



MEDPERFORM[®] PREMIER

STANDARD FORMULARY

October 2026

[medimpact.com](https://www.medimpact.com)

Copyright © 2025. MedImpact Healthcare Systems, Inc.

This document is confidential and proprietary to MedImpact and contains material MedImpact may consider Trade Secrets. This document is intended for specified use by Business Partners of MedImpact under permission by MedImpact and may not otherwise be used, reproduced, transmitted, published, or disclosed to others without prior written authorization. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document.



Table of Contents

What is the Standard Formulary?3

Can the Formulary (drug list) change?3

Is the member’s medication included in the formulary?.....3

What are generic drugs?.....3

Are there any restrictions on coverage of drugs on the formulary?4

Tier Benefit Design4

General Exclusions4

What if a drug is not on the Formulary?5

How does a member request an exception to the Formulary?5

For more information.....5



What is the Standard Formulary?

The MedImpact formulary is a list of covered drugs selected by physician and pharmacist subject matter experts who collaboratively support MedImpact's Pharmacy and Therapeutics (P&T) Committee. The plan will cover drugs listed in the formulary if the drug is indicated for the clinical condition, is prescribed in the appropriate manner, the prescription is filled at a participating network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (drug list) change?

Drugs may be added or removed from the formulary during the year. The plan will notify affected members if a drug is removed from the formulary, moves to a higher cost-sharing tier, or when prior authorization, quantity limits and/or step therapy requirements are added. Members are notified before the change becomes effective. If the Food and Drug Administration (FDA) deems a drug on the formulary to be unsafe or the drug's manufacturer removes the drug from the market, the plan will immediately remove the drug from the formulary.

Is the member's medication included in the formulary?

There are 3 ways for a member to confirm their current medication is on their plan-specific formulary:

- **Drug Categories**

The drugs in this formulary are grouped into categories according to the types of medical conditions they are used to treat.

- **Alphabetical Index Listing**

If the member is not sure what category to look under, the member should look for the drug in the Index. The Index provides an alphabetical listing of all drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. First, look in the Index and find the drug. Next to the drug, there is a page number where the member can find coverage information. Turn to the page listed in the Index and find the name of the drug in the first column.

- **Website or Mobile App**

Drug search capability is on the MedImpact Consumer Portal (MedImpact.com), mobile app (available in Apple and Google apps store), or member plan's website.

What are generic drugs?

The plan covers both brand name and generic drugs provided they are prescribed per FDA approved indications and in accordance with the plan's benefit design. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs. Generic drugs appear in the formulary listing with all lower-case letters and italicized (i.e. *terbutaline oral tablet 2.5 mg*). Brand drugs appear in formulary listing with all upper-case letters (i.e. *DIPHEN ORAL ELIXIR 12.5 MG/5ML*).



Are there any restrictions on coverage of drugs on the formulary?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits are noted throughout the Formulary listing using the following symbols:

Symbol	Guideline	Description
AGE	Age Restriction	Coverage depends upon member age
PA	Prior Authorization	Requires specific physician request and clinical criteria be met for prescription to be covered
QL	Quantity Limit	Prescription quantity limits for specific drugs and/or time period needed for coverage
ST	Step Therapy	Coverage requires a trial of certain clinically appropriate alternative drug(s) before obtaining the prescribed drug
SP	Specialty Drug	Coverage may require dispensing from a specialty pharmacy. Specialty copay/coinsurance applies according to benefit plan

The member can ask the plan to make an exception to these restrictions or for a list of other, similar drugs that may treat their health condition. See the section: “How does a member request an exception to the formulary?”

Tier Benefit Design

A tier benefit design is where a member is responsible for a portion of the cost of a prescription drug based on the drug’s tier and copayment or coinsurance. Specialty drugs may be covered at a higher copay or coinsurance. Per the Affordable Care Act (ACA), some medications qualify as preventive under the Essential Health Benefit (EHB). If available on the plan, EHB medications will be covered without cost share (\$0 copay for members). The following is an example of a formulary tier design:

- Tier 1: Generic medications
- Tier 2: Preferred brand medications (formulary agents)
- Tier 3: Non-preferred brand medications (non-formulary agents)

General Exclusions

Many plans have specific benefit inclusions, exclusions, copayments, or a lack of coverage, which are reflected in other Plan Benefit Documents.

The Formulary applies only to outpatient drugs provided to members and does not apply to medications used at inpatient settings. If a member has any specific questions regarding their coverage, they should contact their plan. Examples of benefit exclusions include:

- Over the Counter (OTC) medications
- Anti-Obesity drugs

MEDPERFORM® PREMIER STANDARD FORMULARY
OCTOBER 2026

- Medical food/nutritional supplements
- Non-Diabetic supplies/Diagnostic supplies/Ostomy supplies/Devices
- Disposable Needles & Syringes (Non-Insulin related)
- Any drug products used for cosmetic purposes
- Experimental drug products or any drug product used in an experimental manner
- Repackaged drugs and institutional use drugs (e.g., hospital use)
- Lifestyle drugs (e.g., sexual dysfunction, infertility)
- Non self-administered injectable drug products

What if a drug is not on the Formulary?

If a drug is not included on the formulary, the member should contact the plan. If the member is informed the plan does not cover the drug, the member has two options:

1. The member can ask the plan for a list of similar drugs covered by the plan. When the member receives the list, they should show it to their doctor and ask the doctor to prescribe a similar drug that is covered by the plan that is determined by the doctor to be an appropriate alternative drug.
2. The member can ask the plan to make an exception and cover the drug.

How does a member request an exception to the Formulary?

The member will need to contact the plan for details on how to file an exception request.

For more information

MedImpact encourages members to review the Summary Benefit Design, Evidence of Coverage, MedImpact Consumer Portal, or plan's website for more detailed plan information.



Table of Contents

Allergy.....	3
Antiemesis/Antivertigo.....	6
Asthma And Copd.....	7
Autonomic Nervous System Disorders.....	16
Behavioral Health - Antidepressants.....	18
Behavioral Health - Other.....	22
Cardiovascular Disease - Arrhythmia.....	38
Cardiovascular Disease - Cardiac Stimulant.....	38
Cardiovascular Disease - Hypertension.....	38
Cardiovascular Disease - Lipid Irregularity.....	45
Cardiovascular Disease - Miscellaneous Agents.....	51
Cardiovascular Disease - Vasodilation.....	52
Contraception/Oxytocics.....	52
Cough And Cold.....	64
Dermatology - Acne.....	65
Dermatology - Antiinfective.....	72
Dermatology - Antiinflammatory.....	76
Dermatology - Miscellaneous.....	84
Dermatology - Psoriasis/Eczema.....	89
Diabetes.....	92
Ear - General Disorders.....	103
Electrolyte Regulation.....	103
Endocrine Disorder - Fertility.....	106
Endocrine Disorder - Other.....	107
Endocrine Disorder - Thyroid.....	111
Eye - General Disorders.....	111
Eye - Glaucoma.....	116
Eye - Miscellaneous.....	119
Fluid Replacement.....	119
Gout And Related Diseases.....	119
Hematological Disorders.....	119
Hormonal Deficiency.....	126
Immunization.....	130
Immunosuppression/Modulation.....	136
Infectious Disease - Bacterial.....	138
Infectious Disease - Fungal.....	142
Infectious Disease - Miscellaneous.....	143
Infectious Disease - Parasitic.....	144
Infectious Disease - Viral.....	146
Inflammatory Disease.....	152
Local Anesthesia.....	158
Lower Gastrointestinal Disorders - Bowel Inflammat.....	159
Lower Gastrointestinal Disorders - Other.....	160

Medical Supplies	165
Miscellaneous Agents	174
Neoplastic Disease	175
Neurological Disease - Miscellaneous	187
Oral/Pharyngeal Disorders	192
Other Drugs	192
Other Respiratory Disorders	201
Pain Management - Analgesics	202
Parkinsons Disease	211
Seizure Disorder	213
Skeletal Muscle Disorder	219
Smoking Cessation	220
Upper Gastrointestinal Disorders - Digestive	222
Upper Gastrointestinal Disorders - Spastic Disease	222
Upper Gastrointestinal Disorders - Ulcer Disease	222
Urinary Tract - Functional Disorders	225
Vaginal Disorders	227
Vitamin And/Or Mineral Deficiency	229
Weight Reduction	233

Drug	Status	Notes
Allergy		
2Nd Gen Antihistamine & Decongestant Combinations		
CLARINEX-D 12 HOUR	Tier 3	ST: TRIAL OF DESLORATADINE OR LEVOCERTIRIZINE TABLET REQUIRED
Allergenic Extracts, Therapeutics		
GRASTEK	Tier 2	PA; QL (1 EA per 1 day)
ODACTRA	Tier 2	PA; QL (1 EA per 1 day)
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	Tier 2	PA; QL (1 EA per 1 day)
PALFORZIA (LEVEL 0)	Tier 2	PA; SP
PALFORZIA (LEVEL 1)	Tier 2	PA; SP
PALFORZIA (LEVEL 2)	Tier 2	PA; SP
PALFORZIA (LEVEL 3)	Tier 2	PA; SP
PALFORZIA (LEVEL 4)	Tier 2	PA; SP
PALFORZIA (LEVEL 5)	Tier 2	PA; SP
PALFORZIA (LEVEL 6)	Tier 2	PA; SP
PALFORZIA (LEVEL 7)	Tier 2	PA; SP
PALFORZIA (LEVEL 8)	Tier 2	PA; SP
PALFORZIA (LEVEL 9)	Tier 2	PA; SP
PALFORZIA (LEVEL 10)	Tier 2	PA; SP
PALFORZIA (LEVEL 11 UP-DOSE)	Tier 2	PA; SP; QL (1 EA per 1 day)
PALFORZIA INITIAL (1-3 YRS)	Tier 2	PA; SP
PALFORZIA INITIAL (4-17 YRS)	Tier 2	PA; SP
PALFORZIA LEVEL 11 MAINTENANCE	Tier 2	PA; SP; QL (1 EA per 1 day)
RAGWITEK	Tier 2	PA; QL (1 EA per 1 day)
Antihistamines - 1St Generation		
<i>carbinoxamine maleate oral liquid</i> (Carbzah)	Tier 1	Age (Min 2 Years)

Drug	Status	Notes
<i>carbinoxamine maleate oral suspension, extended rel 12 hr</i> (Karbinal ER)	Tier 1	ST: TRIAL OF IMMEDIATE-RELEASE CARBINOXAMINE MALEATE ORAL SOLUTION REQUIRED.; QL (960 ML per 30 days); Age (Min 2 Years)
<i>carbinoxamine maleate oral tablet 4 mg</i>	Tier 1	Age (Min 2 Years)
CARBZAH (carbinoxamine maleate)	Tier 1	Age (Min 2 Years)
<i>clemastine oral tablet</i> (Clemsza)	Tier 1	
CLEMSZA (clemastine)	Tier 1	
<i>cyproheptadine oral syrup</i>	Tier 1	
<i>cyproheptadine oral tablet</i>	Tier 1	
DIPHEN ORAL ELIXIR (diphenhydramine hcl)	Tier 1	
<i>diphenhydramine hcl oral elixir</i> (Diphen)	Tier 1	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	Tier 1	
<i>hydroxyzine hcl oral tablet</i>	Tier 1	
<i>hydroxyzine pamoate</i>	Tier 1	
<i>promethazine injection solution</i> (Phenergan)	Tier 1	
<i>promethazine oral</i>	Tier 1	
Antihistamines - 2Nd Generation		
<i>cetirizine oral solution 1 mg/ml</i> (Allergy Relief (cetirizine))	Tier 1	
<i>desloratadine oral tablet</i> (Clarinx)	Tier 1	
<i>desloratadine oral tablet, disintegrating</i>	Tier 1	ST: TRIAL OF DESLORATADINE OR LEVOCETIRIZINE TABLET REQUIRED.
<i>levocetirizine oral solution</i> (Xyzal)	Tier 1	ST: TRIAL OF DESLORATADINE TABLET, LEVOCETIRIZINE TABLET, OR CETIRIZINE SOLUTION IN THE PAST 120 DAYS
<i>levocetirizine oral tablet</i> (24HR Allergy Relief)	Tier 1	

Drug	Status	Notes
Nasal Antihistamine		
<i>azelastine nasal spray, non-aerosol 137 mcg (0.1 %)</i>	Tier 1	
<i>olopatadine nasal</i>	Tier 1	
Nasal Antihistamine & Anti-Inflam. Steroid Comb.		
<i>azelastine-fluticasone</i> (Dymista)	Tier 1	ST: TRIAL OF FLUTICASONE OR FLUNISOLIDE (NASAL FORMULATION) IN THE PAST 120 DAYS; QL (23 GM per 30 days)
Nasal Anti-Inflammatory Steroids		
<i>flunisolide</i>	Tier 1	QL (25 ML per 30 days)
<i>fluticasone propionate nasal</i> (24 Hour Allergy Relief)	Tier 1	
<i>mometasone nasal</i> (Allergy Nasal (mometasone))	Tier 1	
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION	Tier 2	ST: TRIAL OF NASAL FLUNISOLIDE OR FLUTICASONE REQUIRED; QL (6.8 GM per 30 days)
QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION	Tier 2	ST: TRIAL OF NASAL FLUNISOLIDE OR FLUTICASONE REQUIRED; QL (10.6 GM per 30 days)
XHANCE	Tier 2	ST: TRIAL OF ONE OF THE FOLLOWING INTRANASAL CORTICOSTEROIDS : MOMETASONE, FLUTICASONE PROPIONATE, OR FLUNISOLIDE IN THE PAST 120 DAYS; QL (32 ML per 30 days)

Drug	Status	Notes
Antiemesis/Antivertigo		
Antiemetic, Cannabinoid-Type		
<i>dronabinol oral capsule</i> (Marinol)	Tier 1	QL (2 EA per 1 day)
Antiemetic/Antivertigo Agents		
AKYNZEO (NETUPITANT)	Tier 2	QL (1 EA per 21 days)
<i>aprepitant oral capsule 125 mg</i>	Tier 1	QL (1 EA per 21 days)
<i>aprepitant oral capsule 40 mg</i>	Tier 1	QL (1 EA per 28 days)
<i>aprepitant oral capsule 80 mg</i> (Emend)	Tier 1	QL (2 EA per 21 days)
<i>aprepitant oral capsule, dose pack</i> (Emend)	Tier 1	QL (3 EA per 21 days)
COMPRO (prochlorperazine)	Tier 1	
<i>doxylamine-pyridoxine (vit b6)</i> (Diclegis)	Tier 1	QL (120 EA per 30 days)
EMEND ORAL SUSPENSION FOR RECONSTITUTION	Tier 2	PA; QL (3 EA per 21 days)
<i>granisetron hcl oral</i>	Tier 1	ST: TRIAL OF ONDANSETRON TABLETS OR ODT REQUIRED.; QL (10 EA per 21 days)
<i>meclizine oral tablet 12.5 mg</i>	Tier 1	
<i>meclizine oral tablet 25 mg</i> (Dramamine (meclizine))	Tier 1	
<i>meclizine oral tablet, chewable</i> (Antivert)	Tier 1	
<i>ondansetron hcl oral solution</i>	Tier 1	QL (150 ML per 21 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	Tier 1	
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	Tier 1	
<i>prochlorperazine</i> (Compro)	Tier 1	
<i>prochlorperazine maleate</i> (Compazine)	Tier 1	
<i>promethazine rectal</i> (Promethegan)	Tier 1	
PROMETHEGAN (promethazine)	Tier 1	
SANCUSO	Tier 3	ST: TRIAL OF ONDANSETRON TABLETS OR ODT REQUIRED.; QL (1 EA per 21 days)
<i>scopolamine base</i> (Transderm-Scop)	Tier 1	
<i>trimethobenzamide oral</i>	Tier 1	

Drug	Status	Notes
VARUBI	Tier 2	QL (2 EA per 21 days)
Asthma And Copd		
Anticholinergic, Orally Inhaled Short Acting		
ATROVENT HFA (ipratropium bromide)	Tier 2	QL (25.8 GM per 30 days)
<i>ipratropium bromide inhalation solution</i>	Tier 1	
Anticholinergics, Orally Inhaled Long Acting		
INCRUSE ELLIPTA (umeclidinium)	Tier 2	QL (30 EA per 30 days)
SPIRIVA RESPIMAT	Tier 2	QL (4 GM per 30 days)
<i>tiotropium bromide</i> (Spiriva with HandiHaler)	Tier 1	QL (30 EA per 30 days)
YUPELRI	Tier 3	QL (90 ML per 30 days)
Beta-Adrenergic Agents		
<i>albuterol sulfate oral syrup</i>	Tier 1	
<i>albuterol sulfate oral tablet</i>	Tier 1	
<i>terbutaline oral</i>	Tier 1	
Beta-Adrenergic Agents, Inhaled, Short Acting		
<i>albuterol sulfate inhalation hfa aerosol inhaler</i> (Ventolin HFA)	Tier 1	6.7gm/Pkg; QL (20.1 GM per 30 days)
<i>albuterol sulfate inhalation solution for nebulization</i>	Tier 1	
<i>levalbuterol hcl</i>	Tier 1	
<i>levalbuterol tartrate</i> (Xopenex HFA)	Tier 1	
Beta-Adrenergic Agents, Inhaled, Ultra-Long Acting		
STRIVERDI RESPIMAT	Tier 2	QL (4 GM per 30 days)
Beta-Adrenergic Agents, Orally Inhaled, Long Acting		
<i>arformoterol</i> (Brovana)	Tier 1	ST: TRIAL OF SEREVENT, STRIVERDI, OR PERFORMIST IN THE PAST 120 DAYS; QL (120 ML per 30 days)
<i>formoterol fumarate</i> (Perforomist)	Tier 1	QL (120 ML per 30 days)
SEREVENT DISKUS	Tier 2	QL (60 EA per 30 days)

Drug		Status	Notes
Beta-Adrenergic And Anticholinergic Combinations			
ANORO ELLIPTA	(umeclidinium-vilanterol)	Tier 2	QL (60 EA per 30 days)
COMBIVENT RESPIMAT		Tier 2	4gm/Pkg
<i>ipratropium-albuterol</i>		Tier 1	
STIOLTO RESPIMAT		Tier 2	QL (4 GM per 30 days)
Beta-Adrenergic And Glucocorticoid Combinations			
ADVAIR HFA	(fluticasone propion-salmeterol)	Tier 2	QL (12 GM per 30 days)
AIRSUPRA		Tier 2	10.7gm/Pkg; QL (32.1 GM per 30 days)
BREO ELLIPTA	(fluticasone furoate-vilanterol)	Tier 2	QL (60 EA per 30 days)
BREYNA	(budesonide-formoterol)	Tier 1	QL (30.9 GM per 30 days)
<i>budesonide-formoterol</i>	(Breyna)	Tier 1	QL (30.9 GM per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 50-5 MCG/ACTUATION		Tier 2	QL (39 GM per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 200-5 MCG/ACTUATION		Tier 2	QL (13 GM per 30 days)
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated</i>		Tier 1	QL (1 EA per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device</i>	(Wixela Inhub)	Tier 1	QL (60 EA per 30 days)
WIXELA INHUB	(fluticasone propion-salmeterol)	Tier 1	QL (60 EA per 30 days)
Beta-Adrenergic-Anticholinergic-Glucocort, Inhaled			
BREZTRI AEROSPHERE		Tier 2	QL (10.7 GM per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG		Tier 2	QL (60 EA per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 200-62.5-25 MCG		Tier 2	QL (2 EA per 1 day)

Drug	Status	Notes
Glucocorticoids, Orally Inhaled		
ARNUITY ELLIPTA (fluticasone furoate)	Tier 2	QL (30 EA per 30 days)
ASMANEX HFA	Tier 2	QL (13 GM per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	Tier 2	QL (1 EA per 30 days)
<i>beclomethasone dipropionate</i>	Tier 1	QL (17.4 GM per 30 days)
<i>budesonide inhalation</i> (Pulmicort)	Tier 1	QL (120 ML per 30 days)
<i>fluticasone propionate inhalation blister with device 100 mcg/actuation, 50 mcg/actuation</i>	Tier 1	QL (60 EA per 30 days)
<i>fluticasone propionate inhalation blister with device 250 mcg/actuation</i>	Tier 1	QL (120 EA per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation</i>	Tier 1	QL (12 GM per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation</i>	Tier 1	QL (24 GM per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i>	Tier 1	QL (21.2 GM per 30 days)
QVAR REDHALER	Tier 2	QL (21.2 GM per 30 days)
Interleukin-4(IL-4) Receptor Alpha Antagonist, Mab		
DUPIXENT PEN	Tier 2	PA; SP
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	Tier 2	PA; SP
Interleukin-5(IL-5) Receptor Alpha Antagonist, Mab		
FASENRA	Tier 2	PA; SP
FASENRA PEN	Tier 2	PA; SP
Leukotriene Receptor Antagonists		
<i>montelukast</i> (Singulair)	Tier 1	
<i>zafirlukast</i>	Tier 1	

