 28 day(s) retail; 6 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

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
HADLIMA PUSHTOUCH SOAJ	2	QL(1.6 ML per 28 day(s) retail; 2 ML per 28 days mail)
HADLIMA PUSHTOUCH SOAJ	2	QL(3.2 ML per 28 day(s) retail; 3 ML per 28 days mail)
HADLIMA SOSY	2	QL(3.2 ML per 28 day(s) retail; 3 ML per 28 days mail)
HADLIMA SOSY	2	QL(1.6 ML per 28 day(s) retail; 2 ML per 28 days mail)
HULIO (2 PEN) AJKT	2	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); PA
HULIO (2 SYRINGE) PSKT 40 MG/0.8ML	2	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); PA
HULIO (2 SYRINGE) PSKT 20 MG/0.4ML	2	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/0.8ML	2	QL(6 EA per 28 day(s) retail; 6 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 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	2	QL(3.2 ML per 28 day(s) retail; 3 ML per 28 days mail); PA
HYRIMOZ-PED>/=40KG CROHN START SOSY	1	QL(3.2 ML per 28 day(s) retail; 3 ML per 28 days mail); PA
HYRIMOZ-PLAQ PSOR/UVEIT START SOAJ	1	QL(1.6 ML per 28 day(s) retail; 2 ML per 28 days mail); PA
HYRIMOZ SOAJ 40 MG/0.4ML	2	QL(1.6 ML per 28 day(s) retail; 2 ML per 28 days mail); PA
HYRIMOZ SOSY 20 MG/0.2ML	2	QL(0.4 ML per 28 day(s) retail); PA
HYRIMOZ SOSY 10 MG/0.1ML	2	QL(0.2 ML per 28 day(s) retail); PA
HYRIMOZ SOSY 40 MG/0.4ML	2	QL(1.6 ML per 28 day(s) retail; 2 ML 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	2	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail)
SIMLANDI (1 PEN) AJKT	2	QL(3 EA per 63 day(s) retail; 3 EA per 63 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
SIMLANDI (1 SYRINGE) PSKT	2	QL(3 EA per 63 day(s) retail; 3 EA per 63 days mail)
SIMLANDI (2 PEN) AJKT	2	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail)
SIMLANDI (2 SYRINGE) PSKT 20 MG/0.2ML	2	QL(2 EA per 28 day(s) retail; 2 EA per 28 days mail)
SIMLANDI (2 SYRINGE) PSKT 40 MG/0.4ML	2	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail)
SIMPONI ARIA SOLN	1	QL(4 ML per 28 day(s) retail; 4 ML per 28 days mail); PA
SIMPONI SOAJ 50 MG/0.5ML	1	QL(0.5 ML per 28 day(s) retail); PA
SIMPONI SOAJ 100 MG/ML	1	QL(1 ML per 28 day(s) retail; 1 ML per 28 days mail); PA
SIMPONI SOSY 100 MG/ML	1	QL(1 ML per 28 day(s) retail; 1 ML per 28 days mail); PA
SIMPONI SOSY 50 MG/0.5ML	1	QL(0.5 ML per 28 day(s) retail); 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)
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 15 MG, 30 MG	4	QL(1 EA daily); PA
RINVOQ TB24 45 MG	4	QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); 84 day(s) max supply per 999 day(s) retail; 84 day(s) max supply per 999 day(s) mail; PA
tofacitinib citrate SOLN 1 MG/ML	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
tofacitinib citrate TABS 5 MG, 10 MG	1	QL(2 EA daily); PA
tofacitinib citrate TB24 11 MG, 22 MG	1	QL(1 EA daily); PA
XELJANZ XR TB24 11 MG, 22 MG *(tofacitinib citrate)*	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
XELJANZ SOLN 1 MG/ML *(tofacitinib citrate)*	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 5 MG, 10 MG *(tofacitinib citrate)*	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 25 MG/0.5ML	4	QL(2 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 30 MG/0.6ML	4	QL(2.4 ML per 28 day(s) retail; 2 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 15 MG/0.3ML	4	QL(1.2 ML per 28 day(s) retail; 1 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 20 MG/0.4ML	4	QL(1.6 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 12.5 MG/0.25ML	4	QL(1 ML per 28 day(s) retail; 1 ML per 28 days mail); PA
Gold Compounds		
AURANOFIN 3 MG	1	MP
RIDAURA	1	MP
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	MP; PA
ACTEMRA SOLN	4	MP; PA
ACTEMRA SOSY	4	QL(3.6 ML per 28 day(s) retail; 4 ML per 28 days mail); PA
AVTOZMA SOAJ SC 162 MG/0.9ML	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	MP; PA
AVTOZMA SOSY SC 162 MG/0.9ML	4	QL(3.6 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
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	MP; PA
TYENNE SOAJ	4	QL(3.6 ML per 28 day(s) retail; 4 ML per 28 days mail); PA
TYENNE SOLN	4	MP; 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; MP
CALDOLOR SOLN	4	MP; PA
CELEBREX *(celecoxib)*	1	MP
celecoxib	1	MP
COMBOGESIC SOLN	4	MP; PA
COXANTO CAPS *(oxaprozin)*	4	QL(120 EA per 30 day(s) retail; 120 EA per 30 days mail); AL(At least 6 yrs old); PA
diclofenac potassium CAPS	4	MP; PA
diclofenac potassium TABS 50 MG	1	MP
diclofenac potassium TABS 25 MG	4	MP; PA
diclofenac sodium TB24	2	MP
diclofenac sodium TBEC 25 MG	2	QL(2 EA daily); ST
diclofenac sodium TBEC 50 MG, 75 MG	1	MP
diclofenac w/ misoprostol TBEC	2	ST; MP
etodolac CAPS	1	MP
etodolac TABS	1	MP
etodolac TB24	2	ST; MP
fenoprofen calcium CAPS 400 MG	4	MP; PA
fenoprofen calcium CAPS 300 MG	1	QL(8 EA daily); PA
fenoprofen calcium CAPS 200 MG	1	MP; PA
flurbiprofen TABS 100 MG	2	MP
ibuprofen lysine	1	MP
ibuprofen-famotidine	4	MP; PA
IBUPROFEN POWD	1	
ibuprofen SUSP 100 MG/5ML	1	Requires EPSDT PA Review; QL(120 ML per fill retail); AL(Up to 20 yrs old); PA; RX/OTC
ibuprofen TABS 300 MG	4	MP
ibuprofen TABS 400 MG, 600 MG, 800 MG	1	MP
INDOMETHACIN SODIUM	1	MP; PA
indomethacin CAPS 25 MG, 50 MG	1	QL(8 EA daily)
indomethacin CPCR	4	MP; PA
indomethacin SUPP	1	MP; PA
indomethacin SUSP	1	AL(Up to 10 yrs old); MP; PA
ketoprofen CAPS 50 MG	4	PA
ketoprofen CAPS 75 MG	1	PA
ketoprofen CP24	4	MP; PA
ketorolac tromethamine SOLN IJ 15 MG/ML, 30 MG/ML	1	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
ketorolac tromethamine TABS	1	QL(20 EA per 5 day(s) retail; 20 EA per 5 days mail)
LURBIRO TABS 100 MG *(flurbiprofen)*	2	MP
meclofenamate sodium CAPS	4	MP; PA
mefenamic acid CAPS	4	MP; PA
meloxicam CAPS	4	QL(1 EA daily); PA
meloxicam TABS	1	MP
nabumetone	1	MP
NALFON CAPS *(fenoprofen calcium)*	4	MP; PA
NAPRELAN TB24 *(naproxen sodium)*	4	MP; PA
naproxen sodium TABS 275 MG, 550 MG	2	ST; MP
naproxen sodium TB24	4	MP; PA
naproxen-esomeprazole magnesium	4	MP; PA
naproxen SUSP	1	AL(Up to 12 yrs old); MP
naproxen TABS	1	MP
naproxen TBEC	2	MP
NEOPROFEN *(ibuprofen lysine)*	1	MP
ORUDIS CAPS 75 MG	1	
oxaprozin CAPS	4	QL(120 EA per 30 day(s) retail; 120 EA per 30 days mail); AL(At least 6 yrs old); PA
oxaprozin TABS	2	ST; MP
piroxicam CAPS	1	ST; MP
RELAFEN DS	4	QL(1 EA daily); PA
sulindac TABS	1	MP
TOLECTIN DS CAPS 400 MG *(tolmetin sodium)*	4	MP; PA
tolmetin sodium CAPS	4	MP; PA
tolmetin sodium TABS 200 MG	1	MP
tolmetin sodium TABS 600 MG	4	MP; PA
VYSCOXA PO 10 MG/ML	4	AL(At least 2 yrs old); MP
XIFYRM SOLN IV 30 MG/ML	4	QL(1 ML daily); PA
ZYBIC SUSP 7.5 MG/5ML *(meloxicam)*	1	PA
ZYNRELEF	1	Medical Benefit Only; MP
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	2	QL(2 EA daily)
OTEZLA TBPK	2	QL(55 EA per 28 day(s) retail; 55 EA per 28 days mail)
Pyrimidine Synthesis Inhibitors		
ARAVA *(leflunomide)*	1	QL(1 EA daily)
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	MP; PA
ORENCIA SOSY 125 MG/ML	4	QL(4 ML per 28 day(s) retail; 4 ML per 28 days mail); 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

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 50 MG/0.4ML	4	QL(1.6 ML per 28 day(s) retail; 2 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	1	QL(30 EA per 14 day(s) retail; 30 EA per 14 days mail); 1 max fill(s) per 60 day(s) retail; AL(At least 18 yrs old)
JOURNAVX	1	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 IV 10 MG/ML	1	Medical Benefit Only; MP
clonidine hcl (analgesia) EP	1	MP
DURACLON EP 100 MCG/ML *(clonidine hcl (analgesia))*	1	MP
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	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
DOLOBID TABS	4	QL(3 EA daily); PA
salsalate	1	MP
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
Opioid Agonists		
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	MP
DEMEROL SOLN IJ 25 MG/ML, 50 MG/ML, 75 MG/ML *(meperidine hcl)*	1	MP
DILAUDID LIQD *(hydromorphone hcl)*	1	AL(Up to 12 yrs old); MP
DILAUDID SOLN IJ 0.2 MG/ML, 1 MG/ML, 2 MG/ML *(hydromorphone hcl)*	1	MP
DILAUDID TABS *(hydromorphone hcl)*	1	QL(4 EA daily); AL(At least 10 yrs old)
DURAMORPH SOLN IJ 0.5 MG/ML, 1 MG/ML *(morphine sulfate)*	1	MP
FENTANYL CITRATE (PF) SOLN IJ 50 MCG/ML *(fentanyl citrate)*	1	MP
FENTANYL CITRATE (PF) SOSY IJ 25 MCG/0.5ML, 50 MCG/ML	1	MP
FENTANYL CITRATE (PF) SOSY IJ 25 MCG/0.5ML, 50 MCG/ML *(fentanyl citrate)*	1	MP
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	MP
fentanyl citrate SOSY IJ	1	MP
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 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
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
hydrocodone bitartrate CP12	1	QL(2 EA daily); AL(At least 10 yrs old); PA
hydrocodone bitartrate T24A	3	Brand Required; QL(1 EA daily); AL(At least 10 yrs old); PA
HYDROMORPHONE HCL PF SOLN IJ	1	MP
HYDROMORPHONE HCL PF SOLN IJ *(hydromorphone hcl)*	1	MP
hydromorphone hcl LIQD	1	AL(Up to 12 yrs old); MP
HYDROMORPHONE HCL 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
hydromorphone hcl SOLN IJ 0.2 MG/ML, 1 MG/ML, 2 MG/ML, 10 MG/ML, 50 MG/5ML, 500 MG/50ML	1	MP
HYDROMORPHONE HCL SOLN IJ 1 MG/ML, 2 MG/ML, 4 MG/ML	1	MP
HYDROMORPHONE HCL SUPP	1	MP
hydromorphone hcl TABS	1	QL(4 EA daily); AL(At least 10 yrs old)
hydromorphone hcl TB24 8 MG, 16 MG, 32 MG	1	QL(1 EA daily); AL(At least 10 yrs old); PA
hydromorphone hcl TB24 12 MG	1	QL(3 EA daily); AL(At least 10 yrs old); PA
HYSINGLA ER T24A 20 MG, 30 MG, 40 MG, 60 MG, 80 MG, 100 MG	3	Brand Required; QL(1 EA daily); AL(At least 10 yrs old); PA
INFUMORPH 200 *(morphine sulfate for continuous microinfusion)*	1	MP
INFUMORPH 500 *(morphine sulfate for continuous microinfusion)*	1	MP
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	MP
meperidine hcl SOLN PO 50 MG/5ML	1	AL(Up to 12 yrs old); MP
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 IJ 10 MG/ML	1	MP
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 *(methadone hcl)*	1	MP
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	MP
morphine sulfate beads	1	QL(1 EA daily); AL(At least 10 yrs old); PA
morphine sulfate for continuous microinfusion	1	MP
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 IJ 0.5 MG/ML, 1 MG/ML	1	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
morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML, 100 MG/5ML	1	AL(Up to 12 yrs old); MP
MORPHINE SULFATE SOLN IJ 2 MG/ML, 4 MG/ML	1	MP
morphine sulfate SUPP	1	MP
morphine sulfate TABS	1	QL(4 EA daily); AL(At least 10 yrs old)
morphine sulfate TBCR 15 MG, 30 MG, 60 MG, 100 MG	1	QL(3 EA daily); AL(At least 10 yrs old); PA
morphine sulfate TBCR 200 MG	1	AL(At least 10 yrs old); MP; PA
MS CONTIN TBCR 15 MG, 30 MG, 60 MG *(morphine sulfate)*	1	QL(3 EA daily); AL(At least 10 yrs old)
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); MP
oxycodone hcl TABS	1	QL(4 EA daily); AL(At least 10 yrs old)
OXYCONTIN T12A 10 MG, 15 MG, 20 MG	1	Brand Required; QL(2 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); MP; PA
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	MP
ROXICODONE TABS 15 MG, 30 MG *(oxycodone hcl)*	1	QL(4 EA daily); AL(At least 10 yrs old)
ROXYBOND TABA	4	QL(4 EA daily); AL(At least 10 yrs old)
sufentanil citrate SOLN IV 50 MCG/ML	1	MP
TAPENTADOL HCL ER TB12 50 MG, 100 MG, 150 MG, 200 MG, 250 MG	4	QL(2 EA daily); AL(At least 10 yrs old); PA
TAPENTADOL HCL SOLN PO 20 MG/ML	4	QL(900 ML per 30 day(s) retail; 900 ML per 30 days mail); PA
tapentadol hcl TABS 50 MG, 75 MG, 100 MG	1	QL(4 EA daily); AL(At least 10 yrs old)
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); MP; PA
tramadol hcl TABS 75 MG	4	QL(5 EA daily); AL(At least 12 yrs old); PA
tramadol hcl TABS 25 MG	1	QL(4 EA daily); AL(At least 12 yrs old); PA
tramadol hcl TABS 50 MG	1	QL(8 EA daily); AL(At least 12 yrs old)
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)
ULTIVA *(remifentanil hcl)*	1	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
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)
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 325 MG/15ML-10 MG/15ML	4	QL(149 ML daily); PA
hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML	1	QL(4560 ML per 30 day(s) retail; 4560 ML per 30 days mail)
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-5 MG, 325 MG-7.5 MG *(oxycodone w/ acetaminophen)*	1	QL(4 EA daily); AL(At least 10 yrs old)
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
tramadol-acetaminophen	1	QL(6 EA daily); AL(At least 12 yrs old)
Opioid Partial Agonists		
BELBUCA FILM	3	Brand Required; QL(60 EA per 30 day(s) retail; 60 EA per 30 days mail); PA
BRIXADI (MONTHLY) SOSY 96 MG/0.27ML	1	QL(0.27 ML per 28 day(s) retail)
BRIXADI (MONTHLY) SOSY 128 MG/0.36ML	1	QL(0.36 ML per 28 day(s) retail)
BRIXADI (MONTHLY) SOSY 64 MG/0.18ML	1	QL(0.18 ML per 28 day(s) retail)
BRIXADI (WEEKLY) SOSY 24 MG/0.48ML	1	QL(1.92 ML per 28 day(s) retail; 2 ML 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
BRIXADI (WEEKLY) SOSY 8 MG/0.16ML	1	QL(0.64 ML per 28 day(s) retail; 1 ML per 28 days mail)
BRIXADI (WEEKLY) SOSY 32 MG/0.64ML	1	QL(2.56 ML per 28 day(s) retail; 3 ML per 28 days mail)
BRIXADI (WEEKLY) SOSY 16 MG/0.32ML	1	QL(1.28 ML per 28 day(s) retail; 1 ML per 28 days mail)
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 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 3 MG-12 MG	4	QL(2 EA daily); 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	MP
buprenorphine hcl SUBL	1	QL(3 EA daily); AL(At least 16 yrs old)
buprenorphine PTWK	1	Brand Required; QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); PA
butorphanol tartrate IJ 1 MG/ML, 2 MG/ML	1	MP
butorphanol tartrate NA 10 MG/ML	1	QL(10 ML per 30 day(s) retail; 10 ML per 30 days mail)
BUTRANS PTWK *(buprenorphine)*	1	Brand Required; QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail)
nalbuphine hcl	1	MP
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 3 MG-12 MG *(buprenorphine hcl-naloxone hcl dihydrate)*	4	QL(2 EA daily); AL(At least 16 yrs old); 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 2 MG-8 MG *(buprenorphine hcl-naloxone hcl dihydrate)*	4	QL(3 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 2.9 MG-11.4 MG	4	QL(1 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		
AVEED SOLN	4	MP; PA
AZMIRO SOSY	4	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
danazol CAPS	1	MP
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	MP; PA
METHYLTESTOSTERONE POWD	1	PA
methyltestosterone TABS	4	MP; PA
NATESTO GEL NA	4	AL(At least 18 yrs old); MP; PA
TESTIM GEL TD *(testosterone)*	2	QL(150 GM per 30 day(s) retail; 150 GM per 30 days mail); PA
TESTOPEL PLLT	1	Medical Benefit Only; MP
testosterone cypionate SOLN IM	1	MP; PA
testosterone enanthate SOLN IM	1	MP; 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 1 %	1	QL(150 GM per 30 day(s) retail; 150 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	QL(75 GM per 30 day(s) retail; 75 GM per 30 days mail); PA
testosterone SOLN	1	QL(180 ML per 30 day(s) retail; 180 ML per 30 days mail); AL(At least 18 yrs old); 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	MP
CORTIFOAM EX 10 %	4	QL(30 GM per 30 day(s) retail; 30 GM per 30 days mail); PA
hydrocortisone (intrarectal)	1	MP
Rectal Combinations		
lidocaine-hydrocortisone acetate (rectal) CREA EX	1	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
LIDOCORT CREA EX 0.5 %-3 % *(lidocaine-hydrocortisone acetate (rectal))*	1	1 package(s) per fill retail; 1 package(s) per fill mail
PROCTOFOAM HC FOAM EX	1	MP; PA
Rectal Steroids		
hydrocortisone (rectal) EX 2.5 %	1	4 package(s) per 28 day(s) retail; 4 package(s) per 28 day(s) mail
hydrocortisone (rectal) EX 1 %	1	QL(28.4 GM per 7 day(s) retail; 28 GM per 7 days mail); RX/OTC
Vasodilating Agents		
nitroglycerin (intra-anal)	1	MP
RECTIV *(nitroglycerin (intra-anal))*	1	MP
ANTACIDS		
Antacids - Calcium Salts		
CALCIUM CARBONATE ANTACID SUSP	1	Requires EPSDT PA Review; AL(Up to 20 yrs old); MP; 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); MP; PA
EMVERM CHEW	4	QL(6 EA per 30 day(s) retail; 6 EA per 30 days mail); PA
ivermectin	1	MP; PA
praziquantel	1	QL(6 EA per 30 day(s) retail; 6 EA per 30 days mail)
STROMECTOL *(ivermectin)*	1	MP
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
AEMCOLO	4	QL(4 EA daily); PA
CONTEPO SOLR IV 6 GM	4	QL(42 EA per 14 day(s) retail; 42 EA per 14 days mail); AL(At least 18 yrs old); PA
IMPAVIDO	1	QL(84 EA per 28 day(s) retail; 84 EA per 28 days mail); AL(At least 12 yrs old); PA
LIKMEZ SUSP	4	QL(20 ML daily); AL(Up to 10 yrs old); PA
metronidazole CAPS	1	MP; PA
metronidazole SOLN	1	MP
METRONIDAZOLE SOLN *(metronidazole)*	1	MP
metronidazole TABS 250 MG, 500 MG	1	MP
metronidazole TABS 125 MG	1	MP; PA
NEBUPENT IN *(pentamidine isethionate)*	1	MP
NUZOLVENCE PACK PO 3 GM	1	QL(1 EA daily); AL(At least 12 yrs old); PA
PENTAM IJ *(pentamidine isethionate)*	1	MP
pentamidine isethionate IJ	1	MP
tinidazole	1	MP
trimethoprim TABS	1	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
Anti-infective Misc. - Combinations		
BACTRIM DS TABS *(sulfamethoxazole-trimethoprim)*	1	MP
BACTRIM TABS *(sulfamethoxazole-trimethoprim)*	1	MP
sulfamethoxazole-trimethoprim SOLN	1	MP
sulfamethoxazole-trimethoprim SUSP	1	MP
sulfamethoxazole-trimethoprim TABS	1	MP
XACDURO	1	AL(At least 18 yrs old); MP; PA
Antiprotozoal Agents		
atovaquone	1	MP
LAMPIT 30 MG	4	QL(9 EA daily); AL(Up to 17 yrs old); PA
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
MEPRON *(atovaquone)*	1	MP
nitazoxanide TABS	4	QL(2 EA daily); PA
Carbapenems		
ertapenem sodium IJ	1	MP
imipenem-cilastatin IV	1	MP
meropenem	1	MP
meropenem 2 GM	4	MP; PA
MEROPENEM 2 GM *(meropenem)*	4	MP; PA
MEROPENEM-SODIUM CHLORIDE	1	MP
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
Cyclic Lipopeptides		
daptomycin	1	MP
DAPTOMYCIN	1	MP
DAPTOMYCIN *(daptomycin)*	1	MP
DAPTOMYCIN-SODIUM CHLORIDE	1	MP
Glycopeptides		
dalbavancin hcl 500 MG	4	QL(3 EA per 7 day(s) retail; 3 EA per 7 days mail); PA
DALVANCE 500 MG *(dalbavancin hcl)*	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 25 MG/ML *(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
FIRVANQ SOLR PO 50 MG/ML *(vancomycin hcl)*	1	QL(150 ML per 10 day(s) retail; 150 ML per 10 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
FIRVANQ SOLR PO 50 MG/ML *(vancomycin hcl)*	1	QL(600 ML per 10 day(s) retail; 600 ML per 10 days 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)
TYZAVAN SOLN IV 500 MG/100ML, 750 MG/150ML, 1000 MG/200ML, 1250 MG/250ML, 1500 MG/300ML, 1750 MG/350ML, 2000 MG/400ML	1	MP
VANCOCIN CAPS 125 MG *(vancomycin hcl)*	1	MP
VANCOCIN CAPS 250 MG *(vancomycin hcl)*	1	MP
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	MP
VANCOMYCIN HCL IN NACL SOLN 1 GM/200ML-0.9 %, 500 MG/100ML-0.9 %, 750 MG/150ML-0.9 %	1	MP
vancomycin hcl CAPS	1	MP
vancomycin hcl CAPS	1	MP
vancomycin hcl SOLN IV 750 MG/150ML, 1000 MG/200ML, 1250 MG/250ML, 1500 MG/300ML, 1750 MG/350ML, 2000 MG/400ML	1	MP
VANCOMYCIN HCL SOLN IV 500 MG/100ML	1	MP
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)
vancomycin hcl SOLR PO 25 MG/ML	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 IV 1 GM, 1.25 GM, 1.5 GM, 5 GM, 10 GM, 500 MG, 750 MG	1	MP
vancomycin hcl SOLR PO 250 MG/5ML	1	QL(160 ML per 10 day(s) retail; 160 ML per 10 days mail)
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	1	QL(150 ML per 10 day(s) retail; 150 ML per 10 days mail)
VANCOMYCIN HCL SOLR IV	1	MP
VANCOMYCIN HCL SOLR IV *(vancomycin hcl)*	1	MP
VIBATIV 750 MG	1	MP
Leprostatics		
dapsone	1	MP
Lincosamides		
CLEOCIN *(clindamycin palmitate hydrochloride)*	1	MP
CLEOCIN *(clindamycin hcl)*	1	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
CLEOCIN PHOSPHATE SOLN IJ	1	MP
CLEOCIN PHOSPHATE SOLN IJ *(clindamycin phosphate)*	1	MP
clindamycin hcl	1	MP
clindamycin palmitate hydrochloride	1	MP
clindamycin phosphate in d5w	1	MP
CLINDAMYCIN PHOSPHATE IN NACL	1	MP
clindamycin phosphate SOLN IJ 300 MG/2ML, 600 MG/4ML, 900 MG/6ML	1	MP
LINCOCIN *(lincomycin hcl)*	1	MP
lincomycin hcl	1	MP
Monobactams		
AZACTAM *(aztreonam)*	1	MP
aztreonam	1	MP
CAYSTON	4	QL(84 ML per 55 day(s) retail; 84 ML per 55 days mail); PA
EMBLAVEO SOLR IV	4	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 *(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)
Penems		
ORLYNVAH TABS PO	4	QL(10 EA per 5 day(s) retail; 10 EA per 5 days mail); AL(At least 18 yrs old); GL; PA
Polymyxins		
colistimethate sodium	1	MP
COLY-MYCIN M *(colistimethate sodium)*	1	MP
polymyxin b sulfate SOLR	1	MP
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); 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
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	MP
MACROBID *(nitrofurantoin monohyd macro)*	1	MP
methenamine hippurate	1	MP
methenamine mandelate	1	MP
nitrofurantoin 25 MG/5ML	1	QL(1200 ML per 30 day(s) retail; 1200 ML per 30 days mail); AL(Up to 10 yrs old)
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	MP
nitrofurantoin monohyd macro	1	MP
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
ranolazine TB12 500 MG	1	QL(3 EA daily); MP
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 20 MG	1	QL(6 EA daily); MP
isosorbide dinitrate TABS 40 MG	1	MP
isosorbide dinitrate TABS 5 MG, 30 MG	1	QL(3 EA daily); MP
isosorbide mononitrate TABS	1	MP
isosorbide mononitrate TB24 120 MG	1	QL(2 EA daily); MP
isosorbide mononitrate TB24 30 MG	1	QL(6 EA daily); MP
isosorbide mononitrate TB24 60 MG	1	QL(3 EA daily); MP
NITRO-DUR PT24 0.3 MG/HR, 0.6 MG/HR, 0.8 MG/HR *(nitroglycerin)*	1	MP
NITRO-DUR PT24	1	MP
NITRO-DUR PT24 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR *(nitroglycerin)*	1	QL(1 EA daily); MP
NITROGLYCERIN IN D5W 5 %-100 MCG/ML, 5 %-200 MCG/ML, 5 %-400 MCG/ML	1	MP
nitroglycerin OINT	1	MP
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	MP
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	MP
nitroglycerin SUBL 0.6 MG	1	MP
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
NITROSTAT SUBL 0.6 MG *(nitroglycerin)*	1	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
NITROSTAT SUBL 0.3 MG, 0.4 MG *(nitroglycerin)*	1	QL(4.45 EA daily); MP
ANTIANXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
BUCAPSOL PO 7.5 MG, 10 MG	1	QL(3 EA daily); PA
BUCAPSOL PO 5 MG	1	QL(2 EA daily); PA
BUCAPSOL PO 15 MG	1	QL(4 EA daily); PA
buspirone hcl 2.5 MG, 12.5 MG	1	QL(2 EA daily); PA
buspirone hcl 7.5 MG, 30 MG	1	QL(2 EA daily); MP
buspirone hcl 5 MG, 10 MG, 15 MG	1	QL(3 EA daily); MP
droperidol SOLN 2.5 MG/ML	1	MP
hydroxyzine hcl SOLN 25 MG/ML, 50 MG/ML	1	MP
hydroxyzine hcl SYRP	1	MP
hydroxyzine hcl TABS 10 MG, 25 MG	1	MP
hydroxyzine hcl TABS 50 MG	1	QL(4 EA daily); MP
hydroxyzine pamoate CAPS 100 MG	1	MP
hydroxyzine pamoate CAPS 25 MG, 50 MG	1	QL(4 EA daily); MP
meprobamate	1	MP
Benzodiazepines		
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 2 MG	1	QL(2 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 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 *(lorazepam)*	1	QL(60 ML per 30 day(s) retail; 60 ML per 30 days mail); AL(At least 19 yrs old)
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(5 ML daily); AL(At least 19 yrs old)
diazepam SOLN PO 5 MG/5ML	1	QL(30 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)

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
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 2 MG *(alprazolam)*	1	QL(2 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)
XANAX TABS 2 MG *(alprazolam)*	1	QL(2 EA daily); AL(At least 19 yrs old)
XANAX TABS 0.25 MG, 0.5 MG, 1 MG *(alprazolam)*	1	QL(3 EA daily); AL(At least 19 yrs old)
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics - Misc.		
adenosine SOLN	1	MP
Antiarrhythmics Type I-A		
disopyramide phosphate CAPS	1	MP
NORPACE CR CP12	1	MP
NORPACE CAPS *(disopyramide phosphate)*	1	MP
procainamide hcl SOLN	1	MP
quinidine gluconate TBCR	1	MP
quinidine sulfate TABS	1	MP
Antiarrhythmics Type I-B		
LIDOCAINE HCL (CARDIAC) PF SOLN	1	MP
lidocaine hcl (cardiac) SOSY	1	MP
lidocaine in d5w 5 %-4 MG/ML, 5 %-8 MG/ML	1	MP
mexiletine hcl	1	MP
Antiarrhythmics Type I-C		
flecainide acetate	1	MP
propafenone hcl CP12	1	MP
propafenone hcl TABS	1	MP
Antiarrhythmics Type III		
amiodarone hcl SOLN 150 MG/3ML, 450 MG/9ML, 900 MG/18ML	1	MP
amiodarone hcl TABS	1	MP
CORVERT *(ibutilide fumarate)*	1	MP
dofetilide	1	MP
ibutilide fumarate	1	MP
MULTAQ	1	MP
NEXTERONE	1	Medical Benefit Only; MP
TIKOSYN *(dofetilide)*	1	MP
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Anti-Inflammatory Agents		
cromolyn sodium NEBU	1	QL(360 ML per 30 day(s) retail; 360 ML per 30 days mail)
Antiasthmatic - Monoclonal Antibodies		
CINQAIR	1	Medical Benefit Only; MP
EXDENSUR SOSY SC 100 MG/ML	4	QL(1 ML per 180 day(s) retail; 1 ML per 180 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
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
OMLYCLO SOSY SC 150 MG/ML	1	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); AL(At least 1 yrs old); PA
OMLYCLO SOSY SC 75 MG/0.5ML	1	QL(1 ML per 28 day(s) retail; 1 ML per 28 days mail); AL(At least 1 yrs old); PA
OMLYCLO SOSY SC 300 MG/2ML	1	QL(8 ML per 28 day(s) retail; 8 ML per 28 days mail); AL(At least 1 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
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); MP; PA
XOLAIR SOLR	4	AL(At least 1 yrs old); MP; PA
XOLAIR SOSY	4	AL(At least 1 yrs old); MP; PA
Bronchodilators - Anticholinergics		
ATROVENT HFA 17 MCG/ACT *(ipratropium bromide hfa)*	1	Brand Required; QL(25.8 GM per 30 day(s) retail; 26 GM 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
INCRUSE ELLIPTA 62.5 MCG/ACT *(umeclidinium bromide)*	1	Brand Required; 1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; AL(At least 18 yrs old)
ipratropium bromide hfa 17 MCG/ACT	1	Brand Required; QL(25.8 GM per 30 day(s) retail; 26 GM per 30 days mail)
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 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)
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)
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); PA
umeclidinium bromide 62.5 MCG/INH	1	Brand Required; 1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; AL(At least 18 yrs old); PA
YUPELRI IN 175 MCG/3ML	1	QL(90 ML per 30 day(s) retail; 90 ML per 30 days mail); AL(At least 18 yrs old); PA
Leukotriene Modulators		
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 5 MG *(montelukast sodium)*	1	QL(1 EA daily)
SINGULAIR TABS *(montelukast sodium)*	1	QL(1 EA daily)
zafirlukast	1	QL(2 EA daily)
zileuton TB12	4	AL(At least 12 yrs old); MP; PA
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

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
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
DALIRESP 250 MCG *(roflumilast)*	1	QL(2 EA daily)
DALIRESP 500 MCG *(roflumilast)*	1	QL(1 EA daily)
roflumilast 250 MCG	1	QL(2 EA daily)
roflumilast 500 MCG	1	QL(1 EA daily)
Steroid Inhalants		
ALVESCO	4	QL(6.1 GM per 30 day(s) retail; 6 GM per 30 days mail); 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)
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 100 MCG/ACT, 200 MCG/ACT	1	3 package(s) per 90 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)
beclomethasone dipropionate 40 MCG/ACT, 80 MCG/ACT	1	PA
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)
budesonide (inhalation) SUSP 0.25 MG/2ML, 0.5 MG/2ML	1	QL(8 ML daily); 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

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 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; PA
fluticasone propionate hfa 110 MCG/ACT	1	6 package(s) per 90 day(s) retail; 6 package(s) per 90 day(s) mail; AL(Up to 8 yrs old); MP; PA
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
PULMICORT FLEXHALER AEPB	1	6 package(s) per 90 day(s) retail; 6 package(s) per 90 day(s) mail; MP
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)
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)
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	Brand Required; 3 package(s) per 90 day(s) retail; 3 package(s) per 90 day(s) mail; MP
ADVAIR HFA AERO *(fluticasone-salmeterol)*	1	Brand Required; 3 package(s) per 90 day(s) retail; 3 package(s) per 90 day(s) mail; MP
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
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

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
albuterol sulfate AERS	1	2 package(s) per 30 day(s) retail; 2 package(s) per 30 day(s) mail
albuterol sulfate NEBU 2.5 MG/0.5ML	1	MP
albuterol sulfate NEBU	1	QL(600 ML per 30 day(s) retail; 600 ML per 30 days mail)
albuterol sulfate SYRP	1	MP
albuterol sulfate TABS	1	MP
ANORO ELLIPTA 25 MCG/ACT-62.5 MCG/ACT *(umeclidinium-vilanterol)*	1	Brand Required; 1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; AL(At least 18 yrs old)
arformoterol tartrate	1	QL(120 ML per 30 day(s) retail; 120 ML per 30 days mail); AL(At least 18 yrs old); 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
BREZTRI AEROSPHERE	4	QL(10.7 GM per 30 day(s) retail; 11 GM per 30 days mail); AL(At least 12 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)
budesonide-formoterol fumarate dihydrate	1	Brand Required; 6 package(s) per 90 day(s) retail; 6 package(s) per 90 day(s) mail; MP; 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
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	Brand Required; 3 package(s) per 90 day(s) retail; 3 package(s) per 90 day(s) mail; MP
fluticasone-salmeterol AEPB	1	Brand Required; 3 package(s) per 90 day(s) retail; 3 package(s) per 90 day(s) mail; MP; PA
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	Brand Required; 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	MP
levalbuterol hcl	4	QL(288 ML per 30 day(s) retail; 288 ML per 30 days mail); PA
levalbuterol hcl	4	QL(288 ML per 30 day(s) retail; 288 ML per 30 days mail)
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)
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 %	1	Requires EPSDT PA Review; AL(Up to 20 yrs old); MP; 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

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
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)
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	MP
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	1	Brand Required; 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	MP
THEO-24 CP24	1	MP
theophylline ELIX	1	MP
theophylline SOLN	1	MP
theophylline TB12	1	MP
theophylline TB24	1	MP
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
warfarin sodium TABS	1	MP
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 5 MG	1	QL(60 EA per 30 day(s) retail; 60 EA per 30 days mail)
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)

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
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	QL(465 ML per 30 day(s) retail; 465 ML per 30 days mail); AL(Up to 10 yrs old)
rivaroxaban TABS 2.5 MG	1	QL(2 EA daily)
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	QL(465 ML per 30 day(s) retail; 465 ML per 30 days mail); AL(Up to 10 yrs old)
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 2.5 MG *(rivaroxaban)*	1	QL(2 EA daily)
XARELTO TABS 20 MG	1	Brand Required; QL(1 EA daily)
Heparins And Heparinoid-Like Agents		
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)
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)
enoxaparin sodium SOLN IJ 300 MG/3ML	1	MP
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 100 MG/ML, 150 MG/ML	1	QL(60 ML per 30 day(s) retail; 60 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)
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 30 MG/0.3ML	1	QL(18 ML per 30 day(s) retail; 18 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 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)

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
fondaparinux sodium 10 MG/0.8ML	1	QL(24 ML per 30 day(s) retail; 24 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)
FRAGMIN SOLN 95000 UNIT/3.8ML	1	QL(22.8 ML per 30 day(s) retail; 23 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)
FRAGMIN SOSY 18000 UNT/0.72ML	1	QL(21.6 ML per 30 day(s) retail; 22 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 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)
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	MP

Drug Name	Drug Tier	Requirements/ Limits
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	MP
heparin (porcine) in sodium chloride SOLN IV 0.9 %-1000 UNIT/500ML, 0.9 %-2000 UNIT/L	1	MP
HEPARIN SOD (PORCINE) IN D5W	1	MP
HEPARIN SODIUM (PORCINE) PF SOLN IJ	1	MP
heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	1	MP
HEPARIN SODIUM (PORCINE) SOSY IJ	1	MP
LOVENOX SOLN IJ 300 MG/3ML *(enoxaparin sodium)*	1	MP
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)
LOVENOX SOSY 60 MG/0.6ML *(enoxaparin sodium)*	1	QL(36 ML per 30 day(s) retail; 36 ML per 30 days mail)
LOVENOX SOSY 30 MG/0.3ML *(enoxaparin sodium)*	1	QL(18 ML per 30 day(s) retail; 18 ML per 30 days mail)
LOVENOX SOSY 40 MG/0.4ML *(enoxaparin sodium)*	1	QL(24 ML per 30 day(s) retail; 24 ML per 30 days mail)
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)

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
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	MP
ARGATROBAN	1	MP
ARGATROBAN *(argatroban)*	1	MP
ARGATROBAN IN SODIUM CHLORIDE	1	MP
bivalirudin trifluoroacetate SOLN	1	MP
bivalirudin trifluoroacetate SOLR	1	MP
dabigatran etexilate mesylate CAPS	4	Brand Required; QL(2 EA daily); PA
PRADAXA CAPS *(dabigatran etexilate mesylate)*	4	Brand Required; QL(2 EA daily); PA
PRADAXA PACK 30 MG, 40 MG, 50 MG, 110 MG	4	QL(120 EA per 30 day(s) retail; 120 EA per 30 days mail); AL(Up to 7 yrs old); PA
PRADAXA PACK 20 MG, 150 MG	4	QL(60 EA per 30 day(s) retail; 60 EA per 30 days mail); AL(Up to 7 yrs old); PA
ANTICONVULSANTS - Drugs to Treat Seizures		
AMPA Glutamate Receptor Antagonists		
FYCOMPA SUSP	1	Brand Required; QL(720 ML per 30 day(s) retail; 720 ML per 30 days mail); PA
FYCOMPA SUSP 0.5 MG/ML *(perampanel)*	1	Brand Required; QL(720 ML per 30 day(s) retail; 720 ML per 30 days mail); PA
FYCOMPA TABS	1	Brand Required; QL(1 EA daily); PA
FYCOMPA TABS 2 MG, 4 MG, 6 MG, 8 MG, 10 MG, 12 MG *(perampanel)*	1	Brand Required; QL(1 EA daily); PA
perampanel SUSP 0.5 MG/ML	1	Brand Required; QL(720 ML per 30 day(s) retail; 720 ML per 30 days mail); PA
perampanel TABS 2 MG, 4 MG, 6 MG, 8 MG, 10 MG, 12 MG	1	Brand Required; QL(1 EA daily); PA
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 TABS 0.25 MG	1	QL(3 EA daily); PA
clonazepam TBDP 0.125 MG, 0.25 MG, 0.5 MG, 1 MG	1	QL(3 EA daily)
clonazepam TBDP 2 MG	1	QL(2 EA daily)
diazepam (anticonvulsant) GEL	1	MP
diazepam (anticonvulsant) GEL 2.5 MG	1	Requires EPSDT PA Review; AL(Up to 20 yrs old); MP; PA
KLONOPIN TABS 0.5 MG, 1 MG *(clonazepam)*	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
KLONOPIN TABS 2 MG *(clonazepam)*	1	QL(2 EA daily)
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)
ONFI TABS *(clobazam)*	1	QL(2 EA daily)
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
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 600 MG, 800 MG *(eslicarbazepine acetate)*	4	QL(2 EA daily); PA
APTIOM 200 MG, 400 MG *(eslicarbazepine acetate)*	4	QL(1 EA daily); PA
BANZEL SUSP *(rufinamide)*	4	QL(2400 ML per 30 day(s) retail; 2400 ML per 30 days mail); PA
BANZEL TABS *(rufinamide)*	4	QL(8 EA daily); PA
brivaracetam SOLN IV 50 MG/5ML	4	MP; PA
brivaracetam SOLN PO 10 MG/ML	4	AL(Up to 12 yrs old); MP; PA
brivaracetam TABS 10 MG, 25 MG, 50 MG, 75 MG, 100 MG	4	QL(2 EA daily); PA
BRIVIACT SOLN IV 50 MG/5ML *(brivaracetam)*	4	MP; PA
BRIVIACT SOLN PO 10 MG/ML *(brivaracetam)*	4	AL(Up to 12 yrs old); MP; PA
BRIVIACT TABS 10 MG, 25 MG, 50 MG, 75 MG, 100 MG *(brivaracetam)*	4	QL(2 EA daily); PA
carbamazepine CHEW 100 MG	1	QL(8 EA daily); MP
carbamazepine CHEW 200 MG	1	QL(8 EA daily); PA
carbamazepine CP12	1	QL(5 EA daily); MP
carbamazepine SUSP	1	QL(50 ML daily); MP
carbamazepine TABS	1	QL(8 EA daily); MP
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
DIACOMIT CAPS	4	MP; PA
DIACOMIT PACK	4	MP; PA
ELEPSIA XR TB24	4	QL(2 EA daily); AL(At least 12 yrs old); PA
EPIDIOLEX	4	AL(At least 1 yrs old); 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
EPRONTIA SOLN 25 MG/ML *(topiramate)*	4	Brand Required; 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	1	QL(1 EA daily); PA
eslicarbazepine acetate 600 MG, 800 MG	1	QL(2 EA daily); 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 100 MG	1	QL(5 EA daily); MP
gabapentin CAPS 200 MG	1	QL(270 EA per 30 day(s) retail; 270 EA per 30 days mail); PA
gabapentin CAPS 300 MG	1	QL(10 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	MP; PA
KEPPRA XR TB24 500 MG *(levetiracetam)*	1	QL(2 EA daily); MP
KEPPRA XR TB24 750 MG *(levetiracetam)*	1	QL(150 EA per 30 day(s) retail; 150 EA per 30 days mail); MP
KEPPRA SOLN IV 500 MG/5ML *(levetiracetam)*	1	MP

Drug Name	Drug Tier	Requirements/ Limits
KEPPRA SOLN PO 100 MG/ML *(levetiracetam)*	1	QL(30 ML daily); MP
KEPPRA TABS 500 MG, 750 MG *(levetiracetam)*	1	QL(4 EA daily); MP
KEPPRA TABS 1000 MG *(levetiracetam)*	1	QL(3 EA daily); MP
KEPPRA TABS 250 MG *(levetiracetam)*	1	QL(2 EA daily); MP
lacosamide SOLN IV 200 MG/20ML	1	MP
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	MP; PA
LAMICTAL ODT TBDP 25 MG, 100 MG, 200 MG *(lamotrigine)*	1	QL(3 EA daily); AL(Up to 11 yrs old); MP
LAMICTAL ODT TBDP 50 MG *(lamotrigine)*	1	QL(2 EA daily); AL(Up to 11 yrs old); MP
LAMICTAL STARTER KIT 25 MG *(lamotrigine)*	1	MP
LAMICTAL XR KIT	1	MP; PA
LAMICTAL XR TB24 300 MG *(lamotrigine)*	1	QL(3 EA daily); MP
LAMICTAL XR TB24 25 MG, 50 MG, 100 MG *(lamotrigine)*	1	QL(1 EA daily); MP
LAMICTAL XR TB24 200 MG, 250 MG *(lamotrigine)*	1	QL(2 EA daily); MP
LAMICTAL CHEW 5 MG *(lamotrigine)*	1	QL(8 EA daily); AL(Up to 11 yrs old); MP
LAMICTAL CHEW 25 MG *(lamotrigine)*	1	QL(4 EA daily); AL(Up to 11 yrs old); MP
LAMICTAL TABS 100 MG *(lamotrigine)*	1	QL(2 EA daily); MP
LAMICTAL TABS 200 MG *(lamotrigine)*	1	QL(9 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
LAMICTAL TABS 150 MG *(lamotrigine)*	1	QL(4 EA daily); MP
LAMICTAL TABS 25 MG *(lamotrigine)*	1	QL(6 EA daily); MP
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	MP; PA
lamotrigine TABS 150 MG	1	QL(4 EA daily); MP
lamotrigine TABS 25 MG	1	QL(6 EA daily); MP
lamotrigine TABS 100 MG	1	QL(2 EA daily); MP
lamotrigine TABS 200 MG	1	QL(9 EA daily); MP
lamotrigine TB24 300 MG	1	QL(3 EA daily); MP; PA
lamotrigine TB24 25 MG, 50 MG, 100 MG	1	QL(1 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); MP
lamotrigine TBDP 50 MG	1	QL(2 EA daily); AL(Up to 11 yrs old); MP
LEVETIRACETAM IN NACL *(levetiracetam in sodium chloride)*	1	MP
levetiracetam in sodium chloride	1	MP
levetiracetam SOLN IV 500 MG/5ML	1	MP
levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML	1	QL(30 ML daily); MP
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 250 MG, 500 MG	4	QL(2 EA daily); PA
LYRICA CAPS 225 MG *(pregabalin)*	1	QL(2 EA daily); MP
LYRICA CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG, 300 MG *(pregabalin)*	1	QL(3 EA daily); MP
LYRICA SOLN *(pregabalin)*	1	QL(240 ML per 30 day(s) retail); MP
MOTPOLY XR CP24 100 MG	4	QL(1 EA daily); PA
MOTPOLY XR CP24 150 MG, 200 MG	4	QL(2 EA daily); PA
NEURONTIN CAPS 300 MG *(gabapentin)*	1	QL(10 EA daily); MP
NEURONTIN CAPS 100 MG *(gabapentin)*	1	QL(5 EA daily); MP
NEURONTIN CAPS 400 MG *(gabapentin)*	1	QL(3 EA daily); MP
NEURONTIN SOLN *(gabapentin)*	1	QL(75 ML daily); MP
NEURONTIN TABS *(gabapentin)*	1	QL(6 EA daily); MP
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 150 MG, 300 MG	4	QL(1 EA daily); PA
oxcarbazepine TB24 600 MG	4	QL(4 EA daily); PA
OXTELLAR XR TB24 150 MG, 300 MG *(oxcarbazepine)*	4	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
OXTELLAR XR TB24 600 MG *(oxcarbazepine)*	4	QL(4 EA daily); PA
pregabalin CAPS 225 MG	1	QL(2 EA daily); MP
pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG, 300 MG	1	QL(3 EA daily); MP
pregabalin SOLN	1	QL(240 ML per 30 day(s) retail; 720 ML per 90 days mail); MP
primidone 250 MG	4	MP
primidone 250 MG	4	MP; PA
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)
QUDEXY XR CS24 25 MG, 50 MG, 100 MG *(topiramate)*	4	QL(1 EA daily); PA
QUDEXY XR CS24 150 MG, 200 MG *(topiramate)*	4	QL(2 EA daily); PA
rufinamide SUSP	4	QL(2400 ML per 30 day(s) retail; 2400 ML per 30 days mail); PA
rufinamide TABS	4	QL(8 EA daily); PA
SPRITAM TB3D	4	QL(2 EA daily); PA
SPRITAM TB3D 250 MG, 500 MG, 750 MG, 1000 MG *(levetiracetam)*	4	QL(2 EA daily); PA
SUBVENITE SUSP PO 10 MG/ML	1	QL(1200 ML per 30 day(s) retail; 1200 ML per 30 days mail); AL(At least 2 yrs old - Up to 11 yrs old)
TEGRETOL-XR TB12 100 MG, 200 MG *(carbamazepine)*	1	QL(3 EA daily); MP
TEGRETOL-XR TB12 400 MG *(carbamazepine)*	1	QL(4 EA daily); MP
TEGRETOL SUSP *(carbamazepine)*	1	QL(50 ML daily); MP
TEGRETOL TABS *(carbamazepine)*	1	QL(8 EA daily); MP
TOPAMAX SPRINKLE CPSP *(topiramate)*	1	QL(4 EA daily); AL(Up to 11 yrs old); MP
TOPAMAX TABS 25 MG, 50 MG, 100 MG *(topiramate)*	1	QL(3 EA daily); MP
TOPAMAX TABS 200 MG *(topiramate)*	1	QL(9 EA daily); MP
topiramate CP24 200 MG	4	Brand Required; QL(2 EA daily); PA
topiramate CP24 200 MG	1	Brand Required; QL(2 EA daily); PA
topiramate CP24 25 MG, 50 MG, 100 MG	4	Brand Required; QL(1 EA daily); PA
topiramate CP24 25 MG, 50 MG, 100 MG	1	Brand Required; QL(1 EA daily); PA
topiramate CPSP 15 MG, 25 MG	1	QL(4 EA daily); AL(Up to 11 yrs old); MP
topiramate CPSP 50 MG	1	QL(8 EA daily); AL(Up to 11 yrs old); PA
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	Brand Required; 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

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
topiramate TABS 25 MG, 50 MG, 100 MG	1	QL(3 EA daily); MP
TRILEPTAL SUSP *(oxcarbazepine)*	1	QL(40 ML daily); MP
TRILEPTAL TABS 150 MG, 300 MG *(oxcarbazepine)*	1	QL(3 EA daily); MP
TRILEPTAL TABS 600 MG *(oxcarbazepine)*	1	QL(6 EA daily); MP
TROKENDI XR CP24 200 MG *(topiramate)*	4	Brand Required; QL(2 EA daily); PA
TROKENDI XR CP24 25 MG, 50 MG, 100 MG *(topiramate)*	4	Brand Required; QL(1 EA daily); PA
VIMPAT SOLN PO 10 MG/ML *(lacosamide)*	1	QL(1200 ML per 30 day(s) retail; 1200 ML per 30 days mail)
VIMPAT SOLN IV 200 MG/20ML *(lacosamide)*	1	MP
VIMPAT TABS *(lacosamide)*	1	QL(2 EA daily)
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
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	MP; PA
felbamate TABS 600 MG	4	MP; PA
felbamate TABS 400 MG	4	QL(8 EA daily); PA
FELBATOL SUSP *(felbamate)*	4	MP; PA
FELBATOL TABS 600 MG *(felbamate)*	4	MP; 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 150 MG, 200 MG	4	QL(2 EA daily); PA
XCOPRI TABS 25 MG, 50 MG, 100 MG	4	QL(1 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; MP; PA
SABRIL TABS *(vigabatrin)*	4	Brand Required; MP; PA
tiagabine hcl	1	MP
vigabatrin PACK	4	Brand Required; MP; PA
vigabatrin TABS	4	Brand Required; MP; PA
VIGAFYDE SOLN	1	QL(30 ML daily); AL(Up to 2 yrs old); PA
Hydantoins		
CEREBYX *(fosphenytoin sodium)*	1	MP
DILANTIN 30 MG	1	MP
DILANTIN *(phenytoin sodium extended)*	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
DILANTIN INFATABS CHEW *(phenytoin)*	1	QL(6 EA daily); MP
DILANTIN-125 SUSP *(phenytoin)*	1	QL(12 ML daily); MP
fosphenytoin sodium	1	MP
phenytoin sodium extended 100 MG	1	QL(6 EA daily); MP
phenytoin sodium extended 200 MG	1	QL(3 EA daily); MP
phenytoin sodium extended 300 MG	1	QL(2 EA daily); MP
phenytoin sodium SOLN	1	MP
phenytoin CHEW	1	QL(6 EA daily); MP
phenytoin SUSP 125 MG/5ML	1	QL(12 ML daily); MP
Succinimides		
CELONTIN *(methsuximide)*	1	MP
ethosuximide CAPS	1	QL(6 EA daily)
ethosuximide SOLN	1	MP
methsuximide	1	MP
ZARONTIN CAPS *(ethosuximide)*	1	QL(6 EA daily)
ZARONTIN SOLN *(ethosuximide)*	1	MP
Valproic Acid		
DEPAKOTE ER TB24 500 MG *(divalproex sodium)*	1	QL(5 EA daily); MP
DEPAKOTE ER TB24 250 MG *(divalproex sodium)*	1	QL(3 EA daily); MP
DEPAKOTE SPRINKLES CSDR *(divalproex sodium)*	1	QL(12 EA daily); AL(Up to 11 yrs old); MP
DEPAKOTE TBEC 500 MG *(divalproex sodium)*	1	QL(9 EA daily); MP
DEPAKOTE TBEC 125 MG, 250 MG *(divalproex sodium)*	1	QL(3 EA daily); MP

Drug Name	Drug Tier	Requirements/ Limits
divalproex sodium CSDR	1	QL(12 EA daily); AL(Up to 11 yrs old); MP
divalproex sodium TB24 250 MG	1	QL(3 EA daily); MP
divalproex sodium TB24 500 MG	1	QL(5 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
REMERON TABS 15 MG, 30 MG *(mirtazapine)*	1	QL(1 EA daily); MP
Antidepressant Combinations		
AUVELITY	4	QL(2 EA daily); PA
AUVELITY TITRATION PACK PO	4	QL(51 EA per 29 day(s) retail; 51 EA per 29 days mail); PA
Antidepressants - Misc.		
bupropion hcl TABS	1	QL(3 EA daily)
bupropion hcl TB12	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
bupropion hcl TB24 150 MG, 300 MG	1	QL(1 EA daily); MP
bupropion hcl TB24 450 MG	4	QL(1 EA daily); PA
FORFIVO XL TB24 *(bupropion hcl)*	4	QL(1 EA daily); PA
WELLBUTRIN SR TB12 *(bupropion hcl)*	1	QL(2 EA daily); MP
GABA Receptor Modulator - Neuroactive Steroid		
ZULRESSO	1	Medical Benefit Only; MP
ZURZUVAE 30 MG	4	QL(1 EA daily); AL(At least 18 yrs old); PA
ZURZUVAE 25 MG	4	QL(2 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	MP; PA
MARPLAN	4	MP; PA
NARDIL *(phenelzine sulfate)*	3	ST; MP
phenelzine sulfate	3	ST; MP
tranylcypromine sulfate	3	ST; MP
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
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 40 MG *(citalopram hydrobromide)*	1	QL(1 EA daily); AL(Up to 59 yrs old); MP
CELEXA TABS 10 MG, 20 MG *(citalopram hydrobromide)*	1	QL(1.5 EA daily); MP
citalopram hydrobromide CAPS 30 MG	4	QL(1 EA daily); AL(Up to 59 yrs old); PA
CITALOPRAM HYDROBROMIDE CAPS 30 MG *(citalopram hydrobromide)*	4	QL(1 EA daily); AL(Up to 59 yrs old); PA
citalopram hydrobromide SOLN	4	MP; PA
citalopram hydrobromide SOLN	1	MP
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	1	MP
escitalopram oxalate SOLN	4	MP
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 40 MG	1	QL(2 EA daily); MP
fluoxetine hcl CAPS 10 MG	1	QL(3 EA daily); MP
fluoxetine hcl CAPS 20 MG	1	QL(4 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	4	MP
fluoxetine hcl SOLN	1	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
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 60 MG	4	QL(1 EA daily); PA
FLUOXETINE HCL TABS *(fluoxetine hcl)*	4	QL(1 EA daily); PA
fluvoxamine maleate CP24	4	QL(2 EA daily); PA
fluvoxamine maleate CP24	1	QL(2 EA daily); PA
fluvoxamine maleate TABS 25 MG	1	QL(1 EA daily); MP
fluvoxamine maleate TABS 100 MG	1	QL(3 EA daily)
fluvoxamine maleate TABS 50 MG	1	QL(100 EA per 50 day(s) retail; 100 EA per 50 days mail)
LEXAPRO TABS 10 MG *(escitalopram oxalate)*	1	QL(1.5 EA daily); MP
LEXAPRO TABS 5 MG, 20 MG *(escitalopram oxalate)*	1	QL(2 EA daily); MP
paroxetine hcl SUSP	1	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 TABS 20 MG	1	QL(1 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)
PAXIL CR TB24 12.5 MG, 37.5 MG *(paroxetine hcl)*	1	QL(1 EA daily)
PAXIL TABS 30 MG *(paroxetine hcl)*	1	QL(2 EA daily); MP
PAXIL TABS 20 MG *(paroxetine hcl)*	1	QL(1 EA daily); MP
PAXIL TABS 10 MG, 40 MG *(paroxetine hcl)*	1	QL(1.5 EA daily); MP
PROZAC CAPS 40 MG *(fluoxetine hcl)*	1	QL(2 EA daily); MP
PROZAC CAPS 20 MG *(fluoxetine hcl)*	1	QL(4 EA daily); MP
PROZAC CAPS 10 MG *(fluoxetine hcl)*	1	QL(3 EA daily); MP
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)
ZOLOFT TABS *(sertraline hcl)*	1	QL(3 EA daily); MP
Serotonin Modulators		
EXXUA TITRATION PACK TB24 PO 18.2 MG	4	QL(32 EA per 14 day(s) retail; 32 EA per 14 days mail); AL(At least 18 yrs old)
EXXUA TB24 PO 18.2 MG, 36.3 MG, 54.5 MG, 72.6 MG	4	QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); AL(At least 18 yrs old)
nefazodone hcl	3	ST; MP
RALDESY SOLN PO 10 MG/ML	1	QL(40 ML daily); AL(At least 18 yrs old); PA
RALDESY SOLN PO 10 MG/ML	1	QL(15 ML daily); AL(At least 18 yrs old); PA
trazodone hcl TABS 300 MG	4	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
trazodone hcl TABS 50 MG, 100 MG, 150 MG	1	MP
TRAZODONE HCL TABS 25 MG, 75 MG	4	QL(1 EA daily)
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)		
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
DULOXETINE HCL CPEP 80 MG, 90 MG, 120 MG	4	QL(1 EA daily); PA
EFFEXOR XR CP24 150 MG *(venlafaxine hcl)*	1	QL(2 EA daily); MP
EFFEXOR XR CP24 37.5 MG, 75 MG *(venlafaxine hcl)*	1	QL(1 EA daily)
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
VENLAFAXINE BESYLATE ER	4	QL(1 EA daily); PA
venlafaxine hcl CP24 37.5 MG, 75 MG	1	QL(1 EA daily); MP
venlafaxine hcl CP24 150 MG	1	QL(2 EA daily); MP
venlafaxine hcl TABS	1	QL(3 EA daily)
venlafaxine hcl TB24 150 MG	1	QL(2 EA daily); MP
venlafaxine hcl TB24 225 MG	4	QL(1 EA daily); PA
venlafaxine hcl TB24 37.5 MG, 75 MG	1	QL(1 EA daily); MP
Tricyclic Agents		
amitriptyline hcl TABS	1	MP
amoxapine	1	MP
ANAFRANIL *(clomipramine hcl)*	1	MP
clomipramine hcl	1	MP
desipramine hcl TABS	1	MP
doxepin hcl CAPS	1	MP
doxepin hcl CONC	1	MP
imipramine hcl TABS	1	MP
imipramine pamoate	1	MP
nortriptyline hcl CAPS	1	MP
nortriptyline hcl SOLN	1	Requires EPSDT PA Review; AL(Up to 20 yrs old); MP; PA
PAMELOR CAPS *(nortriptyline hcl)*	1	MP
protriptyline hcl	1	MP
trimipramine maleate CAPS	1	MP
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; MP
Antidiabetic - Amylin Analogs		

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
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; MP
alogliptin-metformin hcl	3	ST; MP
alogliptin-pioglitazone 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG	4	MP; PA
dapagliflozin-metformin hcl TB24 PO 1000 MG-5 MG	4	Brand Required; QL(2 EA daily); PA
dapagliflozin-metformin hcl TB24 PO 1000 MG-10 MG	4	Brand Required; QL(1 EA daily); PA
dapagliflozin-metformin hcl TB24 PO	4	Brand Required; QL(1 EA daily); ST
dapagliflozin-metformin hcl TB24 PO	4	Brand Required; QL(2 EA daily); ST
dapagliflozin-saxagliptin	4	QL(1 EA daily); PA
DUETACT *(pioglitazone hcl-glimepiride)*	3	ST; MP
glipizide-metformin hcl 250 MG-2.5 MG	1	QL(8 EA daily); MP
glipizide-metformin hcl 500 MG-2.5 MG, 500 MG-5 MG	1	QL(4 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 500 MG-150 MG, 500 MG-50 MG	3	QL(1 EA daily)
INVOKAMET XR TB24 1000 MG-150 MG, 1000 MG-50 MG	3	QL(2 EA daily)
INVOKAMET TABS 1000 MG-150 MG, 500 MG-50 MG	3	QL(2 EA daily); ST; MP
INVOKAMET TABS 1000 MG-50 MG, 500 MG-150 MG	3	QL(1 EA daily); ST; MP
JANUMET XR TB24 1000 MG-100 MG, 500 MG-50 MG *(sitagliptin phosphate-metformin hcl)*	4	QL(1 EA daily); MP; PA
JANUMET XR TB24 1000 MG-50 MG *(sitagliptin phosphate-metformin hcl)*	4	QL(2 EA daily); MP; PA
JANUMET TABS 1000 MG-50 MG, 500 MG-50 MG *(sitagliptin phosphate-metformin hcl)*	2	Brand Required; QL(2 EA daily); ST; MP
JENTADUETO XR TB24	2	QL(1 EA daily); ST; MP
JENTADUETO TABS	2	Brand Required; QL(2 EA daily); ST; MP
pioglitazone hcl-glimepiride	3	ST; MP
pioglitazone hcl-metformin hcl TABS	3	ST; MP
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

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
sitagliptin free base-metformin hcl TABS 1000 MG-50 MG, 500 MG-50 MG	4	QL(2 EA daily); PA
sitagliptin free base-metformin hcl TB24	4	QL(1 EA daily); PA
sitagliptin phosphate-metformin hcl TABS	2	Brand Required; QL(2 EA daily); ST; MP
sitagliptin phosphate-metformin hcl TB24	4	QL(1 EA daily); MP; 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	1	QL(1 EA daily); MP
SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-12.5 MG, 1000 MG-5 MG	1	QL(2 EA daily); MP
SYNJARDY TABS	1	QL(2 EA daily); MP
TRIJARDY XR 1000 MG-2.5 MG-12.5 MG, 1000 MG-2.5 MG-5 MG	1	QL(2 EA daily)
TRIJARDY XR 1000 MG-5 MG-10 MG, 1000 MG-5 MG-25 MG	1	QL(1 EA daily)
XIGDUO XR TB24 PO *(dapagliflozin-metformin hcl)*	2	Brand Required; QL(1 EA daily); ST
XIGDUO XR TB24 PO *(dapagliflozin-metformin hcl)*	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-50 MG	4	QL(2 EA daily); PA
ZITUVIMET XR TB24 1000 MG-100 MG, 500 MG-50 MG	4	QL(1 EA daily); PA
ZITUVIMET TABS 1000 MG-50 MG, 500 MG-50 MG *(sitagliptin free base-metformin hcl)*	4	QL(2 EA daily); PA
Antidiabetic-Antibodies		
TZIELD	4	QL(28 ML per 14 day(s) retail; 28 ML per 14 days mail); AL(At least 8 yrs old); PA
Biguanides		
metformin hcl SOLN	4	MP; PA
metformin hcl TABS 625 MG	4	QL(4 EA daily); PA
metformin hcl TABS 850 MG, 1000 MG	1	QL(3 EA daily)
metformin hcl TABS 500 MG	1	QL(5 EA daily); MP
metformin hcl TABS 750 MG	4	QL(3 EA daily); PA
metformin hcl TB24 500 MG	1	QL(4 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
Diabetic Other		
BAQSIMI ONE PACK POWD	1	MP
BAQSIMI TWO PACK POWD	1	MP
diazoxide	1	MP
GLUCAGON EMERGENCY	1	MP
glucagon SOLR IJ 1 MG	1	MP
GVOKE HYPOPEN 1-PACK SOAJ 1 MG/0.2ML	1	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
GVOKE HYPOPEN 2-PACK SOAJ	1	MP
GVOKE KIT SOLN	1	MP
GVOKE PFS SOSY 1 MG/0.2ML	1	MP
KORLYM *(mifepristone (hyperglycemia))*	1	Brand Required; QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); PA
mifepristone (hyperglycemia)	1	Brand Required; QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); PA
PROGLYCEM *(diazoxide)*	1	MP
ZEGALOGUE SOAJ	1	MP
ZEGALOGUE SOSY	1	MP
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
alogliptin benzoate	4	MP; PA
BRYNOVIN SOLN PO 25 MG/ML	4	PA
JANUVIA 25 MG *(sitagliptin phosphate)*	2	Brand Required; QL(4 EA daily); ST; MP
JANUVIA 50 MG, 100 MG *(sitagliptin phosphate)*	2	Brand Required; QL(2 EA daily); ST; MP
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 25 MG, 50 MG, 100 MG	4	QL(1 EA daily); PA
sitagliptin phosphate 25 MG	2	Brand Required; QL(4 EA daily); ST; MP
sitagliptin phosphate 50 MG, 100 MG	2	Brand Required; QL(2 EA daily); ST; MP
TRADJENTA	2	QL(1 EA daily); ST; MP
ZITUVIO 25 MG, 50 MG, 100 MG *(sitagliptin)*	4	QL(1 EA daily); PA
Dopamine Receptor Agonists - Antidiabetic		
CYCLOSET	3	QL(6 EA daily); ST
Incretin Mimetic Agents		
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; PA
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(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

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
OZEMPIC (2 MG/DOSE) SOPN	3	QL(3 ML per 28 day(s) retail; 3 ML per 28 days mail); ST
OZEMPIC TABS 1.5 MG, 4 MG, 9 MG	3	QL(1 EA daily); ST
RYBELSUS TABS	1	QL(1 EA daily); ST
TRULICITY	1	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); ST
VICTOZA *(liraglutide)*	2	Brand Required; QL(0.3 ML daily)
VICTOZA *(liraglutide)*	2	Brand Required; QL(0.2 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); MP; 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
AWIQLI FLEXTOUCH SOPN SC 700 UNIT/ML	1	MP; PA
BASAGLAR KWIKPEN SOPN	4	QL(135 ML per 90 day(s) retail; 135 ML per 90 days mail); MP; PA
FIASP FLEXTOUCH SOPN	1	QL(45 ML per 30 day(s) retail; 45 ML per 30 days mail)
FIASP PENFILL SOCT	1	QL(45 ML per 30 day(s) retail; 45 ML per 30 days mail)
FIASP PUMPCART SOCT	1	QL(40 ML per 30 day(s) retail; 40 ML per 30 days mail)
FIASP SOLN	1	QL(40 ML per 30 day(s) retail; 40 ML per 30 days mail)
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)

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
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 ASPART FLEXPEN SOPN	1	QL(135 ML per 90 day(s) retail; 135 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
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-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

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
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
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; MP
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

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
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
SEMGLEE (YFGN) SOLN	1	QL(120 ML per 90 day(s) retail; 120 ML per 90 days mail); MP
SEMGLEE (YFGN) SOPN	1	QL(135 ML per 90 day(s) retail; 135 ML per 90 days mail)
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
ACTOS 30 MG, 45 MG *(pioglitazone hcl)*	1	QL(1 EA daily); MP
pioglitazone hcl 30 MG, 45 MG	1	QL(1 EA daily); MP
pioglitazone hcl 15 MG	1	QL(3 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		

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
dapagliflozin TABS PO 5 MG, 10 MG	1	QL(1 EA daily); MP
FARXIGA TABS PO *(dapagliflozin)*	1	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 3 MG	4	QL(1 EA daily); PA
glimepiride 4 MG	1	QL(2 EA daily); MP
glimepiride 2 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 TABS 15 MG	4	QL(2 EA daily); PA
glipizide TABS 10 MG	1	QL(4 EA daily); MP
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
GLUCOTROL XL TB24 5 MG *(glipizide)*	1	QL(4 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

Drug Name	Drug Tier	Requirements/ Limits
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)
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	MP
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidote Combinations		
PREVDUO	1	Medical Benefit Only; MP
Antidotes - Chelating Agents		
CHEMET	1	MP
deferasirox PACK	4	MP; PA
deferasirox TABS	4	AL(At least 3 yrs old); MP; PA
deferasirox TBSO	1	AL(At least 3 yrs old); MP
deferiprone TABS	4	MP; PA
EXJADE TBSO *(deferasirox)*	1	AL(At least 3 yrs old); MP
FERRIPROX TWICE-A-DAY TABS	4	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
FERRIPROX SOLN	4	MP; PA
FERRIPROX TABS *(deferiprone)*	4	MP; PA
JADENU SPRINKLE PACK *(deferasirox)*	4	MP; PA
JADENU TABS *(deferasirox)*	4	AL(At least 3 yrs old); MP; PA
Antidotes and Specific Antagonists		
ACETADOTE SOLN *(acetylcysteine (antidote))*	1	MP
acetylcysteine (antidote) SOLN	1	MP
ANDEXXA 200 MG	1	Medical Benefit Only; MP
BRIDION SOLN 200 MG/2ML *(sugammadex sodium)*	1	Medical Benefit Only; MP
CYANOKIT	1	Medical Benefit Only; MP
deferoxamine mesylate	1	MP
DESFERAL 500 MG *(deferoxamine mesylate)*	1	MP
DIGIFAB	1	Medical Benefit Only; MP
EDETATE CALCIUM DISODIUM SOLN	1	Medical Benefit Only; MP
fomepizole 1.5 GM/1.5ML	1	MP
methylene blue (antidote) SOLN IV	1	Medical Benefit Only; MP
PRAXBIND	1	Medical Benefit Only; MP
PROVAYBLUE SOLN IV *(methylene blue (antidote))*	1	Medical Benefit Only; MP
sugammadex sodium SOLN 200 MG/2ML, 500 MG/5ML	1	Medical Benefit Only; MP
sugammadex sodium SOSY 200 MG/2ML	1	Medical Benefit Only; MP
VISTOGARD	1	PA
Benzodiazepine Antagonists		
flumazenil	1	MP
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; MP
naloxone hcl LIQD	1	QL(2 EA per 30 day(s) retail; 2 EA per 30 days mail); RX/OTC
naloxone hcl SOCT	1	MP
naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML	1	MP
naloxone hcl SOSY 2 MG/2ML	1	QL(4 ML per 30 day(s) retail; 4 ML per 30 days mail)
naloxone hcl SOSY 0.4 MG/ML	1	MP
naltrexone hcl	1	MP
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)
REZENOPY LIQD 10 MG/0.11ML	1	QL(2 EA per 30 day(s) retail; 2 EA per 30 days mail)
VIVITROL	1	MP
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		

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
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	MP; PA
granisetron hcl TABS	1	QL(20 EA per 10 day(s) retail; 20 EA per 10 days mail); PA
GRANISOL SOLN PO	1	PA
ondansetron hcl SOLN IJ	1	MP
ondansetron hcl SOLN PO 4 MG/5ML	1	QL(50 ML per 10 day(s) retail; 50 ML per 10 days mail)
ondansetron hcl SOSY	1	MP
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)
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	MP
meclizine hcl TABS 12.5 MG, 25 MG, 50 MG	1	MP
scopolamine	1	QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail)
TIGAN SOLN *(trimethobenzamide hcl)*	1	MP
TRANSDERM SCOP 1 MG/3DAYS *(scopolamine)*	1	QL(10 EA per 30 day(s) retail; 10 EA per 30 days mail)
trimethobenzamide hcl CAPS	1	MP
Antiemetics - Antidopaminergic		
BARHEMSYS	1	Medical Benefit Only; MP
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)

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
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
DRONABINOL SOLN 5 MG/ML	1	AL(Up to 6 yrs old); MP; PA
MARINOL CAPS 2.5 MG *(dronabinol)*	4	QL(2 EA daily); PA
Substance P/Neurokinin 1 (NK1) Receptor Antagonists		
APONVIE EMUL	4	QL(4.4 ML per fill retail); PA
aprepitant CAPS 80 MG	4	QL(1 EA daily); PA
aprepitant CAPS 40 MG, 125 MG	1	QL(1 EA daily); PA
aprepitant CPPK PO	1	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 CPPK PO *(aprepitant)*	1	QL(1 EA daily)
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
fosaprepitant dimeglumine SOLR	4	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); PA
NAVITRUX SOLR 150 MG	4	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); PA
NEREUS CAPS PO 85 MG	1	QL(16 EA per 30 day(s) retail; 16 EA per 30 days mail); AL(At least 18 yrs old); 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
caspofungin acetate	1	MP
CASPOFUNGIN ACETATE 50 MG, 70 MG *(caspofungin acetate)*	1	MP
ERAXIS	1	MP
micafungin sodium	1	MP
MICAFUNGIN SODIUM	1	MP
MICAFUNGIN SODIUM-NACL 0.9 %-50 MG/50ML	1	QL(1500 ML per 30 day(s) retail; 1500 ML per 30 days mail)
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)
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	MP
amphotericin b IV	1	MP
amphotericin b liposome	1	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
flucytosine	4	MP; PA
griseofulvin microsize SUSP	1	MP
griseofulvin microsize TABS	1	MP
griseofulvin ultramicrosize	1	MP
GRISEOFULVIN ULTRAMICROSIZE 165 MG	1	PA
nystatin TABS	1	MP
terbinafine hcl TABS	1	MP
Imidazole-Related Antifungals		
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 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 SOLR	4	AL(At least 18 yrs old); MP; PA
DIFLUCAN SUSR 40 MG/ML *(fluconazole)*	1	MP
fluconazole in nacl 0.9 %-200 MG/100ML, 0.9 %-400 MG/200ML	1	MP
fluconazole SUSR	1	MP
fluconazole TABS 50 MG, 100 MG, 200 MG	1	MP
fluconazole TABS 150 MG	1	QL(7 EA per fill retail); MP
itraconazole CAPS	1	MP
itraconazole SOLN	1	MP
ketoconazole	4	AL(At least 3 yrs old); MP; PA
MICONAZOLE	1	

Drug Name	Drug Tier	Requirements/ Limits
NOXAFIL PACK	4	MP; PA
NOXAFIL SOLN *(posaconazole)*	4	MP; PA
NOXAFIL SUSP *(posaconazole)*	4	MP; PA
posaconazole SOLN	4	MP
posaconazole SOLN	4	MP; PA
posaconazole SUSP	4	MP; PA
posaconazole TBEC	4	MP; PA
posaconazole TBEC	4	MP
SPORANOX CAPS *(itraconazole)*	1	MP
TOLSURA CAPS	4	QL(4 EA daily); PA
VFEND IV SOLR *(voriconazole)*	1	Medical Benefit Only; MP
VFEND SUSR *(voriconazole)*	1	MP
VIVJOA	4	QL(18 EA per 84 day(s) retail; 18 EA per 84 days mail); AL(At least 18 yrs old); PA
VORICONAZOLE SOLN IV 200 MG/20ML	1	Medical Benefit Only; MP
voriconazole SOLR	1	Medical Benefit Only; MP
VORICONAZOLE SOLR	1	Medical Benefit Only; MP
voriconazole SUSR	1	MP
voriconazole TABS	1	MP
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Ethanolamines		
carbinoxamine maleate SOLN	1	MP
clemastine fumarate SYRP	1	MP; PA
clemastine fumarate TABS 2.68 MG	1	MP; PA
CLEMSZA TABS 2.68 MG *(clemastine fumarate)*	1	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
diphenhydramine hcl SOLN 50 MG/ML	1	MP
Antihistamines - Non-Sedating		
cetirizine hcl SOLN PO	1	AL(Up to 20 yrs old); MP; 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)
DESLORATADINE SOLN PO 0.5 MG/ML	1	AL(Up to 6 yrs old); 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); MP
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	MP
promethazine hcl SOLN IJ 25 MG/ML, 50 MG/ML	1	MP
promethazine hcl SUPP	1	QL(4 EA daily)
promethazine hcl TABS	1	MP

Drug Name	Drug Tier	Requirements/ Limits
Antihistamines - Piperidines		
cyproheptadine hcl SYRP	1	MP
cyproheptadine hcl TABS	1	MP
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); MP; 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
icosapent ethyl 1 GM	1	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	MP
cholestyramine PACK	1	QL(2 EA daily)
cholestyramine POWD	1	MP
colesevelam hcl PACK	4	MP; PA
colesevelam hcl TABS	1	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
COLESTID GRAN *(colestipol hcl)*	1	MP
COLESTID TABS *(colestipol hcl)*	1	MP
colestipol hcl GRAN	1	MP
colestipol hcl PACK	1	MP
colestipol hcl TABS	1	MP
QUESTRAN LIGHT POWD *(cholestyramine light)*	1	MP
QUESTRAN PACK *(cholestyramine)*	1	QL(2 EA daily)
QUESTRAN POWD *(cholestyramine)*	1	MP
WELCHOL PACK *(colesevelam hcl)*	4	MP; PA
WELCHOL TABS *(colesevelam hcl)*	1	MP
Fibric Acid Derivatives		
choline fenofibrate 45 MG	1	QL(2 EA daily)
choline fenofibrate 135 MG	2	ST; MP
fenofibrate micronized 43 MG, 130 MG	2	ST; MP
fenofibrate micronized 67 MG, 134 MG, 200 MG	1	MP
fenofibrate CAPS	2	ST; MP
fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG	1	MP
fenofibrate TABS 40 MG, 120 MG	2	ST; MP
gemfibrozil TABS	1	QL(2 EA daily); MP
LIPOFEN CAPS *(fenofibrate)*	2	ST; MP
LOPID TABS *(gemfibrozil)*	1	QL(2 EA daily); MP
HMG CoA Reductase Inhibitors		
ALTOPREV TB24 20 MG, 40 MG, 60 MG	4	MP; PA

Drug Name	Drug Tier	Requirements/ Limits
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
fluvastatin sodium CAPS	1	MP; PA
fluvastatin sodium TB24	4	MP; PA
LESCOL XL TB24 *(fluvastatin sodium)*	4	MP; PA
LIPITOR TABS 80 MG *(atorvastatin calcium)*	1	QL(1 EA daily); MP
LIPITOR TABS 10 MG, 20 MG, 40 MG *(atorvastatin calcium)*	1	QL(2 EA daily); MP
LIVALO *(pitavastatin calcium)*	4	MP; PA
lovastatin TABS	1	QL(2 EA daily); MP
pitavastatin calcium	4	MP; 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 40 MG	1	QL(1 EA daily); MP
simvastatin TABS 5 MG, 80 MG	1	MP
simvastatin TABS 10 MG, 20 MG	1	QL(2 EA daily); MP
ZOCOR TABS 10 MG, 20 MG *(simvastatin)*	1	QL(2 EA daily); MP
ZOCOR TABS 40 MG *(simvastatin)*	1	QL(1 EA daily); MP
ZYPITAMAG 2 MG, 4 MG	4	QL(1 EA daily); PA
Intestinal Cholesterol Absorption 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
ezetimibe	1	QL(1 EA daily); MP
ZETIA *(ezetimibe)*	1	QL(1 EA daily); MP
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
JUXTAPID 2 MG	1	PA
Nicotinic Acid Derivatives		
niacin (antihyperlipidemic) TABS	4	QL(360 EA per 60 day(s) retail; 360 EA per 60 days mail); PA
niacin (antihyperlipidemic) TBCR 750 MG, 1000 MG	1	QL(2 EA daily); MP
niacin (antihyperlipidemic) TBCR 500 MG	1	QL(3 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
LIPFENDRA TABS PO 20 MG	1	QL(1 EA daily); 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 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		
benazepril hcl 20 MG, 40 MG	1	QL(2 EA daily); MP
benazepril hcl 10 MG	1	QL(3 EA daily); MP
benazepril hcl 5 MG	1	QL(6 EA daily); MP
captopril	2	ST; MP
enalapril maleate SOLN	1	QL(5 ML daily); AL(Up to 6 yrs old); PA
enalapril maleate TABS 10 MG, 20 MG	1	QL(2 EA daily); MP
enalapril maleate TABS 2.5 MG, 5 MG	1	QL(3 EA daily); MP
enalaprilat SOLN	1	MP
EPANED SOLN *(enalapril maleate)*	1	QL(5 ML daily); AL(Up to 6 yrs old); PA
fosinopril sodium	1	MP
lisinopril TABS 20 MG	1	QL(4 EA daily); MP
lisinopril TABS 30 MG, 40 MG	1	QL(2 EA daily); MP
lisinopril TABS 10 MG	1	QL(8 EA daily); MP
lisinopril TABS 2.5 MG, 5 MG	1	QL(6 EA daily); MP
LOTENSIN 20 MG, 40 MG *(benazepril hcl)*	1	QL(2 EA daily); MP
LOTENSIN 10 MG *(benazepril hcl)*	1	QL(3 EA daily); MP
moexipril hcl	2	QL(4 EA daily); MP
perindopril erbumine	2	MP
QBRELIS SOLN	1	QL(5 ML daily); AL(Up to 6 yrs old); PA
quinapril hcl	1	QL(2 EA daily); MP
ramipril CAPS 5 MG, 10 MG	1	QL(2 EA daily); MP
ramipril CAPS 1.25 MG, 2.5 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
trandolapril	1	MP
ZESTRIL TABS 10 MG *(lisinopril)*	1	QL(8 EA daily); MP
ZESTRIL TABS 30 MG, 40 MG *(lisinopril)*	1	QL(2 EA daily); MP
ZESTRIL TABS 2.5 MG, 5 MG *(lisinopril)*	1	QL(6 EA daily); MP
ZESTRIL TABS 20 MG *(lisinopril)*	1	QL(4 EA daily); MP
Agents for Pheochromocytoma		
metyrosine	1	MP
phenoxybenzamine hcl	1	MP
phentolamine mesylate SOLR	1	MP
Aldosterone Synthase Inhibitors		
BAXFENDY TABS PO 1 MG, 2 MG	1	QL(1 EA daily); AL(At least 18 yrs old); PA
Angiotensin II Receptor Antagonists		
ARBLI PO 10 MG/ML	4	QL(330 ML per 33 day(s) retail; 330 ML per 33 days mail); AL(At least 6 yrs old - Up to 10 yrs old); PA
ATACAND *(candesartan cilexetil)*	1	MP
AVAPRO 150 MG, 300 MG *(irbesartan)*	1	MP
azilsartan medoxomil 40 MG, 80 MG	1	Brand Required; MP; PA
BENICAR 5 MG *(olmesartan medoxomil)*	1	QL(6 EA daily); MP
BENICAR 40 MG *(olmesartan medoxomil)*	1	QL(2 EA daily); MP
BENICAR 20 MG *(olmesartan medoxomil)*	1	QL(3 EA daily); MP
candesartan cilexetil	1	MP
COZAAR 25 MG *(losartan potassium)*	1	QL(4 EA daily); MP
COZAAR 50 MG, 100 MG *(losartan potassium)*	1	QL(3 EA daily); MP
DIOVAN TABS *(valsartan)*	1	MP
EDARBI 40 MG, 80 MG *(azilsartan medoxomil)*	1	Brand Required; MP
irbesartan	1	MP
losartan potassium 50 MG, 100 MG	1	QL(3 EA daily); MP
losartan potassium 25 MG	1	QL(4 EA daily); MP
olmesartan medoxomil 40 MG	1	QL(2 EA daily); MP
olmesartan medoxomil 20 MG	1	QL(3 EA daily); MP
olmesartan medoxomil 5 MG	1	QL(6 EA daily); MP
telmisartan 80 MG	1	QL(2 EA daily); MP
telmisartan 40 MG	1	QL(3 EA daily); MP
telmisartan 20 MG	1	QL(5 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
CARDURA 8 MG *(doxazosin mesylate)*	1	QL(2 EA daily); MP
CARDURA 4 MG *(doxazosin mesylate)*	1	QL(4 EA daily); MP
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

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
clonidine hcl TABS 0.05 MG	1	QL(1 EA daily); PA
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 PTWK 0.1 MG/24HR	1	QL(4 EA per 28 day(s) retail; 12 EA per 84 days mail); MP
clonidine TB24	4	MP; PA
doxazosin mesylate 4 MG	1	QL(4 EA daily); MP
doxazosin mesylate 1 MG, 2 MG	1	QL(7 EA daily); MP
doxazosin mesylate 8 MG	1	QL(2 EA daily); MP
guanfacine hcl	1	QL(4 EA daily); MP
JAVADIN SOLN PO 0.02 MG/ML	4	QL(1000 ML per 30 day(s) retail; 1000 ML per 30 days mail); AL(At least 18 yrs old); PA
methyldopa TABS	1	MP
NEXICLON XR TB24 *(clonidine)*	4	MP; PA
prazosin hcl CAPS 1 MG	1	QL(6 EA daily); MP
prazosin hcl CAPS 2 MG	1	QL(5 EA daily); MP
prazosin hcl CAPS 5 MG	1	QL(8 EA daily); MP
terazosin hcl 10 MG	1	QL(18 EA daily); MP
terazosin hcl 2 MG	1	QL(4 EA daily); MP
terazosin hcl 5 MG	1	QL(3 EA daily); MP
terazosin hcl 1 MG	1	QL(19 EA daily); MP
TEZRULY PO 1 MG/ML	1	QL(20 ML daily); PA
Antihypertensive Combinations		
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	MP
amlodipine besylate-valsartan	1	QL(1 EA daily); MP
amlodipine-valsartan-hydrochlorothiazide	2	QL(1 EA daily); MP
ATACAND HCT *(candesartan cilexetil-hydrochlorothiazide)*	2	ST; MP
atenolol & chlorthalidone	1	QL(1 EA daily); MP
AVALIDE *(irbesartan-hydrochlorothiazide)*	1	MP
AZOR *(amlodipine besylate-olmesartan medoxomil)*	1	MP
benazepril & hydrochlorothiazide	1	QL(2 EA daily); MP
BENICAR HCT *(olmesartan medoxomil-hydrochlorothiazide)*	1	QL(2 EA daily); MP
bisoprolol & hydrochlorothiazide	1	QL(2 EA daily); MP
candesartan cilexetil-hydrochlorothiazide	2	ST; MP
captopril & hydrochlorothiazide	2	MP
DIOVAN HCT *(valsartan-hydrochlorothiazide)*	1	MP
EDARBYCLOR	1	ST; MP
enalapril maleate & hydrochlorothiazide	1	QL(2 EA daily); MP
EXFORGE *(amlodipine besylate-valsartan)*	1	QL(1 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
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)*	2	QL(1 EA daily); MP
fosinopril sodium & hydrochlorothiazide	2	MP
HYZAAR *(losartan potassium & hydrochlorothiazide)*	1	QL(2 EA daily); MP
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
metoprolol & hydrochlorothiazide TABS 25 MG-100 MG	1	QL(1 EA daily); MP
metoprolol & hydrochlorothiazide TABS 25 MG-50 MG, 50 MG-100 MG	1	QL(2 EA daily)
MICARDIS HCT *(telmisartan-hydrochlorothiazide)*	1	MP
olmesartan medoxomil-amlodipine-hydrochlorothiazide	2	ST; MP
olmesartan medoxomil-hydrochlorothiazide	1	QL(2 EA daily); MP
quinapril-hydrochlorothiazide	1	QL(2 EA daily); MP
telmisartan-amlodipine	2	ST; MP
telmisartan-hydrochlorothiazide	1	MP
TENORETIC 100 *(atenolol & chlorthalidone)*	1	QL(1 EA daily); MP
TENORETIC 50 *(atenolol & chlorthalidone)*	1	QL(1 EA daily); MP
trandolapril-verapamil hcl	2	ST; MP
TRIBENZOR *(olmesartan medoxomil-amlodipine-hydrochlorothiazide)*	2	ST; MP
valsartan-hydrochlorothiazide	1	MP
ZESTORETIC *(lisinopril & hydrochlorothiazide)*	1	QL(4 EA daily); MP
Direct Renin Inhibitors		
aliskiren fumarate	1	MP; PA
TEKTURNA *(aliskiren fumarate)*	1	MP; PA
Endothelin Receptor Antagonists		
TRYVIO	1	QL(1 EA daily); PA
Selective Aldosterone Receptor Antagonists (SARAs)		
eplerenone	1	MP
INSPRA *(eplerenone)*	1	MP
Vasodilators		
hydralazine hcl SOLN	1	MP
hydralazine hcl TABS 50 MG	1	QL(5 EA daily); MP
hydralazine hcl TABS 25 MG	1	QL(11 EA daily); MP
hydralazine hcl TABS 10 MG	1	QL(30 EA daily); MP
hydralazine hcl TABS 100 MG	1	QL(3 EA daily); MP
minoxidil 10 MG	1	QL(10 EA daily); MP
minoxidil 2.5 MG	1	QL(4 EA daily); MP
NIPRIDE RTU *(nitroprusside sodium-sodium chloride)*	1	Medical Benefit Only; MP
nitroprusside sodium	1	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
nitroprusside sodium-sodium chloride	1	Medical Benefit Only; MP
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
atovaquone-proguanil hcl	1	MP
COARTEM	1	MP
MALARONE *(atovaquone-proguanil hcl)*	1	MP
Antimalarials		
ARTESUNATE	1	Medical Benefit Only; MP
chloroquine phosphate TABS	1	MP
hydroxychloroquine sulfate	1	MP
KRINTAFEL	1	QL(2 EA per fill retail); AL(At least 16 yrs old)
mefloquine hcl	1	MP
primaquine phosphate TABS	1	MP
PRIMAQUINE PHOSPHATE TABS *(primaquine phosphate)*	1	MP
pyrimethamine	4	QL(63 EA per 20 day(s) retail; 63 EA per 20 days mail); PA
quinine sulfate CAPS 324 MG	4	MP; PA
SOVUNA	1	MP
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
BLOXIVERZ SOSY	1	MP
FIRDAPSE	4	QL(8 EA daily); PA

Drug Name	Drug Tier	Requirements/ Limits
NEOSTIGMINE METHYLSULFATE RFID SOLN IV 10 MG/10ML	1	MP
NEOSTIGMINE METHYLSULFATE RFID SOSY *(neostigmine methylsulfate)*	1	MP
neostigmine methylsulfate SOLN IV 5 MG/10ML, 10 MG/10ML	1	MP
NEOSTIGMINE METHYLSULFATE SOLN IV 5 MG/10ML, 10 MG/10ML	1	MP
neostigmine methylsulfate SOSY	1	MP
NEOSTIGMINE METHYLSULFATE SOSY *(neostigmine methylsulfate)*	1	MP
pyridostigmine bromide SOLN PO	1	MP
pyridostigmine bromide TABS 60 MG	1	MP
pyridostigmine bromide TABS 30 MG	4	MP; PA
pyridostigmine bromide TBCR	1	MP
REGONOL SOLN IV	1	MP
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
cycloserine	1	MP
ethambutol hcl TABS	1	MP
isoniazid SOLN	1	MP
isoniazid SYRP	1	MP
isoniazid TABS	1	MP
PRIFTIN 150 MG *(rifapentine)*	1	MP
pyrazinamide	1	MP
rifabutin	1	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
rifampin CAPS	1	MP
rifampin SOLR	1	MP
rifapentine 150 MG	1	MP
SIRTURO 20 MG	1	AL(At least 5 yrs old); MP
SIRTURO 100 MG	1	QL(188 EA per 168 day(s) retail; 188 EA per 168 days mail); AL(At least 5 yrs old)
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
BELRAPZO SOLN	1	MP
BENDAMUSTINE HCL SOLN	1	MP
bendamustine hcl SOLR	1	MP
BENDEKA SOLN	1	MP
busulfan SOLN	1	MP
BUSULFEX SOLN *(busulfan)*	1	MP
carboplatin SOLN 50 MG/5ML, 150 MG/15ML, 450 MG/45ML, 600 MG/60ML	1	MP
carmustine	1	MP
cisplatin SOLN 50 MG/50ML, 100 MG/100ML, 200 MG/200ML	1	MP
CISPLATIN SOLN 200 MG/200ML *(cisplatin)*	1	MP
CISPLATIN SOLR	1	MP
cyclophosphamide CAPS	1	MP
cyclophosphamide SOLN 1 GM/5ML, 500 MG/2.5ML	1	MP
CYCLOPHOSPHAMIDE SOLN	1	MP
CYCLOPHOSPHAMIDE SOLN *(cyclophosphamide)*	1	MP
CYCLOPHOSPHAMIDE SOLN	1	MP
cyclophosphamide SOLR IJ	1	MP
CYCLOPHOSPHAMIDE TABS 50 MG	1	MP
EVDI IV 1 MG/20ML	1	Medical Benefit Only; MP
EVOMELA IV	1	MP
FRINDOVYX SOLN	1	MP
GLEOSTINE 10 MG, 100 MG *(lomustine)*	1	
GLIADEL WAFER	1	MP
GRAFAPEX SOLR IV 1 GM, 5 GM	1	Medical Benefit Only; MP
HEPZATO W/50MM CATHETER IA	1	Medical Benefit Only; MP
HEPZATO W/62MM CATHETER IA	1	Medical Benefit Only; MP
IFEX SOLR *(ifosfamide)*	1	MP
IFEX SOLR	1	MP
ifosfamide SOLN	1	MP
ifosfamide SOLR	1	MP
IFOSFAMIDE SOLR	1	MP
IVRA IV 90 MG/ML	1	MP; PA
KYXATA SOLN 80 MG/8ML, 500 MG/50ML	1	MP; PA
lomustine	1	
melphalan hcl IV	1	MP
oxaliplatin SOLN 50 MG/10ML, 100 MG/20ML	1	MP
TEMODAR SOLR	1	MP
temozolomide CAPS	1	MP
TEPADINA *(thiotepa)*	1	MP
TEPADINA SOLR IV 200 MG/200ML, 400 MG/400ML	1	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
TEPYLUTE IV 15 MG/1.5ML, 100 MG/10ML	1	MP
thiotepa	1	MP
TREANDA SOLR *(bendamustine hcl)*	1	MP
VIVIMUSTA SOLN	1	MP
YONDELIS	1	Medical Benefit Only; MP
ZEPZELCA	1	MP; PA
Antimetabolites		
ALIMTA SOLR *(pemetrexed disodium)*	1	MP
ARRANON *(nelarabine)*	1	MP
AVGEMSI SOLN 1 GM/26.3ML, 2 GM/52.6ML	1	MP
AXTLE	1	MP; PA
azacitidine SUSR	1	MP
capecitabine	1	MP
cladribine 10 MG/10ML	1	MP
clofarabine	1	MP
cytarabine SOLN	1	MP
cytarabine SOLN 20 MG/ML	1	Medical Benefit Only; MP
decitabine	1	MP
FAVLYXA 2.5 GM/100ML, 250 MG/10ML	1	MP; PA
fludarabine phosphate SOLN	1	MP
fludarabine phosphate SOLR	1	MP
fluorouracil	1	MP
fluorouracil 500 MG/10ML	1	Medical Benefit Only; MP
FOLOTYN 20 MG/ML, 40 MG/2ML *(pralatrexate)*	1	MP; PA
gemcitabine hcl SOLN	1	MP
GEMCITABINE HCL SOLN	1	MP
GEMCITABINE HCL SOLN *(gemcitabine hcl)*	1	MP
gemcitabine hcl SOLR	1	MP
INLEXZO IMPL IS 225 MG	1	Medical Benefit Only; MP
JYLAMVO SOLN PO	1	MP; PA
mercaptopurine SUSP 2000 MG/100ML	1	AL(Up to 10 yrs old); MP
mercaptopurine TABS	1	MP
methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML	1	MP
methotrexate sodium SOLR	1	MP
methotrexate sodium TABS 2.5 MG	1	MP
nelarabine	1	MP
ONUREG TABS	1	QL(14 EA per 28 day(s) retail; 14 EA per 28 days mail); AL(At least 18 yrs old); PA
PEMETREXED	1	MP
PEMETREXED DISODIUM SOLN 100 MG/4ML, 500 MG/20ML	1	MP; PA
PEMETREXED DISODIUM SOLN 1 GM/40ML, 100 MG/4ML, 500 MG/20ML	1	MP
pemetrexed disodium SOLR	1	MP
PEMFEXY	1	MP; PA
PEMFEXY	1	MP
PEMRYDI RTU SOLN	1	MP; PA
pralatrexate	1	MP; PA
PURIXAN SUSP 2000 MG/100ML *(mercaptopurine)*	1	AL(Up to 10 yrs old); MP
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	1	MP
VIDAZA SUSR *(azacitidine)*	1	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
XATMEP SOLN PO	1	AL(Up to 10 yrs old); MP
Antineoplastic - Angiogenesis Inhibitors		
ALYMSYS	1	MP; PA
AVASTIN	1	MP
CYRAMZA	1	MP; PA
FRUZAQLA 1 MG	1	QL(3 EA daily); PA
FRUZAQLA 5 MG	1	QL(21 EA per 28 day(s) retail; 21 EA per 28 days mail); PA
INLYTA	1	MP
JOBEVNE SOLN IV 100 MG/4ML, 400 MG/16ML	1	MP; PA
LENVIMA (10 MG DAILY DOSE)	1	QL(1 EA daily); PA
LENVIMA (12 MG DAILY DOSE)	1	QL(3 EA daily); PA
LENVIMA (14 MG DAILY DOSE)	1	QL(2 EA daily); PA
LENVIMA (18 MG DAILY DOSE)	1	QL(3 EA daily); PA
LENVIMA (20 MG DAILY DOSE)	1	QL(2 EA daily); PA
LENVIMA (24 MG DAILY DOSE)	1	QL(3 EA daily); PA
LENVIMA (4 MG DAILY DOSE)	1	QL(1 EA daily); PA
LENVIMA (8 MG DAILY DOSE)	1	QL(2 EA daily); PA
MVASI	1	MP
VEGZELMA	1	MP; PA
ZALTRAP	1	MP
ZIRABEV	1	MP
Antineoplastic - Anti-HER2 Agents		
HERCEPTIN 150 MG	1	MP; PA
HERCESSI	1	MP; PA
HERNEXEOS TABS PO 60 MG	1	QL(180 EA per 30 day(s) retail; 180 EA per 30 days mail); PA
HERZUMA	1	MP; PA
KANJINTI 150 MG	1	MP; PA
KANJINTI 420 MG	1	MP; PA
OGIVRI	1	MP; PA
ONTRUZANT	1	MP; PA
PERJETA	1	Medical Benefit Only; MP
TRAZIMERA	1	MP; PA
TRAZIMERA 420 MG	1	Medical Benefit Only; MP
TUKYSA 150 MG	1	QL(4 EA daily); PA
TUKYSA 50 MG	1	QL(2 EA daily); PA
ZIIHERA	1	MP; PA
Antineoplastic - Antibodies		
ADCETRIS	1	Medical Benefit Only; MP
BAVENCIO	1	Medical Benefit Only; MP
BESPONSA	1	Medical Benefit Only; MP
BIZENGRI (750 MG DOSE)	1	Medical Benefit Only; MP
BLENREP	1	AL(At least 18 yrs old); MP; PA
BLINCYTO	1	MP; PA
COLUMVI	1	Medical Benefit Only; MP
DANYELZA	1	Medical Benefit Only; MP
DARZALEX	1	Medical Benefit Only; MP
DECNUPAZ SOLR IV 2 MG	1	QL(2 EA per 21 day(s) retail; 2 EA per 21 days mail); PA
ELAHERE	1	MP; PA
ELREXFIO	1	Medical Benefit Only; 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
EMPLICITI	1	Medical Benefit Only; MP
EMRELIS SOLR IV 20 MG, 100 MG	1	MP; PA
ENHERTU	1	MP; PA
EPKINLY	1	Medical Benefit Only; MP
GAZYVA	1	Medical Benefit Only; MP
IMDELLTRA	1	Medical Benefit Only; MP
IMFINZI	1	Medical Benefit Only; MP
IMJUDO	1	Medical Benefit Only; MP
JEMPERLI	1	MP; PA
KADCYLA	1	Medical Benefit Only; MP
KEYTRUDA	1	Medical Benefit Only; MP
KIMMTRAK	1	Medical Benefit Only; MP
LIBTAYO	1	QL(7 ML per 21 day(s) retail; 7 ML per 21 days mail); PA
LOQTORZI	1	QL(18 ML per 14 day(s) retail; 18 ML per 14 days mail); PA
LUNSUMIO	1	Medical Benefit Only; MP
LUNSUMIO VELO 5 MG/0.5ML, 45 MG/ML	1	Medical Benefit Only; MP
LYNOZYFIC SOLN IV 5 MG/2.5ML, 200 MG/10ML	1	Medical Benefit Only; MP
MONJUVI	1	Medical Benefit Only; MP
OPDIVO	1	Medical Benefit Only; MP
PADCEV	1	MP; PA
POLIVY	1	Medical Benefit Only; MP
POTELIGEO	1	Medical Benefit Only; MP
RIABNI	1	Medical Benefit Only; MP
RITUXAN	1	Medical Benefit Only; MP
RUXIENCE	1	Medical Benefit Only; MP
RYBREVANT	1	Medical Benefit Only; MP
SARCLISA	1	Medical Benefit Only; MP
SARCLISA ESCENA 1400 MG/10ML	1	Medical Benefit Only; MP
TALVEY	1	Medical Benefit Only; MP
TECENTRIQ	1	Medical Benefit Only; MP
TECVAYLI	1	Medical Benefit Only; MP
TEVIMBRA	1	MP; PA
TIVDAK	1	QL(5 EA per 21 day(s) retail; 5 EA per 21 days mail); PA
TRUXIMA	1	Medical Benefit Only; MP
UNITUXIN	1	QL(5 ML daily)
UNLOXCYT SOLN IV 300 MG/5ML	1	Medical Benefit Only; MP
VYLOY	1	Medical Benefit Only; MP
YERVOY	1	Medical Benefit Only; MP
ZYNLONTA	1	MP; PA
ZYNYZ	1	Medical Benefit Only; MP
Antineoplastic - BCL-2 Inhibitors		
BEQALZI STARTER PACK TBPK PO	1	QL(44 EA per 28 day(s) retail; 44 EA per 28 days mail); PA
BEQALZI TABS PO 80 MG	1	QL(120 EA per 30 day(s) retail; 120 EA per 30 days mail); PA
BEQALZI TABS PO 20 MG	1	QL(28 EA per 28 day(s) retail; 28 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
BEQALZI TABS PO 1 MG, 5 MG, 20 MG, 80 MG	1	QL(11 EA per 7 day(s) retail; 11 EA per 7 days mail); PA
VENCLEXTA STARTING PACK TBPK	1	QL(42 EA per 28 day(s) retail; 42 EA per 28 days mail); PA
VENCLEXTA TABS 50 MG	1	QL(7 EA per fill retail); PA
VENCLEXTA TABS 100 MG	1	QL(4 EA daily); PA
VENCLEXTA TABS 10 MG	1	QL(14 EA per fill retail); PA
Antineoplastic - Cellular Immunotherapy		
ABECMA	1	Medical Benefit Only; MP
AUCATZYL	1	Medical Benefit Only; MP
BREYANZI	1	Medical Benefit Only; MP
CARVYKTI	1	Medical Benefit Only; MP
KYMRIAH	1	Medical Benefit Only; MP
OMISIRGE	1	Medical Benefit Only; MP
PROVENGE	1	Medical Benefit Only; MP
TECARTUS	1	Medical Benefit Only; MP
TECELRA	1	Medical Benefit Only; MP
YESCARTA	1	Medical Benefit Only; MP
Antineoplastic - EGFR Inhibitors		
ERBITUX	1	MP
erlotinib hcl	1	QL(1 EA daily); PA
gefitinib	1	QL(1 EA daily)
GILOTRIF	1	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
TAGRISSO	1	QL(1 EA daily); PA
VECTIBIX 100 MG/5ML, 400 MG/20ML	1	MP
VIZIMPRO	1	QL(1 EA daily); PA
Antineoplastic - Gene Therapy Agents		
ADSTILADRIN	1	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	1	QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); PA
ERIVEDGE	1	QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); PA
ODOMZO	1	QL(1 EA daily); PA
Antineoplastic - Hormonal and Related Agents		
abiraterone acetate 250 MG	1	QL(4 EA daily); PA
abiraterone acetate 500 MG	1	QL(2 EA daily); PA
AKEEGA	1	QL(2 EA daily); PA
anastrozole	1	MP
ARIMIDEX *(anastrozole)*	1	MP
AROMASIN *(exemestane)*	1	MP
bicalutamide	1	MP
CAMCEVI	1	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail); PA
CASODEX *(bicalutamide)*	1	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
CLIGAVYX SOSY 250 MG/5ML	1	MP
ELIGARD SC	1	MP; PA
ERLEADA 240 MG	1	QL(1 EA daily); PA
ERLEADA 60 MG	1	QL(4 EA daily); PA
ETCAMAH TABS PO 75 MG	1	QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); PA
exemestane	1	MP
FARESTON *(toremifene citrate)*	1	MP
FASLODEX SOSY *(fulvestrant)*	1	MP
FEMARA *(letrozole)*	1	MP
FIRMAGON 80 MG	1	MP; PA
FIRMAGON (240 MG DOSE)	1	MP; PA
fulvestrant SOSY	1	MP
INLURIYO TABS PO 200 MG	1	QL(56 EA per 28 day(s) retail; 56 EA per 28 days mail); PA
letrozole	1	MP
leuprolide acetate KIT IJ 1 MG/0.2ML	1	MP; PA
LIFYORLI (125 MG DOSE) CPPK PO	1	QL(18 EA per 28 day(s) retail; 18 EA per 28 days mail); AL(At least 18 yrs old); PA
LIFYORLI (150 MG DOSE) CPPK PO	1	QL(27 EA per 28 day(s) retail; 27 EA per 28 days mail); AL(At least 18 yrs old); 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); PA
LUPRON DEPOT (3-MONTH) KIT IM	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); PA
LUPRON DEPOT (6-MONTH) IM	1	QL(1 EA per 168 day(s) retail; 1 EA per 168 days mail); PA
LUTRATE DEPOT INJ 22.5 MG	1	MP; PA
LYSODREN	1	MP
megestrol acetate SUSP	1	MP
megestrol acetate TABS	1	MP
MIMRYLO SOLR SC 9.5 MG, 19 MG, 28 MG	1	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); AL(At least 18 yrs old); PA
MIMRYLO SOLR SC 41 MG, 54 MG	1	QL(8 EA per 28 day(s) retail; 8 EA per 28 days mail); AL(At least 18 yrs old); PA
nilutamide	1	MP
NUBEQA	1	QL(4 EA daily); PA
ORGOVYX	1	QL(1 EA daily); PA
ORSERDU 345 MG	1	QL(1 EA daily); PA
ORSERDU 86 MG	1	QL(3 EA daily); PA
SOLTAMOX SOLN	1	QL(300 ML per 30 day(s) retail; 300 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
tamoxifen citrate TABS	1	MP
toremifene citrate	1	MP
TRELSTAR MIXJECT	1	MP; PA
VEPPANU TABS PO 100 MG, 200 MG	1	QL(1 EA daily); PA
XTANDI CAPS	1	QL(4 EA daily); PA
XTANDI TABS 40 MG	1	QL(4 EA daily); PA
XTANDI TABS 80 MG	1	QL(2 EA daily); PA
YONSA	1	QL(4 EA daily); PA
ZYTIGA 250 MG *(abiraterone acetate)*	1	QL(4 EA daily)
ZYTIGA 500 MG *(abiraterone acetate)*	1	QL(2 EA daily); PA
Antineoplastic - Hypoxia-Inducible Factor Inhibitors		
WELIREG	1	QL(3 EA daily); PA
Antineoplastic - Immunomodulators		
pomalidomide 1 MG, 2 MG, 3 MG, 4 MG	1	QL(21 EA per 28 day(s) retail; 21 EA per 28 days mail)
POMALYST 1 MG, 2 MG, 3 MG, 4 MG *(pomalidomide)*	1	QL(21 EA per 28 day(s) retail; 21 EA per 28 days mail)
ZENBEXUS CAPS PO 0.75 MG, 1 MG	1	QL(21 EA per 28 day(s) retail; 21 EA per 28 days mail); PA
Antineoplastic - Menin Inhibitors		
KOMZIFTI CAPS PO 200 MG	1	PA
REVUFORJ	1	QL(2 EA daily); PA
REVUFORJ 25 MG	1	QL(8 EA daily); PA
Antineoplastic - PDGFR-alpha Inhibitors		
AYVAKIT	1	QL(1 EA daily); PA
Antineoplastic - Protease Activators		
MODEYSO CAPS PO 125 MG	1	PA
Antineoplastic - XPO1 Inhibitors		
XPOVIO (100 MG ONCE WEEKLY) 50 MG	1	QL(8 EA per 28 day(s) retail; 8 EA per 28 days mail); PA
XPOVIO (40 MG ONCE WEEKLY) 40 MG	1	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); PA
XPOVIO (40 MG ONCE WEEKLY) 10 MG	1	QL(16 EA per 28 day(s) retail; 16 EA per 28 days mail); PA
XPOVIO (40 MG TWICE WEEKLY) 40 MG	1	QL(8 EA per 28 day(s) retail; 8 EA per 28 days mail); PA
XPOVIO (60 MG ONCE WEEKLY) 60 MG	1	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); PA
XPOVIO (60 MG TWICE WEEKLY)	1	QL(24 EA per 28 day(s) retail; 24 EA per 28 days mail); PA
XPOVIO (80 MG ONCE WEEKLY) 80 MG	1	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); PA
XPOVIO (80 MG ONCE WEEKLY) 40 MG	1	QL(8 EA per 28 day(s) retail; 8 EA per 28 days mail); PA
XPOVIO (80 MG TWICE WEEKLY)	1	QL(32 EA per 28 day(s) retail; 32 EA per 28 days mail); PA
Antineoplastic Antibiotics		
bleomycin sulfate	1	MP
dactinomycin	1	MP
daunorubicin hcl SOLN	1	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
DAUNORUBICIN HCL SOLN *(daunorubicin hcl)*	1	MP
DOXIL SUSP *(doxorubicin hcl liposomal)*	1	MP
doxorubicin hcl liposomal SUSP	1	MP
doxorubicin hcl SOLN	1	MP
DOXORUBICIN HCL SOLN *(doxorubicin hcl)*	1	MP
doxorubicin hcl SOLR 10 MG, 50 MG	1	MP
ELLENCE SOLN	1	MP
IDAMYCIN PFS *(idarubicin hcl)*	1	MP
idarubicin hcl	1	MP
JELMYTO KIT UL 40 MG	1	Medical Benefit Only; MP
mitomycin SOLR IV	1	MP
mitoxantrone hcl 20 MG/10ML, 25 MG/12.5ML, 30 MG/15ML	1	MP
valrubicin	1	MP
VALSTAR *(valrubicin)*	1	MP
ZUSDURI KIT IS	1	Medical Benefit Only; MP
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; MP
HERCEPTIN HYLECTA	1	QL(5 ML per 21 day(s) retail; 5 ML per 21 days mail); PA
INQOVI	1	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; MP
LONSURF	1	MP; PA
OPDIVO QVANTIG	1	Medical Benefit Only; MP
OPDUALAG	1	Medical Benefit Only; MP
PHESGO 40 MG/ML-80 MG/ML-2000 UNIT/ML	1	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	1	QL(10 ML per 21 day(s) retail; 10 ML per 21 days mail); PA
RITUXAN HYCELA	1	Medical Benefit Only; MP
RYBREVANT FASPRO SOLN SC	1	Medical Benefit Only; MP
TECENTRIQ HYBREZA	1	Medical Benefit Only; MP
VYXEOS	1	Medical Benefit Only; MP
Antineoplastic Enzyme Inhibitors		
AFINITOR DISPERZ TBSO *(everolimus)*	1	QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail)
AFINITOR TABS *(everolimus)*	1	QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail)
ALECENSA	1	QL(8 EA daily); PA
ALUNBRIG TABS 30 MG, 90 MG	1	QL(2 EA daily); PA
ALUNBRIG TABS 180 MG	1	QL(1 EA daily); PA
ALUNBRIG TBPK	1	QL(1 EA daily); PA
AUGTYRO 40 MG	1	QL(8 EA daily); PA
AUGTYRO 160 MG	1	QL(2 EA daily; 14 EA per 14 day(s) retail; 14 EA per 14 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
BALVERSA 3 MG	1	QL(84 EA per 28 day(s) retail; 84 EA per 28 days mail); PA
BALVERSA 5 MG	1	QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); PA
BALVERSA 4 MG	1	QL(56 EA per 28 day(s) retail; 56 EA per 28 days mail); PA
BELEODAQ	1	MP; PA
BORTEZOMIB SOLN IV	1	MP
bortezomib SOLR IJ	1	MP
BORTEZOMIB SOLR IJ 1 MG, 2.5 MG	1	MP
BORUZU SOLN IJ	1	MP; PA
BOSULIF CAPS 100 MG	1	QL(5 EA daily); PA
BOSULIF CAPS 50 MG	1	QL(1 EA daily); PA
BOSULIF TABS 100 MG, 400 MG, 500 MG *(bosutinib)*	1	QL(1 EA daily); PA
bosutinib TABS 100 MG, 400 MG, 500 MG	1	QL(1 EA daily); PA
BRAFTOVI 75 MG	1	QL(6 EA daily); PA
BRUKINSA	1	QL(4 EA daily); PA
BRUKINSA PO 160 MG	1	QL(2 EA daily); PA
CABOMETYX TABS	1	QL(1 EA daily); PA
CALQUENCE	1	QL(2 EA daily); PA
CAPRELSA	1	MP
CAVHANZA TBDP PO 60 MG, 80 MG	1	QL(112 EA per 28 day(s) retail; 112 EA per 28 days mail); PA
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)
COPIKTRA	1	QL(56 EA per 28 day(s) retail; 56 EA per 28 days mail); PA
COTELLIC	1	QL(63 EA per 20 day(s) retail; 63 EA per 20 days mail); PA
DANZITEN	1	QL(112 EA per 28 day(s) retail; 112 EA per 28 days mail); PA
dasatinib 70 MG, 80 MG, 100 MG, 140 MG	1	QL(1 EA daily); PA
dasatinib 20 MG, 50 MG	1	QL(2 EA daily); PA
ENSACOVE CAPS PO 25 MG, 100 MG	1	PA
everolimus TABS 5 MG	1	QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail)
everolimus TABS	1	QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); PA
everolimus TBSO	1	QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); PA
FOTIVDA	1	QL(21 EA per 28 day(s) retail; 21 EA per 28 days mail); PA
FYARRO	1	AL(At least 18 yrs old); MP; PA
GAVRETO	1	QL(4 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
GAVRETO	1	QL(4 EA daily); AL(At least 18 yrs old); PA
GLEEVEC TABS 400 MG *(imatinib mesylate)*	1	QL(2 EA daily)
GLEEVEC TABS 100 MG *(imatinib mesylate)*	1	QL(3 EA daily)
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 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 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
HYRNUO TABS PO 10 MG	1	QL(120 EA per 30 day(s) retail; 120 EA per 30 days mail); PA
IBRANCE CAPS 100 MG, 125 MG	1	QL(21 EA per 20 day(s) retail; 21 EA per 20 days mail); PA
IBRANCE TABS	1	QL(21 EA per 20 day(s) retail; 21 EA per 20 days mail); PA
IBTROZI CAPS PO 200 MG	1	QL(90 EA per 30 day(s) retail; 90 EA per 30 days mail); PA
ICLUSIG 15 MG	1	QL(2 EA daily); PA
ICLUSIG 10 MG, 30 MG, 45 MG	1	QL(1 EA daily); PA
IDHIFA	1	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 70 MG	1	QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); PA
IMBRUVICA CAPS 140 MG	1	QL(4 EA daily); PA
IMBRUVICA SUSP	1	QL(216 ML per 35 day(s) retail; 216 ML per 35 days mail); AL(Up to 10 yrs old); PA
IMBRUVICA TABS 140 MG, 280 MG, 420 MG	1	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	1	QL(4 EA daily); PA
ISTODAX SOLR *(romidepsin)*	1	MP; PA
ITOVEBI 3 MG	1	QL(56 EA per 28 day(s) retail; 56 EA per 28 days mail); PA
ITOVEBI 9 MG	1	QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); PA
JAKAFI 10 MG, 15 MG, 20 MG, 25 MG	1	QL(2 EA daily); PA
JAKAFI 5 MG	1	QL(2 EA daily; 6 EA per 3 day(s) retail; 6 EA per 3 days mail)
JAKAFI XR PO 11 MG	1	QL(1 EA daily; 3 EA per 3 day(s) retail; 3 EA per 3 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
JAKAFI XR PO 22 MG, 33 MG, 44 MG, 55 MG	1	QL(1 EA daily); PA
JAYPIRCA 50 MG	1	QL(1 EA daily); PA
JAYPIRCA 100 MG	1	QL(2 EA daily); PA
JIDEYTRO TABS PO 25 MG, 100 MG	1	PA
KISQALI (200 MG DOSE)	1	QL(21 EA per 20 day(s) retail; 21 EA per 20 days mail); PA
KISQALI (400 MG DOSE)	1	QL(42 EA per 20 day(s) retail; 42 EA per 20 days mail); PA
KISQALI (600 MG DOSE)	1	QL(63 EA per 20 day(s) retail; 63 EA per 20 days mail); PA
KOSELUGO PO 5 MG	1	QL(600 EA per 30 day(s) retail; 600 EA per 30 days mail); PA
KOSELUGO PO 7.5 MG	1	QL(360 EA per 30 day(s) retail; 360 EA per 30 days mail); PA
KOSELUGO 10 MG	1	QL(10 EA daily); PA
KOSELUGO 25 MG	1	QL(4 EA daily); PA
KRAZATI	1	QL(6 EA daily); PA
KYPROLIS	1	MP
lapatinib ditosylate	1	QL(150 EA per 30 day(s) retail; 150 EA per 30 days mail); PA
LORBRENA 25 MG	1	QL(3 EA daily); PA
LORBRENA 100 MG	1	QL(1 EA daily); PA
LUMAKRAS 240 MG	1	QL(4 EA daily); PA
LUMAKRAS 320 MG	1	QL(3 EA daily); PA
LUMAKRAS 120 MG	1	QL(8 EA daily); PA
LYNPARZA TABS	1	QL(4 EA daily); PA
LYTGOBI (12 MG DAILY DOSE)	1	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)	1	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)	1	QL(140 EA per 28 day(s) retail; 140 EA per 28 days mail); AL(At least 18 yrs old); PA
MEKINIST SOLR	1	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	1	QL(1 EA daily); PA
MEKTOVI	1	QL(6 EA daily); PA
NERLYNX	1	QL(6 EA daily); PA
NEXAVAR *(sorafenib tosylate)*	1	QL(4 EA daily)
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 D-TARTRATE CAPS PO 50 MG	1	QL(4 EA daily); PA
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

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
nilotinib hcl 50 MG, 150 MG, 200 MG	1	QL(4 EA daily); PA
NINLARO	1	QL(3 EA per 28 day(s) retail; 3 EA per 28 days mail); PA
OGSIVEO 100 MG, 150 MG	1	QL(56 EA per 28 day(s) retail; 56 EA per 28 days mail); 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	1	QL(1 EA daily); PA
pazopanib hcl	1	
pazopanib hcl	1	QL(60 EA per 30 day(s) retail; 60 EA per 30 days mail)
PEMAZYRE	1	QL(14 EA per 20 day(s) retail; 14 EA per 20 days mail); PA
PHYRAGO 70 MG, 80 MG, 100 MG, 140 MG	1	QL(1 EA daily); PA
PHYRAGO 20 MG, 50 MG	1	QL(2 EA daily); PA
PIQRAY (200 MG DAILY DOSE)	1	QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); PA
PIQRAY (250 MG DAILY DOSE)	1	QL(56 EA per 28 day(s) retail; 56 EA per 28 days mail); PA
PIQRAY (300 MG DAILY DOSE)	1	QL(56 EA per 28 day(s) retail; 56 EA per 28 days mail); PA
QINLOCK	1	QL(3 EA daily); PA
RASONQUE TABS PO 100 MG, 150 MG	1	PA
RETEVMO CAPS 40 MG	1	QL(2 EA daily); PA
RETEVMO CAPS 80 MG	1	QL(4 EA daily); PA
RETEVMO TABS 40 MG	1	QL(120 EA per 40 day(s) retail; 120 EA per 40 days mail); PA
RETEVMO TABS 80 MG, 120 MG, 160 MG	1	QL(2 EA daily); PA
REVTORPYK SOLR IV 180 MG	1	PA
REZLIDHIA	1	QL(2 EA daily); PA
ROMIDEPSIN SOLN	1	MP; PA
romidepsin SOLR	1	MP; 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 200 MG	1	QL(3 EA daily); PA
ROZLYTREK CAPS 100 MG	1	QL(1 EA daily); PA
ROZLYTREK PACK	1	QL(12 EA daily); AL(Up to 10 yrs old); PA
RUBRACA	1	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
RYDAPT	1	QL(112 EA per 14 day(s) retail; 112 EA per 14 days mail)
RYTELO	1	Medical Benefit Only; MP
SCEMBLIX 100 MG	1	QL(4 EA daily); PA
SCEMBLIX 20 MG	1	QL(2 EA daily); PA
SCEMBLIX 40 MG	1	QL(10 EA daily); PA
sorafenib tosylate	1	QL(4 EA daily)
SPRYCEL 70 MG, 80 MG, 100 MG, 140 MG *(dasatinib)*	1	QL(1 EA daily)
SPRYCEL 20 MG, 50 MG *(dasatinib)*	1	QL(2 EA daily)
STIVARGA	1	QL(112 EA per 28 day(s) retail; 112 EA per 28 days mail); PA
sunitinib malate	1	MP
SUTENT *(sunitinib malate)*	1	MP
TABRECTA	1	QL(112 EA per 28 day(s) retail; 112 EA per 28 days mail); PA
TAFINLAR CAPS	1	QL(4 EA daily); PA
TAFINLAR TBSO	1	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 0.1 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	1	QL(1 EA daily); PA
TALZENNA 0.25 MG	1	QL(3 EA daily); PA
TASIGNA 50 MG, 150 MG, 200 MG *(nilotinib hcl)*	1	QL(4 EA daily)
temsirolimus	1	MP
TEPMETKO	1	QL(2 EA daily); AL(At least 18 yrs old); PA
TIBSOVO	1	QL(2 EA daily); PA
TORISEL *(temsirolimus)*	1	MP
TRUQAP TABS	1	QL(64 EA per 28 day(s) retail; 64 EA per 28 days mail); PA
TRUQAP TBPK	1	QL(64 EA per 28 day(s) retail; 64 EA per 28 days mail); PA
TURALIO 125 MG	1	QL(4 EA daily); PA
TYKERB *(lapatinib ditosylate)*	1	QL(150 EA per 30 day(s) retail; 150 EA per 30 days mail); PA
VANFLYTA	1	QL(56 EA per 28 day(s) retail; 56 EA per 28 days mail); PA
VELCADE SOLR IJ *(bortezomib)*	1	MP
VERZENIO 100 MG	1	QL(4 EA daily); PA
VERZENIO 50 MG, 150 MG, 200 MG	1	QL(2 EA daily); PA
VITRAKVI CAPS	1	MP; PA
VITRAKVI SOLN	1	MP; PA
VONJO	1	QL(4 EA daily); PA
VORANIGO 10 MG	1	QL(2 EA daily); PA
VORANIGO 40 MG	1	QL(1 EA daily); PA
VOTRIENT *(pazopanib hcl)*	1	
XALKORI CAPS	1	QL(2 EA daily); PA
XALKORI CPSP 20 MG, 50 MG	1	QL(4 EA daily); PA
XALKORI CPSP 150 MG	1	QL(6 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
XOSPATA	1	QL(3 EA daily); PA
ZEJULA TABS	1	QL(1 EA daily); PA
ZELBORAF	1	QL(8 EA daily); PA
ZOLINZA	1	QL(4 EA daily); PA
ZYDELIG	1	QL(2 EA daily); PA
ZYKADIA TABS	1	QL(84 EA per 28 day(s) retail; 84 EA per 28 days mail); PA
Antineoplastic Enzymes		
ASPARLAS	1	AL(Up to 21 yrs old); MP; PA
ONCASPAR	1	MP; PA
RYLAZE	1	MP; PA
Antineoplastic Radiopharmaceuticals		
BEXLUTRY 370 MBQ/ML	1	Medical Benefit Only; MP
LUTATHERA	1	Medical Benefit Only; MP
PLUVICTO	1	Medical Benefit Only; MP
XOFIGO	1	Medical Benefit Only; MP
Antineoplastics Misc.		
ACTIMMUNE 100 MCG/0.5ML	1	MP
ANKTIVA	1	Medical Benefit Only; MP
arsenic trioxide	1	MP
BESREMI	1	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); AL(At least 18 yrs old); PA
BESREMI PEN SC 500 MCG/0.5ML	1	QL(1 ML per 28 day(s) retail; 1 ML per 28 days mail); AL(At least 18 yrs old); PA
bexarotene	1	MP
dacarbazine SOLR	1	MP
ELZONRIS	1	Medical Benefit Only; MP
HYDREA *(hydroxyurea)*	1	MP
hydroxyurea	1	MP
LYMPHIR SOLR IV 300 MCG	1	Medical Benefit Only; MP
MATULANE	1	MP
NIPENT	1	MP
TICE BCG	1	MP
tretinoin (chemotherapy)	1	QL(3 EA daily)
TRISENOX *(arsenic trioxide)*	1	MP
Chemotherapy Adjuncts		
ELITEK	1	MP
KEPIVANCE 5.16 MG	1	MP; PA
Chemotherapy Rescue/Antidote/Protective Agents		
COSELA	1	Medical Benefit Only; MP
dexrazoxane hcl	1	MP
ETHYOL	1	MP
IWILFIN	1	QL(8 EA daily); PA
KHAPZORY 175 MG	1	MP; PA
leucovorin calcium SOLN IJ 100 MG/10ML, 500 MG/50ML	1	MP
leucovorin calcium SOLR	1	MP
leucovorin calcium TABS	1	MP
levoleucovorin calcium SOLN 175 MG/17.5ML	1	MP
mesna SOLN	1	MP
mesna TABS	1	MP
MESNEX SOLN *(mesna)*	1	MP
MESNEX TABS	1	MP
PEDMARK	1	AL(Up to 18 yrs old); MP; PA
VORAXAZE	1	Medical Benefit Only; 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
VYKOURA SOLN IJ 50 MG/5ML, 350 MG/35ML, 500 MG/50ML	1	MP
Mitotic Inhibitors		
ABRAXANE *(paclitaxel protein-bound particles)*	1	MP
AVOPEF SOLN 100 MG/5ML, 500 MG/25ML	1	MP
BEIZRAY CONC 20 MG/ML	1	MP
BEIZRAY SOLN IV	1	MP; PA
docetaxel CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML	1	MP
DOCETAXEL CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML	1	MP
DOCETAXEL CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML *(docetaxel)*	1	MP
docetaxel SOLN	1	MP
DOCETAXEL SOLN 20 MG/2ML, 80 MG/8ML, 160 MG/16ML	1	MP
DOCETAXEL SOLN *(docetaxel)*	1	MP
DOCIVYX SOLN	1	MP
eribulin mesylate	1	Medical Benefit Only; MP
ETOPOPHOS	1	MP
etoposide CAPS	1	MP
etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML	1	MP
HALAVEN *(eribulin mesylate)*	1	Medical Benefit Only; MP
IXEMPRA KIT	1	Medical Benefit Only; MP
JEVTANA	1	Medical Benefit Only; MP
paclitaxel 30 MG/5ML, 100 MG/16.7ML, 150 MG/25ML, 300 MG/50ML	1	MP
PACLITAXEL PROTEIN-BOUND PART	1	MP
paclitaxel protein-bound particles	1	MP
VEPESID CAPS *(etoposide)*	1	MP
vinblastine sulfate SOLN	1	MP
vincristine sulfate	1	MP
vinorelbine tartrate	1	MP
Oncolytic Viral Agents		
IMLYGIC	1	Medical Benefit Only; MP
Topoisomerase I Inhibitors		
CAMPTOSAR *(irinotecan hcl)*	1	MP
DATROWAY	1	MP; PA
HYCAMTIN CAPS	1	MP
irinotecan hcl	1	MP
ONIVYDE IV 43 MG/10ML	1	Medical Benefit Only; MP
topotecan hcl SOLN	1	MP
TOPOTECAN HCL SOLN *(topotecan hcl)*	1	MP
topotecan hcl SOLR	1	MP
TRODELVY	1	MP; PA
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjunctive Therapy		
carbidopa	1	MP
NOURIANZ	4	QL(1 EA daily); PA
Antiparkinson Anticholinergics		
benztropine mesylate SOLN	1	MP
benztropine mesylate TABS	1	MP
trihexyphenidyl hcl SOLN	1	MP
trihexyphenidyl hcl TABS	1	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
Antiparkinson COMT Inhibitors		
entacapone	1	MP
ONGENTYS	4	QL(1 EA daily); AL(At least 18 yrs old); PA
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	MP
apomorphine hydrochloride SOCT	1	MP
bromocriptine mesylate CAPS	1	MP
bromocriptine mesylate TABS 2.5 MG	1	MP
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	MP
carbidopa-levodopa-entacapone 200 MG-50 MG-200 MG	1	QL(2 EA daily)
carbidopa-levodopa-entacapone 100 MG-25 MG-200 MG	1	QL(4 EA daily)
carbidopa-levodopa CPCR	4	Brand Required; QL(3 EA daily); PA
carbidopa-levodopa TABS	1	QL(11 EA daily); MP
carbidopa-levodopa TBCR	1	QL(4 EA daily); MP
carbidopa-levodopa TBDP	1	MP
CREXONT CPCR	4	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
JUVMO TITRATION PACK TBPK PO	1	QL(100 EA per 42 day(s) retail; 100 EA per 42 days mail); AL(At least 18 yrs old); PA
JUVMO TABS PO 5 MG, 10 MG, 15 MG	1	QL(1 EA daily); AL(At least 18 yrs old); 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
pramipexole dihydrochloride TABS 0.125 MG	1	QL(20 EA daily); MP
pramipexole dihydrochloride TABS 0.5 MG	1	QL(9 EA daily); MP
pramipexole dihydrochloride TABS 0.25 MG	1	QL(10 EA daily); MP
pramipexole dihydrochloride TABS 1 MG	1	QL(4.67 EA daily); MP
pramipexole dihydrochloride TABS 1.5 MG	1	MP
pramipexole dihydrochloride TABS 0.75 MG	1	QL(8 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
pramipexole dihydrochloride TB24	4	QL(1 EA daily); PA
ropinirole hydrochloride TABS 3 MG	1	QL(6 EA daily); MP
ropinirole hydrochloride TABS 0.5 MG	1	QL(7 EA daily); MP
ropinirole hydrochloride TABS 4 MG, 5 MG	1	QL(3 EA daily); MP
ropinirole hydrochloride TABS 0.25 MG, 1 MG, 2 MG	1	MP
ropinirole hydrochloride TB24	4	MP; PA
RYTARY CPCR 145 MG-36.25 MG, 195 MG-48.75 MG, 245 MG-61.25 MG, 95 MG-23.75 MG *(carbidopa-levodopa)*	4	Brand Required; QL(3 EA daily); PA
SINEMET TABS 100 MG-10 MG *(carbidopa-levodopa)*	1	QL(11 EA daily); MP
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)
rasagiline mesylate	1	QL(1 EA daily)
selegiline hcl CAPS	1	MP
selegiline hcl TABS	1	MP
XADAGO	4	QL(1 EA daily); PA
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
lithium	1	MP
lithium carbonate CAPS	1	MP
lithium carbonate TABS	1	MP
lithium carbonate TBCR	1	MP
LITHOBID TBCR *(lithium carbonate)*	1	MP
Antipsychotics - Misc.		
CAPLYTA	1	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	MP
GEODON *(ziprasidone hcl)*	1	QL(2 EA daily); AL(At least 5 yrs old); MP
LATUDA 20 MG, 40 MG, 60 MG, 120 MG *(lurasidone hcl)*	1	QL(1 EA daily); AL(At least 5 yrs old); ST; MP
LATUDA 80 MG *(lurasidone hcl)*	1	QL(2 EA daily); AL(At least 5 yrs old); ST; MP
lurasidone hcl 80 MG	1	QL(2 EA daily); AL(At least 5 yrs old); ST; MP
lurasidone hcl 20 MG, 40 MG, 60 MG, 120 MG	1	QL(1 EA daily); AL(At least 5 yrs old); ST; MP
NUPLAZID CAPS	4	QL(1 EA daily); PA
NUPLAZID TABS 10 MG	4	QL(1 EA daily); PA
VRAYLAR CAPS 0.5 MG, 0.75 MG	3	QL(1 EA daily); AL(At least 5 yrs old)
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	MP
Benzisoxazoles		

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
BYSANTI TITRATION PACK A TBPK PO	4	QL(8 EA per 4 day(s) retail; 8 EA per 4 days mail); AL(At least 18 yrs old); PA
BYSANTI TITRATION PACK B TBPK PO	4	QL(12 EA per 4 day(s) retail; 12 EA per 4 days mail); AL(At least 18 yrs old); PA
BYSANTI TITRATION PACK C TBPK PO	4	QL(8 EA per 3 day(s) retail; 8 EA per 3 days mail); AL(At least 18 yrs old); PA
BYSANTI TABS PO 1 MG, 2 MG, 4 MG, 6 MG, 8 MG, 10 MG, 12 MG	3	QL(2 EA daily); AL(At least 18 yrs old); PA
ERZOFRI 117 MG/0.75ML	1	QL(0.75 ML per 28 day(s) retail; 1 ML per 28 days mail)
ERZOFRI 78 MG/0.5ML	1	QL(0.5 ML per 28 day(s) retail)
ERZOFRI 351 MG/2.25ML	1	QL(2.25 ML per 28 day(s) retail; 2 ML per 28 days mail)
ERZOFRI 156 MG/ML	1	QL(1 ML per 28 day(s) retail; 1 ML per 28 days mail)
ERZOFRI 234 MG/1.5ML	1	QL(1.5 ML per 28 day(s) retail; 2 ML per 28 days mail)
ERZOFRI 39 MG/0.25ML	1	QL(0.25 ML per 28 day(s) retail)
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
INVEGA 3 MG, 9 MG *(paliperidone)*	2	QL(1 EA daily); AL(At least 5 yrs old); ST; MP
INVEGA HAFYERA 1560 MG/5ML	1	QL(5 ML per 180 day(s) retail; 5 ML per 180 days mail)
INVEGA HAFYERA 1092 MG/3.5ML	1	QL(3.5 ML per 180 day(s) retail; 4 ML per 180 days mail)
INVEGA SUSTENNA 117 MG/0.75ML	1	QL(0.75 ML per 28 day(s) retail; 1 ML per 28 days mail)
INVEGA SUSTENNA 39 MG/0.25ML	1	QL(0.25 ML per 28 day(s) retail)
INVEGA SUSTENNA 78 MG/0.5ML	1	QL(0.5 ML per 28 day(s) retail)
INVEGA SUSTENNA 234 MG/1.5ML	1	QL(1.5 ML per 28 day(s) retail; 2 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)

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
INVEGA TRINZA 819 MG/2.63ML	1	QL(2.63 ML per 84 day(s) retail; 3 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 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
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)*	1	Brand Required; QL(2 EA per 28 day(s) retail; 2 EA per 28 days mail); AL(At least 5 yrs old); PA
RISPERDAL SOLN *(risperidone)*	1	QL(8 ML daily); AL(At least 5 yrs old); MP
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
risperidone microspheres	1	Brand Required; QL(2 EA per 28 day(s) retail; 2 EA per 28 days mail); AL(At least 5 yrs old); PA
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 3 MG	1	QL(100 EA per 50 day(s) retail; 100 EA per 50 days mail); AL(At least 5 yrs old)
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
RYKINDO SRER	1	QL(2 EA per 28 day(s) retail; 2 EA per 28 days mail); AL(At least 5 yrs old); PA
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 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 75 MG/0.21ML	1	QL(0.21 ML per 28 day(s) retail); AL(At least 5 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
UZEDY SUSY 50 MG/0.14ML	1	QL(0.14 ML per 28 day(s) retail); AL(At least 5 yrs old)
Butyrophenones		
haloperidol decanoate	1	MP
haloperidol lactate CONC	1	MP
haloperidol lactate SOLN	1	MP
haloperidol TABS	1	MP
Dibenzapines		
ADASUVE	1	Medical Benefit Only; MP
asenapine maleate	2	QL(2 EA daily); AL(At least 5 yrs old); ST
clozapine TABS	1	AL(At least 5 yrs old); MP
clozapine TBDP	1	AL(At least 5 yrs old); MP; PA
CLOZARIL TABS 25 MG, 100 MG *(clozapine)*	1	AL(At least 5 yrs old); MP
loxapine succinate	1	MP
olanzapine SOLR	1	MP
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	1	QL(2 EA daily); AL(At least 5 yrs old); PA
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	3	QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); PA
SEROQUEL XR TB24 50 MG, 300 MG, 400 MG *(quetiapine fumarate)*	1	QL(2 EA daily); AL(At least 5 yrs old); MP
SEROQUEL XR TB24 150 MG, 200 MG *(quetiapine fumarate)*	1	QL(1 EA daily); AL(At least 5 yrs old); MP
SEROQUEL TABS *(quetiapine fumarate)*	1	QL(3 EA daily); AL(At least 5 yrs old); MP
VERSACLOZ SUSP	3	QL(600 ML per 30 day(s) retail; 600 ML per 30 days mail); AL(At least 5 yrs old); PA
ZYPREXA RELPREVV	1	MP
ZYPREXA ZYDIS TBDP *(olanzapine)*	1	QL(1 EA daily); AL(At least 5 yrs old); MP
ZYPREXA SOLR *(olanzapine)*	1	MP
ZYPREXA TABS *(olanzapine)*	1	QL(1 EA daily); AL(At least 5 yrs old); MP
Muscarinic Agents		
COBENFY STARTER PACK CPPK	1	QL(2 EA daily); AL(At least 5 yrs old); PA
COBENFY CAPS	1	QL(2 EA daily); AL(At least 5 yrs old); PA
Phenothiazines		
chlorpromazine hcl CONC	1	AL(Up to 10 yrs old); MP
chlorpromazine hcl SOLN	1	MP
chlorpromazine hcl TABS	1	MP
fluphenazine decanoate	1	MP
fluphenazine hcl CONC	1	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
fluphenazine hcl ELIX	1	MP
fluphenazine hcl SOLN	1	MP
fluphenazine hcl TABS	1	MP
perphenazine TABS	1	MP
prochlorperazine	1	MP
prochlorperazine edisylate 10 MG/2ML	1	MP
PROCHLORPERAZINE MALEATE POWD	1	
prochlorperazine maleate TABS	1	MP
thioridazine hcl	1	MP
trifluoperazine hcl TABS	1	MP
Quinolinone Derivatives		
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 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 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 TABS *(aripiprazole)*	1	QL(2 EA daily); AL(At least 5 yrs old); MP
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	3	QL(3 EA daily); AL(At least 5 yrs old); PA
OPIPZA FILM 2 MG	3	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	MP
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
abacavir sulfate-lamivudine	1	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
abacavir sulfate SOLN	1	MP
abacavir sulfate TABS	1	MP
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	MP
atazanavir sulfate CAPS	1	MP
BIKTARVY	1	QL(1 EA daily)
BIXLENVO TABS PO	1	QL(1 EA daily); AL(At least 18 yrs old)
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)
COMPLERA 200 MG-300 MG-25 MG *(emtricitabine-rilpivirine-tenofovir disoproxil fumarate)*	1	MP
darunavir TABS 600 MG	1	QL(2 EA daily); MP
darunavir TABS 800 MG	1	QL(1 EA daily); MP
DELSTRIGO	1	QL(1 EA daily)
DESCOVY	1	QL(1 EA daily)
DOVATO	1	QL(1 EA daily)
EDURANT 25 MG *(rilpivirine hcl)*	1	MP
EDURANT PED PO 2.5 MG	1	QL(6 EA daily)
efavirenz-emtricitabine-tenofovir disoproxil fumarate	1	MP
efavirenz-lamivudine-tenofovir disoproxil fumarate	1	QL(1 EA daily)
efavirenz CAPS	1	MP
efavirenz TABS	1	MP
emtricitabine-rilpivirine-tenofovir disoproxil fumarate	1	MP
emtricitabine-tenofovir disoproxil fumarate	1	QL(1 EA daily)
emtricitabine CAPS	1	MP
EMTRIVA CAPS *(emtricitabine)*	1	MP
EMTRIVA SOLN	1	MP
EPIVIR SOLN *(lamivudine)*	1	MP
EPIVIR TABS *(lamivudine)*	1	MP
etravirine	1	MP
EVOTAZ	1	QL(1 EA daily)
fosamprenavir calcium TABS	1	QL(2.95 EA daily)
GENVOYA	1	QL(1 EA daily)
IDVYNSO TABS PO	1	QL(1 EA daily)
INTELENCE *(etravirine)*	1	MP
INTELENCE 25 MG	1	QL(2.95 EA daily); MP
ISENTRESS HD TABS	1	QL(2 EA daily)
ISENTRESS CHEW	1	AL(At least 2 yrs old - Up to 11 yrs old); MP
ISENTRESS PACK	1	AL(At least 2 yrs old - Up to 11 yrs old); MP
ISENTRESS TABS	1	MP
JULUCA	1	QL(1 EA daily)
KALETRA SOLN	1	MP
KALETRA TABS *(lopinavir-ritonavir)*	1	MP
lamivudine-zidovudine	1	MP
lamivudine SOLN	1	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
lamivudine TABS	1	MP
lopinavir-ritonavir SOLN	1	MP
lopinavir-ritonavir TABS	1	MP
maraviroc TABS 150 MG	1	QL(2 EA daily)
maraviroc TABS 300 MG	1	QL(4 EA daily)
nevirapine SUSP	1	MP
nevirapine TABS	1	MP
nevirapine TB24 400 MG	1	MP
NORVIR PACK	1	QL(12 EA daily); AL(Up to 6 yrs old)
NORVIR TABS *(ritonavir)*	1	MP
ODEFSEY	1	QL(1 EA daily)
PIFELTRO	1	QL(1 EA daily)
PREZCOBIX	1	
PREZCOBIX	1	QL(1 EA daily)
PREZISTA SUSP	1	MP
PREZISTA TABS 800 MG *(darunavir)*	1	QL(1 EA daily); MP
PREZISTA TABS 600 MG *(darunavir)*	1	QL(2 EA daily); MP
PREZISTA TABS 75 MG, 150 MG	1	QL(2.95 EA daily); MP
RETROVIR CAPS *(zidovudine)*	1	MP
RETROVIR SOLN	1	MP
RETROVIR SYRP *(zidovudine)*	1	MP
REYATAZ CAPS 200 MG, 300 MG *(atazanavir sulfate)*	1	MP
REYATAZ PACK	1	AL(Up to 10 yrs old); MP
rilpivirine hcl 25 MG	1	MP
ritonavir TABS	1	MP
RUKOBIA	1	QL(2 EA daily)
SELZENTRY SOLN	1	QL(60 ML daily)
SELZENTRY TABS 300 MG *(maraviroc)*	1	QL(4 EA daily)
SELZENTRY TABS 150 MG *(maraviroc)*	1	QL(2 EA daily)
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(4 EA per fill retail)
SUNLENCA TBPK 300 MG	1	QL(5 EA per 8 day(s) retail; 5 EA per 8 days mail)
SYMFI *(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 50 MG	1	MP
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)
TYBOST	1	QL(1 EA daily)
VIRACEPT TABS	1	MP
VIREAD POWD	1	MP
VIREAD TABS *(tenofovir disoproxil fumarate)*	1	QL(1 EA daily)
VIREAD TABS	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
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	MP
zidovudine CAPS	1	MP
zidovudine SYRP	1	MP
zidovudine TABS	1	MP
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	MP
foscarnet sodium 6000 MG/250ML	1	MP
GANCICLOVIR SODIUM SOLN	1	MP
ganciclovir sodium SOLR	1	MP
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	MP
valganciclovir hcl SOLR	1	MP
valganciclovir hcl TABS	1	MP
Hepatitis Agents		
adefovir dipivoxil	1	MP
BARACLUDE SOLN	1	MP
BARACLUDE TABS *(entecavir)*	1	MP
entecavir TABS	1	MP
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

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 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 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
EPCLUSA TABS 50 MG-200 MG	4	QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); 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 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 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
HEPCLUDEX SOLR SC 8.5 MG	4	QL(1 EA daily); AL(At least 18 yrs old); PA
lamivudine (hbv) TABS	1	MP
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); PA
MAVYRET TABS	1	QL(168 EA per 56 day(s) retail; 168 EA per 56 days mail)
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	MP
ribavirin (hepatitis c) TABS 200 MG	1	MP
SOFOSBUVIR-VELPATASVIR TABS	1	QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); AL(At least 3 yrs old)
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	MP
acyclovir CAPS	1	MP
acyclovir SUSP	1	QL(473 ML per fill retail); AL(Up to 7 yrs old)
acyclovir TABS PO	1	MP
famciclovir	1	MP
valacyclovir hcl	1	MP
VALTREX *(valacyclovir hcl)*	1	MP
Human Papillomavirus (HPV) Agents		
PAPZIMEOS SUSP SC	4	AL(At least 18 yrs old); PA
Influenza Agents		
oseltamivir phosphate CAPS 30 MG, 45 MG	1	MP
oseltamivir phosphate CAPS 75 MG	1	QL(20 EA per 10 day(s) retail; 20 EA per 10 days mail)
oseltamivir phosphate SUSR	1	MP
RAPIVAB	1	Medical Benefit Only; MP
RELENZA DISKHALER	1	QL(20 EA per fill retail); PA
rimantadine hydrochloride TABS	1	MP
TAMIFLU CAPS 75 MG *(oseltamivir phosphate)*	1	QL(20 EA per 10 day(s) retail; 20 EA per 10 days mail)
TAMIFLU SUSR *(oseltamivir phosphate)*	1	MP
XOFLUZA (40 MG DOSE) 40 MG	1	QL(2 EA per fill retail); AL(At least 5 yrs old); PA
XOFLUZA (80 MG DOSE) 80 MG	1	QL(1 EA per fill retail); AL(At least 5 yrs old); PA
Misc. Antivirals		
VEKLURY SOLR	1	Medical Benefit Only; MP
XOCOVA TABS PO 125 MG	1	QL(7 EA per 5 day(s) retail; 7 EA per 5 days mail); AL(At least 12 yrs old)
Respiratory Syncytial Virus (RSV) Agents		
ribavirin	1	MP
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

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
carvedilol phosphate	1	MP
labetalol hcl SOLN	1	MP
LABETALOL HCL SOLN	1	MP
LABETALOL HCL SOSY	1	MP
labetalol hcl TABS 400 MG	1	QL(2 EA daily); PA
labetalol hcl TABS 200 MG	1	QL(12 EA daily); MP
labetalol hcl TABS 300 MG	1	QL(8 EA daily); MP
labetalol hcl TABS 100 MG	1	QL(24 EA daily); MP
Beta Blockers Cardio-Selective		
acebutolol hcl CAPS 200 MG	1	QL(6 EA daily); MP
acebutolol hcl CAPS 400 MG	1	QL(4 EA daily); MP
atenolol TABS 100 MG	1	QL(2 EA daily); MP
atenolol TABS 50 MG	1	QL(4 EA daily); MP
atenolol TABS 25 MG	1	QL(8 EA daily); MP
betaxolol hcl	1	MP
bisoprolol fumarate 10 MG	1	QL(2 EA daily); MP
bisoprolol fumarate 5 MG	1	QL(4 EA daily); MP
bisoprolol fumarate 2.5 MG	1	QL(1 EA daily); PA
BREVIBLOC IN NACL *(esmolol hcl-sodium chloride)*	1	MP
BREVIBLOC PREMIXED *(esmolol hcl-sodium chloride)*	1	MP
BREVIBLOC PREMIXED DS *(esmolol hcl-sodium chloride)*	1	MP
BREVIBLOC SOLN 100 MG/10ML *(esmolol hcl)*	1	MP
BYSTOLIC *(nebivolol hcl)*	1	MP

Drug Name	Drug Tier	Requirements/ Limits
esmolol hcl-sodium chloride	1	MP
esmolol hcl SOLN 100 MG/10ML	1	MP
ESMOLOL HCL SOLN	1	MP
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 50 MG *(metoprolol tartrate)*	1	QL(6 EA daily); MP
LOPRESSOR TABS 100 MG *(metoprolol tartrate)*	1	QL(5 EA daily); MP
LOPRESSOR TABS 12.5 MG *(metoprolol tartrate)*	1	QL(240 EA per 30 day(s) retail; 240 EA per 30 days mail); 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	MP
metoprolol tartrate TABS 12.5 MG	1	QL(240 EA per 30 day(s) retail; 240 EA per 30 days mail); PA
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	MP
TENORMIN TABS 100 MG *(atenolol)*	1	QL(2 EA daily); MP
TENORMIN TABS 50 MG *(atenolol)*	1	QL(4 EA daily); MP
TENORMIN TABS 25 MG *(atenolol)*	1	QL(8 EA daily); MP
TOPROL XL TB24 100 MG, 200 MG *(metoprolol succinate)*	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
TOPROL XL TB24 25 MG, 50 MG *(metoprolol succinate)*	1	QL(3 EA daily); MP
Beta Blockers Non-Selective		
BETAPACE AF 120 MG *(sotalol hcl (afib/afl))*	1	QL(6.67 EA daily); MP
BETAPACE AF 80 MG *(sotalol hcl (afib/afl))*	1	QL(8 EA daily); MP
BETAPACE AF 160 MG *(sotalol hcl (afib/afl))*	1	QL(4 EA daily); MP
BETAPACE TABS 160 MG *(sotalol hcl)*	1	QL(4 EA daily); MP
BETAPACE TABS 120 MG *(sotalol hcl)*	1	QL(6.67 EA daily); MP
BETAPACE TABS 80 MG *(sotalol hcl)*	1	QL(8 EA daily); MP
HEMANGEOL SOLN PO	4	QL(120 ML per 30 day(s) retail; 120 ML per 30 days mail); 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
INDERAL LA CP24 60 MG, 80 MG, 160 MG *(propranolol hcl)*	1	QL(2 EA daily); MP
INDERAL XL	1	MP
INNOPRAN XL	1	MP
nadolol TABS 20 MG	1	MP
nadolol TABS 40 MG, 80 MG	1	QL(4 EA daily); MP
pindolol TABS	1	MP
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	MP
propranolol hcl TABS 60 MG, 80 MG	1	QL(4 EA daily); MP
propranolol hcl TABS 40 MG	1	QL(6 EA daily); MP
propranolol hcl TABS 10 MG, 20 MG	1	QL(8 EA daily); MP
sotalol hcl (afib/afl) 160 MG	1	QL(4 EA daily); MP
sotalol hcl (afib/afl) 80 MG	1	QL(8 EA daily); MP
sotalol hcl (afib/afl) 120 MG	1	QL(6.67 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
sotalol hcl TABS 80 MG	1	QL(8 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	MP
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		
amlodipine besylate TABS 2.5 MG	1	QL(6 EA daily); MP
amlodipine besylate TABS 5 MG	1	QL(4 EA daily); MP
amlodipine besylate TABS 10 MG	1	QL(2 EA daily); MP
CARDAMYST SOLN NA	1	AL(At least 18 yrs old); PA
CARDENE IV SOLN 0.83 %-40 MG/200ML, 0.86 %-20 MG/200ML, 2.5 MG/ML *(nicardipine hcl)*	1	MP
CLEVIPREX 25 MG/50ML, 50 MG/100ML	1	MP
diltiazem hcl coated beads CP24 300 MG	1	QL(1 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 coated beads CP24 360 MG	1	MP
diltiazem hcl coated beads CP24 240 MG	1	QL(2 EA daily); MP
diltiazem hcl coated beads CP24 120 MG	1	QL(4 EA daily); MP
diltiazem hcl coated beads CP24 180 MG	1	QL(3 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
diltiazem hcl extended release beads 120 MG	1	QL(4 EA daily); MP
DILTIAZEM HCL-SODIUM CHLORIDE	1	Medical Benefit Only; MP
diltiazem hcl CP12	2	ST; MP
diltiazem hcl CP24 240 MG	1	QL(2 EA daily); MP
diltiazem hcl CP24 180 MG	1	QL(3 EA daily); MP
diltiazem hcl CP24 120 MG	1	QL(4 EA daily); MP
diltiazem hcl SOLN	1	Medical Benefit Only; MP
DILTIAZEM HCL SOLR	1	Medical Benefit Only; 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 TABS 30 MG, 60 MG	1	QL(6 EA daily); MP
diltiazem hcl TB24	2	ST; MP
felodipine	1	QL(1 EA daily); MP
isradipine CAPS	2	ST; MP
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	MP
nicardipine hcl in sodium chloride SOLN	1	MP
nicardipine hcl CAPS	2	ST; MP
nicardipine hcl SOLN	1	MP
NICARDIPINE HCL SOLN *(nicardipine hcl)*	1	MP
nifedipine CAPS	1	MP
nifedipine TB24	1	MP
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 8.5 MG, 17 MG, 34 MG	2	ST; MP
NORLIQVA SOLN	4	QL(300 ML per 30 day(s) retail; 300 ML per 30 days mail); PA
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 10 MG *(amlodipine besylate)*	1	QL(2 EA daily); MP
NORVASC TABS 5 MG *(amlodipine besylate)*	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
NORVASC TABS 2.5 MG *(amlodipine besylate)*	1	QL(6 EA daily); MP
NYMALIZE SOLN 6 MG/ML	4	QL(630 ML per 21 day(s) retail; 630 ML per 21 days mail)
NYMALIZE SOLN 6 MG/ML	4	QL(1260 ML per 21 day(s) retail; 1260 ML per 21 days mail)
PROCARDIA XL TB24 30 MG, 60 MG *(nifedipine)*	1	MP
SDAMLO SOLR PO 2.5 MG, 5 MG, 10 MG	4	QL(1 EA daily); PA
SULAR 8.5 MG, 17 MG, 34 MG *(nisoldipine)*	2	ST; MP
VERAPAMIL HCL ER CP24 *(verapamil hcl)*	2	ST; MP
verapamil hcl CP24	2	ST; MP
verapamil hcl SOLN 2.5 MG/ML	1	MP
verapamil hcl TABS 80 MG, 120 MG	1	QL(4 EA daily); MP
verapamil hcl TABS 40 MG	1	QL(3 EA daily); MP
verapamil hcl TBCR 120 MG, 180 MG	1	QL(2 EA daily); MP
verapamil hcl TBCR 240 MG	1	MP
VERELAN PM CP24 *(verapamil hcl)*	2	ST; MP
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
digoxin SOLN PO 0.05 MG/ML	1	QL(900 ML per 90 day(s) retail; 900 ML per 90 days mail); MP
digoxin SOLN IJ 0.25 MG/ML	1	MP
digoxin TABS 62.5 MCG	1	MP
digoxin TABS 250 MCG	1	QL(2.22 EA daily); MP
digoxin TABS 125 MCG	1	QL(3.34 EA daily); MP
LANOXIN PEDIATRIC SOLN IJ	1	MP
LANOXIN SOLN IJ *(digoxin)*	1	MP
Inotropes		
dobutamine hcl 12.5 MG/ML	1	MP
DOBUTAMINE-DEXTROSE	1	MP
dopamine hcl 40 MG/ML	1	MP
DOPAMINE HCL *(dopamine hcl)*	1	MP
DOPAMINE-DEXTROSE	1	MP
milrinone lactate	1	MP
milrinone lactate in dextrose	1	MP
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
MYQORZO TABS PO 5 MG, 10 MG, 15 MG, 20 MG	1	AL(At least 18 yrs old); PA
Cardioplegic Solutions		
cardioplegic soln	1	MP
PLEGISOL *(cardioplegic soln)*	1	MP
Cardiovascular Agents Misc. - Combinations		
amlodipine besylate-atorvastatin calcium	2	ST; MP
BIDIL *(isosorbide dinitrate-hydralazine hcl)*	1	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
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; MP
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	MP
OPSYNVI	4	QL(1 EA daily); PA
sacubitril-valsartan TABS	1	QL(2 EA daily); PA
sacubitril-valsartan TABS	1	QL(2 EA daily)
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
Impotence Agents		
CIALIS 5 MG *(tadalafil)*	1	QL(1 EA daily)
tadalafil 5 MG	1	QL(1 EA daily); PA
Peripheral Vasodilators		
papaverine hcl SOLN	1	MP
Prostaglandin Vasodilators		
alprostadil SOLN IJ 500 MCG/ML	1	MP
AURLUMYN IV	1	Medical Benefit Only; MP
epoprostenol sodium	1	MP
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	MP
REMODULIN SOLN IJ	1	MP
treprostinil SOLN IJ	1	MP
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(224 EA per 28 day(s) retail; 224 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 MAINTENANCE KIT POWD	1	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	4	QL(324.8 ML per 28 day(s) retail; 325 ML 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
TYVASO STARTER KIT SOLN IN	4	QL(324.8 ML per 28 day(s) retail; 325 ML per 28 days mail)
TYVASO SOLN IN	4	QL(11.6 ML per 7 day(s) retail; 12 ML per 7 days mail)
VELETRI *(epoprostenol sodium)*	1	MP
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	MP
bosentan TABS	1	MP
bosentan TBSO 32 MG	1	MP
LETAIRIS *(ambrisentan)*	1	MP
macitentan 10 MG	4	QL(1 EA daily); PA
macitentan 10 MG	1	QL(1 EA daily); PA
OPSUMIT 10 MG *(macitentan)*	4	QL(1 EA daily); PA
TRACLEER TABS *(bosentan)*	1	MP
TRACLEER TBSO 32 MG *(bosentan)*	1	MP
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
ADCIRCA TABS *(tadalafil (pulmonary hypertension))*	4	QL(2 EA daily); PA
REVATIO SOLN *(sildenafil citrate (pulmonary hypertension))*	4	MP; PA
REVATIO SOLN *(sildenafil citrate (pulmonary hypertension))*	4	MP
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	MP; 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

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
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 100 MCG, 150 MCG	4	QL(2 EA daily); 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
riociguat 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	1	QL(3 EA daily); PA
Septal Agents		
dehydrated alcohol	1	AL(Up to 20 yrs old); MP; 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	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)		
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	MP
cefadroxil SUSR	1	MP
cefadroxil TABS	1	MP
CEFAZOLIN SODIUM-DEXTROSE SOLN 4 %-1 GM/50ML, 4 %-2 GM/100ML, 4 %-3 GM/150ML	1	MP
CEFAZOLIN SODIUM-DEXTROSE SOLR	1	MP
cefazolin sodium SOLR IJ 1 GM, 2 GM, 3 GM, 10 GM, 500 MG	1	MP
CEFAZOLIN SODIUM SOLR IV 2 GM, 3 GM	1	MP
cephalexin CAPS 250 MG, 500 MG	1	MP
cephalexin CAPS 750 MG	4	MP; PA
cephalexin SUSR	1	MP
cephalexin TABS	4	MP; PA
Cephalosporins - 2nd Generation		
CEFACLOR ER TB12	1	MP
cefaclor CAPS	1	MP
CEFOTAN IJ *(cefotetan disodium)*	1	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
cefotetan disodium IJ 1 GM, 2 GM	1	MP
cefoxitin sodium IV	1	MP
CEFOXITIN SODIUM-DEXTROSE	1	MP
cefprozil SUSR	1	MP
cefprozil TABS	1	MP
cefuroxime axetil TABS	1	MP
cefuroxime sodium IJ 750 MG	1	MP
Cephalosporins - 3rd Generation		
cefdinir CAPS	1	MP
cefdinir SUSR	1	MP
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
cefixime TABS	1	PA
cefpodoxime proxetil SUSR	1	MP
cefpodoxime proxetil TABS	1	MP
ceftazidime IJ 1 GM, 6 GM	1	MP
ceftriaxone sodium IJ 1 GM, 2 GM, 250 MG, 500 MG	1	MP
ceftriaxone sodium in dextrose	1	MP
CEFTRIAXONE SODIUM-DEXTROSE	1	MP
Cephalosporins - 4th Generation		
CEFEPIME HCL SOLN	1	MP
cefepime hcl SOLR IJ 1 GM	1	MP

Drug Name	Drug Tier	Requirements/ Limits
CEFEPIME-DEXTROSE	1	MP
Cephalosporins - 5th Generation		
ceftaroline fosamil 400 MG, 600 MG	1	MP
TEFLARO 400 MG, 600 MG *(ceftaroline fosamil)*	1	MP
ZEVTERA SOLR IV 667 MG	4	MP; PA
Cephalosporins - Siderophores		
FETROJA	4	AL(At least 18 yrs old); MP; 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	
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	

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
ESTRIOL MICRONIZED	1	
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	

Drug Name	Drug Tier	Requirements/ Limits
Bulk Chemicals - O's		
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
TOPIRAMATE	1	
TRIAMCINOLONE	1	
TRICHLOROACETIC ACID CRYS	1	MP; 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		

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
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	MP
desogestrel & ethinyl estradiol	1	MP
desogestrel-ethinyl estradiol (biphasic)	1	MP
desogestrel-ethinyl estradiol (triphasic)	1	MP; GL
drospirenone-ethinyl estradiol	1	MP
drospirenone-ethinyl estradiol-levomefolate calcium	1	MP
ethynodiol diacet & eth estrad 35 MCG-1 MG	1	MP
FEMLYV TBDP	1	QL(1 EA daily); PA
levonorgestrel & eth estradiol TABS	1	MP
levonorgestrel-eth estradiol (triphasic)	1	MP
levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG	1	QL(1 EA daily)
levonorgestrel-ethinyl estradiol (continuous)	1	MP; GL
levonorgestrel-ethinyl estradiol-iron	1	QL(1 EA daily)
LO LOESTRIN FE TABS	1	MP; GL
NATAZIA	1	MP; GL
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	MP; GL
norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG	1	MP
norethindrone & eth estradiol	1	MP
norethindrone & eth estradiol	1	MP; GL
norethindrone & ethinyl estradiol-fe 35 MCG-0.4 MG	1	MP
norethindrone acet & eth estra TABS	1	MP
norethindrone acetate-ethinyl estradiol-fe	1	MP
norethindrone-eth estradiol (triphasic)	1	MP
norgestimate-ethinyl estradiol	1	MP
norgestimate-ethinyl estradiol (triphasic)	1	MP
norgestrel & ethinyl estradiol 30 MCG-0.3 MG	1	MP
SAFYRAL *(drospirenone-ethinyl estradiol-levomefolate calcium)*	1	MP
TAYTULLA CAPS *(norethin acet & estrad-fe)*	4	QL(1 EA daily); GL; PA
TYBLUME CHEW	1	MP; GL
YASMIN 28 *(drospirenone-ethinyl estradiol)*	1	MP
YAZ *(drospirenone-ethinyl estradiol)*	1	MP
Combination Contraceptives - Transdermal		
GWYN LO	1	QL(3 EA per 28 day(s) retail; 3 EA per 28 days mail); GL; PA
norelgestromin-ethinyl estradiol	1	QL(9 EA per 84 day(s) retail; 9 EA per 84 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
TWIRLA	1	GL
Combination Contraceptives - Vaginal		
ANNOVERA	1	1 package(s) per 365 day(s) retail; 1 package(s) per 365 day(s) mail; PA
etonogestrel-ethinyl estradiol	1	QL(3 EA per 63 day(s) retail; 3 EA per 63 days mail)
NUVARING *(etonogestrel-ethinyl estradiol)*	1	QL(3 EA per 63 day(s) retail; 3 EA per 63 days mail)
Copper Contraceptives - IUD		
MIUDELLA	1	Medical Benefit Only; MP
PARAGARD INTRAUTERINE COPPER	1	Medical Benefit Only; MP; PA
Emergency Contraceptives		
ELLA	1	MP; GL
levonorgestrel (emergency oc) 1.5 MG	1	MP
Progestin Contraceptives - Implants		
NEXPLANON	1	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
DEPO-PROVERA SUSY IM *(medroxyprogesterone acetate (contraceptive))*	1	QL(1 ML per 84 day(s) retail; 1 ML per 84 days mail); GL
DEPO-SUBQ PROVERA 104 SUSY SC	1	GL
medroxyprogesterone acetate (contraceptive) SUSP IM	1	QL(1 ML per 84 day(s) retail; 1 ML per 84 days mail)
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; MP; PA
LILETTA (52 MG)	1	Medical Benefit Only; MP; PA
MIRENA (52 MG)	1	Medical Benefit Only; MP; PA
SKYLA	1	Medical Benefit Only; MP; PA
Progestin Contraceptives - Oral		
norethindrone (contraceptive)	1	MP
OPILL	1	MP
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); MP; PA
betamethasone sod phosphate & acetate SUSP	1	MP
budesonide CPEP	1	MP
budesonide TB24	4	QL(1 EA daily); PA
CELESTONE SOLUSPAN SUSP *(betamethasone sod phosphate & acetate)*	1	MP
CORTEF TABS *(hydrocortisone)*	1	MP
CORTISONE ACETATE TABS	1	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
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 SUSP	4	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 2 yrs old); PA
deflazacort TABS	1	Brand Required; QL(1 EA daily); AL(At least 2 yrs old); PA
DEPO-MEDROL SUSP	1	MP
DEPO-MEDROL SUSP *(methylprednisolone acetate)*	1	MP
DEXAMETHASONE INTENSOL CONC	1	MP
dexamethasone sodium phosphate SOLN IJ	1	MP
dexamethasone sodium phosphate SOSY IJ	1	MP
dexamethasone ELIX	1	MP
dexamethasone SOLN	1	MP
dexamethasone TABS	1	MP
dexamethasone TBPK	4	1 package(s) per 7 day(s) retail; 1 package(s) per 7 day(s) mail; PA
dexamethasone TBPK	4	MP; PA
DEXLYT TABS 0.25 MG	1	MP
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
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	MP
hydrocortisone TABS	1	MP
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	MP
KHINDIVI SOLN PO 1 MG/ML	4	AL(At least 5 yrs old - Up to 6 yrs old); MP; PA
MEDROL TABS	1	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
MEDROL TABS *(methylprednisolone)*	1	MP
MEDROL TBPK *(methylprednisolone)*	1	MP
methylprednisolone acetate SUSP	1	MP
methylprednisolone sod succ 40 MG, 125 MG, 500 MG, 1000 MG	1	MP
methylprednisolone TABS	1	MP
methylprednisolone TBPK	1	MP
PEDIAPRED SOLN *(prednisolone sodium phosphate)*	1	MP
PREDNISOLONE SODIUM PHOSPHATE POWD	1	
prednisolone sodium phosphate SOLN 10 MG/5ML, 20 MG/5ML	4	MP; PA
prednisolone sodium phosphate SOLN 5 MG/5ML, 15 MG/5ML, 25 MG/5ML	1	MP
prednisolone sodium phosphate TBDP	1	QL(10 EA per fill retail); AL(Up to 10 yrs old)
prednisolone SOLN	1	MP
prednisolone TABS	1	MP; PA
PREDNISONE INTENSOL CONC	1	MP
PREDNISONE POWD	1	
prednisone SOLN	1	MP
prednisone TABS	1	MP
prednisone TBEC 1 MG, 2 MG	4	MP; PA
prednisone TBPK	1	MP
SOLU-CORTEF	1	MP
SOLU-CORTEF *(hydrocortisone sod succinate)*	1	MP
SOLU-MEDROL	1	MP
SOLU-MEDROL 2 GM, 500 MG, 1000 MG *(methylprednisolone sod succ)*	1	MP
SOLU-MEDROL (PF)	1	MP
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)
ZILRETTA SRER	1	Medical Benefit Only; MP
Mineralocorticoids		
fludrocortisone acetate TABS	1	MP
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Expectorants		
SSKI SOLN *(potassium iodide (expectorant))*	1	Requires EPSDT PA Review; AL(Up to 20 yrs old); MP; PA
Misc. Respiratory Inhalants		
sodium chloride (inhalant) NEBU 7 %	1	AL(Up to 21 yrs old); MP
sodium chloride (inhalant) NEBU 0.9 %, 3 %, 10 %	1	MP
Mucolytics		
ACETYLCYSTEINE POWD	1	
acetylcysteine SOLN	1	MP
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Acne Products		
ABSORICA *(isotretinoin)*	1	QL(2 EA daily); 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
ABSORICA LD	4	AL(At least 12 yrs old - Up to 20 yrs old); MP; PA
CLEOCIN-T LOTN *(clindamycin phosphate (topical))*	1	AL(Up to 20 yrs old); MP
CLINDACIN ETZ	1	AL(Up to 20 yrs old); MP; PA
clindamycin phosphate (topical) FOAM	4	AL(Up to 20 yrs old); MP; PA
clindamycin phosphate (topical) GEL	1	AL(Up to 20 yrs old); MP
clindamycin phosphate (topical) GEL	4	AL(Up to 20 yrs old); MP; PA
clindamycin phosphate (topical) LOTN	1	AL(Up to 20 yrs old); MP
clindamycin phosphate (topical) SOLN	1	AL(Up to 20 yrs old); MP
clindamycin phosphate (topical) SWAB	4	AL(Up to 20 yrs old); MP
clindamycin phosphate (topical) SWAB	4	AL(Up to 20 yrs old); MP; PA
clindamycin phosphate (topical) SWAB	1	AL(Up to 20 yrs old); MP
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) 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(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
dapsone (topical) 5 %	4	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) 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) 5 %	1	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); 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
erythromycin (acne aid) PADS	4	AL(Up to 20 yrs old); MP; PA
erythromycin (acne aid) SOLN	1	AL(Up to 20 yrs old); MP
isotretinoin	1	QL(2 EA daily); AL(Up to 20 yrs old)
isotretinoin 40 MG	1	QL(2 EA daily)
sulfacetamide sodium (acne)	1	AL(Up to 20 yrs old); MP
sulfacetamide sodium w/ sulfur CREA 10 %-5 %	1	AL(Up to 20 yrs old); MP
sulfacetamide sodium w/ sulfur LIQD 10 %-2 %, 9 %-4 %, 9 %-4.5 %	1	AL(Up to 20 yrs old); MP
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); MP
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); MP
tretinoin CREA 0.025 %, 0.05 %	1	Requires EPSDT PA Review; AL(Up to 20 yrs old); MP; 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)