Drug		Status	Notes
Mast Cell Stabilizers			
<i>cromolyn oral</i>	(Gastrocrom)	Tier 1	
Mast Cell Stabilizers, Orally Inhaled			
<i>cromolyn inhalation</i>		Tier 1	
Monoclonal Antibodies To Immunoglobulin E(Ige)			
OMLYCLO		Tier 2	PA; SP
XOLAIR		Tier 2	PA; SP
Monoclonal Antibody - Interleukin-5 Antagonists			
NUCALA		Tier 2	PA; SP
Phosphodiesterase-4 (Pde4) Inhibitors			
JASCAYD		Tier 2	PA; SP; QL (2 EA per 1 day)
OHTUVAYRE		Tier 3	PA; SP; QL (5 ML per 1 day)
<i>roflumilast</i>	(Daliresp)	Tier 1	QL (1 EA per 1 day)
Respiratory Aids, Devices, Equipment			
ACE AEROSOL CLOUD ENHANCER	(inhalational spacing device)	Tier 3	
AEROBIKA OSCILLATING PEP SYSTM		Tier 3	
AEROCHAMBER MECHANICAL VENT	(inhalational spacing device)	Tier 3	
AEROCHAMBER MINI	(inhalational spacing device)	Tier 3	
AEROCHAMBER MV	(inhalational spacing device)	Tier 3	
AEROCHAMBER PLUS FLOW-VU	(inhalational spacing device)	Tier 3	
AEROCHAMBER PLUS FLOW-VU,L MSK		Tier 3	
AEROCHAMBER PLUS FLOW-VU,M MSK		Tier 3	
AEROCHAMBER PLUS FLOW-VU,S MSK		Tier 3	
AEROCHAMBER PLUS Z STAT	(inhalational spacing device)	Tier 3	

Drug		Status	Notes
AEROCHAMBER PLUS Z STAT LG MSK		Tier 3	
AEROCHAMBER PLUS Z STAT MD MSK		Tier 3	
AEROCHAMBER PLUS Z STAT SM MSK		Tier 3	
AEROCHAMBER Z-STAT PLUS-FLW SG	(inhalational spacing device)	Tier 3	
AEROCHAMBER2GO	(inhalational spacing device)	Tier 3	
AEROECLIPSE II NEBULIZER	(nebulizers)	Tier 3	
AEROECLIPSE XL NEBULIZER	(nebulizers)	Tier 3	
AERONEB GO NEBULIZER	(nebulizers)	Tier 3	
AEROTRACH PLUS	(inhalational spacing device)	Tier 3	
AEROVENT PLUS	(inhalational spacing device)	Tier 3	
ALTERA NEBULIZER HANDSET	(nebulizers)	Tier 3	
ALTERA NEBULIZER SYSTEM	(nebulizers)	Tier 3	
ASTHMAPACK CHILDREN'S		Tier 3	
AURA PORTANEB	(nebulizers)	Tier 3	
BREATHERITE MDI SPACER	(inhalational spacing device)	Tier 3	
BREATHERITE SPACER-MASK, NEO.		Tier 3	
BREATHERITE SPACER-MASK,ADULT		Tier 3	
BREATHERITE SPACER-MASK,CHILD		Tier 3	
BREATHERITE SPACER-MASK,INFANT		Tier 3	
BREATHERITE SPACER-MASK,S.CHLD		Tier 3	
BREATHERITE VALVED MDI CHAMBER	(inhalational spacing device)	Tier 3	
BREATHERITE VALVED MDI SPACER	(inhalational spacing device)	Tier 3	
CLEVER CHOICE CHAMBER-LRG MASK		Tier 3	

Drug		Status	Notes
CLEVER CHOICE CHAMBER-MED MASK		Tier 3	
CLEVER CHOICE CHAMBER-SM MASK		Tier 3	
CLEVER CHOICE NEBULIZER	(nebulizer and compressor)	Tier 3	
CLEVER CHOICE WHISPER AIRE PED	(nebulizer and compressor)	Tier 3	
COMFORTSEAL LARGE MASK		Tier 3	
COMFORTSEAL MEDIUM MASK		Tier 3	
COMFORTSEAL SMALL MASK		Tier 3	
COMPACT SPACE CHAMBER	(inhalational spacing device)	Tier 3	
COMPACT SPACE CHAMBER-LRG MASK		Tier 3	
COMPACT SPACE CHAMBER-MED MASK		Tier 3	
COMPACT SPACE CHAMBER-SM MASK		Tier 3	
COMP-AIR NEBULIZER COMPRESSOR	(nebulizer and compressor)	Tier 3	
DEVILBISS DISPOSABLE NEBULIZER	(nebulizers)	Tier 3	
DEVILBISS PULMO-AIDE COMPRESSR		Tier 3	
DEVILBISS PULMOMATE COMPRESSOR		Tier 3	
DEVILBISS TRAVELER COMPRESSOR	(nebulizer and compressor)	Tier 3	
EASIVENT HOLDING CHAMBER	(inhalational spacing device)	Tier 3	
EASIVENT MASK LARGE		Tier 3	
EASIVENT MASK MEDIUM		Tier 3	
EASIVENT MASK SMALL		Tier 3	
EASY NEB COMPRESSOR NEBULIZER	(nebulizer and compressor)	Tier 3	
EBASE CONTROLLER		Tier 3	

Drug		Status	Notes
FLEXICHAMBER	(inhalational spacing device)	Tier 3	
FLEXICHAMBER-LG CHILD MASK		Tier 3	
FLEXICHAMBER-SM ADULT MASK		Tier 3	
FLEXICHAMBER-SM CHILD MASK		Tier 3	
HOME NEBULIZER PLUS SIDESTREAM	(nebulizer and compressor)	Tier 3	
INNOSPIRE DELUXE	(nebulizer and compressor)	Tier 3	
INNOSPIRE ELEGANCE	(nebulizer and compressor)	Tier 3	
INNOSPIRE ESSENCE	(nebulizer and compressor)	Tier 3	
INNOSPIRE GO NEBULIZER	(nebulizers)	Tier 3	
INNOSPIRE MINI	(nebulizer and compressor)	Tier 3	
INSPIRACHAMBER	(inhalational spacing device)	Tier 3	
INSPIRACHAMBER WITH MASK-LARGE		Tier 3	
INSPIRACHAMBER WITH MASK-MED		Tier 3	
INSPIRACHAMBER WITH MASK-SMALL		Tier 3	
LC PLUS	(nebulizers)	Tier 3	
LC PLUS NEBULIZER-PED MASK	(nebulizers)	Tier 3	
LITE TOUCH-MEDIUM MASK		Tier 3	
LITEAIRE MDI CHAMBER	(inhalational spacing device)	Tier 3	
LITETOUCH-LARGE MASK		Tier 3	
LITETOUCH-SMALL MASK		Tier 3	
MC 300 NEBULIZER W-MOUTHPIECE	(nebulizers)	Tier 3	
MC 300 NEBULIZER-UNVRSL TUBING	(nebulizers)	Tier 3	
MICROAIR MESH NEBULIZER	(nebulizers)	Tier 3	
MICROCHAMBER	(inhalational spacing device)	Tier 3	

Drug		Status	Notes
MICROSPACER	(inhalational spacing device)	Tier 3	
MINI PLUS NEBULIZER	(nebulizers)	Tier 3	
MINI WRIGHT PEAK FLOW METER	(peak flow meter)	Tier 3	
nebulizer and compressor	(Clever Choice Nebulizer)	Tier 3	
OMBRA COMPRESSOR SYSTEM	(nebulizer and compressor)	Tier 3	
OPTICHAMBER ADULT MASK-LARGE		Tier 3	
OPTICHAMBER DIAMOND LG MASK		Tier 3	
OPTICHAMBER DIAMOND VHC	(inhalational spacing device)	Tier 3	
OPTICHAMBER DIAMOND-MED MSK		Tier 3	
OPTICHAMBER DIAMOND-SML MASK		Tier 3	
PARI LC SPRINT NEBULIZER SET	(nebulizers)	Tier 3	
PARI LC SPRINT SINUS	(nebulizers)	Tier 3	
PARI TREK S COMBO PACK	(nebulizer and compressor)	Tier 3	
PARI TREK S COMPACT COMPRESSOR	(nebulizer and compressor)	Tier 3	
PEDIATRIC BEAR NEBULIZER	(nebulizer and compressor)	Tier 3	
PEDIATRIC COMP-AIR COMPRES NEB	(nebulizer and compressor)	Tier 3	
PFLEX INSPIRATORY TRAINER		Tier 3	
POCKET CHAMBER	(inhalational spacing device)	Tier 3	
PRIMEAIRE	(inhalational spacing device)	Tier 3	
PROCARE COMPRESSOR NEBULIZER	(nebulizer and compressor)	Tier 3	
PROCARE PEDIATRIC NEBULIZER	(nebulizer and compressor)	Tier 3	
PROCARE SPACER WITH ADULT MASK		Tier 3	
PROCARE SPACER WITH CHILD MASK		Tier 3	

Drug		Status	Notes
PROCHAMBER	(inhalational spacing device)	Tier 3	
PRODIGY MINI-MIST NEBULIZER	(nebulizers)	Tier 3	
PRONEB MAX COMPRESSOR-LC PLUS	(nebulizer and compressor)	Tier 3	
PRONEB MAX COMPRESSOR-LC SPRINT	(nebulizer and compressor)	Tier 3	
PROVENT		Tier 3	
PROVENT STARTER		Tier 3	
PULMO-AIDE COMPRESSOR		Tier 3	
PULMONEB LT COMPRESSOR NEBUL	(nebulizer and compressor)	Tier 3	
PUREAIR MINI NEBULIZER	(nebulizer and compressor)	Tier 3	
QUAKE VIBRATORY PEP		Tier 3	
RITEFLO AEROCHAMBER	(inhalational spacing device)	Tier 3	
SAMI THE SEAL	(nebulizer and compressor)	Tier 3	
SIDESTREAM	(nebulizers)	Tier 3	
SIDESTREAM NEBULIZER	(nebulizers)	Tier 3	
SIDESTREAM PLUS	(nebulizers)	Tier 3	
SILICONE MASK - INFANT		Tier 3	
SINUSTAR NEBULIZER	(nebulizers)	Tier 3	
SMARTNEB COMPRESSOR NEBULIZER	(nebulizer and compressor)	Tier 3	
SOOTHENEB COMPRESSOR NEBULIZER	(nebulizer and compressor)	Tier 3	
SOOTHENEB MESH NEBULIZER	(nebulizers)	Tier 3	
SPACE CHAMBER	(inhalational spacing device)	Tier 3	
SPACE CHAMBER WITH LARGE MASK		Tier 3	
SPACE CHAMBER WITH MEDIUM MASK		Tier 3	
SPACE CHAMBER WITH SMALL MASK		Tier 3	

Drug	Status	Notes
SUNRISE COMPRESSOR-NEBULIZER	Tier 3	
THRESHOLD IMT TRAINER	Tier 3	
THRESHOLD PEP DEVICE	Tier 3	
TRUZONE PEAK FLOW METER (peak flow meter)	Tier 3	
VIOS AEROSOL DELIVERY SYSTEM (nebulizer and compressor)	Tier 3	
VORTEX HOLDING CHAMBER (inhalational spacing device)	Tier 3	
VORTEX VHC PEDIATRIC MASK	Tier 3	
WILLIS THE WHALE COMPRESSR NEB (nebulizer and compressor)	Tier 3	
Thymic Stromal Lymphopoietin (Tslp) Inhibitors		
TEZSPIRE	Tier 2	PA; SP
Xanthines		
<i>caffeine citrate oral</i>	Tier 1	
THEO-24	Tier 2	
<i>theophylline oral elixir</i>	Tier 1	
<i>theophylline oral solution</i>	Tier 1	
<i>theophylline oral tablet extended release 12 hr</i>	Tier 1	
<i>theophylline oral tablet extended release 24 hr</i>	Tier 1	
Autonomic Nervous System Disorders		
Alzheimer's Therapy, Nmda Receptor Antagonists		
<i>memantine oral capsule, sprinkle, er 24hr</i> (Namenda XR)	Tier 1	ST: TRIAL OF MEMANTINE IMMEDIATE RELEASE TABLETS IN THE PAST 120 DAYS; QL (30 EA per 30 days)
<i>memantine oral solution</i>	Tier 1	QL (300 ML per 30 days)
<i>memantine oral tablet</i>	Tier 1	QL (60 EA per 30 days)
<i>memantine oral tablets, dose pack</i>	Tier 1	QL (49 EA per 28 days)

Drug	Status	Notes
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK	Tier 2	ST: TRIAL OF MEMANTINE IMMEDIATE RELEASE TABLETS IN THE PAST 120 DAYS; QL (28 EA per 28 days)
Alzheimer's Thx,Nmda Recept Antag & Cholines Inhib		
<i>memantine-donepezil</i> (Namzaric)	Tier 1	ST: TRIAL OF DONEPEZIL AND MEMANTINE IN THE PAST 365 DAYS.; QL (1 EA per 1 day)
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 7-10 MG	Tier 3	ST: TRIAL OF DONEPEZIL AND MEMANTINE IN THE PAST 365 DAYS.; QL (1 EA per 1 day)
Amyloid Directed Monoclonal Antibody		
LEQEMBI IQLIK SUBCUTANEOUS AUTO-INJECTOR 360 MG/1.8 ML	Tier 3	PA; SP; QL (7.2 ML per 28 days)
LEQEMBI IQLIK SUBCUTANEOUS AUTO-INJECTOR 500 MG/2.5 ML (250MG/1.25MLX2)	Tier 3	PA; SP; QL (10 ML per 28 days)
Cholinesterase Inhibitors		
<i>donepezil</i> (Aricept)	Tier 1	
<i>galantamine oral capsule,ext rel. pellets 24 hr</i>	Tier 1	QL (30 EA per 30 days)
<i>galantamine oral solution</i>	Tier 1	PA; QL (200 ML per 30 days)
<i>galantamine oral tablet</i>	Tier 1	QL (60 EA per 30 days)
<i>pyridostigmine bromide oral syrup</i> (Mestinon)	Tier 1	
<i>pyridostigmine bromide oral tablet</i> (Mestinon)	Tier 1	
<i>pyridostigmine bromide oral tablet extended release 105 mg</i>	Tier 3	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i> (Mestinon Timespan)	Tier 1	
<i>rivastigmine</i> (Exelon Patch)	Tier 1	QL (30 EA per 30 days)
<i>rivastigmine tartrate</i>	Tier 1	

Drug	Status	Notes
ZUNVEYL	Tier 3	ST: TRIAL OF GENERIC GALANTAMINE TABS OR GALANTAMINE ER CAPS IN THE PAST 120 DAYS; QL (2 EA per 1 day)
Neonatal Fc Receptor (FcRn) Inhibitors		
VYVGART HYTRULO SUBCUTANEOUS SYRINGE	Tier 3	PA; SP
Behavioral Health - Antidepressants		
Alpha-2 Receptor Antagonist Antidepressants		
<i>mirtazapine</i> (Remeron)	Tier 1	
Antidepressant - Nmda Receptor Antagonist		
SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	Tier 2	PA; SP
Antidepressant - Postpartum Depression (Ppd)		
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	Tier 2	PA; SP; QL (28 EA per 14 days)
ZURZUVAE ORAL CAPSULE 30 MG	Tier 2	PA; SP; QL (14 EA per 14 days)
Maois - Non-Selective & Irreversible		
MARPLAN	Tier 3	
<i>phenelzine</i> (Nardil)	Tier 1	
<i>tranylcypromine</i> (Parnate)	Tier 1	
Monoamine Oxidase(Mao) Inhibitors		
EMSAM	Tier 3	ST: TRIAL OF PHENELZINE, TRANYLCYPROMINE, OR MARPLAN IN THE PREVIOUS 120 DAYS; QL (1 EA per 1 day)
Ndma Receptor Antagonist And Ndri Comb		
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC	Tier 3	

Drug	Status	Notes
AUVELITY ORAL TABLET,IR ER BIPHASIC,DOSEPACK	Tier 3	QL (51 EA per 29 days)
Norepinephrine And Dopamine Reuptake Inhib (Ndris)		
<i>bupropion hcl oral tablet</i>	Tier 1	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i> (Wellbutrin XL)	Tier 1	
<i>bupropion hcl oral tablet extended release 24 hr 450 mg</i>	Tier 1	ST: TRIAL OF BUPROPION HCL ER (XL), BUPROPION HCL, OR BUPROPION HCL ER (SR) IN THE PAST 120 DAYS; QL (1 EA per 1 day)
<i>bupropion hcl oral tablet sustained- release 12 hr</i> (Wellbutrin SR)	Tier 1	
Selective Serotonin Reuptake Inhibitor (SsrIs)		
<i>citalopram oral solution</i>	Tier 1	
<i>citalopram oral tablet</i> (Celexa)	Tier 1	
<i>escitalopram oxalate oral solution</i>	Tier 1	
<i>escitalopram oxalate oral tablet</i> (Lexapro)	Tier 1	
<i>fluoxetine</i> (Prozac)	Tier 1	
<i>fluvoxamine oral capsule,extended release 24hr</i>	Tier 1	ST: TRIAL OF PAROXETINE, FLUOXETINE, CITALOPRAM, SERTRALINE, ESCITALOPRAM, OR FLUVOXAMINE IR REQUIRED.; QL (2 EA per 1 day)
<i>fluvoxamine oral tablet</i>	Tier 1	
<i>paroxetine hcl</i> (Paxil)	Tier 1	
<i>sertraline oral concentrate</i> (Zoloft)	Tier 1	
<i>sertraline oral tablet</i> (Zoloft)	Tier 1	
Serotonin-2 Antagonist/Reuptake Inhibitors (Saris)		
<i>nefazodone</i>	Tier 1	

Drug	Status	Notes
RALDESY	Tier 3	PA; QL (40 ML per 1 day)
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	Tier 1	
Serotonin-Norepinephrine Reuptake-Inhib (Snris)		
<i>desvenlafaxine</i>	Tier 1	ST: TRIAL OF 2 OF THE FOLLOWING: GENERIC PAROXETINE HCL, VENLAFAXINE ER OR IR, FLUOXETINE, CITALOPRAM, SERTRALINE, ESCITALOPRAM, MIRTAZAPINE, OR BUPROPRION IN THE PAST 365 DAYS.; QL (1 EA per 1 day)
<i>desvenlafaxine succinate</i> (Pristiq)	Tier 1	
DRIZALMA SPRINKLE	Tier 3	ST: TRIAL OF GENERIC DULOXETINE IN THE PAST 120 DAYS; QL (1 EA per 1 day)
<i>duloxetine oral capsule, delayed release(drlec) 20 mg, 30 mg, 60 mg</i>	Tier 1	
<i>duloxetine oral capsule, delayed release(drlec) 40 mg</i>	Tier 1	ST: TRIAL OF GENERIC DULOXETINE TWO 20MG CAPSULES REQUIRED.; QL (1 EA per 1 day)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	Tier 2	QL (1 EA per 1 day)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR	Tier 2	QL (1 EA per 1 day)
<i>venlafaxine</i> (Effexor XR)	Tier 1	

Drug	Status	Notes
<i>venlafaxine besylate</i>	Tier 1	ST: TRIAL OF ONE OF THE FOLLOWING: BUPROPION, CITALOPRAM, ESCITALOPRAM, FLUOXETINE, MIRTAZAPINE, PAROXETINE, SERTRALINE, VENLAFAXINE, DESVENLAFAXINE, FLUVOXAMINE, OR DULOXETINE IN THE PAST 120 DAYS; QL (2 EA per 1 day)
Ssri & 5Ht1a Partial Agonist Antidepressant		
<i>vilazodone</i> (Viibryd)	Tier 1	
Ssri & Serotonin Receptor Modulator Antidepressant		
TRINTELLIX	Tier 2	QL (1 EA per 1 day)
Tricyclic Antidepressant/Benzodiazepine Combinatns		
<i>amitriptyline-chlordiazepoxide</i>	Tier 1	
Tricyclic Antidepressant/Phenothiazine Combinatns		
<i>perphenazine-amitriptyline</i>	Tier 1	
Tricyclic Antidepressants & Rel. Non-Sel. Ru-Inhib		
<i>amitriptyline</i>	Tier 1	
<i>amoxapine</i>	Tier 1	
<i>clomipramine</i> (Anafranil)	Tier 1	
<i>desipramine</i> (Norpramin)	Tier 1	
<i>doxepin oral capsule</i>	Tier 1	
<i>doxepin oral concentrate</i>	Tier 1	
<i>imipramine hcl</i>	Tier 1	
<i>imipramine pamoate</i>	Tier 1	

Drug	Status	Notes
<i>nortriptyline</i>	Tier 1	
<i>protriptyline</i>	Tier 1	
<i>trimipramine</i>	Tier 1	
Behavioral Health - Other		
Adrenergics, Aromatic, Non-Catecholamine		
<i>amphetamine sulfate</i> (Evekeo)	Tier 1	QL (4 EA per 1 day)
ARYNTA	Tier 3	PA; QL (7 ML per 1 day)
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg</i> (Dexedrine Spansule)	Tier 1	QL (4 EA per 1 day)
<i>dextroamphetamine sulfate oral capsule, extended release 15 mg</i> (Dexedrine Spansule)	Tier 1	QL (120 EA per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 5 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate oral solution</i> (ProCentra)	Tier 1	QL (1800 ML per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i> (Zenzedi)	Tier 1	QL (4 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 7.5 mg</i> (Zenzedi)	Tier 1	ST: TRIAL OF DEXTROAMPHETAMINE SULFATE IR 5MG OR 10MG TABLETS OR DEXTROAMPHETAMINE SOLUTION IN THE PAST 120 DAYS; QL (4 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 20 mg</i> (Zenzedi)	Tier 1	ST: TRIAL OF DEXTROAMPHETAMINE SULFATE IR 5MG OR 10MG TABLETS OR DEXTROAMPHETAMINE SOLUTION IN THE PAST 120 DAYS; QL (3 EA per 1 day)