Drug Name	Drug Tier	Requirements/ Limits
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	MP; RX/OTC
diclofenac sodium (topical) SOLN EX 2 %	4	PA
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
PENNSAID SOLN EX 2 % *(diclofenac sodium (topical))*	4	QL(112 GM per 30 day(s) retail; 112 GM per 30 days mail); PA
Antibiotics - Topical		
gentamicin sulfate (topical) CREA	1	MP
gentamicin sulfate (topical) OINT	1	MP
mupirocin calcium (topical)	2	MP
mupirocin OINT	1	MP
NEO-SYNALAR	4	QL(60 GM per 30 day(s) retail; 60 GM per 30 days mail); PA
TETRACYCLINE HCL	1	
Antifungals - Topical		
ciclopirox olamine CREA	1	MP
ciclopirox olamine SUSP	1	MP
ciclopirox GEL	2	MP
ciclopirox SHAM	2	MP
ciclopirox SOLN	1	QL(6.6 ML per 30 day(s) retail; 7 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
clotrimazole (topical) CREA	1	1 package(s) per fill retail; 1 package(s) per fill mail; AL(Up to 20 yrs old); RX/OTC
clotrimazole (topical) SOLN	2	MP; RX/OTC
clotrimazole w/ betamethasone CREA	1	MP
clotrimazole w/ betamethasone LOTN	2	MP
econazole nitrate CREA	1	MP
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	MP
ketoconazole (topical) CREA	1	MP
ketoconazole (topical) FOAM	2	MP
ketoconazole (topical) SHAM 2 %	1	QL(120 ML per 30 day(s) retail; 120 ML per 30 days mail)
miconazole-zinc oxide-white petrolatum	2	MP
naftifine hcl CREA	2	MP
naftifine hcl GEL 2 %	2	MP
NAFTIN GEL 2 % *(naftifine hcl)*	2	MP
nystatin (topical) CREA	1	MP
nystatin (topical) OINT	1	MP
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	MP
nystatin-triamcinolone OINT	2	MP
oxiconazole nitrate CREA	2	MP
OXISTAT LOTN	2	MP
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); MP
tolnaftate CREA	1	AL(Up to 20 yrs old); MP
VUSION *(miconazole-zinc oxide-white petrolatum)*	2	MP
Antineoplastic or Premalignant Lesion Agents - Topical		
AMELUZ GEL	1	Medical Benefit Only; MP
bexarotene (topical)	1	MP
diclofenac sodium (actinic keratoses) EX	4	MP; PA
fluorouracil (topical) CREA 0.5 %	4	MP; PA
fluorouracil (topical) CREA 5 %	1	MP
fluorouracil (topical) SOLN	1	MP
LEVULAN KERASTICK SOLR	1	Medical Benefit Only; MP
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

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
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)
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	MP

Drug Name	Drug Tier	Requirements/ Limits
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	MP; 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
COSENTYX SOSY 150 MG/ML	4	QL(10 ML per 28 day(s) retail; 10 ML per 28 days mail); PA
ICOTYDE TABS PO 200 MG	1	AL(At least 12 yrs old); PA
ILUMYA	4	QL(1 ML per 84 day(s) retail; 1 ML per 84 days mail); PA
IMULDOSA SOSY SC 45 MG/0.5ML	2	QL(0.5 ML per 84 day(s) retail)
IMULDOSA SOSY SC 90 MG/ML	2	QL(1 ML per 56 day(s) retail; 1 ML per 56 days mail)
methoxsalen rapid	1	MP
OTULFI SOLN SC 45 MG/0.5ML	4	QL(0.5 ML per 84 day(s) retail); PA
OTULFI SOSY SC 45 MG/0.5ML	4	QL(0.5 ML per 84 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
OTULFI SOSY SC 90 MG/ML	4	QL(1 ML per 56 day(s) retail; 1 ML per 56 days mail); 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 SOLN SC 45 MG/0.5ML	2	QL(0.5 ML per 84 day(s) retail)
SELARSDI SOSY SC 45 MG/0.5ML	2	QL(0.5 ML per 84 day(s) retail)
SELARSDI SOSY SC 90 MG/ML	2	QL(1 ML per 56 day(s) retail; 1 ML per 56 days mail)
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
SKYRIZI SOSY	1	QL(0.37 ML per 84 day(s) retail); 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	1	QL(2 ML per 28 day(s) retail; 2 ML per 28 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
STARJEMZA SOLN SC 45 MG/0.5ML	2	QL(0.5 ML per 84 day(s) retail)
STARJEMZA SOSY SC 90 MG/ML	2	QL(1 ML per 56 day(s) retail; 1 ML per 56 days mail)
STARJEMZA SOSY SC 45 MG/0.5ML	2	QL(0.5 ML per 84 day(s) retail)
STELARA SOLN 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
STELARA SOSY 45 MG/0.5ML	4	QL(0.5 ML per 84 day(s) retail); PA
STEQEYMA SC	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)
STEQEYMA 45 MG/0.5ML	2	QL(0.5 ML per 84 day(s) retail)
TALTZ SOAJ	4	QL(4 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
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 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
TALTZ SOSY 80 MG/ML	4	QL(4 ML per 28 day(s) retail; 4 ML per 28 days mail); 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
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-AAUZ SOSY SC 90 MG/ML	4	QL(1 ML per 56 day(s) retail; 1 ML per 56 days mail); PA
USTEKINUMAB-AAUZ SOSY SC 45 MG/0.5ML	4	QL(0.5 ML per 84 day(s) retail); 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)
USTEKINUMAB-AEKN SOSY SC 90 MG/ML	4	QL(1 ML per 56 day(s) retail; 1 ML per 56 days mail)
USTEKINUMAB-AEKN SOSY SC 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 SC	2	QL(0.5 ML per 84 day(s) retail); PA
USTEKINUMAB-TTWE 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 45 MG/0.5ML	4	QL(0.5 ML per 84 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
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
VTAMA	4	QL(60 GM per 30 day(s) retail; 60 GM per 30 days mail); AL(At least 2 yrs old); PA
YESINTEK SOLN 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)
YESINTEK SOSY 45 MG/0.5ML	2	QL(0.5 ML per 84 day(s) retail)
Antiseborrheic Products		
selenium sulfide LOTN 2.5 %	1	MP
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

Drug Name	Drug Tier	Requirements/ Limits
ZELSUVMI GEL EX 10.3 %	4	QL(31 GM per 30 day(s) retail; 31 GM per 30 days mail); AL(At least 1 yrs old); PA
Burn Products		
mafenide acetate PACK	1	MP
SILVADENE *(silver sulfadiazine)*	1	MP
silver sulfadiazine	1	MP
SULFAMYLON CREA	1	QL(113.4 GM per 14 day(s) retail; 113 GM per 14 days mail)
Cauterizing Agents		
silver nitrate SOLN	1	MP
SILVER NITRATE SOLN 0.5 %	1	MP
Corticosteroids - Topical		
alclometasone dipropionate CREA	1	MP; PA
alclometasone dipropionate OINT	1	MP; PA
amcinonide CREA	1	MP; PA
amcinonide OINT	3	MP; PA
betamethasone dipropionate (topical) CREA	1	MP
betamethasone dipropionate (topical) LOTN	1	MP
betamethasone dipropionate (topical) OINT	1	MP
betamethasone dipropionate augmented CREA	1	MP
betamethasone dipropionate augmented GEL 0.05 %	1	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
betamethasone dipropionate augmented LOTN	1	MP
betamethasone dipropionate augmented OINT	1	MP
betamethasone valerate CREA	1	MP
betamethasone valerate FOAM	1	MP; PA
betamethasone valerate LOTN	1	MP; PA
betamethasone valerate OINT	1	MP
calcipotriene-betamethasone dipropionate OINT	1	MP; PA
calcipotriene-betamethasone dipropionate SUSP	1	MP; PA
clobetasol propionate emollient base 0.05 %	1	MP
clobetasol propionate emulsion	1	MP; PA
clobetasol propionate CREA 0.05 %	1	MP
CLOBETASOL PROPIONATE CREA 0.025 %	1	MP; PA
clobetasol propionate FOAM	1	MP
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	MP; PA
clobetasol propionate LOTN	1	MP; PA
clobetasol propionate OINT 0.05 %	1	MP
clobetasol propionate SHAM	1	MP; 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	MP; 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	MP
desonide LOTN	1	MP; PA
desonide OINT	1	MP
desoximetasone CREA 0.05 %	1	MP; PA
desoximetasone CREA 0.25 %	1	MP
desoximetasone GEL	1	MP; PA
desoximetasone LIQD	1	QL(100 ML per 30 day(s) retail; 100 ML per 30 days mail); PA
desoximetasone OINT 0.25 %	1	MP
desoximetasone OINT 0.05 %	1	MP; PA
diflorasone diacetate CREA	1	MP; PA
diflorasone diacetate OINT	1	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
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	MP
fluocinolone acetonide CREA	1	MP; 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	MP; PA
fluocinolone acetonide SOLN	1	MP
fluocinonide emulsified base	1	1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; PA
fluocinonide CREA	1	MP
fluocinonide GEL	1	MP; PA
fluocinonide OINT	1	MP
fluocinonide SOLN	1	MP
flurandrenolide LOTN	1	QL(120 ML per 30 day(s) retail; 120 ML per 30 days mail); PA
fluticasone propionate CREA 0.05 %	1	MP
fluticasone propionate LOTN	1	QL(120 ML per 30 day(s) retail; 120 ML per 30 days mail); PA
fluticasone propionate OINT	1	MP
halcinonide CREA	1	MP; PA
halcinonide SOLN 0.1 %	1	MP; PA
halobetasol propionate CREA	1	MP
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 LOTN 0.05 %	1	QL(60 ML per 30 day(s) retail; 60 ML per 30 days mail); AL(At least 18 yrs old); PA
halobetasol propionate OINT	1	MP
HALOG CREA *(halcinonide)*	1	MP; PA
HALOG SOLN 0.1 % *(halcinonide)*	1	MP; PA
hydrocortisone (topical) CREA 2.5 %	1	1 package(s) per fill retail; 1 package(s) per fill mail
hydrocortisone (topical) CREA 1 %	1	1 package(s) per fill retail; 1 package(s) per fill mail; RX/OTC
hydrocortisone (topical) LOTN 2.5 %	1	MP
hydrocortisone (topical) OINT 1 %, 2.5 %	1	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 acetate (topical) CREA 2.5 %	1	QL(28.4 GM per 30 day(s) retail; 28 GM per 30 days mail); PA
hydrocortisone butyrate CREA	1	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
hydrocortisone butyrate LOTN	1	MP; PA
hydrocortisone butyrate OINT	1	MP; 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	MP
hydrocortisone valerate OINT	1	MP; PA
LEXETTE FOAM *(halobetasol propionate)*	1	QL(50 GM per 30 day(s) retail; 50 GM per 30 days mail); AL(At least 18 yrs old); PA
mometasone furoate CREA	1	MP
mometasone furoate OINT	1	MP
mometasone furoate SOLN	1	MP
SYNALAR CREA *(fluocinolone acetonide)*	1	MP
SYNALAR OINT *(fluocinolone acetonide)*	1	MP
TACLONEX SUSP *(calcipotriene-betamethasone dipropionate)*	1	MP
triamcinolone acetonide (topical) AERS	1	MP; PA
triamcinolone acetonide (topical) CREA	1	MP
triamcinolone acetonide (topical) LOTN	1	MP
triamcinolone acetonide (topical) OINT 0.05 %	1	MP; PA
triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %, 0.5 %	1	MP
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
Dermatomyositis Agents		
LISRAYA TABS PO 30 MG	1	AL(At least 18 yrs old); PA
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 300 MG/2ML	4	QL(4 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
DUPIXENT SOSY 200 MG/1.14ML	4	QL(4.56 ML per 28 day(s) retail; 5 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 2 yrs old); PA
Emollient/Keratolytic Agents		
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
urea CREA 40 %	1	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 39 %	1	MP
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
Emollients		
lactic acid (ammonium lactate) CREA	1	MP; RX/OTC
lactic acid (ammonium lactate) LOTN 12 %	1	MP; RX/OTC
Enzymes - Topical		
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	QL(2 EA daily); AL(At least 18 yrs old - 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
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 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
imiquimod 5 %	1	QL(0.4 EA daily)
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
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
tacrolimus (topical) OINT	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
Keratolytic/Antimitotic/Vesicant Agents		
CONDYLOX GEL *(podofilox)*	1	QL(3.5 GM per fill retail)
PODOCON-25 SOLN	1	Medical Benefit Only; MP
podofilox GEL	1	QL(3.5 GM per fill retail)
podofilox SOLN	1	QL(3.5 ML per fill retail)
SALICYLIC ACID OINT	1	MP; PA; RX/OTC
SALYCIM CREA	1	AL(Up to 20 yrs old); MP
YCANTH SOLN	1	Medical Benefit Only; QL(2 EA per 21 day(s) retail; 2 EA per 21 days mail); MP
YCANTH SOLN	1	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
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	MP
lidocaine hcl PRSY	1	MP
lidocaine hcl SOLN	1	MP
lidocaine-prilocaine CREA	1	1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail
lidocaine OINT 5 %	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)
QUTENZA	1	Medical Benefit Only; QL(4 EA per 90 day(s) retail; 4 EA per 90 days mail)
QUTENZA (2 PATCH)	1	Medical Benefit Only; QL(4 EA per 90 day(s) retail; 4 EA per 90 days mail)
QUTENZA (4 PATCH)	1	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); MP; PA
SOFDRA	4	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); MP
Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
ADQUEY OINT EX 1 %	1	QL(85 GM per 30 day(s) retail; 85 GM per 30 days mail); AL(At least 2 yrs old); PA
EUCRISA	4	1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; 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 0.3 %	4	QL(60 GM per 30 day(s) retail; 60 GM per 30 days mail); AL(At least 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
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	1	Medical Benefit Only; MP
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	MP; PA
doxycycline (rosacea)	1	MP; PA
metronidazole (topical) CREA	1	AL(Up to 20 yrs old); MP
metronidazole (topical) GEL 1 %	4	AL(Up to 20 yrs old); MP; PA
metronidazole (topical) GEL 0.75 %	1	AL(Up to 20 yrs old); MP
metronidazole (topical) LOTN	1	AL(Up to 20 yrs old); MP
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
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	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 CREA 5 % *(permethrin)*	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)
spinosad	1	1 package(s) per 1 day(s) retail; 1 package(s) per 7 day(s) mail
spinosad	1	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); MP
Wound Care Products		
FILSUVEZ	4	QL(702 GM per 30 day(s) retail; 702 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
VASHE WOUND SOLN 0.033 %	1	Requires EPSDT PA Review; AL(Up to 20 yrs old); MP; PA; RX/OTC
VYJUVEK	4	QL(10 ML per 28 day(s) retail; 10 ML per 28 days mail); PA
ZEVASKYN BATCH UP TO 12 SHEETS SHEE EX	4	PA
DIAGNOSTIC PRODUCTS		
Diagnostic Biologicals		
APLISOL	1	QL(0.1 ML per fill retail)
Diagnostic Drugs		
adenosine (diagnostic)	1	Medical Benefit Only; MP
ARIDOL	1	Medical Benefit Only; MP
BLUDIGO IV	1	Medical Benefit Only; MP
CHIRHOSTIM	1	Medical Benefit Only; MP
CORTROSYN SOLR *(cosyntropin)*	1	MP
cosyntropin SOLR	1	MP
dipyridamole (diagnostic)	1	MP
GLEOLAN	1	Medical Benefit Only; MP
GLUCAGON HCL (DIAGNOSTIC)	1	MP
GVOKE VIALDX SOLN IV 1 MG/0.2ML	1	Medical Benefit Only; MP
indocyanine green IJ	1	Medical Benefit Only; MP
isosulfan blue	1	Medical Benefit Only; MP
ISOSULFAN BLUE SC 10 MG/ML, 30 MG/3ML	1	Medical Benefit Only; MP
LEXISCAN *(regadenoson)*	1	Medical Benefit Only; MP
LUMISIGHT	1	Medical Benefit Only; MP
METOPIRONE	1	MP
PROVOCHOLINE KIT	1	Medical Benefit Only; MP
PROVOCHOLINE SOLR	1	Medical Benefit Only; MP
R-GENE 10	1	MP
regadenoson	1	Medical Benefit Only; MP
SINCALIDE	1	Medical Benefit Only; MP
SINCALIDE	1	Medical Benefit Only; MP
THYROGEN 0.9 MG	1	Medical Benefit Only; MP
ZYOGREEN IJ 25 MG/10ML	1	Medical Benefit Only; MP
Diagnostic Radiopharmaceuticals		
ADREVIEW	1	Medical Benefit Only; MP
AMYVID	1	Medical Benefit Only; MP
AXUMIN	1	Medical Benefit Only; MP
CERETEC	1	Medical Benefit Only; MP
CERIANNA	1	Medical Benefit Only; MP
DATSCAN	1	Medical Benefit Only; MP
FLYRCADO	1	Medical Benefit Only; MP
GOZELLIX CONFIGURATION A KIT 25 MCG	1	Medical Benefit Only; MP
GOZELLIX CONFIGURATION B KIT 25 MCG	1	Medical Benefit Only; MP
ILLUCCIX CONFIGURATION A KIT	1	Medical Benefit Only; MP
ILLUCCIX CONFIGURATION B KIT	1	Medical Benefit Only; MP
INDIUM IN 111 DTPA	1	Medical Benefit Only; MP
INDIUM IN 111 OXYQUINOLINE	1	Medical Benefit Only; 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
INDIUM IN-111 PENTETREOTIDE	1	Medical Benefit Only; MP
LOCAMETZ KIT	1	Medical Benefit Only; MP
MYOVIEW	1	Medical Benefit Only; MP
MYOVIEW 30ML	1	Medical Benefit Only; MP
NEURACEQ	1	Medical Benefit Only; MP
NEUROLITE	1	Medical Benefit Only; MP
PIXCLARA SOLN IV	1	Medical Benefit Only; MP
POSLUMA	1	Medical Benefit Only; MP
PYLARIFY TRUVU SOLN	1	Medical Benefit Only; MP
PYLARIFY SOSY	1	Medical Benefit Only; MP
TAUVID	1	Medical Benefit Only; MP
TECHNET TC 99M SULFUR COLLOID	1	Medical Benefit Only; MP
TECHNETIUM TC 99M MEBROFENIN	1	Medical Benefit Only; MP
TECHNETIUM TC 99M MEDRONATE	1	Medical Benefit Only; MP
TECHNETIUM TC 99M PYROPHOS	1	Medical Benefit Only; MP
VIZAMYL	1	Medical Benefit Only; MP
XENON XE 133	1	Medical Benefit Only; MP
Diagnostic Tests		
ACCU-CHEK GUIDE TEST STRP	1	MP; RX/OTC
CONTOUR NEXT TEST STRP	2	RX/OTC
EASYMAX TEST STRP	2	MP; RX/OTC
KETO-DIASTIX	1	MP
KETONE TEST STRP	1	QL(100 EA per 30 day(s) retail; 100 EA per 30 days mail); MP
KETOSTIX STRP	1	QL(100 EA per 30 day(s) retail; 100 EA per 30 days mail); MP
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	MP; RX/OTC
RELION TRUE METRIX TEST STRIPS STRP	1	MP; RX/OTC
TRUE METRIX BLOOD GLUCOSE TEST STRP	1	MP; PA; RX/OTC
TRUE METRIX BLOOD GLUCOSE TEST STRP	1	MP; RX/OTC
TRUENESS BLOOD GLUCOSE STRIPS STRP	1	MP; PA; RX/OTC
Miscellaneous Contrast Media		
AMBELVIST SOLN IV 0.2 MMOL/2ML, 0.75 MMOL/7.5ML, 1 MMOL/10ML, 1.5 MMOL/15ML, 3 MMOL/30ML, 6.5 MMOL/65ML	1	Medical Benefit Only; MP
AMBELVIST SOSY IV 0.75 MMOL/7.5ML, 1 MMOL/10ML, 1.5 MMOL/15ML	1	Medical Benefit Only; MP
EOVIST	1	Medical Benefit Only; MP
GADAVIST SOLN *(gadobutrol)*	1	Medical Benefit Only; MP
GADAVIST SOSY 10 MMOL/10ML, 15 MMOL/15ML	1	Medical Benefit Only; MP
gadobutrol SOLN	1	Medical Benefit Only; MP
gadoterate meglumine SOLN	1	Medical Benefit Only; MP
gadoterate meglumine SOSY	1	Medical Benefit Only; 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
gadoteridol 279.3 MG/ML	1	Medical Benefit Only; MP
OMNISCAN SOLN IV	1	Medical Benefit Only; MP
Radiographic Contrast Media		
diatrizoate meglumine & sodium PO	1	Medical Benefit Only; MP
FERABRIGHT SOLN IV 510 MG/17ML	1	Medical Benefit Only; MP
iopamidol IV 51 %, 61 %, 76 %	1	Medical Benefit Only; MP
OMNIPAQUE SOLN CO 350 MG/ML	1	Medical Benefit Only; MP
ULTRAVIST 62 %, 77 %	1	Medical Benefit Only; MP
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
Dietary Management Products		
DEPLIN 7.5	1	Requires EPSDT PA Review; QL(1 EA daily); AL(Up to 20 yrs old); PA
dietary management product POWD	1	MP; RX/OTC
dietary management product TABS 1 MCG-6.5 MCG-50 MCG-0.09 MCG	1	MP; RX/OTC
URE-NA PACK	1	Requires EPSDT PA Review; AL(Up to 20 yrs old); MP; PA
Infant Foods		
PERIFLEX INFANT POWD	1	MP
PHENYL-FREE 1 POWD	1	MP
Nutritional Supplements		
CAMINO PRO COMPLETE/GLYTACTIN BAR	1	MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
EAA SUPPLEMENT PACK	1	MP; RX/OTC
FLAVOR PACKETS PACK	1	AL(Up to 20 yrs old); MP
GLYTACTIN BETTERMILK 15 PACK	1	MP; RX/OTC
GLYTACTIN BETTERMILK DE-LITE PACK	1	MP; RX/OTC
GLYTACTIN BUILD 10PE PACK	1	MP; RX/OTC
GLYTACTIN BUILD 20/20 PKU PACK	1	MP; RX/OTC
GLYTACTIN BUILD 20/20 PACK	1	MP; RX/OTC
GLYTACTIN BURST PACK	1	MP; RX/OTC
GLYTACTIN COMPLETE 10PE BAR	1	MP; RX/OTC
GLYTACTIN RESTORE 10 LIQD PO	1	MP; RX/OTC
GLYTACTIN RESTORE 5 PACK	1	MP; RX/OTC
GLYTACTIN RESTORE LITE 10 LIQD PO	1	MP; RX/OTC
GLYTACTIN RESTORE LITE 10PE PACK	1	MP; RX/OTC
GLYTACTIN RTD 10 LIQD PO	1	MP; RX/OTC
GLYTACTIN RTD 15 LIQD PO	1	MP; RX/OTC
GLYTACTIN RTD LITE 15 LIQD PO	1	MP; RX/OTC
GLYTACTIN SWIRL 15 PACK	1	MP; RX/OTC
GLYTACTIN SWIRL 15PE PACK	1	MP; RX/OTC
LANAFLEX PACK	1	MP; RX/OTC
LOPHLEX LQ 20 LIQD PO	1	MP; RX/OTC
LOPHLEX PACK	1	MP; RX/OTC
PERIFLEX ADVANCE POWD	1	MP; 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
PERIFLEX JUNIOR POWD	1	MP; RX/OTC
PHENEX-1 POWD	1	MP; RX/OTC
PHENEX-2 POWD	1	MP; RX/OTC
PHENYL-FREE 2HP POWD	1	MP; RX/OTC
PHENYL-FREE 2 POWD	1	MP; RX/OTC
PHENYLADE DRINK MIX POWD	1	MP; RX/OTC
PHENYLADE ESSENTIAL DRINK MIX PACK	1	MP; RX/OTC
PHENYLADE ESSENTIAL DRINK MIX POWD	1	MP; RX/OTC
PHENYLADE ESSENTIAL MIX/FIBER PACK	1	MP; RX/OTC
PHENYLADE ESSENTIAL MIX/FIBER POWD	1	MP; RX/OTC
PHENYLADE GMP MIX DHA/FIBER POWD	1	MP; RX/OTC
PHENYLADE GMP MIX-IN PACK	1	MP; RX/OTC
PHENYLADE GMP MIX-IN POWD	1	MP; RX/OTC
PHENYLADE GMP READY LIQD PO	1	MP; RX/OTC
PHENYLADE GMP ULTRA PACK	1	MP; RX/OTC
PHENYLADE GMP PACK	1	MP; RX/OTC
PHENYLADE GMP POWD	1	MP; RX/OTC
PHENYLADE RTD PKU 10 LIQD PO	1	MP; RX/OTC
PHENYLADE60 DRINK MIX PACK	1	MP; RX/OTC
PHENYLADE60 DRINK MIX POWD	1	MP; RX/OTC
PHLEXY-10 PACK	1	MP; RX/OTC
PKU 2 POWD	1	MP; RX/OTC
PKU 3 POWD	1	MP; RX/OTC
PKU AIR20 GOLD LIQD PO	1	MP; RX/OTC
PKU AIR20 GREEN LIQD PO	1	MP; RX/OTC
PKU AIR20 YELLOW LIQD PO	1	MP; RX/OTC
PKU COOLER 10 LIQD PO	1	MP; RX/OTC
PKU COOLER 15 LIQD PO	1	MP; RX/OTC
PKU COOLER 20 LIQD PO	1	MP; RX/OTC
PKU EASY MICROTABS PLUS TBEC	1	MP; RX/OTC
PKU EASY MICROTABS TBEC	1	MP; RX/OTC
PKU EASY SHAKE & GO POWD	1	MP; RX/OTC
PKU EASY TABS	1	MP; RX/OTC
PKU EXPLORE10 PACK	1	MP; RX/OTC
PKU EXPLORE5 PACK	1	MP; RX/OTC
PKU EXPRESS 15 PLUS+ PACK	1	MP; RX/OTC
PKU EXPRESS 20 PLUS+ PACK	1	MP; RX/OTC
PKU GEL PACK	1	MP; RX/OTC
PKU LOPHLEX LQ 20 LIQD PO	1	MP; RX/OTC
PKU PERIFLEX EARLY YEARS POWD	1	MP; RX/OTC
PKU PERIFLEX JUNIOR PLUS POWD	1	MP; RX/OTC
PKU SPHERE 15 PACK	1	MP; RX/OTC
PKU SPHERE 20 LIQD PO	1	MP; RX/OTC
PKU SPHERE 20 PACK	1	MP; RX/OTC
PKU SPHERE NEXT 15 LIQD PO	1	MP; RX/OTC
PKU START POWD	1	MP; RX/OTC
PKU TRIO POWD	1	MP; RX/OTC
TYR EASY TABS	1	MP; RX/OTC
XPHE MAXAMAID POWD	1	MP; 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
XPHE-XTYR MAXAMAID POWD	1	MP; RX/OTC
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
CREON CPEP	1	MP
PANCREAZE CPEP 83900 UNIT-54700 UNIT-21000 UNIT	1	Requires EPSDT PA Review; AL(Up to 20 yrs old); MP; PA
PERTZYE CPEP	4	MP; PA
SUCRAID	1	Requires EPSDT PA Review; AL(Up to 20 yrs old); MP; PA
VIOKACE TABS	4	MP; 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	MP
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		
acetazolamide sodium	1	MP
acetazolamide CP12	1	MP
acetazolamide TABS	1	MP
dichlorphenamide	4	Brand Required; QL(4 EA daily); PA
KEVEYIS *(dichlorphenamide)*	4	Brand Required; QL(4 EA daily); PA
methazolamide TABS 50 MG	4	QL(6 EA daily); MP; PA
methazolamide TABS 25 MG	4	QL(12 EA daily); MP; PA
Diuretic Combinations		
amiloride & hydrochlorothiazide	1	MP
spironolactone & hydrochlorothiazide	1	MP
triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG	1	MP
triamterene & hydrochlorothiazide TABS	1	MP
Loop Diuretics		
bumetanide SOLN 0.25 MG/ML	1	MP
bumetanide TABS	1	MP
ENBUMYST SOLN 0.5 MG/0.1ML	4	AL(At least 18 yrs old); PA
ethacrynate sodium	1	MP
ethacrynic acid	1	MP
FUROSCIX READYFLOW SOAJ SC 80 MG/ML	1	MP; PA
FUROSCIX CTKT	4	AL(At least 18 yrs old); MP; PA
furosemide SOLN IJ 10 MG/ML	1	MP
furosemide TABS 80 MG	1	QL(8 EA daily); MP
furosemide TABS 20 MG	1	QL(30 EA daily); MP
furosemide TABS 40 MG	1	QL(15 EA daily); MP
LASIX ONYU CTKT 80 MG/2.67ML	1	AL(At least 18 yrs old); MP; PA
LASIX TABS 40 MG *(furosemide)*	1	QL(15 EA daily); MP
LASIX TABS 80 MG *(furosemide)*	1	QL(8 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
LASIX TABS 20 MG *(furosemide)*	1	QL(30 EA daily); MP
torsemide TABS 100 MG	1	QL(2 EA daily); MP
torsemide TABS 5 MG, 10 MG, 20 MG	1	QL(10 EA daily); MP
Osmotic Diuretics		
mannitol 25 %	1	MP
MANNITOL 20 %, 25 %	1	MP
OSMITROL 20 %	1	MP
Potassium Sparing Diuretics		
ALDACTONE TABS *(spironolactone)*	1	MP
amiloride hcl TABS	1	MP
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	MP
Thiazides and Thiazide-Like Diuretics		
chlorothiazide sodium	1	MP
chlorthalidone 25 MG, 50 MG	1	MP
HEMICLOR 12.5 MG	1	QL(8 EA daily); PA
hydrochlorothiazide CAPS	1	QL(3 EA daily); MP
hydrochlorothiazide TABS 25 MG, 50 MG	1	QL(3 EA daily); MP
hydrochlorothiazide TABS 12.5 MG	1	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); PA
metolazone	1	MP
THALITONE	1	MP
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
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 150 MG *(risedronate sodium)*	4	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); PA
ACTONEL TABS 35 MG *(risedronate sodium)*	4	QL(4 EA per 28 day(s) retail; 4 EA per 28 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

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
AUKELSO SOLN SC 120 MG/1.7ML	1	Medical Benefit Only; MP
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	1	Medical Benefit Only; MP
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	1	Medical Benefit Only; MP
BOMYNTRA SOSY SC 120 MG/1.7ML	1	Medical Benefit Only; MP
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
BOSAYA SOSY SC 60 MG/ML	4	QL(1 ML per 180 day(s) retail; 1 ML per 180 days mail); PA
calcitonin (salmon) IJ	1	MP
calcitonin (salmon) NA	1	QL(3.7 ML per 30 day(s) retail; 4 ML per 30 days mail)
CONEXXENCE SOSY SC 60 MG/ML	4	QL(1 ML per 180 day(s) retail; 1 ML per 180 days mail); PA
ENOBY 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
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
JUBBONTI SOSY SC 60 MG/ML	1	QL(1 ML per 180 day(s) retail; 1 ML per 180 days mail); PA
JUBEREQ SOLN SC 120 MG/1.7ML	1	Medical Benefit Only; MP
MIACALCIN IJ *(calcitonin (salmon))*	1	MP
OSENVELT SOLN SC 120 MG/1.7ML	1	Medical Benefit Only; MP
OSVYRTI SOSY SC 60 MG/ML	4	QL(1 ML per 180 day(s) retail; 1 ML per 180 days mail); PA
pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML	1	MP
PAMIDRONATE DISODIUM SOLN	1	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
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 35 MG	4	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); 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 5 MG, 30 MG	4	QL(1 EA daily); 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; 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; MP
XGEVA SOLN	1	Medical Benefit Only; MP
XTRENBO SOLN SC 120 MG/1.7ML	1	Medical Benefit Only; MP
zoledronic acid CONC	1	MP
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	MP; PA
ACTHAR GEL	4	MP; PA
CORTROPHIN GEL PRSY SC 40 UNIT/0.5ML, 80 UNIT/ML	4	MP; PA
CORTROPHIN GEL	4	MP; 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
Fertility Regulators		
CHORIONIC GONADOTROPIN IM	4	AL(At least 4 yrs old - Up to 10 yrs old); MP; PA
NOVAREL IM 5000 UNIT	4	AL(At least 4 yrs old - Up to 10 yrs old); MP; PA
PREGNYL IM	4	AL(At least 4 yrs old - Up to 10 yrs old); MP; PA
GnRH/LHRH Antagonists		

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
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	MP
Growth Hormones		
GENOTROPIN MINIQUICK PRSY	1	MP; PA
GENOTROPIN CART SC	1	MP; PA
HUMATROPE CART IJ	4	MP; PA
NGENLA	4	MP; PA
NORDITROPIN FLEXPRO SOPN 5 MG/1.5ML, 10 MG/1.5ML, 15 MG/1.5ML	4	MP; PA
NUTROPIN AQ NUSPIN 10 SOPN	4	MP; PA
NUTROPIN AQ NUSPIN 20 SOPN	4	MP; PA
NUTROPIN AQ NUSPIN 5 SOPN	4	MP; PA
OMNITROPE SOCT	4	MP; PA
OMNITROPE SOLR SC	4	MP; PA
SEROSTIM SC 4 MG, 5 MG, 6 MG	4	MP; PA
SKYTROFA	4	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); PA
SKYTROFA 9.1 MG	4	MP; PA
SOGROYA	4	MP; PA
ZOMACTON SOLR SC	4	MP; PA
Hormone Receptor Modulators		
EVISTA *(raloxifene hcl)*	1	MP
raloxifene hcl	1	MP
Insulin-Like Growth Factor Receptor Inhibitors		
LUMVOA SOLN IV 500 MG/10ML	1	MP; PA
TEPEZZA	4	MP; PA
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX	4	MP; 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	MP; PA
LUPRON DEPOT-PED (3-MONTH)	1	MP; 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; MP
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		
LYNKUET CAPS PO 60 MG	4	QL(60 EA per 30 day(s) retail; 60 EA per 30 days mail); AL(At least 18 yrs old); PA
VEOZAH	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
Metabolic Modifiers		
ALDURAZYME	4	MP; PA
AVLAYAH SOLR IV 150 MG	1	MP; PA
betaine	1	MP
BRINEURA	4	MP; PA
BUPHENYL POWD *(sodium phenylbutyrate)*	4	MP; PA
BUPHENYL TABS *(sodium phenylbutyrate)*	4	MP; PA
calcitriol CAPS	1	MP
calcitriol SOLN PO	1	MP
calcitriol SOLN IV	1	Medical Benefit Only; MP
CARBAGLU *(carglumic acid)*	4	Brand Required; MP; PA
carglumic acid	4	Brand Required; MP; PA
CARNITOR SF SOLN PO *(levocarnitine (metabolic modifiers))*	1	MP
CARNITOR SOLN PO 1 GM/10ML *(levocarnitine (metabolic modifiers))*	1	MP
CARNITOR TABS *(levocarnitine (metabolic modifiers))*	1	MP
cinacalcet hcl	1	MP
CRYSVITA	4	AL(At least 1 yrs old); MP; PA
CYSTADANE *(betaine)*	1	MP
doxercalciferol CAPS	4	MP; PA
doxercalciferol SOLN	4	MP; PA
ELAPRASE	4	MP; PA
ELFABRIO	4	AL(At least 18 yrs old); MP; PA
FABRAZYME	4	MP; PA

Drug Name	Drug Tier	Requirements/ Limits
FAYUVI 10.1 TO 12KG SUSP IV	1	QL(36 ML per 1 day(s) retail; 36 ML per 1 days mail); AL(Up to 17 yrs old); PA
FAYUVI 12.1 TO 14KG SUSP IV	1	QL(42 ML per 1 day(s) retail; 42 ML per 1 days mail); AL(Up to 17 yrs old); PA
FAYUVI 14.1 TO 16KG SUSP IV	1	QL(48 ML per 1 day(s) retail; 48 ML per 1 days mail); AL(Up to 17 yrs old); PA
FAYUVI 16.1 TO 18KG SUSP IV	1	QL(54 ML per 1 day(s) retail; 54 ML per 1 days mail); AL(Up to 17 yrs old); PA
FAYUVI 18.1 TO 20KG SUSP IV	1	QL(60 ML per 1 day(s) retail; 60 ML per 1 days mail); AL(Up to 17 yrs old); PA
FAYUVI 2.5 TO 3KG SUSP IV	1	QL(10 ML per 1 day(s) retail; 10 ML per 1 days mail); AL(Up to 17 yrs old); PA
FAYUVI 20.1 TO 22KG SUSP IV	1	QL(66 ML per 1 day(s) retail; 66 ML per 1 days mail); AL(Up to 17 yrs old); PA
FAYUVI 22.1 TO 24KG SUSP IV	1	QL(72 ML per 1 day(s) retail; 72 ML per 1 days mail); AL(Up to 17 yrs old); PA
FAYUVI 24.1 TO 26KG SUSP IV	1	QL(78 ML per 1 day(s) retail; 78 ML per 1 days mail); AL(Up to 17 yrs old); PA
FAYUVI 26.1 TO 28KG SUSP IV	1	QL(84 ML per 1 day(s) retail; 84 ML per 1 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
FAYUVI 28.1 TO 30KG SUSP IV	1	QL(90 ML per 1 day(s) retail; 90 ML per 1 days mail); AL(Up to 17 yrs old); PA
FAYUVI 3.1 TO 4KG SUSP IV	1	QL(12 ML per 1 day(s) retail; 12 ML per 1 days mail); AL(Up to 17 yrs old); PA
FAYUVI 30.1 TO 32KG SUSP IV	1	QL(96 ML per 1 day(s) retail; 96 ML per 1 days mail); AL(Up to 17 yrs old); PA
FAYUVI 32.1 TO 34KG SUSP IV	1	QL(102 ML per 1 day(s) retail; 102 ML per 1 days mail); AL(Up to 17 yrs old); PA
FAYUVI 34.1 TO 36KG SUSP IV	1	QL(108 ML per 1 day(s) retail; 108 ML per 1 days mail); AL(Up to 17 yrs old); PA
FAYUVI 36.1 TO 38KG SUSP IV	1	QL(114 ML per 1 day(s) retail; 114 ML per 1 days mail); AL(Up to 17 yrs old); PA
FAYUVI 38.1 TO 40KG SUSP IV	1	QL(120 ML per 1 day(s) retail; 120 ML per 1 days mail); AL(Up to 17 yrs old); PA
FAYUVI 4.1 TO 5KG SUSP IV	1	QL(16 ML per 1 day(s) retail; 16 ML per 1 days mail); AL(Up to 17 yrs old); PA
FAYUVI 40.1 TO 42KG SUSP IV	1	QL(126 ML per 1 day(s) retail; 126 ML per 1 days mail); AL(Up to 17 yrs old); PA
FAYUVI 42.1 TO 46KG SUSP IV	1	QL(138 ML per 1 day(s) retail; 138 ML per 1 days mail); AL(Up to 17 yrs old); PA
FAYUVI 46.1 TO 50KG SUSP IV	1	QL(150 ML per 1 day(s) retail; 150 ML per 1 days mail); AL(Up to 17 yrs old); PA
FAYUVI 5.1 TO 6KG SUSP IV	1	QL(18 ML per 1 day(s) retail; 18 ML per 1 days mail); AL(Up to 17 yrs old); PA
FAYUVI 50.1 TO 54KG SUSP IV	1	QL(162 ML per 1 day(s) retail; 162 ML per 1 days mail); AL(Up to 17 yrs old); PA
FAYUVI 54.1 TO 58KG SUSP IV	1	QL(174 ML per 1 day(s) retail; 174 ML per 1 days mail); AL(Up to 17 yrs old); PA
FAYUVI 58.1 TO 62KG SUSP IV	1	QL(186 ML per 1 day(s) retail; 186 ML per 1 days mail); AL(Up to 17 yrs old); PA
FAYUVI 6.1 TO 7KG SUSP IV	1	QL(22 ML per 1 day(s) retail; 22 ML per 1 days mail); AL(Up to 17 yrs old); PA
FAYUVI 62.1 TO 66KG SUSP IV	1	QL(198 ML per 1 day(s) retail; 198 ML per 1 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
FAYUVI 66.1 TO 70KG SUSP IV	1	QL(210 ML per 1 day(s) retail; 210 ML per 1 days mail); AL(Up to 17 yrs old); PA
FAYUVI 7.1 TO 8KG SUSP IV	1	QL(24 ML per 1 day(s) retail; 24 ML per 1 days mail); AL(Up to 17 yrs old); PA
FAYUVI 8.1 TO 9KG SUSP IV	1	QL(28 ML per 1 day(s) retail; 28 ML per 1 days mail); AL(Up to 17 yrs old); PA
FAYUVI 9.1 TO 10KG SUSP IV	1	QL(30 ML per 1 day(s) retail; 30 ML per 1 days mail); AL(Up to 17 yrs old); PA
FORZINITY SOLN SC 280 MG/3.5ML	4	PA
GALAFOLD	4	QL(14 EA per 28 day(s) retail; 14 EA per 28 days mail); PA
GENGLYCOS >87KG SUPK IV	1	QL(30 ML daily); AL(At least 8 yrs old); PA
GENGLYCOS 15 TO <21KG SUPK IV	1	QL(6 ML daily); AL(At least 8 yrs old); PA
GENGLYCOS 21 TO <27KG SUPK IV	1	QL(8 ML daily); AL(At least 8 yrs old); PA
GENGLYCOS 27 TO <33KG SUPK IV	1	QL(10 ML daily); AL(At least 8 yrs old); PA
GENGLYCOS 33 TO <39KG SUPK IV	1	QL(12 ML daily); AL(At least 8 yrs old); PA
GENGLYCOS 39 TO <45KG SUPK IV	1	QL(14 ML daily); AL(At least 8 yrs old); PA
GENGLYCOS 45 TO <51KG SUPK IV	1	QL(16 ML daily); AL(At least 8 yrs old); PA
GENGLYCOS 51 TO <57KG SUPK IV	1	QL(18 ML daily); AL(At least 8 yrs old); PA
GENGLYCOS 57 TO <63KG SUPK IV	1	QL(20 ML daily); AL(At least 8 yrs old); PA
GENGLYCOS 63 TO <69KG SUPK IV	1	QL(22 ML daily); AL(At least 8 yrs old); PA
GENGLYCOS 69 TO <75KG SUPK IV	1	QL(24 ML daily); AL(At least 8 yrs old); PA
GENGLYCOS 75 TO <81KG SUPK IV	1	QL(26 ML daily); AL(At least 8 yrs old); PA
GENGLYCOS 81 TO <87KG SUPK IV	1	QL(28 ML daily); AL(At least 8 yrs old); PA
glycerol phenylbutyrate 1.1 GM/ML	1	Brand Required; QL(525 ML per 30 day(s) retail; 525 ML per 30 days mail); PA
glycerol phenylbutyrate 1.1 GM/ML	4	Brand Required; QL(525 ML per 30 day(s) retail; 525 ML per 30 days mail); PA
HARLIKU TABS PO 2 MG	4	QL(1 EA daily); AL(At least 18 yrs old)
IMCIVREE SOLN SC	4	QL(9 ML per 30 day(s) retail; 9 ML per 30 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
KANUMA	1	Medical Benefit Only; MP
KEBILIDI	1	QL(0.5 ML per 1 day(s) retail); AL(At least 1 yrs old); PA
KUVAN PACK *(sapropterin dihydrochloride)*	4	MP; PA
KUVAN TABS *(sapropterin dihydrochloride)*	4	MP; PA
KYGEVVI PACK PO	4	QL(480 EA per 30 day(s) retail; 480 EA per 30 days mail); PA
LAMZEDE	4	MP; PA
levocarnitine (metabolic modifiers) SOLN IV 200 MG/ML	1	MP
levocarnitine (metabolic modifiers) TABS	1	MP
LOARGYS SOLN IJ 2 MG/0.4ML	4	QL(12 ML per 28 day(s) retail; 12 ML per 28 days mail); AL(At least 2 yrs old); PA
LUMIZYME	4	MP; PA
MEPSEVII	4	MP; PA
MYALEPT	4	QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); PA
NAGLAZYME	4	MP; PA
NEXVIAZYME	4	MP; PA
nitisinone CAPS	1	MP; PA
NITYR TABS	1	MP; PA
NULIBRY	4	MP; PA
OLPRUVA (3 GM DOSE) THPK	4	QL(90 EA per 30 day(s) retail; 90 EA per 30 days mail); PA
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	MP
ORFADIN SUSP	1	MP; PA
PALYNZIQ 20 MG/ML	4	QL(60 ML per 30 day(s) retail; 60 ML per 30 days mail); PA
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
paricalcitol CAPS	4	QL(1 EA daily); AL(At least 10 yrs old); PA
paricalcitol SOLN	4	AL(At least 10 yrs old); MP; PA
PARSABIV 2.5 MG/0.5ML	4	QL(6 ML per 30 day(s) retail; 6 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
PARSABIV 5 MG/ML	4	QL(12 ML per 30 day(s) retail; 12 ML per 30 days mail); PA
PARSABIV 10 MG/2ML	4	QL(24 ML per 30 day(s) retail; 24 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); MP; PA
RAVICTI 1.1 GM/ML *(glycerol phenylbutyrate)*	4	Brand Required; QL(525 ML per 30 day(s) retail; 525 ML per 30 days mail); PA
RAYALDEE	4	QL(1 EA daily); PA
REDEMPLO SOSY SC 25 MG/0.5ML	4	AL(At least 18 yrs old); PA
REVCOVI	4	MP; PA
sapropterin dihydrochloride PACK	4	MP; PA
sapropterin dihydrochloride TABS	4	MP; PA
SENSIPAR 30 MG, 90 MG *(cinacalcet hcl)*	1	MP
SEPHIENCE PACK PO 250 MG, 1000 MG	1	MP; PA
sod benzoate & sod phenylacetate	1	Medical Benefit Only; MP
sodium phenylbutyrate POWD	4	MP; PA
sodium phenylbutyrate TABS	4	MP; PA
STRENSIQ	4	MP; 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
VIMIZIM	1	Medical Benefit Only; MP
VYKAT XR TB24 PO 25 MG	4	QL(4 EA daily); AL(At least 4 yrs old); PA
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
XENPOZYME	4	MP; PA
XPHOZAH	4	QL(2 EA daily); AL(At least 18 yrs old); PA
XURIDEN	4	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); MP; PA
Mineralocorticoid Receptor Antagonists		

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
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
YUVIWEL SOLR SC 1.3 MG, 2.8 MG, 5.5 MG	4	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); AL(At least 2 yrs old); PA
Posterior Pituitary Hormones		
DDAVP PF SOLN IJ *(desmopressin acetate)*	1	MP
DDAVP SOLN IJ 4 MCG/ML *(desmopressin acetate)*	1	MP
DDAVP TABS 0.1 MG *(desmopressin acetate)*	1	MP
DDAVP TABS 0.2 MG *(desmopressin acetate)*	1	QL(6 EA daily)
DESMODA SOLN PO 0.05 MG/ML	1	QL(145 ML per 120 day(s) retail; 145 ML per 120 days mail); PA
desmopressin acetate spray	1	QL(5 ML per 25 day(s) retail; 5 ML per 25 days mail)
desmopressin acetate SOLN IJ	1	MP
desmopressin acetate TABS 0.2 MG	1	QL(6 EA daily)
desmopressin acetate TABS 0.1 MG	1	MP
VASOPRESSIN-SODIUM CHLORIDE SOLN	1	MP
vasopressin SOLN IV	1	Medical Benefit Only; MP
VASOPRESSIN SOLN IV 20 UNIT/ML *(vasopressin)*	1	Medical Benefit Only; MP
VASOSTRICT SOLN IV *(vasopressin)*	1	Medical Benefit Only; MP
VASOSTRICT SOLN	1	MP
Progesterone Receptor Antagonists		
MIFEPREX *(mifepristone)*	1	Medical Benefit Only; MP
mifepristone	1	Medical Benefit Only; MP
Prolactin Inhibitors		
cabergoline	1	MP
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	1	QL(1 EA per 28 day(s) retail; 1 EA per 28 days mail)
octreotide acetate KIT 20 MG	1	QL(2 EA per 28 day(s) retail; 2 EA per 28 days mail)
octreotide acetate SOLN	1	MP
octreotide acetate SOSY	1	MP
PALSONIFY TABS PO 20 MG, 30 MG	1	QL(60 EA per 30 day(s) retail; 60 EA per 30 days mail); AL(At least 18 yrs old); PA
SANDOSTATIN LAR DEPOT KIT *(octreotide acetate)*	1	QL(1 EA per 28 day(s) retail; 1 EA per 28 days mail)
SANDOSTATIN LAR DEPOT KIT 20 MG *(octreotide acetate)*	1	QL(2 EA per 28 day(s) retail; 2 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
SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML, 500 MCG/ML *(octreotide acetate)*	1	MP
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 60 MG/0.2ML	1	QL(0.2 ML per 28 day(s) retail)
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)
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); PA
SAMSCA TABS PO *(tolvaptan (hyponatremia))*	1	QL(2 EA daily)
tolvaptan (hyponatremia) TABS PO 15 MG, 30 MG	1	QL(2 EA daily)
tolvaptan TABS	4	Brand Required; QL(2 EA daily)
tolvaptan TBPK 15 MG	4	Brand Required; QL(56 EA per 28 day(s) retail; 56 EA per 28 days mail); PA
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
ACTIVELLA TABS 1 MG-0.5 MG *(estradiol & norethindrone acetate)*	1	MP; GL
ANGELIQ	1	MP; 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
DUAVEE	4	QL(1 EA daily); GL; PA
estradiol & norethindrone acetate TABS	1	MP; GL
estradiol & norethindrone acetate TABS	1	MP
MYFEMBREE	4	QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); GL; PA
norethindrone acetate-ethinyl estradiol	1	MP; GL
ORIAHNN	4	QL(56 EA per 28 day(s) retail; 56 EA per 28 days mail); PA
PREMPHASE	1	MP; GL
PREMPRO	1	MP; 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
DELESTROGEN 10 MG/ML, 20 MG/ML *(estradiol valerate)*	1	MP; GL
DEPO-ESTRADIOL	1	MP; 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
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 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 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
estradiol valerate	1	MP; GL
estradiol GEL 0.5 MG/0.5GM	1	QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); AL(At least 1 yrs old); GL
estradiol GEL 0.25 MG/0.25GM, 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 0.5 MG/0.5GM	1	QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); AL(At least 1 yrs old)
estradiol GEL 0.25 MG/0.25GM, 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	4	QL(50 GM per 30 day(s) retail; 50 GM 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); 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	MP; GL
estrogens, conjugated TABS 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	1	Brand Required; MP
EVAMIST SOLN	1	QL(8.1 ML per 55 day(s) retail; 8 ML per 55 days mail); 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
PREMARIN SOLR	1	MP; GL
PREMARIN TABS 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG *(estrogens, conjugated)*	1	Brand Required; MP; GL
VIVELLE-DOT PTTW 0.05 MG/24HR *(estradiol)*	1	QL(8 EA per 28 day(s) retail; 8 EA per 28 days mail)
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

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
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	MP
ciprofloxacin in d5w	1	MP
CIPRO SUSR	1	AL(Up to 6 yrs old); MP
CIPRO TABS 250 MG, 500 MG *(ciprofloxacin hcl)*	1	MP
levofloxacin in d5w	1	MP
levofloxacin SOLN PO	1	AL(Up to 6 yrs old); MP
levofloxacin TABS 250 MG, 500 MG	1	MP
levofloxacin TABS 750 MG	1	QL(1 EA daily)
moxifloxacin hcl in sodium chloride	1	MP
MOXIFLOXACIN HCL SOLN 400 MG/250ML	1	MP
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
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		
RELTONE CAPS 200 MG	4	MP; PA
RELTONE CAPS 400 MG	1	MP; PA
URSO FORTE TABS *(ursodiol)*	1	MP
ursodiol CAPS	1	MP
ursodiol TABS	1	MP
URSOLIGN CAPS 150 MG	1	MP; PA
Gastrointestinal Antiallergy Agents		
cromolyn sodium (mastocytosis)	1	MP
GASTROCROM *(cromolyn sodium (mastocytosis))*	1	MP
Gastrointestinal Chloride Channel Activators		
AMITIZA *(lubiprostone)*	4	Brand Required; QL(100 EA per 50 day(s) retail; 100 EA per 50 days mail); PA
lubiprostone	4	Brand Required; QL(100 EA per 50 day(s) retail; 100 EA per 50 days mail); PA
Gastrointestinal Stimulants		

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
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 IJ 5 MG/ML	1	MP
metoclopramide hcl TABS	1	MP
REGLAN TABS *(metoclopramide hcl)*	1	MP
Hepatotropics		
REZDIFFRA	4	QL(1 EA daily); AL(At least 18 yrs old); PA
Ileal Bile Acid Transporter (IBAT) Inhibitors		
BYLVAY (PELLETS) CPSP	4	MP; PA
BYLVAY CAPS	4	MP; PA
LIVMARLI PO 10 MG, 15 MG, 20 MG	4	QL(2 EA daily); PA
LIVMARLI PO 30 MG	4	QL(1 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
LYNAVOY TABS PO 40 MG	4	QL(2 EA daily); AL(At least 18 yrs old); PA
Inflammatory Bowel Agents		
AVSOLA	1	QL(8 EA per 28 day(s) retail; 8 EA per 28 days mail)

Drug Name	Drug Tier	Requirements/ Limits
AVSOLA	1	QL(8 EA per 28 day(s) retail; 8 EA per 28 days mail); PA
AZULFIDINE EN-TABS TBEC *(sulfasalazine)*	1	MP
AZULFIDINE TABS *(sulfasalazine)*	1	MP
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)
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-STARTER 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
DIPENTUM	1	QL(4 EA daily)
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)

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
INFLIXIMAB	2	QL(16 EA per 56 day(s) retail; 16 EA per 56 days mail)
LIALDA TBEC *(mesalamine)*	1	QL(4 EA daily)
mesalamine w/ cleanser	1	MP; PA
mesalamine CP24	1	QL(4 EA daily)
mesalamine CPCR	1	QL(16 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 CPCR	1	Brand Required; QL(8 EA daily)
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 800 MG	4	QL(6 EA daily); PA
mesalamine TBEC 1.2 GM	1	QL(4 EA daily)
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 *(mesalamine)*	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)
REMICADE	2	QL(16 EA per 56 day(s) retail; 16 EA per 56 days mail); PA
RENFLEXIS	1	QL(8 EA per 28 day(s) retail; 8 EA per 28 days mail); PA
ROWASA *(mesalamine w/ cleanser)*	1	MP; PA
SELARSDI SOLN IV 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
SFROWASA ENEM	1	QL(1800 ML per 30 day(s) retail; 1800 ML per 30 days mail)
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
STARJEMZA SOLN IV 130 MG/26ML	2	QL(104 ML per 365 day(s) retail; 104 ML per 365 days mail)
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	MP
sulfasalazine TBEC	1	MP
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
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	MP
Irritable Bowel Syndrome (IBS) Agents		
alosetron hcl	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
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)
VIBERZI	4	QL(2 EA daily); AL(At least 18 yrs old); PA
Live Fecal Microbiota		
REBYOTA	1	Medical Benefit Only; MP
VOWST	4	QL(4 EA daily); AL(At least 18 yrs old); PA
Peripheral Opioid Receptor Antagonists		
alvimopan	1	Medical Benefit Only; MP
MOVANTIK	4	QL(1 EA daily); 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	Brand Required; 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	MP
calcium acetate (phosphate binder) TABS	1	MP; RX/OTC
ferric citrate	4	Brand Required; 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; MP
FOSRENOL PACK	4	Brand Required; MP
lanthanum carbonate CHEW	4	Brand Required; MP; PA
RENVELA PACK *(sevelamer carbonate)*	1	MP
RENVELA TABS *(sevelamer carbonate)*	1	MP
sevelamer carbonate PACK	1	MP
sevelamer carbonate TABS	1	MP
sevelamer hcl	4	MP; PA
VELPHORO	4	MP; PA
Short Bowel Syndrome (SBS) Agents		
GATTEX	4	QL(1 EA per fill retail); PA
GENERAL ANESTHETICS		
Anesthetics - Misc.		
AMIDATE *(etomidate)*	1	MP
DIPRIVAN +RFID EMUL 200 MG/20ML *(propofol)*	1	MP
DIPRIVAN EMUL	1	MP
DIPRIVAN EMUL *(propofol)*	1	MP
etomidate	1	MP
KETALAR SOLN IJ *(ketamine hcl)*	1	Medical Benefit Only; MP
ketamine hcl SOLN IJ	1	Medical Benefit Only; 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
propofol EMUL 200 MG/20ML, 500 MG/50ML, 1000 MG/100ML	1	MP
Barbiturate Anesthetics		
BREVITAL SODIUM SOLR *(methohexital sodium)*	1	MP
methohexital sodium SOLR	1	MP
Volatile Anesthetics		
desflurane	1	MP
FORANE *(isoflurane)*	1	MP
isoflurane	1	MP
sevoflurane	1	MP
SUPRANE *(desflurane)*	1	MP
ULTANE *(sevoflurane)*	1	MP
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Acidifiers		
K-PHOS NO 2	1	MP
Alkalinizers		
ORACIT	1	MP
potassium citrate (alkalinizer) TBCR	1	MP
potassium citrate-citric acid SOLN	1	MP; PA; RX/OTC
sodium citrate & citric acid	1	MP; RX/OTC
UROCIT-K 10 TBCR *(potassium citrate (alkalinizer))*	1	MP
UROCIT-K 15 TBCR *(potassium citrate (alkalinizer))*	1	MP
Cystinosis Agents		
CYSTAGON CAPS	1	MP
PROCYSBI CPDR	4	MP; PA
PROCYSBI PACK	4	MP; PA
Genitourinary Irrigants		
acetic acid 0.25 %	1	MP
glycine (gu irrigant) SOLN 1.5 %	1	MP
sodium chloride (gu irrigant) 0.9 %	1	MP
SORBITOL 3 %	1	MP
SORBITOL-MANNITOL 2.7 GM/100ML-0.54 GM/100ML	1	MP
Hyperoxaluria Agents		
OXLUMO	4	MP; PA
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 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
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
IgA Nephropathy (IgAN) Agents		
FILSPARI	4	QL(1 EA daily); AL(At least 18 yrs old); PA
TRUTAKNA SOAJ SC 150 MG/ML	1	AL(At least 18 yrs old); PA
VANRAFIA TABS PO 0.75 MG	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
VOYXACT SOSY SC 400 MG/2ML	4	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); AL(At least 18 yrs old); PA
Interstitial Cystitis Agents		
dimethyl sulfoxide	1	MP
ELMIRON CAPS	1	MP
RIMSO-50 50 % *(dimethyl sulfoxide)*	1	MP
Prostatic Hypertrophy Agents		
alfuzosin hcl	1	QL(1 EA daily); MP
CARDURA XL	2	ST; MP
dutasteride	1	QL(1 EA daily); MP
dutasteride-tamsulosin hcl	2	ST; MP
finasteride	1	QL(1 EA daily); MP
PROSCAR *(finasteride)*	1	QL(1 EA daily); MP
silodosin	2	ST; MP
tamsulosin hcl	1	QL(2 EA daily); MP
Urinary Stone Agents		
LITHOSTAT	1	MP
THIOLA EC TBEC *(tiopronin)*	1	MP
THIOLA TABS *(tiopronin)*	1	Brand Required; QL(3 EA daily)
tiopronin TABS	1	Brand Required; QL(3 EA daily); PA
tiopronin TBEC	1	MP; PA
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
colchicine w/ probenecid	1	MP
Gout Agents		
allopurinol 200 MG	4	MP; PA
allopurinol 100 MG, 300 MG	1	MP
allopurinol sodium	1	Medical Benefit Only; MP
ALOPRIM *(allopurinol sodium)*	1	Medical Benefit Only; MP
colchicine CAPS	4	QL(2 EA daily); PA
colchicine CAPS	4	QL(2 EA daily)
colchicine TABS	1	QL(2 EA daily)
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	1	Medical Benefit Only; MP
MITIGARE CAPS *(colchicine)*	4	QL(2 EA daily); PA
ULORIC *(febuxostat)*	4	QL(1 EA daily); PA
Uricosurics		
probenecid	1	MP
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Aminolevulinate Synthase 1-Directed siRNA		
GIVLAARI	4	MP; PA
Antihemophilic Products		
ADVATE	1	MP
ADYNOVATE	4	MP; PA
AFSTYLA 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 2500 UNIT	4	MP; PA
ALHEMO	1	AL(At least 12 yrs old); MP; PA
ALPHANATE SOLR	1	MP
ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	1	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
ALPROLIX	1	MP
ALTUVIIIO 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT	1	MP
BALFAXAR	1	Medical Benefit Only; MP
BENEFIX KIT	1	MP
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	MP; PA
CORIFACT	4	MP; PA
ELOCTATE	4	MP; PA
ESPEROCT	4	MP; PA
FEIBA	4	MP; PA
FESILTY SOLR IV 1 GM	1	MP; PA
FIBRYGA 1 GM, 2 GM	1	MP
HEMGENIX	4	QL(1 EA per fill retail); AL(At least 19 yrs old); PA
HEMLIBRA	4	MP; PA
HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT	1	MP
HUMATE-P SOLR	1	MP
HYMPAVZI	1	QL(4 ML per 28 day(s) retail; 4 ML per 28 days mail); AL(At least 6 yrs old); PA
HYMPAVZI	1	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); AL(At least 6 yrs old - Up to 11 yrs old); PA
IDELVION	1	MP
IXINITY SOLR 500 UNIT, 1000 UNIT, 1500 UNIT, 3000 UNIT	1	MP
JIVI	1	MP
KCENTRA	1	MP
KOATE SOLR	1	MP
KOVALTRY	1	MP
NOVOEIGHT	1	MP
NOVOSEVEN RT	4	MP; PA
NUWIQ KIT	1	MP
OBIZUR	4	MP; PA
PROFILNINE	1	MP
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	1	MP
RECOMBINATE SOLR	1	MP
RIASTAP 1 GM	1	MP
RIXUBIS SOLR	1	MP
ROCTAVIAN	4	QL(1 EA per fill retail); AL(At least 18 yrs old); PA
SEVENFACT	4	MP; PA
TRETTEN	4	MP; PA
VONVENDI	1	MP
WILATE KIT	1	MP
XYNTHA	1	MP
XYNTHA SOLOFUSE	1	MP
Bradykinin B2 Receptor Antagonists		
FIRAZYR SOSY *(icatibant acetate)*	1	MP; PA
icatibant acetate SOSY	2	MP; PA
icatibant acetate SOSY	4	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
Complement Inhibitors		
BERINERT KIT	2	MP; PA
BKEMV SOLN IV 300 MG/30ML	4	MP; PA
CINRYZE SOLR IV	2	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 12 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	4	MP; PA
FABHALTA	4	QL(2 EA daily); AL(At least 18 yrs old); PA
HAEGARDA SOLR SC	2	MP; PA
PIASKY	1	Medical Benefit Only; MP
RUCONEST	4	QL(1 EA per 28 day(s) retail; 1 EA per 28 days mail); PA
SOLIRIS	4	MP; PA
TAVNEOS	4	QL(6 EA daily); AL(At least 18 yrs old); PA
ULTOMIRIS	4	MP; 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	4	QL(180 EA per 30 day(s) retail; 180 EA per 30 days mail); PA
VOYDEYA TBPK	4	QL(180 EA per 30 day(s) retail; 180 EA per 30 days mail); PA
YARTEMLEA SOLN IV 370 MG/2ML	4	QL(8 ML per 28 day(s) retail; 8 ML per 28 days mail); AL(At least 2 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
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
Hemataologic - Tyrosine Kinase Inhibitors		
TAVALISSE	4	QL(2 EA daily); PA
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	4	MP; PA
Hematorheologic Agents		
pentoxifylline	1	MP
Hemin		

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
PANHEMATIN 350 MG	1	Medical Benefit Only; MP
Human Protein C		
CEPROTIN	1	MP
Plasma Expanders		
hetastarch (hes /0.7 or /0.75) in sodium chloride	1	MP
HEXTEND	1	MP
LMD IN D5W 5 %-10 %	1	MP
LMD IN NACL 0.9 %-10 %	1	MP
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	4	MP; PA
KALBITOR	4	MP; PA
ORLADEYO	1	QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); AL(At least 12 yrs old); PA
ORLADEYO PO 72 MG, 96 MG, 108 MG, 132 MG	1	QL(28 EA per 28 day(s) retail; 28 EA per 28 days mail); AL(At least 2 yrs old); PA
TAKHZYRO SOLN	3	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	3	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	3	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	MP
ALBUKED 5	1	MP
ALBUMIN HUMAN	1	MP
ALBUMINEX	1	MP
ALBURX	1	MP
ALBUTEIN	1	MP
FLEXBUMIN	1	MP
KEDBUMIN	1	MP
OCTAPLAS BLOOD GROUP A	1	Medical Benefit Only; MP
OCTAPLAS BLOOD GROUP AB	1	Medical Benefit Only; MP
OCTAPLAS BLOOD GROUP B	1	Medical Benefit Only; MP
OCTAPLAS BLOOD GROUP O	1	Medical Benefit Only; MP
RYPLAZIM	4	MP; PA
THROMBATE III 500 UNIT	1	MP
Platelet Aggregation Inhibitors		
AGRYLIN 0.5 MG *(anagrelide hcl)*	1	MP
anagrelide hcl	1	MP
aspirin-dipyridamole	1	QL(2 EA daily); AL(At least 18 yrs old)
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

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
BRILINTA 60 MG *(ticagrelor)*	1	Brand Required; QL(2 EA daily); 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	MP
clopidogrel bisulfate	1	QL(1 EA daily)
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)
eptifibatide 75 MG/100ML	1	Medical Benefit Only; MP
eptifibatide 20 MG/10ML, 200 MG/100ML	1	MP
KENGREAL	1	Medical Benefit Only; MP
PLAVIX 75 MG *(clopidogrel bisulfate)*	1	QL(1 EA daily); MP
prasugrel hcl	1	QL(35 EA per 30 day(s) retail; 35 EA per 30 days mail)
ticagrelor 90 MG	1	QL(61 EA per 30 day(s) retail; 61 EA per 30 days mail)
ticagrelor 60 MG	1	Brand Required; QL(2 EA daily); 365 day(s) max supply per 999 day(s) retail; 365 day(s) max supply per 999 day(s) mail; PA
tirofiban hcl in sodium chloride	1	MP
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	MP
Pyruvate Kinase Activators		
AQVESME TABS 100 MG	4	QL(56 EA per 28 day(s) retail; 56 EA per 28 days mail); AL(At least 18 yrs old); PA
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	1	Medical Benefit Only; MP
Thrombolytic Enzymes		
ACTIVASE IV	1	MP
CATHFLO ACTIVASE IJ	1	MP
TNKASE	1	Medical Benefit Only; MP
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		

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
CERDELGA	4	QL(56 EA per 28 day(s) retail; 56 EA per 28 days mail); PA
CEREZYME 400 UNIT	4	MP; PA
ELELYSO	4	MP; PA
miglustat	4	Brand Required; QL(3 EA daily); PA
VPRIV	4	MP; PA
ZAVESCA *(miglustat)*	4	Brand Required; QL(3 EA daily); PA
Agents for Sickle Cell Disease		
ADAKVEO	4	MP; PA
CASGEVY	1	Medical Benefit Only; MP
DROXIA CAPS	1	MP
ENDARI *(glutamine (sickle cell))*	4	Brand Required; AL(At least 5 yrs old); MP; PA
glutamine (sickle cell)	4	Brand Required; AL(At least 5 yrs old); MP; PA
glutamine (sickle cell)	1	Brand Required; AL(At least 5 yrs old); MP; PA
LYFGENIA	1	Medical Benefit Only; MP
SIKLOS TABS	4	AL(At least 2 yrs old); MP; PA
XROMI SOLN PO 100 MG/ML	1	AL(Up to 6 yrs old); MP
Cobalamins		
cyanocobalamin SOLN IJ 1000 MCG/ML	1	AL(Up to 20 yrs old); MP
hydroxocobalamin acetate SOLN	1	AL(Up to 20 yrs old); MP

Drug Name	Drug Tier	Requirements/ Limits
Folic Acid/Folates		
folic acid SOLN	1	QL(150 ML per 30 day(s) retail; 150 ML per 30 days mail); PA
folic acid SOLN	1	MP
folic acid TABS 1 MG	1	MP; RX/OTC
QUIOFIC SOLN 0.2 MG/ML *(folic acid)*	1	QL(150 ML per 30 day(s) retail; 150 ML per 30 days mail); PA
Hematopoietic Gene Therapy		
KRESLADI SUSP IV	1	Medical Benefit Only; MP
WASKYRA SUSP IV	1	Medical Benefit Only; MP
ZYNTEGLO	1	Medical Benefit Only; QL(1 EA per fill retail); AL(At least 4 yrs old)
Hematopoietic Growth Factors		
ALVAIZ 9 MG	4	QL(1 EA daily); AL(At least 6 yrs old); PA
ALVAIZ 36 MG, 54 MG	4	QL(2 EA daily); AL(At least 6 yrs old); PA
ALVAIZ 18 MG	4	QL(4 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 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 25 MCG/0.42ML	4	QL(1.68 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 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 100 MCG/0.5ML	4	QL(2 ML per 28 day(s) retail; 2 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 500 MCG/ML	4	QL(4 ML per 28 day(s) retail; 4 ML per 28 days mail); PA
ARMLUPEG SOSY SC 6 MG/0.6ML	1	QL(0.6 ML per 21 day(s) retail; 1 ML per 21 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	Brand Required; 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	Brand Required; QL(1 EA daily); PA
EPOGEN 20000 UNIT/ML	4	MP
EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	4	MP; PA
FILKRI SOSY IJ 480 MCG/0.8ML	4	QL(24 ML per 30 day(s) retail; 24 ML per 30 days mail); PA
FILKRI SOSY IJ 300 MCG/0.5ML	4	QL(15 ML per 30 day(s) retail; 15 ML per 30 days mail); 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)
LEUKINE SOLR IJ	1	MP
MULPLETA	4	QL(7 EA per fill retail); PA
MULPLETA	4	QL(7 EA per fill retail); PA
NEULASTA ONPRO SOSY 6 MG/0.6ML	1	Medical Benefit Only; MP
NEULASTA SOLN SC 4 MG/0.4ML	1	QL(0.4 ML per 21 day(s) retail)
NEULASTA SOSY	1	QL(0.6 ML per 20 day(s) retail; 1 ML per 20 days mail)
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)

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
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 480 MCG/0.8ML	4	QL(24 ML per 30 day(s) retail; 24 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
NPLATE	1	MP
NYPOZI 300 MCG/0.5ML	4	QL(15 ML per 30 day(s) retail; 15 ML per 30 days mail); PA
NYPOZI 480 MCG/0.8ML	4	QL(24 ML per 30 day(s) retail; 24 ML per 30 days mail); PA
NYVEPRIA	4	QL(0.6 ML per 20 day(s) retail; 1 ML per 20 days mail); PA
PROCRIT 40000 UNIT/ML	1	Medical Benefit Only; MP
PROCRIT	4	MP; PA
PROCRIT	4	MP; PA
PROMACTA PACK 12.5 MG, 25 MG *(eltrombopag olamine)*	1	Brand Required; 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	Brand Required; QL(1 EA daily)
REBLOZYL	4	MP; 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	MP; 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	1	Medical Benefit Only; QL(0.6 ML per 21 day(s) retail; 1 ML per 21 days mail)
UDENYCA SOAJ	1	Medical Benefit Only; QL(0.6 ML per 20 day(s) retail; 1 ML per 20 days mail)
UDENYCA SOSY	1	Medical Benefit Only; QL(0.6 ML per 20 day(s) retail; 1 ML per 20 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
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; MP
ferric carboxymaltose 100 MG/2ML, 750 MG/15ML, 1000 MG/20ML	1	Medical Benefit Only; MP
FERRLECIT *(sodium ferric gluconate complex in sucrose)*	1	Medical Benefit Only; MP
ferrous sulfate SOLN 15 MG/ML	1	AL(Up to 2 yrs old); MP; PA
ferumoxytol	1	Medical Benefit Only; MP
INFED	1	Medical Benefit Only; MP
INJECTAFER 100 MG/2ML, 750 MG/15ML, 1000 MG/20ML *(ferric carboxymaltose)*	1	Medical Benefit Only; MP
iron sucrose 20 MG/ML	1	Medical Benefit Only; MP
MONOFERRIC	1	Medical Benefit Only; MP
sodium ferric gluconate complex in sucrose	1	Medical Benefit Only; MP
VENOFER 20 MG/ML *(iron sucrose)*	1	Medical Benefit Only; MP
Stem Cell Mobilizers		
APHEXDA	4	MP; 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	MP
aminocaproic acid TABS	1	MP
CYKLOKAPRON SOLN *(tranexamic acid)*	1	MP
TRANEXAMIC ACID-NACL *(tranexamic acid-sodium chloride)*	1	MP
TRANEXAMIC ACID-NACL	1	MP
tranexamic acid-sodium chloride	1	MP
tranexamic acid SOLN 1000 MG/10ML	1	MP
tranexamic acid TABS	1	MP
Hemostatics - Topical		
ARTISS KIT	1	MP
RECOTHROM	1	Medical Benefit Only; MP
RECOTHROM SPRAY KIT	1	Medical Benefit Only; 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
THROMBIN-JMI EPISTAXIS KIT	1	MP
THROMBIN-JMI KIT	1	MP
THROMBIN-JMI SOLN EX 5000 UNIT/5ML	1	MP
THROMBIN-JMI SOLR	1	MP
TISSEEL KIT	1	Medical Benefit Only; MP
TISSEEL SOLN	1	Medical Benefit Only; MP
VISTASEAL EX 2 ML, 4 ML, 10 ML	1	Medical Benefit Only; MP
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	MP
phenobarbital ELIX	1	MP
phenobarbital TABS	1	MP
PHENOBARBITAL TABS	1	MP
SEZABY SOLR	1	Medical Benefit Only; MP
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)
AMBIEN TABS *(zolpidem tartrate)*	1	QL(1 EA daily); AL(At least 19 yrs old)
BYFAVO	1	Medical Benefit Only; MP
dexmedetomidine hcl in sodium chloride SOLN	1	Medical Benefit Only; MP
DEXMEDETOMIDINE HCL-DEXTROSE	1	Medical Benefit Only; MP
dexmedetomidine hcl SOLN	1	Medical Benefit Only; MP
DEXMEDETOMIDINE HCL SOLN 400 MCG/4ML *(dexmedetomidine hcl)*	1	Medical Benefit Only; MP
EDLUAR SUBL	4	QL(1 EA daily); AL(At least 19 yrs old); PA
estazolam	2	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); PA
IGALMI FILM	1	Medical Benefit Only; MP
midazolam hcl SOLN IJ	1	MP
midazolam hcl SYRP	1	MP
midazolam-sodium chloride	1	MP
MIDAZOLAM-SODIUM CHLORIDE *(midazolam-sodium chloride)*	1	MP
MIDAZOLAM-SODIUM CHLORIDE (PF)	1	MP
PRECEDEX SOLN *(dexmedetomidine hcl in sodium chloride)*	1	Medical Benefit Only; MP
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)
RESTORIL 7.5 MG, 22.5 MG *(temazepam)*	4	QL(1 EA daily); AL(At least 19 yrs old); PA
temazepam 7.5 MG, 22.5 MG	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)

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
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	1	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); MP; PA
HETLIOZ CAPS *(tasimelteon)*	4	QL(1 EA daily); AL(At least 19 yrs old); PA
ramelteon	1	QL(1 EA daily); AL(At least 19 yrs old)
ROZEREM *(ramelteon)*	1	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)
peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid	4	QL(1 EA per fill retail)
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 240 GM	1	MP
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 236 GM	1	QL(4000 ML per fill retail)
peg 3350-potassium chloride-sod bicarbonate-sod chloride	1	QL(4000 ML per fill retail)
sodium sulfate-potassium sulfate-magnesium sulfate	1	Brand Required; QL(354 ML per fill retail); PA
sodium sulfate-potassium sulfate-magnesium sulfate	1	Brand Required; QL(354 ML per fill retail)
SUFLAVE	4	QL(2 EA per fill retail); PA
SUPREP BOWEL PREP KIT *(sodium sulfate-potassium sulfate-magnesium sulfate)*	1	Brand Required; QL(354 ML per fill retail)
SUTAB	4	QL(24 EA per fill retail); PA
Laxatives - Miscellaneous		
lactulose PACK 10 GM	1	QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail)
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

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
lactulose SOLN	1	MP
polyethylene glycol 3350 PACK	1	AL(Up to 20 yrs old); MP
polyethylene glycol 3350 PACK	1	MP
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)
Surfactant Laxatives		
benzocaine-docusate sodium ENEM	1	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
docusate sodium ENEM 283 MG/5ML	1	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	MP
lidocaine w/ epinephrine SOLN	1	MP
MARCAINE/EPINEPHRINE PF SOLN *(bupivacaine w/ epinephrine)*	1	MP
MARCAINE/EPINEPHRINE SOLN 1 :200000-0.25 %, 1 :200000-0.5 % *(bupivacaine w/ epinephrine)*	1	MP
SENSORCAINE-MPF/EPINEPHRINE SOLN	1	MP
XYLOCAINE-MPF/EPINEPHRINE SOLN	1	MP
XYLOCAINE-MPF/EPINEPHRINE SOLN *(lidocaine w/ epinephrine)*	1	MP
XYLOCAINE/EPINEPHRINE SOLN *(lidocaine w/ epinephrine)*	1	MP
Local Anesthetics - Amides		
BUPIVACAINE FISIOPHARMA SOLN IJ	1	MP
bupivacaine hcl SOLN IJ	1	MP
bupivacaine in dextrose SOLN	1	MP
EXPAREL	1	Medical Benefit Only; MP
lidocaine hcl (local anesth.) SOLN	1	MP
lidocaine hcl (local anesth.) SOSY IJ 100 MG/5ML	1	MP
MARCAINE PRESERVATIVE FREE SOLN IJ *(bupivacaine hcl)*	1	MP
MARCAINE SPINAL SOLN *(bupivacaine in dextrose)*	1	MP
MARCAINE SOLN IJ *(bupivacaine hcl)*	1	MP
mepivacaine hcl SOLN 1 %, 1.5 %, 2 %	1	MP
NAROPIN SOLN IJ *(ropivacaine hcl)*	1	MP
ropivacaine hcl SOLN IJ	1	MP
XYLOCAINE MPF +RFID SOLN 1 % *(lidocaine hcl (local anesth.))*	1	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
XYLOCAINE-MPF +RFID SOLN 2 % *(lidocaine hcl (local anesth.))*	1	MP
XYLOCAINE-MPF SOLN 0.5 %, 1 %, 1.5 %, 2 % *(lidocaine hcl (local anesth.))*	1	MP
XYLOCAINE SOLN 1 %, 2 % *(lidocaine hcl (local anesth.))*	1	MP
Local Anesthetics - Esters		
chloroprocaine hcl IJ	1	MP
NESACAINE-MPF IJ *(chloroprocaine hcl)*	1	MP
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
azithromycin SOLR	1	MP
azithromycin SUSR 200 MG/5ML	1	QL(12 ML daily)
azithromycin SUSR 100 MG/5ML	1	QL(45 ML per fill retail)
azithromycin TABS	1	MP
ZITHROMAX TRI-PAK TABS *(azithromycin)*	1	MP
ZITHROMAX Z-PAK TABS *(azithromycin)*	1	MP
ZITHROMAX SOLR *(azithromycin)*	1	MP
ZITHROMAX SUSR 200 MG/5ML *(azithromycin)*	1	QL(12 ML daily)
ZITHROMAX TABS 250 MG, 500 MG *(azithromycin)*	1	MP
Clarithromycin		
clarithromycin SUSR	1	MP
clarithromycin TABS	1	MP
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	MP
ERYPED 200 SUSR *(erythromycin ethylsuccinate)*	1	MP
ERYPED 400 SUSR *(erythromycin ethylsuccinate)*	1	MP
ERYTHROCIN LACTOBIONATE *(erythromycin lactobionate)*	1	MP
erythromycin base CPEP	1	MP
erythromycin base TABS	1	MP
erythromycin base TBEC	1	MP
erythromycin ethylsuccinate SUSR	1	MP
erythromycin ethylsuccinate TABS	1	MP
erythromycin lactobionate 500 MG	1	MP
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	MP
DUREX EXTRA SENSITIVE THIN DEVI	1	MP
DUREX EXTRA SENSITIVE THIN MISC	1	MP
DUREX TROPICAL MISC	1	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
FANTASY LUBRICATED/SPERMICIDE MISC	1	MP
FANTASY LUBRICATED MISC	1	MP
FC2 FEMALE CONDOM	1	QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail)
KIMONO MAXX-LARGE FLARE MISC	1	MP
KIMONO MICRO THIN PLUS MISC	1	MP
KIMONO MICRO THIN MISC	1	MP
KIMONO SENSATION PLUS MISC	1	MP
KIMONO SENSATION MISC	1	MP
KIMONO MISC	1	MP
MAXX MISC	1	MP
TROJAN BARESKIN DEVI	1	MP
TROJAN ENZ MISC	1	MP
TROJAN MAGNUM MISC	1	MP
TROJAN ULTRA THIN/SPERMICIDAL MISC	1	MP
TROJAN ULTRA THIN MISC	1	MP
TROJAN-ENZ LUBRICATED MISC	1	MP
TROJAN-ENZ/SPERMICIDAL MISC	1	MP
TRUSTEX LUB/RIBBED/STUDDED MISC	1	MP
TRUSTEX LUB/SPERMICIDE EX ST MISC	1	MP
TRUSTEX LUB/SPERMICIDE XL MISC	1	MP
TRUSTEX LUBRICATED EX LARGE MISC	1	MP
TRUSTEX LUBRICATED EXTRA ST MISC	1	MP
TRUSTEX LUBRICATED/SPERMICIDE MISC	1	MP
TRUSTEX LUBRICATED MISC	1	MP
TRUSTEX NON-LUBRICATED MISC	1	MP
TRUSTEX RIA LUB/SPERMICIDE MISC	1	MP
TRUSTEX RIA LUBRICATED MISC	1	MP
TRUSTEX RIA NON-LUBRICATED MISC	1	MP
TRUSTEX-NONOXYNOL-9/RIB/STUD MISC	1	MP
Diabetic Supplies		
ACCU-CHEK FASTCLIX LANCET KIT	1	MP
ACCU-CHEK FASTCLIX LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
ACCU-CHEK GUIDE CONTROL LIQD	1	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); MP
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

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 SAFE-T PRO LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
ACCU-CHEK SOFTCLIX LANCET DEV KIT	1	MP
ACCU-CHEK SOFTCLIX LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
ACTI-LANCE 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
ACTI-LANCE LITE LANCETS 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
ACTI-LANCE SPECIAL LANCETS 17G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
ACTI-LANCE UNIVERSAL 23G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
ADVANCED MOBILE LANCET	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
ADVANTAGE SAFETY LANCETS 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
ADVOCATE LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
ADVOCATE LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
ADVOCATE LANCING DEVICE MISC	1	MP
ADVOCATE RAPID-SAFE LANCING MISC	1	MP
ADVOCATE SAFETY LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
ADVOCATE SAFETY LANCETS 21G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
ADVOCATE SAFETY LANCETS 23G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
ADVOCATE SAFETY LANCETS 26G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
ADVOCATE SAFETY LANCETS 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
AGAMATRIX ULTRA-THIN LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
AQUALANCE LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
ASSURE COMFORT LANCETS 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; 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 LANCE LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
ASSURE LANCE SAFETY LANCET 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
AUTO-LANCET MINI MISC	1	MP
AUTOLET LANCING DEVICE MISC	1	MP
AUTOLET LITE LANCING DEVICE MISC	1	MP; PA
AUTOLET PLUS MISC	1	MP
BD MICROTAINER LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
CAREONE ADVANCED LANCING DEV MISC	1	MP
CAREONE LANCET SUPER THIN 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
CAREONE LANCET THIN 23G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
CARESENS LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
CARETOUCH CONTROL SOL LEVEL 2 LIQD	1	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); MP
CARETOUCH SAFETY LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
CARETOUCH SAFETY LANCETS 26G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
CARETOUCH TWIST LANCETS 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
CARETOUCH TWIST LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
CARETOUCH TWIST LANCETS 33G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
CARETOUCH TWIST MC LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
CHOSEN LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
CHOSEN LANCING DEVICE MISC	1	MP
CHOSEN SAFETY LANCETS 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
CLEVER CHEK LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; 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
CLEVER CHOICE COMFORT EZ	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
CLEVER CHOICE LANCETS 23G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
CLEVER CHOICE LANCETS 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
COAGUCHEK LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
COMFORT ASSURED LANCETS 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
COMFORT ASSURED LANCETS 33G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
COMFORT TOUCH LANCETS 31G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
COMFORT TOUCH PLUS LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
CONTOUR PLUS CONTROL SOLUTION LIQD	1	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); MP
CVS LANCETS THIN 26G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; 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)
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	MP; PA
DROPLET LANCETS ULTRA THIN 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
DROPLET LANCING DEVICE MISC	1	MP
DROPLET MEDLANCE LANCET 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; PA; RX/OTC
DROPLET PERSONAL LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
DROPSAFE ACTI-LANCE 23G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; 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
DROPSAFE ACTI-LANCE LANCET 17G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; PA; RX/OTC
DROPSAFE ACTI-LANCE LANCET 23G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; PA; RX/OTC
DROPSAFE ACTI-LANCE LANCET 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; PA; RX/OTC
DROPSAFE ERGOLANCE LANCET 21G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; PA; RX/OTC
DROPSAFE ERGOLANCE LANCET 25G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; PA; RX/OTC
DROPSAFE ERGOLANCE LANCET 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; PA; RX/OTC
DROPSAFE HAEMOLANCE LANCET 1.5	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; PA; RX/OTC
DROPSAFE HAEMOLANCE LANCET 18G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; PA; RX/OTC
DROPSAFE HAEMOLANCE LANCET 21G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; PA; RX/OTC
DROPSAFE HAEMOLANCE LANCET 25G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; PA; RX/OTC
DROPSAFE HAEMOLANCE LANCET 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; PA; RX/OTC
DROPSAFE MEDISAFE LANCET 23G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; PA; RX/OTC
DROPSAFE MEDISAFE LANCET 29G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; PA; RX/OTC
DROPSAFE MEDLANCE LANCET 0.8MM	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; PA; RX/OTC
DROPSAFE MEDLANCE LANCET 21G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; PA; RX/OTC
DROPSAFE MEDLANCE LANCET 25G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; PA; RX/OTC
DROPSAFE MEDLANCE LANCET 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; PA; RX/OTC
DROPSAFE MEDLANCE LANCET 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
DRUG MART ON-THE-GO LANCET 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
DRUG MART UNILET LANCETS 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; 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 UNILET LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
DRUG MART UNILET LANCETS 33G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
EASY COMFORT LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
EASY COMFORT LANCETS TWIST TOP	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
EASY MINI EJECT LANCING DEVICE MISC	1	MP
EASY MINI LANCING DEVICE MISC	1	MP
EASY TOUCH LANCETS 21G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
EASY TOUCH LANCETS 23G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
EASY TOUCH LANCETS 26G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
EASY TOUCH LANCETS 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
EASY TOUCH LANCETS 28G/TWIST	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
EASY TOUCH LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
EASY TOUCH LANCETS 30G/TWIST	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
EASY TOUCH LANCETS 32G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
EASY TOUCH LANCETS 32G/TWIST	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
EASY TOUCH LANCETS 33G/TWIST	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
EASY TOUCH LANCING DEVICE MISC	1	MP
EASY TOUCH SAFETY LANCETS 21G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
EASY TOUCH SAFETY LANCETS 23G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
EASY TOUCH SAFETY LANCETS 26G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
EASY TOUCH SAFETY LANCETS 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; 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
EMBRACE LANCETS ULTRA THIN 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
EMBRACE LANCING DEVICE/EJECTOR MISC	1	MP
EMBRACE PRESSURE ACTIVATED 21G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
EMBRACE PRESSURE ACTIVATED 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
FIFTY50 SAFETY SEAL LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
FIFTY50 UNILET LANCETS 33G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
FINGERSTIX LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
FONDCIRCLE CONTROL SOLUTION LIQD	1	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); MP
FONDCIRCLE LANCING DEVICE MISC	1	MP
FONDCIRCLE SINGLE USE LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
FORA LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
FORA LANCING DEVICE MISC	1	MP
FREESTYLE CONTROL SOLUTION LIQD	1	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); MP
FREESTYLE LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; 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); PA
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 28 day(s) retail; 2 EA per 28 days mail)
FREESTYLE LIBRE READER	1	QL(1 EA per 30 day(s) retail; 1 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 UNISTICK II LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
GENTEEL BUTTERFLY TOUCH LANCET	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
GLOBAL INJECT EASE LANCETS 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
GLOBAL INJECT EASE LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
GLOBAL LANCING DEVICE MISC	1	MP
GLUCOCOM LANCETS 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
GLUCOCOM LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
GLUCOCOM LANCETS 33G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
GNP LANCING SYSTEM DEVICE MISC	1	MP
GNP STERILE LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
GNP STERILE LANCETS 33G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
GOJJI LANCING DEVICE/CLEAR CAP MISC	1	MP
GOJJI STERILE LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
H-E-B INCONTROL ADV LANCING MISC	1	MP
H-E-B INCONTROL LANCETS 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
H-E-B INCONTROL LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
H-E-B INCONTROL LANCETS 33G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
HYPOLANCE AST LANCING KIT	1	MP
KROGER AUTOLET LANCING DEVICE MISC	1	MP
KROGER HEALTHPRO LANCET 26G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
LANCET DEVICE WITH EJECTOR MISC	1	MP
LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
LANCETS 28G THIN	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; 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 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
LANCETS 33G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
LANCETS SUPER THIN 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
LANCETS ULTRA THIN	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
LANCETS ULTRA THIN 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
LANCING DEVICE MISC	1	MP
LANZO MISC	1	MP
LEADER ADVANCED LANCING DEVICE MISC	1	MP
LITE TOUCH LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
LITE TOUCH LANCING PEN MISC	1	MP
LITETOUCH LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
MEDLANCE PLUS EXTRA 21G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
MEDLANCE PLUS LITE 25G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
MEDLANCE PLUS SPECIAL 0.8MM	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
MEDLANCE PLUS SUPERLITE 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
MEDLANCE PLUS UNIVERSAL 21G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
MICROLET LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
MICROLET NEXT LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
MICROLET NEXT LANCING DEVICE MISC	1	MP
MINI LANCING DEVICE MISC	1	MP
MINIMED INSTINCT GLUC SENSOR	1	AL(At least 7 yrs old); PA
MM LANCING DEVICE MISC	1	MP
MM TWIST LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
MOBI CONNECT LANCING DEVICE MISC	1	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
MOBI CONNECT TWIST LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; PA; RX/OTC
MONOLET LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
MULTI-LANCET DEVICE 2 KIT	1	MP
MYGLUCOHEALTH LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
NOVA SAFETY LANCETS 23G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
NOVA SAFETY LANCETS 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
NOVA SUREFLEX LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
NOVA SUREFLEX LANCING DEVICE MISC	1	MP
ONETOUCH DELICA PLUS LANCET30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
ONETOUCH DELICA PLUS LANCET33G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
ONETOUCH DELICA PLUS LANCING MISC	1	MP
ONETOUCH DELICA SAFETY LANCING	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
ONETOUCH ULTRA CONTROL LIQD	1	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); MP
ONETOUCH ULTRASOFT 2 LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
ONETOUCH VERIO LIQD	1	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); MP
PERFECT POINT SAFETY LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
PHARMACIST CHOICE LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
PIP LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; 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); MP; RX/OTC
PRO COMFORT LANCETS 31G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; 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); MP; 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); MP; RX/OTC
PRODIGY LANCING DEVICE MISC	1	MP
PRODIGY TWIST TOP LANCETS 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
PURE COMFORT LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
PURE COMFORT SAFETY LANCET 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
PX ADVANCED LANCING DEVICE MISC	1	MP
PX LANCETS MICROTHIN 33G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
PX LANCETS ULTRA THIN 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
QC ADVANCED LANCING DEVICE MISC	1	MP
QC LANCETS SUPER THIN 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
QC UNILET LANCETS 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
QC UNILET LANCETS MICRO THIN	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
READYLANCE SAFETY LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
RELION LANCET DEVICES 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
RELION LANCETS MICRO-THIN 33G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
RELION LANCETS THIN 26G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
RELION LANCETS ULTRA-THIN 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; 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); MP; 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
RIGHTEST GD500 LANCING DEVICE MISC	1	MP
RIGHTEST GL300 LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
SAFETY LANCET 30G/PRESSURE ACT	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
SAFETY LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
SAFETY LANCETS 21G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
SAFETY LANCETS 23G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
SAFETY LANCETS 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
SAPS HEALTH PLUS LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
SAPS HEALTH TWIST TOP LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
SAPS TWIST TOP LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
SAPSCARE TWIST TOP LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
SELECT-LITE LANCING DEVICE MISC	1	MP
SENSILANCE SAFETY LANCETS 21G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
SENSILANCE SAFETY LANCETS 26G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
SENSILANCE SAFETY LANCETS 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
SIMPLE DIAGNOSTICS LANCING DEV MISC	1	MP
SMART DIABETES VANTAGE LANCING MISC	1	MP
SMARTEST LANCETS 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
SOLUS V2 LANCETS 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
SOLUS V2 LANCING DEVICE MISC	1	MP
SOLUS V2 TWIST LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
STERILANCE TL	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; 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 18G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
SURE COMFORT LANCETS 21G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
SURE COMFORT LANCETS 23G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
SURE COMFORT LANCETS 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
SURE COMFORT LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
SURE COMFORT LANCING PEN MISC	1	MP
TECHLITE LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
TECHLITE LANCETS 26G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
TODAYS HEALTH LANCING DEVICE MISC	1	MP
TODAYS HEALTH THIN LANCETS 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
TODAYS HEALTH THIN LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
TRUE COMFORT SAFETY LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
TRUE COMFORT TWIST TOP LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; 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); MP
TRUE METRIX LEVEL 2 SOLN	1	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); MP
TRUE METRIX LEVEL 3 SOLN	1	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); MP
TRUE METRIX METER KIT	1	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); RX/OTC
TRUENESS BLOOD GLUCOSE MONITOR DEVI	1	QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); RX/OTC
TRUEPLUS LANCETS 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
TRUEPLUS LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; 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
TRUEPLUS LANCETS 33G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
TRUEPLUS SAFETY LANCETS 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
TWIST TOP LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
ULTI-LANCE AUTOMATIC MISC	1	MP
ULTILET CLASSIC LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
ULTILET LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
ULTILET SAFETY LANCETS 23G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
ULTRA THIN LANCETS 31G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
ULTRA-CARE LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
ULTRA-THIN II LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
UNILET COMFORTOUCH LANCET	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
UNILET G.P. SUPERLITE LANCET	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
UNILET GP 28 ULTRA THIN	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
UNILET LANCET	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
UNILET MICRO-THIN 33G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
UNILET SUPER-THIN 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
UNILET ULTRA-THIN 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
UNISTIK 2 NORMAL	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
UNISTIK 3 COMFORT	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
UNISTIK 3 EXTRA	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; 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 3 GENTLE	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
UNISTIK 3 NORMAL	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
UNISTIK CZT COMFORT	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
UNISTIK CZT NORMAL	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
UNISTIK NORMAL	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
UNISTIK PRO SAFETY LANCET	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
UNISTIK SAFETY LANCETS 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
UNISTIK SAFETY LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
UNISTIK TOUCH SAFETY LANC 21G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
UNISTIK TOUCH SAFETY LANC 23G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
UNISTIK TOUCH SAFETY LANC 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
UNISTIK TOUCH SAFETY LANC 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
VERIFINE SAFE LANCET MINI 21G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
VERIFINE SAFE LANCET MINI 23G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
VERIFINE SAFE LANCET MINI 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
VERIFINE SAFE LANCET MINI 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
VERIFINE UNIVERSAL LANCETS 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
VERIFINE UNIVERSAL LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
VERIFINE UNIVERSAL LANCETS 33G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
VIVAGUARD LANCETS	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; 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
VIVAGUARD LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
VIVAGUARD LANCING DEVICE MISC	1	MP
VIVAGUARD SAFETY LANCETS 28G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
ZEVRX TWIST TOP LANCETS 30G	1	QL(600 EA per 90 day(s) retail; 600 EA per 90 days mail); MP; RX/OTC
Parenteral Therapy Supplies		
1ST TIER UNIFINE PENTIPS	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP
1ST TIER UNIFINE PENTIPS PLUS	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP
ADVOCATE INSULIN PEN NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
ADVOCATE INSULIN PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP
ADVOCATE INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
AQ INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
AQINJECT PEN NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
ASSURE ID SAFETY PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP
AUM MINI INSULIN PEN NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
AUM SAFETY PEN NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP
AURORA PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
AUTOKEEPER SAFETY PEN NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; PA; RX/OTC
BD AUTOSHIELD DUO	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
BD ECLIPSE SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP
BD INS SYR ULTRAFINE 1/2UNIT	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
BD INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; 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
BD INSULIN SYRINGE HALF-UNIT	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
BD INSULIN SYRINGE MICROFINE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
BD INSULIN SYRINGE U-500	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP
BD INSULIN SYRINGE ULTRAFINE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP
BD PEN NEEDLE MICRO ULTRAFINE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP
BD PEN NEEDLE MINI ULTRAFINE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
BD PEN NEEDLE NANO 2ND GEN	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
BD PEN NEEDLE NANO ULTRAFINE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
BD PEN NEEDLE ORIG ULTRAFINE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP
BD PEN NEEDLE SHORT ULTRAFINE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
BD SAFETYGLIDE SYRINGE/NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP
BD TB SYRINGE MISC	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); AL(Up to 20 yrs old); MP
BD VEO INSULIN SYR U/F 1/2UNIT	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
BD VEO INSULIN SYR ULTRAFINE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
CAREONE INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP
CAREONE UNIFINE PENTIPS PLUS	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP
CARETOUCH HYPODERMIC NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
CARETOUCH INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
CARETOUCH PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; 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
CLEVER CHOICE COMFORT EZ	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP
CLEVER CHOICE COMFORT EZ PLUS	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; PA; RX/OTC
COMFORT EZ INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
COMFORT EZ MICRO PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
COMFORT EZ PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
COMFORT EZ PRO PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP
COMFORT EZ SHORT PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
COMFORT TOUCH INSULIN PEN NEED	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP
DROPLET INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
DROPLET MICRON	1	MP
DROPLET MICRON	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP
DROPLET PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
DROPLET PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; PA
DROPLET PEN NEEDLES	1	MP
DROPSAFE AUTOPROTECT DUO	1	MP
DROPSAFE SAFETY PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
DROPSAFE SAFETY SYRINGE/NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
DRUG MART UNIFINE PENTIPS	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
DRUG MART UNIFINE PENTIPS PLUS	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
EASY COMFORT INSULIN SYRINGE	1	MP
EASY COMFORT INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP
EASY COMFORT PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; PA; RX/OTC
EASY COMFORT PEN NEEDLES	1	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
EASY COMFORT PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
EASY GLIDE PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP
EASY TOUCH FLIPLOCK INSULIN SY	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
EASY TOUCH INSULIN BARRELS	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
EASY TOUCH INSULIN SAFETY SYR	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
EASY TOUCH INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
EASY TOUCH PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
EASY TOUCH SAFETY PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP
EASY TOUCH SHEATHLOCK SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
EMBECTA AUTOSHIELD DUO	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; 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); MP; RX/OTC
EMBECTA INSULIN SYR ULTRAFINE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; PA; RX/OTC
EMBECTA INSULIN SYR ULTRAFINE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP
EMBECTA INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
EMBECTA INSULIN SYRINGE U-500	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP
EMBECTA PEN NEEDLE NANO	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
EMBECTA PEN NEEDLE NANO 2 GEN	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
EMBECTA PEN NEEDLE NANO 2 GEN	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; PA; RX/OTC
EMBECTA PEN NEEDLE ULTRAFINE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP
EMBRACE PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; 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
FIFTY50 PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
FIFTY50 SUPERIOR COMFORT SYR	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
GLOBAL EASE INJECT PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
GLOBAL EASY GLIDE INSULIN SYR	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
GLOBAL EASY GLIDE PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
GLOBAL INJECT EASE INSULIN SYR	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
GLOBAL INSULIN SYRINGES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
GNP INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
GNP INSULIN SYRINGES 28GX1/2"	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
GNP PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
GNP ULTICARE PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
GNP ULTIGUARD SAFEPACK NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
GNP ULTRA COM INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
H-E-B INCONTROL PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
H-E-B INCONTROL UNIFINE PENTIP	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
HEALTHWISE INSULIN SYR/NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
HEALTHWISE MICRON PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
HEALTHWISE SHORT PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
HM ULTICARE MINI PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
INCONTROL ULTICARE PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; 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
INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
INSULIN SYRINGE-NEEDLE U-100	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
INSUPEN PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
INSUPEN PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; PA; RX/OTC
INSUPEN32G EXTR3ME	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; PA
KROGER PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
LASIX ONYU REUSABLE UNIT/CHARG	1	AL(At least 18 yrs old); MP; PA
LEADER UNIFINE PENTIPS	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
LEADER UNIFINE PENTIPS PLUS	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
LITETOUCH INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
LITETOUCH PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
MAGELLAN INSULIN SAFETY SYR	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
MARATHON MEDICAL PENTIPS	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
MAXI-COMFORT INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
MAXI-COMFORT SAFETY PEN NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP
MAXICOMFORT II PEN NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
MAXICOMFORT SYR 27G X 1/2"	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
MEDICINE SHOPPE PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
MICRODOT PEN NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
MM INSULIN SYRINGE/NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; 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
MM PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
MONOJECT INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
MONOJECT ULTRA COMFORT SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
NOVOFINE PEN NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP
NOVOFINE PLUS PEN NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
PC UNIFINE PENTIPS	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
PEN NEEDLE/5-BEVEL TIP	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
PENTIPS	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
PENTIPS GENERIC PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP
PIP PEN NEEDLES 31G X 5MM	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
PIP PEN NEEDLES 32G X 4MM	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
PREFERRED PLUS UNIFINE PENTIPS	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
PREVENT DROPSAFE PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
PRO COMFORT INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
PRO COMFORT PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; PA
PRO COMFORT PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
PRODIGY INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
PURE COMFORT PEN NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
PURE COMFORT SAFETY PEN NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; 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
PX INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP
PX MINI PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
QC UNIFINE PENTIPS	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
RAYA SURE PEN NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
RELION INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
RELION PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
SAFETY PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
SECURESAFE INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
SECURESAFE SAFETY PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP
SECURESAFE SAFETY PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; PA; RX/OTC
SURE COMFORT INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP
SURE COMFORT PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
TECHLITE INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
TECHLITE PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
TECHLITE PLUS PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
TODAYS HEALTH PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
TODAYS HEALTH SHORT PEN NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
TOPFINE INSULIN PEN NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; PA; RX/OTC
TRUE COMFORT INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
TRUE COMFORT PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; 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
TRUE COMFORT PRO INSULIN SYR	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
TRUE COMFORT PRO PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
TRUE COMFORT PRO PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; PA; RX/OTC
TRUE COMFORT SAFETY PEN NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
TRUE COMFORT SAFETY PEN NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; PA; RX/OTC
TRUEPLUS 5-BEVEL PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP
TRUEPLUS INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
ULTICARE INSULIN SAFETY SYR	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
ULTICARE INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP
ULTICARE MICRO PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
ULTICARE MINI PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
ULTICARE PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
ULTICARE SHORT PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP
ULTICARE TUBERCULIN SAFETY SYR MISC	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP
ULTIGUARD SAFEPACK PEN NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
ULTIGUARD SAFEPACK SYR/NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP
ULTILET PEN NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
ULTRA COMFORT PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; PA; RX/OTC
ULTRA FLO INSULIN PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
ULTRA FLO INSULIN SYR 1/2 UNIT	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; 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
ULTRA FLO INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
ULTRA THIN PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
ULTRA-THIN II INS SYR SHORT	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
ULTRA-THIN II INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
ULTRA-THIN II MINI PEN NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
ULTRA-THIN II PEN NEEDLE SHORT	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
ULTRA-THIN II PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP
ULTRACARE INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
ULTRACARE PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
UNIFINE PENTIPS	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
UNIFINE PENTIPS	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; PA; RX/OTC
UNIFINE PENTIPS PLUS	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP
UNIFINE PROTECT PEN NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
UNIFINE SAFECONTROL PEN NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
UNIFINE ULTRA PEN NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
VANISHPOINT INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
VERIFINE INSULIN PEN NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
VERIFINE INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
VERIFINE PLUS PEN NEEDLE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
WEGMANS UNIFINE PENTIPS PLUS	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; 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
ZEVRX INSULIN SYRINGE	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; RX/OTC
ZEVRX PEN NEEDLES	1	QL(200 EA per 30 day(s) retail; 200 EA per 30 days mail); MP; 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
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 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

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
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
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-SM MASK 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
OPTICHAMBER DIAMOND 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
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 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
AIMOVIG 140 MG/ML	4	AL(At least 18 yrs old); MP; PA
AJOVY SOAJ	4	QL(1.5 ML per 30 day(s) retail; 2 ML per 30 days mail); AL(At least 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
AJOVY SOSY	4	QL(1.5 ML per 30 day(s) retail; 2 ML per 30 days mail); AL(At least 6 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
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		
CAFERGOT TABS *(ergotamine w/ caffeine)*	4	QL(40 EA per 28 day(s) retail; 40 EA per 28 days mail); AL(At least 18 yrs old); PA
MIGERGOT SUPP	1	QL(25 EA per 30 day(s) retail; 25 EA per 30 days mail); PA
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	3	QL(8 ML per 30 day(s) retail; 8 ML per 30 days mail)
dihydroergotamine mesylate SOLN IJ 1 MG/ML	4	QL(24 ML per 28 day(s) retail; 24 ML per 28 days mail); PA
ERGOMAR SUBL	4	QL(20 EA per 28 day(s) retail; 20 EA per 28 days mail); PA
Migraine Products - NSAIDs		
diclofenac potassium (migraine)	4	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
ELYXYB	4	QL(19.2 ML per 30 day(s) retail; 19 ML per 30 days mail); 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)
frovatriptan succinate	2	QL(3 EA daily); ST
IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML, 6 MG/0.5ML	1	QL(2 ML daily)
IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML *(sumatriptan succinate)*	3	QL(2 ML daily)
IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML	1	QL(2 ML daily)
IMITREX TABS *(sumatriptan succinate)*	1	QL(2 EA daily)
MAXALT-MLT TBDP 10 MG *(rizatriptan benzoate)*	1	QL(18 EA per 30 day(s) retail; 18 EA per 30 days mail)
MAXALT TABS 10 MG *(rizatriptan benzoate)*	1	QL(18 EA per 30 day(s) retail; 18 EA per 30 days mail)
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)
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 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)
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

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
ZOMIG SOLN	4	QL(6 EA per 30 day(s) retail; 6 EA per 30 days mail); PA
MINERALS & ELECTROLYTES		
Bicarbonates		
sodium acetate SOLN	1	MP
SODIUM ACETATE SOLN *(sodium acetate)*	1	MP
sodium bicarbonate IV 4.2 %, 8.4 %	1	MP
THAM *(tromethamine)*	1	MP
tromethamine	1	MP
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	2	ST; MP
calcium carbonate-vitamin d TABS 250 MG-125 UNIT	2	ST; MP
calcium chloride (dihydrate) SOLN	1	MP
CALCIUM CHLORIDE SOLN 10 % *(calcium chloride (dihydrate))*	1	MP
calcium citrate-vitamin d TABS 200 UNIT-315 MG, 250 UNIT-200 MG, 250 UNIT-315 MG	2	ST; MP
CALCIUM GLUCONATE-NACL SOLN 1 GM/100ML-0.8 %, 1 GM/50ML-0.675 %, 2 GM/100ML-0.675 %	1	MP
CALCIUM GLUCONATE-NACL SOLN *(calcium gluconate-sodium chloride)*	1	MP
calcium gluconate-sodium chloride SOLN	1	MP
calcium gluconate SOLN	1	MP
CALCIUM GLUCONATE SOLN	1	MP
CALCIUM GLUCONATE SOLN *(calcium gluconate)*	1	Medical Benefit Only; MP
CALCIUM GLUCONATE SOLN *(calcium gluconate)*	1	MP
OYSTER SHELL CALCIUM/D TABS 500 MG-200 UNIT	2	ST; MP
OYSTER SHELL CALCIUM/VIT D3 TABS 3.12 MCG-250 MG	2	ST; MP
Electrolyte Mixtures		
dextrose in lactated ringers	1	MP
dextrose w/ sodium chloride 0.45 %-2.5 %, 0.9 %-5 %, 5 %-0.225 %, 5 %-0.3 %, 5 %-0.45 %	1	MP
DEXTROSE-NACL	1	MP
DEXTROSE-SODIUM CHLORIDE	1	MP
DEXTROSE-SODIUM CHLORIDE *(dextrose w/ sodium chloride)*	1	MP
electrolyte-148	1	MP
electrolyte-a	1	MP
IONOSOL-MB IN D5W	1	MP
ISOLYTE-P IN D5W	1	MP
ISOLYTE-S	1	MP
ISOLYTE-S PH 7.4	1	MP
KCL IN DEXTROSE-NACL	1	MP
KCL IN DEXTROSE-NACL *(potassium chloride in dextrose & sodium chloride)*	1	MP
KCL-LACTATED RINGERS-D5W	1	MP
lactated ringer's	1	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
LACTATED RINGERS 28 MEQ/L-4 MEQ/L-130 MEQ/L-3 MEQ/L-109 MEQ/L, 3 MEQ/L-109 MEQ/L-130 MEQ/L-4 MEQ/L-28 MEQ/L *(lactated ringer's)*	1	MP
LACTATED RINGERS 28 MEQ/L-4 MEQ/L-130 MEQ/L-3 MEQ/L-109 MEQ/L, 3 MEQ/L-109 MEQ/L-130 MEQ/L-4 MEQ/L-28 MEQ/L	1	MP
NORMOSOL-M IN D5W	1	MP
NORMOSOL-R 27 MEQ/L-23 MEQ/L-98 MEQ/L-140 MEQ/L-3 MEQ/L-5 MEQ/L	1	MP
NORMOSOL-R PH 7.4	1	MP
PLASMA-LYTE 148	1	MP
PLASMA-LYTE A *(electrolyte-a)*	1	MP
potassium chloride in dextrose	1	MP
potassium chloride in dextrose & sodium chloride 5 %-0.15 %-0.225 %, 5 %-10 MEQ/L-0.45 %, 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	MP
potassium chloride in nacl 20 MEQ/L-0.45 %, 20 MEQ/L-0.9 %, 40 MEQ/L-0.9 %	1	MP
POTASSIUM CHLORIDE IN NACL *(potassium chloride in nacl)*	1	MP
POTASSIUM CHLORIDE IN NACL 20 MEQ/L-0.45 %, 20 MEQ/L-0.9 %, 40 MEQ/L-0.9 %	1	MP
POTASSIUM CL IN DEXTROSE 5% 20 MEQ/L	1	MP
ringer's	1	MP
TPN ELECTROLYTES CONC	1	MP
Fluoride		
sodium fluoride CHEW	1	QL(1 EA daily); AL(Up to 50 yrs old)
sodium fluoride SOLN 0.5 MG/ML	1	QL(1 ML daily); AL(Up to 50 yrs old); RX/OTC
SODIUM FLUORIDE SOLN 0.5 MG/ML	1	QL(1 ML daily); AL(Up to 50 yrs old); RX/OTC
Magnesium		
MAG-G TABS	1	Requires EPSDT PA Review; AL(Up to 20 yrs old); MP; PA
magnesium chloride SOLN	1	MP
magnesium sulfate IV	1	MP
MAGNESIUM SULFATE IV *(magnesium sulfate)*	1	MP
MAGNESIUM SULFATE IN D5W *(magnesium sulfate in dextrose)*	1	MP
magnesium sulfate in dextrose	1	MP
Phosphate		
K-PHOS-NEUTRAL *(pot phosphate monobasic w/ sod phosphate dibasic & monobasic)*	1	MP; RX/OTC
K-PHOS TABS *(potassium phosphate monobasic)*	1	MP
PHOSPHA 250 NEUTRAL 852 MG-155 MG-130 MG	1	MP; 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
PHOSPHA 250 NEUTRAL 852 MG-155 MG-130 MG *(pot phosphate monobasic w/ sod phosphate dibasic & monobasic)*	1	MP; RX/OTC
potassium & sodium phosphates PACK	1	Requires EPSDT PA Review; AL(Up to 20 yrs old); MP; PA
potassium phosphates	1	MP
POTASSIUM PHOSPHATES-NACL	1	MP
sodium phosphates (sodium phosphate dibasic & monobasic) 45 MMOLE/15ML	1	Requires EPSDT PA Review; AL(Up to 20 yrs old); MP; PA
WES-PHOS 250 NEUTRAL 852 MG-155 MG-130 MG	1	MP; RX/OTC
Potassium		
EFFER-K TBEF 25 MEQ	1	MP
KLOR-CON 10 TBCR 10 MEQ *(potassium chloride)*	1	MP
KLOR-CON TBCR 8 MEQ *(potassium chloride)*	1	MP
POKONZA PACK PO	4	QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); PA
POKONZA PACK PO	4	AL(Up to 10 yrs old); MP; PA
POKONZA SOLN PO	4	QL(474 ML per 31 day(s) retail; 474 ML per 31 days mail); PA
potassium acetate SOLN 2 MEQ/ML	1	MP
POTASSIUM ACETATE SOLN 2 MEQ/ML	1	MP
POTASSIUM ACETATE SOLN *(potassium acetate)*	1	MP
potassium bicarbonate TBEF	1	MP
potassium chloride microencapsulated crystals er	1	MP
potassium chloride CPCR	1	MP
potassium chloride PACK PO 20 MEQ	4	QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); PA
POTASSIUM CHLORIDE PACK PO	1	QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); PA
potassium chloride SOLN IV	1	MP
POTASSIUM CHLORIDE SOLN IV	1	MP
POTASSIUM CHLORIDE SOLN IV *(potassium chloride)*	1	MP
potassium chloride TBCR	1	MP
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	MP
Trace Minerals		
ZYCUBO SOLR SC 2.9 MG	4	QL(1 EA daily); AL(Up to 17 yrs old); PA
Zinc		
GALZIN	1	MP
zinc chloride SOLN	1	MP
MISCELLANEOUS THERAPEUTIC CLASSES		
Allogeneic Tissue		
RETHYMIC	1	Medical Benefit Only; MP
Chelating 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
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	MP; PA
penicillamine CAPS	1	MP
penicillamine TABS	4	MP; PA
trientine hcl 250 MG	1	MP
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	1	Medical Benefit Only; MP
Immunomodulators		
IMAAVY SOLN IV 300 MG/1.62ML	1	AL(At least 12 yrs old); PA
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 4 yrs old); PA
lenalidomide	1	MP
NIKTIMVO	1	MP; PA
REVLIMID *(lenalidomide)*	1	MP
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

Drug Name	Drug Tier	Requirements/ Limits
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
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

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 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 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
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
THALOMID 50 MG, 100 MG, 200 MG	1	MP
TREGZI SUPK IV	1	Medical Benefit Only; MP
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	4	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	4	QL(20 ML per 28 day(s) retail; 20 ML per 28 days mail); AL(At least 18 yrs old); PA

Drug Name	Drug Tier	Requirements/ Limits
Immunosuppressive Agents		
ASTAGRAF XL CP24 0.5 MG *(tacrolimus)*	1	QL(2.95 EA daily); MP
ASTAGRAF XL CP24 1 MG, 5 MG *(tacrolimus)*	1	MP
ATGAM	1	MP
AZATHIOPRINE SODIUM	1	MP
AZATHIOPRINE POWD	1	
azathioprine TABS 50 MG	1	QL(8.4 EA daily); MP
azathioprine TABS 75 MG	1	QL(1 EA daily)
azathioprine TABS 100 MG	1	QL(3 EA daily); MP
CELLCEPT INTRAVENOUS *(mycophenolate mofetil hcl)*	1	MP
CELLCEPT CAPS *(mycophenolate mofetil)*	1	QL(10 EA daily); MP
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; MP
CELLCEPT TABS *(mycophenolate mofetil)*	1	QL(6 EA daily); MP
cyclosporine modified (for microemulsion) CAPS 100 MG	1	QL(5 EA daily); MP
cyclosporine modified (for microemulsion) CAPS 50 MG	1	QL(8 EA daily); MP
cyclosporine modified (for microemulsion) CAPS 25 MG	1	QL(6 EA daily); MP
cyclosporine modified (for microemulsion) SOLN	1	QL(6 ML daily); MP
cyclosporine CAPS 100 MG	1	QL(3 EA daily); MP
cyclosporine CAPS 25 MG	1	QL(5 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
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 0.75 MG	1	QL(3 EA daily); MP
ENVARSUS XR TB24 1 MG	1	QL(6 EA daily); MP
ENVARSUS XR TB24 4 MG	1	QL(2 EA daily); MP
everolimus (immunosuppressant)	1	QL(2 EA daily)
GAMIFANT	4	MP; PA
IMURAN TABS *(azathioprine)*	1	QL(8.4 EA daily); MP
LUPKYNIS	4	QL(6 EA daily); AL(At least 18 yrs old); PA
mycophenolate mofetil hcl	1	MP
mycophenolate mofetil CAPS	1	QL(10 EA daily); MP
mycophenolate mofetil SUSR	1	QL(16 ML daily); 3 package(s) per 30 day(s) retail; 3 package(s) per 30 day(s) mail; MP
mycophenolate mofetil TABS	1	QL(6 EA daily); MP
mycophenolate sodium	1	MP
MYFORTIC *(mycophenolate sodium)*	1	MP
MYHIBBIN SUSP	1	QL(525 ML per 35 day(s) retail; 525 ML per 35 days mail); PA
NEORAL CAPS 100 MG *(cyclosporine modified (for microemulsion))*	1	QL(5 EA daily); MP
NEORAL CAPS 25 MG *(cyclosporine modified (for microemulsion))*	1	QL(6 EA daily); MP
NEORAL SOLN *(cyclosporine modified (for microemulsion))*	1	QL(6 ML daily); MP
NULOJIX	1	MP
PROGRAF CAPS 1 MG *(tacrolimus)*	1	QL(24 EA daily); MP
PROGRAF CAPS 0.5 MG *(tacrolimus)*	1	QL(38 EA daily); MP
PROGRAF CAPS 5 MG *(tacrolimus)*	1	QL(12 EA daily); MP
PROGRAF PACK 0.2 MG	1	AL(Up to 6 yrs old); MP
PROGRAF PACK 1 MG	1	QL(6 EA daily); AL(Up to 6 yrs old); MP
PROGRAF SOLN 5 MG/ML *(tacrolimus)*	1	MP
SANDIMMUNE CAPS 100 MG *(cyclosporine)*	1	QL(3 EA daily); MP
SANDIMMUNE CAPS 25 MG *(cyclosporine)*	1	QL(5 EA daily); MP
SANDIMMUNE SOLN IV 50 MG/ML	1	MP
SIMULECT	1	MP
sirolimus SOLN	1	QL(6 ML daily); MP
sirolimus TABS 2 MG	1	QL(2 EA daily); MP
sirolimus TABS 1 MG	1	QL(3 EA daily); MP
sirolimus TABS 0.5 MG	1	QL(1 EA daily); MP
tacrolimus CAPS 0.5 MG	1	QL(38 EA daily); MP
tacrolimus CAPS 5 MG	1	QL(12 EA daily); MP
tacrolimus CAPS 1 MG	1	QL(24 EA daily); MP
tacrolimus CP24 1 MG, 5 MG	1	MP
tacrolimus CP24 0.5 MG	1	QL(2.95 EA daily); MP
tacrolimus SOLN 5 MG/ML	1	MP
THYMOGLOBULIN	1	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
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		
lactated ringer's (irrigation)	1	MP
PHYSIOLYTE 27 MEQ/1000ML-23 MEQ/1000ML-98 MEQ/1000ML-140 MEQ/1000ML-3 MEQ/1000ML-5 MEQ/1000ML	1	MP
ringer's irrigation	1	MP
RINGERS IRRIGATION 4.5 MEQ/L-156 MEQ/L-147 MEQ/L-4 MEQ/L	1	MP
water for irrigation, sterile	1	MP
Lymphatic Agents		
SYLVANT	1	Medical Benefit Only; MP
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	MP
sodium polystyrene sulfonate SUSP CO 15 GM/60ML	1	MP
VELTASSA 16.8 GM, 25.2 GM	4	QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); PA
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
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	AL(At least 5 yrs old); MP; PA
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
SAPHNELO SC 120 MG/0.8ML	4	QL(3.2 ML per 28 day(s) retail; 3 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
SAPHNELO PEN SC 120 MG/0.8ML	4	QL(3.2 ML per 28 day(s) retail; 3 ML per 28 days mail); AL(At least 18 yrs old); PA
Uremic Pruritus Agents		
KORSUVA	1	Medical Benefit Only; MP
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
lidocaine hcl (mouth-throat)	1	MP
Anti-infectives - Throat		
AMPHOTERICIN B	1	
clotrimazole	1	MP
NYSTATIN *(nystatin (mouth-throat))*	1	MP
nystatin (mouth-throat)	1	MP
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 - Up to 50 yrs old); MP
sodium fluoride (dental) CREA	1	QL(51 GM per 30 day(s) retail; 51 GM per 30 days mail); AL(Up to 50 yrs old)
sodium fluoride (dental) GEL	1	1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; AL(Up to 50 yrs old)
sodium fluoride (dental) PSTE DT	1	AL(At least 6 yrs old - Up to 50 yrs old); MP
sodium fluoride (dental) SOLN 0.2 %	1	AL(Up to 50 yrs old); MP
SODIUM FLUORIDE 5000 ENAMEL GEL	1	AL(At least 6 yrs old - Up to 50 yrs old); MP
SODIUM FLUORIDE 5000 PLUS CREA 1.1 % *(sodium fluoride (dental))*	1	QL(51 GM per 30 day(s) retail; 51 GM per 30 days mail); AL(Up to 50 yrs old)
SODIUM FLUORIDE 5000 PPM PSTE DT 1.1 % *(sodium fluoride (dental))*	1	AL(At least 6 yrs old - Up to 50 yrs old); MP
SODIUM FLUORIDE 5000 SENSITIVE GEL	1	AL(At least 6 yrs old - Up to 50 yrs old); MP
sodium fluoride-potassium nitrate GEL 1.1 %-5 %	1	AL(At least 6 yrs old - Up to 50 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)
pilocarpine hcl (oral)	1	MP
MULTIVITAMINS		
Multiple Vitamins w/ Minerals		
DEKAS PLUS CAPS	1	Requires EPSDT PA Review; 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
DEKAS PLUS CHEW	1	Requires EPSDT PA Review; QL(2 EA daily); AL(Up to 20 yrs old); PA; RX/OTC
MVW COMPLETE FORMULATION D3000 CAPS	1	Requires EPSDT PA Review; QL(2 EA daily); AL(Up to 20 yrs old); PA; RX/OTC
MVW COMPLETE FORMULATION D5000 CAPS	1	Requires EPSDT PA Review; QL(2 EA daily); AL(Up to 20 yrs old); PA; RX/OTC
MVW COMPLETE FORMULATION MINIS CAPS	1	Requires EPSDT PA Review; QL(2 EA daily); AL(Up to 20 yrs old); PA; RX/OTC
MVW COMPLETE FORMULATION CAPS	1	Requires EPSDT PA Review; QL(2 EA daily); AL(Up to 20 yrs old); PA; RX/OTC
PHLEXY-VITS POWD	1	MP
Multivitamins		
DEKAS ESSENTIAL CAPS	1	Requires EPSDT PA Review; QL(2 EA daily); AL(Up to 20 yrs old); PA; RX/OTC
DEKAS ESSENTIAL LIQD	1	Requires EPSDT PA Review; QL(2 ML daily); AL(Up to 20 yrs old); PA
Ped Multiple Vitamins w/ Minerals		
DEKAS PLUS LIQD	1	Requires EPSDT PA Review; QL(2 ML daily); AL(Up to 20 yrs old); PA; RX/OTC
MVW COMPLETE FORMULATION D3000 CHEW	1	Requires EPSDT PA Review; QL(2 EA daily); AL(Up to 20 yrs old); PA
MVW COMPLETE FORMULATION D5000 CHEW	1	Requires EPSDT PA Review; QL(2 EA daily); AL(Up to 20 yrs old); PA
MVW COMPLETE FORMULATION CHEW	1	Requires EPSDT PA Review; QL(2 EA daily); AL(Up to 20 yrs old); PA
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); MP
CITRANATAL ASSURE	2	AL(At least 10 yrs old - Up to 50 yrs old); MP
COMPLETE NATAL DHA	1	AL(At least 10 yrs old - Up to 50 yrs old); MP
COMPLETENATE CHEW	1	AL(At least 10 yrs old - Up to 50 yrs old); 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
CONCEPT DHA	1	AL(At least 10 yrs old - Up to 50 yrs old); MP
CONCEPT OB	1	AL(At least 10 yrs old - Up to 50 yrs old); MP
EMBRIVA TABS	4	AL(At least 10 yrs old - Up to 50 yrs old); MP; GL; PA
ENBRACE HR	2	AL(At least 10 yrs old - Up to 50 yrs old); MP
FOLIVANE-OB	1	AL(At least 10 yrs old - Up to 50 yrs old); MP
GESTYRA TABS	4	AL(At least 10 yrs old - Up to 50 yrs old); MP; PA
M-NATAL PLUS TABS	1	QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); AL(At least 10 yrs old - Up to 50 yrs old); MP; RX/OTC
MATRONEX TABS	1	QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); AL(At least 10 yrs old - Up to 50 yrs old); GL; PA; RX/OTC
NESTABS	2	AL(At least 10 yrs old - Up to 50 yrs old); MP
NESTABS DHA	2	AL(At least 10 yrs old - Up to 50 yrs old); MP
NESTABS ONE	2	AL(At least 10 yrs old - Up to 50 yrs old); MP
OB COMPLETE ONE	2	AL(At least 10 yrs old - Up to 50 yrs old); MP
OB COMPLETE PETITE	2	AL(At least 10 yrs old - Up to 50 yrs old); MP
OB COMPLETE PREMIER	2	AL(At least 10 yrs old - Up to 50 yrs old); MP
OB COMPLETE/DHA	2	AL(At least 10 yrs old - Up to 50 yrs old); MP
OB COMPLETE TABS	2	AL(At least 10 yrs old - Up to 50 yrs old); MP
PNV-DHA+DOCUSATE	2	AL(At least 10 yrs old - Up to 50 yrs old); MP
PNV-OMEGA	2	AL(At least 10 yrs old - Up to 50 yrs old); MP
PRENATAL PLUS VITAMIN/MINERAL TABS	1	QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); AL(At least 10 yrs old - Up to 50 yrs old); MP; RX/OTC
prenatal vit w/ ferrous fumarate-l methylfolate-folic acid	2	AL(At least 10 yrs old - Up to 50 yrs old); MP
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); MP
prenatal without a w/ fe fumarate-l methylfolate-fa-dha	1	AL(At least 10 yrs old - Up to 50 yrs old); MP
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	QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); AL(At least 10 yrs old - Up to 50 yrs old); MP; 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); MP
PRENATE AM	2	AL(At least 10 yrs old - Up to 50 yrs old); MP
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); MP
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); MP
PRENATE ENHANCE	2	AL(At least 10 yrs old - Up to 50 yrs old); MP
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); MP
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); MP
PRENATE PIXIE	2	AL(At least 10 yrs old - Up to 50 yrs old); MP
PRENATE RESTORE	2	AL(At least 10 yrs old - Up to 50 yrs old); MP
PROVIDA OB	1	AL(At least 10 yrs old - Up to 50 yrs old); MP
SELECT-OB+DHA MISC	1	AL(At least 10 yrs old - Up to 50 yrs old); MP
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); MP
TARON-C DHA	1	AL(At least 10 yrs old - Up to 50 yrs old); MP
TRICARE TABS	1	QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); AL(At least 10 yrs old - Up to 50 yrs old); MP; RX/OTC
TRINATAL RX 1 TABS	1	AL(At least 10 yrs old - Up to 50 yrs old); MP
TRISTART DHA	2	AL(At least 10 yrs old - Up to 50 yrs old); MP
VITAFOL FE+	1	AL(At least 10 yrs old - Up to 50 yrs old); MP
VITAFOL GUMMIES	1	AL(At least 10 yrs old - Up to 50 yrs old); MP
VITAFOL ULTRA	1	AL(At least 10 yrs old - Up to 50 yrs old); MP
VITAFOL-OB+DHA MISC	1	AL(At least 10 yrs old - Up to 50 yrs old); MP
VITAFOL-OB TABS	1	AL(At least 10 yrs old - Up to 50 yrs old); MP
VITAFOL-ONE CAPS	1	AL(At least 10 yrs old - Up to 50 yrs old); MP
WESCAP-C DHA	1	AL(At least 10 yrs old - Up to 50 yrs old); MP
WESCAP-PN DHA	1	AL(At least 10 yrs old - Up to 50 yrs old); 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
WESNATAL DHA COMPLETE	1	AL(At least 10 yrs old - Up to 50 yrs old); MP
WESNATE DHA CAPS	2	AL(At least 10 yrs old - Up to 50 yrs old); MP
WESTAB PLUS TABS	1	QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); AL(At least 10 yrs old - Up to 50 yrs old); MP; RX/OTC
WESTGEL DHA	2	AL(At least 10 yrs old - Up to 50 yrs old); MP
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
Central Muscle Relaxants		
AMRIX CP24 *(cyclobenzaprine hcl)*	4	QL(1 EA daily); PA
ATMEKSI SUSP PO 750 MG/5ML	4	QL(300 ML per 9 day(s) retail; 300 ML per 9 days mail); AL(At least 16 yrs old); PA
BACLOFEN REFILL KIT-SYNCHROMED KIT IT 40 MG/20ML	1	MP
BACLOFEN POWD	1	
BACLOFEN POWD	1	Medical Benefit Only
baclofen SOLN IT 10 MG/20ML, 40 MG/20ML, 20000 MCG/20ML, 40000 MCG/20ML	1	MP
baclofen SOLN PO 5 MG/5ML, 10 MG/5ML	4	AL(Up to 10 yrs old); MP; PA
BACLOFEN SOSY	1	MP
baclofen SUSP	4	AL(Up to 10 yrs old); MP; PA
baclofen TABS 10 MG, 20 MG	1	MP
baclofen TABS 5 MG, 15 MG	4	MP; PA
carisoprodol TABS	1	QL(4 EA daily); PA
chlorzoxazone TABS 375 MG, 750 MG	4	QL(4 EA daily); PA
chlorzoxazone TABS 500 MG	1	MP
chlorzoxazone TABS 250 MG	4	MP; PA
cyclobenzaprine hcl CP24	4	QL(1 EA daily); PA
cyclobenzaprine hcl TABS 7.5 MG	1	QL(3 EA daily); PA
cyclobenzaprine hcl TABS 5 MG, 10 MG	1	MP
cyclobenzaprine hcl TABS 7.5 MG	4	QL(3 EA daily); PA
FLEQSUVY SUSP *(baclofen)*	4	AL(Up to 10 yrs old); MP; PA
GABLOFEN SOLN IT *(baclofen)*	1	MP
GABLOFEN SOLN IT	1	MP
GABLOFEN SOSY	1	MP
LIORESAL SOLN IT	1	MP
LIORESAL SOLN IT *(baclofen)*	1	MP
LYVISPAH PACK 10 MG	1	QL(90 EA per 30 day(s) retail; 90 EA per 30 days mail); AL(Up to 10 yrs old); PA
LYVISPAH PACK 5 MG	4	QL(90 EA per 30 day(s) retail; 90 EA per 30 days mail); AL(Up to 10 yrs old); PA
metaxalone 800 MG	2	ST; MP
metaxalone 400 MG	4	ST; MP
METAXALONE 640 MG	4	QL(4 EA daily); PA
methocarbamol SOLN	1	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
methocarbamol TABS 1000 MG	4	MP; PA
methocarbamol TABS 500 MG, 750 MG	1	MP
ONTRALFY SOLN PO 2 MG/5ML	4	QL(473 ML per 31 day(s) retail; 473 ML per 31 days mail); PA
orphenadrine citrate SOLN 30 MG/ML	1	MP
orphenadrine citrate TB12	1	MP
OZOBAX DS SOLN PO *(baclofen)*	4	AL(Up to 10 yrs old); MP; PA
ROBAXIN SOLN *(methocarbamol)*	1	MP
SOMA TABS *(carisoprodol)*	1	QL(4 EA daily)
tizanidine hcl CAPS	4	MP; PA
tizanidine hcl TABS	1	MP
ZANAFLEX CAPS *(tizanidine hcl)*	4	MP; PA
ZANAFLEX CAPS *(tizanidine hcl)*	4	MP
ZANAFLEX TABS 4 MG *(tizanidine hcl)*	1	MP
Direct Muscle Relaxants		
DANTRIUM CAPS 25 MG *(dantrolene sodium)*	1	MP
dantrolene sodium CAPS	1	MP
dantrolene sodium SOLR	1	MP
RYANODEX SUSR	1	MP
Fibrodysplasia Ossificans Progressiva (FOP) Agents		
ATEBRIOZ TABS PO 25 MG	1	AL(At least 12 yrs old); PA
PASATRU SOLN IV 300 MG/5ML	1	AL(At least 18 yrs old); MP; PA
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 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
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
Muscle Relaxant Combinations		
orphenadrine w/ aspirin & caff	4	AL(At least 12 yrs old); MP; 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; MP
GOPRELTO	1	Medical Benefit Only; MP
NUMBRINO	1	Medical Benefit Only; 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
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		
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	1	Medical Benefit Only; MP
XHANCE EXHU	4	MP; PA
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		
edaravone SOLN 30 MG/100ML	4	MP; 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	MP; 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; MP
QUELICIN SOLN *(succinylcholine chloride)*	1	Medical Benefit Only; MP
succinylcholine chloride SOLN	1	Medical Benefit Only; MP
SUCCINYLCHOLINE CHLORIDE SOSY IJ 100 MG/5ML, 200 MG/10ML	1	Medical Benefit Only; MP
SUCCINYLCHOLINE CL +RFID SOSY IJ 100 MG/5ML, 200 MG/10ML	1	Medical Benefit Only; MP
Friedrich's Ataxia 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
SKYCLARYS	4	QL(3 EA daily); AL(At least 18 yrs old); PA
Muscular Dystrophy Agents		
AMONDYS 45	4	MP; 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
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

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 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
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

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 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	MP; PA
VILTEPSO	4	MP; PA
VYONDYS 53	4	MP; PA
Neuromuscular Blocking Agent - Neurotoxins		
BOTOX IJ	1	Medical Benefit Only; MP
DAXXIFY SOLR IM	1	Medical Benefit Only; MP
DYSPORT	1	Medical Benefit Only; MP
MYOBLOC	1	Medical Benefit Only; MP
XEOMIN	1	Medical Benefit Only; MP
Nondepolarizing Muscle Relaxants		
atracurium besylate 50 MG/5ML, 100 MG/10ML	1	MP
cisatracurium besylate SOLN	1	MP
ROCURONIUM BROMIDE +RFID SOLN 50 MG/5ML	1	MP
rocuronium bromide SOLN	1	MP
ROCURONIUM BROMIDE SOLN 50 MG/5ML, 100 MG/10ML	1	MP
ROCURONIUM BROMIDE SOSY 50 MG/5ML	1	Medical Benefit Only; MP
vecuronium bromide SOLR	1	MP
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
DAYBUE STIX PO 5000 MG, 6000 MG, 8000 MG	4	QL(60 EA per 30 day(s) retail; 60 EA 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
ISEMBYLD SOLN IV 150 MG/3ML	1	AL(At least 2 yrs old); PA
ITVISMA SUSP IT	4	QL(1 EA daily); AL(At least 2 yrs old); PA
SPINRAZA	4	MP; 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

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 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
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 %	1	MP
DEXTROSE SOLN 5 %, 10 %, 20 %, 30 %, 40 %, 50 %, 70 %, 250 MG/ML *(dextrose)*	1	MP
DEXTROSE SOLN	1	MP
Lipids		
DOJOLVI	4	AL(Up to 21 yrs old); MP; PA
medium chain triglycerides OIL	1	Requires EPSDT PA Review; AL(Up to 20 yrs old); MP; PA
OMEGAVEN	1	Medical Benefit Only; MP
Proteins		
amino acid infusion SOLN 15 %	1	Medical Benefit Only; MP
amino acids BAR 36 MG/60GM-14 MG/60GM, 604 MG-938 MG-996 MG-1397 MG-906 MG-134 MG-924 MG-888 MG-265 MG-249 MG-669 MG-470 MG-150 MG-399 MG-799 MG-30 MG-604 MG-10 MG-1547 MG, 604 MG-938 MG-996 MG-547 MG-134 MG-924 MG-888 MG-265 MG-1397 MG-249 MG-669 MG-470 MG-150 MG-399 MG-799 MG-30 MG-604 MG-10 MG-908 MG, 642 MG-987 MG-1048 MG-1477 MG-957 MG-144 MG-978 MG-944 MG-282 MG-8 MG-266 MG-711 MG-500 MG-159 MG-427 MG-851 MG-31 MG-639 MG-10 MG-1647 MG	1	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
amino acids LIQD 23.3 MG/250ML-0.6 MG/250ML-9.3 MCG/250ML-184 MCG/250ML-0.35 MG/250ML-2.1 MG/250ML-161 MG/250ML-1.2 MCG/250ML-1.9 MG/250ML-0.38 MG/250ML-30 MG/250ML-130 UNIT/250ML-5.5 MG/250ML-114 MG/250ML-263 MG/250ML-210 MG/250ML-9.8 MCG/250ML-310 MCG/250ML-400 MG/250ML-49 MCG/250ML-14 MCG/250ML-7 UNIT/250ML-288 MG/250ML-3.5 MG/250ML-21.8 MCG/250ML-0.7 MG/250ML-833 UNIT/250ML-30.8 MCG/250ML-210 MG/250ML	1	MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
amino acids PACK 18.5 MG/25GM-9.1 MCG/25GM-4.32 UNIT/25GM-60 MCG/25GM-0.44 MG/25GM-0.56 MCG/25GM-587 UNIT/25GM-2.04 MG/25GM-0.41 MG/25GM-24.7 MG/25GM-10 MG/25GM-4.2 MG/25GM-212 MG/25GM-0.42 MG/25GM-54.3 MG/25GM-111 UNIT/25GM-3.47 MG/25GM-21.4 MCG/25GM-298 MG/25GM-60 MCG/25GM-0.24 MG/25GM-3.2 MG/25GM-36 MCG/25GM-88.7 MG/25GM-197 MG/25GM-9.2 MCG/25GM-0.26 MG/25GM-13.6 MCG/25GM-252 MG/25GM, 28 MG/24GM-12 MCG/24GM-38 MCG/24GM-0.4 MG/24GM-6 MG/24GM-65 MG/24GM-0.4 MG/24GM-2 MG/24GM-0.4 MG/24GM-44 MG/24GM-35 MG/24GM-17 MG/24GM-3.6 MCG/24GM-2.7 MG/24GM-4 MG/24GM-62 MG/24GM-0.5 MG/24GM-15 MCG/24GM-255 MG/24GM-5 MG/24GM-9 MCG/24GM-0.3 MG/24GM-2.7 MG/24GM-273 MG/24GM-46 MCG/24GM-216 MG/24GM-8 MCG/24GM-124 MCG/24GM-4.8 MCG/24GM-0.6 MCG/24GM-0.18	1	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
MG/24GM, 31 MG-0.8 MG-12.3 MCG-246 MCG-0.46 MG-166 UNIT-1.6 MCG-2.5 MG-0.49 MG-215 MG-40 MG-2.9 MG-350 MG-280 MG-592 MG-65.5 MCG-18.5 MCG-9.2 UNIT-7.4 MG-569 MG-4.5 MG-410 MCG-0.9 MG-13 MCG-29 MCG-1114 UNIT-41 MCG-280 MG-153 MG, 40 MG/31.5GM-20 MCG/31.5GM-79		
MCG/31.5GM-0.4		
MG/31.5GM-6.2		
MG/31.5GM-79		
MG/31.5GM-0.5		
MG/31.5GM-1.6		
MG/31.5GM-0.5		
MG/31.5GM-40		
MG/31.5GM-46		
MG/31.5GM-23		
MG/31.5GM-3.2		
MCG/31.5GM-5		
MG/31.5GM-5.3		
MG/31.5GM-94		
MG/31.5GM-0.7		
MG/31.5GM-13.2		
MCG/31.5GM-297		
MG/31.5GM-7.1		
MG/31.5GM-13		
MCG/31.5GM-0.4		
MG/31.5GM-3.5		
MG/31.5GM-321		
MG/31.5GM-54		
MCG/31.5GM-254		
MG/31.5GM-14		
MCG/31.5GM-126		
MCG/31.5GM-6.3		
MCG/31.5GM-0.8		
MCG/31.5GM-0.22		
MG/31.5GM, 62 MG/100GM-2.8 GM/100GM-1.6 GM/100GM-2 GM/100GM-2.8 GM/100GM-4.9 GM/100GM-1.1 GM/100GM-24.5 MCG/100GM-491		
MCG/100GM-0.91		
MG/100GM-5.7		
MG/100GM-4		
GM/100GM-4.6		
GM/100GM-430		
MG/100GM-1.6		
MG/100GM-0.73		
GM/100GM-1.7		
GM/100GM-2.9		
GM/100GM-2.2		
GM/100GM-0.89		
GM/100GM-2.7		
GM/100GM-3		
GM/100GM-4.9		
MG/100GM-0.97		
MG/100GM-80		
MG/100GM-0.14		
GM/100GM-3.2		
GM/100GM-0.04		
GM/100GM-8.3		
MCG/100GM-12.3		
MG/100GM-14.7		
MG/100GM-306		
MG/100GM-1.8		
MG/100GM-37		
MCG/100GM-700		
MG/100GM-560		
MG/100GM-26		
MCG/100GM-820		
MCG/100GM-9		
MG/100GM-1183		
MG/100GM-131		
MCG/100GM-1137		
MG/100GM-58		
MCG/100GM-669		
MCG/100GM-82		
MCG/100GM-3.1		
MCG/100GM-560		
MG/100GM-3.5		
GM/100GM, 638 MG-992 MG-1053 MG-1635 MG-960 MG-142 MG-976 MG-939 MG-280 MG-1477 MG-264 MG-707 MG-497 MG-159 MG-422 MG-845 MG-31 MG-638 MG-10 MG-16 MG-3 MCG-3 MCG-59 MG-59 MG-1 MCG, 655 MG-1018 MG-1081 MG-1679 MG-986		

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
MG-146 MG-1002 MG-964 MG-287 MG-1516 MG-271 MG-726 MG-509 MG-163 MG-433 MG-866 MG-33 MG-655 MG-11 MG		

Drug Name	Drug Tier	Requirements/ Limits
amino acids POWD PO 15.8 MG/12.8GM-3 MCG/12.8GM-3 MCG/12.8GM-73 MG/12.8GM-73 MG/12.8GM-3.3 MCG/12.8GM, 2.6 GM/3GM, 62 MG/100GM-24.5 MCG/100GM-491 MCG/100GM-0.91 MG/100GM-5.7 MG/100GM-430 MG/100GM-1.6 MG/100GM-4.9 MG/100GM-0.97 MG/100GM-80 MG/100GM-8.3 MCG/100GM-12.3 MG/100GM-14.7 MG/100GM-306 MG/100GM-1.8 MG/100GM-37 MCG/100GM-700 MG/100GM-560 MG/100GM-26 MCG/100GM-820 MCG/100GM-9 MG/100GM-1183 MG/100GM-131 MCG/100GM-1137 MG/100GM-58 MCG/100GM-669 MCG/100GM-82 MCG/100GM-3.1 MCG/100GM-560 MG/100GM, 638 MG/13GM-992 MG/13GM-1052 MG/13GM-1635 MG/13GM-960 MG/13GM-142 MG/13GM-976 MG/13GM-939 MG/13GM-280 MG/13GM-1477 MG/13GM-264 MG/13GM-707 MG/13GM-497 MG/13GM-159 MG/13GM-422	1	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
MG/13GM-845 MG/13GM-31 MG/13GM-638 MG/13GM-10 MG/13GM-3 MCG/13GM-3 MCG/13GM-59 MG/13GM-59 MG/13GM-1 MCG/13GM-59 MG/13GM, 655 MG/13GM-1018 MG/13GM-1081 MG/13GM-1679 MG/13GM-986 MG/13GM-146 MG/13GM-1002 MG/13GM-964 MG/13GM-287 MG/13GM-1516 MG/13GM-271 MG/13GM-726 MG/13GM-509 MG/13GM-163 MG/13GM-433 MG/13GM-866 MG/13GM-33 MG/13GM-655 MG/13GM-11 MG/13GM		
amino acids TABS	1	MP
ELCYS	1	MP
PKU GOLIKE 10G P.E. BAR	1	MP
PKU GOLIKE PLUS 16+ PACK	1	MP
PKU GOLIKE PLUS 4-16 PACK	1	MP
PROSOL SOLN	1	MP
REFRESH AA 15 PKU LIQD	1	MP; RX/OTC
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Beta-blockers - Ophthalmic		
betaxolol hcl (ophth) SOLN	2	QL(15 ML per 30 day(s) retail; 15 ML per 30 days mail)
BETIMOL *(timolol)*	1	MP
BETOPTIC-S SUSP	1	MP

Drug Name	Drug Tier	Requirements/ Limits
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
COSOPT PF *(dorzolamide hcl-timolol maleate)*	2	QL(60 EA per 30 day(s) retail; 60 EA per 30 days mail)
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(30 ML per 90 day(s) retail; 30 ML per 90 days mail); MP; PA
ISTALOL SOLN *(timolol maleate (ophth))*	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
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	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
timolol maleate (ophth) SOLN 0.5 %	4	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	QL(30 ML per 90 day(s) retail; 30 ML per 90 days mail); MP; PA
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	MP
ATROPINE SULFATE SOLN 1 %	1	MP
CYCLOGYL *(cyclopentolate hcl)*	1	MP
CYCLOGYL	1	MP
CYCLOMYDRIL	1	MP
cyclopentolate hcl 1 %	1	MP
MYDRIACYL SOLN *(tropicamide)*	1	MP
phenylephrine hcl (mydriatic) SOLN	1	MP
PHENYLEPHRINE HCL SOLN *(phenylephrine hcl (mydriatic))*	1	MP
tropicamide SOLN	1	MP
Miotics		
MIOCHOL-E SOLR	1	MP
MIOSTAT IO	1	QL(1.5 ML per fill retail)
pilocarpine hcl SOLN 1.25 %	4	MP; PA
pilocarpine hcl SOLN 1 %, 2 %, 4 %	1	QL(30 ML per 90 day(s) retail; 30 ML per 90 days mail); MP
VUITY SOLN 1.25 % *(pilocarpine hcl)*	4	MP; PA
Ophthalmic - Angiogenesis Inhibitors		
BEOVU SOSY	1	Medical Benefit Only; MP
BYOOVIZ	1	Medical Benefit Only; MP
CIMERLI	1	Medical Benefit Only; MP
ENZEEVU SOSY IZ 2 MG/0.05ML	1	Medical Benefit Only; MP
EYLEA HD SOLN	1	Medical Benefit Only; MP
EYLEA SOLN	1	Medical Benefit Only; MP
EYLEA SOSY	1	Medical Benefit Only; MP
LUCENTIS SOSY 0.5 MG/0.05ML	1	Medical Benefit Only; QL(0.5 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
LUCENTIS SOSY 0.3 MG/0.05ML	1	Medical Benefit Only; MP
NUFYMCO SOLN IZ 0.3 MG/0.05ML, 0.5 MG/0.05ML	1	Medical Benefit Only; MP
PAVBLU SOLN	1	Medical Benefit Only; MP
PAVBLU SOSY	1	Medical Benefit Only; MP
SUSVIMO (IMPLANT 1ST FILL) SOLN	1	Medical Benefit Only; MP
VABYSMO SOLN	1	Medical Benefit Only; MP
VABYSMO SOSY	1	Medical Benefit Only; MP
YESAFILI SOSY IZ 2 MG/0.05ML	1	Medical Benefit Only; MP
Ophthalmic Adrenergic Agents		
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
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
apraclonidine hcl	2	QL(30 ML per 90 day(s) retail; 30 ML per 90 days mail)
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 0.2 %	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 0.15 %	4	QL(15 ML per 30 day(s) retail; 15 ML per 30 days mail); AL(At least 3 yrs old); PA
IOPIDINE	2	MP
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)
besifloxacin hcl 0.6 %	1	MP
BESIVANCE 0.6 % *(besifloxacin hcl)*	1	MP
CILOXAN OINT	1	QL(3.5 GM per fill retail)
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 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
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(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(10 ML per fill retail); 1 package(s) per 10 day(s) retail; 1 package(s) per 10 day(s) mail
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); PA
gatifloxacin (ophth)	1	QL(2.5 ML per fill retail)
gentamicin sulfate (ophth) SOLN	1	MP
levofloxacin (ophth) 0.5 %	1	MP; PA
MITOSOL KIT	1	Medical Benefit Only; MP
moxifloxacin hcl (ophth) SOLN OP	1	MP
NATACYN	1	MP
neomycin-bacitracin zn-polymyxin	1	QL(3.5 GM per fill retail)
neomycin-polymyxin-gramicidin	1	MP
OCUFLOX *(ofloxacin (ophth))*	1	MP
ofloxacin (ophth)	1	MP
polymyxin b-trimethoprim	1	1 package(s) per 10 day(s) retail; 1 package(s) per 10 day(s) mail
sulfacetamide sodium (ophth) SOLN	1	MP
tobramycin (ophth) SOLN	1	MP
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	MP
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	MP
Ophthalmic Complement Inhibitors		
IZERVAY	1	Medical Benefit Only; MP
SYFOVRE	1	Medical Benefit Only; MP
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		

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
CEQUA SOLN	4	QL(60 EA per 30 day(s) retail; 60 EA per 30 days mail); PA
cyclosporine (ophth) EMUL	1	Brand Required; PA
cyclosporine (ophth) EMUL	1	Brand Required; QL(60 EA per 30 day(s) retail; 60 EA per 30 days mail)
RESTASIS MULTIDOSE EMUL	4	Brand Required; QL(5.5 ML per 30 day(s) retail; 6 ML per 30 days mail); PA
RESTASIS EMUL *(cyclosporine (ophth))*	1	Brand Required; 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
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	MP
ALCAINE *(proparacaine hcl)*	1	MP
IHEEZO	1	Medical Benefit Only; MP
proparacaine hcl	1	MP
TETRACAINE HCL 0.5 %	1	MP
TETRACAINE HCL 0.5 % *(tetracaine hcl (ophth))*	1	MP
tetracaine hcl (ophth)	1	MP
Ophthalmic Nerve Growth Factors		
OXERVATE	4	QL(14 ML per 12 day(s) retail; 14 ML per 12 days mail); PA
Ophthalmic Photoenhancers		
EPIOXA HD/ EPIOXA PSKT OP	1	Medical Benefit Only; MP
PHOTREXA-PHOTREXA VISCOUS KIT	1	Medical Benefit Only; MP
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)
BYQLOVI 0.05 %	1	QL(3.5 ML per 14 day(s) retail; 4 ML per 14 days mail); PA
dexamethasone sodium phosphate (ophth)	1	MP
DEXTENZA INST	1	Medical Benefit Only; MP
difluprednate	1	Brand Required; 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
DUREZOL *(difluprednate)*	1	Brand Required; MP
EYSUVIS SUSP	4	QL(8.3 ML per 15 day(s) retail; 8 ML per 15 days mail); PA
FLAREX	1	MP
fluorometholone (ophth) SUSP	1	MP
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	MP
ILUVIEN	1	Medical Benefit Only; MP
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	2 package(s) per 30 day(s) retail; 2 package(s) per 30 day(s) mail
loteprednol etabonate-tobramycin	1	Brand Required; PA
loteprednol etabonate-tobramycin	1	Brand Required
loteprednol etabonate GEL	1	Brand Required; QL(5 GM per 15 day(s) retail; 5 GM per 15 days mail); PA
loteprednol etabonate SUSP 0.5 %	1	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	MP
MAXITROL OINT *(neomycin-polymy-dexameth)*	1	QL(3.5 GM per fill retail)
MAXITROL SUSP *(neomycin-polymy-dexameth)*	1	QL(5 ML per fill retail)
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	1	Medical Benefit Only; MP
PRED FORTE *(prednisolone acetate (ophth))*	1	QL(15 ML per 30 day(s) retail; 15 ML per 30 days mail)
PRED MILD	1	MP
prednisolone acetate (ophth)	1	QL(15 ML per 30 day(s) retail; 15 ML per 30 days mail)
PREDNISOLONE SODIUM PHOSPHATE	1	MP
RETISERT	1	Medical Benefit Only; MP
sulfacetamide sod-prednisolone SOLN	1	MP
TOBRADEX ST SUSP	1	QL(20 ML per 30 day(s) retail; 20 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
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 15 day(s) retail; 1 package(s) per 15 day(s) mail
tobramycin-dexamethasone SUSP	1	1 package(s) per 10 day(s) retail; 1 package(s) per 10 day(s) mail
TRIESENCE	1	Medical Benefit Only; QL(10 ML per 7 day(s) retail; 10 ML per 7 days mail)
XIPERE	1	Medical Benefit Only; QL(10 ML per 7 day(s) retail; 10 ML per 7 days mail)
ZYLET 0.3 %-0.5 % *(loteprednol etabonate-tobramycin)*	1	Brand Required; QL(10 ML per 20 day(s) retail; 10 ML per 20 days mail)
ZYLET 0.3 %-0.5 % *(loteprednol etabonate-tobramycin)*	1	Brand Required; QL(5 ML per 10 day(s) retail; 5 ML per 10 days mail)
Ophthalmic Surgical Aids		
OMIDRIA	1	Medical Benefit Only; MP
Ophthalmics - Misc.		
ACULAR *(ketorolac tromethamine (ophth))*	1	MP
ACULAR LS *(ketorolac tromethamine (ophth))*	1	QL(5 ML per 30 day(s) retail; 5 ML per 30 days mail)
ACUVAIL	1	QL(30 EA per 12 day(s) retail; 30 EA per 12 days mail); PA
AK-FLUOR IV 10 % *(fluorescein sodium injection)*	1	Medical Benefit Only; MP
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) 0.075 %	1	QL(5 ML per fill retail); PA
bromfenac sodium (ophth) 0.07 %	1	QL(3 ML per fill retail); PA
bromfenac sodium (ophth) 0.09 %	1	QL(1.7 ML per 5 day(s) retail; 2 ML per 5 days mail); PA
BROMSITE *(bromfenac sodium (ophth))*	1	QL(5 ML per fill retail); PA
BSS PLUS SOLN	1	MP
BSS SOLN	1	MP
cromolyn sodium (ophth)	1	QL(10 ML per 30 day(s) retail; 10 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
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	1 package(s) per 5 day(s) retail; 1 package(s) per 5 day(s) mail
diclofenac sodium (ophth)	1	
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)
FLUOR-I-STRIPS A.T. STRP	1	MP; RX/OTC
fluorescein sodium injection IV 10 %	1	Medical Benefit Only; MP
fluorescein sodium injection IV 25 %	1	MP
FLUORESCEIN SODIUM/BENOXINATE	1	Medical Benefit Only; MP
FLUORESCITE IV 10 %	1	Medical Benefit Only; MP
flurbiprofen sodium	1	QL(2.5 ML per fill retail)
GLOSTRIPS STRP 1 MG	1	MP; RX/OTC
ILEVRO	1	QL(3 ML per 12 day(s) retail; 3 ML per 12 days mail); PA
ketorolac tromethamine (ophth) 0.5 %	1	MP
ketorolac tromethamine (ophth) 0.4 %	1	QL(5 ML per 30 day(s) retail; 5 ML per 30 days mail); PA
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
NEVANAC	1	QL(3 ML per 12 day(s) retail; 3 ML per 12 days mail); PA
olopatadine hcl 0.7 %	2	2 package(s) per 30 day(s) retail; 2 package(s) per 30 day(s) mail
olopatadine hcl 0.1 %	2	1 package(s) per 25 day(s) retail; 1 package(s) per 25 day(s) mail
olopatadine hcl 0.2 %	3	QL(2.5 ML per 25 day(s) retail; 2 ML per 25 days mail); RX/OTC
PROLENSA *(bromfenac sodium (ophth))*	1	QL(3 ML per fill retail); PA
sodium chloride hypertonic SOLN	1	Requires EPSDT PA Review; AL(Up to 20 yrs old); MP; 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

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
ZERVIATE	3	QL(60 EA per 30 day(s) retail; 60 EA per 30 days mail)
Prostaglandins - Ophthalmic		
bimatoprost SOLN	1	Brand Required; QL(7.5 ML per 90 day(s) retail; 8 ML per 90 days mail); MP
bimatoprost SOLN	2	1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail
bimatoprost SOLN	1	Brand Required; QL(15 ML per 90 day(s) retail; 15 ML per 90 days mail); MP
bimatoprost SOLN	1	Brand Required; QL(22.5 ML per 90 day(s) retail; 22 ML per 90 days mail); MP
DURYSTA IMPL	1	Medical Benefit Only; MP
IDOSE TR IMPL	1	Medical Benefit Only; MP
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 % *(bimatoprost)*	1	Brand Required; QL(22.5 ML per 90 day(s) retail; 22 ML per 90 days mail); MP
LUMIGAN SOLN 0.01 % *(bimatoprost)*	1	Brand Required; QL(15 ML per 90 day(s) retail; 15 ML per 90 days mail); MP
LUMIGAN SOLN 0.01 % *(bimatoprost)*	1	Brand Required; QL(7.5 ML per 90 day(s) retail; 8 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
ZIOPTAN *(tafluprost)*	1	Brand Required; QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail)
ZOLYMBUS GEL OP 0.01 %	4	QL(1 EA daily); PA
OTIC AGENTS - Drugs to Treat the Ear		

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
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	MP
Otic Antifungals		
CLOTIC SOLN OT 1 %	4	QL(28 EA per 14 day(s) retail; 28 EA per 14 days mail); PA
Otic Combinations		
CIPRO HC 1 %-0.2 % *(ciprofloxacin-hydrocortisone)*	1	Brand Required; MP
ciprofloxacin-dexamethasone	2	QL(7.5 ML per fill retail)
ciprofloxacin-hydrocortisone	1	Brand Required; MP; PA
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; MP
Otic Steroids		
DERMOTIC *(fluocinolone acetonide (otic))*	1	QL(20 ML per fill retail)
fluocinolone acetonide (otic)	1	QL(20 ML per fill retail)
hydrocortisone w/acetic acid	4	MP; PA
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
Abortifacients/Agents for Cervical Ripening		
carboprost tromethamine SOLN	1	Medical Benefit Only; MP
CARBOPROST TROMETHAMINE SOSY	1	Medical Benefit Only; MP
CERVIDIL INST	1	MP
HEMABATE SOLN *(carboprost tromethamine)*	1	Medical Benefit Only; MP
PREPIDIL GEL	1	MP
Oxytocics		
methylergonovine maleate SOLN	1	MP
methylergonovine maleate TABS	1	QL(28 EA per fill retail)
oxytocin	1	MP
PITOCIN *(oxytocin)*	1	MP
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		
Antitoxins-Antivenins		
ANASCORP	1	Medical Benefit Only; MP
ANAVIP	1	Medical Benefit Only; MP
ANTIVENIN LATRODECTUS MACTANS	1	Medical Benefit Only; MP
ANTIVENIN MICRURUS FULVIUS	1	Medical Benefit Only; MP
CROFAB	1	Medical Benefit Only; MP
Immune Serums		
ALYGLO	1	AL(At least 18 yrs old); MP; PA
ASCENIV	1	MP; PA
BIVIGAM SOLN	1	MP; PA
CUTAQUIG	1	MP
CUVITRU SOLN	1	MP; PA
CYTOGAM SOLN	1	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
GAMASTAN IM	1	MP
GAMMAGARD	1	MP
GAMMAGARD ERC 5 GM/50ML, 10 GM/100ML	1	MP
GAMMAGARD S/D LESS IGA SOLR	1	MP
GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	1	MP
GAMMAPLEX SOLN	1	MP; PA
GAMUNEX-C	1	MP
HEPAGAM B SOLN IJ	1	AL(At least 19 yrs old); MP
HIZENTRA SOLN	1	MP; PA
HIZENTRA SOSY	1	MP; PA
HYPERHEP B SOLN IM	1	AL(At least 19 yrs old); MP
HYPERHEP B SOSY 110 UNIT/0.5ML	1	QL(0.5 ML per fill retail); AL(At least 19 yrs old)
HYPERRAB SOLN	1	MP
HYPERRHO MINI-DOSE SOSY IM 250 UNIT	1	MP
HYPERRHO SOSY IM 1500 UNIT	1	MP
HYPERTET SOSY	1	AL(At least 19 yrs old); MP
KEDRAB SOLN	1	MP
NABI-HB SOLN IM	1	AL(At least 19 yrs old); MP
OCTAGAM SOLN	1	MP; PA
PANZYGA	1	MP; PA
PRIVIGEN SOLN	1	MP
QIVIGY SOLN IV 5 GM/50ML, 10 GM/100ML	1	MP; PA
RHOGAM ULTRA-FILTERED PLUS SOSY IM	1	MP
RHOPHYLAC SOSY IJ	1	MP
VARIZIG SOLN	1	QL(6 ML per 28 day(s) retail; 6 ML per 28 days mail)
WINRHO SDF SOLN 1500 UNIT/1.3ML	1	QL(1.3 ML per fill retail)
XEMBIFY	1	MP; PA
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)
ZINPLAVA	1	Medical Benefit Only; MP
Passive Immunizing Agents - Combinations		
HYQVIA	1	MP
PENICILLINS - Drugs to Treat Bacterial Infections		
Amidinopenicillins		
PIVYA TABS PO 185 MG	4	QL(21 EA per 7 day(s) retail; 21 EA per 7 days mail); AL(At least 18 yrs old); PA
Aminopenicillins		
amoxicillin CAPS	1	MP
amoxicillin CHEW 125 MG, 250 MG	1	MP
amoxicillin SUSR	1	MP
amoxicillin TABS	1	MP
ampicillin sodium IJ 1 GM, 2 GM, 250 MG, 500 MG	1	MP
ampicillin CAPS 500 MG	1	MP
Natural Penicillins		
BICILLIN L-A SUSY	1	MP
PENICILLIN G POT IN DEXTROSE 40000 UNIT/ML, 60000 UNIT/ML	1	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
penicillin g potassium 5000000 UNIT, 20000000 UNIT	1	MP
penicillin g sodium	1	MP
penicillin v potassium SOLR	1	MP
penicillin v potassium TABS	1	MP
Penicillin Combinations		
amoxicillin & pot clavulanate CHEW 57 MG-400 MG	1	MP
amoxicillin & pot clavulanate SUSR	1	MP
amoxicillin & pot clavulanate TABS	1	MP
amoxicillin & pot clavulanate TB12	4	QL(40 EA per 10 day(s) retail; 40 EA per 10 days mail); PA
AMOXICILLIN-POT CLAVULANATE CHEW	1	MP
ampicillin & sulbactam sodium IJ 1 GM-0.5 GM, 2 GM-1 GM	1	MP
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	1	MP
BICILLIN C-R	1	MP
BICILLIN C-R 900/300	1	MP
piperacillin sodium-tazobactam sodium	1	MP
PIPERACILLIN-TAZOBACTAM-NACL SOLR IV	1	MP
UNASYN IJ 1 GM-0.5 GM, 2 GM-1 GM *(ampicillin & sulbactam sodium)*	1	MP
ZOSYN	1	MP
Penicillinase-Resistant Penicillins		
dicloxacillin sodium	1	MP
nafcillin sodium IJ 1 GM, 2 GM	1	MP
NAFCILLIN SODIUM IN DEXTROSE 2 GM/100ML	1	MP
oxacillin sodium IJ 1 GM, 2 GM	1	MP
OXACILLIN SODIUM IN DEXTROSE 2 GM/50ML	1	MP
PHARMACEUTICAL ADJUVANTS		
Flavoring Agents		
CHERRY FLAVOR LIQD	1	AL(Up to 20 yrs old); MP; RX/OTC
Internal Vehicle Ingredients/Agents		
THICK-IT #2 POWD	1	Requires EPSDT PA Review; AL(Up to 20 yrs old); MP; PA
Liquid Vehicles		
bacteriostatic sodium chloride	1	MP
BACTERIOSTATIC WATER(BENZ ALC)	1	MP
CHERRY	1	AL(Up to 20 yrs old); MP; RX/OTC
FLAVOR SWEET SF DYE FREE SYRP	1	AL(Up to 20 yrs old); MP; RX/OTC
glycine diluent	1	MP
ORA-BLEND SF SUSP	1	AL(Up to 20 yrs old); MP; RX/OTC
ORA-BLEND SUSP	1	AL(Up to 20 yrs old); MP; RX/OTC
ORA-PLUS LIQD	1	AL(Up to 20 yrs old); MP; RX/OTC
ORA-SWEET SF SYRP 10 %-9 %	1	AL(Up to 20 yrs old); MP; RX/OTC
ORA-SWEET SYRP	1	AL(Up to 20 yrs old); MP; 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
ORAL SUSPEND LIQD	1	AL(Up to 20 yrs old); MP; RX/OTC
ORAL SYRUP SF SYRP	1	AL(Up to 20 yrs old); MP; RX/OTC
SIMPLE SYRUP	1	AL(Up to 20 yrs old); MP; RX/OTC
STERILE DILUENT FOR REMODULIN *(glycine diluent)*	1	MP
SYRPALTA SYRP	1	AL(Up to 20 yrs old); MP; RX/OTC
SYRSPEND SF LIQD	1	AL(Up to 20 yrs old); MP; RX/OTC
SYRUP VEHICLE SYRP	1	AL(Up to 20 yrs old); MP; RX/OTC
water for injection, sterile IJ	1	MP
Pharmaceutical Excipients		
SODIUM BENZOATE	1	MP; RX/OTC
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG	1	MP; GL
megestrol acetate (appetite)	1	MP
norethindrone acetate TABS	1	MP; GL
progesterone CAPS	1	MP; GL
progesterone CAPS	1	MP
progesterone OIL	1	MP; GL
progesterone OIL	1	MP
PROMETRIUM CAPS *(progesterone)*	1	MP; GL
PROVERA 5 MG, 10 MG *(medroxyprogesterone acetate)*	1	MP; GL
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
acamprosate calcium	1	MP
disulfiram	1	MP
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
Alexander Disease Agents		
ZANVASTRO SOLN IT 56 MG/2.8ML	1	QL(2.8 ML per 90 day(s) retail; 3 ML per 90 days mail); PA
Anti-Cataplectic Agents		
sodium oxybate SOLN	1	Brand Required; MP; PA
sodium oxybate SOLN	4	Brand Required; MP; PA
XYREM SOLN *(sodium oxybate)*	4	Brand Required; MP; 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		

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
ADLARITY PTWK	4	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); 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
ARICEPT TABS 23 MG *(donepezil hydrochloride)*	4	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
donepezil hydrochloride TABS 23 MG	4	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 TBDP	1	AL(At least 51 yrs old); MP; PA
EXELON *(rivastigmine)*	4	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); MP; PA
galantamine hydrobromide SOLN	4	AL(At least 51 yrs old); MP; PA
galantamine hydrobromide TABS 8 MG, 12 MG	1	AL(At least 51 yrs old); MP
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	MP; 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
LEQEMBI IQLIK (500 MG DOSE) SC	4	QL(10 ML per 28 day(s) retail; 10 ML per 28 days mail); PA
memantine hcl-donepezil hcl CP24	4	QL(1 EA daily); AL(At least 51 yrs old); 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 SOLN	4	AL(At least 51 yrs old); MP; PA
memantine hcl TABS	4	AL(At least 51 yrs old); MP; PA
memantine hcl TABS 5 MG	1	QL(4 EA daily); AL(At least 51 yrs old); MP
memantine hcl TABS 10 MG	1	QL(3 EA daily); AL(At least 51 yrs old); MP
NAMENDA TITRATION PAK TABS *(memantine hcl)*	4	AL(At least 51 yrs old); MP; 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); 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
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	1	Medical Benefit Only; QL(1 EA per fill retail); AL(At least 4 yrs old)
Combination Psychotherapeutics		
chlordiazepoxide-amitriptyline	1	MP
LYBALVI	3	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	MP
Fibromyalgia Agents		
milnacipran hcl MISC	2	Brand Required; QL(55 EA per 28 day(s) retail; 55 EA per 28 days mail); PA
milnacipran hcl TABS 12.5 MG, 25 MG, 50 MG, 100 MG	2	Brand Required; QL(2 EA daily); PA
milnacipran hcl TABS 12.5 MG, 25 MG, 50 MG, 100 MG	1	Brand Required; QL(2 EA daily); PA
SAVELLA TITRATION PACK MISC *(milnacipran hcl)*	2	Brand Required; QL(55 EA per 28 day(s) retail; 55 EA per 28 days mail); PA
SAVELLA TABS 12.5 MG, 25 MG, 50 MG, 100 MG *(milnacipran hcl)*	2	Brand Required; QL(2 EA daily); PA
TONMYA SUBL SL 2.8 MG	2	QL(60 EA per 30 day(s) retail; 60 EA per 30 days mail); AL(At least 18 yrs old); PA
Metachromatic Leukodystrophy (MLD) Agents		
LENMELDY	1	Medical Benefit Only; MP
Movement Disorder Drug Therapy		
AUSTEDO XR PATIENT TITRATION TEPK	4	QL(1 EA daily); 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	MP; PA
XENAZINE *(tetrabenazine)*	4	MP; PA
Multiple Sclerosis Agents		
AMPYRA *(dalfampridine)*	4	QL(2 EA daily)
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

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
BAFIERTAM	4	QL(4 EA daily); AL(At least 18 yrs old); PA
BETASERON KIT	1	QL(0.5 EA daily); PA
BRIUMVI	4	MP; PA
cladribine (multiple sclerosis) 10 MG	4	Brand Required; MP; 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	Brand Required; 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
fingolimod hcl	1	QL(1 EA daily); PA
GILENYA *(fingolimod hcl)*	4	QL(1 EA daily); 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
glatiramer acetate SOSY 40 MG/ML	4	Brand Required; QL(12 ML per 28 day(s) retail; 12 ML per 28 days mail); PA
KESIMPTA	4	QL(0.4 ML per 28 day(s) retail); AL(At least 18 yrs old); PA
LEMTRADA	1	Medical Benefit Only; MP
MAVENCLAD (10 TABS) 10 MG *(cladribine (multiple sclerosis))*	4	Brand Required; MP; PA
MAVENCLAD (4 TABS) 10 MG *(cladribine (multiple sclerosis))*	4	Brand Required; MP; PA
MAVENCLAD (5 TABS) 10 MG *(cladribine (multiple sclerosis))*	4	Brand Required; MP; PA
MAVENCLAD (6 TABS) 10 MG *(cladribine (multiple sclerosis))*	4	Brand Required; MP; PA
MAVENCLAD (7 TABS) 10 MG *(cladribine (multiple sclerosis))*	4	Brand Required; MP; PA
MAVENCLAD (8 TABS) 10 MG *(cladribine (multiple sclerosis))*	4	Brand Required; MP; PA
MAVENCLAD (9 TABS) 10 MG *(cladribine (multiple sclerosis))*	4	Brand Required; MP; 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 STARTER PACK TBPK 0.25 MG	4	QL(12 EA per fill retail); PA
MAYZENT TABS 1 MG, 2 MG	4	QL(1 EA daily); PA
MAYZENT TABS 0.25 MG	4	QL(112 EA per 28 day(s) retail; 112 EA per 28 days mail); PA
OCREVUS	4	MP; PA
OCREVUS ZUNOVO	4	QL(23 ML per 180 day(s) retail; 23 ML per 180 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 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
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	MP; PA
TYSABRI	4	MP; 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	4	QL(2 EA daily); PA
gabapentin (once-daily) TABS	4	QL(1 EA daily); PA
GRALISE TABS *(gabapentin (once-daily))*	4	QL(1 EA daily); PA
GRALISE TABS *(gabapentin (once-daily))*	4	QL(2 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		
dextromethorphan hbr-quinidine sulfate	4	QL(2 EA daily); AL(At least 18 yrs old); PA
NUEDEXTA	4	QL(2 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
NUEDEXTA 20 MG-10 MG *(dextromethorphan hbr-quinidine sulfate)*	4	QL(2 EA daily); AL(At least 18 yrs old); PA
Psychotherapeutic and Neurological Agents - Misc.		
AQNEURSA	1	QL(4 EA daily); PA
MIPLYFFA	1	QL(3 EA daily); AL(At least 2 yrs old); PA
pimozide	1	MP
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	MP
nicotine polacrilex LOZG	1	MP
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)
NICOTROL NS SOLN	1	MP
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	1	Medical Benefit Only; MP
WAINUA	4	QL(0.8 ML per 28 day(s) retail; 1 ML per 28 days mail); PA
WAINUA SC 45 MG/0.8ML	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); MP; PA
GLASSIA SOLN	4	AL(At least 18 yrs old); MP; PA
PROLASTIN-C SOLN	4	MP; PA
ZEMAIRA SOLR	4	AL(At least 18 yrs old); MP; PA
Cystic Fibrosis Agents		
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