Drug	Status	Notes
<i>dextroamphetamine sulfate oral tablet 30 mg</i> (Zenzedi)	Tier 1	ST: TRIAL OF DEXTROAMPHETAMINE SULFATE IR 5MG OR 10MG TABLETS OR DEXTROAMPHETAMINE SOLUTION IN THE PAST 120 DAYS; QL (2 EA per 1 day)
<i>dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr</i> (Mydayis)	Tier 1	QL (1 EA per 1 day)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 5 mg</i> (Adderall XR)	Tier 1	QL (1 EA per 1 day)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 20 mg, 25 mg, 30 mg</i> (Adderall XR)	Tier 1	QL (2 EA per 1 day)
<i>dextroamphetamine-amphetamine oral tablet</i> (Adderall)	Tier 1	QL (2 EA per 1 day)
<i>lisdexamfetamine</i> (Vyvanse)	Tier 1	QL (1 EA per 1 day)
<i>methamphetamine</i> (Desoxyn)	Tier 1	QL (150 EA per 30 days)
ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG (dextroamphetamine sulfate)	Tier 3	ST: TRIAL OF DEXTROAMPHETAMINE SULFATE IR 5MG OR 10MG TABLETS OR DEXTROAMPHETAMINE SOLUTION IN THE PAST 120 DAYS; QL (4 EA per 1 day)
Anti-Alcoholic Preparations		
<i>acamprosate</i>	Tier 1	
<i>disulfiram</i>	Tier 1	
Anti-Anxiety - Benzodiazepines		
<i>alprazolam</i> (Xanax)	Tier 1	
ALPRAZOLAM INTENSOL	Tier 2	
<i>chlordiazepoxide hcl</i>	Tier 1	
<i>clorazepate dipotassium</i>	Tier 1	
DIAZEPAM INTENSOL (diazepam)	Tier 1	
<i>diazepam oral concentrate</i> (Diazepam Intensol)	Tier 1	

Drug	Status	Notes
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	Tier 1	
<i>diazepam oral tablet</i> (Valium)	Tier 1	
LORAZEPAM INTENSOL (lorazepam)	Tier 1	
<i>lorazepam oral</i> (Ativan)	Tier 1	
<i>oxazepam</i>	Tier 1	
Anti-Anxiety Drugs		
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	Tier 1	
<i>meprobamate</i>	Tier 1	
Anti-Mania Drugs		
EQUETRO	Tier 3	
<i>lithium carbonate</i> (Lithobid)	Tier 1	
<i>lithium citrate</i>	Tier 1	
Anti-Narcolepsy & Anti-Cataplexy, Sedative-Type Agt		
LUMRYZ	Tier 3	PA; SP; QL (1 EA per 1 day)
LUMRYZ STARTER PACK	Tier 3	PA; SP; QL (1 EA per 1 day)
<i>sodium oxybate</i> (Xyrem)	Tier 3	PA; SP; QL (18 ML per 1 day)
XYWAV	Tier 3	PA; SP; QL (18 ML per 1 day)
Antipsych, Dopamine Antag., Diphenylbutylpiperidines		
<i>pimozide</i>	Tier 1	
Antipsychotic-Atypical, D3/D2 Partial Ag-5Ht Mixed		
VRAYLAR	Tier 2	QL (1 EA per 1 day)
Antipsychotics, Atyp, D2 Partial Agonist/5Ht Mixed		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 720 MG/2.4 ML	Tier 2	QL (2.4 ML per 42 days)

Drug	Status	Notes
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML	Tier 2	QL (3.2 ML per 42 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG	Tier 2	QL (1 EA per 26 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 400 MG	Tier 2	QL (2 EA per 26 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG	Tier 2	QL (1 EA per 26 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 400 MG	Tier 2	QL (2 EA per 26 days)
<i>aripiprazole oral solution</i>	Tier 1	ST: TRIAL OF TWO GENERIC SSRIS, SNRIS OR ATYPICAL ANTI- PSYCHOTICS REQUIRED.
<i>aripiprazole oral tablet</i> (Abilify)	Tier 1	
<i>aripiprazole oral tablet,disintegrating 10 mg</i>	Tier 1	ST: TRIAL OF TWO GENERIC SSRIS, SNRIS OR ATYPICAL ANTI- PSYCHOTICS REQUIRED.; QL (3 EA per 1 day)
<i>aripiprazole oral tablet,disintegrating 15 mg</i>	Tier 1	ST: TRIAL OF TWO GENERIC SSRIS, SNRIS OR ATYPICAL ANTI- PSYCHOTICS REQUIRED.; QL (2 EA per 1 day)
ARISTADA INITIO	Tier 2	
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	Tier 2	QL (3.9 ML per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	Tier 2	QL (1.6 ML per 14 days)

MedPerform Premier Formulary

10/01/2026

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	Tier 2	QL (2.4 ML per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	Tier 2	QL (3.2 ML per 14 days)
OPIPZA	Tier 3	ST: TRIAL OF GENERIC ARIPIRAZOLE TABLETS IN THE PAST 120 DAYS
REXULTI ORAL TABLET	Tier 2	QL (1 EA per 1 day)
Antipsychotics, Dopamine & Serotonin Antagonists		
ADASUVE	Tier 2	SP
<i>loxapine succinate</i>	Tier 1	
Antipsychotics,Atypical,Dopamine,& Serotonin Antag		
<i>asenapine maleate</i> (Saphris)	Tier 1	QL (2 EA per 1 day)
CAPLYTA	Tier 2	QL (1 EA per 1 day)
<i>clozapine oral tablet</i> (Clozaril)	Tier 1	
<i>clozapine oral tablet,disintegrating</i>	Tier 1	QL (3 EA per 1 day)
ERZOFRI INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	Tier 2	QL (0.75 ML per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 156 MG/ML, 351 MG/2.25 ML	Tier 2	QL (1 ML per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	Tier 2	QL (1.5 ML per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	Tier 2	QL (0.25 ML per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	Tier 2	QL (0.5 ML per 21 days)
FANAPT	Tier 3	ST: TRIAL OF TWO GENERIC ATYPICAL ANTIPSYCHOTICS REQUIRED IN THE PAST 365 DAYS; QL (2 EA per 1 day)

Drug	Status	Notes
FANAPT TITRATION PACK A	Tier 3	ST: TRIAL OF TWO GENERIC ATYPICAL ANTIPSYCHOTICS REQUIRED IN THE PAST 365 DAYS; QL (8 EA per 28 days)
FANAPT TITRATION PACK B	Tier 3	ST: TRIAL OF TWO GENERIC ATYPICAL ANTIPSYCHOTICS REQUIRED IN THE PAST 365 DAYS; QL (12 EA per 28 days)
FANAPT TITRATION PACK C	Tier 3	ST: TRIAL OF TWO GENERIC ATYPICAL ANTIPSYCHOTICS REQUIRED IN THE PAST 365 DAYS; QL (8 EA per 28 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	Tier 2	QL (3.5 ML per 166 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	Tier 2	QL (5 ML per 166 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	Tier 2	QL (0.75 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	Tier 2	QL (1 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	Tier 2	QL (1.5 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	Tier 2	QL (0.25 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	Tier 2	QL (0.5 ML per 21 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	Tier 2	QL (0.88 ML per 70 days)

Drug	Status	Notes
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	Tier 2	QL (1.32 ML per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	Tier 2	QL (1.75 ML per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	Tier 2	QL (2.63 ML per 70 days)
<i>lurasidone</i> (Latuda)	Tier 1	
LYBALVI	Tier 3	ST: TRIAL OF ONE GENERIC ATYPICAL ANTIPSYCHOTIC IN THE PAST 365 DAYS; QL (1 EA per 1 day)
<i>olanzapine oral</i> (Zyprexa)	Tier 1	
<i>paliperidone oral tablet extended release</i> 24hr 1.5 mg	Tier 1	QL (1 EA per 1 day)
<i>paliperidone oral tablet extended release</i> (Invega) 24hr 3 mg, 9 mg	Tier 1	QL (1 EA per 1 day)
<i>paliperidone oral tablet extended release</i> (Invega) 24hr 6 mg	Tier 1	QL (2 EA per 1 day)
PERSERIS	Tier 3	QL (1 EA per 28 days)
<i>quetiapine</i> (Seroquel)	Tier 1	
<i>risperidone microspheres</i> (Risperdal Consta)	Tier 1	QL (1 EA per 14 days)
<i>risperidone oral solution</i> (Risperdal)	Tier 1	
<i>risperidone oral tablet</i> (Risperdal)	Tier 1	
<i>risperidone oral tablet, disintegrating</i>	Tier 1	
RYKINDO (risperidone microspheres)	Tier 2	QL (1 EA per 14 days)
SECUADO	Tier 3	ST: TRIAL OF TWO GENERIC ATYPICAL ANTIPSYCHOTICS REQUIRED IN THE PAST 365 DAYS; QL (1 EA per 1 day)
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 100 MG/0.28 ML	Tier 2	QL (0.28 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 125 MG/0.35 ML	Tier 2	QL (0.35 ML per 28 days)

Drug	Status	Notes
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 150 MG/0.42 ML	Tier 2	QL (0.42 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 200 MG/0.56 ML	Tier 2	QL (0.56 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 250 MG/0.7 ML	Tier 2	QL (0.7 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 50 MG/0.14 ML	Tier 2	QL (0.14 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 75 MG/0.21 ML	Tier 2	QL (0.21 ML per 28 days)
VERSACLOZ	Tier 3	ST: TRIAL OF TWO GENERIC ATYPICAL ANTIPSYCHOTICS REQUIRED IN THE PAST 365 DAYS; QL (18 ML per 1 day)
<i>ziprasidone hcl</i> (Geodon)	Tier 1	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG	Tier 3	QL (1 EA per 14 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	Tier 3	QL (1 EA per 28 days)
Antipsychotics,Dopamine Antagonists, Thioxanthenes		
<i>thiothixene</i>	Tier 1	
Antipsychotics,Dopamine Antagonists,Butyrophenones		
<i>haloperidol</i>	Tier 1	
<i>haloperidol lactate oral</i>	Tier 1	
Antipsychotics,Dopamine Antagonst,Dihydroindolones		
<i>molindone oral tablet 10 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>molindone oral tablet 25 mg</i>	Tier 1	QL (9 EA per 1 day)

Drug	Status	Notes
<i>molindone oral tablet 5 mg</i>	Tier 1	
Anti-Psychotics, Phenothiazines		
<i>chlorpromazine oral</i>	Tier 1	
<i>fluphenazine hcl oral</i>	Tier 1	
<i>perphenazine</i>	Tier 1	
<i>thioridazine</i>	Tier 1	
<i>trifluoperazine</i>	Tier 1	
Barbiturates		
<i>phenobarbital</i>	Tier 1	
Hsdd Agents-Mixed Serotonin Agonist/Antagonists		
ADDYI	Tier 3	PA; QL (1 EA per 1 day)
VYLEESI	Tier 3	PA; QL (2.4 ML per 30 days)
Hypnotics, Melatonin Mt1/Mt2 Receptor Agonists		
HETLIOZ LQ	Tier 3	PA; SP; QL (5 ML per 1 day)
<i>ramelteon</i> (Rozerem)	Tier 1	ST: TRIAL OF ZOLPIDEM IR (AMBIEN), ZALEPLON (SONATA) OR ESZOPICLONE (LUNESTA) REQUIRED WITHIN THE PAST 120 DAYS
<i>tasimelteon</i> (Hetlioz)	Tier 1	PA; SP; QL (1 EA per 1 day)
Narcolepsy And Sleep Disorder Therapy Agents		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i> (Nuvigil)	Tier 1	QL (1 EA per 1 day)
<i>armodafinil oral tablet 50 mg</i> (Nuvigil)	Tier 1	QL (3 EA per 1 day)
<i>modafinil</i> (Provigil)	Tier 1	QL (2 EA per 1 day)
SUNOSI	Tier 2	PA; QL (1 EA per 1 day)

Drug	Status	Notes
Narcolepsy Tx-H3-Recept.Antagonist/Inverse Agonist		
WAKIX	Tier 3	PA; SP; QL (2 EA per 1 day)
Narcotic Antagonists		
KLOXXADO	Tier 2	QL (4 EA per 30 days)
LOTREXONE	Tier 3	
<i>naloxone injection syringe</i>	Tier 1	
NALTREX	Tier 3	
<i>naltrexone</i>	Tier 1	
OPVEE	Tier 3	QL (4 EA per 30 days)
ZIMHI	Tier 3	QL (2 ML per 30 days)
ZURNAI	Tier 3	QL (2 ML per 30 days)
Sedative-Hypnotics - Benzodiazepines		
<i>estazolam</i>	Tier 1	
<i>flurazepam</i>	Tier 1	
<i>midazolam oral</i>	Tier 1	
<i>quazepam</i> (Doral)	Tier 1	ST: TRIAL OF 1 OF THE FOLLOWING ORAL GENERICS: ZOLPIDEM TABLETS, ZALEPLON, ESZOPICLONE, TEMAZEPAM OR FLURAZEPAM WITHIN THE PAST 120 DAYS.
<i>temazepam</i> (Restoril)	Tier 1	
<i>triazolam</i>	Tier 1	
Sedative-Hypnotics,Non-Barbiturate		
BELSOMRA	Tier 2	ST: TRIAL OF ZOLPIDEM TARTRATE, ESZOPICLONE, OR ZALEPLON IN THE LAST 130 DAYS; QL (1 EA per 1 day)

Drug	Status	Notes
DAYVIGO	Tier 2	ST: TRIAL OF ZOLPIDEM TARTRATE, ESZOPICLONE, OR ZALEPLON IN THE LAST 130 DAYS; QL (1 EA per 1 day)
<i>doxepin oral tablet 3 mg</i> (Silenor)	Tier 1	ST: TRIAL OF ZOLPIDEM, ZALEPLON, ESZOPICLONE, DOXEPIN SOLUTION, OR DOXEPIN 10MG CAPSULE REQUIRED.]TRIAL OF ZOLPIDEM, ZALEPLON, ESZOPICLONE, DOXEPIN SOLUTION, OR DOXEPIN 10MG CAPSULE REQUIRED; QL (1 EA per 1 day)
<i>doxepin oral tablet 6 mg</i> (Silenor)	Tier 1	ST: TRIAL OF ZOLPIDEM, ZALEPLON, ESZOPICLONE, DOXEPIN SOLUTION, OR DOXEPIN 10MG CAPSULE REQUIRED.; QL (1 EA per 1 day)
<i>eszopiclone</i> (Lunesta)	Tier 1	QL (1 EA per 1 day)
QUVIVIQ	Tier 3	ST: TRIAL OF ZOLPIDEM TARTRATE, ESZOPICLONE, OR ZALEPLON IN THE LAST 130 DAYS; QL (1 EA per 1 day)
<i>zaleplon</i>	Tier 1	QL (1 EA per 1 day)
<i>zolpidem oral tablet</i> (Ambien)	Tier 1	QL (1 EA per 1 day)
<i>zolpidem oral tablet,ext release multiphase</i> (Ambien CR)	Tier 1	QL (1 EA per 1 day)

Drug	Status	Notes
<i>zolpidem sublingual</i>	Tier 1	ST: TRIAL OF ZOLPIDEM TARTRATE, ESZOPICLONE, OR ZALEPLON IN THE LAST 130 DAYS; QL (1 EA per 1 day)
Selective Serotonin 5-Ht2a Inverse Agonists (Ssia)		
NUPLAZID	Tier 3	PA; SP; QL (1 EA per 1 day)
Ssri &Antipsych,Atyp,Dopamine&Serotonin Antag Comb		
<i>olanzapine-fluoxetine</i>	Tier 1	QL (1 EA per 1 day)
Tx For Adhd - Selective Alpha-2A Receptor Agonist		
<i>clonidine hcl oral tablet extended release 12 hr</i>	Tier 1	
<i>guanfacine oral tablet extended release 24 hr</i> (Intuniv ER)	Tier 1	
ONYDA XR	Tier 3	ST: TRIAL OF A GENERIC NON-STIMULANT AGENT FOR ADHD (ATOMOXETINE, CLONIDINE ER, GUANFACINE ER) OR ATONCY IN THE PAST 120 DAYS; QL (4 ML per 1 day)
Tx For Attention Deficit-Hyperact(Adhd)/Narcolepsy		
AZSTARYS	Tier 2	ST: TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/ AMPHETAMINE XR/ER IN THE PAST 120 DAYS; QL (1 EA per 1 day)

Drug	Status	Notes
COTEMPLA XR-ODT ORAL (methylphenidate) TABLET,DISINTEG ER BIPHASE 24H 17.3 MG, 8.6 MG	Tier 3	ST: TRIAL OF AZSTARYS OR JORNAY PM IN THE PAST 120 DAYS; QL (1 EA per 1 day)
COTEMPLA XR-ODT ORAL (methylphenidate) TABLET,DISINTEG ER BIPHASE 24H 25.9 MG	Tier 3	ST: TRIAL OF AZSTARYS OR JORNAY PM IN THE PAST 120 DAYS; QL (2 EA per 1 day)
<i>dexmethylphenidate oral capsule,er biphasic 50-50</i> (Focalin XR)	Tier 1	QL (1 EA per 1 day)
<i>dexmethylphenidate oral tablet</i> (Focalin)	Tier 1	QL (2 EA per 1 day)
JORNAY PM	Tier 2	ST: TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/ AMPHETAMINE XR/ER IN THE PAST 120 DAYS; QL (1 EA per 1 day)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg</i> (Metadate CD)	Tier 1	QL (1 EA per 1 day)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 30 mg</i> (Metadate CD)	Tier 1	QL (2 EA per 1 day)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 40 mg, 60 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 20 mg</i> (Ritalin LA)	Tier 1	QL (1 EA per 1 day)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 30 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>methylphenidate hcl oral solution</i> (Methylin)	Tier 1	
<i>methylphenidate hcl oral tablet</i> (Ritalin)	Tier 1	QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet extended release 10 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>methylphenidate hcl oral tablet extended release 20 mg</i>	Tier 1	QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg</i> (Concerta)	Tier 1	QL (1 EA per 1 day)

Drug	Status	Notes
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg</i> (Concerta)	Tier 1	QL (2 EA per 1 day)
<i>methylphenidate hcl oral tablet, chewable 10 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>methylphenidate hcl oral tablet, chewable 2.5 mg, 5 mg</i>	Tier 1	QL (90 EA per 30 days)
<i>methylphenidate oral tablet, disintegrating biphase 24h 17.3 mg, 8.6 mg</i> (Cotempla XR-ODT)	Tier 1	ST: TRIAL OF AZSTARYS OR JORNAY PM IN THE PAST 120 DAYS; QL (1 EA per 1 day)
<i>methylphenidate oral tablet, disintegrating biphase 24h 25.9 mg</i> (Cotempla XR-ODT)	Tier 1	ST: TRIAL OF AZSTARYS OR JORNAY PM IN THE PAST 120 DAYS; QL (2 EA per 1 day)
<i>methylphenidate transdermal</i> (Daytrana)	Tier 1	ST: TRIAL OF ORAL METHYLPHENIDATE CD, ER OR LA FORMULATION OR METHYLPHENIDATE SUSPENSION/SOLUTION REQUIRED.; QL (1 EA per 1 day)
QUILLICHEW ER ORAL TABLET, CHEW, IR-ER. BIPHASIC 24HR 20 MG, 40 MG	Tier 3	ST: TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/AMPHETAMINE XR/ER IN THE PAST 120 DAYS; QL (1 EA per 1 day)
QUILLICHEW ER ORAL TABLET, CHEW, IR-ER. BIPHASIC 24HR 30 MG	Tier 3	ST: TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/AMPHETAMINE XR/ER IN THE PAST 120 DAYS; QL (2 EA per 1 day)

Drug	Status	Notes
QUILLIVANT XR 25 MG/5 ML SUSP	Tier 3	120mL Bottle; ST: TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/ AMPHETAMINE XR/ER IN THE PAST 120 DAYS; QL (240 ML per 30 days)
QUILLIVANT XR 25 MG/5 ML SUSP	Tier 3	150mL Bottle; ST: TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/ AMPHETAMINE XR/ER IN THE PAST 120 DAYS; QL (300 ML per 30 days)
QUILLIVANT XR 25 MG/5 ML SUSP	Tier 3	180mL Bottle; ST: TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/ AMPHETAMINE XR/ER IN THE PAST 120 DAYS; QL (360 ML per 30 days)
QUILLIVANT XR 25 MG/5 ML SUSP	Tier 3	60mL Bottle; ST: TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/ AMPHETAMINE XR/ER IN THE PAST 120 DAYS; QL (60 ML per 30 days)

Drug	Status	Notes
Tx For Attention Deficit-Hyperact.(Adhd), Nri-Type		
<i>atomoxetine oral capsule</i>	Tier 1	
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG	Tier 3	ST: TRIAL OF ATOMOXETINE, CLONIDINE ER (KAPVAY), GUANFACINE ER (INTUNIV), GENERIC IR METHYLPHENIDATE, DEXMETHYLPHENIDATE OR DEXTROAMPHETAMINE/ AMPHETAMINE IN THE PAST 120 DAYS; QL (1 EA per 1 day)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG	Tier 3	ST: TRIAL OF ATOMOXETINE, CLONIDINE ER (KAPVAY), GUANFACINE ER (INTUNIV), GENERIC IR METHYLPHENIDATE, DEXMETHYLPHENIDATE OR DEXTROAMPHETAMINE/ AMPHETAMINE IN THE PAST 120 DAYS; QL (2 EA per 1 day)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG	Tier 3	ST: TRIAL OF ATOMOXETINE, CLONIDINE ER (KAPVAY), GUANFACINE ER (INTUNIV), GENERIC IR METHYLPHENIDATE, DEXMETHYLPHENIDATE OR DEXTROAMPHETAMINE/ AMPHETAMINE IN THE PAST 120 DAYS; QL (3 EA per 1 day)