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
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
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 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 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 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 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
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
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 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 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 TABS 801 MG *(pirfenidone)*	4	QL(3 EA daily); AL(At least 18 yrs old)
ESBRIET TABS 801 MG *(pirfenidone)*	4	QL(3 EA daily); AL(At least 18 yrs old); PA
ESBRIET TABS 267 MG *(pirfenidone)*	4	QL(9 EA daily); AL(At least 18 yrs old)
ESBRIET TABS 267 MG *(pirfenidone)*	4	QL(9 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); PA
nintedanib esylate 100 MG, 150 MG	4	QL(2 EA daily); AL(At least 18 yrs old); PA
OFEV 100 MG, 150 MG *(nintedanib esylate)*	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	MP
SULFONAMIDES - Drugs to Treat Bacterial Infections		
Sulfonamides		
sulfadiazine TABS	1	MP
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Aminomethylcyclines		
NUZYRA SOLR	4	AL(At least 18 yrs old); MP; PA
NUZYRA TABS	4	AL(At least 18 yrs old); MP; PA
Fluorocyclines		
XERAVA	1	Medical Benefit Only; MP
Glycylcyclines		
tigecycline	1	MP
TIGECYCLINE	1	MP
TYGACIL *(tigecycline)*	1	MP
Tetracyclines		
demeclocycline hcl TABS	1	MP
DORYX MPC TBEC 60 MG	4	QL(2 EA daily); PA
doxycycline (monohydrate) CAPS 150 MG	4	MP; PA
doxycycline (monohydrate) CAPS 75 MG	1	MP; PA
doxycycline (monohydrate) CAPS 50 MG, 100 MG	1	MP
doxycycline (monohydrate) SUSR	1	MP
doxycycline (monohydrate) TABS 150 MG	4	MP; PA
doxycycline (monohydrate) TABS 50 MG, 75 MG, 100 MG	1	MP
doxycycline hyclate CAPS	1	MP
DOXYCYCLINE HYCLATE CAPS 75 MG	1	MP; PA
doxycycline hyclate SOLR	1	MP
doxycycline hyclate TABS 50 MG	1	MP; PA
doxycycline hyclate TABS 20 MG, 100 MG	1	MP
doxycycline hyclate TABS 75 MG, 150 MG	4	MP; PA
doxycycline hyclate TBEC 50 MG, 80 MG, 200 MG	4	MP; PA
doxycycline hyclate TBEC 75 MG, 100 MG, 150 MG	1	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
MINOCIN SOLR	1	MP
minocycline hcl CAPS	1	MP
minocycline hcl TABS	1	QL(2 EA daily); PA
minocycline hcl TB24 45 MG, 90 MG, 135 MG	1	MP; PA
minocycline hcl TB24 55 MG, 65 MG, 80 MG, 105 MG, 115 MG	4	MP; 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	MP
propylthiouracil	1	MP
Thyroid Hormones		
ADTHYZA TABS	1	MP
AMERITHROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG, 180 MG, 240 MG, 300 MG	1	MP
ARMOUR THYROID TABS	1	MP
CYTOMEL TABS *(liothyronine sodium)*	1	MP
EVEXITHROID TABS 15 MG, 30 MG, 45 MG, 60 MG, 75 MG, 90 MG, 120 MG, 180 MG	1	MP
LEVOTHYROXINE SODIUM SOLN IV 100 MCG/5ML, 200 MCG/5ML	1	MP
LEVOTHYROXINE SODIUM SOLN IV 100 MCG/5ML, 200 MCG/5ML	1	MP
LEVOTHYROXINE SODIUM SOLN IV 100 MCG/ML, 500 MCG/5ML	1	Medical Benefit Only; MP
levothyroxine sodium SOLR IV	1	MP
LEVOTHYROXINE SODIUM SOLR IV *(levothyroxine sodium)*	1	MP
levothyroxine sodium TABS	1	MP
liothyronine sodium SOLN	1	MP
liothyronine sodium TABS	1	MP
NIVA THYROID TABS	1	MP
NP THYROID TABS	1	MP
RENTHYROID TABS 15 MG, 30 MG, 45 MG, 60 MG, 75 MG, 90 MG, 120 MG	1	MP
SYNTHROID TABS 25 MCG, 50 MCG, 75 MCG, 100 MCG, 112 MCG, 125 MCG, 200 MCG *(levothyroxine sodium)*	1	MP; PA
SYNTHROID TABS 88 MCG, 137 MCG, 150 MCG, 175 MCG, 300 MCG *(levothyroxine sodium)*	1	MP
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	AL(At least 10 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
ADACEL SUSP	1	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)
ADACEL SUSY 2 LF/0.5ML-5 LF/0.5ML-15.5 MCG/0.5ML	1	AL(At least 10 yrs old - Up to 18 yrs old)
BOOSTRIX SUSP	1	AL(At least 19 yrs old)
BOOSTRIX SUSY	1	AL(At least 19 yrs old)
BOOSTRIX SUSY	1	AL(At least 10 yrs old - Up to 18 yrs old)
DAPTACEL	1	AL(Up to 6 yrs old)
INFANRIX	1	AL(Up to 6 yrs old)
KINRIX SUSY	1	AL(At least 4 yrs old - Up to 6 yrs old)
PEDIARIX SUSY	1	AL(Up to 6 yrs old)
QUADRACEL SUSP	1	AL(At least 4 yrs old - Up to 6 yrs old)
QUADRACEL SUSY	1	AL(At least 4 yrs old - Up to 6 yrs old)
TDVAX SUSP	1	AL(At least 19 yrs old)
TENIVAC SUSP 2 LFU-5 LFU	1	AL(At least 7 yrs old - Up to 18 yrs old)
TENIVAC SUSP 2 LFU-5 LFU	1	AL(At least 19 yrs old)
TETANUS-DIPHTHERIA TOXOIDS TD SUSP	1	AL(At least 7 yrs old - Up to 18 yrs old)
VAXELIS SUSP	1	AL(Up to 4 yrs old)
VAXELIS SUSY	1	AL(Up to 4 yrs old)
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics		
atropine sulfate SOLN IV 0.4 MG/ML, 1 MG/ML	1	MP
ATROPINE SULFATE SOLN IV 0.4 MG/ML, 1 MG/ML *(atropine sulfate)*	1	MP
atropine sulfate SOSY IJ 0.5 MG/5ML, 1 MG/10ML	1	MP
ATROPINE SULFATE SOSY IJ *(atropine sulfate)*	1	MP
ATROPINE SULFATE SOSY IJ 0.25 MG/5ML, 1 MG/10ML	1	MP
BELLADONNA ALKALOIDS-OPIUM	1	MP
CUVPOSA SOLN PO *(glycopyrrolate)*	1	MP
dicyclomine hcl CAPS	1	MP
dicyclomine hcl SOLN IM	1	MP
dicyclomine hcl TABS	1	MP
dicyclomine hcl TABS	1	MP; PA
GLYCATE TABS	4	AL(At least 12 yrs old); MP; PA
GLYCOPYRROLATE PF +RFID SOSY IJ 0.6 MG/3ML	1	MP
GLYCOPYRROLATE PF SOSY IJ 0.2 MG/ML, 0.4 MG/2ML *(glycopyrrolate)*	1	MP
glycopyrrolate SOLN PO 1 MG/5ML	1	MP
glycopyrrolate SOSY IJ	1	MP
glycopyrrolate TABS 1 MG, 2 MG	1	MP
GLYRX-PF SOLN IJ 0.4 MG/2ML	1	MP
GLYRX-PF SOSY IJ 1 MG/5ML	1	MP
hyoscyamine sulfate ELIX	1	Requires EPSDT PA Review; AL(Up to 20 yrs old); 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
hyoscyamine sulfate SUBL 0.125 MG	1	MP
hyoscyamine sulfate TABS 0.125 MG	1	MP
hyoscyamine sulfate TB12 0.375 MG	1	MP
hyoscyamine sulfate TBDP 0.125 MG	1	MP
LEVSIN/SL SUBL *(hyoscyamine sulfate)*	1	MP
LEVSIN TABS *(hyoscyamine sulfate)*	1	MP
methscopolamine bromide	1	MP
NULEV TBDP 0.125 MG *(hyoscyamine sulfate)*	1	MP
OSCIMIN SUBL 0.125 MG *(hyoscyamine sulfate)*	1	MP
OSCIMIN TABS 0.125 MG *(hyoscyamine sulfate)*	1	MP
ROBINUL-FORTE TABS *(glycopyrrolate)*	1	MP
ROBINUL TABS *(glycopyrrolate)*	1	MP
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	MP
famotidine SOLN 20 MG/2ML, 40 MG/4ML, 200 MG/20ML	1	MP
FAMOTIDINE SOLN	1	MP
famotidine SUSR	1	QL(8 ML daily); AL(Up to 6 yrs old); MP
famotidine TABS 40 MG	1	QL(2 EA daily); MP
famotidine TABS 20 MG	1	QL(4 EA daily); MP; RX/OTC
nizatidine CAPS 150 MG	4	QL(3 EA daily); MP; PA
nizatidine CAPS 300 MG	4	QL(1 EA daily); PA
ranitidine hcl TABS 150 MG, 300 MG	4	MP; PA
Misc. Anti-Ulcer		
CARAFATE TABS *(sucralfate)*	1	MP
SUCRALFATE POWD	1	
sucralfate SUSP	1	MP; PA
sucralfate SUSP	4	MP; PA
sucralfate SUSP	4	MP
sucralfate TABS	1	MP
Proton Pump Inhibitors		
DEXILANT *(dexlansoprazole)*	2	Brand Required; QL(1 EA daily)
dexlansoprazole	2	Brand Required; QL(1 EA daily)
dexlansoprazole	2	Brand Required; QL(1 EA daily); PA
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	MP; PA
lansoprazole CPDR	1	QL(2 EA daily); MP
lansoprazole TBDD	1	QL(1 EA daily); RX/OTC
NEXIUM CPDR *(esomeprazole magnesium)*	1	QL(2 EA daily); MP; 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 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/50ML	1	QL(500 ML per 1 day(s) retail; 500 ML per 1 days mail); PA
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 %-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	QL(1 EA daily); RX/OTC
PREVACID CPDR 30 MG *(lansoprazole)*	1	QL(2 EA daily); MP
PRILOSEC PACK	3	QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail); ST
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
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	MP
misoprostol	1	MP
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	MP; 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	MP; PA
PYLERA *(bismuth subcitrate potassium-metronidazole-tetracycline)*	4	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
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
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
darifenacin hydrobromide	1	QL(1 EA daily); PA
DETROL TABS *(tolterodine tartrate)*	1	MP
fesoterodine fumarate 8 MG	1	QL(1 EA daily); MP
fesoterodine fumarate 4 MG	1	QL(2 EA daily); MP
oxybutynin chloride SOLN	1	MP
oxybutynin chloride TABS 5 MG	1	QL(4 EA daily); MP
oxybutynin chloride TABS 2.5 MG	4	QL(4 EA daily); PA
oxybutynin chloride TB24 10 MG	1	QL(3 EA daily); MP
oxybutynin chloride TB24 5 MG	1	QL(6 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	MP; PA
TOVIAZ 4 MG *(fesoterodine fumarate)*	1	QL(2 EA daily); MP
TOVIAZ 8 MG *(fesoterodine fumarate)*	1	QL(1 EA daily); MP
trospium chloride CP24	1	MP; PA
trospium chloride TABS	1	QL(2 EA daily); MP
Urinary Antispasmodics - Beta-3 Adrenergic Agonists		
GEMTESA	4	QL(1 EA daily); PA
mirabegron SRER 8 MG/ML	1	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); PA
mirabegron TB24	1	Brand Required; QL(1 EA daily)
mirabegron TB24	1	Brand Required; QL(1 EA daily); PA
MYRBETRIQ SRER 8 MG/ML *(mirabegron)*	1	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 5 MG	1	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
bethanechol chloride 25 MG	1	QL(8 EA daily)
bethanechol chloride 10 MG, 50 MG	1	QL(4 EA daily)
Urinary Antispasmodics - Direct Muscle Relaxants		
flavoxate hcl	1	MP
VACCINES		
Bacterial Vaccines		
ACTHIB SOLR IM	1	AL(Up to 18 yrs old)
BEXSERO 0.5 ML	1	AL(At least 19 yrs old - Up to 25 yrs old)
BEXSERO 0.5 ML	1	AL(At least 10 yrs old - Up to 18 yrs old)
CAPVAXIVE	1	AL(At least 19 yrs old)
MENQUADFI 0.5 ML	1	AL(At least 2 yrs old - Up to 18 yrs old)
MENQUADFI 0.5 ML	1	AL(At least 19 yrs old)
MENVEO SOLN	1	AL(Up to 18 yrs old)
MENVEO SOLN	1	AL(At least 19 yrs old)
MENVEO SOLR	1	
PEDVAXHIB SUSP 7.5 MCG/0.5ML	1	AL(Up to 6 yrs old)
PENBRAYA	1	AL(At least 19 yrs old - Up to 25 yrs old)
PNEUMOVAX 23 SOSY	1	AL(At least 2 yrs old - Up to 18 yrs old)
PNEUMOVAX 23 SOSY	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 - Up to 25 yrs old)
TRUMENBA 0.5 ML	1	AL(At least 10 yrs old - Up to 18 yrs old)
VAXNEUVANCE	1	AL(At least 19 yrs old)
VIVOTIF	1	Medical Benefit Only; MP
Viral Vaccines		
ABRYSVO	1	AL(At least 10 yrs old - Up to 18 yrs old)
ABRYSVO	1	AL(At least 19 yrs old)
AREXVY	1	AL(At least 50 yrs old)
COMIRNATY 5-11 YEARS SUSP 10 MCG/0.3ML	1	AL(At least 5 yrs old - Up to 11 yrs old)
COMIRNATY SUSY	1	AL(At least 12 yrs old - Up to 18 yrs old)
COMIRNATY SUSY	1	AL(At least 19 yrs old)
ENGERIX-B SUSP 20 MCG/ML	1	QL(1 ML daily; 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(Up to 18 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 - Up to 19 yrs old)
ENGERIX-B SUSY 20 MCG/ML	1	QL(1 ML daily; 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)

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
FLUAD	1	1 max fill(s) per 180 day(s) retail; AL(At least 65 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(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(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(Up to 18 yrs old)
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)
FLUZONE HIGH-DOSE SUSY	1	1 max fill(s) per 180 day(s) retail; AL(At least 65 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 daily); 3 max fill(s) per 999 day(s) retail; AL(At least 9 yrs old - Up to 18 yrs old)
GARDASIL 9 SUSP 0.5 ML	1	QL(0.5 ML daily); 3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old - Up to 46 yrs old)
GARDASIL 9 SUSY 0.5 ML	1	QL(0.5 ML daily); 3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old - Up to 46 yrs old)
GARDASIL 9 SUSY 0.5 ML	1	QL(0.5 ML daily); 3 max fill(s) per 999 day(s) retail; AL(At least 9 yrs old - Up to 18 yrs old)
HAVRIX IM 1440 EL U/ML	1	QL(1 ML daily); 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 720 EL U/0.5ML	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
HAVRIX IM 1440 EL U/ML	1	QL(1 ML daily); AL(At least 18 yrs old - Up to 18 yrs old)
HEPLISAV-B SOSY	1	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old)
HEPLISAV-B SOSY	1	3 max fill(s) per 999 day(s) retail; AL(At least 18 yrs old - Up to 18 yrs old)
IMOVAX RABIES SUSR	1	QL(1 EA daily)
IPOL IJ	1	AL(Up to 18 yrs old)
JYNNEOS	1	QL(0.5 ML daily; 0.5 ML per 28 day(s) retail); AL(At least 18 yrs old)
M-M-R II SOLR	1	QL(1 EA daily); AL(At least 1 yrs old - Up to 18 yrs old)
M-M-R II SOLR	1	QL(1 EA daily); AL(At least 19 yrs old)
MNEXSPIKE SUSY 10 MCG/0.2ML	1	AL(At least 12 yrs old - Up to 18 yrs old)
MNEXSPIKE SUSY 10 MCG/0.2ML	1	AL(At least 19 yrs old)
MRESVIA	1	AL(At least 50 yrs old)
NUVAXOVID COVID-19 VACCINE SUSY 5 MCG/0.5ML	1	QL(0.5 ML daily; 1 ML per 34 day(s) retail; 1 ML per 34 days mail); AL(At least 12 yrs old - Up to 18 yrs old)
NUVAXOVID COVID-19 VACCINE SUSY 5 MCG/0.5ML	1	QL(0.5 ML daily; 1 ML per 34 day(s) retail; 1 ML per 34 days mail); 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 1 yrs old - Up to 18 yrs old)
PRIORIX SUSR	1	AL(At least 19 yrs old)
PROQUAD SUSR	1	AL(At least 1 yrs old - Up to 12 yrs old)
RABAVERT	1	QL(1 EA daily; 1 EA per 34 day(s) retail; 1 EA per 34 days mail)
RECOMBIVAX HB SUSP 5 MCG/0.5ML	1	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old - Up to 19 yrs old)
RECOMBIVAX HB SUSP 5 MCG/0.5ML	1	3 max fill(s) per 999 day(s) retail; AL(Up to 18 yrs old)
RECOMBIVAX HB SUSP 10 MCG/ML	1	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old)
RECOMBIVAX HB SUSP 40 MCG/ML	1	QL(1 ML daily; 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)

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
RECOMBIVAX HB SUSY 10 MCG/ML	1	3 max fill(s) per 999 day(s) retail; AL(At least 11 yrs old - Up to 15 yrs old)
RECOMBIVAX HB SUSY 5 MCG/0.5ML	1	3 max fill(s) per 999 day(s) retail; AL(Up to 18 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 daily; 1.5 ML per 28 day(s) retail; 2 ML per 28 days mail); AL(Up to 1 yrs old)
SHINGRIX	1	QL(1 EA daily); 2 max fill(s) per 999 day(s) retail; AL(At least 50 yrs old)
SHINGRIX IM 50 MCG/0.5ML	1	AL(At least 50 yrs old)
SPIKEVAX 6M-11Y SUSY 25 MCG/0.25ML	1	AL(Up to 11 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)
TWINRIX SUSY	1	QL(1 ML daily); AL(At least 18 yrs old - Up to 18 yrs old)
TWINRIX SUSY	1	QL(1 ML daily); AL(At least 19 yrs old)
VAQTA 25 UNIT/0.5ML	1	AL(At least 1 yrs old - Up to 18 yrs old)
VAQTA IM 25 UNIT/0.5ML	1	AL(At least 1 yrs old - Up to 18 yrs old)
VAQTA 25 UNIT/0.5ML	1	AL(At least 19 yrs old)
VAQTA 50 UNIT/ML	1	QL(1 ML daily); AL(At least 18 yrs old - Up to 18 yrs old)
VAQTA 50 UNIT/ML	1	QL(1 ML daily); AL(At least 19 yrs old)
VAQTA IM 25 UNIT/0.5ML	1	AL(At least 19 yrs old)
VAQTA IM 50 UNIT/ML	1	QL(1 ML daily); AL(At least 18 yrs old - Up to 18 yrs old)
VAQTA IM 50 UNIT/ML	1	QL(1 ML daily); AL(At least 19 yrs old)
VARIVAX SUSR	1	QL(1 EA daily); 2 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old)
VARIVAX SUSR	1	QL(1 EA daily); 2 max fill(s) per 999 day(s) retail; AL(At least 1 yrs old - Up to 18 yrs old)
VAGINAL AND RELATED PRODUCTS		
Spermicides		
VCF VAGINAL CONTRACEPTIVE FILM	1	MP
Vaginal Anti-infectives		
CLEOCIN CREA *(clindamycin phosphate vaginal)*	1	MP
CLEOCIN SUPP	1	MP
clindamycin phosphate vaginal CREA	1	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
CLINDESSE	4	QL(5.8 GM per 1 day(s) retail; 6 GM per 1 days mail); PA
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	MP
NUVESSA	4	QL(5 GM per fill retail); PA
terconazole vaginal CREA	1	MP
terconazole vaginal SUPP	1	MP
VANDAZOLE	1	QL(70 GM per fill retail)
XACIATO GEL	4	QL(8 GM per fill retail); PA
Vaginal Contraceptive - pH Modulators		
PHEXX	4	MP; PA
PHEXXI	4	MP; 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)
estradiol vaginal CREA	1	QL(42.5 GM per 28 day(s) retail; 42 GM per 28 days mail); GL
estradiol vaginal TABS	1	MP
ESTRING RING 7.5 MCG/24HR	1	MP
FEMRING	1	MP; GL
PREMARIN	1	QL(30 GM per 28 day(s) retail; 30 GM per 28 days mail); GL
VAGIFEM TABS *(estradiol vaginal)*	1	MP
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		
AUVI-Q SOAJ	1	MP
epinephrine (anaphylaxis) SOAJ	1	MP
EPIPEN 2-PAK SOAJ *(epinephrine (anaphylaxis))*	1	MP
EPIPEN JR 2-PAK SOAJ *(epinephrine (anaphylaxis))*	1	MP
NEFFY SOLN NA	1	MP
Neurogenic Orthostatic Hypotension (NOH) -		

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
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)
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
NORTHERA 100 MG, 200 MG *(droxidopa)*	4	QL(3 EA daily); AL(At least 18 yrs old); PA
NORTHERA 300 MG *(droxidopa)*	4	QL(6 EA daily); AL(At least 18 yrs old); PA
Vasopressors		
ADRENALIN SOLN	1	Medical Benefit Only; MP
ADRENALIN SOLN IJ 1 MG/ML *(epinephrine)*	1	MP
AKOVAZ SOLN IV *(ephedrine sulfate (pressors))*	1	MP
AKOVAZ SOSY IV *(ephedrine sulfate (pressors))*	1	Medical Benefit Only; MP
BIORPHEN SOLN IV 0.5 MG/5ML *(phenylephrine hcl (pressors))*	1	Medical Benefit Only; MP
BIORPHEN SOLN IV	1	Medical Benefit Only; MP
EMERPHED SOLN IV	1	Medical Benefit Only; MP
EMERPHED SOSY IV	1	Medical Benefit Only; MP
ephedrine sulfate (pressors) SOLN IV	1	MP
EPHEDRINE SULFATE (PRESSORS) SOLN IV 50 MG/ML	1	MP
EPHEDRINE SULFATE (PRESSORS) SOLN IV 5 MG/ML	1	Medical Benefit Only; MP
ephedrine sulfate (pressors) SOSY IV	1	Medical Benefit Only; MP
EPINEPHRINE BITARTRATE-NACL SOLN IV	1	Medical Benefit Only; MP
epinephrine SOLN IJ	1	MP
EPINEPHRINE SOLN IJ	1	MP
EPINEPHRINE SOSY IV 1 MG/10ML	1	MP
GIAPREZA	1	Medical Benefit Only; MP
IMMPHENTIV SOLN IV	1	Medical Benefit Only; MP
LEVOPHED IV *(norepinephrine bitartrate)*	1	MP
midodrine hcl	1	MP
norepinephrine bitartrate IV	1	MP
NOREPINEPHRINE-DEXTROSE SOLN 5 %-16 MG/250ML, 5 %-4 MG/250ML, 5 %-8 MG/250ML	1	MP
NOREPINEPHRINE-SODIUM CHLORIDE SOLN 0.9 %-16 MG/250ML, 0.9 %-4 MG/250ML, 0.9 %-8 MG/250ML	1	MP
phenylephrine hcl (pressors) SOLN IV	1	Medical Benefit Only; AL(Up to 20 yrs old); MP
phenylephrine hcl (pressors) SOLN IV	1	Medical Benefit Only; MP
PHENYLEPHRINE HCL-NACL SOLN	1	Medical Benefit Only; MP
VITAMINS		
Oil Soluble Vitamins		

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
cholecalciferol CHEW 1000 UNIT	1	Requires EPSDT PA Review; AL(Up to 20 yrs old); MP; PA
cholecalciferol LIQD PO 10 MCG/ML	1	AL(Up to 20 yrs old); MP; PA
ergocalciferol CAPS	1	MP
ergocalciferol SOLN PO 200 MCG/ML	1	AL(Up to 20 yrs old); MP; PA
phytonadione SOLN 1 MG/0.5ML, 10 MG/ML	1	
phytonadione SOLN 1 MG/0.5ML	1	QL(0.5 ML per fill retail)
phytonadione TABS 5 MG	1	MP
VITAMIN D3 LIQD PO 125 MCG/ML	1	AL(Up to 20 yrs old); MP; PA
vitamin e SOLN 15 MG/0.67ML	1	AL(Up to 20 yrs old); MP; PA
Water Soluble Vitamins		
pyridoxine hcl TABS 25 MG, 50 MG, 250 MG	1	QL(1 EA daily); PA
pyridoxine hcl TABS 100 MG	1	QL(2 EA daily); PA
THIAMINE HCL POWD	1	AL(Up to 2 yrs old); MP; 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 ... 169

1ST TIER UNIFINE PENTIPS PLUS 169

abacavir sulfate SOLN ... 86

abacavir sulfate TABS ... 86

abacavir sulfate-lamivudine ... 85

ABECMA ... 69

ABILIFY ASIMTUFII PRSY 720 MG/2.4ML ... 85

ABILIFY ASIMTUFII PRSY 960 MG/3.2ML ... 85

ABILIFY MAINTENA PRSY ... 85

ABILIFY MAINTENA SRER ... 85

ABILIFY TABS (aripiprazole) ... 85

abiraterone acetate 250 MG ... 69

abiraterone acetate 500 MG ... 69

ABRAXANE (paclitaxel protein-bound particles) ... 79

ABRILADA (1 PEN) AJKT ... 6

ABRILADA (2 PEN) AJKT ... 6

ABRILADA (2 SYRINGE) PSKT 20 MG/0.4ML ... 6

ABRILADA (2 SYRINGE) PSKT 40 MG/0.8ML ... 6

ABRYSVO ... 231

ABSORICA (isotretinoin) ... 103

ABSORICA LD ... 104

acamprosate calcium ... 218

acarbose 25 MG, 100 MG ... 45

acarbose 50 MG ... 45

ACCRUFER ... 149

ACCU-CHEK FASTCLIX LANCET KIT ... 154

ACCU-CHEK FASTCLIX LANCETS ... 154

ACCU-CHEK GUIDE CONTROL LIQD ... 154

ACCU-CHEK GUIDE KIT ... 154

ACCU-CHEK GUIDE ME KIT ... 154

ACCU-CHEK GUIDE TEST STRP 119

ACCU-CHEK SAFE-T PRO LANCETS ... 155

ACCU-CHEK SOFTCLIX LANCET DEV KIT ... 155

ACCU-CHEK SOFTCLIX LANCETS 155

ACE AEROSOL CLOUD ENHANCER MISC ... 179

acebutolol hcl CAPS 200 MG ... 91

acebutolol hcl CAPS 400 MG ... 91

ACETADOTE SOLN (acetylcysteine (antidote)) ... 54

acetaminophen SOLN IV 10 MG/ML ... 13

acetaminophen w/ codeine SOLN ... 17

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

acetazolamide CP12 ... 122

acetazolamide sodium ... 122

acetazolamide TABS ... 122

acetic acid (otic) ... 215

acetic acid 0.25 % ... 140

acetylcysteine (antidote) SOLN ... 54

ACETYLCYSTEINE POWD ... 103

acetylcysteine SOLN ... 103

acitretin ... 107

ACTEMRA ACTPEN SOAJ ... 10

ACTEMRA SOLN ... 10

ACTEMRA SOSY ... 10

ACTHAR GEL PEN SC 40 UNIT/0.5ML, 80 UNIT/ML ... 125

ACTHAR GEL ... 125

ACTHIB SOLR IM ... 231

ACTI-LANCE 28G ... 155

ACTI-LANCE LITE LANCETS 28G 155

ACTI-LANCE SPECIAL LANCETS 17G ... 155

ACTI-LANCE UNIVERSAL 23G ... 155

ACTIMMUNE 100 MCG/0.5ML ... 78

ACTIVASE IV ... 145

ACTIVELLA TABS 1 MG-0.5 MG (estradiol & norethindrone acetate) 133

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) 46

ACTOS 15 MG (pioglitazone hcl) ... 52

ACTOS 30 MG, 45 MG (pioglitazone hcl) ... 52

ACULAR (ketorolac tromethamine (ophth)) ... 212

ACULAR LS (ketorolac tromethamine (ophth)) ... 212

ACUVAIL 212
ACYCLOVIR 98
acyclovir CAPS 90
acyclovir sodium SOLN 90
acyclovir SUSP 90
acyclovir TABS PO 90
acyclovir topical CREA 110
acyclovir topical OINT 110
ADACEL SUSP 226
ADACEL SUSP 227
ADACEL SUSY 2 LF/0.5ML-5 LF/0.5ML-15.5 MCG/0.5ML 227
ADAKVEO 146
ADALIMUMAB-AACF (2 PEN) AJKT . 6
ADALIMUMAB-AACF (2 SYRINGE) PSKT 6
ADALIMUMAB-AACF(CD/UC/HS STRT) AJKT 6
ADALIMUMAB-AACF(PS/UV STARTER) AJKT 6
ADALIMUMAB-AATY (1 PEN) AJKT 40 MG/0.4ML 6
ADALIMUMAB-AATY (1 PEN) AJKT 80 MG/0.8ML 6
ADALIMUMAB-AATY (2 PEN) AJKT . 6
ADALIMUMAB-AATY (2 SYRINGE) PSKT 20 MG/0.2ML 6
ADALIMUMAB-AATY (2 SYRINGE) PSKT 40 MG/0.4ML 6
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-FKJP (2 PEN) AJKT . 7
ADALIMUMAB-FKJP (2 SYRINGE) PSKT 20 MG/0.4ML 7
ADALIMUMAB-FKJP (2 SYRINGE) PSKT 40 MG/0.8ML 7
ADALIMUMAB-RYVK (1 PEN) AJKT 80 MG/0.8ML 7
ADALIMUMAB-RYVK (2 PEN) AJKT . 7
ADALIMUMAB-RYVK (2 SYRINGE) PSKT 7
ADASUVE 84
ADBRY SOAJ 113
ADBRY SOSY 113
ADCETRIS 67
ADCIRCA TABS (tadalafil (pulmonary hypertension)) 96
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 88
ADEMPAS 97
adenosine (diagnostic) 118
adenosine SOLN 26
ADLARITY PTWK 219
ADMELOG SOLN IJ 49
ADMELOG SOLOSTAR SOPN 49
ADQUEY OINT EX 1 % 116
ADRENALIN SOLN IJ 1 MG/ML (epinephrine) 236
ADRENALIN SOLN 236
ADREVIEW 118
ADSTILADRIN 69
ADTHYZA TABS 226
ADVAIR DISKUS AEPB (fluticasone-salmeterol) 30
ADVAIR HFA AERO (fluticasone-salmeterol) 30
ADVANCED MOBILE LANCET ..155
ADVANTAGE SAFETY LANCETS 28G 155
ADVATE 141
ADVOCATE INSULIN PEN NEEDLE 169
ADVOCATE INSULIN PEN NEEDLES 169

ADVOCATE INSULIN SYRINGE 169

ADVOCATE LANCETS 155

ADVOCATE LANCETS 30G 155

ADVOCATE LANCING DEVICE MISC 155

ADVOCATE RAPID-SAFE LANCING MISC 155

ADVOCATE SAFETY LANCETS 155

ADVOCATE SAFETY LANCETS 21G 155

ADVOCATE SAFETY LANCETS 23G 155

ADVOCATE SAFETY LANCETS 26G 155

ADVOCATE SAFETY LANCETS 28G 155

ADYNOVATE 141

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 143

AEMCOLO 20

AEROCHAMBER HOLDING CHAMBER DEVI 179

AEROCHAMBER MINI CHAMBER DEVI 179

AEROCHAMBER MV MISC 179

AEROCHAMBER PLS FLOVU MTHPIECE DEVI 179

AEROCHAMBER PLUS FLO-VU INTERM DEVI 179

AEROCHAMBER PLUS FLO-VU LARGE DEVI 179

AEROCHAMBER PLUS FLO-VU LARGE MISC 179

AEROCHAMBER PLUS FLO-VU MEDIUM DEVI 179

AEROCHAMBER PLUS FLO-VU MEDIUM MISC 179

AEROCHAMBER PLUS FLO-VU SMALL DEVI 179

AEROCHAMBER PLUS FLO-VU SMALL MISC 179

AEROCHAMBER PLUS FLOW VU MISC 179

AEROCHAMBER W/FLOWSIGNAL MISC 179

AEROCHAMBER Z-STAT PLUS CHAMBR MISC 179

AEROCHAMBER Z-STAT PLUS MISC 179

AEROCHAMBER Z-STAT PLUS/LARGE MISC 179

AEROCHAMBER Z-STAT PLUS/MEDIUM MISC 179

AEROCHAMBER Z-STAT PLUS/SMALL MISC 179

AEROCHAMBER2GO ANTI-STATIC DEVI 179

AEROTRACH PLUS MISC 179

AFINITOR DISPERZ TBSO (everolimus) 72

AFINITOR TABS (everolimus) 72

AFREZZA POWD 4 UNIT, 8 UNIT, 12 UNIT 49

AFSTYLA 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 2500 UNIT 141

AGAMATRIX ULTRA-THIN LANCETS 155

AGAMREE 101

AGRYLIN 0.5 MG (anagrelide hcl) 144

AIMOVIG 140 MG/ML 181

AIMOVIG 70 MG/ML 181

AIRDUO RESPICLICK 113/14 AEPB (fluticasone-salmeterol) 30

AIRDUO RESPICLICK 232/14 AEPB (fluticasone-salmeterol) 30

AIRDUO RESPICLICK 55/14 AEPB (fluticasone-salmeterol) 30

AIRSUPRA 30

AJOVY SOAJ 181

AJOVY SOSY 182

AK-FLUOR IV 10 % (fluorescein sodium injection) 212

AKEEGA 69

AKOVAZ SOLN IV (ephedrine sulfate (pressors)) 236

AKOVAZ SOSY IV (ephedrine sulfate (pressors)) 236

AKTEN 210

AKYNZEO (READY-TO-USE) SOLN 55

AKYNZEO (TO-BE-DILUTED) SOLN 55

AKYNZEO 55

albendazole 20

ALBENDAZOLE 98

ALBUKED 25 144

ALBUKED 5 144

ALBUMIN HUMAN 144

ALBUMINEX 144
ALBURX 144
ALBUTEIN 144
albuterol sulfate AERS 31
albuterol sulfate NEBU 2.5 MG/0.5ML 31
albuterol sulfate NEBU 31
albuterol sulfate SYRP 31
albuterol sulfate TABS 31
ALCAINE (proparacaine hcl) 210
alclometasone dipropionate CREA 110
alclometasone dipropionate OINT 110
ALDACTONE TABS (spironolactone) 123
ALDURAZYME 127
ALECENSA 72
alendronate sodium SOLN 123
alendronate sodium TABS 10 MG 123
alendronate sodium TABS 35 MG 123
alendronate sodium TABS 70 MG 123
alfuzosin hcl 141
ALHEMO 141
ALIMTA SOLR (pemetrexed disodium) 66
aliskiren fumarate 63
ALKINDI SPRINKLE CPSP 101
allopurinol 100 MG, 300 MG 141
allopurinol 200 MG 141
allopurinol sodium 141
almotriptan malate 12.5 MG 183
almotriptan malate 6.25 MG 183
alogliptin benzoate 48
alogliptin-metformin hcl 46
alogliptin-pioglitazone 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG 46
ALOPRIM (allopurinol sodium) .. 141
alosetron hcl 138
ALPHAGAN P 0.1 % (brimonidine tartrate) 208
ALPHAGAN P 0.15 % (brimonidine tartrate) 208
ALPHANATE SOLR 141
ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT 141
ALPRAZOLAM INTENSOL CONC 25
alprazolam TABS 0.25 MG, 0.5 MG, 1 MG 25
alprazolam TABS 2 MG 25
alprazolam TB24 0.5 MG, 1 MG, 3 MG 25
alprazolam TB24 2 MG 25
alprazolam TBDP 0.25 MG, 0.5 MG, 1 MG 25
alprazolam TBDP 2 MG 25
ALPROLIX 142
alprostadil SOLN IJ 500 MCG/ML . 95
ALREX SUSP (loteprednol etabonate) 210
ALTOPREV TB24 20 MG, 40 MG, 60 MG 59
ALTUVIIIO 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT 142
ALUNBRIG TABS 180 MG 72
ALUNBRIG TABS 30 MG, 90 MG . 72
ALUNBRIG TBPK 72
ALVAIZ 18 MG 146
ALVAIZ 36 MG, 54 MG 146
ALVAIZ 9 MG 146
ALVESCO 29
alvimopan 139
ALYFTREK 125 MG-10 MG-50 MG 223
ALYFTREK 50 MG-4 MG-20 MG 224
ALYGLO 215
ALYMSYS 67
amantadine hcl CAPS 80
amantadine hcl SOLN 80
amantadine hcl TABS 80
AMBELVIST SOLN IV 0.2 MMOL/2ML, 0.75 MMOL/7.5ML, 1 MMOL/10ML, 1.5 MMOL/15ML, 3 MMOL/30ML, 6.5 MMOL/65ML .. 119
AMBELVIST SOSY IV 0.75 MMOL/7.5ML, 1 MMOL/10ML, 1.5 MMOL/15ML 119
AMBIEN CR TBCR (zolpidem tartrate) 150
AMBIEN TABS (zolpidem tartrate) 150
AMBISOME (amphotericin b liposome) 56
ambrisentan 96
amcinonide CREA 110

amcinonide OINT 110

AMELUZ GEL 106

AMERITHROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG, 180 MG, 240 MG, 300 MG 226

AMIDATE (etomidate) 139

amikacin sulfate SOLN 1 GM/4ML, 500 MG/2ML 5

amiloride & hydrochlorothiazide . 122

amiloride hcl TABS 123

amino acid infusion SOLN 15 % . 202

amino acids BAR 36 MG/60GM-14 MG/60GM, 604 MG-938 MG-996 MG-1397 MG-906 MG-134 MG-924 MG-888 MG-265 MG-249 MG-669 MG-470 MG-150 MG-399 MG-799 MG-30 MG-604 MG-10 MG-1547 MG, 604 MG-938 MG-996 MG-547 MG-134 MG-924 MG-888 MG-265 MG-1397 MG-249 MG-669 MG-470 MG-150 MG-399 MG-799 MG-30 MG-604 MG-10 MG-908 MG, 642 MG-987 MG-1048 MG-1477 MG-957 MG-144 MG-978 MG-944 MG-282 MG-8 MG-266 MG-711 MG-500 MG-159 MG-427 MG-851 MG-31 MG-639 MG-10 MG-1647 MG 202

amino acids LIQD 23.3 MG/250ML-0.6 MG/250ML-9.3 MCG/250ML-184 MCG/250ML-0.35 MG/250ML-2.1 MG/250ML-161 MG/250ML-1.2 MCG/250ML-1.9 MG/250ML-0.38 MG/250ML-30 MG/250ML-130 UNIT/250ML-5.5 MG/250ML-114 MG/250ML-263 MG/250ML-210 MG/250ML-9.8 MCG/250ML-310 MCG/250ML-400 MG/250ML-49 MCG/250ML-14 MCG/250ML-7 UNIT/250ML-288 MG/250ML-3.5 MG/250ML-21.8 MCG/250ML-0.7 MG/250ML-833 UNIT/250ML-30.8 MCG/250ML-210 MG/250ML 203

amino acids PACK 18.5 MG/25GM-9.1 MCG/25GM-4.32 UNIT/25GM-60 MCG/25GM-0.44 MG/25GM-0.56 MCG/25GM-587 UNIT/25GM-2.04 MG/25GM-0.41 MG/25GM-24.7 MG/25GM-10 MG/25GM-4.2 MG/25GM-212 MG/25GM-0.42 MG/25GM-54.3 MG/25GM-111 UNIT/25GM-3.47 MG/25GM-21.4 MCG/25GM-298 MG/25GM-60 MCG/25GM-0.24 MG/25GM-3.2 MG/25GM-36 MCG/25GM-88.7 MG/25GM-197 MG/25GM-9.2 MCG/25GM-0.26 MG/25GM-13.6 MCG/25GM-252 MG/25GM, 28 MG/24GM-12 MCG/24GM-38 MCG/24GM-0.4 MG/24GM-6 MG/24GM-65 MG/24GM-0.4 MG/24GM-2 MG/24GM-0.4 MG/24GM-44 MG/24GM-35 MG/24GM-17 MG/24GM-3.6 MCG/24GM-2.7 MG/24GM-4 MG/24GM-62 MG/24GM-0.5 MG/24GM-15 MCG/24GM-255 MG/24GM-5 MG/24GM-9 MCG/24GM-0.3 MG/24GM-2.7 MG/24GM-273 MG/24GM-46 MCG/24GM-216 MG/24GM-8 MCG/24GM-124 MCG/24GM-4.8 MCG/24GM-0.6 MCG/24GM-0.18 MG/24GM, 31 MG-0.8 MG-12.3 MCG-246 MCG-0.46 MG-166 UNIT-1.6 MCG-2.5 MG-0.49 MG-215 MG-40 MG-2.9 MG-350 MG-280 MG-592 MG-65.5 MCG-18.5 MCG-9.2 UNIT-7.4 MG-569 MG-4.5 MG-410 MCG-0.9 MG-13 MCG-29 MCG-1114 UNIT-41 MCG-280 MG-153 MG, 40 MG/31.5GM-20 MCG/31.5GM-79 MCG/31.5GM-0.4 MG/31.5GM-6.2 MG/31.5GM-79 MG/31.5GM-0.5 MG/31.5GM-1.6 MG/31.5GM-0.5 MG/31.5GM-40 MG/31.5GM-46 MG/31.5GM-23 MG/31.5GM-3.2 MCG/31.5GM-5 MG/31.5GM-5.3 MG/31.5GM-94 MG/31.5GM-0.7 MG/31.5GM-13.2 MCG/31.5GM-297 MG/31.5GM-7.1 MG/31.5GM-13 MCG/31.5GM-0.4 MG/31.5GM-3.5 MG/31.5GM-321 MG/31.5GM-54 MCG/31.5GM-254 MG/31.5GM-14 MCG/31.5GM-126 MCG/31.5GM-6.3 MCG/31.5GM-0.8 MCG/31.5GM-0.22 MG/31.5GM, 62 MG/100GM-2.8 GM/100GM-1.6 GM/100GM-2 GM/100GM-2.8 GM/100GM-4.9 GM/100GM-1.1 GM/100GM-24.5 MCG/100GM-491 MCG/100GM-0.91 MG/100GM-5.7 MG/100GM-4 GM/100GM-4.6 GM/100GM-430 MG/100GM-1.6 MG/100GM-0.73 GM/100GM-1.7 GM/100GM-2.9 GM/100GM-2.2 GM/100GM-0.89 GM/100GM-2.7 GM/100GM-3 GM/100GM-4.9 MG/100GM-0.97 MG/100GM-80 MG/100GM-0.14 GM/100GM-3.2 GM/100GM-0.04 GM/100GM-8.3 MCG/100GM-12.3 MG/100GM-14.7 MG/100GM-306 MG/100GM-1.8 MG/100GM-37 MCG/100GM-700 MG/100GM-560 MG/100GM-26 MCG/100GM-820 MCG/100GM-9 MG/100GM-1183 MG/100GM-131 MCG/100GM-1137 MG/100GM-58 MCG/100GM-669 MCG/100GM-82 MCG/100GM-3.1 MCG/100GM-560 MG/100GM-3.5 GM/100GM, 638 MG-992 MG-1053 MG-1635 MG-960 MG-142 MG-976 MG-939 MG-280 MG-1477 MG-264 MG-707 MG-497 MG-159 MG-422 MG-845 MG-31 MG-638 MG-10 MG-16 MG-3 MCG-3 MCG-59 MG-59 MG-1 MCG, 655 MG-1018 MG-1081 MG-1679 MG-986 MG-146 MG-1002 MG-964 MG-287 MG-1516 MG-271 MG-726 MG-509 MG-163 MG-433 MG-866 MG-33 MG-655 MG-11 MG . 203

amino acids PACK 18.5 MG/25GM-9.1 MCG/25GM-4.32 UNIT/25GM-60 MCG/25GM-0.44 MG/25GM-0.56 MCG/25GM-587 UNIT/25GM-2.04 MG/25GM-0.41 MG/25GM-24.7 MG/25GM-10 MG/25GM-4.2 MG/25GM-212 MG/25GM-0.42 MG/25GM-54.3 MG/25GM-111 UNIT/25GM-3.47 MG/25GM-21.4 MCG/25GM-298 MG/25GM-60 MCG/25GM-0.24 MG/25GM-3.2 MG/25GM-36 MCG/25GM-88.7 MG/25GM-197 MG/25GM-9.2 MCG/25GM-0.26 MG/25GM-13.6 MCG/25GM-252 MG/25GM, 28 MG/24GM-12 MCG/24GM-38 MCG/24GM-0.4 MG/24GM-6 MG/24GM-65 MG/24GM-0.4 MG/24GM-2 MG/24GM-0.4 MG/24GM-44 MG/24GM-35 MG/24GM-17 MG/24GM-3.6 MCG/24GM-2.7 MG/24GM-4 MG/24GM-62 MG/24GM-0.5 MG/24GM-15 MCG/24GM-255 MG/24GM-5 MG/24GM-9 MCG/24GM-0.3 MG/24GM-2.7 MG/24GM-273 MG/24GM-46 MCG/24GM-216 MG/24GM-8 MCG/24GM-124 MCG/24GM-4.8 MCG/24GM-0.6 MCG/24GM-0.18 MG/24GM, 31 MG-0.8 MG-12.3 MCG-246 MCG-0.46 MG-166 UNIT-1.6 MCG-2.5 MG-0.49 MG-215 MG-40 MG-2.9 MG-350 MG-280 MG-592 MG-65.5 MCG-18.5 MCG-9.2 UNIT-7.4 MG-569 MG-4.5 MG-410 MCG-0.9 MG-13 MCG-29 MCG-1114 UNIT-41 MCG-280 MG-153 MG, 40 MG/31.5GM-20 MCG/31.5GM-79 MCG/31.5GM-0.4 MG/31.5GM-6.2 MG/31.5GM-79 MG/31.5GM-0.5 MG/31.5GM-1.6 MG/31.5GM-0.5 MG/31.5GM-40 MG/31.5GM-46 MG/31.5GM-23 MG/31.5GM-3.2 MCG/31.5GM-5 MG/31.5GM-5.3 MG/31.5GM-94 MG/31.5GM-0.7 MG/31.5GM-13.2 MCG/31.5GM-297 MG/31.5GM-7.1 MG/31.5GM-13 MCG/31.5GM-0.4 MG/31.5GM-3.5 MG/31.5GM-321 MG/31.5GM-54 MCG/31.5GM-254 MG/31.5GM-14 MCG/31.5GM-126 MCG/31.5GM-6.3 MCG/31.5GM-0.8 MCG/31.5GM-0.22 MG/31.5GM, 62 MG/100GM-2.8 GM/100GM-1.6 GM/100GM-2 GM/100GM-2.8 GM/100GM-4.9 GM/100GM-1.1 GM/100GM-24.5 MCG/100GM-491 MCG/100GM-0.91 MG/100GM-5.7 MG/100GM-4 GM/100GM-4.6 GM/100GM-430 MG/100GM-1.6 MG/100GM-0.73 GM/100GM-1.7 GM/100GM-2.9 GM/100GM-2.2 GM/100GM-0.89 GM/100GM-2.7 GM/100GM-3 GM/100GM-4.9 MG/100GM-0.97 MG/100GM-80 MG/100GM-0.14 GM/100GM-3.2 GM/100GM-0.04 GM/100GM-8.3 MCG/100GM-12.3 MG/100GM-14.7 MG/100GM-306 MG/100GM-1.8 MG/100GM-37 MCG/100GM-700 MG/100GM-560 MG/100GM-26 MCG/100GM-820 MCG/100GM-9 MG/100GM-1183 MG/100GM-131 MCG/100GM-1137 MG/100GM-58 MCG/100GM-669 MCG/100GM-82 MCG/100GM-3.1 MCG/100GM-560 MG/100GM-3.5 GM/100GM, 638 MG-992 MG-1053 MG-1635 MG-960 MG-142 MG-976 MG-939 MG-280 MG-1477 MG-264 MG-707 MG-497 MG-159 MG-422 MG-845 MG-31 MG-638 MG-10 MG-16 MG-3 MCG-3 MCG-59 MG-59 MG-1 MCG, 655 MG-1018 MG-1081 MG-1679 MG-986 MG-146 MG-1002 MG-964 MG-287 MG-1516 MG-271 MG-726 MG-509 MG-163 MG-433 MG-866 MG-33 MG-655 MG-11 MG . 204

amino acids PACK 18.5 MG/25GM-9.1 MCG/25GM-4.32 UNIT/25GM-60 MCG/25GM-0.44 MG/25GM-0.56 MCG/25GM-587 UNIT/25GM-2.04 MG/25GM-0.41 MG/25GM-24.7 MG/25GM-10 MG/25GM-4.2 MG/25GM-212 MG/25GM-0.42 MG/25GM-54.3 MG/25GM-111 UNIT/25GM-3.47 MG/25GM-21.4 MCG/25GM-298 MG/25GM-60 MCG/25GM-0.24 MG/25GM-3.2 MG/25GM-36 MCG/25GM-88.7 MG/25GM-197 MG/25GM-9.2 MCG/25GM-0.26 MG/25GM-13.6 MCG/25GM-252 MG/25GM, 28 MG/24GM-12 MCG/24GM-38 MCG/24GM-0.4 MG/24GM-6 MG/24GM-65 MG/24GM-0.4 MG/24GM-2 MG/24GM-0.4 MG/24GM-44 MG/24GM-35 MG/24GM-17 MG/24GM-3.6 MCG/24GM-2.7 MG/24GM-4 MG/24GM-62 MG/24GM-0.5 MG/24GM-15 MCG/24GM-255 MG/24GM-5 MG/24GM-9 MCG/24GM-0.3 MG/24GM-2.7 MG/24GM-273 MG/24GM-46 MCG/24GM-216 MG/24GM-8 MCG/24GM-124 MCG/24GM-4.8 MCG/24GM-0.6 MCG/24GM-0.18 MG/24GM, 31 MG-0.8 MG-12.3 MCG-246 MCG-0.46 MG-166 UNIT-1.6 MCG-2.5 MG-0.49 MG-215 MG-40 MG-2.9 MG-350 MG-280 MG-592 MG-65.5 MCG-18.5 MCG-9.2 UNIT-7.4 MG-569 MG-4.5 MG-410 MCG-0.9 MG-13 MCG-29 MCG-1114 UNIT-41 MCG-280 MG-153 MG, 40 MG/31.5GM-20 MCG/31.5GM-79 MCG/31.5GM-0.4 MG/31.5GM-6.2 MG/31.5GM-79 MG/31.5GM-0.5 MG/31.5GM-1.6 MG/31.5GM-0.5 MG/31.5GM-40 MG/31.5GM-46 MG/31.5GM-23 MG/31.5GM-3.2 MCG/31.5GM-5 MG/31.5GM-5.3 MG/31.5GM-94 MG/31.5GM-0.7 MG/31.5GM-13.2 MCG/31.5GM-297 MG/31.5GM-7.1 MG/31.5GM-13

MCG/31.5GM-0.4 MG/31.5GM-3.5 MG/31.5GM-321 MG/31.5GM-54 MCG/31.5GM-254 MG/31.5GM-14 MCG/31.5GM-126 MCG/31.5GM-6.3 MCG/31.5GM-0.8 MCG/31.5GM-0.22 MG/31.5GM, 62 MG/100GM-2.8 GM/100GM-1.6 GM/100GM-2 GM/100GM-2.8 GM/100GM-4.9 GM/100GM-1.1 GM/100GM-24.5 MCG/100GM-491 MCG/100GM-0.91 MG/100GM-5.7 MG/100GM-4 GM/100GM-4.6 GM/100GM-430 MG/100GM-1.6 MG/100GM-0.73 GM/100GM-1.7 GM/100GM-2.9 GM/100GM-2.2 GM/100GM-0.89 GM/100GM-2.7 GM/100GM-3 GM/100GM-4.9 MG/100GM-0.97 MG/100GM-80 MG/100GM-0.14 GM/100GM-3.2 GM/100GM-0.04 GM/100GM-8.3 MCG/100GM-12.3 MG/100GM-14.7 MG/100GM-306 MG/100GM-1.8 MG/100GM-37 MCG/100GM-700 MG/100GM-560 MG/100GM-26 MCG/100GM-820 MCG/100GM-9 MG/100GM-1183 MG/100GM-131 MCG/100GM-1137 MG/100GM-58 MCG/100GM-669 MCG/100GM-82 MCG/100GM-3.1 MCG/100GM-560 MG/100GM-3.5 GM/100GM, 638 MG-992 MG-1053 MG-1635 MG-960 MG-142 MG-976 MG-939 MG-280 MG-1477 MG-264 MG-707 MG-497 MG-159 MG-422 MG-845 MG-31 MG-638 MG-10 MG-16 MG-3 MCG-3 MCG-59 MG-59 MG-1 MCG, 655 MG-1018 MG-1081 MG-1679 MG-986 MG-146 MG-1002 MG-964 MG-287 MG-1516 MG-271 MG-726 MG-509 MG-163 MG-433 MG-866 MG-33 MG-655 MG-11 MG . 205

amino acids POWD PO 15.8 MG/12.8GM-3 MCG/12.8GM-3 MCG/12.8GM-73 MG/12.8GM-73 MG/12.8GM-3.3 MCG/12.8GM, 2.6 GM/3GM, 62 MG/100GM-24.5 MCG/100GM-491 MCG/100GM-0.91 MG/100GM-5.7 MG/100GM-430 MG/100GM-1.6 MG/100GM-4.9 MG/100GM-0.97 MG/100GM-80 MG/100GM-8.3 MCG/100GM-12.3 MG/100GM-14.7 MG/100GM-306 MG/100GM-1.8 MG/100GM-37 MCG/100GM-700 MG/100GM-560 MG/100GM-26 MCG/100GM-820 MCG/100GM-9 MG/100GM-1183 MG/100GM-131 MCG/100GM-1137 MG/100GM-58 MCG/100GM-669 MCG/100GM-82 MCG/100GM-3.1 MCG/100GM-560 MG/100GM, 638 MG/13GM-992 MG/13GM-1052 MG/13GM-1635 MG/13GM-960 MG/13GM-142 MG/13GM-976 MG/13GM-939 MG/13GM-280 MG/13GM-1477 MG/13GM-264 MG/13GM-707 MG/13GM-497 MG/13GM-159 MG/13GM-422 MG/13GM-845 MG/13GM-31 MG/13GM-638 MG/13GM-10 MG/13GM-3 MCG/13GM-3 MCG/13GM-59 MG/13GM-59 MG/13GM-1 MCG/13GM-59 MG/13GM, 655 MG/13GM-1018 MG/13GM-1081 MG/13GM-1679 MG/13GM-986 MG/13GM-146 MG/13GM-1002 MG/13GM-964 MG/13GM-287 MG/13GM-1516 MG/13GM-271 MG/13GM-726 MG/13GM-509 MG/13GM-163 MG/13GM-433 MG/13GM-866 MG/13GM-33 MG/13GM-655 MG/13GM-11 MG/13GM 205

amino acids POWD PO 15.8 MG/12.8GM-3 MCG/12.8GM-3 MCG/12.8GM-73 MG/12.8GM-73 MG/12.8GM-3.3 MCG/12.8GM, 2.6 GM/3GM, 62 MG/100GM-24.5 MCG/100GM-491 MCG/100GM-0.91 MG/100GM-5.7 MG/100GM-430 MG/100GM-1.6 MG/100GM-4.9 MG/100GM-0.97 MG/100GM-80 MG/100GM-8.3 MCG/100GM-12.3 MG/100GM-14.7 MG/100GM-306 MG/100GM-1.8 MG/100GM-37 MCG/100GM-700 MG/100GM-560 MG/100GM-26 MCG/100GM-820 MCG/100GM-9 MG/100GM-1183 MG/100GM-131 MCG/100GM-1137 MG/100GM-58 MCG/100GM-669 MCG/100GM-82 MCG/100GM-3.1 MCG/100GM-560 MG/100GM, 638 MG/13GM-992 MG/13GM-1052 MG/13GM-1635 MG/13GM-960 MG/13GM-142 MG/13GM-976 MG/13GM-939 MG/13GM-280 MG/13GM-1477 MG/13GM-264 MG/13GM-707 MG/13GM-497 MG/13GM-159 MG/13GM-422 MG/13GM-845 MG/13GM-31 MG/13GM-638 MG/13GM-10 MG/13GM-3 MCG/13GM-3 MCG/13GM-59 MG/13GM-59 MG/13GM-1 MCG/13GM-59 MG/13GM, 655 MG/13GM-1018 MG/13GM-1081 MG/13GM-1679 MG/13GM-986 MG/13GM-146 MG/13GM-1002 MG/13GM-964 MG/13GM-287 MG/13GM-1516 MG/13GM-271 MG/13GM-726 MG/13GM-509 MG/13GM-163 MG/13GM-433 MG/13GM-866 MG/13GM-33 MG/13GM-655 MG/13GM-11 MG/13GM 206

amino acids TABS 206

aminocaproic acid SOLN PO 0.25 GM/ML 149

aminocaproic acid TABS 149

AMINOPHYLLINE SOLN 25 MG/ML . 33

amiodarone hcl SOLN 150 MG/3ML, 450 MG/9ML, 900 MG/18ML 26

amiodarone hcl TABS 26

AMITIZA (lubiprostone) 135
amitriptyline hcl TABS 45
AMJEVITA SOAJ 40 MG/0.4ML 7
AMJEVITA SOAJ 80 MG/0.8ML 7
AMJEVITA SOSY 7
AMJEVITA-PED 10KG TO <15KG SOSY 7
AMJEVITA-PED 15KG TO <30KG SOSY 7
AMLODIPINE BESYLATE 98
amlodipine besylate TABS 10 MG 92
amlodipine besylate TABS 2.5 MG 92
amlodipine besylate TABS 5 MG .. 92
amlodipine besylate-atorvastatin calcium 94
amlodipine besylate-benazepril hcl 10 MG-2.5 MG 62
amlodipine besylate-benazepril hcl 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG 62
amlodipine besylate-benazepril hcl 40 MG-10 MG, 40 MG-5 MG 62
amlodipine besylate-olmesartan medoxomil 62
amlodipine besylate-valsartan 62
amlodipine-valsartan-hydrochlorothiazide 62
AMONDYS 45 198
amoxapine 45
amoxicillin & pot clavulanate CHEW 57 MG-400 MG 217
amoxicillin & pot clavulanate SUSR 217
amoxicillin & pot clavulanate TABS 217
amoxicillin & pot clavulanate TB12 217
amoxicillin CAPS 216
amoxicillin CHEW 125 MG, 250 MG . 216
amoxicillin SUSR 216
amoxicillin TABS 216
amoxicillin-clarithromycin w/ lansoprazole THPK 229
AMOXICILLIN-POT CLAVULANATE CHEW 217
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 191
amphotericin b IV 56
amphotericin b liposome 56
ampicillin & sulbactam sodium IJ 1 GM-0.5 GM, 2 GM-1 GM 217
ampicillin CAPS 500 MG 216
ampicillin sodium IJ 1 GM, 2 GM, 250 MG, 500 MG 216
AMPYRA (dalfampridine) 220
AMRIX CP24 (cyclobenzaprine hcl) 195
AMVUTTRA 223
AMYVID 118
ANAFRANIL (clomipramine hcl) .. 45
anagrelide hcl 144
ANASCORP 215
anastrozole 69
ANAVIP 215
ANDEMBRY SOAJ SC 200 MG/1.2ML 144
ANDEXXA 200 MG 54
ANECTINE SOLN 197
ANGELIQ 133
ANKTIVA 78
ANNOVERA 101
ANORO ELLIPTA 25 MCG/ACT-62.5 MCG/ACT (umeclidinium-vilanterol) 31
ANTIVENIN LATRODECTUS MACTANS 215
ANTIVENIN MICRURUS FULVIUS 215
ANZEMET TABS 50 MG 55
ANZUPGO CREA EX 20 MG/GM 113
APHEXDA 149
APIDRA SOLN 49
APIDRA SOLOSTAR SOPN 49
APLISOL 118

APOKYN SOCT 80
apomorphine hydrochloride SOCT 80
APONVIE EMUL 56
apraclonidine hcl 208
aprepitant CAPS 40 MG, 125 MG .56
aprepitant CAPS 80 MG 56
aprepitant CPPK PO 56
APRETUDE 86
APTIOM 200 MG, 400 MG (eslicarbazepine acetate) 37
APTIOM 600 MG, 800 MG (eslicarbazepine acetate) 37
APTIVUS CAPS 86
AQ INSULIN SYRINGE 169
AQINJECT PEN NEEDLE 169
AQNEURSA 223
AQUALANCE LANCETS 30G ...155
AQVESME TABS 100 MG 145
ARALAST NP SOLR 500 MG, 1000 MG 223
ARANESP (ALBUMIN FREE) SOLN . 146
ARANESP (ALBUMIN FREE) SOSY 10 MCG/0.4ML, 40 MCG/0.4ML, 200 MCG/0.4ML 147
ARANESP (ALBUMIN FREE) SOSY 100 MCG/0.5ML 147
ARANESP (ALBUMIN FREE) SOSY 25 MCG/0.42ML 146
ARANESP (ALBUMIN FREE) SOSY 300 MCG/0.6ML 147
ARANESP (ALBUMIN FREE) SOSY 500 MCG/ML 147
ARANESP (ALBUMIN FREE) SOSY 60 MCG/0.3ML, 150 MCG/0.3ML 146
ARAVA (leflunomide) 12
ARBLI PO 10 MG/ML 61
ARCALYST 10
AREXVY 231
arformoterol tartrate 31
ARGATROBAN (argatroban) 36
argatroban 36
ARGATROBAN 36
ARGATROBAN IN SODIUM CHLORIDE 36
ARICEPT TABS 10 MG (donepezil hydrochloride) 219
ARICEPT TABS 23 MG (donepezil hydrochloride) 219
ARICEPT TABS 5 MG (donepezil hydrochloride) 219
ARIDOL 118
ARIKAYCE 5
ARIMIDEX (anastrozole) 69
aripiprazole SOLN PO 85
aripiprazole TABS 85
aripiprazole TBDP 85
ARISTADA 1064 MG/3.9ML 85
ARISTADA 441 MG/1.6ML 85
ARISTADA 662 MG/2.4ML 85
ARISTADA 882 MG/3.2ML 85
ARISTADA INITIO 85
ARIXTRA 10 MG/0.8ML (fondaparinux sodium) 34
ARIXTRA 2.5 MG/0.5ML (fondaparinux sodium) 34
ARIXTRA 5 MG/0.4ML (fondaparinux sodium) 34
ARIXTRA 7.5 MG/0.6ML (fondaparinux sodium) 34
ARMLUPEG SOSY SC 6 MG/0.6ML . 147
armodafinil 3
ARMOUR THYROID TABS 226
ARNUITY ELLIPTA 100 MCG/ACT, 200 MCG/ACT (fluticasone furoate (inhalation)) 29
ARNUITY ELLIPTA 50 MCG/ACT (fluticasone furoate (inhalation)) ...29
AROMASIN (exemestane) 69
ARRANON (nelarabine) 66
arsenic trioxide 78
ARTESUNATE 64
ARTHROTEC TBEC (diclofenac w/ misoprostol) 11
ARTISS KIT 149
ARYNTA SOLN PO 10 MG/ML 1
ASCENIV 215
asenapine maleate 84
ASMANEX (120 METERED DOSES) AEPB 29
ASMANEX (14 METERED DOSES) AEPB 29
ASMANEX (30 METERED DOSES) AEPB 110 MCG/ACT 29
ASMANEX (30 METERED DOSES) AEPB 220 MCG/ACT 29
ASMANEX (60 METERED DOSES) AEPB 29

ASMANEX HFA AERO 100 MCG/ACT, 200 MCG/ACT 29

ASMANEX HFA AERO 50 MCG/ACT 29

ASPARLAS 78

aspirin CHEW 13

aspirin TBEC 81 MG 13

aspirin-dipyridamole 144

ASSURE COMFORT LANCETS 28G 155

ASSURE ID SAFETY PEN NEEDLES 169

ASSURE LANCE LANCETS 156

ASSURE LANCE SAFETY LANCET 28G 156

ASTAGRAF XL CP24 0.5 MG (tacrolimus) 188

ASTAGRAF XL CP24 1 MG, 5 MG (tacrolimus) 188

ATACAND (candesartan cilexetil) 61

ATACAND HCT (candesartan cilexetil-hydrochlorothiazide) 62

atazanavir sulfate CAPS 86

ATEBRIOZ TABS PO 25 MG 196

ATELVIA TBEC (risedronate sodium) 123

atenolol & chlorthalidone 62

atenolol TABS 100 MG 91

atenolol TABS 25 MG 91

atenolol TABS 50 MG 91

ATGAM 188

ATIVAN SOLN (lorazepam) 25

ATMEKSI SUSP PO 750 MG/5ML 195

atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG, 60 MG 2

atomoxetine hcl 80 MG, 100 MG 2

atomoxetine hcl PO 4 MG/ML 2

ATONCY PO 4 MG/ML (atomoxetine hcl) 3

ATORVALIQ SUSP 59

atorvastatin calcium TABS 10 MG, 20 MG, 40 MG 59

atorvastatin calcium TABS 80 MG 59

atovaquone 21

atovaquone-proguanil hcl 64

atracurium besylate 50 MG/5ML, 100 MG/10ML 200

atropine sulfate (ophthalmic) OINT 207

atropine sulfate (ophthalmic) SOLN 207

ATROPINE SULFATE SOLN 1 % 207

ATROPINE SULFATE SOLN IV 0.4 MG/ML, 1 MG/ML (atropine sulfate) 227

atropine sulfate SOLN IV 0.4 MG/ML, 1 MG/ML 227

ATROPINE SULFATE SOSY IJ (atropine sulfate) 227

ATROPINE SULFATE SOSY IJ 0.25 MG/5ML, 1 MG/10ML 227

atropine sulfate SOSY IJ 0.5 MG/5ML, 1 MG/10ML 227

ATROVENT HFA 17 MCG/ACT (ipratropium bromide hfa) 27

ATTRUBY 97

AUBAGIO (teriflunomide) 220

AUCATZYL 69

AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML 217

AUGTYRO 160 MG 72

AUGTYRO 40 MG 72

AUKELSO SOLN SC 120 MG/1.7ML 124

AUM MINI INSULIN PEN NEEDLE 169

AUM SAFETY PEN NEEDLE 169

AURANOFIN 3 MG 10

AURLUMYN IV 95

AURORA PEN NEEDLES 169

AURYXIA 210 MG (ferric citrate) 139

AUSTEDO TABS 220

AUSTEDO XR PATIENT TITRATION TEPK 220

AUSTEDO XR TB24 24 MG 220

AUSTEDO XR TB24 6 MG, 12 MG, 18 MG, 30 MG, 36 MG, 42 MG, 48 MG 220

AUTO-LANCET MINI MISC 156

AUTOKEEPER SAFETY PEN NEEDLE 169

AUTOLET LANCING DEVICE MISC 156

AUTOLET LITE LANCING DEVICE MISC 156

AUTOLET PLUS MISC 156

AUVELITY 42

AUVELITY TITRATION PACK PO 42

AUVI-Q SOAJ 235

AVALIDE (irbesartan-hydrochlorothiazide) 62
AVAPRO 150 MG, 300 MG (irbesartan) 61
AVASTIN 67
AVEED SOLN 18
AVERI TABS PO 100
AVGEMSI SOLN 1 GM/26.3ML, 2 GM/52.6ML 66
AVLAYAH SOLR IV 150 MG 127
AVMAPKI FAKZYNJA CO-PACK THPK PO 72
AVONEX PEN AJKT 220
AVONEX PREFILLED PSKT 220
AVOPEF SOLN 100 MG/5ML, 500 MG/25ML 79
AVSOLA 136
AVTOZMA SOAJ SC 162 MG/0.9ML 10
AVTOZMA SOLN IV 80 MG/4ML, 200 MG/10ML, 400 MG/20ML 10
AVTOZMA SOSY SC 162 MG/0.9ML 10
AVYCAZ 97
AWIQLI FLEXTOUCH SOPN SC 700 UNIT/ML 49
AXTLE 66
AXUMIN 118
AYVAKIT 71
azacitidine SUSR 66
AZACTAM (aztreonam) 23
AZASITE 208
AZATHIOPRINE POWD 188
AZATHIOPRINE SODIUM 188
azathioprine TABS 100 MG 188
azathioprine TABS 50 MG 188
azathioprine TABS 75 MG 188
azelastine hcl (ophth) 212
azelastine hcl 0.1 %, 137 MCG/SPRAY 197
azelastine hcl-fluticasone propionate SUSP 196
AZILECT (rasagiline mesylate) ... 81
azilsartan medoxomil 40 MG, 80 MG 61
azithromycin SOLR 153
azithromycin SUSR 100 MG/5ML 153
azithromycin SUSR 200 MG/5ML 153
azithromycin TABS 153
AZMIRO SOSY 18
AZOPT (brinzolamide) 212
AZOR (amlodipine besylate-olmesartan medoxomil) 62
AZSTARYS 3
aztreonam 23
AZULFIDINE EN-TABS TBEC (sulfasalazine) 136
AZULFIDINE TABS (sulfasalazine) 136
bacitracin (ophthalmic) 208
bacitracin-poly-neomycin-hc 210
bacitracin-polymyxin b (ophth) ... 208
BACLOFEN POWD 195
BACLOFEN REFILL KIT-SYNCHROMED KIT IT 40 MG/20ML 195
baclofen SOLN IT 10 MG/20ML, 40 MG/20ML, 20000 MCG/20ML, 40000 MCG/20ML 195
baclofen SOLN PO 5 MG/5ML, 10 MG/5ML 195
BACLOFEN SOSY 195
baclofen SUSP 195
baclofen TABS 10 MG, 20 MG ... 195
baclofen TABS 5 MG, 15 MG 195
bacteriostatic sodium chloride ... 217
BACTERIOSTATIC WATER(BENZ ALC) 217
BACTRIM DS TABS (sulfamethoxazole-trimethoprim) .. 21
BACTRIM TABS (sulfamethoxazole-trimethoprim) 21
BAFIERTAM 221
BALCOLTRA (levonorgestrel-ethinyl estradiol-iron) 100
BALFAXAR 142
balsalazide disodium CAPS 136
BALVERSA 3 MG 73
BALVERSA 4 MG 73
BALVERSA 5 MG 73
BANZEL SUSP (rufinamide) 37
BANZEL TABS (rufinamide) 37
BAQSIMI ONE PACK POWD 47
BAQSIMI TWO PACK POWD 47
BARACLUDE SOLN 88
BARACLUDE TABS (entecavir) ... 88
BARHEMSYS 55
BASAGLAR KWIKPEN SOPN 49

BAVENCIO 67
BAXDELA SOLR 135
BAXDELA TABS 135
BAXFENDY TABS PO 1 MG, 2 MG 61
BD AUTOSHIELD DUO 169
BD ECLIPSE SYRINGE 169
BD INS SYR ULTRAFINE 1/2UNIT 169
BD INSULIN SYRINGE 169
BD INSULIN SYRINGE HALF-UNIT . 170
BD INSULIN SYRINGE MICROFINE 170
BD INSULIN SYRINGE U-500 ... 170
BD INSULIN SYRINGE ULTRAFINE 170
BD MICROTAINER LANCETS .. 156
BD PEN NEEDLE MICRO ULTRAFINE 170
BD PEN NEEDLE MINI ULTRAFINE 170
BD PEN NEEDLE NANO 2ND GEN . 170
BD PEN NEEDLE NANO ULTRAFINE 170
BD PEN NEEDLE ORIG ULTRAFINE 170
BD PEN NEEDLE SHORT ULTRAFINE 170
BD SAFETYGLIDE INSULIN SYRINGE 170
BD SAFETYGLIDE SYRINGE/NEEDLE 170
BD TB SYRINGE MISC 170
BD VEO INSULIN SYR U/F 1/2UNIT 170
BD VEO INSULIN SYR ULTRAFINE 170
beclomethasone dipropionate 40 MCG/ACT, 80 MCG/ACT 29
BEIZRAY CONC 20 MG/ML 79
BEIZRAY SOLN IV 79
BELBUCA FILM 17
BELEODAQ 73
BELLADONNA ALKALOIDS-OPIUM 227
BELRAPZO SOLN 65
BELSOMRA 151
benazepril & hydrochlorothiazide . 62
benazepril hcl 10 MG 60
benazepril hcl 20 MG, 40 MG 60
benazepril hcl 5 MG 60
BENDAMUSTINE HCL SOLN 65
bendamustine hcl SOLR 65
BENDEKA SOLN 65
BENEFIX KIT 142
BENICAR 20 MG (olmesartan medoxomil) 61
BENICAR 40 MG (olmesartan medoxomil) 61
BENICAR 5 MG (olmesartan medoxomil) 61
BENICAR HCT (olmesartan medoxomil-hydrochlorothiazide) ... 62
BENLYSTA SOAJ 190
BENLYSTA SOLR 190
BENLYSTA SOSY 190
BENZNIDAZOLE 20
BENZOCAINE 98
benzocaine-docusate sodium ENEM . 152
benztropine mesylate SOLN 79
benztropine mesylate TABS 79
BEOVU SOSY 207
bepotastine besilate 212
BEPREVE (bepotastine besilate) 212
BEQALZI STARTER PACK TBPK PO 68
BEQALZI TABS PO 1 MG, 5 MG, 20 MG, 80 MG 69
BEQALZI TABS PO 20 MG 68
BEQALZI TABS PO 80 MG 68
BEQVEZ 142
BERINERT KIT 143
besifloxacin hcl 0.6 % 208
BESIVANCE 0.6 % (besifloxacin hcl) 208
BESPONSA 67
BESREMI 78
BESREMI PEN SC 500 MCG/0.5ML . 78
betaine 127
betamethasone dipropionate (topical) CREA 110
betamethasone dipropionate (topical) LOTN 110
betamethasone dipropionate (topical) OINT 110

betamethasone dipropionate augmented CREA 110
betamethasone dipropionate augmented GEL 0.05 % 110
betamethasone dipropionate augmented LOTN 111
betamethasone dipropionate augmented OINT 111
betamethasone sod phosphate & acetate SUSP 101
betamethasone valerate CREA .. 111
betamethasone valerate FOAM .. 111
betamethasone valerate LOTN ... 111
betamethasone valerate OINT ... 111
BETAPACE AF 120 MG (sotalol hcl (afib/afl)) 92
BETAPACE AF 160 MG (sotalol hcl (afib/afl)) 92
BETAPACE AF 80 MG (sotalol hcl (afib/afl)) 92
BETAPACE TABS 120 MG (sotalol hcl) 92
BETAPACE TABS 160 MG (sotalol hcl) 92
BETAPACE TABS 80 MG (sotalol hcl) 92
BETASERON KIT 221
betaxolol hcl (ophth) SOLN 206
betaxolol hcl 91
BETHANECHOL CHLORIDE 98
bethanechol chloride 10 MG, 50 MG . 231
bethanechol chloride 25 MG 231
bethanechol chloride 5 MG 230
BETHKIS NEBU (tobramycin) 5
BETIMOL (timolol) 206
BETOPTIC-S SUSP 206
BEVESPI AEROSPHERE 31
bexarotene (topical) 106
bexarotene 78
BEXLUTRY 370 MBQ/ML 78
BEXSERO 0.5 ML 231
BEYAZ (drospirenone-ethinyl estradiol-levomefolate calcium) .. 100
BEYFORTUS 100 MG/ML 216
BEYFORTUS 50 MG/0.5ML 216
bicalutamide 69
BICILLIN C-R 217
BICILLIN C-R 900/300 217
BICILLIN L-A SUSY 216
BIDIL (isosorbide dinitrate-hydralazine hcl) 94
BIJUVA 133
BIKTARVY 86
BILDYOS SOSY SC 60 MG/ML .. 124
BILPREVDA SOLN SC 120 MG/1.7ML 124
bimatoprost SOLN 214
BIMZELX SOAJ 107
BIMZELX SOSY 107
BINOSTO TBEF 124
BIORPHEN SOLN IV 0.5 MG/5ML (phenylephrine hcl (pressors)) ... 236
BIORPHEN SOLN IV 236
bismuth subcitrate potassium-metronidazole-tetracycline 229
bisoprolol & hydrochlorothiazide .. 62
bisoprolol fumarate 10 MG 91
bisoprolol fumarate 2.5 MG 91
bisoprolol fumarate 5 MG 91
bivalirudin trifluoroacetate SOLN .. 36
bivalirudin trifluoroacetate SOLR .. 36
BIVIGAM SOLN 215
BIXLENVO TABS PO 86
BIZENGRI (750 MG DOSE) 67
BKEMV SOLN IV 300 MG/30ML . 143
BLENREP 67
bleomycin sulfate 71
BLINCYTO 67
BLOXIVERZ SOSY 64
BLUDIGO IV 118
BLUJEPA TABS PO 750 MG 23
BLUJEPA TABS PO 750 MG 24
BOMYNTRA SOLN SC 120 MG/1.7ML 124
BOMYNTRA SOSY SC 120 MG/1.7ML 124
BONJESTA TBCR 55
BONSITY SOPN 560 MCG/2.24ML 124
BOOSTRIX SUSP 227
BOOSTRIX SUSY 227
BORTEZOMIB SOLN IV 73
BORTEZOMIB SOLR IJ 1 MG, 2.5 MG 73
bortezomib SOLR IJ 73
BORUZU SOLN IJ 73

BOSAYA SOSY SC 60 MG/ML .. 124
bosentan TABS 96
bosentan TBSO 32 MG 96
BOSULIF CAPS 100 MG 73
BOSULIF CAPS 50 MG 73
BOSULIF TABS 100 MG, 400 MG, 500 MG (bosutinib) 73
bosutinib TABS 100 MG, 400 MG, 500 MG 73
BOTOX IJ 200
BRAFTOVI 75 MG 73
BREATHERITE VALVED MDI CHAMBER DEVI 180
BREKIYA SOAJ SC 1 MG/ML 182
BREO ELLIPTA (fluticasone furoate-vilanterol) 31
BREO ELLIPTA 50 MCG/INH-25 MCG/INH 31
BREVIBLOC IN NACL (esmolol hcl-sodium chloride) 91
BREVIBLOC PREMIXED (esmolol hcl-sodium chloride) 91
BREVIBLOC PREMIXED DS (esmolol hcl-sodium chloride) 91
BREVIBLOC SOLN 100 MG/10ML (esmolol hcl) 91
BREVITAL SODIUM SOLR (methohexital sodium) 140
BREXAFEMME 56
BREYANZI 69
BREZTRI AEROSPHERE 31
BRIDION SOLN 200 MG/2ML (sugammadex sodium) 54
BRILINTA 60 MG (ticagrelor) 145
BRILINTA 90 MG (ticagrelor) 144
brimonidine tartrate (topical) 117
brimonidine tartrate 0.1 % 208
brimonidine tartrate 0.15 % 208
brimonidine tartrate 0.2 % 208
brimonidine tartrate-timolol maleate . 206
BRINEURA 127
BRINSUPRI TABS PO 10 MG, 25 MG 225
brinzolamide 212
BRIUMVI 221
brivaracetam SOLN IV 50 MG/5ML 37
brivaracetam SOLN PO 10 MG/ML 37
brivaracetam TABS 10 MG, 25 MG, 50 MG, 75 MG, 100 MG 37
BRIVIACT SOLN IV 50 MG/5ML (brivaracetam) 37
BRIVIACT SOLN PO 10 MG/ML (brivaracetam) 37
BRIVIACT TABS 10 MG, 25 MG, 50 MG, 75 MG, 100 MG (brivaracetam) . 37
BRIXADI (MONTHLY) SOSY 128 MG/0.36ML 17
BRIXADI (MONTHLY) SOSY 64 MG/0.18ML 17
BRIXADI (MONTHLY) SOSY 96 MG/0.27ML 17
BRIXADI (WEEKLY) SOSY 16 MG/0.32ML 18
BRIXADI (WEEKLY) SOSY 24 MG/0.48ML 17
BRIXADI (WEEKLY) SOSY 32 MG/0.64ML 18
BRIXADI (WEEKLY) SOSY 8 MG/0.16ML 18
bromfenac sodium (ophth) 0.07 % 212
bromfenac sodium (ophth) 0.075 % 212
bromfenac sodium (ophth) 0.09 % 212
bromocriptine mesylate CAPS 80
bromocriptine mesylate TABS 2.5 MG 80
BROMSITE (bromfenac sodium (ophth)) 212
BROVANA (arformoterol tartrate) .31
BRUKINSA 73
BRUKINSA PO 160 MG 73
BRYNOVIN SOLN PO 25 MG/ML .48
BSS PLUS SOLN 212
BSS SOLN 212
BUCAPSOL PO 15 MG 25
BUCAPSOL PO 5 MG 25
BUCAPSOL PO 7.5 MG, 10 MG .. 25
budesonide (inhalation) SUSP 0.25 MG/2ML, 0.5 MG/2ML 29
budesonide (inhalation) SUSP 1 MG/2ML 29
budesonide (intrarectal) 19
budesonide CPEP 101
budesonide TB24 101
budesonide-formoterol fumarate dihydrate 31

bumetanide SOLN 0.25 MG/ML ..122
bumetanide TABS 122
BUPHENYL POWD (sodium phenylbutyrate) 127
BUPHENYL TABS (sodium phenylbutyrate) 127
BUPIVACAINE FISIOPHARMA SOLN IJ 152
bupivacaine hcl SOLN IJ 152
bupivacaine in dextrose SOLN ... 152
bupivacaine w/ epinephrine SOLN 1 :200000-0.25 %, 1 :200000-0.5 % 152
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) 223
bupropion hcl TABS 42
bupropion hcl TB12 42
bupropion hcl TB24 150 MG, 300 MG 43
bupropion hcl TB24 450 MG 43
buspirone hcl 2.5 MG, 12.5 MG ... 25
buspirone hcl 5 MG, 10 MG, 15 MG 25
buspirone hcl 7.5 MG, 30 MG 25
busulfan SOLN 65
BUSULFEX SOLN (busulfan) 65
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
BYETTA 10 MCG PEN SOPN 10 MCG/0.04ML (exenatide) 48
BYETTA 5 MCG PEN SOPN 5 MCG/0.02ML (exenatide) 48
BYFAVO 150
BYLVAY (PELLETS) CPSP 136
BYLVAY CAPS 136
BYOOVIZ 207
BYQLOVI 0.05 % 210
BYSANTI TABS PO 1 MG, 2 MG, 4 MG, 6 MG, 8 MG, 10 MG, 12 MG . 82
BYSANTI TITRATION PACK A TBPK PO 82
BYSANTI TITRATION PACK B TBPK PO 82
BYSANTI TITRATION PACK C TBPK PO 82
BYSTOLIC (nebivolol hcl) 91
CABENUVA 600 MG/2ML-400 MG/2ML 86
CABENUVA 900 MG/3ML-600 MG/3ML 86
cabergoline 132
CABLIVI 145
CABOMETYX TABS 73
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) 95
CAFCIT SOLN IV 60 MG/3ML (caffeine citrate) 2
CAFERGOT TABS (ergotamine w/ caffeine) 182
caffeine & sodium benzoate 2
CAFFEINE CITRATE SOLN IV (caffeine citrate) 2
caffeine citrate SOLN IV 60 MG/3ML 2

calcipotriene CREA 107
CALCIPOTRIENE FOAM 107
calcipotriene OINT 107
calcipotriene SOLN 107
calcipotriene-betamethasone dipropionate OINT 111
calcipotriene-betamethasone dipropionate SUSP 111
calcitonin (salmon) IJ 124
calcitonin (salmon) NA 124
calcitriol (topical) 107
calcitriol CAPS 127
calcitriol SOLN IV 127
calcitriol SOLN PO 127
calcium acetate (phosphate binder) CAPS 139
calcium acetate (phosphate binder) TABS 139
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 .. 184
calcium carbonate-vitamin d TABS 250 MG-125 UNIT 184
calcium chloride (dihydrate) SOLN 184
CALCIUM CHLORIDE SOLN 10 % (calcium chloride (dihydrate)) 184
calcium citrate-vitamin d TABS 200 UNIT-315 MG, 250 UNIT-200 MG, 250 UNIT-315 MG 184
CALCIUM GLUCONATE SOLN (calcium gluconate) 184
calcium gluconate SOLN 184
CALCIUM GLUCONATE SOLN .. 184
CALCIUM GLUCONATE-NACL SOLN (calcium gluconate-sodium chloride) 184
CALCIUM GLUCONATE-NACL SOLN 1 GM/100ML-0.8 %, 1 GM/50ML-0.675 %, 2 GM/100ML-0.675 % 184
calcium gluconate-sodium chloride SOLN 184
CALDOLOR SOLN 11
CALQUENCE 73
CAMCEVI 69
CAMINO PRO COMPLETE/GLYTACTIN BAR ... 120
CAMPTOSAR (irinotecan hcl) 79
CAMZYOS 94
CANASA SUPP (mesalamine) ... 136
candesartan cilexetil 61
candesartan cilexetil-hydrochlorothiazide 62
capecitabine 66
CAPLYTA 81
CAPRELSA 73
captopril & hydrochlorothiazide ... 62
captopril 60
CAPVAXIVE 231
CARAFATE TABS (sucralfate) ... 228
CARBAGLU (carglumic acid) 127
carbamazepine CHEW 100 MG ... 37
carbamazepine CHEW 200 MG ... 37
carbamazepine CP12 37
carbamazepine SUSP 37
carbamazepine TABS 37
carbamazepine TB12 100 MG, 200 MG 37
carbamazepine TB12 400 MG 37
CARBATROL CP12 (carbamazepine) 37
carbidopa 79
carbidopa-levodopa CPCR 80
carbidopa-levodopa TABS 80
carbidopa-levodopa TBCR 80
carbidopa-levodopa TBDP 80
carbidopa-levodopa-entacapone 100 MG-25 MG-200 MG 80
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 80
carbidopa-levodopa-entacapone 200 MG-50 MG-200 MG 80
carbinoxamine maleate SOLN 57
carboplatin SOLN 50 MG/5ML, 150 MG/15ML, 450 MG/45ML, 600 MG/60ML 65
carboprost tromethamine SOLN .. 215
CARBOPROST TROMETHAMINE SOSY 215
CARDAMYST SOLN NA 92
CARDENE IV SOLN 0.83 %-40 MG/200ML, 0.86 %-20 MG/200ML, 2.5 MG/ML (nicardipine hcl) 92
cardioplegic soln 94
CARDURA 1 MG, 2 MG (doxazosin mesylate) 61

CARDURA 4 MG (doxazosin mesylate) 61
CARDURA 8 MG (doxazosin mesylate) 61
CARDURA XL 141
CAREONE ADVANCED LANCING DEV MISC 156
CAREONE INSULIN SYRINGE .170
CAREONE LANCET SUPER THIN 30G 156
CAREONE LANCET THIN 23G .156
CAREONE UNIFINE PENTIPS PLUS 170
CARESENS LANCETS 30G 156
CARETOUCH CONTROL SOL LEVEL 2 LIQD 156
CARETOUCH HYPODERMIC NEEDLE 170
CARETOUCH INSULIN SYRINGE 170
CARETOUCH PEN NEEDLES ..170
CARETOUCH SAFETY LANCETS 156
CARETOUCH SAFETY LANCETS 26G 156
CARETOUCH TWIST LANCETS 28G 156
CARETOUCH TWIST LANCETS 30G 156
CARETOUCH TWIST LANCETS 33G 156
CARETOUCH TWIST MC LANCETS 30G 156
carglumic acid 127
carisoprodol TABS 195
carmustine 65
CARNITOR SF SOLN PO (levocarnitine (metabolic modifiers)) 127
CARNITOR SOLN PO 1 GM/10ML (levocarnitine (metabolic modifiers)) 127
CARNITOR TABS (levocarnitine (metabolic modifiers)) 127
CAROSPIR SUSP (spironolactone) 123
carteolol hcl (ophth) 206
carvedilol 12.5 MG, 25 MG 90
carvedilol 3.125 MG, 6.25 MG 90
carvedilol phosphate 91
CARVYKTI 69
CASGEVY 146
CASODEX (bicalutamide) 69
caspofungin acetate 56
CASPOFUNGIN ACETATE 50 MG, 70 MG (caspofungin acetate) 56
CATHFLO ACTIVASE IJ 145
CAVHANZA TBDP PO 60 MG, 80 MG 73
CAYA DPRH 153
CAYSTON 23
cefaclor CAPS 97
CEFACLOR ER TB12 97
cefadroxil CAPS 97
cefadroxil SUSR 97
cefadroxil TABS 97
cefazolin sodium SOLR IJ 1 GM, 2 GM, 3 GM, 10 GM, 500 MG 97
CEFAZOLIN SODIUM SOLR IV 2 GM, 3 GM 97
CEFAZOLIN SODIUM-DEXTROSE SOLN 4 %-1 GM/50ML, 4 %-2 GM/100ML, 4 %-3 GM/150ML 97
CEFAZOLIN SODIUM-DEXTROSE SOLR 97
cefdinir CAPS 98
cefdinir SUSR 98
CEFEPIME HCL SOLN 98
cefepime hcl SOLR IJ 1 GM 98
CEFEPIME-DEXTROSE 98
cefixime CAPS 98
cefixime SUSR 98
cefixime TABS 98
CEFOTAN IJ (cefotetan disodium) 97
cefotetan disodium IJ 1 GM, 2 GM 98
cefoxitin sodium IV 98
CEFOXITIN SODIUM-DEXTROSE 98
cefpodoxime proxetil SUSR 98
cefpodoxime proxetil TABS 98
cefprozil SUSR 98
cefprozil TABS 98
ceftaroline fosamil 400 MG, 600 MG . 98
ceftazidime IJ 1 GM, 6 GM 98
ceftriaxone sodium IJ 1 GM, 2 GM, 250 MG, 500 MG 98
ceftriaxone sodium in dextrose 98
CEFTRIAXONE SODIUM-DEXTROSE 98
cefuroxime axetil TABS 98

cefuroxime sodium IJ 750 MG 98
CELEBREX (celecoxib) 11
celecoxib 11
CELESTONE SOLUSPAN SUSP (betamethasone sod phosphate & acetate) 101
CELEXA TABS 10 MG, 20 MG (citalopram hydrobromide) 43
CELEXA TABS 40 MG (citalopram hydrobromide) 43
CELLCEPT CAPS (mycophenolate mofetil) 188
CELLCEPT INTRAVENOUS (mycophenolate mofetil hcl) 188
CELLCEPT SUSR (mycophenolate mofetil) 188
CELLCEPT TABS (mycophenolate mofetil) 188
CELONTIN (methsuximide) 42
cephalexin CAPS 250 MG, 500 MG 97
cephalexin CAPS 750 MG 97
cephalexin SUSR 97
cephalexin TABS 97
CEPROTIN 144
CEQUA SOLN 210
CERDELGA 146
CEREBYX (fosphenytoin sodium) 41
CERETEC 118
CEREZYME 400 UNIT 146
CERIANNA 118
CERVIDIL INST 215
cetirizine hcl SOLN PO 58
cetirizine hcl TABS 58
cevimeline hcl 191
CHANTIX CONTINUING MONTH PAK TABS (varenicline tartrate) .. 223
CHANTIX STARTING MONTH PAK TBPK (varenicline tartrate) 223
CHANTIX TABS (varenicline tartrate) 223
CHEMET 53
CHERRY 217
CHERRY FLAVOR LIQD 217
CHIRHOSTIM 118
chlordiazepoxide hcl CAPS 25
chlordiazepoxide-amitriptyline ... 220
chlorhexidine gluconate (mouth-throat) 191
chloroprocaine hcl IJ 153
chloroquine phosphate TABS 64
chlorothiazide sodium 123
CHLORPROMAZINE HCL 98
chlorpromazine hcl CONC 84
chlorpromazine hcl SOLN 84
chlorpromazine hcl TABS 84
chlorthalidone 25 MG, 50 MG 123
chlorzoxazone TABS 250 MG 195
chlorzoxazone TABS 375 MG, 750 MG 195
chlorzoxazone TABS 500 MG 195
CHOLBAM 135
cholecalciferol CHEW 1000 UNIT 237
cholecalciferol LIQD PO 10 MCG/ML 237
CHOLESTYRAMINE 98
cholestyramine light PACK 58
cholestyramine light POWD 58
cholestyramine PACK 58
cholestyramine POWD 58
choline fenofibrate 135 MG 59
choline fenofibrate 45 MG 59
CHORIONIC GONADOTROPIN IM 125
CHOSEN LANCETS 30G 156
CHOSEN LANCING DEVICE MISC 156
CHOSEN SAFETY LANCETS 28G 156
CIALIS 5 MG (tadalafil) 95
CIBINQO 113
ciclopirox GEL 105
ciclopirox olamine CREA 105
ciclopirox olamine SUSP 105
ciclopirox SHAM 105
ciclopirox SOLN 105
cidofovir 88
cilostazol 145
CILOXAN OINT 208
CIMDUO 86
CIMERLI 207
cimetidine hcl PO 300 MG/5ML .. 228
cimetidine TABS 200 MG, 300 MG, 400 MG 228
cimetidine TABS 800 MG 228

CIMZIA (1 SYRINGE) PSKT 200 MG/ML 136
CIMZIA (2 SYRINGE) PSKT 136
CIMZIA KIT 136
CIMZIA-STARTER PSKT 136
cinacalcet hcl 127
CINQAIR 26
CINRYZE SOLR IV 143
CINVANTI EMUL 56
CIPRO HC 1 %-0.2 % (ciprofloxacin-hydrocortisone) 215
CIPRO SUSR 135
CIPRO TABS 250 MG, 500 MG (ciprofloxacin hcl) 135
ciprofloxacin hcl (ophth) SOLN ... 208
ciprofloxacin hcl (ophth) SOLN ... 209
ciprofloxacin hcl (otic) 215
ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG 135
ciprofloxacin in d5w 135
ciprofloxacin-dexamethasone ... 215
ciprofloxacin-hydrocortisone 215
cisatracurium besylate SOLN 200
CISPLATIN SOLN 200 MG/200ML (cisplatin) 65
cisplatin SOLN 50 MG/50ML, 100 MG/100ML, 200 MG/200ML 65
CISPLATIN SOLR 65
CITALOPRAM HYDROBROMIDE CAPS 30 MG (citalopram hydrobromide) 43
citalopram hydrobromide CAPS 30 MG 43
citalopram hydrobromide SOLN ... 43
citalopram hydrobromide TABS 10 MG, 20 MG 43
citalopram hydrobromide TABS 40 MG 43
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 192
CITRANATAL ASSURE 192
cladribine (multiple sclerosis) 10 MG . 221
cladribine 10 MG/10ML 66
CLARINEX TABS (desloratadine) . 58
clarithromycin SUSR 153
clarithromycin TABS 153
clarithromycin TB24 153
clemastine fumarate SYRP 57
clemastine fumarate TABS 2.68 MG . 57
CLEMSZA TABS 2.68 MG (clemastine fumarate) 57
CLENPIQ SOLN 12 GM/175ML-3.5 GM/175ML-10 MG/175ML 151
CLEOCIN (clindamycin hcl) 22
CLEOCIN (clindamycin palmitate hydrochloride) 22
CLEOCIN CREA (clindamycin phosphate vaginal) 234
CLEOCIN PHOSPHATE SOLN IJ (clindamycin phosphate) 23
CLEOCIN PHOSPHATE SOLN IJ . 23
CLEOCIN SUPP 234
CLEOCIN-T LOTN (clindamycin phosphate (topical)) 104
CLEVER CHEK LANCETS 156
CLEVER CHOICE COMFORT EZ 157
CLEVER CHOICE COMFORT EZ 171
CLEVER CHOICE COMFORT EZ PLUS 171
CLEVER CHOICE HOLDING CHAMBER DEVI 180
CLEVER CHOICE LANCETS 23G 157
CLEVER CHOICE LANCETS 28G 157
CLEVIPREX 25 MG/50ML, 50 MG/100ML 92
CLIGAVYX SOSY 250 MG/5ML ... 70
CLIMARA PRO 133
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) 133
CLINDACIN ETZ 104
clindamycin hcl 23
clindamycin palmitate hydrochloride . 23
clindamycin phosphate (topical) FOAM 104
clindamycin phosphate (topical) GEL 104
clindamycin phosphate (topical) LOTN 104
clindamycin phosphate (topical) SOLN 104

clindamycin phosphate (topical) SWAB 104
clindamycin phosphate in d5w 23
CLINDAMYCIN PHOSPHATE IN NACL 23
CLINDAMYCIN PHOSPHATE POWD 98
clindamycin phosphate SOLN IJ 300 MG/2ML, 600 MG/4ML, 900 MG/6ML 23
clindamycin phosphate vaginal CREA 234
CLINDESSE 235
clobazam SUSP 36
clobazam TABS 36
CLOBETASOL PROPIONATE CREA 0.025 % 111
clobetasol propionate CREA 0.05 % 111
clobetasol propionate emollient base 0.05 % 111
clobetasol propionate emulsion 111
clobetasol propionate FOAM 111
clobetasol propionate GEL 0.05 % 111
clobetasol propionate LIQD 111
clobetasol propionate LOTN 111
clobetasol propionate OINT 0.05 % 111
clobetasol propionate SHAM 111
clobetasol propionate SOLN 0.05 % 111
clocortolone pivalate 111
clofarabine 66
clomipramine hcl 45
CLONAZEPAM TABS 0.25 MG 36
clonazepam TABS 0.5 MG, 1 MG 36
clonazepam TABS 2 MG 36
clonazepam TBDP 0.125 MG, 0.25 MG, 0.5 MG, 1 MG 36
clonazepam TBDP 2 MG 36
clonidine hcl (adhd) TB12 3
clonidine hcl (analgesia) EP 13
CLONIDINE HCL POWD 61
clonidine hcl TABS 0.05 MG 62
clonidine hcl TABS 61
clonidine PTWK 0.1 MG/24HR 62
clonidine PTWK 0.2 MG/24HR, 0.3 MG/24HR 62
clonidine TB24 62
clopidogrel bisulfate 145
clorazepate dipotassium TABS 25
CLOTIC SOLN OT 1 % 215
clotrimazole (topical) CREA 106
clotrimazole (topical) SOLN 106
clotrimazole 191
clotrimazole w/ betamethasone CREA 106
clotrimazole w/ betamethasone LOTN 106
clozapine TABS 84
clozapine TBDP 84
CLOZARIL TABS 25 MG, 100 MG (clozapine) 84
COAGADEX 142
COAGUCHEK LANCETS 157
COARTEM 64
COBENFY CAPS 84
COBENFY STARTER PACK CPPK 84
COCAINE HCL 40 MG/ML 196
CODEINE PHOSPHATE POWD 14
codeine sulfate TABS 30 MG 14
CODEINE SULFATE TABS 14
colchicine CAPS 141
colchicine TABS 141
colchicine w/ probenecid 141
colesevelam hcl PACK 58
colesevelam hcl TABS 58
COLESTID GRAN (colestipol hcl) 59
COLESTID TABS (colestipol hcl) 59
colestipol hcl GRAN 59
colestipol hcl PACK 59
colestipol hcl TABS 59
colistimethate sodium 23
COLUMVI 67
COLY-MYCIN M (colistimethate sodium) 23
COMBIGAN (brimonidine tartrate-timolol maleate) 206
COMBIPATCH PTTW 133
COMBIVENT RESPIMAT AERS 31
COMBOGESIC SOLN 11
COMETRIQ (100 MG DAILY DOSE) KIT 73
COMETRIQ (140 MG DAILY DOSE) KIT 73
COMETRIQ (60 MG DAILY DOSE)

KIT 73
COMFORT ASSURED LANCETS 28G 157
COMFORT ASSURED LANCETS 33G 157
COMFORT EZ INSULIN SYRINGE . 171
COMFORT EZ MICRO PEN NEEDLES 171
COMFORT EZ PEN NEEDLES . 171
COMFORT EZ PRO PEN NEEDLES 171
COMFORT EZ SHORT PEN NEEDLES 171
COMFORT TOUCH INSULIN PEN NEED 171
COMFORT TOUCH LANCETS 31G . 157
COMFORT TOUCH PLUS LANCETS 30G 157
COMIRNATY 5-11 YEARS SUSP 10 MCG/0.3ML 231
COMIRNATY SUSY 231
COMPACT SPACE CHAMBER DEVI 180
COMPACT SPACE CHAMBER/LG MASK DEVI 180
COMPACT SPACE CHAMBER/MED MASK DEVI 180
COMPACT SPACE CHAMBER/SM MASK DEVI 180
COMPLERA 200 MG-300 MG-25 MG (emtricitabine-rilpivirine-tenofovir disoproxil fumarate) 86
COMPLETE NATAL DHA 192
COMPLETENATE CHEW 192
CONCEPT DHA 193
CONCEPT OB 193
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 124
CONTEPO SOLR IV 6 GM 20
CONTOUR NEXT TEST STRP .. 119
CONTOUR PLUS CONTROL SOLUTION LIQD 157
CONZIP CP24 (tramadol hcl) 14
COPAXONE SOSY 20 MG/ML (glatiramer acetate) 221
COPAXONE SOSY 40 MG/ML (glatiramer acetate) 221
COPIKTRA 73
CORIFACT 142
CORLANOR SOLN 97
CORLANOR TABS (ivabradine hcl) 97
CORTEF TABS (hydrocortisone) .101
CORTENEMA (hydrocortisone (intrarectal)) 19
CORTIFOAM EX 10 % 19
CORTISONE ACETATE TABS ..101
CORTISPORIN-TC 215
CORTROPHIN GEL PRSY SC 40 UNIT/0.5ML, 80 UNIT/ML 125
CORTROPHIN GEL 125
CORTROSYN SOLR (cosyntropin) 118
CORVERT (ibutilide fumarate) 26
COSELA 78
COSENTYX (300 MG DOSE) SOSY . 107
COSENTYX SENSOREADY (300 MG) SOAJ 107
COSENTYX SENSOREADY PEN SOAJ 107
COSENTYX SOLN 107
COSENTYX SOSY 150 MG/ML ..107
COSENTYX SOSY 75 MG/0.5ML 107
COSENTYX UNOREADY SOAJ .107
COSOPT (dorzolamide hcl-timolol maleate) 206
COSOPT PF (dorzolamide hcl-timolol maleate) 206
cosyntropin SOLR 118
COTELLIC 73
COTEMPLA XR-ODT TBED 3
COXANTO CAPS (oxaprozin) 11
COZAAR 25 MG (losartan potassium) 61
COZAAR 50 MG, 100 MG (losartan potassium) 61
CRENESSITY CAPS 125
CRENESSITY SOLN 125
CREON CPEP 122
CRESEMBA CAPS 186 MG 57
CRESEMBA CAPS 74.5 MG 57
CRESEMBA SOLR 57

CREXONT CPCR 80
CRINONE GEL 8 % 235
CROFAB 215
cromolyn sodium (mastocytosis) 135
cromolyn sodium (ophth) 212
cromolyn sodium NEBU 26
crotamiton LOTN 117
CRYSVITA 127
CTEXLI TABS PO 250 MG 135
CUROSURF TR 120 MG/1.5ML, 240 MG/3ML 225
CUTAQUIG 215
CUVITRU SOLN 215
CUVPOSA SOLN PO (glycopyrrolate) 227
CUVRIOR 187
CVS LANCETS THIN 26G 157
cyanocobalamin SOLN IJ 1000 MCG/ML 146
CYANOKIT 54
cyclobenzaprine hcl CP24 195
cyclobenzaprine hcl TABS 5 MG, 10 MG 195
cyclobenzaprine hcl TABS 7.5 MG 195
CYCLOGYL (cyclopentolate hcl) 207
CYCLOGYL 207
CYCLOMYDRIL 207
cyclopentolate hcl 1 % 207
cyclophosphamide CAPS 65
CYCLOPHOSPHAMIDE SOLN (cyclophosphamide) 65
cyclophosphamide SOLN 1 GM/5ML, 500 MG/2.5ML 65
CYCLOPHOSPHAMIDE SOLN 65
cyclophosphamide SOLR IJ 65
CYCLOPHOSPHAMIDE TABS 50 MG 65
cycloserine 64
CYCLOSET 48
cyclosporine (ophth) EMUL 210
cyclosporine CAPS 100 MG 188
cyclosporine CAPS 25 MG 188
cyclosporine modified (for microemulsion) CAPS 100 MG 188
cyclosporine modified (for microemulsion) CAPS 25 MG 188
cyclosporine modified (for microemulsion) CAPS 50 MG 188
cyclosporine modified (for microemulsion) SOLN 188
CYKLOKAPRON SOLN (tranexamic acid) 149
CYLTEZO (2 PEN) AJKT 7
CYLTEZO (2 SYRINGE) PSKT 10 MG/0.2ML, 20 MG/0.4ML 7
CYLTEZO (2 SYRINGE) PSKT 40 MG/0.4ML, 40 MG/0.8ML 7
CYLTEZO-CD/UC/HS STARTER AJKT 7
CYLTEZO-PSORIASIS/UV STARTER AJKT 7
cyproheptadine hcl SYRP 58
cyproheptadine hcl TABS 58
CYRAMZA 67
CYSTADANE (betaine) 127
CYSTADROPS 213
CYSTAGON CAPS 140
CYSTARAN 213
cytarabine SOLN 20 MG/ML 66
cytarabine SOLN 66
CYTOGAM SOLN 215
CYTOMEL TABS (liothyronine sodium) 226
CYTOTEC (misoprostol) 229
dabigatran etexilate mesylate CAPS 36
dacarbazine SOLR 78
dactinomycin 71
dalbavancin hcl 500 MG 21
dalfampridine 221
DALIRESP 250 MCG (roflumilast) 29
DALIRESP 500 MCG (roflumilast) 29
DALVANCE 500 MG (dalbavancin hcl) 21
danazol CAPS 19
DANTRIUM CAPS 25 MG (dantrolene sodium) 196
dantrolene sodium CAPS 196
dantrolene sodium SOLR 196
DANYELZA 67
DANZITEN 73
dapagliflozin TABS PO 5 MG, 10 MG 53
dapagliflozin-metformin hcl TB24 PO 1000 MG-10 MG 46
dapagliflozin-metformin hcl TB24 PO 1000 MG-5 MG 46

dapagliflozin-metformin hcl TB24 PO 46

dapagliflozin-saxagliptin 46

dapsone (topical) 5 % 104

dapsone (topical) 7.5 % 104

dapsone 22

DAPTACEL 227

DAPTOMYCIN (daptomycin) 21

daptomycin 21

DAPTOMYCIN 21

DAPTOMYCIN-SODIUM CHLORIDE 21

darifenacin hydrobromide 230

darunavir TABS 600 MG 86

darunavir TABS 800 MG 86

DARZALEX 67

DARZALEX FASPRO 72

dasatinib 20 MG, 50 MG 73

dasatinib 70 MG, 80 MG, 100 MG, 140 MG 73

DATROWAY 79

DATSCAN 118

DAUNORUBICIN HCL SOLN (daunorubicin hcl) 72

daunorubicin hcl SOLN 71

DAURISMO 69

DAWNZERA SOAJ SC 80 MG/0.8ML 145

DAXXIFY SOLR IM 200

DAYBUE 201

DAYBUE STIX PO 5000 MG, 6000 MG, 8000 MG 201

DAYVIGO 151

DDAVP PF SOLN IJ (desmopressin acetate) 132

DDAVP SOLN IJ 4 MCG/ML (desmopressin acetate) 132

DDAVP TABS 0.1 MG (desmopressin acetate) 132

DDAVP TABS 0.2 MG (desmopressin acetate) 132

decitabine 66

DECNUPAZ SOLR IV 2 MG 67

DEFENCATH 36

deferasirox PACK 53

deferasirox TABS 53

deferasirox TBSO 53

deferiprone TABS 53

deferoxamine mesylate 54

DEFITELIO 145

deflazacort SUSP 102

deflazacort TABS 102

dehydrated alcohol 97

DEKAS ESSENTIAL CAPS 192

DEKAS ESSENTIAL LIQD 192

DEKAS PLUS CAPS 191

DEKAS PLUS CHEW 192

DEKAS PLUS LIQD 192

DELESTROGEN 10 MG/ML, 20 MG/ML (estradiol valerate) 133

DELSTRIGO 86

demeclocycline hcl TABS 225

DEMEROL SOLN IJ 25 MG/ML, 50 MG/ML, 75 MG/ML (meperidine hcl) 14

DEMEROL SOLN IJ 14

DENAVIR (penciclovir) 110

DENTA 5000 PLUS SENSITIVE GEL 191

DEPAKOTE ER TB24 250 MG (divalproex sodium) 42

DEPAKOTE ER TB24 500 MG (divalproex sodium) 42

DEPAKOTE SPRINKLES CSDR (divalproex sodium) 42

DEPAKOTE TBEC 125 MG, 250 MG (divalproex sodium) 42

DEPAKOTE TBEC 500 MG (divalproex sodium) 42

DEPEN TITRATABS TABS (penicillamine) 187

DEPLIN 7.5 120

DEPO-ESTRADIOL 133

DEPO-MEDROL SUSP (methylprednisolone acetate) 102

DEPO-MEDROL SUSP 102

DEPO-PROVERA SUSP IM (medroxyprogesterone acetate (contraceptive)) 101

DEPO-PROVERA SUSY IM (medroxyprogesterone acetate (contraceptive)) 101

DEPO-SUBQ PROVERA 104 SUSY SC 101

DERMA-SMOOTHE/FS BODY OIL (fluocinolone acetonide) 111

DERMA-SMOOTHE/FS SCALP OIL (fluocinolone acetonide) 111

DERMOTIC (fluocinolone acetonide

(otic)) 215
DESCOVY 86
DESFERAL 500 MG (deferoxamine mesylate) 54
desflurane 140
desipramine hcl TABS 45
DESLORATADINE SOLN PO 0.5 MG/ML 58
desloratadine TABS 58
desloratadine TBDP 58
DESMODA SOLN PO 0.05 MG/ML 132
desmopressin acetate SOLN IJ ..132
desmopressin acetate spray 132
desmopressin acetate TABS 0.1 MG 132
desmopressin acetate TABS 0.2 MG 132
desogestrel & ethinyl estradiol ...100
desogestrel-ethinyl estradiol (biphasic) 100
desogestrel-ethinyl estradiol (triphasic) 100
desonide CREA 111
desonide LOTN 111
desonide OINT 111
desoximetasone CREA 0.05 % ...111
desoximetasone CREA 0.25 % ...111
desoximetasone GEL 111
desoximetasone LIQD 111
desoximetasone OINT 0.05 % ... 111
desoximetasone OINT 0.25 % ... 111
DESVENLAFAXINE ER 45
desvenlafaxine succinate 45
DETROL TABS (tolterodine tartrate) . 230
DEXAMETHASONE 98
dexamethasone ELIX 102
DEXAMETHASONE INTENSOL CONC 102
dexamethasone sodium phosphate (ophth) 210
DEXAMETHASONE SODIUM PHOSPHATE 98
dexamethasone sodium phosphate SOLN IJ 102
dexamethasone sodium phosphate SOSY IJ 102
dexamethasone SOLN 102
dexamethasone TABS 102
dexamethasone TBPK 102
DEXCOM G6 RECEIVER 157
DEXCOM G6 SENSOR 157
DEXCOM G6 TRANSMITTER ...157
DEXCOM G7 15 DAY SENSOR .157
DEXCOM G7 RECEIVER 157
DEXCOM G7 SENSOR 157
DEXEDRINE CP24 10 MG (dextroamphetamine sulfate) 1
DEXILANT (dexlansoprazole) ... 228
dexlansoprazole 228
DEXLYT TABS 0.25 MG 102
dexmedetomidine hcl in sodium chloride SOLN 150
DEXMEDETOMIDINE HCL SOLN 400 MCG/4ML (dexmedetomidine hcl) 150
dexmedetomidine hcl SOLN 150
DEXMEDETOMIDINE HCL-DEXTROSE 150
dexmethylphenidate hcl CP24 3
dexmethylphenidate hcl TABS 3
dexrazoxane hcl 78
DEXTENZA INST 210
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
dextromethorphan hbr-quinidine sulfate 222
dextrose in lactated ringers 184
DEXTROSE SOLN 5 %, 10 %, 20 %, 30 %, 40 %, 50 %, 70 %, 250 MG/ML (dextrose) 202
dextrose SOLN 5 %, 10 %, 50 % .202
DEXTROSE SOLN 202
dextrose w/ sodium chloride 0.45 %-2.5 %, 0.9 %-5 %, 5 %-0.225 %, 5 %-0.3 %, 5 %-0.45 % 184
DEXTROSE-NACL 184
DEXTROSE-SODIUM CHLORIDE (dextrose w/ sodium chloride) 184
DEXTROSE-SODIUM CHLORIDE 184

DHIVY TABS 80
DIACOMIT CAPS 37
DIACOMIT PACK 37
diatrizoate meglumine & sodium PO . 120
diazepam (anticonvulsant) GEL 2.5 MG 36
diazepam (anticonvulsant) GEL ...36
DIAZEPAM 98
diazepam CONC 25
diazepam SOLN IJ 5 MG/ML, 10 MG/2ML 25
diazepam SOLN PO 5 MG/5ML ...25
diazepam TABS 25
diazoxide 47
dichlorphenamide 122
DICLEGIS TBEC (doxylamine-pyridoxine) 55
diclofenac epolamine PTCH EX ..105
diclofenac potassium (migraine) .182
diclofenac potassium CAPS 11
diclofenac potassium TABS 25 MG 11
diclofenac potassium TABS 50 MG 11
diclofenac sodium (actinic keratoses) EX 106
diclofenac sodium (ophth) 213
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 217
dicyclomine hcl CAPS 227
dicyclomine hcl SOLN IM 227
dicyclomine hcl TABS 227
dietary management product POWD . 120
dietary management product TABS 1 MCG-6.5 MCG-50 MCG-0.09 MCG 120
DIFICID SUSR 153
DIFICID TABS 200 MG (fidaxomicin) 153
diflorasone diacetate CREA 111
diflorasone diacetate OINT 111
DIFLUCAN SUSR 40 MG/ML (fluconazole) 57
diflunisal TABS 13
difluprednate 210
DIGIFAB 54
digoxin SOLN IJ 0.25 MG/ML 94
digoxin SOLN PO 0.05 MG/ML 94
digoxin TABS 125 MCG 94
digoxin TABS 250 MCG 94
digoxin TABS 62.5 MCG 94
dihydroergotamine mesylate SOLN IJ 1 MG/ML 182
dihydroergotamine mesylate SOLN NA 4 MG/ML 182
DILANTIN (phenytoin sodium extended) 41
DILANTIN 30 MG 41
DILANTIN INFATABS CHEW (phenytoin) 42
DILANTIN-125 SUSP (phenytoin) .42
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 93
diltiazem hcl coated beads CP24 180 MG 93
diltiazem hcl coated beads CP24 240 MG 93
diltiazem hcl coated beads CP24 300 MG 92
diltiazem hcl coated beads CP24 360 MG 93
diltiazem hcl CP12 93
diltiazem hcl CP24 120 MG 93
diltiazem hcl CP24 180 MG 93
diltiazem hcl CP24 240 MG 93
diltiazem hcl extended release beads 120 MG 93
diltiazem hcl extended release beads 180 MG 93
diltiazem hcl extended release beads 240 MG 93

diltiazem hcl extended release beads 300 MG, 360 MG, 420 MG 93
diltiazem hcl SOLN 93
DILTIAZEM HCL SOLR 93
diltiazem hcl TABS 120 MG 93
diltiazem hcl TABS 30 MG, 60 MG 93
diltiazem hcl TABS 90 MG 93
diltiazem hcl TB24 93
DILTIAZEM HCL-SODIUM CHLORIDE 93
DIMENHYDRINATE SOLN 55
dimethyl fumarate CDPK 221
dimethyl fumarate CPDR 120 MG 221
dimethyl fumarate CPDR 240 MG 221
dimethyl sulfoxide 141
DIOVAN HCT (valsartan-hydrochlorothiazide) 62
DIOVAN TABS (valsartan) 61
DIPENTUM 136
diphenhydramine hcl SOLN 50 MG/ML 58
diphenoxylate w/ atropine LIQD ... 53
diphenoxylate w/ atropine TABS ...53
DIPRIVAN +RFID EMUL 200 MG/20ML (propofol) 139
DIPRIVAN EMUL (propofol) 139
DIPRIVAN EMUL 139
dipyridamole (diagnostic) 118
dipyridamole 145
disopyramide phosphate CAPS ... 26
disulfiram 218
divalproex sodium CSDR 42
divalproex sodium TB24 250 MG ..42
divalproex sodium TB24 500 MG ..42
divalproex sodium TBEC 125 MG, 250 MG 42
divalproex sodium TBEC 500 MG .42
DIVIGEL GEL 0.25 MG/0.25GM, 0.75 MG/0.75GM, 1 MG/GM (estradiol) 134
DIVIGEL GEL 0.5 MG/0.5GM (estradiol) 134
DIVIGEL GEL 1.25 MG/1.25GM (estradiol) 134
dobutamine hcl 12.5 MG/ML 94
DOBUTAMINE-DEXTROSE 94
DOCETAXEL CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML (docetaxel) 79
docetaxel CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML 79
DOCETAXEL CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML 79
DOCETAXEL SOLN (docetaxel) ...79
DOCETAXEL SOLN 20 MG/2ML, 80 MG/8ML, 160 MG/16ML 79
docetaxel SOLN 79
DOCIVYX SOLN 79
docusate sodium ENEM 283 MG/5ML 152
dofetilide 26
DOJOLVI 202
DOLOBID TABS 14
donepezil hydrochloride TABS 10 MG 219
donepezil hydrochloride TABS 23 MG 219
donepezil hydrochloride TABS 5 MG . 219
donepezil hydrochloride TBDP ...219
DOPAMINE HCL (dopamine hcl) . 94
dopamine hcl 40 MG/ML 94
DOPAMINE-DEXTROSE 94
DOPTELET 147
DOPTELET SPRINKLE PO 10 MG 147
DORYX MPC TBEC 60 MG 225
dorzolamide hcl 213
dorzolamide hcl-timolol maleate .206
DOVATO 86
doxazosin mesylate 1 MG, 2 MG ..62
doxazosin mesylate 4 MG 62
doxazosin mesylate 8 MG 62
doxepin hcl (antipruritic) 106
doxepin hcl (sleep) 150
doxepin hcl CAPS 45
doxepin hcl CONC 45
doxercalciferol CAPS 127
doxercalciferol SOLN 127
DOXIL SUSP (doxorubicin hcl liposomal) 72
doxorubicin hcl liposomal SUSP ...72
DOXORUBICIN HCL SOLN (doxorubicin hcl) 72
doxorubicin hcl SOLN 72
doxorubicin hcl SOLR 10 MG, 50 MG

72

doxycycline (monohydrate) CAPS 150 MG 225

doxycycline (monohydrate) CAPS 50 MG, 100 MG 225

doxycycline (monohydrate) CAPS 75 MG 225

doxycycline (monohydrate) SUSR 225

doxycycline (monohydrate) TABS 150 MG 225

doxycycline (monohydrate) TABS 50 MG, 75 MG, 100 MG 225

doxycycline (rosacea) 117

DOXYCYCLINE HYCLATE CAPS 75 MG 225

doxycycline hyclate CAPS 225

doxycycline hyclate SOLR 225

doxycycline hyclate TABS 20 MG, 100 MG 225

doxycycline hyclate TABS 50 MG 225

doxycycline hyclate TABS 75 MG, 150 MG 225

doxycycline hyclate TBEC 50 MG, 80 MG, 200 MG 225

doxycycline hyclate TBEC 75 MG, 100 MG, 150 MG 225

doxylamine-pyridoxine TBEC 56

DRIZALMA SPRINKLE CSDR 45

dronabinol CAPS 56

DRONABINOL SOLN 5 MG/ML ... 56

droperidol SOLN 2.5 MG/ML 25

DROPLET GENTEEL LANCING DEVICE MISC 157

DROPLET INSULIN SYRINGE .. 171

DROPLET LANCETS ULTRA THIN 30G 157

DROPLET LANCING DEVICE MISC . 157

DROPLET MEDLANCE LANCET 30G 157

DROPLET MICRON 171

DROPLET PEN NEEDLES 171

DROPLET PERSONAL LANCETS 30G 157

DROPSAFE ACTI-LANCE 23G . 157

DROPSAFE ACTI-LANCE LANCET 17G 158

DROPSAFE ACTI-LANCE LANCET 23G 158

DROPSAFE ACTI-LANCE LANCET 28G 158

DROPSAFE AUTOPROTECT DUO . 171

DROPSAFE ERGOLANCE LANCET 21G 158

DROPSAFE ERGOLANCE LANCET 25G 158

DROPSAFE ERGOLANCE LANCET 30G 158

DROPSAFE HAEMOLANCE LANCET 1.5 158

DROPSAFE HAEMOLANCE LANCET 18G 158

DROPSAFE HAEMOLANCE LANCET 21G 158

DROPSAFE HAEMOLANCE LANCET 25G 158

DROPSAFE HAEMOLANCE LANCET 28G 158

DROPSAFE MEDISAFE LANCET 23G 158

DROPSAFE MEDISAFE LANCET 29G 158

DROPSAFE MEDLANCE LANCET 0.8MM 158

DROPSAFE MEDLANCE LANCET 21G 158

DROPSAFE MEDLANCE LANCET 25G 158

DROPSAFE MEDLANCE LANCET 30G 158

DROPSAFE SAFETY PEN NEEDLES 171

DROPSAFE SAFETY SYRINGE/NEEDLE 171

drospirenone-ethinyl estradiol ... 100

drospirenone-ethinyl estradiol-levomefolate calcium 100

DROXIA CAPS 146

droxidopa 100 MG, 200 MG 236

droxidopa 300 MG 236

DRUG MART ON-THE-GO LANCET 30G 158

DRUG MART UNIFINE PENTIPS 171

DRUG MART UNIFINE PENTIPS PLUS 171

DRUG MART UNILET LANCETS 28G 158

DRUG MART UNILET LANCETS 30G 159

DRUG MART UNILET LANCETS

33G 159
DRYSOL SOLN 116
DUAKLIR PRESSAIR 31
DUAVEE 133
DUETACT (pioglitazone hcl-glimepiride) 46
DULERA 100 MCG/ACT-5 MCG/ACT, 200 MCG/ACT-5 MCG/ACT 31
DULERA 50 MCG/ACT-5 MCG/ACT . 32
duloxetine hcl CPEP 20 MG, 30 MG, 60 MG 45
duloxetine hcl CPEP 40 MG 45
DULOXETINE HCL CPEP 80 MG, 90 MG, 120 MG 45
DUOPA SUSP 80
DUPIXENT SOAJ 200 MG/1.14ML 113
DUPIXENT SOAJ 300 MG/2ML ..113
DUPIXENT SOSY 200 MG/1.14ML 114
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 153
DUREX EXTRA SENSITIVE THIN MISC 153
DUREX TROPICAL MISC 153
DUREZOL (difluprednate) 211
DURYSTA IMPL 214
dutasteride 141
dutasteride-tamsulosin hcl 141
DUVYZAT 198
DYANAVEL XR SUER 2
DYANAVEL XR TBCR 2
DYMISTA SUSP (azelastine hcl-fluticasone propionate) 196
DYSPORT 200
E.E.S. GRANULES SUSR (erythromycin ethylsuccinate) 153
EAA SUPPLEMENT PACK 120
EASIVENT MASK LARGE MISC .180
EASIVENT MASK MEDIUM MISC 180
EASIVENT MASK SMALL MISC .180
EASIVENT MISC 180
EASY COMFORT INSULIN SYRINGE 171
EASY COMFORT LANCETS 159
EASY COMFORT LANCETS TWIST TOP 159
EASY COMFORT PEN NEEDLES 171
EASY COMFORT PEN NEEDLES 172
EASY GLIDE PEN NEEDLES ...172
EASY MINI EJECT LANCING DEVICE MISC 159
EASY MINI LANCING DEVICE MISC 159
EASY TOUCH FLIPLOCK INSULIN SY 172
EASY TOUCH INSULIN BARRELS . 172
EASY TOUCH INSULIN SAFETY SYR 172
EASY TOUCH INSULIN SYRINGE 172
EASY TOUCH LANCETS 21G ..159
EASY TOUCH LANCETS 23G ..159
EASY TOUCH LANCETS 26G ..159
EASY TOUCH LANCETS 28G ..159
EASY TOUCH LANCETS 28G/TWIST 159
EASY TOUCH LANCETS 30G ..159
EASY TOUCH LANCETS 30G/TWIST 159
EASY TOUCH LANCETS 32G ..159
EASY TOUCH LANCETS 32G/TWIST 159
EASY TOUCH LANCETS 33G/TWIST 159
EASY TOUCH LANCING DEVICE MISC 159
EASY TOUCH PEN NEEDLES ..172
EASY TOUCH SAFETY LANCETS 21G 159
EASY TOUCH SAFETY LANCETS 23G 159
EASY TOUCH SAFETY LANCETS 26G 159
EASY TOUCH SAFETY LANCETS 28G 159
EASY TOUCH SAFETY PEN NEEDLES 172
EASY TOUCH SHEATHLOCK SYRINGE 172
EASYMAX TEST STRP 119

EBGLYSS SOAJ 114
EBGLYSS SOSY 114
econazole nitrate CREA 106
ECONAZOLE NITRATE FOAM 1 % . 106
edaravone SOLN 30 MG/100ML . 197
EDARBI 40 MG, 80 MG (azilsartan medoxomil) 61
EDARBYCLOR 62
EDETATE CALCIUM DISODIUM SOLN 54
EDLUAR SUBL 150
EDURANT 25 MG (rilpivirine hcl) .. 86
EDURANT PED PO 2.5 MG 86
efavirenz CAPS 86
efavirenz TABS 86
efavirenz-emtricitabine-tenofovir disoproxil fumarate 86
efavirenz-lamivudine-tenofovir disoproxil fumarate 86
EFFER-K TBEF 25 MEQ 186
EFFEXOR XR CP24 150 MG (venlafaxine hcl) 45
EFFEXOR XR CP24 37.5 MG, 75 MG (venlafaxine hcl) 45
EFFIENT (prasugrel hcl) 145
EKTERLY TABS PO 300 MG 144
ELAHERE 67
ELAPRASE 127
ELCYS 206
electrolyte-148 184
electrolyte-a 184
ELELYSO 146
ELEPSIA XR TB24 37
ELESTRIN GEL 134
eletriptan hydrobromide 183
ELEVIDYS 10.0-10.4 KG 198
ELEVIDYS 10.5-11.4 KG 198
ELEVIDYS 11.5-12.4 KG 198
ELEVIDYS 12.5-13.4 KG 198
ELEVIDYS 13.5-14.4 KG 198
ELEVIDYS 14.5-15.4 KG 198
ELEVIDYS 15.5-16.4 KG 198
ELEVIDYS 16.5-17.4 KG 198
ELEVIDYS 17.5-18.4 KG 198
ELEVIDYS 18.5-19.4 KG 198
ELEVIDYS 19.5-20.4 KG 198
ELEVIDYS 20.5-21.4 KG 198
ELEVIDYS 21.5-22.4 KG 198
ELEVIDYS 22.5-23.4 KG 198
ELEVIDYS 23.5-24.4 KG 198
ELEVIDYS 24.5-25.4 KG 198
ELEVIDYS 25.5-26.4 KG 198
ELEVIDYS 26.5-27.4 KG 198
ELEVIDYS 27.5-28.4 KG 198
ELEVIDYS 28.5-29.4 KG 198
ELEVIDYS 29.5-30.4 KG 198
ELEVIDYS 30.5-31.4 KG 198
ELEVIDYS 31.5-32.4 KG 199
ELEVIDYS 32.5-33.4 KG 199
ELEVIDYS 33.5-34.4 KG 199
ELEVIDYS 34.5-35.4 KG 199
ELEVIDYS 35.5-36.4 KG 199
ELEVIDYS 36.5-37.4 KG 199
ELEVIDYS 37.5-38.4 KG 199
ELEVIDYS 38.5-39.4 KG 199
ELEVIDYS 39.5-40.4 KG 199
ELEVIDYS 40.5-41.4 KG 199
ELEVIDYS 41.5-42.4 KG 199
ELEVIDYS 42.5-43.4 KG 199
ELEVIDYS 43.5-44.4 KG 199
ELEVIDYS 44.5-45.4 KG 199
ELEVIDYS 45.5-46.4 KG 199
ELEVIDYS 46.5-47.4 KG 199
ELEVIDYS 47.5-48.4 KG 199
ELEVIDYS 48.5-49.4 KG 199
ELEVIDYS 49.5-50.4 KG 199
ELEVIDYS 50.5-51.4 KG 199
ELEVIDYS 51.5-52.4 KG 199
ELEVIDYS 52.5-53.4 KG 199
ELEVIDYS 53.5-54.4 KG 199
ELEVIDYS 54.5-55.4 KG 199
ELEVIDYS 55.5-56.4 KG 200
ELEVIDYS 56.5-57.4 KG 200
ELEVIDYS 57.5-58.4 KG 200
ELEVIDYS 58.5-59.4 KG 200
ELEVIDYS 59.5-60.4 KG 200
ELEVIDYS 60.5-61.4 KG 200
ELEVIDYS 61.5-62.4 KG 200
ELEVIDYS 62.5-63.4 KG 200
ELEVIDYS 63.5-64.4 KG 200
ELEVIDYS 64.5-65.4 KG 200

ELEVIDYS 65.5-66.4 KG 200
ELEVIDYS 66.5-67.4 KG 200
ELEVIDYS 67.5-68.4 KG 200
ELEVIDYS 68.5-69.4 KG 200
ELEVIDYS 69.5 KG PLUS 200
ELFABRIO 127
ELIGARD SC 70
ELIQUIS (1.5 MG PACK) TBSO PO 33
ELIQUIS (2 MG PACK) TBSO PO 33
ELIQUIS CPSP PO 0.15 MG 33
ELIQUIS DVT/PE STARTER PACK TBPK 33
ELIQUIS TABS 2.5 MG 33
ELIQUIS TABS 5 MG 33
ELIQUIS TBSO PO 0.5 MG 34
ELITEK 78
ELLA 101
ELLENCE SOLN 72
ELMIRON CAPS 141
ELOCTATE 142
ELREXFIO 67
eltrombopag olamine PACK 12.5 MG, 25 MG 147
eltrombopag olamine TABS 12.5 MG, 25 MG, 50 MG, 75 MG 147
ELYXYB 183
ELZONRIS 78
EMBECTA AUTOSHIELD DUO 172
EMBECTA INS SYR U/F 1/2 UNIT 172
EMBECTA INSULIN SYR ULTRAFINE 172
EMBECTA INSULIN SYRINGE 172
EMBECTA INSULIN SYRINGE U-500 172
EMBECTA PEN NEEDLE NANO 172
EMBECTA PEN NEEDLE NANO 2 GEN 172
EMBECTA PEN NEEDLE ULTRAFINE 172
EMBLAVEO SOLR IV 23
EMBRACE LANCETS ULTRA THIN 30G 160
EMBRACE LANCING DEVICE/EJECTOR MISC 160
EMBRACE PEN NEEDLES 172
EMBRACE PRESSURE ACTIVATED 21G 160
EMBRACE PRESSURE ACTIVATED 28G 160
EMBRIVA TABS 193
EMEND BIPACK CAPS 80 MG (aprepitant) 56
EMEND SOLR (fosaprepitant dimeglumine) 56
EMEND SUSR 56
EMEND TRIPACK CPPK PO (aprepitant) 56
EMERPHED SOLN IV 236
EMERPHED SOSY IV 236
EMFLAZA SUSP (deflazacort) 102
EMFLAZA TABS (deflazacort) 102
EMGALITY (300 MG DOSE) SOSY 182
EMGALITY SOAJ 182
EMGALITY SOSY 182
EMPAVELI 143
EMPLICITI 68
EMRELIS SOLR IV 20 MG, 100 MG 68
EMSAM 43
emtricitabine CAPS 86
emtricitabine-rilpivirine-tenofovir disoproxil fumarate 86
emtricitabine-tenofovir disoproxil fumarate 86
EMTRIVA CAPS (emtricitabine) 86
EMTRIVA SOLN 86
EMVERM CHEW 20
enalapril maleate & hydrochlorothiazide 62
ENALAPRIL MALEATE 98
enalapril maleate SOLN 60
enalapril maleate TABS 10 MG, 20 MG 60
enalapril maleate TABS 2.5 MG, 5 MG 60
enalaprilat SOLN 60
ENBRACE HR 193
ENBREL MINI SOCT 13
ENBREL SOLN 13
ENBREL SOSY 25 MG/0.5ML 13
ENBREL SOSY 50 MG/ML 13
ENBREL SURECLICK SOAJ 13
ENBUMYST SOLN 0.5 MG/0.1ML 122

ENCELTO IMPL IZ 200000 CELLS 209

ENDARI (glutamine (sickle cell)) 146

ENDOMETRIN INST 100 MG (progesterone (vaginal)) 235

ENGERIX-B SUSP 20 MCG/ML . 231

ENGERIX-B SUSY 10 MCG/0.5ML 231

ENGERIX-B SUSY 20 MCG/ML . 231

ENHERTU 68

ENJAYMO 143

ENOBY SOSY SC 60 MG/ML 124

enoxaparin sodium SOLN IJ 300 MG/3ML 34

enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML 34

enoxaparin sodium SOSY 30 MG/0.3ML 34

enoxaparin sodium SOSY 40 MG/0.4ML 34

enoxaparin sodium SOSY 60 MG/0.6ML 34

enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML 34

ENSACOVE CAPS PO 25 MG, 100 MG 73

ENSPRYNG 189

ENSTILAR FOAM 112

entacapone 80

entecavir TABS 88

ENTRESTO CPSP 95

ENTRESTO TABS 103 MG-97 MG, 26 MG-24 MG, 51 MG-49 MG (sacubitril-valsartan) 95

ENTYVIO PEN SOAJ 136

ENTYVIO SOLR 136

ENVARSUS XR TB24 0.75 MG ..189

ENVARSUS XR TB24 1 MG 189

ENVARSUS XR TB24 4 MG 189

ENZEEVU SOSY IZ 2 MG/0.05ML 207

EOHILIA SUSP 102

EOVIST 119

EPANED SOLN (enalapril maleate) 60

EPCLUSA PACK 37.5 MG-150 MG 88

EPCLUSA PACK 50 MG-200 MG . 89

EPCLUSA TABS 100 MG-400 MG 89

EPCLUSA TABS 50 MG-200 MG . 89

EPHEDRINE SULFATE (PRESSORS) SOLN IV 5 MG/ML 236

EPHEDRINE SULFATE (PRESSORS) SOLN IV 50 MG/ML 236

ephedrine sulfate (pressors) SOLN IV 236

ephedrine sulfate (pressors) SOSY IV 236

EPIDIOLEX 37

EPIFOAM FOAM 112

epinastine hcl (ophth) 213

epinephrine (anaphylaxis) SOAJ .235

EPINEPHRINE BITARTRATE-NACL SOLN IV 236

epinephrine SOLN IJ 236

EPINEPHRINE SOLN IJ 236

EPINEPHRINE SOSY IV 1 MG/10ML 236

EPIOXA HD/ EPIOXA PSKT OP .210

EPIPEN 2-PAK SOAJ (epinephrine (anaphylaxis)) 235

EPIPEN JR 2-PAK SOAJ (epinephrine (anaphylaxis)) 235

EPIVIR SOLN (lamivudine) 86

EPIVIR TABS (lamivudine) 86

EPKINLY 68

eplerenone 63

EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML 147

EPOGEN 20000 UNIT/ML 147

epoprostenol sodium 95

EPRONTIA SOLN 25 MG/ML (topiramate) 38

eptifibatide 20 MG/10ML, 200 MG/100ML 145

eptifibatide 75 MG/100ML 145

EPYSQLI SOLN IV 300 MG/30ML 143

EQ SPACE CHAMBER ANTI-STATIC DEVI 180

EQ SPACE CHAMBER ANTI-STATIC L DEVI 180

EQ SPACE CHAMBER ANTI-STATIC M DEVI 180

EQ SPACE CHAMBER ANTI-STATIC S DEVI 180

EQUETRO 100 MG 81

EQUETRO 200 MG, 300 MG 81

ERAXIS 56
ERBITUX 69
ergocalciferol CAPS 237
ergocalciferol SOLN PO 200 MCG/ML 237
ERGOMAR SUBL 182
eribulin mesylate 79
ERIVEDGE 69
ERLEADA 240 MG 70
ERLEADA 60 MG 70
erlotinib hcl 69
ERTACZO 106
ertapenem sodium IJ 21
ERYPED 200 SUSR (erythromycin ethylsuccinate) 153
ERYPED 400 SUSR (erythromycin ethylsuccinate) 153
ERYTHROCIN LACTOBIONATE (erythromycin lactobionate) 153
erythromycin (acne aid) GEL 104
erythromycin (acne aid) PADS 105
erythromycin (acne aid) SOLN 105
erythromycin (ophth) 209
erythromycin base CPEP 153
erythromycin base TABS 153
erythromycin base TBEC 153
erythromycin ethylsuccinate SUSR 153
erythromycin ethylsuccinate TABS 153
erythromycin lactobionate 500 MG 153
ERZOFRI 117 MG/0.75ML 82
ERZOFRI 156 MG/ML 82
ERZOFRI 234 MG/1.5ML 82
ERZOFRI 351 MG/2.25ML 82
ERZOFRI 39 MG/0.25ML 82
ERZOFRI 78 MG/0.5ML 82
ESBRIET TABS 267 MG (pirfenidone) 224
ESBRIET TABS 801 MG (pirfenidone) 224
ESCITALOPRAM OXALATE CAPS PO 15 MG 43
escitalopram oxalate SOLN 43
escitalopram oxalate TABS 10 MG 43
escitalopram oxalate TABS 5 MG, 20 MG 43
eslicarbazepine acetate 200 MG, 400 MG 38
eslicarbazepine acetate 600 MG, 800 MG 38
esmolol hcl SOLN 100 MG/10ML 91
ESMOLOL HCL SOLN 91
esmolol hcl-sodium chloride 91
esomeprazole magnesium CPDR 228
esomeprazole magnesium PACK 228
esomeprazole sodium 40 MG 228
ESPEROCT 142
estazolam 150
ESTRACE CREA (estradiol vaginal) 235
estradiol & norethindrone acetate TABS 133
estradiol GEL 0.25 MG/0.25GM, 0.75 MG/0.75GM, 1 MG/GM 134
estradiol GEL 0.5 MG/0.5GM 134
estradiol GEL 1.25 MG/1.25GM 134
estradiol GEL 134
ESTRADIOL MICRONIZED 98
ESTRADIOL POWD 98
estradiol PTTW 134
estradiol PTWK 134
estradiol TABS 134
estradiol vaginal CREA 235
estradiol vaginal TABS 235
estradiol valerate 134
ESTRING RING 7.5 MCG/24HR 235
ESTRIOL 98
ESTRIOL MICRONIZED 99
estrogens, conjugated TABS 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG 134
eszopiclone 150
ETCAMAH TABS PO 75 MG 70
ethacrynate sodium 122
ethacrynic acid 122
ethambutol hcl TABS 64
ethosuximide CAPS 42
ethosuximide SOLN 42
ethynodiol diacet & eth estrad 35 MCG-1 MG 100
ETHYOL 78
etodolac CAPS 11

etodolac TABS 11
etodolac TB24 11
etomidate 139
etonogestrel-ethinyl estradiol 101
ETOPOPHOS 79
etoposide CAPS 79
etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML 79
etravirine 86
EUCRISA 116
EVAMIST SOLN 134
EVDI IV 1 MG/20ML 65
EVEKEO TABS (amphetamine sulfate) 2
EVENITY 124
everolimus (immunosuppressant) 189
everolimus TABS 5 MG 73
everolimus TABS 73
everolimus TBSO 73
EVEXITHROID TABS 15 MG, 30 MG, 45 MG, 60 MG, 75 MG, 90 MG, 120 MG, 180 MG 226
EVISTA (raloxifene hcl) 126
EVKEEZA 58
EVOMELA IV 65
EVOTAZ 86
EVOXAC (cevimeline hcl) 191
EVRYSDI 201
EVRYSDI PO 5 MG 201
EXDENSUR SOSY SC 100 MG/ML 26
EXELON (rivastigmine) 219
exemestane 70
exenatide SOPN 10 MCG/0.04ML .48
exenatide SOPN 5 MCG/0.02ML ..48
EXFORGE (amlodipine besylate-valsartan) 62
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) 63
EXJADE TBSO (deferasirox) 53
EXONDYS 51 200
EXPAREL 152
EXXUA TB24 PO 18.2 MG, 36.3 MG, 54.5 MG, 72.6 MG 44
EXXUA TITRATION PACK TB24 PO 18.2 MG 44
EYLEA HD SOLN 207
EYLEA SOLN 207
EYLEA SOSY 207
EYSUVIS SUSP 211
ezetimibe 60
ezetimibe-simvastatin 58
FABHALTA 143
FABRAZYME 127
famciclovir 90
famotidine in nacl SOLN 228
famotidine SOLN 20 MG/2ML, 40 MG/4ML, 200 MG/20ML 228
FAMOTIDINE SOLN 228
famotidine SUSR 228
famotidine TABS 20 MG 228
famotidine TABS 40 MG 228
FANAPT 82
FANAPT TITRATION PACK A 82
FANAPT TITRATION PACK B 82
FANAPT TITRATION PACK C 82
FANTASY LUBRICATED MISC ..154
FANTASY LUBRICATED/SPERMICIDE MISC 154
FARESTON (toremifene citrate) .. 70
FARXIGA TABS PO (dapagliflozin) 53
FASENRA PEN SOAJ 27
FASENRA SOSY 10 MG/0.5ML ...27
FASENRA SOSY 30 MG/ML 27
FASLODEX SOSY (fulvestrant) ... 70
FAVLYXA 2.5 GM/100ML, 250 MG/10ML 66
FAYUVI 10.1 TO 12KG SUSP IV .127
FAYUVI 12.1 TO 14KG SUSP IV .127
FAYUVI 14.1 TO 16KG SUSP IV .127
FAYUVI 16.1 TO 18KG SUSP IV .127
FAYUVI 18.1 TO 20KG SUSP IV .127
FAYUVI 2.5 TO 3KG SUSP IV ... 127
FAYUVI 20.1 TO 22KG SUSP IV .127
FAYUVI 22.1 TO 24KG SUSP IV .127
FAYUVI 24.1 TO 26KG SUSP IV .127
FAYUVI 26.1 TO 28KG SUSP IV .127
FAYUVI 28.1 TO 30KG SUSP IV .128
FAYUVI 3.1 TO 4KG SUSP IV ... 128
FAYUVI 30.1 TO 32KG SUSP IV .128

FAYUVI 32.1 TO 34KG SUSP IV 128
FAYUVI 34.1 TO 36KG SUSP IV 128
FAYUVI 36.1 TO 38KG SUSP IV 128
FAYUVI 38.1 TO 40KG SUSP IV 128
FAYUVI 4.1 TO 5KG SUSP IV 128
FAYUVI 40.1 TO 42KG SUSP IV 128
FAYUVI 42.1 TO 46KG SUSP IV 128
FAYUVI 46.1 TO 50KG SUSP IV 128
FAYUVI 5.1 TO 6KG SUSP IV 128
FAYUVI 50.1 TO 54KG SUSP IV 128
FAYUVI 54.1 TO 58KG SUSP IV 128
FAYUVI 58.1 TO 62KG SUSP IV 128
FAYUVI 6.1 TO 7KG SUSP IV 128
FAYUVI 62.1 TO 66KG SUSP IV 128
FAYUVI 66.1 TO 70KG SUSP IV 129
FAYUVI 7.1 TO 8KG SUSP IV 129
FAYUVI 8.1 TO 9KG SUSP IV 129
FAYUVI 9.1 TO 10KG SUSP IV 129
FC2 FEMALE CONDOM 154
febuxostat 141
FEIBA 142
felbamate SUSP 41
felbamate TABS 400 MG 41
felbamate TABS 600 MG 41
FELBATOL SUSP (felbamate) 41
FELBATOL TABS 400 MG (felbamate) 41
FELBATOL TABS 600 MG (felbamate) 41
felodipine 93
FEMARA (letrozole) 70
FEMLYV TBDP 100
FEMRING 235
fenofibrate CAPS 59
fenofibrate micronized 43 MG, 130 MG 59
fenofibrate micronized 67 MG, 134 MG, 200 MG 59
fenofibrate TABS 40 MG, 120 MG 59
fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG 59
fenoprofen calcium CAPS 200 MG 11
fenoprofen calcium CAPS 300 MG 11
fenoprofen calcium CAPS 400 MG 11
FENSOLVI (6 MONTH) SC 126
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 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
FERABRIGHT SOLN IV 510 MG/17ML 120
FERAHEME (ferumoxytol) 149
ferric carboxymaltose 100 MG/2ML, 750 MG/15ML, 1000 MG/20ML 149
ferric citrate 139
FERRIPROX SOLN 54
FERRIPROX TABS (deferiprone) 54
FERRIPROX TWICE-A-DAY TABS 53
FERRLECIT (sodium ferric gluconate complex in sucrose) 149
ferrous sulfate SOLN 15 MG/ML 149
ferumoxytol 149
FESILTY SOLR IV 1 GM 142
fesoterodine fumarate 4 MG 230
fesoterodine fumarate 8 MG 230
FETROJA 98
FETZIMA CP24 45
FETZIMA TITRATION C4PK 45
FIASP FLEXTOUCH SOPN 49
FIASP PENFILL SOCT 49
FIASP PUMPCART SOCT 49
FIASP SOLN 49
FIBRYGA 1 GM, 2 GM 142
fidaxomicin TABS 200 MG 153
FIFTY50 PEN NEEDLES 173
FIFTY50 SAFETY SEAL LANCETS 160
FIFTY50 SUPERIOR COMFORT SYR 173
FIFTY50 UNILET LANCETS 33G 160

FILKRI SOSY IJ 300 MCG/0.5ML 147
FILKRI SOSY IJ 480 MCG/0.8ML 147
FILSPARI 140
FILSUVEZ 117
finasteride 141
FINGERSTIX LANCETS 160
fingolimod hcl 221
FINTEPLA 38
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) 142
FIRDAPSE 64
FIRMAGON (240 MG DOSE) 70
FIRMAGON 80 MG 70
FIRVANQ SOLR PO 25 MG/ML (vancomycin hcl) 21
FIRVANQ SOLR PO 50 MG/ML (vancomycin hcl) 21
FIRVANQ SOLR PO 50 MG/ML (vancomycin hcl) 22
FLAREX 211
FLAVOR PACKETS PACK 120
FLAVOR SWEET SF DYE FREE SYRP 217
flavoxate hcl 231
flecainide acetate 26
FLEQSUVY SUSP (baclofen) 195
FLEXBUMIN 144
FLEXICHAMBER ADULT MASK/SMALL 180
FLEXICHAMBER CHILD MASK/LARGE 180
FLEXICHAMBER CHILD MASK/SMALL 180
FLEXICHAMBER DEVI 180
FLUAD 232
FLUARIX SUSY 232
FLUBLOK SOSY 232
FLUCELVAX SUSY 232
fluconazole in nacl 0.9 %-200 MG/100ML, 0.9 %-400 MG/200ML 57
fluconazole SUSR 57
fluconazole TABS 150 MG 57
fluconazole TABS 50 MG, 100 MG, 200 MG 57
flucytosine 57
fludarabine phosphate SOLN 66
fludarabine phosphate SOLR 66
fludrocortisone acetate TABS 103
FLULAVAL SUSY 232
flumazenil 54
FLUMIST 232
flunisolide (nasal) 197
fluocinolone acetonide (otic) 215
fluocinolone acetonide CREA 112
fluocinolone acetonide OIL 112
fluocinolone acetonide OINT 112
fluocinolone acetonide SOLN 112
fluocinonide CREA 112
fluocinonide emulsified base 112
fluocinonide GEL 112
fluocinonide OINT 112
fluocinonide SOLN 112
FLUOR-I-STRIPS A.T. STRP 213
fluorescein sodium injection IV 10 % . 213
fluorescein sodium injection IV 25 % . 213
FLUORESCEIN SODIUM/BENOXINATE 213
FLUORESCITE IV 10 % 213
fluorometholone (ophth) SUSP ... 211
fluorouracil (topical) CREA 0.5 % 106
fluorouracil (topical) CREA 5 % .. 106
fluorouracil (topical) SOLN 106
fluorouracil 66
fluorouracil 500 MG/10ML 66
fluoxetine hcl (pmdd) TABS 222
fluoxetine hcl CAPS 10 MG 43
fluoxetine hcl CAPS 20 MG 43
fluoxetine hcl CAPS 40 MG 43
fluoxetine hcl CPDR 43
fluoxetine hcl SOLN 43
FLUOXETINE HCL TABS (fluoxetine hcl) 44
fluoxetine hcl TABS 10 MG, 20 MG 44
fluoxetine hcl TABS 60 MG 44
fluphenazine decanoate 84
fluphenazine hcl CONC 84
fluphenazine hcl ELIX 85

fluphenazine hcl SOLN 85
fluphenazine hcl TABS 85
flurandrenolide LOTN 112
flurazepam hcl 150
flurbiprofen sodium 213
flurbiprofen TABS 100 MG 11
fluticasone furoate (inhalation) 100 MCG/ACT, 200 MCG/ACT 30
fluticasone furoate (inhalation) 50 MCG/ACT 29
fluticasone furoate-vilanterol 32
fluticasone propionate (inhalation) AEPB 30
fluticasone propionate (nasal) SUSP . 197
fluticasone propionate CREA 0.05 % 112
fluticasone propionate hfa 110 MCG/ACT 30
fluticasone propionate hfa 220 MCG/ACT 30
fluticasone propionate hfa 44 MCG/ACT 30
fluticasone propionate LOTN 112
fluticasone propionate OINT 112
fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT 32
fluticasone-salmeterol AEPB 113 MCG/ACT-14 MCG/ACT, 232 MCG/ACT-14 MCG/ACT, 55 MCG/ACT-14 MCG/ACT 32
fluticasone-salmeterol AEPB 32
fluticasone-salmeterol AERO 32
fluvastatin sodium CAPS 59
fluvastatin sodium TB24 59
fluvoxamine maleate CP24 44
fluvoxamine maleate TABS 100 MG . 44
fluvoxamine maleate TABS 25 MG 44
fluvoxamine maleate TABS 50 MG 44
FLUZONE HIGH-DOSE SUSY 232
FLUZONE SUSY 232
FLYRCADO 118
FML FORTE SUSP 211
FML LIQUIFILM SUSP (fluorometholone (ophth)) 211
FOCALIN TABS (dexmethylphenidate hcl) 3
FOCALIN XR CP24 (dexmethylphenidate hcl) 3
FOCINVEZ SOLN 56
folic acid SOLN 146
folic acid TABS 1 MG 146
FOLIVANE-OB 193
FOLOTYN 20 MG/ML, 40 MG/2ML (pralatrexate) 66
fomepizole 1.5 GM/1.5ML 54
fondaparinux sodium 10 MG/0.8ML 35
fondaparinux sodium 2.5 MG/0.5ML . 34
fondaparinux sodium 5 MG/0.4ML . 34
fondaparinux sodium 7.5 MG/0.6ML . 34
FONDCIRCLE CONTROL SOLUTION LIQD 160
FONDCIRCLE LANCING DEVICE MISC 160
FONDCIRCLE SINGLE USE LANCETS 160
FORA LANCETS 160
FORA LANCING DEVICE MISC . 160
FORANE (isoflurane) 140
FORFIVO XL TB24 (bupropion hcl) 43
formoterol fumarate NEBU 32
FORTEO SOPN (teriparatide) 124
FORZINITY SOLN SC 280 MG/3.5ML 129
FOSAMAX PLUS D 124
FOSAMAX TABS 70 MG (alendronate sodium) 124
fosamprenavir calcium TABS 86
fosaprepitant dimeglumine SOLR . 56
foscarnet sodium 6000 MG/250ML 88
fosfomycin tromethamine 24
fosinopril sodium & hydrochlorothiazide 63
fosinopril sodium 60
fosphenytoin sodium 42
FOSRENOL CHEW (lanthanum carbonate) 139
FOSRENOL PACK 139
FOTIVDA 73
FRAGMIN SOLN 10000 UNIT/4ML 35

FRAGMIN SOLN 95000 UNIT/3.8ML 35
FRAGMIN SOSY 10000 UNIT/ML 35
FRAGMIN SOSY 12500 UNIT/0.5ML 35
FRAGMIN SOSY 15000 UNIT/0.6ML 35
FRAGMIN SOSY 18000 UNT/0.72ML 35
FRAGMIN SOSY 2500 UNIT/0.2ML, 5000 UNIT/0.2ML 35
FRAGMIN SOSY 7500 UNIT/0.3ML 35
FREESTYLE CONTROL SOLUTION LIQD 160
FREESTYLE LANCETS 160
FREESTYLE LIBRE 14 DAY READER 160
FREESTYLE LIBRE 14 DAY SENSOR 160
FREESTYLE LIBRE 2 PLUS SENSOR 160
FREESTYLE LIBRE 2 READER 160
FREESTYLE LIBRE 2 SENSOR 160
FREESTYLE LIBRE 3 PLUS SENSOR 160
FREESTYLE LIBRE 3 READER 160
FREESTYLE LIBRE 3 SENSOR 160
FREESTYLE LIBRE READER 160
FREESTYLE UNISTICK II LANCETS 161
FRINDOVYX SOLN 65
frovatriptan succinate 183
FRUZAQLA 1 MG 67
FRUZAQLA 5 MG 67
FULPHILA 147
fulvestrant SOSY 70
FUROSCIX CTKT 122
FUROSCIX READYFLOW SOAJ SC 80 MG/ML 122
furosemide SOLN IJ 10 MG/ML 122
furosemide TABS 20 MG 122
furosemide TABS 40 MG 122
furosemide TABS 80 MG 122
FYARRO 73
FYCOMPA SUSP 0.5 MG/ML (perampanel) 36
FYCOMPA SUSP 36
FYCOMPA TABS 2 MG, 4 MG, 6 MG, 8 MG, 10 MG, 12 MG (perampanel) 36
FYCOMPA TABS 36
FYLNETRA 147
gabapentin (once-daily) TABS 222
gabapentin CAPS 100 MG 38
gabapentin CAPS 200 MG 38
gabapentin CAPS 300 MG 38
gabapentin CAPS 400 MG 38
gabapentin SOLN 38
gabapentin TABS 600 MG, 800 MG 38
GABARONE TABS 100 MG, 400 MG 38
GABLOFEN SOLN IT (baclofen) 195
GABLOFEN SOLN IT 195
GABLOFEN SOSY 195
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 120
GALAFOLD 129
galantamine hydrobromide CP24 219
galantamine hydrobromide SOLN 219
galantamine hydrobromide TABS 4 MG 219
galantamine hydrobromide TABS 8 MG, 12 MG 219
GALZIN 186
GAMASTAN IM 216
GAMIFANT 189
GAMMAGARD 216
GAMMAGARD ERC 5 GM/50ML, 10 GM/100ML 216
GAMMAGARD S/D LESS IGA SOLR 216
GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML 216
GAMMAPLEX SOLN 216
GAMUNEX-C 216
GANCICLOVIR SODIUM SOLN 88
ganciclovir sodium SOLR 88
GARDASIL 9 SUSP 0.5 ML 232
GARDASIL 9 SUSY 0.5 ML 232
GASTROCROM (cromolyn sodium

(mastocytosis)) 135
gatifloxacin (ophth) 209
GATTEX 139
GAVRETO 73
GAVRETO 74
GAZYVA 68
gefitinib 69
GEMCITABINE HCL SOLN (gemcitabine hcl) 66
gemcitabine hcl SOLN 66
GEMCITABINE HCL SOLN 66
gemcitabine hcl SOLR 66
gemfibrozil TABS 59
GEMTESA 230
GENGLYCOS >87KG SUPK IV .. 129
GENGLYCOS 15 TO <21KG SUPK IV 129
GENGLYCOS 21 TO <27KG SUPK IV 129
GENGLYCOS 27 TO <33KG SUPK IV 129
GENGLYCOS 33 TO <39KG SUPK IV 129
GENGLYCOS 39 TO <45KG SUPK IV 129
GENGLYCOS 45 TO <51KG SUPK IV 129
GENGLYCOS 51 TO <57KG SUPK IV 129
GENGLYCOS 57 TO <63KG SUPK IV 129
GENGLYCOS 63 TO <69KG SUPK IV 129
GENGLYCOS 69 TO <75KG SUPK IV 129
GENGLYCOS 75 TO <81KG SUPK IV 129
GENGLYCOS 81 TO <87KG SUPK IV 129
GENOTROPIN CART SC 126
GENOTROPIN MINIQUICK PRSY 126
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 % 6
gentamicin sulfate (ophth) SOLN 209
gentamicin sulfate (topical) CREA 105
gentamicin sulfate (topical) OINT 105
gentamicin sulfate IJ 6
GENTEEL BUTTERFLY TOUCH LANCET 161
GENVOYA 86
GEODON (ziprasidone hcl) 81
GEODON (ziprasidone mesylate) 81
GESTYRA TABS 193
GIAPREZA 236
GILENYA (fingolimod hcl) 221
GILOTRIF 69
GIMOTI SOLN NA 136
GIVLAARI 141
GLASSIA SOLN 223
glatiramer acetate SOSY 20 MG/ML 221
glatiramer acetate SOSY 40 MG/ML 221
GLEEVEC TABS 100 MG (imatinib mesylate) 74
GLEEVEC TABS 400 MG (imatinib mesylate) 74
GLEOLAN 118
GLEOSTINE 10 MG, 100 MG (lomustine) 65
GLIADEL WAFER 65
glimepiride 1 MG 53
glimepiride 2 MG 53
glimepiride 3 MG 53
glimepiride 4 MG 53
glipizide TABS 10 MG 53
glipizide TABS 15 MG 53
glipizide TABS 2.5 MG 53
glipizide TABS 5 MG 53
glipizide TB24 10 MG 53
glipizide TB24 2.5 MG 53
glipizide TB24 5 MG 53
glipizide-metformin hcl 250 MG-2.5 MG 46
glipizide-metformin hcl 500 MG-2.5 MG, 500 MG-5 MG 46
GLOBAL EASE INJECT PEN NEEDLES 173
GLOBAL EASY GLIDE INSULIN SYR 173
GLOBAL EASY GLIDE PEN NEEDLES 173
GLOBAL INJECT EASE INSULIN SYR 173
GLOBAL INJECT EASE LANCETS 28G 161

GLOBAL INJECT EASE LANCETS 30G 161
GLOBAL INSULIN SYRINGES ..173
GLOBAL LANCING DEVICE MISC 161
GLOPERBA SOLN PO 141
GLOSTRIPS STRP 1 MG 213
GLUCAGON EMERGENCY 47
GLUCAGON HCL (DIAGNOSTIC) 118
glucagon SOLR IJ 1 MG 47
GLUCOCOM LANCETS 28G 161
GLUCOCOM LANCETS 30G 161
GLUCOCOM LANCETS 33G 161
GLUCOTROL XL TB24 5 MG (glipizide) 53
glutamine (sickle cell) 146
glyburide micronized 3 MG 53
glyburide micronized 6 MG 53
glyburide TABS 1.25 MG, 2.5 MG .53
glyburide TABS 5 MG 53
glyburide-metformin 250 MG-1.25 MG 46
glyburide-metformin 500 MG-2.5 MG, 500 MG-5 MG 46
GLYCATE TABS 227
glycerol phenylbutyrate 1.1 GM/ML 129
glycine (gu irrigant) SOLN 1.5 % .140
glycine diluent 217
GLYCOPYRROLATE 99
GLYCOPYRROLATE PF +RFID SOSY IJ 0.6 MG/3ML 227
GLYCOPYRROLATE PF SOSY IJ 0.2 MG/ML, 0.4 MG/2ML (glycopyrrolate) 227
glycopyrrolate SOLN PO 1 MG/5ML . 227
glycopyrrolate SOSY IJ 227
glycopyrrolate TABS 1 MG, 2 MG 227
GLYRX-PF SOLN IJ 0.4 MG/2ML 227
GLYRX-PF SOSY IJ 1 MG/5ML ..227
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 46
GNP INSULIN SYRINGE 173
GNP INSULIN SYRINGES 28GX1/2" 173
GNP LANCING SYSTEM DEVICE MISC 161
GNP PEN NEEDLES 173
GNP STERILE LANCETS 30G ..161
GNP STERILE LANCETS 33G ..161
GNP ULTICARE PEN NEEDLES 173
GNP ULTIGUARD SAFEPACK NEEDLE 173
GNP ULTRA COM INSULIN SYRINGE 173
GOCOVRI CP24 80
GOJJI LANCING DEVICE/CLEAR CAP MISC 161
GOJJI STERILE LANCETS 161
GOLYTELY SOLR (peg 3350-kcl-sod bicarb-sod chloride-sod sulfate) ..151
GOMEKLI CAPS PO 1 MG 74
GOMEKLI CAPS PO 2 MG 74
GOMEKLI TBSO PO 1 MG 74
GOPRELTO 196
GOZELLIX CONFIGURATION A KIT 25 MCG 118
GOZELLIX CONFIGURATION B KIT 25 MCG 118
GRAFAPEX SOLR IV 1 GM, 5 GM 65
GRALISE TABS (gabapentin (once-

daily)) 222

granisetron hcl SOLN IV 1 MG/ML, 4 MG/4ML 55

granisetron hcl TABS 55

GRANISOL SOLN PO 55

GRANIX SOLN 300 MCG/ML 147

GRANIX SOSY 300 MCG/0.5ML . 147

GRANIX SOSY 480 MCG/0.8ML . 147

GRASTEK SUBL 5

griseofulvin microsize SUSP 57

griseofulvin microsize TABS 57

griseofulvin ultramicrosize 57

GRISEOFULVIN ULTRAMICROSIZE 165 MG 57

guanfacine hcl (adhd) 3

guanfacine hcl 62

GVOKE HYPOPEN 1-PACK SOAJ 1 MG/0.2ML 47

GVOKE HYPOPEN 2-PACK SOAJ 48

GVOKE KIT SOLN 48

GVOKE PFS SOSY 1 MG/0.2ML .. 48

GVOKE VIALDX SOLN IV 1 MG/0.2ML 118

GWYN LO 100

GYNAZOLE-1 235

H-E-B INCONTROL ADV LANCING MISC 161

H-E-B INCONTROL LANCETS 28G . 161

H-E-B INCONTROL LANCETS 30G . 161

H-E-B INCONTROL LANCETS 33G . 161

H-E-B INCONTROL PEN NEEDLES 173

H-E-B INCONTROL UNIFINE PENTIP 173

HADLIMA PUSHTOUCH SOAJ 8

HADLIMA SOSY 8

HAEGARDA SOLR SC 143

HALAVEN (eribulin mesylate) 79

halcinonide CREA 112

halcinonide SOLN 0.1 % 112

halobetasol propionate CREA 112

halobetasol propionate FOAM 112

HALOBETASOL PROPIONATE LOTN 0.05 % 112

halobetasol propionate OINT 112

HALOG CREA (halcinonide) 112

HALOG SOLN 0.1 % (halcinonide) 112

haloperidol decanoate 84

haloperidol lactate CONC 84

haloperidol lactate SOLN 84

haloperidol TABS 84

HARLIKU TABS PO 2 MG 129

HARVONI PACK 33.75 MG-150 MG . 89

HARVONI PACK 45 MG-200 MG . 89

HARVONI TABS 89

HAVRIX IM 1440 EL U/ML 232

HAVRIX IM 1440 EL U/ML 233

HAVRIX IM 720 EL U/0.5ML 232

HEALTHWISE INSULIN SYR/NEEDLE 173

HEALTHWISE MICRON PEN NEEDLES 173

HEALTHWISE SHORT PEN NEEDLES 173

HEMABATE SOLN (carboprost tromethamine) 215

HEMADY TABS 102

HEMANGEOL SOLN PO 92

HEMGENIX 142

HEMICLOR 12.5 MG 123

HEMLIBRA 142

HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT 142

HEPAGAM B SOLN IJ 216

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) 35

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 . 35

heparin (porcine) in sodium chloride SOLN IV 0.9 %-1000 UNIT/500ML, 0.9 %-2000 UNIT/L 35

HEPARIN SOD (PORCINE) IN D5W 35

HEPARIN SODIUM (PORCINE) PF SOLN IJ 35

heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML,

20000 UNIT/ML 35
HEPARIN SODIUM (PORCINE) SOSY IJ 35
HEPCLUDEX SOLR SC 8.5 MG .. 89
HEPLISAV-B SOSY 233
HEPZATO W/50MM CATHETER IA . 65
HEPZATO W/62MM CATHETER IA . 65
HERCEPTIN 150 MG 67
HERCEPTIN HYLECTA 72
HERCESSI 67
HERNEXEOS TABS PO 60 MG ... 67
HERZUMA 67
hetastarch (hes /0.7 or /0.75) in sodium chloride 144
HETLIOZ CAPS (tasimelteon) 151
HETLIOZ LQ SUSP 151
HEXTEND 144
HIZENTRA SOLN 216
HIZENTRA SOSY 216
HM ULTICARE MINI PEN NEEDLES 173
HORIZANT 223
HULIO (2 PEN) AJKT 8
HULIO (2 SYRINGE) PSKT 20 MG/0.4ML 8
HULIO (2 SYRINGE) PSKT 40 MG/0.8ML 8
HUMALOG JUNIOR KWIKPEN SOPN 49
HUMALOG KWIKPEN SOPN 100 UNIT/ML 49
HUMALOG KWIKPEN SOPN 200 UNIT/ML 49
HUMALOG MIX 50/50 KWIKPEN SUPN 49
HUMALOG MIX 75/25 KWIKPEN SUPN 49
HUMALOG MIX 75/25 SUSP 49
HUMALOG SOCT 50
HUMALOG SOLN IJ 50
HUMALOG TEMPO PEN SOPN .. 49
HUMATE-P SOLR 142
HUMATROPE CART IJ 126
HUMIRA (2 PEN) AJKT 40 MG/0.4ML 8
HUMIRA (2 PEN) AJKT 40 MG/0.8ML 8
HUMIRA (2 PEN) AJKT 80 MG/0.8ML 8
HUMIRA (2 SYRINGE) PSKT 10 MG/0.1ML, 20 MG/0.2ML 8
HUMIRA (2 SYRINGE) PSKT 40 MG/0.4ML, 40 MG/0.8ML 8
HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML 8
HUMIRA-PSORIASIS/UVEIT STARTER AJKT 8
HUMULIN 70/30 KWIKPEN SUPN 50
HUMULIN 70/30 SUSP 50
HUMULIN N KWIKPEN SUPN 50
HUMULIN N SUSP 50
HUMULIN R SOLN IJ 50
HUMULIN R U-500 (CONCENTRATED) SOLN SC 50
HUMULIN R U-500 KWIKPEN SOPN SC 50
HYCAMTIN CAPS 79
hydralazine hcl SOLN 63
hydralazine hcl TABS 10 MG 63
hydralazine hcl TABS 100 MG 63
hydralazine hcl TABS 25 MG 63
hydralazine hcl TABS 50 MG 63
HYDREA (hydroxyurea) 78
hydrochlorothiazide CAPS 123
hydrochlorothiazide TABS 12.5 MG 123
hydrochlorothiazide TABS 25 MG, 50 MG 123
hydrocodone bitartrate CP12 14
HYDROCODONE BITARTRATE CRYS 99
HYDROCODONE BITARTRATE POWD 99
hydrocodone bitartrate T24A 14
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) 19
hydrocortisone (rectal) EX 1 % 20
hydrocortisone (rectal) EX 2.5 % 20
hydrocortisone (topical) CREA 1 % 112
hydrocortisone (topical) CREA 2.5 % 112
hydrocortisone (topical) LOTN 2.5 % 112
hydrocortisone (topical) OINT 1 %, 2.5 % 112
hydrocortisone (topical) SOLN 2.5 % 112
HYDROCORTISONE 99
hydrocortisone acetate (topical) CREA 2.5 % 112
HYDROCORTISONE ACETATE 99
hydrocortisone butyrate CREA 112
hydrocortisone butyrate LOTN 113
hydrocortisone butyrate OINT 113
hydrocortisone butyrate SOLN 113
HYDROCORTISONE MICRONIZED 99
hydrocortisone sod succinate 100 MG 102
hydrocortisone TABS 102
hydrocortisone valerate CREA 113
hydrocortisone valerate OINT 113
hydrocortisone w/acetic acid 215
hydromorphone hcl LIQD 14
HYDROMORPHONE HCL PF SOLN IJ (hydromorphone hcl) 14
HYDROMORPHONE HCL PF SOLN IJ 14
HYDROMORPHONE HCL POWD 14
hydromorphone hcl SOLN IJ 0.2 MG/ML, 1 MG/ML, 2 MG/ML, 10 MG/ML, 50 MG/5ML, 500 MG/50ML 15
HYDROMORPHONE HCL SOLN IJ 1 MG/ML, 2 MG/ML, 4 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 146
hydroxychloroquine sulfate 64
hydroxyurea 78
HYDROXYUREA 99
HYDROXYZINE HCL 99
hydroxyzine hcl SOLN 25 MG/ML, 50 MG/ML 25
hydroxyzine hcl SYRP 25
hydroxyzine hcl TABS 10 MG, 25 MG 25
hydroxyzine hcl TABS 50 MG 25
hydroxyzine pamoate CAPS 100 MG 25
hydroxyzine pamoate CAPS 25 MG, 50 MG 25
HYFTOR 115
HYLENEX 187
HYMPAVZI 142
hyoscyamine sulfate ELIX 227
hyoscyamine sulfate SUBL 0.125 MG 228
hyoscyamine sulfate TABS 0.125 MG 228
hyoscyamine sulfate TB12 0.375 MG 228
hyoscyamine sulfate TBDP 0.125 MG 228
HYPERHEP B SOLN IM 216
HYPERHEP B SOSY 110 UNIT/0.5ML 216
HYPERRAB SOLN 216
HYPERRHO MINI-DOSE SOSY IM 250 UNIT 216
HYPERRHO SOSY IM 1500 UNIT 216
HYPERTET SOSY 216
HYPOLANCE AST LANCING KIT 161
HYQVIA 216
HYRIMOZ SOAJ 40 MG/0.4ML 8
HYRIMOZ SOSY 10 MG/0.1ML 8
HYRIMOZ SOSY 20 MG/0.2ML 8
HYRIMOZ SOSY 40 MG/0.4ML 8
HYRIMOZ-CROHNS/UC STARTER SOAJ 8
HYRIMOZ-PED>/=40KG CROHN START SOSY 8
HYRIMOZ-PLAQ PSOR/UVEIT START SOAJ 8
HYRNUO TABS PO 10 MG 74
HYSINGLA ER T24A 20 MG, 30 MG, 40 MG, 60 MG, 80 MG, 100 MG 15
HYZAAR (losartan potassium & hydrochlorothiazide) 63

ibandronate sodium SOLN 124
ibandronate sodium TABS 124
IBRANCE CAPS 100 MG, 125 MG 74
IBRANCE TABS 74
IBSRELA 139
IBTROZI CAPS PO 200 MG 74
ibuprofen lysine 11
IBUPROFEN POWD 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 26
icatibant acetate SOSY 142
ICLUSIG 10 MG, 30 MG, 45 MG .. 74
ICLUSIG 15 MG 74
icosapent ethyl 0.5 GM 58
icosapent ethyl 1 GM 58
ICOTYDE TABS PO 200 MG 107
IDACIO-CROHNS/UC STARTER AJKT 8
IDACIO-PSORIASIS STARTER AJKT 8
IDAMYCIN PFS (idarubicin hcl) ... 72
idarubicin hcl 72
IDELVION 142
IDHIFA 74
IDOSE TR IMPL 214
IDVYNSO TABS PO 86
IFEX SOLR (ifosfamide) 65
IFEX SOLR 65
ifosfamide SOLN 65
ifosfamide SOLR 65
IFOSFAMIDE SOLR 65
IGALMI FILM 150
IHEEZO 210
ILARIS SOLN 10
ILEVRO 213
ILLUCCIX CONFIGURATION A KIT . 118
ILLUCCIX CONFIGURATION B KIT . 118
ILUMYA 107
ILUVIEN 211
IMAAVY SOLN IV 1200 MG/6.5ML 187
IMAAVY SOLN IV 300 MG/1.62ML 187
imatinib mesylate TABS 100 MG .. 74
imatinib mesylate TABS 400 MG .. 74
IMBRUVICA CAPS 140 MG 74
IMBRUVICA CAPS 70 MG 74
IMBRUVICA SUSP 74
IMBRUVICA TABS 140 MG, 280 MG, 420 MG 74
IMCIVREE SOLN SC 129
IMDELLTRA 68
IMFINZI 68
imipenem-cilastatin IV 21
imipramine hcl TABS 45
imipramine pamoate 45
imiquimod 3.75 % 115
imiquimod 5 % 115
IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML, 6 MG/0.5ML 183
IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML 183
IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (sumatriptan succinate) 183
IMITREX TABS (sumatriptan succinate) 183
IMJUDO 68
IMKELDI SOLN 74
IMLYGIC 79
IMMPHENTIV SOLN IV 236
IMOVAX RABIES SUSR 233
IMPAVIDO 20
IMULDOSA SOLN IV 130 MG/26ML . 136
IMULDOSA SOSY SC 45 MG/0.5ML 107
IMULDOSA SOSY SC 90 MG/ML 107
IMURAN TABS (azathioprine) 189
INBRIJA CAPS 80
INCONTROL ULTICARE PEN NEEDLES 173
INCRELEX 126
INCRUSE ELLIPTA 62.5 MCG/ACT (umeclidinium bromide) 28
indapamide TABS 1.25 MG, 2.5 MG . 123
INDERAL LA CP24 120 MG (propranolol hcl) 92