Drug	Status	Notes
Cardiovascular Disease - Arrhythmia		
Antiarrhythmics		
<i>amiodarone oral</i> (Pacerone)	Tier 1	
<i>disopyramide phosphate oral capsule</i> (Norpace)	Tier 1	
<i>dofetilide</i> (Tikosyn)	Tier 1	
<i>flecainide</i>	Tier 1	
<i>mexiletine</i>	Tier 1	
MULTAQ	Tier 2	
PACERONE ORAL TABLET 100 MG, 200 MG (amiodarone)	Tier 1	
<i>propafenone</i>	Tier 1	
<i>quinidine gluconate oral</i>	Tier 1	
<i>quinidine sulfate oral tablet</i>	Tier 1	
Cardiovascular Disease - Cardiac Stimulant		
Adrenergic Agents, Catecholamines		
<i>epinephrine injection syringe 0.1 mg/ml</i>	Tier 1	
Digitalis Glycosides		
<i>digoxin oral solution</i>	Tier 3	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> (Lanoxin)	Tier 1	
<i>digoxin oral tablet 62.5 mcg (0.0625 mg)</i> (Lanoxin)	Tier 1	PA; QL (1 EA per 1 day)
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG) (digoxin)	Tier 3	
LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG) (digoxin)	Tier 3	PA; QL (1 EA per 1 day)
Cardiovascular Disease - Hypertension		
Ace Inhibitor/Calcium Channel Blocker Combination		
<i>amlodipine-benazepril</i> (Lotrel)	Tier 1	
<i>trandolapril-verapamil</i>	Tier 1	
Ace Inhibitor/Thiazide & Thiazide-Like Diuretic		
<i>benazepril-hydrochlorothiazide</i> (Lotensin HCT)	Tier 1	
<i>captopril-hydrochlorothiazide</i>	Tier 1	
<i>enalapril-hydrochlorothiazide</i> (Vaseretic)	Tier 1	

Drug	Status	Notes
<i>fosinopril-hydrochlorothiazide</i>	Tier 1	
<i>lisinopril-hydrochlorothiazide</i> (Zestoretic)	Tier 1	
<i>quinapril-hydrochlorothiazide</i>	Tier 1	
Alpha/Beta-Adrenergic Blocking Agents		
<i>carvedilol</i> (Coreg)	Tier 1	
<i>carvedilol phosphate</i> (Coreg CR)	Tier 1	QL (1 EA per 1 day)
<i>labetalol oral</i>	Tier 1	
Alpha-Adrenergic Blocking Agents		
CARDURA XL	Tier 3	
<i>doxazosin</i> (Cardura)	Tier 1	
<i>phenoxybenzamine</i>	Tier 1	PA; SP; QL (168 EA per 14 days)
<i>prazosin</i>	Tier 1	
<i>terazosin</i>	Tier 1	
TEZRULY	Tier 3	PA; QL (20 ML per 1 day)
Angioten.Receptr Antag./Cal.Chanl Blkr/Thiazide Cb		
<i>amlodipine-valsartan-hcthiazid</i> (Exforge HCT)	Tier 1	
<i>olmesartan-amlodipin-hcthiazid</i> (Tribenzor)	Tier 1	
Angiotensin Receptor Antag./Thiazide Diuretic Comb		
<i>candesartan-hydrochlorothiazid</i> (Atacand HCT)	Tier 1	
<i>irbesartan-hydrochlorothiazide</i> (Avalide)	Tier 1	
<i>losartan-hydrochlorothiazide</i> (Hyzaar)	Tier 1	
<i>olmesartan-hydrochlorothiazide</i> (Benicar HCT)	Tier 1	
<i>telmisartan-hydrochlorothiazid</i> (Micardis HCT)	Tier 1	
<i>valsartan-hydrochlorothiazide</i> (Diovan HCT)	Tier 1	
Angiotensin Receptor Antgnst & Calc.Channel Blockr		
<i>amlodipine-olmesartan</i> (Azor)	Tier 1	
<i>amlodipine-valsartan</i> (Exforge)	Tier 1	
<i>telmisartan-amlodipine</i>	Tier 1	
Antihypertensives, Ace Inhibitors		
<i>benazepril</i> (Lotensin)	Tier 1	

Drug	Status	Notes
<i>captopril</i>	Tier 1	
<i>enalapril maleate oral solution</i> (Epaned)	Tier 1	PA; QL (40 ML per 1 day)
<i>enalapril maleate oral tablet</i> (Vasotec)	Tier 1	
<i>fosinopril</i>	Tier 1	
<i>lisinopril</i> (Zestril)	Tier 1	
<i>moexipril</i>	Tier 1	
<i>perindopril erbumine</i>	Tier 1	
QBRELIS	Tier 3	PA; QL (40 ML per 1 day)
<i>quinapril</i>	Tier 1	
<i>ramipril</i>	Tier 1	
<i>trandolapril</i>	Tier 1	
Antihypertensives, Angiotensin Receptor Antagonist		
ARBLI	Tier 3	PA; QL (10 ML per 1 day)
<i>azilsartan medoxomil</i> (Edarbi)	Tier 1	ST: TRIAL OF ACE INHIBITOR, ACE-I COMBO, ARB, OR ARB COMBO REQUIRED
<i>candesartan</i> (Atacand)	Tier 1	
<i>irbesartan</i> (Avapro)	Tier 1	
<i>losartan</i> (Cozaar)	Tier 1	
<i>olmesartan</i> (Benicar)	Tier 1	
<i>telmisartan</i> (Micardis)	Tier 1	
<i>valsartan oral tablet</i> (Diovan)	Tier 1	
Antihypertensives, Ganglionic Blockers		
VECAMYL	Tier 3	PA; SP
Antihypertensives, Miscellaneous		
<i>metyrosine</i>	Tier 1	PA; SP
Antihypertensives, Sympatholytic		
<i>clonidine</i> (Catapres-TTS-1)	Tier 1	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	Tier 1	
<i>guanfacine oral tablet</i>	Tier 1	
JAVADIN	Tier 3	PA; QL (120 ML per 1 day)
<i>methyl dopa</i>	Tier 1	

Drug	Status	Notes
Antihypertensives, Vasodilators		
<i>hydralazine oral</i>	Tier 1	
<i>minoxidil oral</i>	Tier 1	
Antihypertensives, Endothelin Receptor Antagonists		
TRYVIO	Tier 3	PA; SP
VANRAFIA	Tier 2	PA; SP; QL (1 EA per 1 day)
Beta-Adrenergic Blocking Agents		
<i>acebutolol</i>	Tier 1	
<i>atenolol</i> (Tenormin)	Tier 1	
<i>betaxolol oral</i>	Tier 1	
<i>bisoprolol fumarate</i>	Tier 1	
HEMANGEOL	Tier 3	ST: TRIAL OF GENERIC PROPRANOLOL ORAL SOLUTION REQUIRED WITHIN THE PAST 120 DAYS FOR PATIENTS 1 YEAR AND OLDER, TRIAL OF PROPRANOLOL SOLUTION REQUIRED.; QL (360 ML per 30 days)
KAPSPARGO SPRINKLE	Tier 3	
LOPRESSOR ORAL SOLUTION	Tier 3	PA; QL (45 ML per 1 day)
<i>metoprolol succinate</i> (Toprol XL)	Tier 1	
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i> (Lopressor)	Tier 1	
<i>metoprolol tartrate oral tablet 12.5 mg</i> (Lopressor)	Tier 3	QL (4 EA per 1 day)
<i>metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg</i>	Tier 1	
<i>nadolol</i>	Tier 1	
<i>nebivolol</i> (Bystolic)	Tier 1	
<i>pindolol</i>	Tier 1	
<i>propranolol oral</i> (Inderal LA)	Tier 1	
SOTALOL AF (sotalol)	Tier 1	
<i>sotalol oral</i> (Sotalol AF)	Tier 1	

Drug	Status	Notes
SOTYLIZE	Tier 3	250mL Bottle; ST: TRIAL OF SOTALOL TABLETS REQUIRED WITHIN THE PAST 120 DAYS; QL (64 ML per 1 day)
<i>timolol maleate oral</i>	Tier 1	
Beta-Adrenergic Blocking Agents/Thiazide & Related		
<i>atenolol-chlorthalidone</i>	Tier 1	
<i>bisoprolol-hydrochlorothiazide</i>	Tier 1	
<i>metoprolol ta-hydrochlorothiaz</i>	Tier 1	
Calcium Channel Blocking Agents		
<i>amlodipine</i> (Norvasc)	Tier 1	
CARDAMYST	Tier 3	QL (2 EA per 1 FILL)
CARTIA XT (diltiazem hcl)	Tier 1	
CONJUPRI ORAL TABLET 2.5 MG (levamlodipine)	Tier 3	PA; QL (1 EA per 1 day)
<i>diltiazem hcl oral</i> (Cardizem)	Tier 1	
DILT-XR (diltiazem hcl)	Tier 1	
<i>felodipine</i>	Tier 1	
<i>isradipine</i>	Tier 1	
<i>levamlodipine</i> (Conjupri)	Tier 1	PA; QL (1 EA per 1 day)
MATZIM LA (diltiazem hcl)	Tier 1	
<i>nicardipine oral</i>	Tier 1	
<i>nifedipine</i> (Procardia XL)	Tier 1	
<i>nimodipine oral capsule</i>	Tier 1	
<i>nimodipine oral solution</i>	Tier 1	PA; SP; QL (2520 ML per 21 days)
<i>nisoldipine</i> (Sular)	Tier 1	
NORLIQVA	Tier 3	PA; QL (10 ML per 1 day)
NYMALIZE	Tier 3	PA; QL (1260 ML per 21 days)
TIADYLT ER (diltiazem hcl)	Tier 1	
<i>verapamil oral</i>	Tier 1	
Loop Diuretics		
<i>bumetanide oral</i>	Tier 1	
<i>ethacrynic acid</i> (Edecrin)	Tier 1	PA

Drug		Status	Notes
FUROSCIX		Tier 3	PA; SP; QL (1 EA per 1 FILL)
<i>furosemide oral</i>	(Lasix)	Tier 1	
<i>torsemide oral</i>		Tier 1	
Potassium Sparing Diuretics			
<i>amiloride</i>		Tier 1	
<i>eplerenone</i>	(Inspra)	Tier 1	
KERENDIA		Tier 2	
<i>spironolactone oral suspension</i>	(CaroSpir)	Tier 1	PA; QL (20 ML per 1 day)
<i>spironolactone oral tablet</i>	(Aldactone)	Tier 1	
<i>triamterene</i>	(Dyrenium)	Tier 1	
Potassium Sparing Diuretics In Combination			
<i>amiloride-hydrochlorothiazide</i>		Tier 1	
<i>spironolacton-hydrochlorothiaz</i>		Tier 1	
<i>triamterene-hydrochlorothiazid</i>		Tier 1	
Pulm Anti-Htn,Soluble Guanylate Cyclase Stimulator			
ADEMPAS		Tier 2	PA; SP; QL (3 EA per 1 day)
Pulm.Anti-Htn,Sel.C-Gmp Phosphodiesterase T5 Inhib			
ALYQ	(tadalafil (pulm. hypertension))	Tier 1	PA; SP; QL (2 EA per 1 day)
<i>sildenafil (pulm.hypertension) oral</i>	(Revatio)	Tier 1	PA
<i>tadalafil (pulm. hypertension)</i>	(Alyq)	Tier 1	PA; SP; QL (2 EA per 1 day)
Pulmonary Anti-Htn, Endothelin Receptor Antagonist			
<i>ambrisentan</i>	(Letairis)	Tier 1	PA; SP; QL (1 EA per 1 day)
<i>bosentan oral tablet</i>	(Tracleer)	Tier 1	PA; SP; QL (2 EA per 1 day)
<i>bosentan oral tablet for suspension</i>	(Tracleer)	Tier 1	PA; SP; QL (4 EA per 1 day)
<i>macitentan</i>	(Opsumit)	Tier 1	PA; SP; QL (1 EA per 1 day)

Drug	Status	Notes
Pulmonary Antihyper Agent, Actriia-Fc		
WINREVAIR	Tier 2	PA; SP; QL (1 EA per 21 days)
Pulmonary Antihypertensives, Prostacyclin-Type		
ORENITRAM	Tier 2	PA; SP
ORENITRAM MONTH 1 TITRATION KT	Tier 2	PA; SP
ORENITRAM MONTH 2 TITRATION KT	Tier 2	PA; SP
ORENITRAM MONTH 3 TITRATION KT	Tier 2	PA; SP
REMODULIN INJECTION SOLUTION 1 (treprostinil sodium) MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML	Tier 3	PA; SP
<i>treprostinil sodium</i> (Remodulin)	Tier 1	PA; SP
TYVASO	Tier 2	PA; SP
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 16(112)-32(112) -48(28) MCG, 32 MCG, 32-64 MCG, 48 MCG, 48-64 MCG, 48- 80 MCG, 64 MCG, 80 MCG	Tier 2	PA; SP; QL (1 EA per 28 days)
TYVASO INSTITUTIONAL START KIT	Tier 2	PA; SP
TYVASO REFILL KIT	Tier 2	PA; SP
TYVASO STARTER KIT	Tier 2	PA; SP
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 400 MCG, 600 MCG, 800 MCG	Tier 2	PA; SP; QL (2 EA per 1 day)
UPTRAVI ORAL TABLET 100 MCG	Tier 2	PA; SP; QL (16 EA per 1 day)
UPTRAVI ORAL TABLET 150 MCG	Tier 2	PA; SP
UPTRAVI ORAL TABLET 200 MCG	Tier 2	PA; SP; QL (8 EA per 1 day)
UPTRAVI ORAL TABLETS,DOSE PACK	Tier 2	PA; SP; QL (200 EA per 28 days)
YUTREPIA	Tier 2	PA; SP; QL (1 EA per 28 days)

Drug	Status	Notes
Pulmonary Htn-Endothelin Recept Antg-Cgmp Pde5 Inh		
OPSYNVI	Tier 2	PA; SP; QL (1 EA per 1 day)
Renin Inhibitor, Direct		
<i>aliskiren</i> (Tekturna)	Tier 1	
Thiazide And Related Diuretics		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	Tier 1	
DIURIL	Tier 3	
HEMICLOR	Tier 3	
<i>hydrochlorothiazide</i>	Tier 1	
<i>indapamide</i>	Tier 1	
INZIRQO	Tier 3	PA; QL (320 ML per 30 days)
<i>metolazone</i>	Tier 1	
THALITONE	Tier 3	
Vasodilators, Combination		
<i>isosorbide-hydralazine</i> (BiDil)	Tier 1	
Cardiovascular Disease - Lipid Irregularity		
Antihyperlip.Hmg Coa Reduct Inhib&Cholest.Ab.Inhib		
<i>ezetimibe-rosuvastatin</i> (Roszet)	Tier 1	QL (1 EA per 1 day)
<i>ezetimibe-simvastatin oral tablet 10-10 mg</i> (Vytorin 10-10)	Tier 1	
<i>ezetimibe-simvastatin oral tablet 10-20 mg</i> (Vytorin 10-20)	Tier 1	
<i>ezetimibe-simvastatin oral tablet 10-40 mg</i> (Vytorin 10-40)	Tier 1	
<i>ezetimibe-simvastatin oral tablet 10-80 mg</i> (Vytorin 10-80)	Tier 1	PA; QL (1 EA per 1 day)
ROSZET (ezetimibe-rosuvastatin)	Tier 3	QL (1 EA per 1 day)
Antihyperlipidemic - Apo B-100 Synthesis Inhibitor		
REDEMPLO	Tier 2	PA; SP; QL (0.5 ML per 90 days)

Drug	Status	Notes
TRYNGOLZA	Tier 2	PA; SP; QL (0.8 ML per 28 days)
Antihyperlipidemic - Atp Citrate Lyase Inhibitor		
NEXLETOL	Tier 2	ST: TRIAL OF GENERIC STATIN IN THE PREVIOUS 120 DAYS
Antihyperlipidemic - Hmg Coa Reductase Inhibitors		
ATORVALIQ	Tier 3	PA
<i>atorvastatin oral tablet 10 mg, 20 mg</i> (Lipitor)	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS
<i>atorvastatin oral tablet 40 mg, 80 mg</i> (Lipitor)	Tier 1	
FLOLIPID (simvastatin)	Tier 3	PA; QL (5 ML per 1 day)
<i>fluvastatin oral capsule 20 mg</i>	\$0	ST: TRIAL OF 2 OF THE FOLLOWING REQUIRED: ATORVASTATIN, LOVASTATIN, PRAVASTATIN, OR SIMVASTATIN; \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)

Drug	Status	Notes
<i>fluvastatin oral capsule 40 mg</i>	\$0	ST: TRIAL OF 2 OF THE FOLLOWING REQUIRED: ATORVASTATIN, LOVASTATIN, PRAVASTATIN, OR SIMVASTATIN; \$0 COPAY IF QUANTITY 2 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)
<i>fluvastatin oral tablet extended release 24 hr</i> (Lescol XL)	\$0	ST: TRIAL OF 2 OF THE FOLLOWING REQUIRED: ATORVASTATIN, LOVASTATIN, PRAVASTATIN, OR SIMVASTATIN; \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>lovastatin oral tablet 10 mg, 20 mg</i>	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS

Drug	Status	Notes
<i>lovastatin oral tablet 40 mg</i>	\$0	\$0 COPAY IF QUANTITY 2 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS
<i>pitavastatin calcium</i> (Livalo)	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>pravastatin oral tablet 10 mg, 80 mg</i>	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS
<i>pravastatin oral tablet 20 mg, 40 mg</i>	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)

Drug	Status	Notes
<i>rosuvastatin oral tablet 10 mg, 5 mg</i> (Crestor)	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS
<i>rosuvastatin oral tablet 20 mg, 40 mg</i> (Crestor)	Tier 1	
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg</i> (Zocor)	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS
<i>simvastatin oral tablet 5 mg</i>	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS
<i>simvastatin oral tablet 80 mg</i>	Tier 1	PA; QL (1 EA per 1 day)
Antihyperlipidemic - Mtp Inhibitor		
JUXTAPID ORAL CAPSULE 10 MG, 5 MG	Tier 2	PA; SP; QL (1 EA per 1 day)
JUXTAPID ORAL CAPSULE 2 MG	Tier 3	PA; QL (1 EA per 1 day)
JUXTAPID ORAL CAPSULE 20 MG, 30 MG	Tier 2	PA; SP; QL (2 EA per 1 day)
Antihyperlipidemic - Pcsk9 Inhibitors		
REPATHA PUSHTRONEX	Tier 2	ST: TRIAL OF GENERIC STATIN IN THE PREVIOUS 120 DAYS; QL (10.5 ML per 84 days)

Drug	Status	Notes
REPATHA SURECLICK	Tier 2	ST: TRIAL OF GENERIC STATIN IN THE PREVIOUS 120 DAYS; QL (6 ML per 84 days)
REPATHA SYRINGE	Tier 2	ST: TRIAL OF GENERIC STATIN IN THE PREVIOUS 120 DAYS; QL (6 ML per 84 days)
Antihyperlipidemic-Acyl And Cholesterol Absorption Inhibitors		
NEXLIZET	Tier 2	ST: TRIAL OF GENERIC STATIN IN THE PREVIOUS 120 DAYS
Bile Salt Sequestrants		
<i>cholestyramine (with sugar)</i> (Questran)	Tier 1	
CHOLESTYRAMINE LIGHT (cholestyramine)	Tier 1	
<i>colesevelam</i> (WelChol)	Tier 1	
<i>colestipol</i> (Colestid)	Tier 1	
PREVALITE (cholestyramine)	Tier 1	
Lipotropics		
<i>ezetimibe</i> (Zetia)	Tier 1	QL (1 EA per 1 day)
<i>fenofibrate</i> (Lipofen)	Tier 1	
<i>fenofibrate micronized</i>	Tier 1	
<i>fenofibrate nanocrystallized</i>	Tier 1	
<i>fenofibric acid</i> (Fibricor)	Tier 1	
<i>fenofibric acid (choline)</i>	Tier 1	
<i>gemfibrozil</i> (Lopid)	Tier 1	
<i>icosapent ethyl oral capsule 0.5 gram</i> (Vascepa)	Tier 1	QL (8 EA per 1 day)
<i>icosapent ethyl oral capsule 1 gram</i> (Vascepa)	Tier 1	QL (4 EA per 1 day)
<i>niacin oral tablet 500 mg</i> (Niacor)	Tier 1	
<i>niacin oral tablet extended release 24 hr</i>	Tier 1	
NIACOR (niacin)	Tier 1	
<i>omega-3 acid ethyl esters</i> (Lovaza)	Tier 1	ST: TRIAL OF GENERIC FENOFIBRATE IN THE PAST 120 DAYS; QL (4 EA per 1 day)

Drug	Status	Notes
Cardiovascular Disease - Miscellaneous Agents		
Adrenergic Vasopressor Agents		
<i>droxidopa</i> (Northera)	Tier 1	PA; SP; QL (6 EA per 1 day)
<i>midodrine</i>	Tier 1	
Angiotensin Recept-Neprilysin Inhibitor Comb(Arni)		
ENTRESTO SPRINKLE	Tier 3	QL (8 EA per 1 day)
<i>sacubitril-valsartan oral tablet 24-26 mg</i> (Entresto)	Tier 1	QL (6 EA per 1 day)
<i>sacubitril-valsartan oral tablet 49-51 mg, 97-103 mg</i> (Entresto)	Tier 1	QL (2 EA per 1 day)
Antianginal & Anti-Ischemic Agents, Non-Hemodynamic		
<i>ranolazine</i>	Tier 1	
Antianginal, Heart Rate Reducing, I(F) Inhibitor		
CORLANOR ORAL SOLUTION	Tier 2	QL (15 ML per 1 day)
<i>ivabradine</i> (Corlanor)	Tier 1	ST: TRIAL OF METOPROLOL SUCCINATE, BISOPROLOL, OR CARVEDILOL REQUIRED IN THE PAST 120 DAYS.; QL (2 EA per 1 day)
Antihyperlip - Hmg-CoA&Calcium Channel Blocker Cb		
<i>amlodipine-atorvastatin</i> (Caduet)	Tier 1	QL (1 EA per 1 day)
Cardiac Myosin Inhibitor		
CAMZYOS	Tier 2	PA; SP; QL (1 EA per 1 day)
Protein Stabilizers		
ATTRUBY	Tier 3	PA; SP; QL (4 EA per 1 day)
VYNDAMAX	Tier 2	PA; SP; QL (1 EA per 1 day)

Drug	Status	Notes
Soluble Guanylate Cyclase (Sgc) Stimulator		
VERQUVO	Tier 3	PA; QL (1 EA per 1 day)
Cardiovascular Disease - Vasodilation		
Vasodilators, Coronary		
<i>isosorbide dinitrate oral tablet</i> (Isordil)	Tier 1	
<i>isosorbide mononitrate</i>	Tier 1	
NITRO-BID (nitroglycerin)	Tier 2	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	Tier 2	
<i>nitroglycerin sublingual</i> (Nitrostat)	Tier 1	
<i>nitroglycerin transdermal</i> (Nitro-Bid)	Tier 1	
<i>nitroglycerin translingual</i> (Nitrolingual)	Tier 1	
NITROMIST (nitroglycerin)	Tier 3	
NITRO-TIME (nitroglycerin)	Tier 1	
Vasodilators, Peripheral		
<i>ergoloid</i>	Tier 1	
<i>papaverine injection solution</i>	Tier 1	
Contraception/Oxytocics		
Contraceptives, Intravaginal, Systemic		
ANNOVERA	\$0	
ELURYNG (etonogestrel-ethinyl estradiol)	\$0	
ENILLORING (etonogestrel-ethinyl estradiol)	\$0	
<i>etonogestrel-ethinyl estradiol</i> (EluRyng)	\$0	
HALOETTE (etonogestrel-ethinyl estradiol)	\$0	
Contraceptives, Implantable		
NEXPLANON	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 1 IN 365 DAYS
Contraceptives, Injectable		
DEPO-SUBQ PROVERA 104	\$0	\$0 COPAY IF DAY SUPPLY LIMITED TO 90; QL (0.65 ML per 84 days)

Drug		Status	Notes
<i>medroxyprogesterone intramuscular</i>	(Depo-Provera)	\$0	\$0 COPAY IF DAY SUPPLY LIMITED TO 90; QL (1 ML per 84 days)
Contraceptives, Intravaginal			
PHEXX		\$0	QL (60 GM per 30 days)
VAGINAL CONTRACEPTIVE FILM		\$0	
VCF CONTRACEPTIVE FILM		\$0	
VCF CONTRACEPTIVE GEL		\$0	
Contraceptives, Oral			
AFIRMELLE	(levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
AFTER PILL	(levonorgestrel)	\$0	
AFTERA	(levonorgestrel)	\$0	
ALTAVERA (28)	(levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
ALYACEN 1/35 (28)	(norethindrone-ethin estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
ALYACEN 7/7/7 (28)		\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
AMETHIA	(l norgest/e.estradiol-e.estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)
AMETHYST (28)	(levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
APRI	(desogestrel-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
ARANELLE (28)		\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
ASHLYNA	(l norgest/e.estradiol-e.estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)
AUBRA	(levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
AUBRA EQ	(levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
AUROVELA 1.5/30 (21)	(norethindrone ac-eth estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS

Drug		Status	Notes
AUROVELA 1/20 (21)	(norethindrone ac-eth estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
AUROVELA 24 FE	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
AUROVELA FE 1.5/30 (28)	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
AUROVELA FE 1-20 (28)	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
AVERI		\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
AVIANE	(levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
AYUNA	(levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
AZURETTE (28)	(desog-e.estradiol/e.estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
BALZIVA (28)		\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
BLISOVI 24 FE	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
BLISOVI FE 1.5/30 (28)	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
BLISOVI FE 1/20 (28)	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
BRIELLYN		\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
CAMILA	(norethindrone (contraceptive))	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
CAMRESE	(l norgest/e.estradiol-e.estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)
CAMRESE LO	(l norgest/e.estradiol-e.estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)
CAZIAN (28)		\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
CHARLOTTE 24 FE	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS

MedPerform Premier Formulary

10/01/2026

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
CHATEAL EQ (28)	(levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
CRYSELLE (28)	(norgestrel-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
CYRED	(desogestrel-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
CYRED EQ	(desogestrel-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
DASETTA 1/35 (28)	(norethindrone-ethin estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
DASETTA 7/7/7 (28)		\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
DAYSEE	(l norgest/e.estradiol-e.estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)
DEBLITANE	(norethindrone (contraceptive))	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
<i>desog-e.estradiol/e.estradiol</i>	(Azurette (28))	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
DOLISHALE	(levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
<i>drospirenone-e.estradiol-lm.fa</i>	(Beyaz)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
<i>drospirenone-ethinyl estradiol</i>	(Jasmiel (28))	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
ECONTRA EZ	(levonorgestrel)	\$0	
ECONTRA ONE-STEP	(levonorgestrel)	\$0	
ELINEST	(norgestrel-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
ELLA		\$0	
EMZAHH	(norethindrone (contraceptive))	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
ENPRESSE	(levonorg-eth estrad triphasic)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
ENSKYCE	(desogestrel-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
ERRIN	(norethindrone (contraceptive))	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS

MedPerform Premier Formulary

10/01/2026

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
ESTARYLLA	(norgestimate-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
<i>ethynodiol diac-eth estradiol</i>	(Kelnor 1/35 (28))	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
FALMINA (28)	(levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
FEIRZA	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
FEMLYV		\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
FINZALA	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
GALBRIELA	(noreth-ethinyl estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
GEMMILY	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
HAILEY	(norethindrone ac-eth estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
HAILEY 24 FE	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
HAILEY FE 1.5/30 (28)	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
HAILEY FE 1/20 (28)	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
HEATHER	(norethindrone (contraceptive))	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
ICLEVIA	(levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)
INCASSIA	(norethindrone (contraceptive))	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
INTROVALE	(levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)
ISIBLOOM	(desogestrel-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS

Drug		Status	Notes
JAIMESS	(l norgest/e.estradiol-e.estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)
JASMIEL (28)	(drospirenone-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
JENCYCLA	(norethindrone (contraceptive))	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
JOLESSA	(levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)
JOYEAUX	(levonorgest-eth.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (28 EA per 28 days)
JULEBER	(desogestrel-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
JUNEL 1.5/30 (21)	(norethindrone ac-eth estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
JUNEL 1/20 (21)	(norethindrone ac-eth estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
JUNEL FE 1.5/30 (28)	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
JUNEL FE 1/20 (28)	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
JUNEL FE 24	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
KAITLIB FE	(noreth-ethinyl estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
KALLIGA	(desogestrel-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
KARIVA (28)	(desog-e.estradiol/e.estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
KELNOR 1/35 (28)	(ethynodiol diac-eth estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
KURVELO (28)	(levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
LARIN 1.5/30 (21)	(norethindrone ac-eth estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS

Drug		Status	Notes
LARIN 1/20 (21)	(norethindrone ac-eth estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
LARIN 24 FE	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
LARIN FE 1.5/30 (28)	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
LARIN FE 1/20 (28)	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
LESSINA	(levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
LEVONEST (28)	(levonorg-eth estrad triphasic)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
<i>levonorgest-eth.estradiol-iron</i>	(Joyeaux)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (28 EA per 28 days)
<i>levonorgestrel</i>	(After Pill)	\$0	
<i>levonorgestrel-ethinyl estrad oral tablet</i>	(Afirmelle)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month</i>	(Iclevia)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)
<i>levonorg-eth estrad triphasic</i>	(Enpresse)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
LO LOESTRIN FE		\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
LOJAIMIESS	(l norgest/e.estradiol-e.estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)
LORYNA (28)	(drospirenone-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
LOW-OGESTREL (28)	(norgestrel-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
LO-ZUMANDIMINE (28)	(drospirenone-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
LUIZZA	(norethindrone ac-eth estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
LUTERA (28)	(levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS

MedPerform Premier Formulary

10/01/2026

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
LYLEQ	(norethindrone (contraceptive))	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
LYZA	(norethindrone (contraceptive))	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
MARLISSA (28)	(levonorgestrel-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
MELEYA	(norethindrone (contraceptive))	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
MIBELAS 24 FE	(norethindrone-e.estradiol- iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
MICROGESTIN 1.5/30 (21)	(norethindrone ac-eth estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
MICROGESTIN 1/20 (21)	(norethindrone ac-eth estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
MICROGESTIN FE 1.5/30 (28)	(norethindrone-e.estradiol- iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
MICROGESTIN FE 1/20 (28)	(norethindrone-e.estradiol- iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
MILI	(norgestimate-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
MINZOYA	(levonorgest-eth.estradiol- iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (28 EA per 28 days)
MONO-LINYAH	(norgestimate-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
MY CHOICE	(levonorgestrel)	\$0	
MY WAY	(levonorgestrel)	\$0	
NATAZIA		\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
NECON 0.5/35 (28)		\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
NEW DAY	(levonorgestrel)	\$0	
NEXTSTELLIS		\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (1 EA per 1 day)
NIKKI (28)	(drospirenone-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS

Drug		Status	Notes
NORA-BE	(norethindrone (contraceptive))	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
noreth-ethinyl estradiol-iron oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)	(Galbriela)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
norethindrone (contraceptive)	(Camila)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg	(Aurovela 1.5/30 (21))	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg	(Aurovela 1/20 (21))	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
norethindrone-e.estradiol-iron oral capsule	(Gemmily)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(Aurovela Fe 1.5/30 (28))	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
norethindrone-e.estradiol-iron oral tablet, chewable	(Charlotte 24 Fe)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
norgestimate-ethinyl estradiol	(Estarylla)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
NORTREL 0.5/35 (28)		\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
NORTREL 1/35 (21)		\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
NORTREL 1/35 (28)	(norethindrone-ethin estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
NORTREL 7/7/7 (28)		\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
NYLIA 1/35 (28)	(norethindrone-ethin estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
NYLIA 7/7/7 (28)		\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
OPCICON ONE-STEP	(levonorgestrel)	\$0	
OPILL		\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
OPTION-2	(levonorgestrel)	\$0	
ORQUIDEA	(norethindrone (contraceptive))	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS

Drug		Status	Notes
PHILITH		\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
PIMTREA (28)	(desog-e.estradiol/e.estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
PORTIA 28	(levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
RECLIPSEN (28)	(desogestrel-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
RIVELSA	(l norgest/e.estradiol-e.estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
ROSYRAH	(l norgest/e.estradiol-e.estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
SETLAKIN	(levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)
SHAROBEL	(norethindrone (contraceptive))	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
SIMLIYA (28)	(desog-e.estradiol/e.estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
SIMPESSE	(l norgest/e.estradiol-e.estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)
SLYND		\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (28 EA per 28 days)
SPRINTEC (28)	(norgestimate-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
SYEDA	(drospirenone-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
TAKE ACTION	(levonorgestrel)	\$0	
TARINA 24 FE	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
TARINA FE 1/20 (28)	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
TARINA FE 1-20 EQ (28)	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
TILIA FE	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS

Drug		Status	Notes
TRI-ESTARYLLA	(norgestimate-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
TRI-LEGEST FE	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
TRI-LINYAH	(norgestimate-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
TRI-LO-ESTARYLLA	(norgestimate-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
TRI-LO-MARZIA	(norgestimate-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
TRI-LO-MILI	(norgestimate-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
TRI-LO-SPRINTEC	(norgestimate-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
TRI-MILI	(norgestimate-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
TRI-SPRINTEC (28)	(norgestimate-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
TRI-VYLIBRA	(norgestimate-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
TRI-VYLIBRA LO	(norgestimate-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
TULANA	(norethindrone (contraceptive))	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
TURQOZ (28)	(norgestrel-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
TYBLUME		\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
TYDEMY	(drospirenone-e.estradiol-lm.fa)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
VALTYA	(ethynodiol diac-eth estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
VELIVET TRIPHASIC REGIMEN (28)		\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
VESTURA (28)	(drospirenone-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
VIENVA	(levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS

MedPerform Premier Formulary

10/01/2026

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
VIORELE (28)	(desog-e.estradiol/e.estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
VOLNEA (28)	(desog-e.estradiol/e.estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
VYFEMLA (28)		\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
VYLIBRA	(norgestimate-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
WERA (28)		\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
WYMZYA FE	(noreth-ethinyl estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
XARAH FE	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
XELRIA FE	(noreth-ethinyl estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
YOUR CHOICE	(levonorgestrel)	\$0	
ZARAH	(drospirenone-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
ZOVIA 1-35 (28)	(ethynodiol diac-eth estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
ZUMANDIMINE (28)	(drospirenone-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 21 DAYS
Contraceptives, Transdermal			
GWYN LO		\$0	
<i>norelgestromin-ethin.estradiol</i>	(Xulane)	\$0	
TWIRLA		\$0	
XULANE	(norelgestromin-ethin.estradiol)	\$0	
ZAFEMY	(norelgestromin-ethin.estradiol)	\$0	
Diaphragms/Cervical Cap			
CAYA CONTOURED		\$0	
FEMCAP		\$0	
Intra-Uterine Devices (IUD's)			
KYLEENA		\$0	
LILETTA		\$0	

Drug	Status	Notes
MIRENA	\$0	
MIUDELLA	\$0	
PARAGARD T 380A	\$0	
PARAGARD T380A (SINGLE HAND)	\$0	
SKYLA	\$0	
Oxytocics		
CERVIDIL	Tier 3	
<i>methylergonovine oral</i>	Tier 1	QL (28 EA per 30 days)
PREPIDIL	Tier 3	
Cough And Cold		
1St Gen Antihistamine & Decongestant Combinations		
<i>promethazine-phenylephrine</i> (Promethazine VC)	Tier 1	
1St Gen Antihist-Decongest-Anticholinergic Comb		
RESPA-AR	Tier 1	
Antitussives,Non-Narcotic		
<i>benzonatate</i>	Tier 1	
Narcotic Antituss-1St Gen. Antihistamine-Decongest		
HISTEX-AC	Tier 3	Age (Min 12 Years)
MAR-COF BP	Tier 1	Age (Min 12 Years)
MAXI-TUSS CD	Tier 3	Age (Min 12 Years)
POLY-TUSSIN AC	Tier 3	Age (Min 12 Years)
RYDEX	Tier 1	Age (Min 12 Years)
Narcotic Antituss-Decongestant-Expectorant Comb		
CODITUSSIN DAC	Tier 3	Age (Min 12 Years)
GUAIFENESIN DAC	Tier 1	Age (Min 12 Years)
Narcotic Antitussive-1St Generation Antihistamine		
DURATUSS AC	Tier 3	
<i>hydrocodone-chlorpheniramine</i>	Tier 1	QL (10 ML per 1 day); Age (Min 18 Years)
<i>promethazine-codeine</i>	Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)

Drug		Status	Notes
TUXARIN ER		Tier 3	ST: TRIAL OF PROMETHAZINE/CODEINE REQUIRED IN THE PREVIOUS 120 DAYS.; QL (2 EA per 1 day); Age (Min 18 Years)
Narcotic Antitussive-Anticholinergic Comb.			
<i>hydrocodone-homatropine oral solution 5-1.5 mg/5 ml</i>	(Hycodan (with homatropine))	Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)
<i>hydrocodone-homatropine oral tablet</i>	(Hycodan (with homatropine))	Tier 1	QL (6 EA per 1 day); Age (Min 18 Years)
HYDROMET	(hydrocodone-homatropine)	Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)
Narcotic Antitussive-Expectorant Combination			
<i>codeine-guaifenesin</i>	(G Tussin AC)	Tier 1	Age (Min 12 Years)
CODITUSSIN AC	(codeine-guaifenesin)	Tier 1	Age (Min 12 Years)
G TUSSIN AC	(codeine-guaifenesin)	Tier 1	Age (Min 12 Years)
GUAIFENESIN AC	(codeine-guaifenesin)	Tier 1	Age (Min 12 Years)
MAR-COF CG		Tier 1	Age (Min 12 Years)
MAXI-TUSS AC	(codeine-guaifenesin)	Tier 1	Age (Min 12 Years)
NINJACOF-XG		Tier 1	Age (Min 12 Years)
Non-Narc Antituss-1St Gen. Antihistamine-Decongest			
BROMFED DM	(brompheniramine-pseudoeph-dm)	Tier 1	
<i>brompheniramine-pseudoeph-dm</i>	(Bromfed DM)	Tier 1	
Non-Narc Antitussive-1St Gen Antihistamine Comb.			
<i>promethazine-dm</i>		Tier 1	
Dermatology - Acne			
Acne Agents, Systemic			
ACCUTANE	(isotretinoin)	Tier 1	
AMNESTEEM	(isotretinoin)	Tier 1	
CLARAVIS	(isotretinoin)	Tier 1	

Drug		Status	Notes
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	(Accutane)	Tier 1	
ZENATANE	(isotretinoin)	Tier 1	
Acne Agents, Topical			
ACIOXIAY	(azelaic acid-niacinamide)	Tier 3	
ADAINZOXIA	(adapalene-benzoyl perox-niacin)	Tier 3	
ADALINA	(spironolactone-niacinamide)	Tier 3	
<i>adapalene-benzoyl peroxide</i>	(Epiduo)	Tier 1	
ADERMICA	(tretinoin-benzoyl-clinda-niac)	Tier 3	
ADERMICA HP		Tier 3	
ADMIRAZOL		Tier 3	
ADMIRAZOL DUAL		Tier 3	
ADMIRAZOL HP		Tier 3	
ADMIRAZOL HP DUAL		Tier 3	
ALIXI		Tier 3	
ALIXI HP		Tier 3	
ALOMIRA	(tretinoin-benzoyl-clinda-niac)	Tier 3	
ALOMIRA HP		Tier 3	
ALOMIRA LP	(tretinoin-benzoyl-clinda-niac)	Tier 3	
ALURIS	(tretinoin-niacinamide)	Tier 3	
ALURIS HP		Tier 3	
ALURIS HP PLUS	(tretinoin-hyaluronate-niacin)	Tier 3	
ALURIS LP	(tretinoin-niacinamide)	Tier 3	
ALURIS LP PLUS	(tretinoin-hyaluronate-niacin)	Tier 3	
ALURIS PLUS	(tretinoin-hyaluronate-niacin)	Tier 3	
ALUXOF		Tier 3	
ALUXOF DUAL		Tier 3	
ALUXOF HP		Tier 3	

Drug		Status	Notes
APEXOL	(salicylic acid-sulfacetamide)	Tier 3	
APEXOL HP	(salicylic acid-sulfacetamide)	Tier 3	
APHORIA	(adapalene-benzoyl perox-niacin)	Tier 3	
APORIX	(clindamycin-niacinamide)	Tier 3	
ARTILIS	(benzoyl per-clindamycin-niacin)	Tier 1	
ARTILIS HP	(benzoyl per-clindamycin-niacin)	Tier 3	
AUGUSTIL	(tretinoin-clinda-spiron-niacin)	Tier 3	
AVIDORA	(tretinoin-clindamycin-niacin)	Tier 3	
AVIDORA HP		Tier 3	
AWANIS		Tier 3	
AZALTA	(tretinoin-spironolact-niacin)	Tier 3	
AZALTA HP	(tretinoin-spironolact-niacin)	Tier 3	
AZELEX		Tier 3	PA
CABTREO		Tier 3	PA
<i>clindamycin-benzoyl peroxide topical gel</i>	(Neuac)	Tier 1	
<i>clindamycin-benzoyl peroxide topical gel with pump 1.2 % (1 % base) -3.75 %</i>	(Onexton)	Tier 1	ST: TRIAL OF ONE TOPICAL GENERIC CLINDAMYCIN, ERYTHROMYCIN, METRONIDAZOLE, BENZOYL PEROXIDE, SULFACETAMIDE AND COMBINATIONS, OR AZELAIC ACID GEL IN THE PAST 120 DAYS
<i>clindamycin-benzoyl peroxide topical gel with pump 1.2-2.5 %</i>	(Acanya)	Tier 1	ST: TRIAL OF GENERIC CLINDAMYCIN/BENZOYL PEROXIDE GEL REQUIRED

Drug	Status	Notes
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %</i>	Tier 1	
<i>clindamycin-tretinoin</i> (Veltin)	Tier 1	ST: TRIAL OF ONE TOPICAL GENERIC CLINDAMYCIN, ERYTHROMYCIN, METRONIDAZOLE, BENZOYL PEROXIDE, SULFACETAMIDE AND COMBINATIONS, OR AZELAIC ACID GEL IN THE PAST 120 DAYS
<i>dapsone topical</i> (Aczone)	Tier 1	
DEOXIA (clindamycin-niacinamide)	Tier 3	
DEOXIADEMTAR (tretinoin-clinda-spiron-niacin)	Tier 3	
DEOXIATAR	Tier 3	
DEOXIAVAR	Tier 3	
DIADIMAXIA (dapsone-spironolactone-niacin)	Tier 3	
DIAOXIA (dapsone-niacinamide)	Tier 3	
DIASAXIATAR	Tier 3	
DIASDIMAXIA (dapsone-spironolactone-niacin)	Tier 3	
DIASOXIA (dapsone-niacinamide)	Tier 3	
DIMOXIA (spironolactone-niacinamide)	Tier 3	
DRAXACE (salicylic acid-sulfacetamide)	Tier 3	
DRAXACEY (salicylic acid-sulfacetamide)	Tier 3	
DRIXECE (salicylic acid-sulfacetamide)	Tier 3	
IDYYYIATAR	Tier 3	
INZDEAXIATAR (tretinoin-benzoyl-clinda-niac)	Tier 3	
INZDEAXIAVAR	Tier 3	