INDERAL LA CP24 60 MG, 80 MG, 160 MG (propranolol hcl) 92
INDERAL XL 92
INDIUM IN 111 DTPA 118
INDIUM IN 111 OXYQUINOLINE 118
INDIUM IN-111 PENTETREOTIDE 119
indocyanine green IJ 118
indomethacin CAPS 25 MG, 50 MG 11
indomethacin CPCR 11
INDOMETHACIN SODIUM 11
indomethacin SUPP 11
indomethacin SUSP 11
INFANRIX 227
INFED 149
INFLECTRA SOLR 136
INFLIXIMAB 137
INFUMORPH 200 (morphine sulfate for continuous microinfusion) 15
INFUMORPH 500 (morphine sulfate for continuous microinfusion) 15
INGREZZA CAPS 220
INGREZZA CPPK 220
INGREZZA CPSP 220
INJECTAFER 100 MG/2ML, 750 MG/15ML, 1000 MG/20ML (ferric carboxymaltose) 149
INLEXZO IMPL IS 225 MG 66
INLURIYO TABS PO 200 MG 70
INLYTA 67
INNOPRAN XL 92
INPEFA 95
INQOVI 72
INREBIC 74
INSPRA (eplerenone) 63
INSULIN ASPART FLEXPEN SOPN . 50
INSULIN ASPART SOLN IJ 50
INSULIN DEGLUDEC FLEXTOUCH SOPN 100 UNIT/ML 50
INSULIN DEGLUDEC FLEXTOUCH SOPN 200 UNIT/ML 50
INSULIN DEGLUDEC SOLN 50
INSULIN GLARGINE MAX SOLOSTAR SOPN 50
INSULIN GLARGINE SOLOSTAR SOPN 300 UNIT/ML 50
INSULIN GLARGINE-YFGN SOLN 50
INSULIN GLARGINE-YFGN SOPN 50
INSULIN LISPRO (1 UNIT DIAL) SOPN 50
INSULIN LISPRO JUNIOR KWIKPEN SOPN 50
INSULIN LISPRO PROT & LISPRO SUPN 50
INSULIN LISPRO SOLN IJ 50
INSULIN SYRINGE 174
INSULIN SYRINGE-NEEDLE U-100 174
INSUPEN PEN NEEDLES 174
INSUPEN32G EXTR3ME 174
INTELENCE (etravirine) 86
INTELENCE 25 MG 86
INTUNIV (guanfacine hcl (adhd)) . . 3
INVEGA 3 MG, 9 MG (paliperidone) . 82
INVEGA 6 MG (paliperidone) 82
INVEGA HAFYERA 1092 MG/3.5ML . 82
INVEGA HAFYERA 1560 MG/5ML 82
INVEGA SUSTENNA 117 MG/0.75ML 82
INVEGA SUSTENNA 156 MG/ML .82
INVEGA SUSTENNA 234 MG/1.5ML 82
INVEGA SUSTENNA 39 MG/0.25ML 82
INVEGA SUSTENNA 78 MG/0.5ML 82
INVEGA TRINZA 273 MG/0.88ML 82
INVEGA TRINZA 410 MG/1.32ML 83
INVEGA TRINZA 546 MG/1.75ML 83
INVEGA TRINZA 819 MG/2.63ML 83
INVOKAMET TABS 1000 MG-150 MG, 500 MG-50 MG 46
INVOKAMET TABS 1000 MG-50 MG, 500 MG-150 MG 46
INVOKAMET XR TB24 1000 MG-150 MG, 1000 MG-50 MG 46
INVOKAMET XR TB24 500 MG-150 MG, 500 MG-50 MG 46
INVOKANA 100 MG 53
INVOKANA 300 MG 53
INZIRQO SUSR PO 10 MG/ML . . 123
IONOSOL-MB IN D5W 184
iopamidol IV 51 %, 61 %, 76 % . . 120

IOPIDINE 208
IPOL IJ 233
ipratropium bromide (nasal) 197
ipratropium bromide hfa 17 MCG/ACT 28
ipratropium bromide SOLN 0.02 % 28
ipratropium-albuterol SOLN 32
IQIRVO 139
irbesartan 61
irbesartan-hydrochlorothiazide 63
IRESSA (gefitinib) 69
irinotecan hcl 79
iron sucrose 20 MG/ML 149
ISEMBYLD SOLN IV 150 MG/3ML 201
ISENTRESS CHEW 86
ISENTRESS HD TABS 86
ISENTRESS PACK 86
ISENTRESS TABS 86
isoflurane 140
ISOLYTE-P IN D5W 184
ISOLYTE-S 184
ISOLYTE-S PH 7.4 184
isoniazid SOLN 64
isoniazid SYRP 64
isoniazid TABS 64
isoproterenol hcl 32
isosorbide dinitrate TABS 10 MG .. 24
isosorbide dinitrate TABS 20 MG .. 24
isosorbide dinitrate TABS 40 MG .. 24
isosorbide dinitrate TABS 5 MG, 30 MG 24
isosorbide dinitrate-hydralazine hcl 95
isosorbide mononitrate TABS 24
isosorbide mononitrate TB24 120 MG 24
isosorbide mononitrate TB24 30 MG . 24
isosorbide mononitrate TB24 60 MG . 24
isosulfan blue 118
ISOSULFAN BLUE SC 10 MG/ML, 30 MG/3ML 118
isotretinoin 105
isotretinoin 40 MG 105
isradipine CAPS 93
ISTALOL SOLN (timolol maleate (ophth)) 206
ISTODAX SOLR (romidepsin) 74
ISTURISA 1 MG 123
ISTURISA 5 MG 123
ITOVEBI 3 MG 74
ITOVEBI 9 MG 74
itraconazole CAPS 57
itraconazole SOLN 57
ITVISMA SUSP IT 201
ivabradine hcl TABS 97
ivermectin (pediculicide) 117
ivermectin 20
IVRA IV 90 MG/ML 65
IWILFIN 78
IXEMPRA KIT 79
IXINITY SOLR 500 UNIT, 1000 UNIT, 1500 UNIT, 3000 UNIT 142
IYUZEH SOLN 214
IZERVAY 209
JADENU SPRINKLE PACK (deferasirox) 54
JADENU TABS (deferasirox) 54
JAKAFI 10 MG, 15 MG, 20 MG, 25 MG 74
JAKAFI 5 MG 74
JAKAFI XR PO 11 MG 74
JAKAFI XR PO 22 MG, 33 MG, 44 MG, 55 MG 75
JANUMET TABS 1000 MG-50 MG, 500 MG-50 MG (sitagliptin phosphate-metformin hcl) 46
JANUMET XR TB24 1000 MG-100 MG, 500 MG-50 MG (sitagliptin phosphate-metformin hcl) 46
JANUMET XR TB24 1000 MG-50 MG (sitagliptin phosphate-metformin hcl) 46
JANUVIA 25 MG (sitagliptin phosphate) 48
JANUVIA 50 MG, 100 MG (sitagliptin phosphate) 48
JARDIANCE 10 MG 53
JARDIANCE 25 MG 53
JASCAYD TABS PO 9 MG, 18 MG 225
JATENZO CAPS 158 MG, 198 MG 19
JATENZO CAPS 237 MG 19
JAVADIN SOLN PO 0.02 MG/ML . 62
JAYPIRCA 100 MG 75

JAYPIRCA 50 MG 75
JELMYTO KIT UL 40 MG 72
JEMPERLI 68
JENTADUETO TABS 46
JENTADUETO XR TB24 46
JEVTANA 79
JIDEYTRO TABS PO 25 MG, 100 MG 75
JIVI 142
JOBEVNE SOLN IV 100 MG/4ML, 400 MG/16ML 67
JOENJA 187
JORNAY PM CP24 3
JOURNAVX 13
JUBBONTI SOSY SC 60 MG/ML 124
JUBEREQ SOLN SC 120 MG/1.7ML 124
JULUCA 86
JUVMO TABS PO 5 MG, 10 MG, 15 MG 80
JUVMO TITRATION PACK TBPK PO 80
JUXTAPID 2 MG 60
JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG 60
JYLAMVO SOLN PO 66
JYNARQUE TABS 15 MG, 30 MG (tolvaptan) 133
JYNARQUE TBPK 15 MG (tolvaptan) 133
JYNNEOS 233
K-PHOS NO 2 140
K-PHOS TABS (potassium phosphate monobasic) 185
K-PHOS-NEUTRAL (pot phosphate monobasic w/ sod phosphate dibasic & monobasic) 185
KADCYLA 68
KALBITOR 144
KALETRA SOLN 86
KALETRA TABS (lopinavir-ritonavir) . 86
KALYDECO PACK 25 MG, 50 MG, 75 MG 224
KALYDECO PACK 5.8 MG, 13.4 MG 224
KALYDECO TABS 224
KANJINTI 150 MG 67
KANJINTI 420 MG 67
KANUMA 130
KAPSPARGO SPRINKLE CS24 ..91
KATERZIA 93
KCENTRA 142
KCL IN DEXTROSE-NACL (potassium chloride in dextrose & sodium chloride) 184
KCL IN DEXTROSE-NACL 184
KCL-LACTATED RINGERS-D5W 184
KEBILIDI 130
KEDBUMIN 144
KEDRAB SOLN 216
KENALOG-10 SUSP (triamcinolone acetonide) 102
KENALOG-40 SUSP (triamcinolone acetonide) 102
KENALOG-80 SUSP 102
KENGREAL 145
KEPIVANCE 5.16 MG 78
KEPPRA SOLN IV 500 MG/5ML (levetiracetam) 38
KEPPRA SOLN PO 100 MG/ML (levetiracetam) 38
KEPPRA TABS 1000 MG (levetiracetam) 38
KEPPRA TABS 250 MG (levetiracetam) 38
KEPPRA TABS 500 MG, 750 MG (levetiracetam) 38
KEPPRA XR TB24 500 MG (levetiracetam) 38
KEPPRA XR TB24 750 MG (levetiracetam) 38
KERENDIA 132
KESIMPTA 221
KETALAR SOLN IJ (ketamine hcl) 139
KETAMINE HCL 99
ketamine hcl SOLN IJ 139
KETO-DIASTIX 119
ketoconazole (topical) CREA 106
ketoconazole (topical) FOAM 106
ketoconazole (topical) SHAM 2 % 106
ketoconazole 57
KETOCONAZOLE 99
KETONE TEST STRP 119
ketoprofen CAPS 50 MG 11
ketoprofen CAPS 75 MG 11

ketoprofen CP24 11
ketorolac tromethamine (ophth) 0.4 % 213
ketorolac tromethamine (ophth) 0.5 % 213
ketorolac tromethamine SOLN IJ 15 MG/ML, 30 MG/ML 11
ketorolac tromethamine TABS 12
KETOSTIX STRP 119
ketotifen fumarate (ophth) 0.035 % 213
KEVEYIS (dichlorphenamide) ... 122
KEVZARA SOAJ 11
KEVZARA SOSY 11
KEYTRUDA 68
KEYTRUDA QLEX SOLN SC 72
KHAPZORY 175 MG 78
KHINDIVI SOLN PO 1 MG/ML ... 102
KIMMTRAK 68
KIMONO MAXX-LARGE FLARE MISC 154
KIMONO MICRO THIN MISC 154
KIMONO MICRO THIN PLUS MISC . 154
KIMONO MISC 154
KIMONO SENSATION MISC 154
KIMONO SENSATION PLUS MISC 154
KIMYRSA 22
KINERET SOSY 10
KINRIX SUSY 227
KIRSTY SOLN IJ 100 UNIT/ML ... 51
KIRSTY SOPN SC 100 UNIT/ML .. 51
KISQALI (200 MG DOSE) 75
KISQALI (400 MG DOSE) 75
KISQALI (600 MG DOSE) 75
KISUNLA 219
KITABIS PAK (W/ NEBULIZER) NEBU 300 MG/5ML (tobramycin) ... 6
KLONOPIN TABS 0.5 MG, 1 MG (clonazepam) 36
KLONOPIN TABS 2 MG (clonazepam) 37
KLOR-CON 10 TBCR 10 MEQ (potassium chloride) 186
KLOR-CON TBCR 8 MEQ (potassium chloride) 186
KLOXXADO LIQD 54
KOATE SOLR 142
KOMZIFTI CAPS PO 200 MG 71
KONVOMEP SUSR 229
KORLYM (mifepristone (hyperglycemia)) 48
KORSUVA 191
KOSELUGO 10 MG 75
KOSELUGO 25 MG 75
KOSELUGO PO 5 MG 75
KOSELUGO PO 7.5 MG 75
KOVALTRY 142
KRAZATI 75
KRESLADI SUSP IV 146
KRINTAFEL 64
KROGER AUTOLET LANCING DEVICE MISC 161
KROGER HEALTHPRO LANCET 26G 161
KROGER PEN NEEDLES 174
KRYSTEXXA 141
KUVAN PACK (sapropterin dihydrochloride) 130
KUVAN TABS (sapropterin dihydrochloride) 130
KYGEVVI PACK PO 130
KYLEENA 101
KYMRIAH 69
KYPROLIS 75
KYXATA SOLN 80 MG/8ML, 500 MG/50ML 65
labetalol hcl SOLN 91
LABETALOL HCL SOLN 91
LABETALOL HCL SOSY 91
labetalol hcl TABS 100 MG 91
labetalol hcl TABS 200 MG 91
labetalol hcl TABS 300 MG 91
labetalol hcl TABS 400 MG 91
lacosamide SOLN IV 200 MG/20ML . 38
lacosamide SOLN PO 10 MG/ML, 50 MG/5ML, 100 MG/10ML 38
lacosamide TABS 38
lactated ringer's (irrigation) 190
lactated ringer's 184
LACTATED RINGERS 28 MEQ/L-4 MEQ/L-130 MEQ/L-3 MEQ/L-109 MEQ/L, 3 MEQ/L-109 MEQ/L-130 MEQ/L-4 MEQ/L-28 MEQ/L (lactated ringer's) 185

LACTATED RINGERS 28 MEQ/L-4 MEQ/L-130 MEQ/L-3 MEQ/L-109 MEQ/L, 3 MEQ/L-109 MEQ/L-130 MEQ/L-4 MEQ/L-28 MEQ/L 185

lactic acid (ammonium lactate) CREA 114

lactic acid (ammonium lactate) LOTN 12 % 114

lactulose (encephalopathy) 138

lactulose PACK 10 GM 151

lactulose PACK 20 GM 151

lactulose SOLN 152

LAMICTAL CHEW 25 MG (lamotrigine) 38

LAMICTAL CHEW 5 MG (lamotrigine) 38

LAMICTAL ODT KIT (lamotrigine) 38

LAMICTAL ODT TBDP 25 MG, 100 MG, 200 MG (lamotrigine) 38

LAMICTAL ODT TBDP 50 MG (lamotrigine) 38

LAMICTAL STARTER KIT 25 MG (lamotrigine) 38

LAMICTAL TABS 100 MG (lamotrigine) 38

LAMICTAL TABS 150 MG (lamotrigine) 39

LAMICTAL TABS 200 MG (lamotrigine) 38

LAMICTAL TABS 25 MG (lamotrigine) 39

LAMICTAL XR KIT 38

LAMICTAL XR TB24 200 MG, 250 MG (lamotrigine) 38

LAMICTAL XR TB24 25 MG, 50 MG, 100 MG (lamotrigine) 38

LAMICTAL XR TB24 300 MG (lamotrigine) 38

lamivudine (hbv) TABS 89

lamivudine SOLN 86

lamivudine TABS 87

lamivudine-zidovudine 86

lamotrigine CHEW 25 MG 39

lamotrigine CHEW 5 MG 39

lamotrigine KIT 25 MG 39

lamotrigine TABS 100 MG 39

lamotrigine TABS 150 MG 39

lamotrigine TABS 200 MG 39

lamotrigine TABS 25 MG 39

lamotrigine TB24 200 MG, 250 MG 39

lamotrigine TB24 25 MG, 50 MG, 100 MG 39

lamotrigine TB24 300 MG 39

lamotrigine TBDP 25 MG, 100 MG, 200 MG 39

lamotrigine TBDP 50 MG 39

LAMPIT 120 MG 21

LAMPIT 30 MG 21

LAMZEDE 130

LANAFLEX PACK 120

LANCET DEVICE WITH EJECTOR MISC 161

LANCETS 161

LANCETS 28G THIN 161

LANCETS 30G 162

LANCETS 33G 162

LANCETS SUPER THIN 28G ... 162

LANCETS ULTRA THIN 162

LANCETS ULTRA THIN 30G 162

LANCING DEVICE MISC 162

LANOXIN PEDIATRIC SOLN IJ ... 94

LANOXIN SOLN IJ (digoxin) 94

lanreotide acetate 132

LANREOTIDE ACETATE 132

LANSOPRAZOLE 99

lansoprazole CPDR 228

lansoprazole TBDD 228

lanthanum carbonate CHEW 139

LANTUS SOLN 51

LANTUS SOLOSTAR SOPN 51

LANZO MISC 162

lapatinib ditosylate 75

LASIX ONYU CTKT 80 MG/2.67ML 122

LASIX ONYU REUSABLE UNIT/CHARG 174

LASIX TABS 20 MG (furosemide) 123

LASIX TABS 40 MG (furosemide) 122

LASIX TABS 80 MG (furosemide) 122

latanoprost SOLN 214

LATUDA 20 MG, 40 MG, 60 MG, 120 MG (lurasidone hcl) 81

LATUDA 80 MG (lurasidone hcl) .. 81

LAZCLUZE 240 MG 69

LAZCLUZE 80 MG 69

LEADER ADVANCED LANCING DEVICE MISC 162
LEADER UNIFINE PENTIPS 174
LEADER UNIFINE PENTIPS PLUS . 174
LEDIPASVIR-SOFOSBUVIR TABS 89
leflunomide 12
LEMTRADA 221
lenalidomide 187
LENMELDY 220
LENVIMA (10 MG DAILY DOSE) . 67
LENVIMA (12 MG DAILY DOSE) . 67
LENVIMA (14 MG DAILY DOSE) . 67
LENVIMA (18 MG DAILY DOSE) . 67
LENVIMA (20 MG DAILY DOSE) . 67
LENVIMA (24 MG DAILY DOSE) . 67
LENVIMA (4 MG DAILY DOSE) .. 67
LENVIMA (8 MG DAILY DOSE) .. 67
LEQEMBI 219
LEQEMBI IQLIK (500 MG DOSE) SC 219
LEQEMBI IQLIK SC 360 MG/1.8ML 219
LEQSELVI TABS PO 8 MG 114
LEQVIO 60
LESCOL XL TB24 (fluvastatin sodium) 59
LETAIRIS (ambrisentan) 96
letrozole 70
leucovorin calcium SOLN IJ 100 MG/10ML, 500 MG/50ML 78
leucovorin calcium SOLR 78
leucovorin calcium TABS 78
LEUKINE SOLR IJ 147
leuprolide acetate KIT IJ 1 MG/0.2ML 70
levalbuterol hcl 32
levalbuterol tartrate 32
levamlodipine maleate 93
LEVEMIR FLEXPEN SOPN 51
LEVEMIR SOLN 51
LEVETIRACETAM IN NACL (levetiracetam in sodium chloride) .39
levetiracetam in sodium chloride ..39
levetiracetam SOLN IV 500 MG/5ML 39
levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML 39
levetiracetam TABS 1000 MG 39
levetiracetam TABS 250 MG 39
levetiracetam TABS 500 MG, 750 MG 39
levetiracetam TB24 500 MG 39
levetiracetam TB24 750 MG 39
levetiracetam TB3D 250 MG, 500 MG 39
levobunolol hcl 0.5 % 207
levocarnitine (metabolic modifiers) SOLN IV 200 MG/ML 130
levocarnitine (metabolic modifiers) TABS 130
levocetirizine dihydrochloride SOLN 58
levocetirizine dihydrochloride TABS 58
levofloxacin (ophth) 0.5 % 209
levofloxacin in d5w 135
levofloxacin SOLN PO 135
levofloxacin TABS 250 MG, 500 MG . 135
levofloxacin TABS 750 MG 135
levoleucovorin calcium SOLN 175 MG/17.5ML 78
levonorgestrel (emergency oc) 1.5 MG 101
levonorgestrel & eth estradiol TABS 100
levonorgestrel-eth estradiol (triphasic) 100
levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG 100
levonorgestrel-ethinyl estradiol (continuous) 100
levonorgestrel-ethinyl estradiol-iron 100
LEVOPHED IV (norepinephrine bitartrate) 236
levorphanol tartrate TABS 15
LEVOTHYROXINE SODIUM SOLN IV 100 MCG/5ML, 200 MCG/5ML 226
LEVOTHYROXINE SODIUM SOLN IV 100 MCG/ML, 500 MCG/5ML . 226
LEVOTHYROXINE SODIUM SOLR IV (levothyroxine sodium) 226
levothyroxine sodium SOLR IV ... 226
levothyroxine sodium TABS 226
LEVSIN TABS (hyoscyamine sulfate) 228

LEVSIN/SL SUBL (hyoscyamine sulfate) 228
LEVULAN KERASTICK SOLR ... 106
LEXAPRO TABS 10 MG (escitalopram oxalate) 44
LEXAPRO TABS 5 MG, 20 MG (escitalopram oxalate) 44
LEXETTE FOAM (halobetasol propionate) 113
LEXISCAN (regadenoson) 118
LIALDA TBEC (mesalamine) 137
LIBTAYO 68
LIDOCAINE CRYS 99
LIDOCAINE HCL (CARDIAC) PF SOLN 26
lidocaine hcl (cardiac) SOSY 26
lidocaine hcl (local anesth.) SOLN 152
lidocaine hcl (local anesth.) SOSY IJ 100 MG/5ML 152
lidocaine hcl (mouth-throat) 191
LIDOCAINE HCL 99
lidocaine hcl CREA 3 % 116
lidocaine hcl GEL 2 % 116
LIDOCAINE HCL MONOHYDRATE . 99
lidocaine hcl PRSY 116
lidocaine hcl SOLN 116
lidocaine in d5w 5 %-4 MG/ML, 5 %-8 MG/ML 26
lidocaine OINT 5 % 116
LIDOCAINE POWD 99
lidocaine PTCH 5 % 116
lidocaine w/ epinephrine SOLN ... 152
lidocaine-hydrocortisone acetate (rectal) CREA EX 19
lidocaine-prilocaine CREA 116
LIDOCORT CREA EX 0.5 %-3 % (lidocaine-hydrocortisone acetate (rectal)) 20
LIFYORLI (125 MG DOSE) CPPK PO 70
LIFYORLI (150 MG DOSE) CPPK PO 70
LIKMEZ SUSP 20
LILETTA (52 MG) 101
LINCOCIN (lincomycin hcl) 23
lincomycin hcl 23
LINEZOLID IN SODIUM CHLORIDE 23
linezolid SOLN 23
linezolid SUSR 23
linezolid TABS 23
LINZESS 139
LIORESAL SOLN IT (baclofen) .. 195
LIORESAL SOLN IT 195
liothyronine sodium SOLN 226
liothyronine sodium TABS 226
LIPFENDRA TABS PO 20 MG 60
LIPITOR TABS 10 MG, 20 MG, 40 MG (atorvastatin calcium) 59
LIPITOR TABS 80 MG (atorvastatin calcium) 59
LIPOFEN CAPS (fenofibrate) 59
liraglutide 48
lisdexamfetamine dimesylate CAPS 2
lisdexamfetamine dimesylate CHEW . 2
lisinopril & hydrochlorothiazide 63
lisinopril TABS 10 MG 60
lisinopril TABS 2.5 MG, 5 MG 60
lisinopril TABS 20 MG 60
lisinopril TABS 30 MG, 40 MG 60
LISRAYA TABS PO 30 MG 113
LITE TOUCH LANCETS 162
LITE TOUCH LANCING PEN MISC 162
LITETOUCH INSULIN SYRINGE 174
LITETOUCH LANCETS 162
LITETOUCH PEN NEEDLES 174
LITFULO 115
lithium 81
lithium carbonate CAPS 81
lithium carbonate TABS 81
lithium carbonate TBCR 81
LITHOBID TBCR (lithium carbonate) . 81
LITHOSTAT 141
LIVALO (pitavastatin calcium) 59
LIVDELZI 139
LIVMARLI 19 MG/ML 136
LIVMARLI 9.5 MG/ML 136
LIVMARLI PO 10 MG, 15 MG, 20 MG 136
LIVMARLI PO 30 MG 136
LIVTENCITY 88
LMD IN D5W 5 %-10 % 144

LMD IN NACL 0.9 %-10 % 144
LO LOESTRIN FE TABS 100
LOARGYS SOLN IJ 2 MG/0.4ML 130
LOCAMETZ KIT 119
LODOCO 95
lofexidine hcl 218
LOKELMA 190
LOMOTIL TABS (diphenoxylate w/ atropine) 53
lomustine 65
LONSURF 72
loperamide hcl CAPS 53
LOPHLEX LQ 20 LIQD PO 120
LOPHLEX PACK 120
LOPID TABS (gemfibrozil) 59
lopinavir-ritonavir SOLN 87
lopinavir-ritonavir TABS 87
LOPRESSOR SOLN PO 10 MG/ML . 91
LOPRESSOR TABS 100 MG (metoprolol tartrate) 91
LOPRESSOR TABS 12.5 MG (metoprolol tartrate) 91
LOPRESSOR TABS 50 MG (metoprolol tartrate) 91
LOQTORZI 68
loratadine SOLN 58
loratadine TABS 58
loratadine TBDP 10 MG 58
LORAZEPAM 99
lorazepam CONC 25
lorazepam SOLN 26
lorazepam TABS 26
LORBRENA 100 MG 75
LORBRENA 25 MG 75
LOREEV XR CS24 26
losartan potassium & hydrochlorothiazide 63
losartan potassium 25 MG 61
losartan potassium 50 MG, 100 MG 61
LOTEMAX GEL (loteprednol etabonate) 211
LOTEMAX OINT 211
LOTEMAX SM GEL 211
LOTEMAX SUSP (loteprednol etabonate) 211
LOTENSIN 10 MG (benazepril hcl) 60
LOTENSIN 20 MG, 40 MG (benazepril hcl) 60
LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (benazepril & hydrochlorothiazide) 63
loteprednol etabonate GEL 211
loteprednol etabonate SUSP 0.2 % 211
loteprednol etabonate SUSP 0.5 % 211
loteprednol etabonate-tobramycin 211
LOTRONEX (alosetron hcl) 139
lovastatin TABS 59
LOVENOX SOLN IJ 300 MG/3ML (enoxaparin sodium) 35
LOVENOX SOSY 100 MG/ML, 150 MG/ML (enoxaparin sodium) 35
LOVENOX SOSY 30 MG/0.3ML (enoxaparin sodium) 35
LOVENOX SOSY 40 MG/0.4ML (enoxaparin sodium) 35
LOVENOX SOSY 60 MG/0.6ML (enoxaparin sodium) 35
LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML (enoxaparin sodium) ... 35
loxapine succinate 84
lubiprostone 135
LUCEMYRA (lofexidine hcl) 218
LUCENTIS SOSY 0.3 MG/0.05ML 208
LUCENTIS SOSY 0.5 MG/0.05ML 207
LUMAKRAS 120 MG 75
LUMAKRAS 240 MG 75
LUMAKRAS 320 MG 75
LUMIGAN SOLN 0.01 % (bimatoprost) 214
LUMISIGHT 118
LUMIZYME 130
LUMVOA SOLN IV 500 MG/10ML 126
LUNSUMIO 68
LUNSUMIO VELO 5 MG/0.5ML, 45 MG/ML 68
LUPKYNIS 189
LUPRON DEPOT (1-MONTH) KIT IM 3.75 MG 70
LUPRON DEPOT (1-MONTH) KIT IM 7.5 MG 70
LUPRON DEPOT (3-MONTH) KIT IM

70

LUPRON DEPOT (4-MONTH) IM . 70

LUPRON DEPOT (6-MONTH) IM . 70

LUPRON DEPOT-PED (1-MONTH) . 126

LUPRON DEPOT-PED (3-MONTH) . 126

LUPRON DEPOT-PED (6-MONTH) IM 126

lurasidone hcl 20 MG, 40 MG, 60 MG, 120 MG 81

lurasidone hcl 80 MG 81

LURBIRO TABS 100 MG (flurbiprofen) 12

LUTATHERA 78

LUTRATE DEPOT INJ 22.5 MG ... 70

LUXTURNA 209

LYBALVI 220

LYFGENIA 146

LYMPHIR SOLR IV 300 MCG 78

LYNAVOY TABS PO 40 MG 136

LYNKUET CAPS PO 60 MG 126

LYNOZYFIC SOLN IV 5 MG/2.5ML, 200 MG/10ML 68

LYNPARZA TABS 75

LYRICA CAPS 225 MG (pregabalin) . 39

LYRICA CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG, 300 MG (pregabalin) 39

LYRICA CR (pregabalin (once-daily)) 222

LYRICA SOLN (pregabalin) 39

LYSODREN 70

LYTGOBI (12 MG DAILY DOSE) . 75

LYTGOBI (16 MG DAILY DOSE) . 75

LYTGOBI (20 MG DAILY DOSE) . 75

LYUMJEV KWIKPEN SOPN 100 UNIT/ML 51

LYUMJEV KWIKPEN SOPN 200 UNIT/ML 51

LYUMJEV SOLN 51

LYUMJEV TEMPO PEN SOPN ... 51

LYVISPAH PACK 10 MG 195

LYVISPAH PACK 5 MG 195

M-M-R II SOLR 233

M-NATAL PLUS TABS 193

macitentan 10 MG 96

MACROBID (nitrofurantoin monohyd macro) 24

mafenide acetate PACK 110

MAG-G TABS 185

MAGELLAN INSULIN SAFETY SYR 174

magnesium chloride SOLN 185

MAGNESIUM SULFATE IN D5W (magnesium sulfate in dextrose) . 185

magnesium sulfate in dextrose .. 185

MAGNESIUM SULFATE IV (magnesium sulfate) 185

magnesium sulfate IV 185

MALARONE (atovaquone-proguanil hcl) 64

malathion 117

MANNITOL 20 %, 25 % 123

mannitol 25 % 123

MARATHON MEDICAL PENTIPS 174

maraviroc TABS 150 MG 87

maraviroc TABS 300 MG 87

MARCAINE PRESERVATIVE FREE SOLN IJ (bupivacaine hcl) 152

MARCAINE SOLN IJ (bupivacaine hcl) 152

MARCAINE SPINAL SOLN (bupivacaine in dextrose) 152

MARCAINE/EPINEPHRINE PF SOLN (bupivacaine w/ epinephrine) 152

MARCAINE/EPINEPHRINE SOLN 1 :200000-0.25 %, 1 :200000-0.5 % (bupivacaine w/ epinephrine) 152

MARINOL CAPS 2.5 MG (dronabinol) 56

MARPLAN 43

MATRONEX TABS 193

MATULANE 78

MAVENCLAD (10 TABS) 10 MG (cladribine (multiple sclerosis)) ... 221

MAVENCLAD (4 TABS) 10 MG (cladribine (multiple sclerosis)) ... 221

MAVENCLAD (5 TABS) 10 MG (cladribine (multiple sclerosis)) ... 221

MAVENCLAD (6 TABS) 10 MG (cladribine (multiple sclerosis)) ... 221

MAVENCLAD (7 TABS) 10 MG (cladribine (multiple sclerosis)) ... 221

MAVENCLAD (8 TABS) 10 MG (cladribine (multiple sclerosis)) ... 221

MAVENCLAD (9 TABS) 10 MG

(cladribine (multiple sclerosis)) . . . 221
MAVYRET PACK 89
MAVYRET TABS 89
MAXALT TABS 10 MG (rizatriptan benzoate) 183
MAXALT-MLT TBDP 10 MG (rizatriptan benzoate) 183
MAXI-COMFORT INSULIN SYRINGE 174
MAXI-COMFORT SAFETY PEN NEEDLE 174
MAXICOMFORT II PEN NEEDLE 174
MAXICOMFORT SYR 27G X 1/2" 174
MAXIDEX SUSP OP 211
MAXITROL OINT (neomycin-polymy-dexameth) 211
MAXITROL SUSP (neomycin-polymy-dexameth) 211
MAXX MISC 154
MAYZENT STARTER PACK TBPK 0.25 MG 221
MAYZENT TABS 0.25 MG 221
MAYZENT TABS 1 MG, 2 MG . . . 221
meclizine hcl TABS 12.5 MG, 25 MG, 50 MG 55
meclofenamate sodium CAPS 12
MEDICINE SHOPPE PEN NEEDLES 174
medium chain triglycerides OIL . . 202
MEDLANCE PLUS EXTRA 21G . 162
MEDLANCE PLUS LITE 25G 162
MEDLANCE PLUS SPECIAL 0.8MM 162
MEDLANCE PLUS SUPERLITE 30G 162
MEDLANCE PLUS UNIVERSAL 21G 162
MEDROL TABS (methylprednisolone) 103
MEDROL TABS 102
MEDROL TBPK (methylprednisolone) 103
medroxyprogesterone acetate (contraceptive) SUSP IM 101
medroxyprogesterone acetate (contraceptive) SUSY IM 101
medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG 218
mefenamic acid CAPS 12
mefloquine hcl 64
megestrol acetate (appetite) 218
megestrol acetate SUSP 70
megestrol acetate TABS 70
MEKINIST SOLR 75
MEKINIST TABS 75
MEKTOVI 75
meloxicam CAPS 12
meloxicam TABS 12
melphalan hcl IV 65
memantine hcl CP24 14 MG 219
memantine hcl CP24 219
memantine hcl SOLN 219
memantine hcl TABS 10 MG 219
memantine hcl TABS 5 MG 219
memantine hcl TABS 219
memantine hcl-donepezil hcl CP24 219
MENOSTAR PTWK 134
MENQUADFI 0.5 ML 231
MENVEO SOLN 231
MENVEO SOLR 231
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 % 152
meprobamate 25
MEPRON (atovaquone) 21
MEPSEVII 130
mercaptopurine SUSP 2000 MG/100ML 66
mercaptopurine TABS 66
MERILOG SOLN SC 100 UNIT/ML 51
MERILOG SOLOSTAR SOPN SC 100 UNIT/ML 51
meropenem 21
MEROPENEM 2 GM (meropenem) 21
meropenem 2 GM 21
MEROPENEM-SODIUM CHLORIDE 21
mesalamine CP24 137
mesalamine CPCR 137
mesalamine CPDR 137

mesalamine ENEM 137
mesalamine SUPP 137
mesalamine TBEC 1.2 GM 137
mesalamine TBEC 800 MG 137
mesalamine w/ cleanser 137
mesna SOLN 78
mesna TABS 78
MESNEX SOLN (mesna) 78
MESNEX TABS 78
metaxalone 400 MG 195
METAXALONE 640 MG 195
metaxalone 800 MG 195
METFORMIN HCL 99
metformin hcl SOLN 47
metformin hcl TABS 500 MG 47
metformin hcl TABS 625 MG 47
metformin hcl TABS 750 MG 47
metformin hcl TABS 850 MG, 1000 MG 47
metformin hcl TB24 500 MG, 1000 MG 47
metformin hcl TB24 500 MG 47
metformin hcl TB24 750 MG 47
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 122
methazolamide TABS 50 MG 122
methenamine hippurate 24
methenamine mandelate 24
METHIMAZOLE POWD 226
methimazole TABS 226
methocarbamol SOLN 195
methocarbamol TABS 1000 MG . 196
methocarbamol TABS 500 MG, 750 MG 196
methohexital sodium SOLR 140
methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML 66
methotrexate sodium SOLR 66
methotrexate sodium TABS 2.5 MG 66
methoxsalen rapid 107
methscopolamine bromide 228
methsuximide 42
methyldopa TABS 62
methylene blue (antidote) SOLN IV 54
methylergonovine maleate SOLN 215
methylergonovine maleate TABS 215
METHYLIN SOLN (methylphenidate hcl) 3
METHYLPHENIDATE ER TBED 8.6 MG, 17.3 MG, 25.9 MG 3
methylphenidate hcl CHEW 2.5 MG, 5 MG 4
methylphenidate hcl CHEW 3
methylphenidate hcl CP24 10 MG, 20 MG, 40 MG, 60 MG 4
methylphenidate hcl CP24 30 MG .. 4
methylphenidate hcl CP24 4
methylphenidate hcl CPCR 4
methylphenidate hcl SOLN 4
methylphenidate hcl TABS 4
methylphenidate hcl TB24 18 MG, 27 MG, 54 MG 4
methylphenidate hcl TB24 36 MG .. 4
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 PTCH 4
methylprednisolone acetate SUSP 103
methylprednisolone sod succ 40 MG, 125 MG, 500 MG, 1000 MG 103
methylprednisolone TABS 103
methylprednisolone TBPK 103
methyltestosterone CAPS 19
METHYLTESTOSTERONE POWD 19
methyltestosterone TABS 19

METOCLOPRAMIDE HCL MONOHYDRATE 136
METOCLOPRAMIDE HCL POWD 136
metoclopramide hcl SOLN IJ 5 MG/ML 136
metoclopramide hcl TABS 136
metolazone 123
METOPIRONE 118
metoprolol & hydrochlorothiazide TABS 25 MG-100 MG 63
metoprolol & hydrochlorothiazide TABS 25 MG-50 MG, 50 MG-100 MG 63
metoprolol succinate TB24 100 MG, 200 MG 91
metoprolol succinate TB24 25 MG, 50 MG 91
metoprolol tartrate SOLN IV 5 MG/5ML 91
metoprolol tartrate TABS 12.5 MG 91
metoprolol tartrate TABS 25 MG, 50 MG 91
metoprolol tartrate TABS 37.5 MG, 75 MG, 100 MG 91
metronidazole (topical) CREA 117
metronidazole (topical) GEL 0.75 % 117
metronidazole (topical) GEL 1 % .117
metronidazole (topical) LOTN 117
METRONIDAZOLE 99
METRONIDAZOLE BENZOATE .. 99
metronidazole CAPS 20
METRONIDAZOLE SOLN (metronidazole) 20
metronidazole SOLN 20
metronidazole TABS 125 MG 20
metronidazole TABS 250 MG, 500 MG 20
metronidazole vaginal 235
metyrosine 61
mexiletine hcl 26
MIACALCIN IJ (calcitonin (salmon)) 124
micafungin sodium 56
MICAFUNGIN SODIUM 56
MICAFUNGIN SODIUM-NACL 0.9 %-100 MG/100ML 56
MICAFUNGIN SODIUM-NACL 0.9 %-150 MG/150ML 56
MICAFUNGIN SODIUM-NACL 0.9 %-50 MG/50ML 56
MICARDIS HCT (telmisartan-hydrochlorothiazide) 63
MICONAZOLE 57
miconazole nitrate vaginal SUPP 200 MG 235
miconazole-zinc oxide-white petrolatum 106
MICROCHAMBER DEVI 180
MICROCHAMBER MISC 180
MICRODOT PEN NEEDLE 174
MICROLET LANCETS 162
MICROLET NEXT LANCETS 162
MICROLET NEXT LANCING DEVICE MISC 162
MICROSPACER MISC 180
midazolam hcl SOLN IJ 150
midazolam hcl SYRP 150
MIDAZOLAM-SODIUM CHLORIDE (midazolam-sodium chloride) 150
MIDAZOLAM-SODIUM CHLORIDE (PF) 150
midazolam-sodium chloride 150
midodrine hcl 236
MIEBO 213
MIFEPREX (mifepristone) 132
mifepristone (hyperglycemia) 48
mifepristone 132
MIGERGOT SUPP 182
miglitol 45
miglustat 146
milnacipran hcl MISC 220
milnacipran hcl TABS 12.5 MG, 25 MG, 50 MG, 100 MG 220
milrinone lactate 94
milrinone lactate in dextrose 94
MIMRYLO SOLR SC 41 MG, 54 MG . 70
MIMRYLO SOLR SC 9.5 MG, 19 MG, 28 MG 70
MINI LANCING DEVICE MISC ... 162
MINIMED INSTINCT GLUC SENSOR 162
MINIVELLE PTTW (estradiol) 134
MINOCIN SOLR 226
minocycline hcl CAPS 226
minocycline hcl TABS 226
minocycline hcl TB24 45 MG, 90 MG,

135 MG 226
minocycline hcl TB24 55 MG, 65 MG, 80 MG, 105 MG, 115 MG 226
minoxidil 10 MG 63
minoxidil 2.5 MG 63
MIOCHOL-E SOLR 207
MIOSTAT IO 207
MIPLYFFA 223
mirabegron SRER 8 MG/ML 230
mirabegron TB24 230
MIRENA (52 MG) 101
mirtazapine TABS 42
mirtazapine TBDP 42
misoprostol 229
MITIGARE CAPS (colchicine) 141
mitomycin SOLR IV 72
MITOSOL KIT 209
mitoxantrone hcl 20 MG/10ML, 25 MG/12.5ML, 30 MG/15ML 72
MIUDELLA 101
MM INSULIN SYRINGE/NEEDLE 174
MM LANCING DEVICE MISC 162
MM PEN NEEDLES 175
MM TWIST LANCETS 162
MNEXSPIKE SUSY 10 MCG/0.2ML . 233
MOBI CONNECT LANCING DEVICE MISC 162
MOBI CONNECT TWIST LANCETS 163
modafinil 4
MODEYSO CAPS PO 125 MG 71
moexipril hcl 60
mometasone furoate (nasal) SUSP 197
mometasone furoate CREA 113
mometasone furoate OINT 113
mometasone furoate SOLN 113
MONJUVI 68
MONOFERRIC 149
MONOJECT INSULIN SYRINGE 175
MONOJECT ULTRA COMFORT SYRINGE 175
MONOLET LANCETS 163
montelukast sodium CHEW 28
montelukast sodium PACK 28
montelukast sodium TABS 28
MORPHINE SULFATE (PF) SOLN IV 1 MG/ML, 2 MG/ML, 4 MG/ML, 10 MG/ML 15
morphine sulfate beads 15
morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG 15
morphine sulfate for continuous microinfusion 15
MORPHINE SULFATE POWD 15
morphine sulfate SOLN IJ 0.5 MG/ML, 1 MG/ML 15
MORPHINE SULFATE SOLN IJ 2 MG/ML, 4 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) 135
MOTOFEN 53
MOTPOLY XR CP24 100 MG 39
MOTPOLY XR CP24 150 MG, 200 MG 39
MOUNJARO 48
MOVANTIK 139
moxifloxacin hcl (ophth) SOLN OP 209
moxifloxacin hcl in sodium chloride 135
MOXIFLOXACIN HCL SOLN 400 MG/250ML 135
moxifloxacin hcl TABS 135
MOZOBIL (plerixafor) 149
MRESVIA 233
MS CONTIN TBCR 15 MG, 30 MG, 60 MG (morphine sulfate) 16
MULPLETA 147
MULTAQ 26
MULTI-LANCET DEVICE 2 KIT 163
MUPIROCIN 99
mupirocin calcium (topical) 105
mupirocin OINT 105
MVASI 67
MVW COMPLETE FORMULATION CAPS 192

MVW COMPLETE FORMULATION CHEW 192
MVW COMPLETE FORMULATION D3000 CAPS 192
MVW COMPLETE FORMULATION D3000 CHEW 192
MVW COMPLETE FORMULATION D5000 CAPS 192
MVW COMPLETE FORMULATION D5000 CHEW 192
MVW COMPLETE FORMULATION MINIS CAPS 192
MYALEPT 130
MYCAPSSA CPDR 132
mycophenolate mofetil CAPS 189
mycophenolate mofetil hcl 189
mycophenolate mofetil SUSR 189
mycophenolate mofetil TABS 189
mycophenolate sodium 189
MYDAYIS CP24 (amphetamine-dextroamphetamine) 2
MYDRIACYL SOLN (tropicamide) 207
MYFEMBREE 133
MYFORTIC (mycophenolate sodium) 189
MYGLUCOHEALTH LANCETS 30G 163
MYHIBBIN SUSP 189
MYOBLOC 200
MYOVIEW 119
MYOVIEW 30ML 119
MYQORZO TABS PO 5 MG, 10 MG, 15 MG, 20 MG 94
MYRBETRIQ SRER 8 MG/ML (mirabegron) 230
MYRBETRIQ TB24 (mirabegron) 230
MYTESI 53
MYXREDLIN 51
NABI-HB SOLN IM 216
nabumetone 12
nadolol TABS 20 MG 92
nadolol TABS 40 MG, 80 MG 92
nafcillin sodium IJ 1 GM, 2 GM ...217
NAFCILLIN SODIUM IN DEXTROSE 2 GM/100ML 217
naftifine hcl CREA 106
naftifine hcl GEL 2 % 106
NAFTIN GEL 2 % (naftifine hcl) .. 106
NAGLAZYME 130
nalbuphine hcl 18
NALFON CAPS (fenoprofen calcium) 12
NALMEFENE HCL IJ 54
NALOCET TABS 17
naloxone hcl LIQD 54
naloxone hcl SOCT 54
naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML 54
naloxone hcl SOSY 0.4 MG/ML ... 54
naloxone hcl SOSY 2 MG/2ML 54
naltrexone hcl 54
NALTREXONE HCL 99
NALTREXONE HCL ANHYDROUS . 99
NAMENDA TITRATION PAK TABS (memantine hcl) 219
NAMZARIC CP24 (memantine hcl-donepezil hcl) 219
NAMZARIC CP24 219
NAPRELAN TB24 (naproxen sodium) 12
naproxen sodium TABS 275 MG, 550 MG 12
naproxen sodium TB24 12
naproxen SUSP 12
naproxen TABS 12
naproxen TBEC 12
naproxen-esomeprazole magnesium 12
naratriptan hcl 1 MG 183
naratriptan hcl 2.5 MG 183
NARDIL (phenelzine sulfate) 43
NAROPIN SOLN IJ (ropivacaine hcl) 152
NATACYN 209
NATAZIA 100
nateglinide 52
NATESTO GEL NA 19
NATROBA (spinosad) 117
NAVITRUX SOLR 150 MG 56
NAYZILAM 37
nebivolol hcl 91
NEBUPENT IN (pentamidine isethionate) 20
nefazodone hcl 44
NEFFY SOLN NA 235
nelarabine 66

NEMLUVIO 115
NEO-SYNALAR 105
neomycin sulfate TABS 6
neomycin-bacitracin zn-polymyxin 209
neomycin-polymy-dexameth OINT 211
neomycin-polymy-dexameth SUSP 0.1 %-3.5 MG/ML-10000 UNIT/ML, 0.1 % 211
neomycin-polymyxin-gramicidin . 209
neomycin-polymyxin-hc (ophth) . 211
neomycin-polymyxin-hc (otic) SOLN . 215
neomycin-polymyxin-hc (otic) SUSP . 215
NEOPROFEN (ibuprofen lysine) .. 12
NEORAL CAPS 100 MG (cyclosporine modified (for microemulsion)) 189
NEORAL CAPS 25 MG (cyclosporine modified (for microemulsion)) 189
NEORAL SOLN (cyclosporine modified (for microemulsion)) 189
NEOSTIGMINE METHYLSULFATE RFID SOLN IV 10 MG/10ML 64
NEOSTIGMINE METHYLSULFATE RFID SOSY (neostigmine methylsulfate) 64
neostigmine methylsulfate SOLN IV 5 MG/10ML, 10 MG/10ML 64
NEOSTIGMINE METHYLSULFATE SOLN IV 5 MG/10ML, 10 MG/10ML 64
NEOSTIGMINE METHYLSULFATE SOSY (neostigmine methylsulfate) 64
neostigmine methylsulfate SOSY .. 64
NEREUS CAPS PO 85 MG 56
NERLYNX 75
NESACAINE-MPF IJ (chloroprocaine hcl) 153
NESTABS 193
NESTABS DHA 193
NESTABS ONE 193
NEULASTA ONPRO SOSY 6 MG/0.6ML 147
NEULASTA SOLN SC 4 MG/0.4ML 147
NEULASTA SOSY 147
NEUPOGEN SOLN 300 MCG/ML 147
NEUPOGEN SOLN 480 MCG/1.6ML 147
NEUPOGEN SOSY 300 MCG/0.5ML 148
NEUPOGEN SOSY 480 MCG/0.8ML 148
NEUPRO 80
NEURACEQ 119
NEUROLITE 119
NEURONTIN CAPS 100 MG (gabapentin) 39
NEURONTIN CAPS 300 MG (gabapentin) 39
NEURONTIN CAPS 400 MG (gabapentin) 39
NEURONTIN SOLN (gabapentin) . 39
NEURONTIN TABS (gabapentin) . 39
NEVANAC 213
nevirapine SUSP 87
nevirapine TABS 87
nevirapine TB24 400 MG 87
NEXAVAR (sorafenib tosylate) 75
NEXICLON XR TB24 (clonidine) .. 62
NEXIUM CPDR (esomeprazole magnesium) 228
NEXIUM PACK (esomeprazole magnesium) 229
NEXLETOL 58
NEXLIZET 58
NEXPLANON 101
NEXTERONE 26
NEXTSTELLIS 100
NEXVIAZYME 130
NGENLA 126
niacin (antihyperlipidemic) TABS .. 60
niacin (antihyperlipidemic) TBCR 500 MG 60
niacin (antihyperlipidemic) TBCR 750 MG, 1000 MG 60
nicardipine hcl CAPS 93
NICARDIPINE HCL IN NACL SOLN (nicardipine hcl in sodium chloride) 93
nicardipine hcl in sodium chloride SOLN 93
NICARDIPINE HCL SOLN (nicardipine hcl) 93
nicardipine hcl SOLN 93
NICOTINE KIT 223
nicotine polacrilex GUM 223
nicotine polacrilex LOZG 223

nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR 223
NICOTROL NS SOLN 223
NIFEDIPINE 99
nifedipine CAPS 93
nifedipine TB24 93
NIKTIMVO 187
NILOTINIB D-TARTRATE CAPS PO 150 MG, 200 MG 75
NILOTINIB D-TARTRATE CAPS PO 50 MG 75
nilotinib hcl 50 MG, 150 MG, 200 MG 76
nilutamide 70
nimodipine CAPS 93
nimodipine SOLN 93
NINLARO 76
nintedanib esylate 100 MG, 150 MG 225
NIPENT 78
NIPRIDE RTU (nitroprusside sodium-sodium chloride) 63
nisoldipine 8.5 MG, 17 MG, 34 MG 93
nitazoxanide TABS 21
nitisinone CAPS 130
NITRO-DUR PT24 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR (nitroglycerin) 24
NITRO-DUR PT24 0.3 MG/HR, 0.6 MG/HR, 0.8 MG/HR (nitroglycerin) 24
NITRO-DUR PT24 24
NITROFURANTOIN 24
nitrofurantoin 25 MG/5ML 24
nitrofurantoin macrocrystal 24
nitrofurantoin monohyd macro 24
nitroglycerin (intra-anal) 20
NITROGLYCERIN IN D5W 5 %-100 MCG/ML, 5 %-200 MCG/ML, 5 %-400 MCG/ML 24
nitroglycerin OINT 24
nitroglycerin PT24 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR 24
nitroglycerin PT24 0.6 MG/HR 24
NITROGLYCERIN SOLN IV 24
nitroglycerin SOLN TL 0.4 MG/SPRAY 24
nitroglycerin SUBL 0.3 MG, 0.4 MG 24
nitroglycerin SUBL 0.6 MG 24
NITROLINGUAL SOLN TL (nitroglycerin) 24
nitroprusside sodium 63
nitroprusside sodium-sodium chloride 64
NITROSTAT SUBL 0.3 MG, 0.4 MG (nitroglycerin) 25
NITROSTAT SUBL 0.6 MG (nitroglycerin) 24
NITYR TABS 130
NIVA THYROID TABS 226
NIVESTYM SOLN 300 MCG/ML 148
NIVESTYM SOLN 480 MCG/1.6ML 148
NIVESTYM SOSY 300 MCG/0.5ML 148
NIVESTYM SOSY 480 MCG/0.8ML 148
nizatidine CAPS 150 MG 228
nizatidine CAPS 300 MG 228
NORDITROPIN FLEXPRO SOPN 5 MG/1.5ML, 10 MG/1.5ML, 15 MG/1.5ML 126
norelgestromin-ethinyl estradiol 100
norepinephrine bitartrate IV 236
NOREPINEPHRINE-DEXTROSE SOLN 5 %-16 MG/250ML, 5 %-4 MG/250ML, 5 %-8 MG/250ML ... 236
NOREPINEPHRINE-SODIUM CHLORIDE SOLN 0.9 %-16 MG/250ML, 0.9 %-4 MG/250ML, 0.9 %-8 MG/250ML 236
norethin acet & estrad-fe CAPS 100
norethin acet & estrad-fe CHEW 100
norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG 100
norethindrone (contraceptive) ... 101
norethindrone & eth estradiol 100
norethindrone & ethinyl estradiol-fe 35 MCG-0.4 MG 100
norethindrone acet & eth estra TABS 100
norethindrone acetate TABS 218
norethindrone acetate-ethinyl estradiol 133
norethindrone acetate-ethinyl estradiol-fe 100
norethindrone-eth estradiol (triphasic) 100
norgestimate-ethinyl estradiol (triphasic) 100
norgestimate-ethinyl estradiol ... 100

norgestrel & ethinyl estradiol 30 MCG-0.3 MG 100
NORLIQVA SOLN 93
NORMOSOL-M IN D5W 185
NORMOSOL-R 27 MEQ/L-23 MEQ/L-98 MEQ/L-140 MEQ/L-3 MEQ/L-5 MEQ/L 185
NORMOSOL-R PH 7.4 185
NORPACE CAPS (disopyramide phosphate) 26
NORPACE CR CP12 26
NORTHERA 100 MG, 200 MG (droxidopa) 236
NORTHERA 300 MG (droxidopa) 236
nortriptyline hcl CAPS 45
nortriptyline hcl SOLN 45
NORVASC TABS 10 MG (amlodipine besylate) 93
NORVASC TABS 2.5 MG (amlodipine besylate) 94
NORVASC TABS 5 MG (amlodipine besylate) 93
NORVIR PACK 87
NORVIR TABS (ritonavir) 87
NOURIANZ 79
NOVA SAFETY LANCETS 23G . 163
NOVA SAFETY LANCETS 28G . 163
NOVA SUREFLEX LANCETS ... 163
NOVA SUREFLEX LANCING DEVICE MISC 163
NOVAREL IM 5000 UNIT 125
NOVOEIGHT 142
NOVOFINE PEN NEEDLE 175
NOVOFINE PLUS PEN NEEDLE 175
NOVOLIN 70/30 FLEXPEN RELION SUPN 51
NOVOLIN 70/30 FLEXPEN SUPN 51
NOVOLIN 70/30 RELION SUSP .. 51
NOVOLIN 70/30 SUSP 51
NOVOLIN N FLEXPEN RELION SUPN 51
NOVOLIN N FLEXPEN SUPN 51
NOVOLIN N RELION SUSP 51
NOVOLIN N SUSP 51
NOVOLIN R FLEXPEN RELION SOPN IJ 51
NOVOLIN R FLEXPEN SOPN IJ .. 51
NOVOLIN R RELION SOLN IJ 51
NOVOLIN R SOLN IJ 51
NOVOLOG 70/30 FLEXPEN RELION SUPN 52
NOVOLOG FLEXPEN RELION SOPN 52
NOVOLOG FLEXPEN SOPN 52
NOVOLOG MIX 70/30 FLEXPEN SUPN 52
NOVOLOG MIX 70/30 RELION SUSP 52
NOVOLOG MIX 70/30 SUSP 52
NOVOLOG PENFILL SOCT 52
NOVOLOG RELION SOLN IJ 52
NOVOLOG SOLN IJ 52
NOVOSEVEN RT 142
NOXAFIL PACK 57
NOXAFIL SOLN (posaconazole) .. 57
NOXAFIL SUSP (posaconazole) .. 57
NP THYROID TABS 226
NPLATE 148
NUBEQA 70
NUCALA SOAJ 27
NUCALA SOLR 27
NUCALA SOSY 100 MG/ML 27
NUCALA SOSY 40 MG/0.4ML 27
NUEDEXTA 222
NUEDEXTA 20 MG-10 MG (dextromethorphan hbr-quinidine sulfate) 223
NUFYMCO SOLN IZ 0.3 MG/0.05ML, 0.5 MG/0.05ML 208
NULEV TBDP 0.125 MG (hyoscyamine sulfate) 228
NULIBRY 130
NULOJIX 189
NUMBRINO 196
NUPLAZID CAPS 81
NUPLAZID TABS 10 MG 81
NURTEC 182
NUTROPIN AQ NUSPIN 10 SOPN 126
NUTROPIN AQ NUSPIN 20 SOPN 126
NUTROPIN AQ NUSPIN 5 SOPN 126
NUVARING (etonogestrel-ethinyl estradiol) 101
NUVAXOVID COVID-19 VACCINE SUSY 5 MCG/0.5ML 233

NUVESSA 235
NUVIGIL 150 MG, 250 MG (armodafinil) 4
NUVIGIL 50 MG, 200 MG (armodafinil) 4
NUWIQ KIT 142
NUZOLVENCE PACK PO 3 GM .. 20
NUZYRA SOLR 225
NUZYRA TABS 225
NYMALIZE SOLN 6 MG/ML 94
NYPOZI 300 MCG/0.5ML 148
NYPOZI 480 MCG/0.8ML 148
NYSTATIN (nystatin (mouth-throat)) . 191
nystatin (mouth-throat) 191
nystatin (topical) CREA 106
nystatin (topical) OINT 106
nystatin (topical) POWD EX 106
nystatin TABS 57
nystatin-triamcinolone CREA 106
nystatin-triamcinolone OINT 106
NYVEPRIA 148
OB COMPLETE ONE 193
OB COMPLETE PETITE 193
OB COMPLETE PREMIER 193
OB COMPLETE TABS 193
OB COMPLETE/DHA 193
OBIZUR 142
OCALIVA 135
OCREVUS 221
OCREVUS ZUNOVO 221
OCTAGAM SOLN 216
OCTAPLAS BLOOD GROUP A . 144
OCTAPLAS BLOOD GROUP AB 144
OCTAPLAS BLOOD GROUP B . 144
OCTAPLAS BLOOD GROUP O . 144
octreotide acetate KIT 20 MG 132
octreotide acetate KIT 132
octreotide acetate SOLN 132
octreotide acetate SOSY 132
OCUFLOX (ofloxacin (ophth)) ... 209
ODACTRA SUBL 5
ODEFSEY 87
ODOMZO 69
OFEV 100 MG, 150 MG (nintedanib esylate) 225
ofloxacin (ophth) 209
ofloxacin (otic) 215
ofloxacin 300 MG, 400 MG 135
OGIVRI 67
OGSIVEO 100 MG, 150 MG 76
OHTUVAYRE 28
OJEMDA SUSR 76
OJEMDA TABS 76
OJJAARA 76
olanzapine SOLR 84
olanzapine TABS 84
olanzapine TBDP 84
olanzapine-fluoxetine hcl 220
olmesartan medoxomil 20 MG 61
olmesartan medoxomil 40 MG 61
olmesartan medoxomil 5 MG 61
olmesartan medoxomil-amlodipine-hydrochlorothiazide 63
olmesartan medoxomil-hydrochlorothiazide 63
olopatadine hcl (nasal) 197
olopatadine hcl 0.1 % 213
olopatadine hcl 0.2 % 213
olopatadine hcl 0.7 % 213
OLPRUVA (3 GM DOSE) THPK . 130
OLPRUVA (4 GM DOSE) THPK . 130
OLPRUVA (5 GM DOSE) THPK . 130
OLPRUVA (6 GM DOSE) THPK . 130
OLPRUVA (6.67 GM DOSE) THPK 130
OLUMIANT 1 MG, 2 MG 9
omega-3-acid ethyl esters 58
OMEGAVEN 202
OMEPRAZOLE 99
omeprazole CPDR 10 MG 229
omeprazole CPDR 20 MG 229
omeprazole CPDR 40 MG 229
omeprazole-sodium bicarbonate CAPS 229
omeprazole-sodium bicarbonate PACK 229
OMIDRIA 212
OMISIRGE 69
OMLYCLO SOSY SC 150 MG/ML 27
OMLYCLO SOSY SC 300 MG/2ML 27
OMLYCLO SOSY SC 75 MG/0.5ML .

27
OMNARIS SUSP 197
OMNIPAQUE SOLN CO 350 MG/ML 120
OMNISCAN SOLN IV 120
OMNITROPE SOCT 126
OMNITROPE SOLR SC 126
OMVOH (300 MG DOSE) SOAJ . 137
OMVOH (300 MG DOSE) SOSY . 137
OMVOH SOAJ 137
OMVOH SOLN 137
OMVOH SOSY 137
ONAPGO SOCT 98 MG/20ML 80
ONCASPAR 78
ondansetron hcl SOLN IJ 55
ondansetron hcl SOLN PO 4 MG/5ML 55
ondansetron hcl SOSY 55
ondansetron hcl TABS 4 MG, 8 MG 55
ondansetron TBDP 16 MG 55
ondansetron TBDP 4 MG, 8 MG ... 55
ONETOUCH DELICA PLUS LANCET30G 163
ONETOUCH DELICA PLUS LANCET33G 163
ONETOUCH DELICA PLUS LANCING MISC 163
ONETOUCH DELICA SAFETY LANCING 163
ONETOUCH ULTRA CONTROL LIQD 163
ONETOUCH ULTRASOFT 2 LANCETS 163
ONETOUCH VERIO LIQD 163
ONFI SUSP (clobazam) 37
ONFI TABS (clobazam) 37
ONGENTYS 80
ONGLYZA 5 MG (saxagliptin hcl) . 48
ONIVYDE IV 43 MG/10ML 79
ONPATTRO 223
ONTRALFY SOLN PO 2 MG/5ML 196
ONTRUZANT 67
ONUREG TABS 66
ONYDA XR SUER 3
OPDIVO 68
OPDIVO QVANTIG 72
OPDUALAG 72
OPFOLDA 130
OPILL 101
OPIPZA FILM 2 MG 85
OPIPZA FILM 5 MG, 10 MG 85
opium tincture 53
OPSUMIT 10 MG (macitentan) 96
OPSYNVI 95
OPTICHAMBER DIAMOND MISC 181
OPTICHAMBER DIAMOND-LG MASK DEVI 180
OPTICHAMBER DIAMOND-MD MASK MISC 180
OPTICHAMBER DIAMOND-SM MASK MISC 180
OPVEE NA 54
OPZELURA 114
ORA-BLEND SF SUSP 217
ORA-BLEND SUSP 217
ORA-PLUS LIQD 217
ORA-SWEET SF SYRP 10 %-9 % 217
ORA-SWEET SYRP 217
ORACIT 140
ORAL SUSPEND LIQD 218
ORAL SYRUP SF SYRP 218
ORALAIR SUBL 5
ORBACTIV 22
ORENCIA CLICKJECT SOAJ 12
ORENCIA SOLR 12
ORENCIA SOSY 125 MG/ML 12
ORENCIA SOSY 50 MG/0.4ML ... 13
ORENCIA SOSY 87.5 MG/0.7ML . 12
ORENITRAM MONTH 1 TEPK 95
ORENITRAM MONTH 2 TEPK 95
ORENITRAM MONTH 3 TEPK 95
ORENITRAM TBCR 95
ORFADIN CAPS (nitisinone) 130
ORFADIN SUSP 130
ORGOVYX 70
ORIAHNN 133
ORILISSA 150 MG 126
ORILISSA 200 MG 126
ORKAMBI PACK 125 MG-100 MG, 188 MG-150 MG 224
ORKAMBI PACK 94 MG-75 MG . 224
ORKAMBI TABS 224

ORLADEYO 144
ORLADEYO PO 72 MG, 96 MG, 108 MG, 132 MG 144
ORLYNVAH TABS PO 23
orphenadrine citrate SOLN 30 MG/ML 196
orphenadrine citrate TB12 196
orphenadrine w/ aspirin & caff ...196
ORSERDU 345 MG 70
ORSERDU 86 MG 70
ORUDIS CAPS 75 MG 12
OSCIMIN SUBL 0.125 MG (hyoscyamine sulfate) 228
OSCIMIN TABS 0.125 MG (hyoscyamine sulfate) 228
oseltamivir phosphate CAPS 30 MG, 45 MG 90
oseltamivir phosphate CAPS 75 MG . 90
oseltamivir phosphate SUSR 90
OSENVELT SOLN SC 120 MG/1.7ML 124
OSMITROL 20 % 123
OSVYRTI SOSY SC 60 MG/ML ..124
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 10
OTULFI SOLN IV 130 MG/26ML .137
OTULFI SOLN SC 45 MG/0.5ML 107
OTULFI SOSY SC 45 MG/0.5ML 107
OTULFI SOSY SC 90 MG/ML 108
oxacillin sodium IJ 1 GM, 2 GM ..217
OXACILLIN SODIUM IN DEXTROSE 2 GM/50ML 217
oxaliplatin SOLN 50 MG/10ML, 100 MG/20ML 65
oxaprozin CAPS 12
oxaprozin TABS 12
oxazepam CAPS 26
oxcarbazepine SUSP 39
oxcarbazepine TABS 150 MG, 300 MG 39
oxcarbazepine TABS 600 MG 39
oxcarbazepine TB24 150 MG, 300 MG 39
oxcarbazepine TB24 600 MG 39
OXERVATE 210
oxiconazole nitrate CREA 106
OXISTAT LOTN 106
OXLUMO 140
OXTELLAR XR TB24 150 MG, 300 MG (oxcarbazepine) 39
OXTELLAR XR TB24 600 MG (oxcarbazepine) 40
oxybutynin chloride SOLN 230
oxybutynin chloride TABS 2.5 MG 230
oxybutynin chloride TABS 5 MG . 230
oxybutynin chloride TB24 10 MG .230
oxybutynin chloride TB24 15 MG .230
oxybutynin chloride TB24 5 MG ..230
oxycodone hcl CAPS 16
oxycodone hcl CONC 100 MG/5ML 16
OXYCODONE HCL POWD 16
oxycodone hcl SOLN 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 215
OXYTROL PTTW 230
OYSTER SHELL CALCIUM/D TABS 500 MG-200 UNIT 184
OYSTER SHELL CALCIUM/VIT D3 TABS 3.12 MCG-250 MG 184
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 48
OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML 48
OZEMPIC (2 MG/DOSE) SOPN ...49
OZEMPIC TABS 1.5 MG, 4 MG, 9 MG 49
OZOBAX DS SOLN PO (baclofen) 196

OZURDEX IMPL 211

paclitaxel 30 MG/5ML, 100 MG/16.7ML, 150 MG/25ML, 300 MG/50ML 79

PACLITAXEL PROTEIN-BOUND PART 79

paclitaxel protein-bound particles 79

PADCEV 68

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 83

paliperidone 6 MG 83

palonosetron hcl SOLN 55

palonosetron hcl SOSY 55

PALSONIFY TABS PO 20 MG, 30 MG 132

PALYNZIQ 10 MG/0.5ML 130

PALYNZIQ 2.5 MG/0.5ML 130

PALYNZIQ 20 MG/ML 130

PAMELOR CAPS (nortriptyline hcl) 45

pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML 124

PAMIDRONATE DISODIUM SOLN 124

PANCREAZE CPEP 83900 UNIT-54700 UNIT-21000 UNIT 122

PANHEMATIN 350 MG 144

pantoprazole sodium PACK 229

PANTOPRAZOLE SODIUM SOLR 40 MG (pantoprazole sodium) 229

pantoprazole sodium SOLR 229

pantoprazole sodium TBEC 229

PANTOPRAZOLE SODIUM-NACL 0.9 %-40 MG/100ML 229

PANTOPRAZOLE SODIUM-NACL 0.9 %-40 MG/50ML 229

PANTOPRAZOLE SODIUM-NACL 0.9 %-80 MG/100ML 229

PANZYGA 216

papaverine hcl SOLN 95

PAPZIMEOS SUSP SC 90

PARAGARD INTRAUTERINE COPPER 101

paricalcitol CAPS 130

paricalcitol SOLN 130

paroxetine hcl SUSP 44

paroxetine hcl TABS 10 MG, 40 MG 44

paroxetine hcl TABS 20 MG 44

paroxetine hcl TABS 30 MG 44

paroxetine hcl TB24 12.5 MG, 37.5 MG 44

paroxetine hcl TB24 25 MG 44

paroxetine mesylate (vasomotor) 223

PARSABIV 10 MG/2ML 131

PARSABIV 2.5 MG/0.5ML 130

PARSABIV 5 MG/ML 131

PASATRU SOLN IV 300 MG/5ML 196

PAVBLU SOLN 208

PAVBLU SOSY 208

PAXIL CR TB24 12.5 MG, 37.5 MG (paroxetine hcl) 44

PAXIL CR TB24 25 MG (paroxetine hcl) 44

PAXIL TABS 10 MG, 40 MG (paroxetine hcl) 44

PAXIL TABS 20 MG (paroxetine hcl) 44

PAXIL TABS 30 MG (paroxetine hcl) 44

PAXLOVID (150/100) 88

PAXLOVID (300/100 & 150/100) 88

PAXLOVID (300/100) 88

pazopanib hcl 76

PC UNIFINE PENTIPS 175

PEDIAPRED SOLN (prednisolone sodium phosphate) 103

PEDIARIX SUSY 227

PEDMARK 78

PEDVAXHIB SUSP 7.5 MCG/0.5ML . 231

peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid 151

peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 236 GM 151

peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 240 GM 151

peg 3350-potassium chloride-sod bicarbonate-sod chloride 151

PEGASYS SOLN 89

PEGASYS SOSY 89

PEMAZYRE 76

PEMETREXED 66

PEMETREXED DISODIUM SOLN 1 GM/40ML, 100 MG/4ML, 500 MG/20ML 66

PEMETREXED DISODIUM SOLN 100 MG/4ML, 500 MG/20ML 66

pemetrexed disodium SOLR 66

PEMFEXY 66

PEMRYDI RTU SOLN 66

PEN NEEDLE/5-BEVEL TIP 175

PEN NEEDLES 175

PENBRAYA 231

penciclovir 110

penicillamine CAPS 187

penicillamine TABS 187

PENICILLIN G POT IN DEXTROSE 40000 UNIT/ML, 60000 UNIT/ML 216

penicillin g potassium 5000000 UNIT, 20000000 UNIT 217

penicillin g sodium 217

penicillin v potassium SOLR 217

penicillin v potassium TABS 217

PENNSAID SOLN EX 2 % (diclofenac sodium (topical)) 105

PENTAM IJ (pentamidine isethionate) 20

pentamidine isethionate IJ 20

PENTASA CPCR (mesalamine) .. 137

pentazocine w/ naloxone hcl 18

PENTIPS 175

PENTIPS GENERIC PEN NEEDLES 175

pentobarbital sodium SOLN 150

pentoxifylline 143

perampanel SUSP 0.5 MG/ML 36

perampanel TABS 2 MG, 4 MG, 6 MG, 8 MG, 10 MG, 12 MG 36

PERCOCET TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG (oxycodone w/ acetaminophen) ... 17

PERFECT POINT SAFETY LANCETS 163

PERFOROMIST NEBU (formoterol fumarate) 32

PERIFLEX ADVANCE POWD ... 120

PERIFLEX INFANT POWD 120

PERIFLEX JUNIOR POWD 121

perindopril erbumine 60

PERJETA 67

PERMETHRIN CREA 5 % (permethrin) 117

permethrin CREA 117

permethrin LIQD EX 117

perphenazine TABS 85

perphenazine-amitriptyline 220

PERSERIS PRSY 83

PERTZYE CPEP 122

PHARMACIST CHOICE LANCETS . 163

PHEBURANE PLLT 131

phenelzine sulfate 43

PHENERGAN SOLN IJ (promethazine hcl) 58

PHENEX-1 POWD 121

PHENEX-2 POWD 121

phenobarbital ELIX 150

phenobarbital sodium SOLN 150

phenobarbital TABS 150

PHENOBARBITAL TABS 150

phenoxybenzamine hcl 61

phentolamine mesylate SOLR 61

PHENYL-FREE 1 POWD 120

PHENYL-FREE 2 POWD 121

PHENYL-FREE 2HP POWD 121

PHENYLADE DRINK MIX POWD 121

PHENYLADE ESSENTIAL DRINK MIX PACK 121

PHENYLADE ESSENTIAL DRINK

MIX POWD 121

PHENYLADE ESSENTIAL MIX/FIBER PACK 121

PHENYLADE ESSENTIAL MIX/FIBER POWD 121

PHENYLADE GMP MIX DHA/FIBER POWD 121

PHENYLADE GMP MIX-IN PACK 121

PHENYLADE GMP MIX-IN POWD 121

PHENYLADE GMP PACK 121

PHENYLADE GMP POWD 121

PHENYLADE GMP READY LIQD PO 121

PHENYLADE GMP ULTRA PACK 121

PHENYLADE RTD PKU 10 LIQD PO 121

PHENYLADE60 DRINK MIX PACK 121

PHENYLADE60 DRINK MIX POWD . 121

phenylephrine hcl (mydriatic) SOLN 207

phenylephrine hcl (pressors) SOLN IV 236

PHENYLEPHRINE HCL SOLN (phenylephrine hcl (mydriatic)) ... 207

PHENYLEPHRINE HCL-NACL SOLN 236

phenytoin CHEW 42

phenytoin sodium extended 100 MG . 42

phenytoin sodium extended 200 MG . 42

phenytoin sodium extended 300 MG . 42

phenytoin sodium SOLN 42

phenytoin SUSP 125 MG/5ML 42

PHESGO 40 MG/ML-80 MG/ML-2000 UNIT/ML 72

PHESGO 60 MG/ML-60 MG/ML-2000 UNIT/ML 72

PHEXX 235

PHEXXI 235

PHLEXY-10 PACK 121

PHLEXY-VITS POWD 192

PHOSPHA 250 NEUTRAL 852 MG-155 MG-130 MG (pot phosphate monobasic w/ sod phosphate dibasic & monobasic) 186

PHOSPHA 250 NEUTRAL 852 MG-155 MG-130 MG 185

PHOTREXA-PHOTREXA VISCOUS KIT 210

PHYRAGO 20 MG, 50 MG 76

PHYRAGO 70 MG, 80 MG, 100 MG, 140 MG 76

PHYSIOLYTE 27 MEQ/1000ML-23 MEQ/1000ML-98 MEQ/1000ML-140 MEQ/1000ML-3 MEQ/1000ML-5 MEQ/1000ML 190

PHYTONADIONE LIQD 99

phytonadione SOLN 1 MG/0.5ML, 10 MG/ML 237

phytonadione SOLN 1 MG/0.5ML 237

phytonadione TABS 5 MG 237

PIASKY 143

PIFELTRO 87

pilocarpine hcl (oral) 191

PILOCARPINE HCL POWD 99

pilocarpine hcl SOLN 1 %, 2 %, 4 % . 207

pilocarpine hcl SOLN 1.25 % 207

pimecrolimus 115

pimozide 223

pindolol TABS 92

pioglitazone hcl 15 MG 52

pioglitazone hcl 30 MG, 45 MG 52

pioglitazone hcl-glimepiride 46

pioglitazone hcl-metformin hcl TABS . 46

PIP LANCETS 30G 163

PIP PEN NEEDLES 31G X 5MM 175

PIP PEN NEEDLES 32G X 4MM 175

piperacillin sodium-tazobactam sodium 217

PIPERACILLIN-TAZOBACTAM-NACL SOLR IV 217

PIQRAY (200 MG DAILY DOSE) . 76

PIQRAY (250 MG DAILY DOSE) . 76

PIQRAY (300 MG DAILY DOSE) . 76

pirfenidone CAPS 225

pirfenidone TABS 267 MG 225

pirfenidone TABS 534 MG, 801 MG 225

piroxicam CAPS 12

pitavastatin calcium 59

PITOCIN (oxytocin) 215
PIVYA TABS PO 185 MG 216
PIXCLARA SOLN IV 119
PKU 2 POWD 121
PKU 3 POWD 121
PKU AIR20 GOLD LIQD PO 121
PKU AIR20 GREEN LIQD PO 121
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 206
PKU GOLIKE PLUS 16+ PACK 206
PKU GOLIKE PLUS 4-16 PACK 206
PKU LOPHLEX LQ 20 LIQD PO 121
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 148 185
PLASMA-LYTE A (electrolyte-a) 185
PLAVIX 75 MG (clopidogrel bisulfate) 145
PLEGISOL (cardioplegic soln) 94
PLEGRIDY SOAJ 222
PLEGRIDY SOSY IM 222
PLEGRIDY STARTER PACK SOAJ 222
PLEGRIDY STARTER PACK SOSY SC 222
plerixafor 149
PLUVICTO 78
PNEUMOVAX 23 SOSY 231
PNV-DHA+DOCUSATE 193
PNV-OMEGA 193
POCKET CHAMBER DEVI 181
PODOCON-25 SOLN 115
podofilox GEL 115
podofilox SOLN 115
POKONZA PACK PO 186
POKONZA SOLN PO 186
POLIVY 68
polyethylene glycol 3350 PACK 152
polyethylene glycol 3350 POWD 152
polymyxin b sulfate SOLR 23
polymyxin b-trimethoprim 209
pomalidomide 1 MG, 2 MG, 3 MG, 4 MG 71
POMALYST 1 MG, 2 MG, 3 MG, 4 MG (pomalidomide) 71
POMBILITI 131
PONVORY STARTER PACK TBPK 222
PONVORY TABS 222
posaconazole SOLN 57
posaconazole SUSP 57
posaconazole TBEC 57
POSFREA SOLN 55
POSLUMA 119
potassium & sodium phosphates PACK 186
POTASSIUM ACETATE SOLN (potassium acetate) 186
potassium acetate SOLN 2 MEQ/ML 186
POTASSIUM ACETATE SOLN 2 MEQ/ML 186
potassium bicarbonate TBEF 186
potassium chloride CPCR 186
potassium chloride in dextrose & sodium chloride 5 %-0.15 %-0.225 %, 5 %-10 MEQ/L-0.45 %, 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 % 185
potassium chloride in dextrose 185

POTASSIUM CHLORIDE IN NACL (potassium chloride in nacl) 185

potassium chloride in nacl 20 MEQ/L-0.45 %, 20 MEQ/L-0.9 %, 40 MEQ/L-0.9 % 185

POTASSIUM CHLORIDE IN NACL 20 MEQ/L-0.45 %, 20 MEQ/L-0.9 %, 40 MEQ/L-0.9 % 185

potassium chloride microencapsulated crystals er ... 186

potassium chloride PACK PO 20 MEQ 186

POTASSIUM CHLORIDE PACK PO . 186

POTASSIUM CHLORIDE SOLN IV (potassium chloride) 186

potassium chloride SOLN IV 186

POTASSIUM CHLORIDE SOLN IV 186

potassium chloride TBCR 186

potassium citrate (alkalinizer) TBCR . 140

potassium citrate-citric acid SOLN 140

POTASSIUM CL IN DEXTROSE 5% 20 MEQ/L 185

potassium phosphates 186

POTASSIUM PHOSPHATES-NACL 186

POTELIGEO 68

PRADAXA CAPS (dabigatran etexilate mesylate) 36

PRADAXA PACK 20 MG, 150 MG 36

PRADAXA PACK 30 MG, 40 MG, 50 MG, 110 MG 36

pralatrexate 66

PRALUENT SOAJ 60

pramipexole dihydrochloride TABS 0.125 MG 80

pramipexole dihydrochloride TABS 0.25 MG 80

pramipexole dihydrochloride TABS 0.5 MG 80

pramipexole dihydrochloride TABS 0.75 MG 80

pramipexole dihydrochloride TABS 1 MG 80

pramipexole dihydrochloride TABS 1.5 MG 80

pramipexole dihydrochloride TB24 81

prasugrel hcl 145

pravastatin sodium 10 MG 59

pravastatin sodium 20 MG, 40 MG 59

pravastatin sodium 80 MG 59

PRAXBIND 54

praziquantel 20

prazosin hcl CAPS 1 MG 62

prazosin hcl CAPS 2 MG 62

prazosin hcl CAPS 5 MG 62

PRECEDEX SOLN (dexmedetomidine hcl in sodium chloride) 150

PRECISION XTRA KETONE 119

PRECISION XTRA-GLUCOSE/KETONE DEVI 163

PRED FORTE (prednisolone acetate (ophth)) 211

PRED MILD 211

prednisolone acetate (ophth) 211

PREDNISOLONE SODIUM PHOSPHATE 211

PREDNISOLONE SODIUM PHOSPHATE POWD 103

prednisolone sodium phosphate SOLN 10 MG/5ML, 20 MG/5ML .. 103

prednisolone sodium phosphate SOLN 5 MG/5ML, 15 MG/5ML, 25 MG/5ML 103

prednisolone sodium phosphate TBDP 103

prednisolone SOLN 103

prednisolone TABS 103

PREDNISONE INTENSOL CONC 103

PREDNISONE POWD 103

prednisone SOLN 103

prednisone TABS 103

prednisone TBEC 1 MG, 2 MG ... 103

prednisone TBPK 103

PREFERRED PLUS UNIFINE PENTIPS 175

pregabalin (once-daily) 222

pregabalin CAPS 225 MG 40

pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG, 300 MG 40

pregabalin SOLN 40

PREGNENOLONE 99

PREGNENOLONE MICRONIZED 99

PREGNYL IM 125

PREHEVBRIO 233

PREMARIN 235
PREMARIN SOLR 134
PREMARIN TABS 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (estrogens, conjugated) 134
PREMPHASE 133
PREMPRO 133
PRENATAL PLUS VITAMIN/MINERAL TABS 193
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 193
prenatal vit w/ ferrous fumarate-l methylfolate-folic acid 193
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 193
prenatal without a w/ fe fumarate-l methylfolate-fa-dha 193
PRENATE 194
PRENATE AM 194
PRENATE DHA 90 MG-26 MG-400 MCG-400 UNIT-25 MCG-155 MG-50 MG-300 MG-40 UNIT-600 MCG-18 MG 194
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 . 194
PRENATE ENHANCE 194
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 194
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 . 194
PRENATE PIXIE 194
PRENATE RESTORE 194
PREPIDIL GEL 215
PREVACID CPDR 30 MG (lansoprazole) 229
PREVACID SOLUTAB TBDD (lansoprazole) 229
PREVDUO 53
PREVENT DROPSAFE PEN NEEDLES 175
PREVNAR 20 231
PREVYMIS PACK 120 MG 88
PREVYMIS PACK 20 MG 88
PREVYMIS SOLN 240 MG/12ML . 88
PREVYMIS SOLN 480 MG/24ML . 88
PREVYMIS TABS 88
PREZCOBIX 87
PREZISTA SUSP 87
PREZISTA TABS 600 MG (darunavir) 87
PREZISTA TABS 75 MG, 150 MG 87
PREZISTA TABS 800 MG (darunavir) 87
PRIFTIN 150 MG (rifapentine) 64
PRILOSEC PACK 229
PRIMAQUINE PHOSPHATE TABS (primaquine phosphate) 64
primaquine phosphate TABS 64
primidone 125 MG 40
primidone 250 MG 40
primidone 50 MG 40
PRIORIX SUSR 233
PRISTIQ (desvenlafaxine succinate) 45
PRIVIGEN SOLN 216
PRO COMFORT INSULIN SYRINGE 175
PRO COMFORT LANCETS 30G 163
PRO COMFORT LANCETS 31G 163
PRO COMFORT PEN NEEDLES 175
PRO COMFORT SAFETY LANCETS 30G 164
PRO COMFORT SPACER ADULT MISC 181
PRO COMFORT SPACER CHILD MISC 181
PRO COMFORT SPACER INFANT DEVI 181
PROAIR RESPICLICK AEPB 32
probenecid 141
procainamide hcl SOLN 26
PROCARDIA XL TB24 30 MG, 60 MG (nifedipine) 94
PROCARE SPACER/ADULT MASK DEVI 181
PROCARE SPACER/CHILD MASK DEVI 181
PROCHAMBER VHC DEVI 181
prochlorperazine 85

prochlorperazine edisylate 10 MG/2ML 85
PROCHLORPERAZINE MALEATE POWD 85
prochlorperazine maleate TABS ... 85
PROCRIT 148
PROCRIT 40000 UNIT/ML 148
PROCTOFOAM HC FOAM EX 20
PROCYSBI CPDR 140
PROCYSBI PACK 140
PRODIGY AUTOCODE BLOOD GLUCOSE KIT 164
PRODIGY INSULIN SYRINGE .. 175
PRODIGY LANCETS 28G 164
PRODIGY LANCING DEVICE MISC . 164
PRODIGY NO CODING BLOOD GLUC STRP 119
PRODIGY TWIST TOP LANCETS 28G 164
PROFILNINE 142
progesterone (vaginal) INST 100 MG 235
progesterone CAPS 218
PROGESTERONE MICRONIZED 99
PROGESTERONE MILLED POWD 99
progesterone OIL 218
PROGESTERONE POWD 99
PROGESTERONE WETTABLE (SOY) POWD 99
PROGESTERONE WETTABLE POWD 99
PROGLYCEM (diazoxide) 48
PROGRAF CAPS 0.5 MG (tacrolimus) 189
PROGRAF CAPS 1 MG (tacrolimus) . 189
PROGRAF CAPS 5 MG (tacrolimus) . 189
PROGRAF PACK 0.2 MG 189
PROGRAF PACK 1 MG 189
PROGRAF SOLN 5 MG/ML (tacrolimus) 189
PROLASTIN-C SOLN 223
PROLATE SOLN 17
PROLATE TABS 17
PROLENSA (bromfenac sodium (ophth)) 213
PROLIA SOSY 125
PROMACTA PACK 12.5 MG, 25 MG (eltrombopag olamine) 148
PROMACTA TABS 12.5 MG, 25 MG, 50 MG, 75 MG (eltrombopag olamine) 148
PROMETHAZINE HCL POWD 99
promethazine hcl SOLN IJ 25 MG/ML, 50 MG/ML 58
promethazine hcl SUPP 58
promethazine hcl TABS 58
PROMETRIUM CAPS (progesterone) 218
propafenone hcl CP12 26
propafenone hcl TABS 26
proparacaine hcl 210
propofol EMUL 200 MG/20ML, 500 MG/50ML, 1000 MG/100ML 140
propranolol hcl CP24 120 MG 92
propranolol hcl CP24 60 MG, 80 MG, 160 MG 92
propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML 92
propranolol hcl TABS 10 MG, 20 MG 92
propranolol hcl TABS 40 MG 92
propranolol hcl TABS 60 MG, 80 MG 92
propylthiouracil 226
PROQUAD SUSR 233
PROSCAR (finasteride) 141
PROSOL SOLN 206
PROSTIN VR SOLN IJ 500 MCG/ML (alprostadil) 95
protamine sulfate 145
PROTONIX PACK (pantoprazole sodium) 229
PROTONIX SOLR (pantoprazole sodium) 229
PROTONIX TBEC (pantoprazole sodium) 229
protriptyline hcl 45
PROVAYBLUE SOLN IV (methylene blue (antidote)) 54
PROVENGE 69
PROVERA 5 MG, 10 MG (medroxyprogesterone acetate) .. 218
PROVIDA OB 194
PROVIGIL (modafinil) 4
PROVOCHOLINE KIT 118
PROVOCHOLINE SOLR 118