Drug		Status	Notes
INZDEOXIA	(benzoyl per-clindamycin-niacin)	Tier 3	
LOUNZDOMDIOXIATAR		Tier 3	
MELZARA		Tier 3	
NEUAC	(clindamycin-benzoyl peroxide)	Tier 1	
NEUAC KIT		Tier 3	
ONZDEAXIADEMTAR		Tier 3	
ONZDEAXIADEMVAR		Tier 3	
ONZDEAXIATAR	(tretinoin-benzoyl-clindamycin)	Tier 3	
ONZDEAXIAVAR	(tretinoin-benzoyl-clindamycin)	Tier 3	
ONZDEAXIAZAR		Tier 3	
ONZDEOXIA	(benzoyl per-clindamycin-niacin)	Tier 3	
OXIATAR	(tretinoin-hyaluronate-niacin)	Tier 3	
OXIAVARRY	(tretinoin-hyaluronate-niacin)	Tier 3	
OXIAVARY		Tier 3	
OXIAZAR	(tretinoin-hyaluronate-niacin)	Tier 3	
RUMILO	(azelaic acid-niacinamide)	Tier 3	
SAROXIA	(tretinoin-niacinamide)	Tier 3	
SIRVANA		Tier 3	
SORIXIA	(tretinoin-niacinamide)	Tier 3	
<i>sulfacetamide sodium (acne)</i>	(Klaron)	Tier 1	
TARDEOXIA	(tretinoin-clindamycin-niacin)	Tier 3	
TARDIMAXIA	(tretinoin-spironolactone-niacin)	Tier 3	
TAROXIA	(tretinoin-niacinamide)	Tier 3	
UNZDOMDIOXIAZAR		Tier 3	
VARDIMAXIA	(tretinoin-spironolactone-niacin)	Tier 3	

Drug	Status	Notes
VAROXIA (tretinoin-niacinamide)	Tier 3	
Keratolytic-Glucocorticoid Combinations		
VANOXIDE-HC	Tier 2	
Rosacea Agents, Topical		
AVEIDA	Tier 3	
AVEIDAOXIA (ivermectin-metronidazol-niacin)	Tier 3	
<i>azelaic acid</i>	Tier 1	
BAXONIL	Tier 3	
<i>brimonidine topical</i> (Mirvaso)	Tier 1	
DAZAVEIDAOXIA	Tier 3	
DAZOMON	Tier 3	
FINACEA TOPICAL FOAM	Tier 2	
IDARAN	Tier 3	
<i>ivermectin topical cream</i> (Soolantra)	Tier 1	ST: TRIAL OF FINACEA GEL OR FOAM REQUIRED
<i>metronidazole topical</i> (Metrogel)	Tier 1	
REMYDA	Tier 3	
RENSOTI	Tier 3	
RESTIMO	Tier 3	
ROCELIX	Tier 3	
ROSADAN TOPICAL CREAM (metronidazole)	Tier 1	
ROSITARA (ivermectin-metronidazol-niacin)	Tier 3	
ROVIS	Tier 3	
Topical Antiandrogenic Agents		
WINLEVI	Tier 3	PA; QL (60 GM per 30 days)
Topical Preparations, Antibacterials		
BASADROX	Tier 3	
DERMAZENE	Tier 3	
<i>hydrocortisone-iodoquinol</i> (Corti-Sav)	Tier 1	
<i>hydrocortisone-iodoquinol-aloe</i> (Vytone)	Tier 1	

Drug	Status	Notes
IODOFLEX	Tier 3	
IODOSORB	Tier 3	
LUGOLS TOPICAL (iodine-potassium iodide)	Tier 1	
NORMLGEL AG	Tier 3	
<i>silver nitrate topical solution 0.5 %, 25 %, 50 %</i>	Tier 1	
STRONG IODINE TOPICAL (iodine-potassium iodide)	Tier 1	
Vitamin A Derivatives		
<i>adapalene topical cream</i> (Differin)	Tier 1	
<i>adapalene topical gel 0.3 %</i>	Tier 1	
<i>adapalene topical gel with pump 0.3 %</i> (Differin)	Tier 1	
<i>adapalene topical lotion</i> (Differin)	Tier 1	Age (Max 39 Years)
ALTRENO	Tier 3	Age (Max 39 Years)
<i>tretinoin</i> (Atralin)	Tier 1	
<i>tretinoin microspheres topical gel</i>	Tier 1	Age (Max 39 Years)
<i>tretinoin microspheres topical gel with pump 0.04 %, 0.1 %</i>	Tier 1	Age (Max 39 Years)
<i>tretinoin microspheres topical gel with pump 0.08 %</i> (Retin-A Micro Pump)	Tier 1	ST: TRIAL OF GENERIC TRETINOIN MICROSPHERES 0.04% AND 0.10% REQUIRED; Age (Max 39 Years)
Vitamin A Derivatives, Topical Acne Agents		
ALVOX (tazarotene-niacinamide)	Tier 3	
ALVOX HP (tazarotene-niacinamide)	Tier 3	
ETHOXIA (tazarotene-niacinamide)	Tier 3	
ITHOXIA (tazarotene-niacinamide)	Tier 3	

Drug	Status	Notes
Dermatology - Antiinfective		
Topical Antibiotics		
AMZEEQ	Tier 3	ST: TRIAL OF ONE TOPICAL GENERIC CLINDAMYCIN, ERYTHROMYCIN, METRONIDAZOLE, BENZOYL PEROXIDE, SULFACETAMIDE AND COMBINATIONS, OR AZELAIC ACID GEL IN THE PAST 120 DAYS; Age (Min 9 Years)
BATIZIA (mupirocin-lidocaine)	Tier 3	
CENTANY AT	Tier 3	
clindamycin phosphate topical foam (Clindacin)	Tier 1	
clindamycin phosphate topical gel	Tier 1	
clindamycin phosphate topical gel, once daily (Clindagel)	Tier 1	
clindamycin phosphate topical lotion (Cleocin T)	Tier 1	
clindamycin phosphate topical solution	Tier 1	QL (180 ML per 1 FILL)
clindamycin phosphate topical swab (Clindacin ETZ)	Tier 1	
ERY PADS (erythromycin with ethanol)	Tier 1	
erythromycin with ethanol topical gel	Tier 1	
erythromycin with ethanol topical solution	Tier 1	QL (180 ML per 1 FILL)
erythromycin-benzoyl peroxide (Benzamycin)	Tier 1	
gentamicin topical	Tier 1	QL (90 GM per 1 FILL)
mupirocin (Centany)	Tier 1	QL (90 GM per 1 FILL)
mupirocin calcium	Tier 1	QL (90 GM per 1 FILL)
NANRAN (mupirocin-lidocaine)	Tier 3	
XEPI	Tier 3	ST: TRIAL OF MUPIROCIN OINTMENT REQUIRED IN PREVIOUS 120 DAYS

Drug		Status	Notes
Topical Antifungal/Anti-inflammatory, Steroid Agent			
<i>clotrimazole-betamethasone</i>		Tier 1	
DELIBON	(ketoconazole-hydrocortisone)	Tier 3	
DIONARIS	(ciclopirox-clobetasol-salicyl)	Tier 3	
DIVENDO	(ciclopirox-clobetasol)	Tier 3	
DIYRA		Tier 3	
DOREVI		Tier 3	
HAXCHLO	(ciclopirox-clobetasol)	Tier 3	
HAXCHLODREX	(ciclopirox-clobetasol-salicyl)	Tier 3	
PHEYO	(ketoconazole-hydrocortisone)	Tier 3	
Topical Antifungal-Antibiotic-Anti-Inflamm Steroid			
DAZINIA	(ketoconazole-iodoquinol-hc)	Tier 3	
PHEODOYO	(ketoconazole-iodoquinol-hc)	Tier 3	
Topical Antifungals			
CICLODAN KIT TOPICAL COMBO PACK		Tier 3	
<i>ciclopirox topical cream</i>	(Ciclodan)	Tier 1	QL (180 GM per 1 FILL)
<i>ciclopirox topical gel</i>		Tier 1	
<i>ciclopirox topical shampoo</i>		Tier 1	
<i>ciclopirox topical solution</i>	(Ciclodan)	Tier 1	QL (19.8 ML per 1 FILL)
<i>ciclopirox topical suspension</i>	(Loprox (as olamine))	Tier 1	QL (180 ML per 1 FILL)
<i>ciclopirox-ure-camph-menth-euc</i>	(Ciclodan Kit)	Tier 1	QL (19.8 ML per 1 FILL)
<i>clotrimazole topical</i>	(Antifungal (clotrimazole))	Tier 1	
DAFILOR	(ciclopirox-salicylic acid)	Tier 3	
DENVITA	(ketoconazole-niacinamide)	Tier 3	
DIFMETIOXRIME	(flucona-ibuprof-itracon-terbin)	Tier 3	

Drug	Status	Notes
<i>econazole nitrate topical cream</i>	Tier 1	QL (170 GM per 1 FILL)
EXELDERM (sulconazole)	Tier 2	
EXODERM	Tier 1	
FENOVIA (flucona-ibuprof-itracon-terbin)	Tier 3	
FERVINA	Tier 3	
FIDILA	Tier 3	
FILOMA	Tier 3	
FRIVO (econazole-niacinamide)	Tier 3	
HAXDRAX (ciclopirox-salicylic acid)	Tier 3	
HEXIOUNYL	Tier 3	
HIXDEFRIMA	Tier 3	
IMIOXIA (econazole-niacinamide)	Tier 3	
<i>ketoconazole topical cream</i>	Tier 1	QL (180 GM per 1 FILL)
<i>ketoconazole topical shampoo</i>	Tier 1	QL (360 ML per 1 FILL)
KETODAN KIT	Tier 3	
KLAYESTA (nystatin)	Tier 1	
<i>luliconazole</i> (Luzu)	Tier 1	ST: TRIAL OF KETOCONAZOLE AND CLOTRIMAZOLE CREAM REQUIRED.; QL (60 GM per 28 days)
<i>miconazole nitrate-zinc ox-pet</i> (Vusion)	Tier 1	
<i>naftifine topical cream 1 %</i>	Tier 1	
<i>naftifine topical cream 2 %</i>	Tier 1	QL (180 GM per 1 FILL)
<i>naftifine topical gel</i> (Naftin)	Tier 1	
NYAMYC (nystatin)	Tier 1	
<i>nystatin topical cream</i>	Tier 1	
<i>nystatin topical ointment</i>	Tier 1	QL (90 GM per 1 FILL)
<i>nystatin topical powder</i> (Klayesta)	Tier 1	
<i>nystatin-triamcinolone topical cream</i>	Tier 1	
<i>nystatin-triamcinolone topical ointment</i>	Tier 1	QL (180 GM per 1 FILL)
NYSTOP (nystatin)	Tier 1	
<i>oxiconazole</i>	Tier 1	QL (180 GM per 1 FILL)
OXISTAT TOPICAL LOTION	Tier 3	

Drug		Status	Notes
PHEDRAX		Tier 3	
PHEOXIA	(ketoconazole-niacinamide)	Tier 3	
<i>sulconazole</i>	(Exelderm)	Tier 1	
<i>tavaborole</i>		Tier 1	PA
Topical Antiparasitics			
<i>malathion</i>	(Ovide)	Tier 1	
<i>permethrin</i>		Tier 1	
<i>spinosad</i>	(Natroba)	Tier 1	
ULESFIA		Tier 3	
Topical Antivirals			
<i>acyclovir topical ointment</i>	(Zovirax)	Tier 1	
Topical Sulfonamides			
ABENOR	(sulfacetamide-niacinamide)	Tier 3	
ABENOR HP		Tier 3	
CLEANSING WASH TOPICAL CLEANSER	(sulfacetamide sod-sulfur-urea)	Tier 1	
ECEOXIA	(sulfacetamide-niacinamide)	Tier 3	
OXIAICE		Tier 3	
<i>silver sulfadiazine</i>	(SSD)	Tier 1	
SSD	(silver sulfadiazine)	Tier 1	
SSS 10-5 TOPICAL CREAM	(sulfacetamide sodium-sulfur)	Tier 1	
<i>sulfacetamide sodium-sulfur topical cleanser 10-2 %</i>	(Avar LS)	Tier 1	
<i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)</i>	(Avar)	Tier 1	QL (1419 GM per 1 FILL)
<i>sulfacetamide sodium-sulfur topical cleanser 8-4 %</i>		Tier 1	
<i>sulfacetamide sodium-sulfur topical cleanser 9.8-4.8 %</i>	(Plexion)	Tier 1	
<i>sulfacetamide sodium-sulfur topical cleanser 9-4 %</i>	(Sumaxin)	Tier 1	

Drug		Status	Notes
sulfacetamide sodium-sulfur topical cleanser 9-4.5 %	(Sumadan)	Tier 1	
sulfacetamide sodium-sulfur topical cream 10-5 % (w/w)	(SSS 10-5)	Tier 1	
sulfacetamide sodium-sulfur topical suspension 8-4 %	(SulfaCleanse 8-4)	Tier 1	
sulfacetamide sod-sulfur-urea		Tier 1	QL (1419 ML per 1 FILL)
SULFACLEANSE 8-4	(sulfacetamide sodium-sulfur)	Tier 1	
SULFAMYLON TOPICAL CREAM		Tier 3	
SUMADAN XLT	(sulfact na-sul-avobnz-otn-ocsa)	Tier 3	
Dermatology - Antiinflammatory			
Interleukin-13 (Il-13) Inhibitors, Mab			
ADBRY		Tier 2	PA; SP
EBGLYSS PEN		Tier 2	PA; SP
EBGLYSS SYRINGE		Tier 2	PA; SP
Interleukin-31(II-31)Receptor Alpha Antagonist,Mab			
NEMLUVIO		Tier 2	PA; SP
Top. Anti-Inflam.,Phosphodiesterase-4 (Pde4) Inhib			
EUCRISA		Tier 2	PA; QL (100 GM per 30 days)
ZORYVE TOPICAL CREAM 0.05 %, 0.15 %		Tier 2	PA; QL (60 GM per 30 days)
ZORYVE TOPICAL FOAM		Tier 2	PA; QL (60 GM per 30 days)
Topical Anti-Inflammatory Steroidal			
ACIOXIA		Tier 3	
ALA-CORT TOPICAL CREAM	(hydrocortisone)	Tier 1	
ALA-SCALP	(hydrocortisone)	Tier 1	ST: TRIAL OF GENERIC HYDROCORTISONE 2.5% LOTION IN THE PAST 120 DAYS
alclometasone		Tier 1	

Drug	Status	Notes
<i>amcinonide topical cream</i>	Tier 1	ST: TRIAL OF BETAMETHASONE 0.1% OINT, FLUTICASONE 0.005% OINT, TRIAMCINOLONE 0.5% (OINT, CREAM), OR MOMETASONE 0.1% OINT IN THE PAST 120 DAYS.
<i>betamethasone dipropionate</i>	Tier 1	
<i>betamethasone valerate</i>	Tier 1	
<i>betamethasone, augmented</i> (Diprolene (augmented))	Tier 1	
CAPEX	Tier 3	
CHLOHUX (clobetasol-levocetirizine)	Tier 3	
CHLOOXIA (clobetasol-niacinamide)	Tier 3	
<i>clobetasol scalp</i>	Tier 1	
<i>clobetasol topical cream 0.05 %</i>	Tier 1	
<i>clobetasol topical foam</i>	Tier 1	
<i>clobetasol topical gel</i>	Tier 1	
<i>clobetasol topical lotion</i> (Clobex)	Tier 1	
<i>clobetasol topical ointment</i>	Tier 1	
<i>clobetasol topical shampoo</i> (Clobex)	Tier 1	
<i>clobetasol topical spray,non-aerosol</i> (Clobex)	Tier 1	
<i>clobetasol-emollient</i> (Tovet Emollient)	Tier 1	
<i>clocortolone pivalate</i>	Tier 1	ST: TRIAL OF MOMETASONE 0.1% CREAM/SOLN OR TRIAMCINOLONE 0.1 % CREAM/OINT IN THE PAST 120 DAYS
CLODAN KIT	Tier 3	

Drug	Status	Notes
CORDRAN TAPE LARGE ROLL	Tier 3	ST: TRIAL OF 1 OF THE FOLLOWING: BETAMETHASONE AUGMENTED (OINT, GEL, LOTION), FLUOCINONIDE 0.1% CREAM, CLOBETASOL (SPRAY, LOTION, GEL, OINT, CRM, SOLN), OR HALOBETASOL 0.05% (CREAM, OINT) IN PAST 120 DAS; QL (2 EA per 30 days)
<i>desonide topical cream</i>	Tier 1	
<i>desonide topical gel</i>	Tier 1	ST: TRIAL OF 1 OF THE FOLLOWING: FLUTICASONE 0.05% CRM, TRIAMCINOLONE (0.1% LTN, 0.025% OINT), DESONIDE 0.05% OINT, HYDROCORTISONE 0.2% CRM, OR BETAMETHASONE (0.05% LTN, 0.1% CRM) IN THE PAST 120 DAYS
<i>desonide topical lotion</i>	Tier 1	
<i>desonide topical ointment</i>	Tier 1	
<i>desoximetasone topical cream</i> (Topicort)	Tier 1	
<i>desoximetasone topical gel</i> (Topicort)	Tier 1	
<i>desoximetasone topical ointment</i> (Topicort)	Tier 1	

Drug		Status	Notes
<i>desoximetasone topical spray,non-aerosol</i>	(Topicort)	Tier 1	ST: TRIAL OF 1 OF THE FOLLOWING: BETAMETHASONE AUGMENTED 0.05% (CRM, GEL, LTN, OINT), DESOXIMETASONE (CRM,GEL,OINT), FLUOCINONIDE (CRM,GEL), CLOBETASOL (EXCEPT FOAM/SHAMPOO), OR HALOBETASOL (CRM,OINT)
DIVINIX	(clobetasol-niacinamide)	Tier 3	
DOMELA	(fluocinolone-niacinamide)	Tier 3	
DYNOMA		Tier 3	
EVESSE	(hydrocortisone butyrate)	Tier 1	ST: TRIAL OF 1 OF THE FOLLOWING: FLUTICASONE 0.05% CRM, TRIAMCINOLONE (0.1% LTN, 0.025% OINT), DESONIDE 0.05% OINT, HYDROCORTISONE 0.2% CRM, OR BETAMETHASONE (0.05% LTN, 0.1% CRM) IN THE PAST 120 DAYS; QL (236 ML per 30 days)
<i>fluocinolone</i>	(Derma-Smoothe/FS Body Oil)	Tier 1	
<i>fluocinolone and shower cap</i>	(Derma-Smoothe/FS Scalp Oil)	Tier 1	
<i>fluocinonide</i>	(Vanos)	Tier 1	
FLUOCINONIDE-E	(fluocinonide-emollient)	Tier 1	
<i>fluocinonide-emollient</i>	(Fluocinonide-E)	Tier 1	
FLUOXIA		Tier 3	

Drug	Status	Notes
<i>flurandrenolide topical cream</i>	Tier 1	ST: TRIAL OF 1 OF THE FOLLOWING: FLUTICASONE 0.05% CRM, TRIAMCINOLONE (0.1% LTN, 0.025% OINT), DESONIDE 0.05% OINT, HYDROCORTISONE 0.2% CRM, OR BETAMETHASONE (0.05% LTN, 0.1% CRM) IN THE PAST 120 DAYS
<i>flurandrenolide topical lotion</i>	Tier 1	
<i>flurandrenolide topical ointment</i>	Tier 1	ST: TRIAL OF MOMETASONE 0.1% CREAM/SOLN OR TRIAMCINOLONE 0.1 % CREAM/OINT IN THE PAST 120 DAYS; QL (180 GM per 30 days)
<i>fluticasone propionate topical</i> (Beser)	Tier 1	
<i>halcinonide</i> (Halog)	Tier 1	ST: TRIAL OF ONE OF THE FOLLOWING: BETAMETHASONE 0.05% OINTMENT OR AUGMENTED CREAM, FLUOCINONIDE 0.05% (GEL, OINT, SOLUTION, CREAM), OR DESOXIMETASONE (CREAM, GEL, OINT) IN THE PREVIOUS 120 DAYS.
<i>halobetasol propionate topical cream</i>	Tier 1	
<i>halobetasol propionate topical ointment</i>	Tier 1	

Drug	Status	Notes
HALOG TOPICAL SOLUTION (halcinonide)	Tier 3	ST: TRIAL OF ONE OF THE FOLLOWING: BETAMETHASONE 0.05% OINTMENT OR AUGMENTED CREAM, FLUOCINONIDE 0.05% (GEL, OINT, SOLUTION, CREAM), OR DESOXIMETASONE (CREAM, GEL, OINT) IN THE PREVIOUS 120 DAYS.
<i>hydrocortisone butyrate topical cream</i>	Tier 1	
<i>hydrocortisone butyrate topical lotion</i> (Evesse)	Tier 1	ST: TRIAL OF 1 OF THE FOLLOWING: FLUTICASONE 0.05% CRM, TRIAMCINOLONE (0.1% LTN, 0.025% OINT), DESONIDE 0.05% OINT, HYDROCORTISONE 0.2% CRM, OR BETAMETHASONE (0.05% LTN, 0.1% CRM) IN THE PAST 120 DAYS; QL (236 ML per 30 days)
<i>hydrocortisone butyrate topical ointment</i>	Tier 1	ST: TRIAL OF 1 OF THE FOLLOWING: FLUTICASONE 0.05% CRM, TRIAMCINOLONE (0.1% LTN, 0.025% OINT), DESONIDE 0.05% OINT, HYDROCORTISONE 0.2% CRM, OR BETAMETHASONE (0.05% LTN, 0.1% CRM) IN THE PAST 120 DAYS
<i>hydrocortisone butyrate topical solution</i>	Tier 1	
<i>hydrocortisone topical cream 1 %</i> (Ala-Cort)	Tier 1	
<i>hydrocortisone topical cream 2.5 %</i>	Tier 1	
<i>hydrocortisone topical cream with perineal applicator</i> (Procto-Med HC)	Tier 1	