PROZAC CAPS 10 MG (fluoxetine hcl) 44

PROZAC CAPS 20 MG (fluoxetine hcl) 44

PROZAC CAPS 40 MG (fluoxetine hcl) 44

prucalopride succinate 135

PRUDOXIN (doxepin hcl (antipruritic)) 107

PULMICORT FLEXHALER AEPB .30

PULMICORT SUSP 0.25 MG/2ML, 0.5 MG/2ML (budesonide (inhalation)) 30

PULMICORT SUSP 1 MG/2ML (budesonide (inhalation)) 30

PULMOZYME 224

PURE COMFORT LANCETS 30G 164

PURE COMFORT PEAK FLOW MISC 181

PURE COMFORT PEN NEEDLE 175

PURE COMFORT SAFETY LANCET 30G 164

PURE COMFORT SAFETY PEN NEEDLE 175

PURE COMFORT SPACER CHAMBER DEVI 181

PURIXAN SUSP 2000 MG/100ML (mercaptopurine) 66

PX ADVANCED LANCING DEVICE MISC 164

PX INSULIN SYRINGE 176

PX LANCETS MICROTHIN 33G 164

PX LANCETS ULTRA THIN 28G 164

PX MINI PEN NEEDLES 176

PYLARIFY SOSY 119

PYLARIFY TRUVU SOLN 119

PYLERA (bismuth subcitrate potassium-metronidazole-tetracycline) 229

pyrazinamide 64

pyridostigmine bromide SOLN PO .64

pyridostigmine bromide TABS 30 MG 64

pyridostigmine bromide TABS 60 MG 64

pyridostigmine bromide TBCR 64

pyridoxine hcl TABS 100 MG 237

pyridoxine hcl TABS 25 MG, 50 MG, 250 MG 237

pyrimethamine 64

PYRUKYND TABS 145

PYRUKYND TAPER PACK TBPK 145

PYZCHIVA 130 MG/26ML 137

PYZCHIVA 45 MG/0.5ML 108

PYZCHIVA 90 MG/ML 108

PYZCHIVA SC 45 MG/0.5ML 108

QALSODY 197

QBRELIS SOLN 60

QC ADVANCED LANCING DEVICE MISC 164

QC LANCETS SUPER THIN 30G 164

QC UNIFINE PENTIPS 176

QC UNILET LANCETS 28G 164

QC UNILET LANCETS MICRO THIN 164

QELBREE 100 MG 3

QELBREE 150 MG 3

QELBREE 200 MG 3

QFITLIA SOAJ SC 50 MG/0.5ML 142

QFITLIA SOLN SC 20 MG/0.2ML 142

QINLOCK 76

QIVIGY SOLN IV 5 GM/50ML, 10 GM/100ML 216

QNASL 197

QNASL CHILDRENS 197

QTERN 46

QUADRACEL SUSP 227

QUADRACEL SUSY 227

quazepam 150

QUDEXY XR CS24 150 MG, 200 MG (topiramate) 40

QUDEXY XR CS24 25 MG, 50 MG, 100 MG (topiramate) 40

QUELICIN SOLN (succinylcholine chloride) 197

QUESTRAN LIGHT POWD (cholestyramine light) 59

QUESTRAN PACK (cholestyramine) 59

QUESTRAN POWD (cholestyramine) 59

quetiapine fumarate TABS 150 MG 84

quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG, 300 MG, 400 MG 84

quetiapine fumarate TB24 150 MG, 200 MG 84
quetiapine fumarate TB24 50 MG, 300 MG, 400 MG 84
QUILLICHEW ER CHER 4
QUILLIVANT XR SRER 4
QUILLIVANT XR SRER 5
quinapril hcl 60
quinapril-hydrochlorothiazide 63
quinidine gluconate TBCR 26
quinidine sulfate TABS 26
quinine sulfate CAPS 324 MG 64
QUIOFIC SOLN 0.2 MG/ML (folic acid) 146
QULIPTA 182
QUTENZA (2 PATCH) 116
QUTENZA (4 PATCH) 116
QUTENZA 116
QUVIVIQ 151
QVAR REDIHALER 30
R-GENE 10 118
RABAVERT 233
rabeprazole sodium TBEC 229
RADICAVA ORS STARTER KIT SUSP 197
RADICAVA ORS SUSP 197
RADICAVA SOLN (edaravone) 197
RAGWITEK SUBL 5
RALDESY SOLN PO 10 MG/ML 44
raloxifene hcl 126
ramelteon 151
ramipril CAPS 1.25 MG, 2.5 MG 60
ramipril CAPS 5 MG, 10 MG 60
ranitidine hcl TABS 150 MG, 300 MG 228
ranolazine TB12 1000 MG 24
ranolazine TB12 500 MG 24
RAPIVAB 90
rasagiline mesylate 81
RASONQUE TABS PO 100 MG, 150 MG 76
RASUVO SOAJ 10 MG/0.2ML 10
RASUVO SOAJ 12.5 MG/0.25ML 10
RASUVO SOAJ 15 MG/0.3ML 10
RASUVO SOAJ 17.5 MG/0.35ML 10
RASUVO SOAJ 20 MG/0.4ML 10
RASUVO SOAJ 22.5 MG/0.45ML 10
RASUVO SOAJ 25 MG/0.5ML 10
RASUVO SOAJ 30 MG/0.6ML 10
RASUVO SOAJ 7.5 MG/0.15ML 10
RAVICTI 1.1 GM/ML (glycerol phenylbutyrate) 131
RAYA SURE PEN NEEDLE 176
RAYALDEE 131
READYLANCE SAFETY LANCETS 164
REBIF REBIDOSE SOAJ 222
REBIF REBIDOSE TITRATION PACK SOAJ 222
REBIF SOSY 222
REBIF TITRATION PACK SOSY 222
REBINYN 142
REBLOZYL 148
REBYOTA 139
RECARBRIO 21
RECLAST SOLN (zoledronic acid) 125
RECOMBINATE SOLR 142
RECOMBIVAX HB SUSP 10 MCG/ML 233
RECOMBIVAX HB SUSP 40 MCG/ML 233
RECOMBIVAX HB SUSP 5 MCG/0.5ML 233
RECOMBIVAX HB SUSY 10 MCG/ML 234
RECOMBIVAX HB SUSY 5 MCG/0.5ML 234
RECOMBIVAX HB SUSY 234
RECORLEV 123
RECOTHROM 149
RECOTHROM SPRAY KIT 149
RECTIV (nitroglycerin (intra-anal)) 20
REDEMPLO SOSY SC 25 MG/0.5ML 131
REFRESH AA 15 PKU LIQD 206
regadenoson 118
REGLAN TABS (metoclopramide hcl) 136
REGONOL SOLN IV 64
RELAFEN DS 12
RELENZA DISKHALER 90
RELEUKO SOSY 300 MCG/0.5ML 148
RELEUKO SOSY 480 MCG/0.8ML 148

RELEXXII TBCR 18 MG, 27 MG, 45 MG, 54 MG, 63 MG, 72 MG (methylphenidate hcl) 5
RELEXXII TBCR 36 MG 5
RELEXXII TBCR 5
RELION INSULIN SYRINGE 176
RELION LANCET DEVICES 30G 164
RELION LANCETS MICRO-THIN 33G 164
RELION LANCETS THIN 26G ...164
RELION LANCETS ULTRA-THIN 30G 164
RELION PEN NEEDLES 176
RELION TRUE MET AIR GLUC METER KIT 164
RELION TRUE METRIX TEST STRIPS STRP 119
RELION ULTRA THIN LANCETS 30G 164
RELPAX (eletriptan hydrobromide) 183
RELTONE CAPS 200 MG 135
RELTONE CAPS 400 MG 135
REMERON SOLTAB TBDP (mirtazapine) 42
REMERON TABS 15 MG, 30 MG (mirtazapine) 42
REMICADE 137
remifentanil hcl 16
REMODULIN SOLN IJ 95
RENFLEXIS 137
RENTHYROID TABS 15 MG, 30 MG, 45 MG, 60 MG, 75 MG, 90 MG, 120 MG 226
RENVELA PACK (sevelamer carbonate) 139
RENVELA TABS (sevelamer carbonate) 139
repaglinide 52
REPATHA SOSY 60
REPATHA SURECLICK SOAJ 60
RESTASIS EMUL (cyclosporine (ophth)) 210
RESTASIS MULTIDOSE EMUL ..210
RESTORIL 15 MG, 30 MG (temazepam) 150
RESTORIL 7.5 MG, 22.5 MG (temazepam) 150
RETACRIT 148
RETEVMO CAPS 40 MG 76
RETEVMO CAPS 80 MG 76
RETEVMO TABS 40 MG 76
RETEVMO TABS 80 MG, 120 MG, 160 MG 76
RETHYMIC 186
RETISERT 211
RETROVIR CAPS (zidovudine) ... 87
RETROVIR SOLN 87
RETROVIR SYRP (zidovudine) ... 87
REUSABLE COMFORTSEAL MASK-LRG MISC 181
REUSABLE COMFORTSEAL MASK-MED MISC 181
REUSABLE COMFORTSEAL MASK-SML MISC 181
REVATIO SOLN (sildenafil citrate (pulmonary hypertension)) 96
REVATIO SUSR (sildenafil citrate (pulmonary hypertension)) 96
REVATIO TABS (sildenafil citrate (pulmonary hypertension)) 96
REVCOVI 131
REVLIMID (lenalidomide) 187
REVTORPYK SOLR IV 180 MG ...76
REVUFORJ 71
REVUFORJ 25 MG 71
REXTOVY LIQD 54
REXULTI 85
REYATAZ CAPS 200 MG, 300 MG (atazanavir sulfate) 87
REYATAZ PACK 87
REYVOW 183
REZDIFFRA 136
REZENOPY LIQD 10 MG/0.11ML .54
REZLIDHIA 76
REZUROCK 187
REZVOGLAR KWIKPEN 52
REZZAYO 56
RHAPSIDO TABS PO 25 MG 187
RHOGAM ULTRA-FILTERED PLUS SOSY IM 216
RHOPHYLAC SOSY IJ 216
RHOPRESSA 210
RIABNI 68
RIASTAP 1 GM 142
ribavirin (hepatitis c) CAPS 89
ribavirin (hepatitis c) TABS 200 MG 89

ribavirin 90
RIDAURA 10
rifabutin 64
rifampin CAPS 65
rifampin SOLR 65
rifapentine 150 MG 65
RIGHTEST GD500 LANCING DEVICE MISC 165
RIGHTEST GL300 LANCETS ... 165
rilpivirine hcl 25 MG 87
riluzole TABS 197
rimantadine hydrochloride TABS .. 90
RIMSO-50 50 % (dimethyl sulfoxide) . 141
ringer's 185
ringer's irrigation 190
RINGERS IRRIGATION 4.5 MEQ/L-156 MEQ/L-147 MEQ/L-4 MEQ/L 190
RINVOQ LQ SOLN 9
RINVOQ TB24 15 MG, 30 MG 9
RINVOQ TB24 45 MG 9
riociguat 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG 97
risedronate sodium TABS 150 MG 125
risedronate sodium TABS 35 MG 125
risedronate sodium TABS 5 MG, 30 MG 125
risedronate sodium TBEC 125
RISPERDAL CONSTA (risperidone microspheres) 83
RISPERDAL SOLN (risperidone) .. 83
RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (risperidone) 83
risperidone microspheres 83
risperidone SOLN 83
risperidone TABS 83
risperidone TBDP 0.25 MG, 0.5 MG, 1 MG, 2 MG, 4 MG 83
risperidone TBDP 3 MG 83
RITALIN LA CP24 20 MG, 40 MG (methylphenidate hcl) 5
RITALIN TABS (methylphenidate hcl) 5
RITEFLO DEVI 181
ritonavir TABS 87
RITUXAN 68
RITUXAN HYCELA 72
rivaroxaban SUSR 1 MG/ML 34
rivaroxaban TABS 2.5 MG 34
rivastigmine 219
rivastigmine tartrate CAPS 1.5 MG, 4.5 MG, 6 MG 219
rivastigmine tartrate CAPS 3 MG . 220
RIVFLOZA SOLN 140
RIVFLOZA SOSY 128 MG/0.8ML 140
RIVFLOZA SOSY 160 MG/ML ... 140
RIXUBIS SOLR 142
rizatriptan benzoate TABS 183
rizatriptan benzoate TBDP 183
ROBAXIN SOLN (methocarbamol) 196
ROBINUL TABS (glycopyrrolate) . 228
ROBINUL-FORTE TABS (glycopyrrolate) 228
ROCKLATAN 210
ROCTAVIAN 142
ROCURONIUM BROMIDE +RFID SOLN 50 MG/5ML 200
ROCURONIUM BROMIDE SOLN 50 MG/5ML, 100 MG/10ML 200
rocuronium bromide SOLN 200
ROCURONIUM BROMIDE SOSY 50 MG/5ML 200
roflumilast 250 MCG 29
roflumilast 500 MCG 29
ROLVEDON 148
ROMIDEPSIN SOLN 76
romidepsin SOLR 76
ROMVIMZA CAPS PO 14 MG, 20 MG, 30 MG 76
ropinirole hydrochloride TABS 0.25 MG, 1 MG, 2 MG 81
ropinirole hydrochloride TABS 0.5 MG 81
ropinirole hydrochloride TABS 3 MG . 81
ropinirole hydrochloride TABS 4 MG, 5 MG 81
ropinirole hydrochloride TB24 81
ropivacaine hcl SOLN IJ 152
rosuvastatin calcium TABS 59
ROTARIX SUSP 234
ROWASA (mesalamine w/ cleanser) 137
ROXICODONE TABS 15 MG, 30 MG (oxycodone hcl) 16

ROXYBOND TABA 16
ROZEREM (ramelteon) 151
ROZLYTREK CAPS 100 MG 76
ROZLYTREK CAPS 200 MG 76
ROZLYTREK PACK 76
RUBRACA 76
RUCONEST 143
rufinamide SUSP 40
rufinamide TABS 40
RUKOBIA 87
RUXIENCE 68
RYALTRIS 196
RYANODEX SUSR 196
RYBELSUS TABS 49
RYBREVANT 68
RYBREVANT FASPRO SOLN SC 72
RYDAPT 77
RYKINDO SRER 83
RYLAZE 78
RYONCIL <12.5KG KIT IV 187
RYONCIL 100KG TO <112.5KG KIT IV 187
RYONCIL 112.5KG TO <125KG KIT IV 187
RYONCIL 12.5KG TO <25KG KIT IV 187
RYONCIL 125KG TO <137.5KG KIT IV 187
RYONCIL 137.5KG TO <150KG KIT IV 187
RYONCIL 25KG TO <37.5KG KIT IV 187
RYONCIL 37.5KG TO <50KG KIT IV 187
RYONCIL 50KG TO <62.5KG KIT IV 187
RYONCIL 62.5KG TO <75KG KIT IV 187
RYONCIL 75KG TO <87.5KG KIT IV 188
RYONCIL 87.5KG TO <100KG KIT IV 188
RYPLAZIM 144
RYSTIGGO 280 MG/2ML, 840 MG/6ML 188
RYSTIGGO 420 MG/3ML 188
RYSTIGGO 560 MG/4ML 188
RYTARY CPCR 145 MG-36.25 MG, 195 MG-48.75 MG, 245 MG-61.25 MG, 95 MG-23.75 MG (carbidopa-levodopa) 81
RYTELO 77
RYZNEUTA SOSY SC 20 MG/ML 148
S2 (RACEPINEPHRINE) 2.25 % ..32
SABRIL PACK (vigabatrin) 41
SABRIL TABS (vigabatrin) 41
sacubitril-valsartan TABS 95
SAFETY LANCET 30G/PRESSURE ACT 165
SAFETY LANCETS 165
SAFETY LANCETS 21G 165
SAFETY LANCETS 23G 165
SAFETY LANCETS 28G 165
SAFETY PEN NEEDLES 176
SAFYRAL (drospirenone-ethinyl estradiol-levomefolate calcium) .. 100
SALICYLIC ACID OINT 115
salsalate 14
SALYCIM CREA 115
SAMSCA TABS PO (tolvaptan (hyponatremia)) 133
SANCUSO PTCH 55
SANDIMMUNE CAPS 100 MG (cyclosporine) 189
SANDIMMUNE CAPS 25 MG (cyclosporine) 189
SANDIMMUNE SOLN IV 50 MG/ML . 189
SANDOSTATIN LAR DEPOT KIT (octreotide acetate) 132
SANDOSTATIN LAR DEPOT KIT 20 MG (octreotide acetate) 132
SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML, 500 MCG/ML (octreotide acetate) 133
SANTYL OINT 114
SAPHNELO 190
SAPHNELO PEN SC 120 MG/0.8ML 191
SAPHNELO SC 120 MG/0.8ML ..190
SAPHRIS (asenapine maleate) ...84
sapropterin dihydrochloride PACK 131
sapropterin dihydrochloride TABS 131
SAPS HEALTH PLUS LANCETS 165
SAPS HEALTH TWIST TOP LANCETS 165

SAPS TWIST TOP LANCETS ...165
SAPSCARE TWIST TOP LANCETS 165
SARCLISA ...68
SARCLISA ESCENA 1400 MG/10ML ...68
SAVAYSA ...34
SAVELLA TABS 12.5 MG, 25 MG, 50 MG, 100 MG (milnacipran hcl) ... 220
SAVELLA TITRATION PACK MISC (milnacipran hcl) ...220
saxagliptin hcl 2.5 MG ... 48
saxagliptin hcl 5 MG ... 48
saxagliptin-metformin hcl 1000 MG-2.5 MG ... 46
saxagliptin-metformin hcl 1000 MG-5 MG, 500 MG-5 MG ...46
SCEMBLIX 100 MG ...77
SCEMBLIX 20 MG ...77
SCEMBLIX 40 MG ...77
SCENESSE ...117
scopolamine ...55
SDAMLO SOLR PO 2.5 MG, 5 MG, 10 MG ...94
SECUADO ...84
SECURESAFE INSULIN SYRINGE . 176
SECURESAFE SAFETY PEN NEEDLES ...176
SEGLUROMET ...46
SELARSDI SOLN IV 130 MG/26ML 137
SELARSDI SOLN SC 45 MG/0.5ML . 108
SELARSDI SOSY SC 45 MG/0.5ML . 108
SELARSDI SOSY SC 90 MG/ML 108
SELECT-LITE LANCING DEVICE MISC ...165
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 ...194
SELECT-OB+DHA MISC ...194
selegiline hcl CAPS ...81
selegiline hcl TABS ... 81
selenium sulfide LOTN 2.5 % 110
SELZENTRY SOLN ...87
SELZENTRY TABS 150 MG (maraviroc) ...87
SELZENTRY TABS 300 MG (maraviroc) ...87
SEMGLEE (YFGN) SOLN ...52
SEMGLEE (YFGN) SOPN ...52
SENSILANCE SAFETY LANCETS 21G ...165
SENSILANCE SAFETY LANCETS 26G ...165
SENSILANCE SAFETY LANCETS 28G ...165
SENSIPAR 30 MG, 90 MG (cinacalcet hcl) ...131
SENSORCAINE-MPF/EPINEPHRINE SOLN ... 152
SEPHIENCE PACK PO 250 MG, 1000 MG ...131
SEREVENT DISKUS ...32
SEROQUEL TABS (quetiapine fumarate) ...84
SEROQUEL XR TB24 150 MG, 200 MG (quetiapine fumarate) ...84
SEROQUEL XR TB24 50 MG, 300 MG, 400 MG (quetiapine fumarate) 84
SEROSTIM SC 4 MG, 5 MG, 6 MG 126
SERTRALINE HCL CAPS 150 MG, 200 MG (sertraline hcl) ...44
sertraline hcl CAPS 150 MG, 200 MG ...44
sertraline hcl CONC ...44
sertraline hcl TABS ... 44
sevelamer carbonate PACK ...139
sevelamer carbonate TABS ...139
sevelamer hcl ...139
SEVENFACT ...142
sevoflurane ...140
SEZABY SOLR ...150
SFROWASA ENEM ... 138
SHINGRIX ...234
SHINGRIX IM 50 MCG/0.5ML ...234
SIGNIFOR ...133
SIGNIFOR LAR ...133
SIKLOS TABS ...146
sildenafil citrate (pulmonary hypertension) SOLN ... 96
sildenafil citrate (pulmonary hypertension) SUSR ...96
sildenafil citrate (pulmonary hypertension) TABS ...96
silodosin ...141
SILVADENE (silver sulfadiazine) 110

SILVER NITRATE SOLN 0.5 % . . 110
silver nitrate SOLN 110
silver sulfadiazine 110
SIMBRINZA 208
SIMLANDI (1 PEN) AJKT 8
SIMLANDI (1 SYRINGE) PSKT 9
SIMLANDI (2 PEN) AJKT 9
SIMLANDI (2 SYRINGE) PSKT 20 MG/0.2ML 9
SIMLANDI (2 SYRINGE) PSKT 40 MG/0.4ML 9
SIMPLE DIAGNOSTICS LANCING DEV MISC 165
SIMPLE SYRUP 218
SIMPONI ARIA SOLN 9
SIMPONI SOAJ 100 MG/ML 9
SIMPONI SOAJ 50 MG/0.5ML 9
SIMPONI SOSY 100 MG/ML 9
SIMPONI SOSY 50 MG/0.5ML 9
SIMULECT 189
simvastatin TABS 10 MG, 20 MG . 59
simvastatin TABS 40 MG 59
simvastatin TABS 5 MG, 80 MG . . . 59
SINCALIDE 118
SINEMET TABS 100 MG-10 MG (carbidopa-levodopa) 81
SINGULAIR CHEW 5 MG (montelukast sodium) 28
SINGULAIR TABS (montelukast sodium) 28
SINUVA IMPL 197
sirolimus SOLN 189
sirolimus TABS 0.5 MG 189
sirolimus TABS 1 MG 189
sirolimus TABS 2 MG 189
SIRTURO 100 MG 65
SIRTURO 20 MG 65
sitagliptin 25 MG, 50 MG, 100 MG 48
sitagliptin free base-metformin hcl TABS 1000 MG-50 MG, 500 MG-50 MG 47
sitagliptin free base-metformin hcl TB24 47
sitagliptin phosphate 25 MG 48
sitagliptin phosphate 50 MG, 100 MG 48
sitagliptin phosphate-metformin hcl TABS 47
sitagliptin phosphate-metformin hcl TB24 47
SIVEXTRO SOLR 23
SIVEXTRO TABS 23
SKYCLARYS 198
SKYLA 101
SKYRIZI PEN SOAJ 108
SKYRIZI SOCT 180 MG/1.2ML . . 138
SKYRIZI SOCT 360 MG/2.4ML . . 138
SKYRIZI SOLN 138
SKYRIZI SOSY 108
SKYSONA 220
SKYTROFA 126
SKYTROFA 9.1 MG 126
SLYND 101
SMART DIABETES VANTAGE LANCING MISC 165
SMARTEST LANCETS 28G 165
sod benzoate & sod phenylacetate 131
SODIUM ACETATE SOLN (sodium acetate) 184
sodium acetate SOLN 184
SODIUM BENZOATE 218
sodium bicarbonate IV 4.2 %, 8.4 % . 184
sodium chloride (gu irrigant) 0.9 % 140
sodium chloride (inhalant) NEBU 0.9 %, 3 %, 10 % 103
sodium chloride (inhalant) NEBU 7 % 103
SODIUM CHLORIDE GRAN 186
sodium chloride hypertonic SOLN 213
sodium chloride SOLN IV 0.45 %, 0.9 %, 3 %, 4 MEQ/ML, 5 % 186
sodium citrate & citric acid 140
sodium ferric gluconate complex in sucrose 149
sodium fluoride (dental) CREA . . . 191
sodium fluoride (dental) GEL 191
sodium fluoride (dental) PSTE DT 191
sodium fluoride (dental) SOLN 0.2 % 191
SODIUM FLUORIDE 5000 ENAMEL GEL 191
SODIUM FLUORIDE 5000 PLUS CREA 1.1 % (sodium fluoride (dental)) 191

SODIUM FLUORIDE 5000 PPM PSTE DT 1.1 % (sodium fluoride (dental)) 191
SODIUM FLUORIDE 5000 SENSITIVE GEL 191
sodium fluoride CHEW 185
sodium fluoride SOLN 0.5 MG/ML 185
SODIUM FLUORIDE SOLN 0.5 MG/ML 185
sodium fluoride-potassium nitrate GEL 1.1 %-5 % 191
sodium oxybate SOLN 218
sodium phenylbutyrate POWD ... 131
sodium phenylbutyrate TABS 131
sodium phosphates (sodium phosphate dibasic & monobasic) 45 MMOLE/15ML 186
sodium polystyrene sulfonate POWD 190
sodium polystyrene sulfonate SUSP CO 15 GM/60ML 190
sodium sulfate-potassium sulfate-magnesium sulfate 151
SOFDRA 116
SOFOSBUVIR-VELPATASVIR TABS 89
SOGROYA 126
SOHONOS 1 MG, 1.5 MG 196
SOHONOS 10 MG 196
SOHONOS 2.5 MG 196
solifenacin succinate TABS 10 MG 230
solifenacin succinate TABS 5 MG 230
SOLIQUA 47
SOLIRIS 143
SOLOSEC 5
SOLTAMOX SOLN 70
SOLU-CORTEF (hydrocortisone sod succinate) 103
SOLU-CORTEF 103
SOLU-MEDROL (PF) 103
SOLU-MEDROL 103
SOLU-MEDROL 2 GM, 500 MG, 1000 MG (methylprednisolone sod succ) 103
SOLUS V2 LANCETS 28G 165
SOLUS V2 LANCING DEVICE MISC 165
SOLUS V2 TWIST LANCETS 30G 165
SOMA TABS (carisoprodol) 196
SOMATULINE DEPOT 120 MG/0.5ML 133
SOMATULINE DEPOT 60 MG/0.2ML 133
SOMATULINE DEPOT 90 MG/0.3ML 133
SOMAVERT 126
sorafenib tosylate 77
SORBITOL 3 % 140
SORBITOL-MANNITOL 2.7 GM/100ML-0.54 GM/100ML 140
SORILUX FOAM 108
sotalol hcl (afib/afl) 120 MG 92
sotalol hcl (afib/afl) 160 MG 92
sotalol hcl (afib/afl) 80 MG 92
sotalol hcl TABS 120 MG 92
sotalol hcl TABS 160 MG 92
sotalol hcl TABS 240 MG 92
sotalol hcl TABS 80 MG 92
SOTYKTU 108
SOTYLIZE SOLN PO 92
SOVALDI PACK 150 MG 89
SOVALDI PACK 200 MG 90
SOVALDI TABS 90
SOVUNA 64
SPEVIGO SOLN 108
SPEVIGO SOSY 108
SPIKEVAX 6M-11Y SUSY 25 MCG/0.25ML 234
SPIKEVAX SUSY 234
spinosad 117
SPINRAZA 201
SPIRIVA HANDIHALER CAPS IN (tiotropium bromide) 28
SPIRIVA RESPIMAT AERS IN 1.25 MCG/ACT 28
SPIRIVA RESPIMAT AERS IN 2.5 MCG/ACT 28
spironolactone & hydrochlorothiazide 122
SPIRONOLACTONE POWD 123
spironolactone SUSP 123
spironolactone TABS 123
SPORANOX CAPS (itraconazole) 57
SPRAVATO (56 MG DOSE) 43
SPRAVATO (84 MG DOSE) 43
SPRITAM TB3D 250 MG, 500 MG,

750 MG, 1000 MG (levetiracetam) 40
SPRITAM TB3D 40
SPRYCEL 20 MG, 50 MG (dasatinib) 77
SPRYCEL 70 MG, 80 MG, 100 MG, 140 MG (dasatinib) 77
SSKI SOLN (potassium iodide (expectorant)) 103
STARJEMZA SOLN IV 130 MG/26ML 138
STARJEMZA SOLN SC 45 MG/0.5ML 108
STARJEMZA SOSY SC 45 MG/0.5ML 108
STARJEMZA SOSY SC 90 MG/ML 108
STEGLATRO 53
STEGLUJAN 47
STELARA 130 MG/26ML 138
STELARA SOLN 45 MG/0.5ML ..108
STELARA SOSY 45 MG/0.5ML ..108
STELARA SOSY 90 MG/ML 108
STEQEYMA 138
STEQEYMA 45 MG/0.5ML 108
STEQEYMA 90 MG/ML 108
STEQEYMA SC 108
STERILANCE TL 165
STERILE DILUENT FOR REMODULIN (glycine diluent) ...218
STIMUFEND 148
STIOLTO RESPIMAT 33
STIVARGA 77
STOBOCLO SOSY SC 60 MG/ML 125
STRATTERA 10 MG, 18 MG, 25 MG, 40 MG, 60 MG (atomoxetine hcl) ...3
STRATTERA 80 MG, 100 MG (atomoxetine hcl) 3
STRENSIQ 131
streptomycin sulfate SOLR 6
STRIBILD 87
STRIVERDI RESPIMAT 33
STROMECTOL (ivermectin) 20
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
SUBVENITE SUSP PO 10 MG/ML 40
succinylcholine chloride SOLN ...197
SUCCINYLCHOLINE CHLORIDE SOSY IJ 100 MG/5ML, 200 MG/10ML 197
SUCCINYLCHOLINE CL +RFID SOSY IJ 100 MG/5ML, 200 MG/10ML 197
SUCRAID 122
SUCRALFATE POWD 228
sucralfate SUSP 228
sucralfate TABS 228
sufentanil citrate SOLN IV 50 MCG/ML 16
SUFLAVE 151
sugammadex sodium SOLN 200 MG/2ML, 500 MG/5ML 54
sugammadex sodium SOSY 200 MG/2ML 54
SULAR 8.5 MG, 17 MG, 34 MG (nisoldipine) 94
sulfacetamide sod-prednisolone SOLN 211
sulfacetamide sodium (acne) 105
sulfacetamide sodium (ophth) SOLN . 209
sulfacetamide sodium w/ sulfur CREA 10 %-5 % 105
sulfacetamide sodium w/ sulfur LIQD 10 %-2 %, 9 %-4 %, 9 %-4.5 % ..105
sulfacetamide sodium w/ sulfur SUSP 8 %-4 % 105
sulfadiazine TABS 225
sulfamethoxazole-trimethoprim SOLN 21
sulfamethoxazole-trimethoprim SUSP 21
sulfamethoxazole-trimethoprim TABS 21
SULFAMYLON CREA 110
SULFASALAZINE POWD 138
sulfasalazine TABS 138
sulfasalazine TBEC 138
sulindac TABS 12
SUMADAN 105

SUMADAN WASH LIQD (sulfacetamide sodium w/ sulfur) . 105
sumatriptan 183
sumatriptan succinate SOAJ 6 MG/0.5ML 183
sumatriptan succinate SOLN 6 MG/0.5ML 183
sumatriptan succinate TABS 183
sumatriptan-naproxen sodium ... 182
sunitinib malate 77
SUNLENCA SOLN 87
SUNLENCA TABS PO 300 MG ... 87
SUNLENCA TBPK 300 MG 87
SUNOSI 3
SUPPRELIN LA 126
SUPRANE (desflurane) 140
SUPREP BOWEL PREP KIT (sodium sulfate-potassium sulfate-magnesium sulfate) 151
SURE COMFORT INSULIN SYRINGE 176
SURE COMFORT LANCETS 18G 166
SURE COMFORT LANCETS 21G 166
SURE COMFORT LANCETS 23G 166
SURE COMFORT LANCETS 28G 166
SURE COMFORT LANCETS 30G 166
SURE COMFORT LANCING PEN MISC 166
SURE COMFORT PEN NEEDLES 176
SUSTOL PRSY 55
SUSVIMO (IMPLANT 1ST FILL) SOLN 208
SUTAB 151
SUTENT (sunitinib malate) 77
SYFOVRE 209
SYLVANT 190
SYMBICORT (budesonide-formoterol fumarate dihydrate) 33
SYMBRAVO TABS PO 182
SYMDEKO 150 MG-100 MG 224
SYMDEKO 75 MG-50 MG 224
SYMFI (efavirenz-lamivudine-tenofovir disoproxil fumarate) 87
SYMLINPEN 120 SOPN 46
SYMLINPEN 60 SOPN 46
SYMPAZAN FILM 37
SYMPROIC 139
SYMTUZA 87
SYNALAR CREA (fluocinolone acetonide) 113
SYNALAR OINT (fluocinolone acetonide) 113
SYNAREL 126
SYNJARDY TABS 47
SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-12.5 MG, 1000 MG-5 MG 47
SYNJARDY XR TB24 1000 MG-25 MG 47
SYNTHROID TABS 25 MCG, 50 MCG, 75 MCG, 100 MCG, 112 MCG, 125 MCG, 200 MCG (levothyroxine sodium) 226
SYNTHROID TABS 88 MCG, 137 MCG, 150 MCG, 175 MCG, 300 MCG (levothyroxine sodium) 226
SYRPALTA SYRP 218
SYRSPEND SF LIQD 218
SYRUP VEHICLE SYRP 218
TABRECTA 77
TACLONEX SUSP (calcipotriene-betamethasone dipropionate) 113
tacrolimus (topical) OINT 115
tacrolimus CAPS 0.5 MG 189
tacrolimus CAPS 1 MG 189
tacrolimus CAPS 5 MG 189
tacrolimus CP24 0.5 MG 189
tacrolimus CP24 1 MG, 5 MG 189
tacrolimus SOLN 5 MG/ML 189
tadalafil (pulmonary hypertension) TABS 96
tadalafil 5 MG 95
TADLIQ SUSP 96
TAFINLAR CAPS 77
TAFINLAR TBSO 77
tafluprost 214
TAGRISSO 69
TAKHZYRO SOLN 144
TAKHZYRO SOSY 150 MG/ML .. 144
TAKHZYRO SOSY 300 MG/2ML . 144
TALICIA 230
TALTZ SOAJ 108
TALTZ SOSY 20 MG/0.25ML 109

TALTZ SOSY 40 MG/0.5ML 109
TALTZ SOSY 80 MG/ML 109
TALVEY 68
TALZENNA 0.1 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG 77
TALZENNA 0.25 MG 77
TAMIFLU CAPS 75 MG (oseltamivir phosphate) 90
TAMIFLU SUSR (oseltamivir phosphate) 90
tamoxifen citrate TABS 71
tamsulosin hcl 141
TAPENTADOL HCL ER TB12 50 MG, 100 MG, 150 MG, 200 MG, 250 MG 16
TAPENTADOL HCL SOLN PO 20 MG/ML 16
tapentadol hcl TABS 50 MG, 75 MG, 100 MG 16
TARON-C DHA 194
TARPEYO CPDR 103
TASCENSO ODT 222
TASIGNA 50 MG, 150 MG, 200 MG (nilotinib hcl) 77
tasimelteon CAPS 151
TAUVID 119
tavaborole 106
TAVALISSE 143
TAVNEOS 143
TAYTULLA CAPS (norethin acet & estrad-fe) 100
tazarotene CREA 0.05 % 109
tazarotene CREA 0.1 % 109
tazarotene GEL 109
TDVAX SUSP 227
TECARTUS 69
TECELRA 69
TECENTRIQ 68
TECENTRIQ HYBREZA 72
TECFIDERA CDPK (dimethyl fumarate) 222
TECFIDERA CPDR 120 MG (dimethyl fumarate) 222
TECFIDERA CPDR 240 MG (dimethyl fumarate) 222
TECHLITE INSULIN SYRINGE ..176
TECHLITE LANCETS 166
TECHLITE LANCETS 26G 166
TECHLITE PEN NEEDLES 176
TECHLITE PLUS PEN NEEDLES 176
TECHNET TC 99M SULFUR COLLOID 119
TECHNETIUM TC 99M MEBROFENIN 119
TECHNETIUM TC 99M MEDRONATE 119
TECHNETIUM TC 99M PYROPHOS 119
TECVAYLI 68
TEFLARO 400 MG, 600 MG (ceftaroline fosamil) 98
TEGRETOL SUSP (carbamazepine) . 40
TEGRETOL TABS (carbamazepine) . 40
TEGRETOL-XR TB12 100 MG, 200 MG (carbamazepine) 40
TEGRETOL-XR TB12 400 MG (carbamazepine) 40
TEKTURNA (aliskiren fumarate) ..63
telmisartan 20 MG 61
telmisartan 40 MG 61
telmisartan 80 MG 61
telmisartan-amlodipine 63
telmisartan-hydrochlorothiazide ...63
temazepam 15 MG, 30 MG 150
temazepam 7.5 MG, 22.5 MG 150
TEMODAR SOLR 65
temozolomide CAPS 65
temsirolimus 77
TENIVAC SUSP 2 LFU-5 LFU ... 227
tenofovir disoproxil fumarate TABS 87
TENORETIC 100 (atenolol & chlorthalidone) 63
TENORETIC 50 (atenolol & chlorthalidone) 63
TENORMIN TABS 100 MG (atenolol) 91
TENORMIN TABS 25 MG (atenolol) . 91
TENORMIN TABS 50 MG (atenolol) . 91
TEPADINA (thiotepa) 65
TEPADINA SOLR IV 200 MG/200ML, 400 MG/400ML 65
TEPEZZA 126
TEPMETKO 77
TEPYLUTE IV 15 MG/1.5ML, 100

MG/10ML 66
terazosin hcl 1 MG 62
terazosin hcl 10 MG 62
terazosin hcl 2 MG 62
terazosin hcl 5 MG 62
terbinafine hcl (topical) CREA 106
terbinafine hcl TABS 57
terbutaline sulfate SOLN 33
terbutaline sulfate TABS 33
terconazole vaginal CREA 235
terconazole vaginal SUPP 235
teriflunomide 222
teriparatide SOPN 125
TERIPARATIDE SOPN 125
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 % 19
testosterone GEL TD 1.62 %, 25 MG/2.5GM, 40.5 MG/2.5GM 19
testosterone GEL TD 10 MG/ACT .. 19
testosterone GEL TD 20.25 MG/1.25GM 19
TESTOSTERONE MICRONIZED CRYS 99
TESTOSTERONE MICRONIZED POWD 99
TESTOSTERONE PROPIONATE 99
testosterone SOLN 19
TETANUS-DIPHTHERIA TOXOIDS TD SUSP 227
tetrabenazine 220
tetracaine hcl (ophth) 210
TETRACAINE HCL 0.5 % (tetracaine hcl (ophth)) 210
TETRACAINE HCL 0.5 % 210
TETRACYCLINE HCL 105
tetracycline hcl CAPS 226
TETRACYCLINE HCL TABS 226
TEVIMBRA 68
TEZRULY PO 1 MG/ML 62
TEZSPIRE SOAJ 27
TEZSPIRE SOSY 27
THALITONE 123
THALOMID 50 MG, 100 MG, 200 MG 188
THAM (tromethamine) 184
THEO-24 CP24 33
theophylline ELIX 33
theophylline SOLN 33
theophylline TB12 33
theophylline TB24 33
THIAMINE HCL POWD 237
THICK-IT #2 POWD 217
THIOLA EC TBEC (tiopronin) 141
THIOLA TABS (tiopronin) 141
thioridazine hcl 85
thiotepa 66
thiothixene 85
THROMBATE III 500 UNIT 144
THROMBIN-JMI EPISTAXIS KIT .. 150
THROMBIN-JMI KIT 150
THROMBIN-JMI SOLN EX 5000 UNIT/5ML 150
THROMBIN-JMI SOLR 150
THYMOGLOBULIN 189
THYQUIDITY SOLN PO 226
THYROGEN 0.9 MG 118
THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG 226
tiagabine hcl 41
TIBSOVO 77
ticagrelor 60 MG 145
ticagrelor 90 MG 145
TICE BCG 78
TIGAN SOLN (trimethobenzamide hcl) 55
tigecycline 225
TIGECYCLINE 225
TIGLUTIK SUSP 197
TIKOSYN (dofetilide) 26
timolol 207
timolol maleate (ophth) SOLG 207
timolol maleate (ophth) SOLN 0.5 % . 207
timolol maleate (ophth) SOLN 207
timolol maleate TABS 92
TIMOPTIC OCUDOSE SOLN (timolol maleate (ophth)) 207
tinidazole 20
tiopronin TABS 141
tiopronin TBEC 141

tiotropium bromide CAPS IN 18 MCG 28
tirofiban hcl in sodium chloride 145
TISSEEL KIT 150
TISSEEL SOLN 150
TIVDAK 68
TIVICAY PD TBSO 87
TIVICAY TABS 50 MG 87
tizanidine hcl CAPS 196
tizanidine hcl TABS 196
TLANDO CAPS 19
TNKASE 145
TOBI NEBU (tobramycin) 6
TOBI PODHALER CAPS 6
TOBRADEX OINT 212
TOBRADEX ST SUSP 211
tobramycin (ophth) SOLN 209
tobramycin NEBU 6
TOBRAMYCIN SULFATE POWD 6
tobramycin sulfate SOLN IJ 1.2 GM/30ML, 10 MG/ML, 80 MG/2ML 6
tobramycin sulfate SOLR 6
tobramycin-dexamethasone SUSP 212
TOBREX OINT 209
TODAYS HEALTH LANCING DEVICE MISC 166
TODAYS HEALTH PEN NEEDLES 176
TODAYS HEALTH SHORT PEN NEEDLE 176
TODAYS HEALTH THIN LANCETS 28G 166
TODAYS HEALTH THIN LANCETS 30G 166
tofacitinib citrate SOLN 1 MG/ML 9
tofacitinib citrate TABS 5 MG, 10 MG 9
tofacitinib citrate TB24 11 MG, 22 MG 9
TOFIDENCE 11
TOLECTIN DS CAPS 400 MG (tolmetin sodium) 12
tolmetin sodium CAPS 12
tolmetin sodium TABS 200 MG 12
tolmetin sodium TABS 600 MG 12
tolnaftate CREA 106
TOLSURA CAPS 57
tolterodine tartrate CP24 230
tolterodine tartrate TABS 230
tolvaptan (hyponatremia) TABS PO 15 MG, 30 MG 133
tolvaptan TABS 133
tolvaptan TBPK 15 MG 133
TONMYA SUBL SL 2.8 MG 220
TOPAMAX SPRINKLE CPSP (topiramate) 40
TOPAMAX TABS 200 MG (topiramate) 40
TOPAMAX TABS 25 MG, 50 MG, 100 MG (topiramate) 40
TOPFINE INSULIN PEN NEEDLE 176
TOPIRAMATE 99
topiramate CP24 200 MG 40
topiramate CP24 25 MG, 50 MG, 100 MG 40
topiramate CPSP 15 MG, 25 MG 40
topiramate CPSP 50 MG 40
topiramate CS24 150 MG, 200 MG 40
topiramate CS24 25 MG, 50 MG, 100 MG 40
topiramate SOLN 25 MG/ML 40
topiramate TABS 200 MG 40
topiramate TABS 25 MG, 50 MG, 100 MG 41
TOPOTECAN HCL SOLN (topotecan hcl) 79
topotecan hcl SOLN 79
topotecan hcl SOLR 79
TOPROL XL TB24 100 MG, 200 MG (metoprolol succinate) 91
TOPROL XL TB24 25 MG, 50 MG (metoprolol succinate) 92
toremifene citrate 71
TORISEL (temsirolimus) 77
torsemide TABS 100 MG 123
torsemide TABS 5 MG, 10 MG, 20 MG 123
TOSYMRA 183
TOUJEO MAX SOLOSTAR SOPN 52
TOUJEO SOLOSTAR SOPN 52
TOVIAZ 4 MG (fesoterodine fumarate) 230
TOVIAZ 8 MG (fesoterodine fumarate) 230
TPN ELECTROLYTES CONC 185

TRACLEER TABS (bosentan) 96
TRACLEER TBSO 32 MG (bosentan) 96
TRADJENTA 48
tramadol hcl CP24 100 MG, 200 MG, 300 MG 16
tramadol hcl SOLN 16
tramadol hcl TABS 25 MG, 100 MG 16
tramadol hcl TABS 25 MG 16
tramadol hcl TABS 50 MG 16
tramadol hcl TABS 75 MG 16
tramadol hcl TB24 16
tramadol-acetaminophen 17
trandolapril 61
trandolapril-verapamil hcl 63
tranexamic acid SOLN 1000 MG/10ML 149
tranexamic acid TABS 149
TRANEXAMIC ACID-NACL (tranexamic acid-sodium chloride) 149
TRANEXAMIC ACID-NACL 149
tranexamic acid-sodium chloride 149
TRANSDERM SCOP 1 MG/3DAYS (scopolamine) 55
tranylcypromine sulfate 43
TRAVATAN Z SOLN (travoprost) 214
travoprost SOLN 214
TRAZIMERA 67
TRAZIMERA 420 MG 67
TRAZODONE HCL TABS 25 MG, 75 MG 45
trazodone hcl TABS 300 MG 44
trazodone hcl TABS 50 MG, 100 MG, 150 MG 45
TREANDA SOLR (bendamustine hcl) 66
TREGZI SUPK IV 188
TRELEGY ELLIPTA 33
TRELSTAR MIXJECT 71
TREMFYA ONE-PRESS SOPN SC 100 MG/ML 109
TREMFYA PEN SOAJ 100 MG/ML 109
TREMFYA PEN SOAJ SC 200 MG/2ML 138
TREMFYA SOLN IV 138
TREMFYA SOSY 100 MG/ML ... 109
TREMFYA SOSY SC 200 MG/2ML 138
TREMFYA-CD/UC INDUCTION SOAJ SC 200 MG/2ML 138
treprostinil SOLN IJ 95
TRESIBA FLEXTOUCH SOPN 100 UNIT/ML 52
TRESIBA FLEXTOUCH SOPN 200 UNIT/ML 52
TRESIBA SOLN 52
tretinoin (chemotherapy) 78
tretinoin CREA 0.025 %, 0.05 % . 105
TRETTEN 142
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG 66
TRIAMCINOLONE 99
triamcinolone acetonide (mouth) 191
triamcinolone acetonide (topical) AERS 113
triamcinolone acetonide (topical) CREA 113
triamcinolone acetonide (topical) LOTN 113
triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %, 0.5 % 113
triamcinolone acetonide (topical) OINT 0.05 % 113
TRIAMCINOLONE ACETONIDE POWD 113
triamcinolone acetonide SUSP ...103
triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG 122
triamterene & hydrochlorothiazide TABS 122
triamterene CAPS 123
triazolam 151
TRIBENZOR (olmesartan medoxomil-amlodipine-hydrochlorothiazide) 63
TRICARE TABS 194
TRICHLOROACETIC ACID CRYS 99
trientine hcl 250 MG 187
trientine hcl 500 MG 187
TRIESENCE 212
trifluoperazine hcl TABS 85
trifluridine 209
trihexyphenidyl hcl SOLN 79
trihexyphenidyl hcl TABS 79
TRIJARDY XR 1000 MG-2.5 MG-12.5 MG, 1000 MG-2.5 MG-5 MG .47
TRIJARDY XR 1000 MG-5 MG-10

MG, 1000 MG-5 MG-25 MG 47
TRIKAFTA TBPK 100 MG-50 MG 224
TRIKAFTA TBPK 50 MG-25 MG .224
TRIKAFTA THPK 224
TRILEPTAL SUSP (oxcarbazepine) 41
TRILEPTAL TABS 150 MG, 300 MG (oxcarbazepine) 41
TRILEPTAL TABS 600 MG (oxcarbazepine) 41
trimethobenzamide hcl CAPS 55
trimethoprim TABS 20
trimipramine maleate CAPS 45
TRINATAL RX 1 TABS 194
TRINTELLIX 45
TRIPTODUR 126
TRISENOX (arsenic trioxide) 78
TRISTART DHA 194
TRIUMEQ PD TBSO 87
TRIUMEQ TABS 87
TRODELVY 79
TROGARZO 87
TROJAN BARESKIN DEVI 154
TROJAN ENZ MISC 154
TROJAN MAGNUM MISC 154
TROJAN ULTRA THIN MISC 154
TROJAN ULTRA THIN/SPERMICIDAL MISC 154
TROJAN-ENZ LUBRICATED MISC 154
TROJAN-ENZ/SPERMICIDAL MISC . 154
TROKENDI XR CP24 200 MG (topiramate) 41
TROKENDI XR CP24 25 MG, 50 MG, 100 MG (topiramate) 41
tromethamine 184
tropicamide SOLN 207
trospium chloride CP24 230
trospium chloride TABS 230
TRUE COMFORT INSULIN SYRINGE 176
TRUE COMFORT PEN NEEDLES 176
TRUE COMFORT PRO INSULIN SYR 177
TRUE COMFORT PRO PEN NEEDLES 177
TRUE COMFORT SAFETY LANCETS 166
TRUE COMFORT SAFETY PEN NEEDLE 177
TRUE COMFORT TWIST TOP LANCETS 166
TRUE METRIX AIR GLUCOSE METER KIT 166
TRUE METRIX BLOOD GLUCOSE TEST STRP 119
TRUE METRIX LEVEL 1 SOLN ..166
TRUE METRIX LEVEL 2 SOLN ..166
TRUE METRIX LEVEL 3 SOLN ..166
TRUE METRIX METER KIT 166
TRUENESS BLOOD GLUCOSE MONITOR DEVI 166
TRUENESS BLOOD GLUCOSE STRIPS STRP 119
TRUEPLUS 5-BEVEL PEN NEEDLES 177
TRUEPLUS INSULIN SYRINGE 177
TRUEPLUS LANCETS 28G 166
TRUEPLUS LANCETS 30G 166
TRUEPLUS LANCETS 33G 167
TRUEPLUS SAFETY LANCETS 28G 167
TRULICITY 49
TRUMENBA 0.5 ML 231
TRUQAP TABS 77
TRUQAP TBPK 77
TRUSTEX LUB/RIBBED/STUDDED MISC 154
TRUSTEX LUB/SPERMICIDE EX ST MISC 154
TRUSTEX LUB/SPERMICIDE XL MISC 154
TRUSTEX LUBRICATED EX LARGE MISC 154
TRUSTEX LUBRICATED EXTRA ST MISC 154
TRUSTEX LUBRICATED MISC ..154
TRUSTEX LUBRICATED/SPERMICIDE MISC 154
TRUSTEX NON-LUBRICATED MISC 154
TRUSTEX RIA LUB/SPERMICIDE MISC 154
TRUSTEX RIA LUBRICATED MISC . 154
TRUSTEX RIA NON-LUBRICATED

MISC 154
TRUSTEX-NONOXYNOL-9/RIB/STUD MISC 154
TRUTAKNA SOAJ SC 150 MG/ML 140
TRUVADA (emtricitabine-tenofovir disoproxil fumarate) 87
TRUXIMA 68
TRYNGOLZA 131
TRYPTYR SOLN OP 0.003 % ... 213
TRYVIO 63
TUDORZA PRESSAIR 28
TUKYSA 150 MG 67
TUKYSA 50 MG 67
TURALIO 125 MG 77
TWINRIX SUSY 234
TWIRLA 101
TWIST TOP LANCETS 30G 167
TYBLUME CHEW 100
TYBOST 87
TYENNE SOAJ 11
TYENNE SOLN 11
TYENNE SOSY 11
TYGACIL (tigecycline) 225
TYKERB (lapatinib ditosylate) 77
TYMLOS 125
TYR EASY TABS 121
TYRUKO CONC IV 300 MG/15ML 222
TYRVAYA 207
TYSABRI 222
TYVASO DPI INSTITUTIONAL KIT POWD 95
TYVASO DPI MAINTENANCE KIT POWD 95
TYVASO DPI TITRATION KIT POWD 95
TYVASO REFILL KIT SOLN IN 95
TYVASO SOLN IN 96
TYVASO STARTER KIT SOLN IN 96
TYZAVAN SOLN IV 500 MG/100ML, 750 MG/150ML, 1000 MG/200ML, 1250 MG/250ML, 1500 MG/300ML, 1750 MG/350ML, 2000 MG/400ML 22
TZIELD 47
UBRELVY 182
UDENYCA ONBODY SOSY 148
UDENYCA SOAJ 148
UDENYCA SOSY 148
ULORIC (febuxostat) 141
ULTANE (sevoflurane) 140
ULTI-LANCE AUTOMATIC MISC 167
ULTICARE INSULIN SAFETY SYR . 177
ULTICARE INSULIN SYRINGE . 177
ULTICARE MICRO PEN NEEDLES . 177
ULTICARE MINI PEN NEEDLES 177
ULTICARE PEN NEEDLES 177
ULTICARE SHORT PEN NEEDLES 177
ULTICARE TUBERCULIN SAFETY SYR MISC 177
ULTIGUARD SAFEPACK PEN NEEDLE 177
ULTIGUARD SAFEPACK SYR/NEEDLE 177
ULTILET CLASSIC LANCETS ...167
ULTILET LANCETS 167
ULTILET PEN NEEDLE 177
ULTILET SAFETY LANCETS 23G 167
ULTIVA (remifentanil hcl) 16
ULTOMIRIS 143
ULTRA COMFORT PEN NEEDLES . 177
ULTRA FLO INSULIN PEN NEEDLES 177
ULTRA FLO INSULIN SYR 1/2 UNIT 177
ULTRA FLO INSULIN SYRINGE 178
ULTRA THIN LANCETS 31G 167
ULTRA THIN PEN NEEDLES ...178
ULTRA-CARE LANCETS 30G ...167
ULTRA-THIN II INS SYR SHORT 178
ULTRA-THIN II INSULIN SYRINGE . 178
ULTRA-THIN II LANCETS 167
ULTRA-THIN II MINI PEN NEEDLE . 178
ULTRA-THIN II PEN NEEDLE SHORT 178
ULTRA-THIN II PEN NEEDLES .178
ULTRACARE INSULIN SYRINGE

178

ULTRACARE PEN NEEDLES ...178

ULTRAVATE LOTN 113

ULTRAVIST 62 %, 77 % 120

umeclidinium bromide 62.5 MCG/INH 28

umeclidinium-vilanterol 33

UNASYN IJ 1 GM-0.5 GM, 2 GM-1 GM (ampicillin & sulbactam sodium) . 217

UNDECATREX CAPS 19

UNIFINE PENTIPS 178

UNIFINE PENTIPS PLUS 178

UNIFINE PROTECT PEN NEEDLE . 178

UNIFINE SAFECONTROL PEN NEEDLE 178

UNIFINE ULTRA PEN NEEDLE .178

UNILET COMFORTOUCH LANCET 167

UNILET G.P. SUPERLITE LANCET . 167

UNILET GP 28 ULTRA THIN 167

UNILET LANCET 167

UNILET MICRO-THIN 33G 167

UNILET SUPER-THIN 30G 167

UNILET ULTRA-THIN 28G 167

UNISTIK 2 NORMAL 167

UNISTIK 3 COMFORT 167

UNISTIK 3 EXTRA 167

UNISTIK 3 GENTLE 168

UNISTIK 3 NORMAL 168

UNISTIK CZT COMFORT 168

UNISTIK CZT NORMAL 168

UNISTIK NORMAL 168

UNISTIK PRO SAFETY LANCET 168

UNISTIK SAFETY LANCETS 28G 168

UNISTIK SAFETY LANCETS 30G 168

UNISTIK TOUCH SAFETY LANC 21G 168

UNISTIK TOUCH SAFETY LANC 23G 168

UNISTIK TOUCH SAFETY LANC 28G 168

UNISTIK TOUCH SAFETY LANC 30G 168

UNITUXIN 68

UNLOXCYT SOLN IV 300 MG/5ML 68

UPLIZNA 190

UPTRAVI SOLR 97

UPTRAVI TABS 100 MCG, 150 MCG 97

UPTRAVI TABS 97

UPTRAVI TITRATION TBPK 96

URE-NA PACK 120

urea CREA 39 % 114

urea CREA 40 % 114

UROCIT-K 10 TBCR (potassium citrate (alkalinizer)) 140

UROCIT-K 15 TBCR (potassium citrate (alkalinizer)) 140

URSO FORTE TABS (ursodiol) ..135

URSODIOL 99

ursodiol CAPS 135

ursodiol TABS 135

URSOLIGN CAPS 150 MG 135

USTEKINUMAB 130 MG/26ML ..138

USTEKINUMAB SOLN 45 MG/0.5ML 109

USTEKINUMAB SOSY 45 MG/0.5ML 109

USTEKINUMAB SOSY 90 MG/ML 110

USTEKINUMAB-AAUZ SOSY SC 45 MG/0.5ML 109

USTEKINUMAB-AAUZ SOSY SC 90 MG/ML 109

USTEKINUMAB-AEKN SOSY SC 45 MG/0.5ML 109

USTEKINUMAB-AEKN SOSY SC 90 MG/ML 109

USTEKINUMAB-TTWE 138

USTEKINUMAB-TTWE 45 MG/0.5ML 109

USTEKINUMAB-TTWE 90 MG/ML 109

USTEKINUMAB-TTWE SC 109

UZEDY SUSY 100 MG/0.28ML 83

UZEDY SUSY 125 MG/0.35ML 83

UZEDY SUSY 150 MG/0.42ML 83

UZEDY SUSY 200 MG/0.56ML 83

UZEDY SUSY 250 MG/0.7ML 83

UZEDY SUSY 50 MG/0.14ML 84

UZEDY SUSY 75 MG/0.21ML 83

VABOMERE 21

VABYSMO SOLN 208
VABYSMO SOSY 208
VAFSEO 150 MG 149
VAFSEO 300 MG 149
VAGIFEM TABS (estradiol vaginal) 235
valacyclovir hcl 90
VALCHLOR 106
VALCYTE SOLR (valganciclovir hcl) . 88
valganciclovir hcl SOLR 88
valganciclovir hcl TABS 88
valproate sodium SOLN IV 100 MG/ML, 500 MG/5ML 42
valproate sodium SOLN PO 250 MG/5ML, 500 MG/10ML 42
valproic acid CAPS 42
valrubicin 72
valsartan SOLN 61
valsartan TABS 61
valsartan-hydrochlorothiazide 63
VALSTAR (valrubicin) 72
VALTOCO 10 MG DOSE LIQD 37
VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML 37
VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML 37
VALTOCO 5 MG DOSE LIQD 37
VALTREX (valacyclovir hcl) 90
VANALICE GEL 117
VANCOCIN CAPS 125 MG (vancomycin hcl) 22
VANCOCIN CAPS 250 MG (vancomycin hcl) 22
vancomycin hcl CAPS 22
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 % 22
VANCOMYCIN HCL IN NACL SOLN 1 GM/200ML-0.9 %, 500 MG/100ML-0.9 %, 750 MG/150ML-0.9 % 22
VANCOMYCIN HCL SOLN IV 500 MG/100ML 22
vancomycin hcl SOLN IV 750 MG/150ML, 1000 MG/200ML, 1250 MG/250ML, 1500 MG/300ML, 1750 MG/350ML, 2000 MG/400ML 22
VANCOMYCIN HCL SOLR IV (vancomycin hcl) 22
vancomycin hcl SOLR IV 1 GM, 1.25 GM, 1.5 GM, 5 GM, 10 GM, 500 MG, 750 MG 22
VANCOMYCIN HCL SOLR IV 22
vancomycin hcl SOLR PO 25 MG/ML 22
vancomycin hcl SOLR PO 250 MG/5ML 22
vancomycin hcl SOLR PO 50 MG/ML, 250 MG/5ML 22
vancomycin hcl SOLR PO 50 MG/ML 22
VANDAZOLE 235
VANFLYTA 77
VANISHPOINT INSULIN SYRINGE . 178
VANRAFIA TABS PO 0.75 MG ... 140
VAQTA 25 UNIT/0.5ML 234
VAQTA 50 UNIT/ML 234
VAQTA IM 25 UNIT/0.5ML 234
VAQTA IM 50 UNIT/ML 234
varenicline tartrate TABS 223
varenicline tartrate TBPK 223
VARIVAX SUSR 234
VARIZIG SOLN 216
VASHE WOUND SOLN 0.033 % . 118
VASOPRESSIN SOLN IV 20 UNIT/ML (vasopressin) 132
vasopressin SOLN IV 132
VASOPRESSIN-SODIUM CHLORIDE SOLN 132
VASOSTRICT SOLN IV (vasopressin) 132
VASOSTRICT SOLN 132
VAXELIS SUSP 227
VAXELIS SUSY 227
VAXNEUVANCE 231
VCF VAGINAL CONTRACEPTIVE FILM 234
VECTIBIX 100 MG/5ML, 400 MG/20ML 69
vecuronium bromide SOLR 200
VEGZELMA 67
VEKLURY SOLR 90
VELCADE SOLR IJ (bortezomib) .. 77
VELETRI (epoprostenol sodium) .. 96
VELPHORO 139
VELSIPITY 138
VELTASSA 1 GM 190
VELTASSA 16.8 GM, 25.2 GM ... 190

VELTASSA 8.4 GM 190
VEMLIDY 90
VENCLEXTA STARTING PACK TBPK 69
VENCLEXTA TABS 10 MG 69
VENCLEXTA TABS 100 MG 69
VENCLEXTA TABS 50 MG 69
VENLAFAXINE BESYLATE ER 45
venlafaxine hcl CP24 150 MG 45
venlafaxine hcl CP24 37.5 MG, 75 MG 45
venlafaxine hcl TABS 45
venlafaxine hcl TB24 150 MG 45
venlafaxine hcl TB24 225 MG 45
venlafaxine hcl TB24 37.5 MG, 75 MG 45
VENOFER 20 MG/ML (iron sucrose) 149
VENTOLIN HFA AERS (albuterol sulfate) 33
VEOPOZ 143
VEOZAH 126
VEPESID CAPS (etoposide) 79
VEPPANU TABS PO 100 MG, 200 MG 71
verapamil hcl CP24 94
VERAPAMIL HCL ER CP24 (verapamil hcl) 94
verapamil hcl SOLN 2.5 MG/ML 94
verapamil hcl TABS 40 MG 94
verapamil hcl TABS 80 MG, 120 MG 94
verapamil hcl TBCR 120 MG, 180 MG 94
verapamil hcl TBCR 240 MG 94
VEREGEN 105
VERELAN PM CP24 (verapamil hcl) 94
VERIFINE INSULIN PEN NEEDLE 178
VERIFINE INSULIN SYRINGE 178
VERIFINE PLUS PEN NEEDLE 178
VERIFINE SAFE LANCET MINI 21G 168
VERIFINE SAFE LANCET MINI 23G 168
VERIFINE SAFE LANCET MINI 28G 168
VERIFINE SAFE LANCET MINI 30G 168
VERIFINE UNIVERSAL LANCETS 28G 168
VERIFINE UNIVERSAL LANCETS 30G 168
VERIFINE UNIVERSAL LANCETS 33G 168
VERKAZIA EMUL 210
VERQUVO 97
VERSACLOZ SUSP 84
VERZENIO 100 MG 77
VERZENIO 50 MG, 150 MG, 200 MG 77
VEVYE SOLN 210
VFEND IV SOLR (voriconazole) 57
VFEND SUSR (voriconazole) 57
VIBATIV 750 MG 22
VIBERZI 139
VICTOZA (liraglutide) 49
VIDAZA SUSR (azacitidine) 66
vigabatrin PACK 41
vigabatrin TABS 41
VIGAFYDE SOLN 41
VIGAMOX SOLN OP (moxifloxacin hcl (ophth)) 209
VIIBRYD TABS (vilazodone hcl) 45
VIJOICE PACK 190
VIJOICE TBPK 190
vilazodone hcl TABS 45
VILTEPSO 200
VIMIZIM 131
VIMPAT SOLN IV 200 MG/20ML (lacosamide) 41
VIMPAT SOLN PO 10 MG/ML (lacosamide) 41
VIMPAT TABS (lacosamide) 41
vinblastine sulfate SOLN 79
vincristine sulfate 79
vinorelbine tartrate 79
VIOKACE TABS 122
VIRACEPT TABS 87
VIREAD POWD 87
VIREAD TABS (tenofovir disoproxil fumarate) 87
VIREAD TABS 87
VISTASEAL EX 2 ML, 4 ML, 10 ML 150
VISTOGARD 54
VITAFOL FE+ 194

VITAFOL GUMMIES 194
VITAFOL ULTRA 194
VITAFOL-OB TABS 194
VITAFOL-OB+DHA MISC 194
VITAFOL-ONE CAPS 194
VITAMIN D3 LIQD PO 125 MCG/ML . 237
vitamin e SOLN 15 MG/0.67ML .. 237
VITRAKVI CAPS 77
VITRAKVI SOLN 77
VIVAGUARD LANCETS 168
VIVAGUARD LANCETS 30G 169
VIVAGUARD LANCING DEVICE MISC 169
VIVAGUARD SAFETY LANCETS 28G 169
VIVELLE-DOT PTTW 0.025 MG/24HR, 0.0375 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (estradiol) 134
VIVELLE-DOT PTTW 0.05 MG/24HR (estradiol) 134
VIVIMUSTA SOLN 66
VIVITROL 54
VIVJOA 57
VIVOTIF 231
VIZAMYL 119
VIZIMPRO 69
VONJO 77
VONVENDI 142
VOQUEZNA 229
VOQUEZNA DUAL PAK 230
VOQUEZNA TRIPLE PAK 230
VORANIGO 10 MG 77
VORANIGO 40 MG 77
VORAXAZE 78
VORICONAZOLE SOLN IV 200 MG/20ML 57
voriconazole SOLR 57
VORICONAZOLE SOLR 57
voriconazole SUSR 57
voriconazole TABS 57
VORTEX HOLD CHMBR/MASK/CHILD DEVI 181
VORTEX HOLD CHMBR/MASK/TODDLER DEVI . 181
VORTEX VALVE CHAMBER-PEDI MASK DEVI 181
VORTEX VALVED HOLDING CHAMBER DEVI 181
VOSEVI 90
VOTRIENT (pazopanib hcl) 77
VOWST 139
VOXZOGO 132
VOYDEYA TABS 143
VOYDEYA TBPK 143
VOYXACT SOSY SC 400 MG/2ML 141
VPRIV 146
VRAYLAR CAPS 0.5 MG, 0.75 MG 81
VRAYLAR CAPS 81
VTAMA 110
VUITY SOLN 1.25 % (pilocarpine hcl) 207
VUMERITY 222
VUSION (miconazole-zinc oxide-white petrolatum) 106
VYALEV SOLN SC 81
VYEPTI 182
VYJUVEK 118
VYKAT XR TB24 PO 150 MG 131
VYKAT XR TB24 PO 25 MG 131
VYKAT XR TB24 PO 75 MG 131
VYKOURA SOLN IJ 50 MG/5ML, 350 MG/35ML, 500 MG/50ML 79
VYLOY 68
VYNDAMAX 97
VYNDAQEL 97
VYONDYS 53 200
VYSCOXA PO 10 MG/ML 12
VYTORIN (ezetimibe-simvastatin) 58
VYVANSE CAPS (lisdexamfetamine dimesylate) 2
VYVANSE CHEW (lisdexamfetamine dimesylate) 2
VYVGART 188
VYVGART HYTRULO 188
VYVGART HYTRULO SC 188
VYXEOS 72
VYZULTA 214
WAINUA 223
WAINUA SC 45 MG/0.8ML 223
WAKIX 3
warfarin sodium TABS 33
WASKYRA SUSP IV 146

water for injection, sterile IJ 218
water for irrigation, sterile 190
WAYRILZ TABS PO 400 MG 143
WEGMANS UNIFINE PENTIPS PLUS 178
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
WEGOVY PO 1.5 MG, 4 MG, 9 MG, 25 MG 2
WELCHOL PACK (colesevelam hcl) . 59
WELCHOL TABS (colesevelam hcl) . 59
WELIREG 71
WELLBUTRIN SR TB12 (bupropion hcl) 43
WES-PHOS 250 NEUTRAL 852 MG-155 MG-130 MG 186
WESCAP-C DHA 194
WESCAP-PN DHA 194
WESNATAL DHA COMPLETE .. 195
WESNATE DHA CAPS 195
WESTAB PLUS TABS 195
WESTGEL DHA 195
WILATE KIT 142
WINLEVI 105
WINREVAIR 96
WINRHO SDF SOLN 1500 UNIT/1.3ML 216
WYOST SOLN SC 120 MG/1.7ML 125
XACDURO 21
XACIATO GEL 235
XADAGO 81
XALATAN SOLN (latanoprost) ... 214
XALKORI CAPS 77
XALKORI CPSP 150 MG 77
XALKORI CPSP 20 MG, 50 MG ... 77
XANAX TABS 0.25 MG, 0.5 MG, 1 MG (alprazolam) 26
XANAX TABS 2 MG (alprazolam) . 26
XANAX XR TB24 0.5 MG, 1 MG, 3 MG (alprazolam) 26
XANAX XR TB24 2 MG (alprazolam) 26
XARELTO STARTER PACK TBPK 34
XARELTO SUSR 1 MG/ML (rivaroxaban) 34
XARELTO TABS 10 MG 34
XARELTO TABS 15 MG 34
XARELTO TABS 2.5 MG (rivaroxaban) 34
XARELTO TABS 20 MG 34
XATMEP SOLN PO 67
XCOPRI (250 MG DAILY DOSE) TBPK 41
XCOPRI (350 MG DAILY DOSE) TBPK 41
XCOPRI TABS 150 MG, 200 MG . 41
XCOPRI TABS 25 MG, 50 MG, 100 MG 41
XCOPRI TBPK 41
XDEMVY 209
XELJANZ SOLN 1 MG/ML (tofacitinib citrate) 10
XELJANZ TABS 5 MG, 10 MG (tofacitinib citrate) 10
XELJANZ XR TB24 11 MG, 22 MG (tofacitinib citrate) 9
XELSTRYM 2
XEMBIFY 216
XENAZINE (tetrabenazine) 220
XENON XE 133 119
XENPOZYME 131
XEOMIN 200
XERAC AC 116
XERAVA 225
XGEVA SOLN 125
XHANCE EXHU 197
XIAFLEX 187
XIFYRM SOLN IV 30 MG/ML 12
XIGDUO XR TB24 PO (dapagliflozin-metformin hcl) 47
XIIDRA 210
XIPERE 212
XOCOVA TABS PO 125 MG 90
XOFIGO 78
XOFLUZA (40 MG DOSE) 40 MG . 90
XOFLUZA (80 MG DOSE) 80 MG . 90
XOLAIR SOAJ 27
XOLAIR SOLR 27
XOLAIR SOSY 27
XOLREMDI 149
XOPENEX HFA (levalbuterol tartrate) 33

XOSPATA 78
XPHE MAXAMAID POWD 121
XPHE-XTYR MAXAMAID POWD 122
XPHOZAH 131
XPOVIO (100 MG ONCE WEEKLY) 50 MG 71
XPOVIO (40 MG ONCE WEEKLY) 10 MG 71
XPOVIO (40 MG ONCE WEEKLY) 40 MG 71
XPOVIO (40 MG TWICE WEEKLY) 40 MG 71
XPOVIO (60 MG ONCE WEEKLY) 60 MG 71
XPOVIO (60 MG TWICE WEEKLY) . 71
XPOVIO (80 MG ONCE WEEKLY) 40 MG 71
XPOVIO (80 MG ONCE WEEKLY) 80 MG 71
XPOVIO (80 MG TWICE WEEKLY) . 71
XROMI SOLN PO 100 MG/ML ... 146
XTANDI CAPS 71
XTANDI TABS 40 MG 71
XTANDI TABS 80 MG 71
XTRENBO SOLN SC 120 MG/1.7ML 125
XULTOPHY 47
XURIDEN 131
XYLOCAINE MPF +RFID SOLN 1 % (lidocaine hcl (local anesth.)) 152
XYLOCAINE SOLN 1 %, 2 % (lidocaine hcl (local anesth.)) 153
XYLOCAINE-MPF +RFID SOLN 2 % (lidocaine hcl (local anesth.)) 153
XYLOCAINE-MPF SOLN 0.5 %, 1 %, 1.5 %, 2 % (lidocaine hcl (local anesth.)) 153
XYLOCAINE-MPF/EPINEPHRINE SOLN (lidocaine w/ epinephrine) .152
XYLOCAINE-MPF/EPINEPHRINE SOLN 152
XYLOCAINE/EPINEPHRINE SOLN (lidocaine w/ epinephrine) 152
XYNTHA 142
XYNTHA SOLOFUSE 142
XYOSTED SOAJ 19
XYREM SOLN (sodium oxybate) .218
XYWAV 218
YARTEMLEA SOLN IV 370 MG/2ML 143
YASMIN 28 (drospirenone-ethinyl estradiol) 100
YAZ (drospirenone-ethinyl estradiol) 100
YCANTH SOLN 115
YERVOY 68
YESAFILI SOSY IZ 2 MG/0.05ML 208
YESCARTA 69
YESINTEK 130 MG/26ML 138
YESINTEK SOLN 45 MG/0.5ML . 110
YESINTEK SOSY 45 MG/0.5ML . 110
YESINTEK SOSY 90 MG/ML 110
YEZTUGO SOLN 463.5 MG/1.5ML 88
YEZTUGO TABS PO 300 MG 88
YONDELIS 66
YONSA 71
YORVIPATH 168 MCG/0.56ML .. 131
YORVIPATH 294 MCG/0.98ML .. 131
YORVIPATH 420 MCG/1.4ML ... 131
YUFLYMA (1 PEN) AJKT 40 MG/0.4ML 9
YUFLYMA (1 PEN) AJKT 80 MG/0.8ML 9
YUFLYMA (2 PEN) AJKT 9
YUFLYMA (2 SYRINGE) PSKT 20 MG/0.2ML 9
YUFLYMA (2 SYRINGE) PSKT 40 MG/0.4ML 9
YUFLYMA-CD/UC/HS STARTER AJKT 9
YUPELRI IN 175 MCG/3ML 28
YUSIMRY 9
YUTREPIA CAPS IN 26.5 MCG, 53 MCG, 79.5 MCG, 106 MCG 96
YUVIWEL SOLR SC 1.3 MG, 2.8 MG, 5.5 MG 132
zafirlukast 28
zaleplon 151
ZALTRAP 67
ZANAFLEX CAPS (tizanidine hcl) 196
ZANAFLEX TABS 4 MG (tizanidine hcl) 196
ZANVASTRO SOLN IT 56 MG/2.8ML 218
ZARONTIN CAPS (ethosuximide) .42
ZARONTIN SOLN (ethosuximide) .42

ZARXIO 300 MCG/0.5ML 149
ZARXIO 480 MCG/0.8ML 149
ZAVESCA (miglustat) 146
ZAVZPRET 182
ZEGALOGUE SOAJ 48
ZEGALOGUE SOSY 48
ZEJULA TABS 78
ZELBORAF 78
ZELSUVMI GEL EX 10.3 % 110
ZEMAIRA SOLR 223
ZEMBRACE SYMTOUCH SOAJ 183
ZEMDRI 6
ZEMPLAR CAPS 1 MCG, 2 MCG (paricalcitol) 131
ZEMPLAR SOLN 5 MCG/ML (paricalcitol) 131
ZENBEXUS CAPS PO 0.75 MG, 1 MG 71
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 122
ZEPATIER 90
ZEPBOUND KWIKPEN SOPN SC 15 MG/0.6ML 2
ZEPBOUND KWIKPEN SOPN SC 2.5 MG/0.6ML, 5 MG/0.6ML, 7.5 MG/0.6ML, 10 MG/0.6ML, 12.5 MG/0.6ML 2
ZEPBOUND SOAJ 2
ZEPOSIA 7-DAY STARTER PACK CPPK 222
ZEPOSIA CAPS 222
ZEPOSIA STARTER KIT CPPK ..222
ZEPZELCA 66
ZERBAXA 97
ZERVIATE 214
ZESTORETIC (lisinopril & hydrochlorothiazide) 63
ZESTRIL TABS 10 MG (lisinopril) .61
ZESTRIL TABS 2.5 MG, 5 MG (lisinopril) 61
ZESTRIL TABS 20 MG (lisinopril) .61
ZESTRIL TABS 30 MG, 40 MG (lisinopril) 61
ZETIA (ezetimibe) 60
ZEVASKYN BATCH UP TO 12 SHEETS SHEE EX 118
ZEVRX INSULIN SYRINGE 179
ZEVRX PEN NEEDLES 179
ZEVRX TWIST TOP LANCETS 30G 169
ZEVTERA SOLR IV 667 MG 98
ZIAGEN SOLN (abacavir sulfate) ..88
zidovudine CAPS 88
zidovudine SYRP 88
zidovudine TABS 88
ZIEXTENZO 149
ZIIHERA 67
ZILBRYSQ 16.6 MG/0.416ML 143
ZILBRYSQ 23 MG/0.574ML 143
ZILBRYSQ 32.4 MG/0.81ML 143
zileuton TB12 28
ZILRETTA SRER 103
zinc chloride SOLN 186
ZINPLAVA 216
ZIOPTAN (tafluprost) 214
ziprasidone hcl 81
ziprasidone mesylate 81
ZIRABEV 67
ZIRGAN GEL 209
ZITHROMAX SOLR (azithromycin) 153
ZITHROMAX SUSR 200 MG/5ML (azithromycin) 153
ZITHROMAX TABS 250 MG, 500 MG (azithromycin) 153
ZITHROMAX TRI-PAK TABS (azithromycin) 153
ZITHROMAX Z-PAK TABS (azithromycin) 153
ZITUVIMET TABS 1000 MG-50 MG, 500 MG-50 MG (sitagliptin free base-metformin hcl) 47
ZITUVIMET XR TB24 1000 MG-100 MG, 500 MG-50 MG 47
ZITUVIMET XR TB24 1000 MG-50 MG 47
ZITUVIO 25 MG, 50 MG, 100 MG (sitagliptin) 48
ZOCOR TABS 10 MG, 20 MG (simvastatin) 59
ZOCOR TABS 40 MG (simvastatin) 59
ZOKINVY 190

zoledronic acid CONC 125
zoledronic acid SOLN 5 MG/100ML 125
ZOLEDRONIC ACID SOLN 125
ZOLGENSMA 20.6-21.0 KG 201
ZOLGENSMA 10.1-10.5 KG 201
ZOLGENSMA 10.6-11.0 KG 201
ZOLGENSMA 11.1-11.5 KG 201
ZOLGENSMA 11.6-12.0 KG 201
ZOLGENSMA 12.1-12.5 KG 201
ZOLGENSMA 12.6-13.0 KG 201
ZOLGENSMA 13.1-13.5 KG 201
ZOLGENSMA 13.6-14.0 KG 201
ZOLGENSMA 14.1-14.5 KG 201
ZOLGENSMA 14.6-15.0 KG 201
ZOLGENSMA 15.1-15.5 KG 201
ZOLGENSMA 15.6-16.0 KG 201
ZOLGENSMA 16.1-16.5 KG 201
ZOLGENSMA 16.6-17.0 KG 201
ZOLGENSMA 17.1-17.5 KG 201
ZOLGENSMA 17.6-18.0 KG 201
ZOLGENSMA 18.1-18.5 KG 201
ZOLGENSMA 18.6-19.0 KG 201
ZOLGENSMA 19.1-19.5 KG 201
ZOLGENSMA 19.6-20.0 KG 201
ZOLGENSMA 2.6-3.0 KG 201
ZOLGENSMA 20.1-20.5 KG 201
ZOLGENSMA 3.1-3.5 KG 202
ZOLGENSMA 3.6-4.0 KG 202
ZOLGENSMA 4.1-4.5 KG 202
ZOLGENSMA 4.6-5.0 KG 202
ZOLGENSMA 5.1-5.5 KG 202
ZOLGENSMA 5.6-6.0 KG 202
ZOLGENSMA 6.1-6.5 KG 202
ZOLGENSMA 6.6-7.0 KG 202
ZOLGENSMA 7.1-7.5 KG 202
ZOLGENSMA 7.6-8.0 KG 202
ZOLGENSMA 8.1-8.5 KG 202
ZOLGENSMA 8.6-9.0 KG 202
ZOLGENSMA 9.1-9.5 KG 202
ZOLGENSMA 9.6-10.0 KG 202
ZOLINZA 78
zolmitriptan SOLN 183
zolmitriptan TABS 183
zolmitriptan TBDP 183
ZOLOFT CONC (sertraline hcl) 44
ZOLOFT TABS (sertraline hcl) 44
ZOLPIDEM TARTRATE CAPS 151
zolpidem tartrate SUBL 151
zolpidem tartrate TABS 151
zolpidem tartrate TBCR 151
ZOLYMBUS GEL OP 0.01 % 214
ZOMACTON SOLR SC 126
ZOMIG SOLN (zolmitriptan) 183
ZOMIG SOLN 184
ZONALON (doxepin hcl (antipruritic)) 107
ZONISADE SUSP 41
zonisamide CAPS 100 MG 41
zonisamide CAPS 25 MG, 50 MG 41
ZORTRESS (everolimus (immunosuppressant)) 190
ZORYVE CREA EX 0.05 % 116
ZORYVE CREA EX 0.15 % 117
ZORYVE CREA EX 0.3 % 116
ZORYVE FOAM EX 117
ZOSYN 217
ZTALMY 41
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 18
ZUBSOLV SUBL 2.1 MG-8.6 MG 18
ZUBSOLV SUBL 2.9 MG-11.4 MG 18
ZULRESSO 43
ZUNVEYL TBEC PO 5 MG, 10 MG, 15 MG 220
ZURNAI IJ 1.5 MG/0.5ML 54
ZURZUVAE 25 MG 43
ZURZUVAE 30 MG 43
ZUSDURI KIT IS 72
ZYBIC SUSP 7.5 MG/5ML (meloxicam) 12
ZYCUBO SOLR SC 2.9 MG 186
ZYDELIG 78
ZYFLO TABS 28
ZYKADIA TABS 78
ZYLET 0.3 %-0.5 % (loteprednol etabonate-tobramycin) 212
ZYMFENTRA (1 PEN) AJKT 138
ZYMFENTRA (2 PEN) AJKT 138
ZYMFENTRA (2 SYRINGE) PSKT

ZYNLONTA 68

ZYNRELEF 12

ZYNTEGLO 146

ZYNYZ 68

ZYOGREEN IJ 25 MG/10ML 118

ZYPITAMAG 2 MG, 4 MG 59

ZYPREXA RELPREVV 84

ZYPREXA SOLR (olanzapine) 84

ZYPREXA TABS (olanzapine) 84

ZYPREXA ZYDIS TBDP (olanzapine) 84

ZYTIGA 250 MG (abiraterone acetate) 71

ZYTIGA 500 MG (abiraterone acetate) 71

ZYVOX SOLN (linezolid) 23

ZYVOX SUSR (linezolid) 23

ZYVOX TABS (linezolid) 23