Drug		Status	Notes
<i>hydrocortisone topical lotion 2 %</i>	(Ala-Scalp)	Tier 1	ST: TRIAL OF GENERIC HYDROCORTISONE 2.5% LOTION IN THE PAST 120 DAYS
<i>hydrocortisone topical lotion 2.5 %</i>		Tier 1	
<i>hydrocortisone topical ointment 1 %</i>	(Anti-Itch (HC))	Tier 1	
<i>hydrocortisone topical ointment 2.5 %</i>		Tier 1	
<i>hydrocortisone topical solution</i>	(Texacort)	Tier 1	ST: TRIAL OF GENERIC HYDROCORTISONE 2.5% LOTION IN THE PAST 120 DAYS
<i>hydrocortisone valerate topical cream</i>		Tier 1	
<i>hydrocortisone valerate topical ointment</i>		Tier 1	ST: TRIAL OF MOMETASONE 0.1% CREAM/SOLN OR TRIAMCINOLONE 0.1 % CREAM/OINT IN THE PAST 120 DAYS
ILEXOR	(clobetasol-levocetirizine)	Tier 3	
<i>mometasone topical</i>		Tier 1	
NUCORT	(hydrocortisone acet-aloe vera)	Tier 3	
PANDEL		Tier 3	ST: TRIAL OF 1 OF THE FOLLOWING: FLUTICASONE 0.05% CRM, TRIAMCINOLONE (0.1% LTN, 0.025% OINT), DESONIDE 0.05% OINT, HYDROCORTISONE 0.2% CRM, OR BETAMETHASONE (0.05% LTN, 0.1% CRM) IN THE PAST 120 DAYS; QL (160 GM per 30 days)
<i>prednicarbate topical cream</i>		Tier 1	
PROCTO-MED HC	(hydrocortisone)	Tier 1	
PROCTOSOL HC TOPICAL	(hydrocortisone)	Tier 1	
PROCTOZONE-HC	(hydrocortisone)	Tier 1	
SCALACORT DK		Tier 2	

Drug	Status	Notes
SERNIVO	Tier 3	ST: TRIAL OF MOMETASONE 0.1% CREAM/SOLN OR TRIAMCINOLONE 0.1 % CREAM/OINT IN THE PAST 120 DAYS
SYNALAR CREAM KIT	Tier 3	QL (375 GM per 30 days)
SYNALAR OINTMENT KIT	Tier 3	QL (375 GM per 30 days)
SYNALAR TS	Tier 3	
TELIORA	Tier 3	
TETOXIA (fluocinolone-niacinamide)	Tier 3	
<i>triamcinolone acetonide topical aerosol</i> (Kenalog)	Tier 1	
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %</i>	Tier 1	
<i>triamcinolone acetonide topical cream 0.5 %</i> (Triderm)	Tier 1	QL (454 GM per 30 days)
<i>triamcinolone acetonide topical lotion</i>	Tier 1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	Tier 1	
TRIDERM TOPICAL CREAM 0.5 % (triamcinolone acetonide)	Tier 1	QL (454 GM per 30 days)
Topical Anti-Inflammatory, Nsaids		
<i>diclofenac epolamine</i> (Flector)	Tier 1	
<i>diclofenac sodium topical drops</i>	Tier 1	QL (300 ML per 28 days)
<i>diclofenac sodium topical gel 1 %</i> (Arthritis Pain (diclofenac))	Tier 1	QL (900 GM per 28 days)
<i>diclofenac sodium topical solution in metered-dose pump</i>	Tier 1	ST: TRIAL OF DICLOFENAC 1% GEL OR DICLOFENAC 1.5% DROPS IN THE PAST 120 DAYS; QL (224 GM per 28 days)
KERAXA (diclofenac-hyaluronate-niacin)	Tier 3	
ROAOXIA (diclofenac-hyaluronate-niacin)	Tier 3	
Topical Janus Kinase (Jak) Inhibitors		
OPZELURA	Tier 2	PA; QL (60 GM per 30 days)

Drug	Status	Notes
Dermatology - Miscellaneous		
Antiperspirants		
DRYSOL (aluminum chloride)	Tier 3	
DRYSOL DAB-O-MATIC (aluminum chloride)	Tier 3	
Antiseborrheic Agents		
PLEXION NS (sulfacetamide sodium)	Tier 3	
<i>selenium sulfide topical lotion</i>	Tier 1	
<i>selenium sulfide topical shampoo 2.25 %</i> , 2.3 %	Tier 1	
<i>sulfacetamide sodium topical</i> (Plexion NS)	Tier 1	
Antiseptics, Miscellaneous		
<i>guaiaicol</i>	Tier 3	
Emollients		
<i>ammonium lactate</i> (AmLactin)	Tier 1	
KERASTAT TOPICAL GEL	Tier 3	
MB HYDROGEL	Tier 1	
NEW DAY SKIN SPRAY	Tier 3	
XCLAIR	Tier 3	
Iodine Antiseptics		
BETADINE OPHTHALMIC PREP (povidone-iodine)	Tier 3	
<i>povidone-iodine ophthalmic (eye)</i> (Betadine Ophthalmic Prep)	Tier 1	
Irrigants		
<i>acetic acid irrigation</i>	Tier 1	
<i>lactated ringers irrigation</i>	Tier 3	
<i>neomycin-polymyxin b gu</i>	Tier 1	
PHYSIOLYTE	Tier 3	
PHYSIOSOL IRRIGATION	Tier 3	
<i>ringer's irrigation</i>	Tier 1	
<i>sodium chloride irrigation</i> (Sterile Saline)	Tier 1	
<i>sorbitol irrigation</i>	Tier 1	
<i>sorbitol-mannitol</i>	Tier 1	
VASHE	Tier 3	
<i>water for irrigation, sterile</i> (Curity Sterile Water)	Tier 1	

Drug		Status	Notes
Irritants/Counter-Irritants			
<i>methyl salicylate</i>	(Wintergreen Oil)	Tier 1	
<i>methyl salicylate topical liquid</i>		Tier 1	
WINTERGREEN OIL	(methyl salicylate)	Tier 1	
YCANTH		Tier 3	PA
Keratolytics			
<i>benzoyl peroxide topical foam</i>	(BenzePrO)	Tier 1	
BPO TOPICAL GEL 8 %	(benzoyl peroxide)	Tier 1	
CEM-UREA	(urea)	Tier 1	
METDRAY		Tier 3	
NENDRUX		Tier 3	
PACNEX HP		Tier 3	
PACNEX LP		Tier 3	
PODOCON		Tier 1	
<i>podofilox topical gel</i>	(Condylox)	Tier 1	ST: TRIAL OF 0.5% PODOFILOX SOLUTION REQUIRED; QL (0.5 GM per 1 day)
<i>podofilox topical solution</i>		Tier 1	QL (0.5 ML per 1 day)
PR BENZOYL PEROXIDE		Tier 1	
PRONAL		Tier 3	
<i>salicylic acid topical cream</i>	(Salimez)	Tier 1	
<i>salicylic acid topical cream,extended release</i>		Tier 1	
<i>salicylic acid topical film forming liquid w/appl</i>	(Virasal)	Tier 1	
<i>salicylic acid topical film-forming soln er w/ appl</i>	(UltraSal-ER)	Tier 1	
<i>salicylic acid topical foam</i>		Tier 1	
<i>salicylic acid topical liquid</i>		Tier 1	
<i>salicylic acid topical lotion</i>		Tier 1	
<i>salicylic acid topical lotion,extended release</i>		Tier 1	
<i>salicylic acid topical ointment</i>		Tier 1	
<i>salicylic acid topical shampoo</i>	(Keralyt)	Tier 1	
SALIMEZ FORTE		Tier 3	

Drug	Status	Notes
<i>silver nitrate applicators</i>	Tier 1	
<i>silver nitrate topical solution 10 %</i>	Tier 1	
URAMAXIN GT TOPICAL KIT, CREAM AND GEL	Tier 3	
URAMAXIN TOPICAL FOAM	Tier 3	
URAMAXIN TOPICAL LOTION (urea)	Tier 3	
UREA NAIL STICK (urea)	Tier 1	
<i>urea topical cream 39 %</i> (Uredib)	Tier 1	
<i>urea topical cream 40 %</i>	Tier 1	
<i>urea topical cream 45 %</i> (Uramaxin)	Tier 1	
<i>urea topical cream 50 %</i> (Ure-K)	Tier 1	
<i>urea topical foam</i>	Tier 1	
<i>urea topical gel</i> (CEM-Urea)	Tier 1	
<i>urea topical lotion 40 %</i>	Tier 1	
WAYZEN	Tier 3	
WELERIS	Tier 3	
WENIXRA	Tier 3	
XALIX	Tier 3	
XIRUN	Tier 3	
Oxidizing Agents		
HYPOCYN ANTIPRURITIC	Tier 3	
RENOVAR	Tier 3	
Protectives		
GENADUR (WITH LEXINAL)	Tier 3	
PHARMABASE BARRIER	Tier 1	
PR CREAM	Tier 1	
RECEDO	Tier 3	
VASELINE WHITE PETROLEUM (white petrolatum)	Tier 1	
WOUNDGELHA MATRIX	Tier 3	
<i>zinc oxide topical ointment 20 %</i> (Endit (zinc oxide))	Tier 1	
<i>zinc oxide topical paste</i>	Tier 1	
Topical Anti-Inflammatory Steroid-Local Anesthetic		
ANALPRAM-HC TOPICAL	Tier 2	

Drug	Status	Notes
EPIFOAM	Tier 3	ST: TRIAL OF HYDROCORTISONE-PRAMOXINE 2.5%-1% CREAM IN THE PAST 120 DAYS
<i>hydrocortisone-pramoxine topical cream 2.5-1 %</i>	Tier 1	
<i>lidocaine hcl-hydrocortison ac topical</i> (Lidocort)	Tier 1	
PRAMOSONE TOPICAL CREAM 1-1 % (hydrocortisone-pramoxine)	Tier 2	ST: TRIAL OF HYDROCORTISONE-PRAMOXINE 2.5%-1% CREAM IN THE PAST 120 DAYS
PRAMOSONE TOPICAL LOTION	Tier 2	
PRAMOSONE TOPICAL OINTMENT 1-1 %	Tier 2	ST: TRIAL OF HYDROCORTISONE-PRAMOXINE 2.5%-1% CREAM IN THE PAST 120 DAYS
PRAMOSONE TOPICAL OINTMENT 2.5-1 % (hydrocortisone-pramoxine)	Tier 2	
Topical Antineoplastic & Premalignant Lesion Agnts		
<i>bexarotene topical</i> (Targretin)	Tier 1	PA; SP
<i>diclofenac sodium topical gel 3 %</i>	Tier 1	
<i>fluorouracil topical cream 0.5 %</i> (Carac)	Tier 1	PA
<i>fluorouracil topical cream 5 %</i> (Efudex)	Tier 1	
<i>fluorouracil topical solution</i>	Tier 1	
KLISYRI (250 MG)	Tier 3	QL (5 EA per 1 FILL)
KLISYRI (350 MG)	Tier 3	QL (5 EA per 1 FILL)
PANRETIN	Tier 3	SP; QL (60 GM per 28 days)
TOLAK	Tier 2	
VALCHLOR	Tier 2	PA; SP
Topical Local Anesthetics		
ANACAINE	Tier 3	
ANASTIA	Tier 3	

Drug	Status	Notes
CETACAINE	Tier 3	
DERMACINRX LIDOCAN (lidocaine)	Tier 1	QL (90 EA per 30 days)
DERMACINRX LIDOGEL	Tier 3	
DERMACINRX LIDOREX	Tier 3	
ENZNONUTY	Tier 3	
<i>ethyl chloride</i>	Tier 1	
L.E.T.(LIDO-EPINEPH BIT-TETRA) TOPICAL GEL 4-0.09-0.5 %	Tier 1	
L.E.T.(LIDO-EPINEPH BIT-TETRA) TOPICAL GEL 4-0.18-0.5 %	Tier 3	
L.E.T.(LIDO-RACEPINEPH-TETRA) (lidocaine-racepinep-tetracaine)	Tier 1	
<i>lidocaine hcl laryngotracheal</i>	Tier 1	
<i>lidocaine hcl topical cream 3 %</i> (Dermacinrx Lidocaine)	Tier 1	
<i>lidocaine topical adhesive patch,medicated 5 %</i> (DermacinRx Lidocan)	Tier 1	QL (90 EA per 30 days)
<i>lidocaine topical ointment</i>	Tier 1	QL (240 GM per 30 days)
<i>lidocaine-prilocaine topical cream</i>	Tier 1	
LIDOCAN III (lidocaine)	Tier 1	QL (90 EA per 30 days)
LIDOCAN IV (lidocaine)	Tier 1	QL (90 EA per 30 days)
LIDOCAN V (lidocaine)	Tier 1	QL (90 EA per 30 days)
LIDOPIN TOPICAL CREAM 3.25 %	Tier 3	
LIDTOPIC	Tier 3	
LIDTOPIC MAX	Tier 3	
NOBELA	Tier 3	
NOLIRA	Tier 3	
NUMBONEX	Tier 3	
NYNUTEY	Tier 3	
PRAKETAMIDE	Tier 3	
REGENECARE	Tier 3	
TRANZAREL	Tier 3	
Topical Preparations,Miscellaneous		
KEFUNOVA	Tier 3	

Drug	Status	Notes
Topical/Mucous Membr./Subcut. Enzymes		
NEXOBRID	Tier 3	
SANTYL	Tier 3	PA
Dermatology - Psoriasis/Eczema		
Antipsoriatic Agents, Systemic		
<i>acitretin</i>	Tier 1	
BIMZELX	Tier 2	PA; SP
BIMZELX AUTOINJECTOR	Tier 2	PA; SP
ICOTYDE	Tier 2	PA; SP
<i>methoxsalen</i>	Tier 1	
SKYRIZI SUBCUTANEOUS PEN INJECTOR	Tier 2	PA; SP
SKYRIZI SUBCUTANEOUS SYRINGE	Tier 2	PA; SP
SOTYKTU	Tier 2	PA; SP
SPEVIGO SUBCUTANEOUS	Tier 3	PA; SP
TALTZ AUTOINJECTOR	Tier 2	PA; SP
TALTZ AUTOINJECTOR (2 PACK)	Tier 2	PA; SP
TALTZ AUTOINJECTOR (3 PACK)	Tier 2	PA; SP
TALTZ SYRINGE	Tier 2	PA; SP
Antipsoriatics Agents		
<i>calcipotriene scalp</i> (Pellix)	Tier 1	ST: TRIAL OF TOPICAL CORTICOSTEROID REQUIRED
<i>calcipotriene topical cream</i>	Tier 1	ST: TRIAL OF TOPICAL CORTICOSTEROID REQUIRED
<i>calcipotriene topical ointment</i>	Tier 1	ST: TRIAL OF TOPICAL CORTICOSTEROID REQUIRED
<i>calcitriol topical</i> (Vectical)	Tier 1	ST: TRIAL OF TOPICAL CORTICOSTEROID REQUIRED
DIOOXIA	Tier 3	
DRITHOCREME HP	Tier 2	ST: TRIAL OF TOPICAL CORTICOSTEROID REQUIRED

Drug		Status	Notes
PELLIX	(calcipotriene)	Tier 1	ST: TRIAL OF TOPICAL CORTICOSTEROID REQUIRED
PURAZIL		Tier 3	
<i>tazarotene topical cream 0.05 %</i>	(Tazorac)	Tier 1	Age (Max 39 Years)
<i>tazarotene topical cream 0.1 %</i>	(Tazorac)	Tier 1	
<i>tazarotene topical gel</i>	(Tazorac)	Tier 1	Age (Max 39 Years)
TRILITAS	(tazarotene)	Tier 1	Age (Max 39 Years)
VTAMA		Tier 2	PA; QL (60 GM per 30 days)
ZITHRANOL		Tier 3	ST: TRIAL OF TOPICAL CORTICOSTEROID REQUIRED
ZORYVE TOPICAL CREAM 0.3 %		Tier 2	PA; QL (60 GM per 30 days)
II-23 Receptor Antagonist, Monoclonal Antibody			
OMVOH PEN		Tier 2	PA; SP
OMVOH SUBCUTANEOUS		Tier 2	PA; SP
SKYRIZI INTRAVENOUS		Tier 2	PA; SP
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR		Tier 2	PA; SP
TREMFYA INTRAVENOUS		Tier 2	PA; SP
TREMFYA ONE-PRESS		Tier 2	PA; SP
TREMFYA PEN		Tier 2	PA; SP
TREMFYA PEN INDUCTION PK(2PEN)		Tier 2	PA; SP
TREMFYA SUBCUTANEOUS SYRINGE		Tier 2	PA; SP
Topical Agents,Miscellaneous			
L-MESITRAN SOFT		Tier 3	
MUSCUSOLICE		Tier 3	
NEURAPTINE		Tier 3	
OCM		Tier 3	
SIVORA		Tier 3	
<i>urea topical cream 20 %</i>	(Gormel)	Tier 1	
Topical Immunosuppressive Agents			
ELYZIA	(tacrolimus-niacinamide)	Tier 3	

Drug		Status	Notes
ELYZIA (WITH HYALURONATE)	(tacrolimus-hyaluronate-niacin)	Tier 3	
HOVYN		Tier 3	
HYFTOR		Tier 3	PA; SP
NUJO		Tier 3	
NUJU	(tacrolimus-vehicle base no.238)	Tier 3	
OXIANUJO	(tacrolimus-niacinamide)	Tier 3	
OXIANUJO (WITH HYALURONATE)	(tacrolimus-hyaluronate-niacin)	Tier 3	
<i>pimecrolimus</i>		Tier 1	ST: TRIAL OF GENERIC MOMETASONE CREAM OR OINTMENT, CLOBETASOL CREAM OR OINTMENT, HYDROCORTISONE 1% OR 2.5% CREAM OR OINTMENT, OR TRIAMCINOLONE 0.1% OR 0.5% OINTMENT IN THE PAST 120 DAYS
<i>tacrolimus topical</i>		Tier 1	ST: TRIAL OF GENERIC MOMETASONE CREAM OR OINTMENT, CLOBETASOL CREAM OR OINTMENT, HYDROCORTISONE 1% OR 2.5% CREAM OR OINTMENT, OR TRIAMCINOLONE 0.1% OR 0.5% OINTMENT IN THE PAST 120 DAYS
VEVEN	(tacrolimus-vehicle base no.238)	Tier 3	
Topical Vit D Analog/Antiinflammatory, Steroidal			
<i>calcipotriene-betamethasone</i>	(Attero)	Tier 1	ST: TRIAL OF TOPICAL CORTICOSTEROID REQUIRED

Drug	Status	Notes
DIOCHLOY (clobetasol-calcipotriene)	Tier 3	
ENSTILAR	Tier 2	
PLENURA (clobetasol-calcipotriene)	Tier 3	
Diabetes		
Antihypergly, (Dpp-4) Inhibitor & Biguanide Comb.		
<i>sitagliptin phos-metformin oral tablet</i> (Janumet)	Tier 1	QL (2 EA per 1 day)
<i>sitagliptin phos-metformin oral tablet, er multiphase 24 hr 100-1,000 mg</i> (Janumet XR)	Tier 1	QL (1 EA per 1 day)
<i>sitagliptin phos-metformin oral tablet, er multiphase 24 hr 50-1,000 mg, 50-500 mg</i> (Janumet XR)	Tier 1	QL (2 EA per 1 day)
Antihypergly, Incretin Mimetic (Glp-1 Recep. Agonist)		
<i>exenatide subcutaneous pen injector 10 mcg/dose (250 mcg/ml) 2.4 ml</i>	Tier 1	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT A PA REQUEST; QL (2.4 ML per 30 days)
<i>exenatide subcutaneous pen injector 5 mcg/dose (250 mcg/ml) 1.2 ml</i>	Tier 1	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT A PA REQUEST; QL (1.2 ML per 30 days)
<i>liraglutide</i> (Victoza 2-Pak)	Tier 1	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT A PA REQUEST; QL (9 ML per 30 days)
OZEMPIC ORAL	Tier 2	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT A PA REQUEST; QL (1 EA per 1 day)

Drug	Status	Notes
OZEMPIC SUBCUTANEOUS	Tier 2	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT A PA REQUEST; QL (3 ML per 28 days)
RYBELSUS	Tier 2	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT A PA REQUEST; QL (1 EA per 1 day)
TRULICITY	Tier 2	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT A PA REQUEST; QL (2 ML per 28 days)
Antihyperglycemic-Sod/Gluc Cotransport2(Sglt2)Inhib		
<i>dapagliflozin</i> (Farxiga)	Tier 1	QL (1 EA per 1 day)
JARDIANCE	Tier 2	QL (1 EA per 1 day)
Antihyperglycemic - Dopamine Receptor Agonists		
CYCLOSET	Tier 3	ST: TRIAL OF METFORMIN(GLUCOPHAGE), METFORMIN ER, GLYBURIDE/METFORMIN (GLUCOVANCE) OR GLIPIZIDE/METFORMIN (METAGLIP) WITHIN THE PAST 180 DAYS; QL (6 EA per 1 day)

Drug	Status	Notes
Antihyperglycemic - Incretin Mimetics Combination		
MOUNJARO	Tier 2	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT A PA REQUEST; QL (0.5 ML per 7 days)
Antihyperglycemic, Alpha-Glucosidase Inhib (N-S)		
<i>acarbose</i>	Tier 1	
<i>miglitol</i>	Tier 1	
Antihyperglycemic, Dpp-4 Inhibitors		
<i>sitagliptin phosphate</i> (Januvia)	Tier 1	QL (1 EA per 1 day)
Antihyperglycemic, Insulin-Release Stimulant Type		
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	
<i>glipizide oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>glipizide oral tablet 2.5 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>glipizide oral tablet extended release 24hr</i>	Tier 1	
<i>glyburide</i>	Tier 1	
<i>nateglinide</i>	Tier 1	
<i>repaglinide</i>	Tier 1	
Antihyperglycemic, Insulin-Response Enhancer (N-S)		
<i>pioglitazone</i> (Actos)	Tier 1	
Antihyperglycemic, Sglt-2 & Dpp-4 Inhibitor Comb.		
GLYXAMBI	Tier 2	QL (1 EA per 1 day)
Antihyperglycemic, Biguanide Type (Non-Sulfonylurea)		
<i>metformin oral solution</i> (Riomet)	Tier 1	PA; QL (20 ML per 1 day)
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	Tier 1	
<i>metformin oral tablet extended release 24 hr</i>	Tier 1	

Drug	Status	Notes
Antihyperglycemic, Insulin & Glp-1 Receptor Agonist		
SOLQUA 100/33	Tier 2	QL (15 ML per 25 days)
XULTOPHY 100/3.6	Tier 2	QL (15 ML per 28 days)
Antihyperglycemic, Insulin-Rel Stim.& Biguanide Cmb		
<i>glipizide-metformin</i>	Tier 1	
<i>glyburide-metformin</i>	Tier 1	
Antihyperglycemic, Insulin-Response & Release Comb.		
<i>pioglitazone-glimepiride</i> (DUETACT)	Tier 1	ST: TRIAL OF METFORMIN, PREFERRED SULFONYLUREA OR PREFERRED METFORMIN/SULFONYL UREA COMBO REQUIRED WITHIN THE PAST 120 DAYS; QL (1 EA per 1 day)
Antihyperglycemic-Glucocorticoid Receptor Blocker		
KORLYM (mifepristone)	Tier 2	PA; SP; QL (4 EA per 1 day)
<i>mifepristone oral tablet 300 mg</i> (Korlym)	Tier 1	PA; SP; QL (4 EA per 1 day)
Antihyperglycemic-SglT2 Inhibitor & Biguanide Comb		
<i>dapagliflozin-metformin oral tablet, ir - er, biphasic 24hr 10-500 mg, 5-500 mg</i> (Xigduo XR)	Tier 1	QL (1 EA per 1 day)
SYNJARDY	Tier 2	QL (2 EA per 1 day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	Tier 2	QL (1 EA per 1 day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	Tier 2	QL (2 EA per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG (dapagliflozin-metformin)	Tier 2	QL (1 EA per 1 day)

Drug	Status	Notes
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	Tier 2	QL (2 EA per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, (dapagliflozin-metformin) BIPHASIC 24HR 5-1,000 MG	Tier 2	QL (2 EA per 1 day)
Antihyperglycm,Insul-Resp.Enhancer & Biguanide Cmb		
<i>pioglitazone-metformin</i> (Actoplus MET)	Tier 1	ST: TRIAL OF METFORMIN, PREFERRED SULFONYLUREA OR PREFERRED METFORMIN/SULFONYL UREA COMBO REQUIRED WITHIN THE PAST 120 DAYS; QL (3 EA per 1 day)
Antihypergly-Sglt-2 Inhib,Dpp-4 Inhib,Biguanide Cb		
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	Tier 2	QL (1 EA per 1 day)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	Tier 2	QL (2 EA per 1 day)
Blood Sugar Diagnostics		
CONTOUR NEXT TEST STRIPS (blood sugar diagnostic)	Tier 2	QL (200 EA per 30 days)
CONTOUR PLUS TEST STRIP (blood sugar diagnostic)	Tier 2	QL (200 EA per 30 days)
CONTOUR TEST STRIPS (blood sugar diagnostic)	Tier 2	QL (200 EA per 30 days)
FREESTYLE INSULINX STRIP (blood sugar diagnostic)	Tier 2	QL (200 EA per 30 days)
FREESTYLE INSULINX TEST STRIPS (blood sugar diagnostic)	Tier 2	QL (200 EA per 30 days)
FREESTYLE LITE STRIPS (blood sugar diagnostic)	Tier 2	QL (200 EA per 30 days)
FREESTYLE PRECISION NEO STRIPS (blood sugar diagnostic)	Tier 2	QL (200 EA per 30 days)
FREESTYLE TEST (blood sugar diagnostic)	Tier 2	QL (200 EA per 30 days)
PRECISION XTRA TEST (blood sugar diagnostic)	Tier 2	QL (200 EA per 30 days)
Diabetic Supplies		
ASSURE TITANIUM GLUCOSE SYSTEM (blood-glucose meter)	Tier 3	
AUTOJECT 2 INJECTION DEVICE	Tier 3	

Drug	Status	Notes
AUTOPEN 1 TO 21 UNITS	Tier 3	
AUTOPEN 2 TO 42 UNITS	Tier 3	
BIGFOOT UNITY	Tier 3	
BIGFOOT UNITY PEN CAP-ADMELOG	Tier 3	
BIGFOOT UNITY PEN CAP-APIDRA	Tier 3	
BIGFOOT UNITY PEN CAP-ASPART	Tier 3	
BIGFOOT UNITY PEN CAP-BASAGLAR	Tier 3	
BIGFOOT UNITY PEN CAP-FIASP	Tier 3	
BIGFOOT UNITY PEN CAP-HUMALOG	Tier 3	
BIGFOOT UNITY PEN CAP-LANTUS	Tier 3	
BIGFOOT UNITY PEN CAP-LISPRO	Tier 3	
BIGFOOT UNITY PEN CAP-LYUMJEV	Tier 3	
BIGFOOT UNITY PEN CAP-NOVOLOG	Tier 3	
BIGFOOT UNITY PEN CAP-TOUJEO	Tier 3	
BIGFOOT UNITY PEN CAP-TOUJEOMX	Tier 3	
BIGFOOT UNITY PEN CAP-TRESIBA	Tier 3	
CEQUR SIMPLICITY DEVICE 1 UNIT (240 UNIT)	Tier 2	QL (4 EA per 30 days)
CEQUR SIMPLICITY DEVICE 2 UNIT (200 UNIT), 2 UNIT (240 UNIT)	Tier 2	QL (10 EA per 30 days)
CEQUR SIMPLICITY INSERTER	Tier 2	QL (1 EA per 365 days)
DEXCOM G7 15 DAY SENSOR	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (2 EA per 30 days)
DEXCOM G7 RECEIVER	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days)
DEXCOM G7 SENSOR	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (3 EA per 30 days)

Drug	Status	Notes
FREESTYLE LIBRE 14 DAY READER	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days)
FREESTYLE LIBRE 14 DAY SENSOR	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (2 EA per 28 days)
FREESTYLE LIBRE 2 PLUS SENSOR	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (2 EA per 28 days)
FREESTYLE LIBRE 2 READER	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days)
FREESTYLE LIBRE 2 SENSOR	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (2 EA per 28 days)
FREESTYLE LIBRE 3 PLUS SENSOR	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (2 EA per 28 days)
FREESTYLE LIBRE 3 READER	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days)
FREESTYLE LIBRE 3 SENSOR	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (2 EA per 28 days)
GLUCOCOM AUTOLINK	Tier 3	
GUARDIAN 4 GLUCOSE SENSOR	Tier 3	PA
GUARDIAN 4 TRANSMITTER	Tier 3	PA
GUARDIAN LINK 3 TRANSMITTER	Tier 3	PA
GUARDIAN SENSOR 3	Tier 3	PA
ILET INFUSION KIT-FLEX 23"	Tier 2	
ILET INFUSION KIT-INSET 23"	Tier 2	

MedPerform Premier Formulary

10/01/2026

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
ILET INFUSION KIT-INSET 32"	Tier 2	
ILET INFUSION-CONTACT DTCH 23"	Tier 2	
ILET INSULIN PUMP	Tier 2	PA
ILET STARTER KIT CONTACT	Tier 2	
ILET STARTER KIT-INSET	Tier 2	
INPEN (FOR HUMALOG) BLUE	Tier 2	
INPEN (FOR HUMALOG) GREY	Tier 2	
INPEN (FOR HUMALOG) PINK	Tier 2	
INPEN (NOVOLOG OR FIASP) BLUE	Tier 2	
INPEN (NOVOLOG OR FIASP) GREY	Tier 2	
INPEN (NOVOLOG OR FIASP) PINK	Tier 2	
MEDTRONIC EXT INFUSION SET 23"	Tier 3	
MEDTRONIC EXT INFUSION SET 32"	Tier 3	
MEDTRONIC EXT INFUSION SET 43"	Tier 3	
MINIMED 780G INSULIN PUMP	Tier 3	PA
MINIMED FLEX	Tier 3	PA
MINIMED MIO ADVANCE INF SET23"	Tier 3	
MINIMED MIO ADVANCE INF SET43"	Tier 3	
MINIMED QUICK SET 18"	Tier 3	
MINIMED QUICK SET 23"	Tier 3	
MINIMED QUICK SET 32"	Tier 3	
MINIMED QUICK SET 43"	Tier 3	
MINIMED SILHOUETTE 18"	Tier 3	
MINIMED SILHOUETTE 23"	Tier 3	
MINIMED SILHOUETTE 32"	Tier 3	
MINIMED SILHOUETTE 43"	Tier 3	
MINIMED SURE T 18"	Tier 3	
MINIMED SURE T 23"	Tier 3	
MINIMED SURE T 32"	Tier 3	
NOVOPEN ECHO	Tier 3	
OMNIPOD 5 (LIBRE 2/3 PLUS)	Tier 2	
OMNIPOD 5 G6-G7 INTRO KT(GEN5)	Tier 2	QL (1 EA per 365 days)
OMNIPOD 5 G6-G7 PODS (GEN 5)	Tier 2	
OMNIPOD 5 INTRO (LIBRE2/3PLUS)	Tier 2	QL (1 EA per 365 days)

MedPerform Premier Formulary

10/01/2026

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
OMNIPOD DASH INTRO KIT (GEN 4)	Tier 2	QL (1 EA per 365 days)
OMNIPOD DASH PDM KIT (GEN 4)	Tier 2	QL (1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4)	Tier 2	
SIMPLERA SENSOR	Tier 3	PA
SIMPLERA SYNC SENSOR	Tier 3	PA
T:SLIM X2 CONTROL-IQ	Tier 3	PA
TANDEM MOBI AUTOSOFT 30 KT 23"	Tier 2	
TANDEM MOBI AUTOSOFT XC KIT 5"	Tier 2	
TANDEM MOBI AUTOSOFT XC KT 23"	Tier 2	
TANDEM MOBI AUTOSOFT30 14PK 23	Tier 2	
TANDEM MOBI AUTOSOFTXC 14PK 23	Tier 2	
TANDEM MOBI AUTOSOFTXC 14PK 5"	Tier 2	
TANDEM MOBI SYSTEM	Tier 2	PA
TANDEM MOBI TRUSTEEL KIT 23"	Tier 2	
TANDEM T:SLIM ASFT 30 PK10 23"	Tier 2	
TANDEM T:SLIM ASFT 30 PK14 23"	Tier 2	
TANDEM T:SLIM ASFT XC PK10 23"	Tier 2	
TANDEM T:SLIM ASFT XC PK14 23"	Tier 2	
TANDEM T:SLIM TRUSTL PK10 23"	Tier 2	
TANDEM T:SLIM X2 STARTER KIT	Tier 2	PA
TWIIST RFL(INFUS-CSST-NDL-SYR)	Tier 2	
TWIIST STARTER KIT	Tier 2	QL (1 EA per 365 days)
V-GO 20	Tier 2	
V-GO 30	Tier 2	
V-GO 40	Tier 2	
Hyperglycemics		
BAQSIMI	Tier 2	QL (4 EA per 1 FILL)
<i>diazoxide</i> (Proglycem)	Tier 1	
GLUCAGON EMERGENCY KIT (HUMAN)	Tier 1	ST: TRIAL OF BAQSIMI OR GVOKE IN THE PAST 120 DAYS; QL (4 EA per 1 FILL)
GVOKE	Tier 2	QL (0.8 ML per 1 FILL)

Drug	Status	Notes
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML	Tier 2	QL (0.4 ML per 1 FILL)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML	Tier 2	QL (0.8 ML per 1 FILL)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML	Tier 2	QL (0.4 ML per 1 FILL)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML	Tier 2	QL (0.8 ML per 1 FILL)
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	Tier 2	QL (0.8 ML per 1 FILL)
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	Tier 2	QL (0.8 ML per 1 FILL)
Insulins		
AFREZZA	Tier 3	PA; QL (180 EA per 28 days)
FIASP FLEXTOUCH U-100 INSULIN	Tier 2	QL (30 ML per 28 days)
FIASP PENFILL U-100 INSULIN	Tier 2	QL (30 ML per 28 days)
FIASP PUMPCART	Tier 2	QL (40 ML per 28 days)
FIASP U-100 INSULIN	Tier 2	QL (40 ML per 28 days)
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	Tier 2	QL (12 ML per 28 days)
HUMALOG MIX 50-50 KWIKPEN	Tier 2	QL (30 ML per 28 days)
HUMALOG MIX 75-25(U-100)INSULN	Tier 2	QL (40 ML per 28 days)
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE	Tier 2	QL (30 ML per 28 days)
HUMULIN 70/30 U-100 INSULIN	Tier 2	QL (40 ML per 28 days)
HUMULIN 70/30 U-100 KWIKPEN	Tier 2	QL (30 ML per 28 days)
HUMULIN N NPH INSULIN KWIKPEN	Tier 2	QL (30 ML per 28 days)
HUMULIN N NPH U-100 INSULIN	Tier 2	QL (40 ML per 28 days)
HUMULIN R REGULAR U-100 INSULN	Tier 2	QL (40 ML per 28 days)

Drug		Status	Notes
HUMULIN R U-500 (CONC) KWIKPEN		Tier 2	QL (24 ML per 28 days)
<i>insulin glargine-yfgn subcutaneous insulin pen</i>	(Semglee(insulin glarg-yfgn)Pen)	Tier 2	QL (30 ML per 28 days)
<i>insulin glargine-yfgn subcutaneous solution</i>	(Semglee(insulin glargine-yfgn))	Tier 2	QL (40 ML per 28 days)
<i>insulin lispro protamin-lispro</i>	(Humalog Mix 75-25 KwikPen)	Tier 1	QL (30 ML per 28 days)
<i>insulin lispro subcutaneous insulin pen</i>	(Admelog SoloStar U-100 Insulin)	Tier 1	QL (30 ML per 28 days)
<i>insulin lispro subcutaneous insulin pen, half-unit</i>	(Humalog Junior KwikPen U-100)	Tier 1	QL (30 ML per 28 days)
<i>insulin lispro subcutaneous solution</i>	(Admelog U-100 Insulin lispro)	Tier 1	QL (40 ML per 28 days)
LYUMJEV KWIKPEN U-100 INSULIN		Tier 2	QL (30 ML per 28 days)
LYUMJEV KWIKPEN U-200 INSULIN		Tier 2	QL (12 ML per 28 days)
LYUMJEV U-100 INSULIN		Tier 2	QL (40 ML per 28 days)
NOVOLIN 70/30 U-100 INSULIN		Tier 2	QL (40 ML per 28 days)
NOVOLIN 70-30 FLEXPEN U-100		Tier 2	QL (30 ML per 28 days)
NOVOLIN N FLEXPEN		Tier 2	QL (30 ML per 28 days)
NOVOLIN N NPH U-100 INSULIN		Tier 2	QL (40 ML per 28 days)
NOVOLIN R FLEXPEN		Tier 2	QL (30 ML per 28 days)
NOVOLIN R REGULAR U100 INSULIN		Tier 2	QL (40 ML per 28 days)
NOVOLOG FLEXPEN U-100 INSULIN	(insulin aspart u-100)	Tier 2	QL (30 ML per 28 days)
NOVOLOG MIX 70-30 U-100 INSULN	(insulin asp prt-insulin aspart)	Tier 2	QL (40 ML per 28 days)
NOVOLOG MIX 70-30FLEXPEN U-100	(insulin asp prt-insulin aspart)	Tier 2	QL (30 ML per 28 days)
NOVOLOG PENFILL U-100 INSULIN	(insulin aspart u-100)	Tier 2	QL (30 ML per 28 days)
NOVOLOG U-100 INSULIN ASPART	(insulin aspart u-100)	Tier 2	QL (40 ML per 28 days)
REZVOGLAR KWIKPEN		Tier 3	ST: TRIAL OF INSULIN GLARGINE-YFGN, TOUJEO OR TRESIBA IN THE PAST 120 DAYS; QL (30 ML per 28 days)
TOUJEO MAX U-300 SOLOSTAR	(insulin glargine u-300 conc)	Tier 2	QL (18 ML per 28 days)

Drug		Status	Notes
TOUJEO SOLOSTAR U-300 INSULIN	(insulin glargine u-300 conc)	Tier 2	QL (13.5 ML per 28 days)
TRESIBA FLEXTOUCH U-100	(insulin degludec)	Tier 2	QL (30 ML per 28 days)
TRESIBA FLEXTOUCH U-200	(insulin degludec)	Tier 2	QL (18 ML per 28 days)
TRESIBA U-100 INSULIN	(insulin degludec)	Tier 2	QL (40 ML per 28 days)
Ear - General Disorders			
Ear Preparations Anti-Inflammatory			
<i>fluocinolone acetonide oil</i>	(DermOtic Oil)	Tier 1	
Ear Preparations, Misc. Anti-Infectives			
<i>acetic acid otic (ear)</i>		Tier 1	
CORTANE-B		Tier 3	
<i>hydrocortisone-acetic acid</i>		Tier 1	
Ear Preparations, Antibiotics			
<i>ciprofloxacin hcl otic (ear)</i>	(Cetraxal)	Tier 1	
CORTISPORIN-TC		Tier 3	
<i>neomycin-polymyxin-hc otic (ear)</i>		Tier 1	
<i>ofloxacin otic (ear)</i>		Tier 1	
Otic Preparations, Anti-Inflammatory-Antibiotics			
<i>ciprofloxacin-dexamethasone</i>		Tier 1	
<i>ciprofloxacin-fluocinolone</i>	(Otovel)	Tier 1	
<i>ciprofloxacin-hydrocortisone</i>	(Cipro HC)	Tier 1	
Electrolyte Regulation			
Arginine Vasopressin (Avp) Receptor Antagonists			
<i>tolvaptan oral tablet 15 mg</i>	(Samsca)	Tier 1	SP; QL (30 EA per 365 days)
<i>tolvaptan oral tablet 30 mg</i>	(Samsca)	Tier 1	SP; QL (60 EA per 365 days)
Electrolyte Depleters			
<i>calcium acetate(phosphat bind)</i>		Tier 1	

Drug	Status	Notes
<i>ferric citrate</i> (Auryxia)	Tier 1	ST: TRIAL OF VELPHORO AND ONE OF THE FOLLOWING: GENERIC SEVELAMER HCL, SEVELAMER CARBONATE, CALCIUM ACETATE, OR LANTHANUM CARBONATE IN THE PAST 365 DAYS; QL (12 EA per 1 day)
FOSRENOL ORAL POWDER IN PACKET	Tier 3	ST: TRIAL OF VELPHORO AND ONE OF THE FOLLOWING: GENERIC SEVELAMER HCL, SEVELAMER CARBONATE, CALCIUM ACETATE, OR LANTHANUM CARBONATE IN THE PAST 365 DAYS; QL (3 EA per 1 day)
KIONEX ORAL SUSPENSION (sodium polystyrene sulfonate)	Tier 1	
<i>lanthanum</i> (Fosrenol)	Tier 1	
LOKELMA ORAL POWDER IN PACKET 10 GRAM	Tier 2	QL (34 EA per 30 days)
LOKELMA ORAL POWDER IN PACKET 5 GRAM	Tier 2	QL (1 EA per 1 day)
<i>sevelamer carbonate</i> (Renvela)	Tier 1	
<i>sevelamer hcl</i>	Tier 1	
<i>sodium polystyrene sulfonate</i> (Kionex)	Tier 1	
SPS (WITH SORBITOL) ORAL	Tier 1	
SPS (WITH SORBITOL) RECTAL	Tier 3	
VELPHORO	Tier 2	QL (6 EA per 1 day)
VELTASSA ORAL POWDER IN PACKET 1 GRAM	Tier 3	PA; QL (12 EA per 1 day)
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 8.4 GRAM	Tier 3	PA; QL (1 EA per 1 day)

Drug		Status	Notes
XPHOZAH		Tier 3	ST: TRIAL OF VELPHORO AND ONE OF THE FOLLOWING: GENERIC SEVELAMER HCL, SEVELAMER CARBONATE, CALCIUM ACETATE, OR LANTHANUM CARBONATE IN THE PAST 365 DAYS; QL (2 EA per 1 day)
Potassium Replacement			
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ		Tier 3	
EFFER-K ORAL TABLET, EFFERVESCENT 25 MEQ	(potassium bicarb-citric acid)	Tier 1	
KLOR-CON M10	(potassium chloride)	Tier 1	
KLOR-CON M15	(potassium chloride)	Tier 1	
KLOR-CON M20	(potassium chloride)	Tier 1	
<i>potassium chloride oral capsule, extended release</i>		Tier 1	
<i>potassium chloride oral liquid</i>		Tier 1	
<i>potassium chloride oral packet 20 meq</i>	(Klor-Con)	Tier 1	
<i>potassium chloride oral tablet extended release</i>	(Klor-Con 10)	Tier 1	
<i>potassium chloride oral tablet, er particles/crystals</i>	(Klor-Con M10)	Tier 1	
Sodium/Saline Preparations			
BD POSIFLUSH NORMAL SALINE 0.9	(sodium chloride 0.9 % (flush))	Tier 1	
NORMAL SALINE FLUSH	(sodium chloride 0.9 % (flush))	Tier 1	
<i>sodium chlor 0.9% bacteriostat</i>		Tier 1	
<i>sodium chloride 0.45 % intravenous</i>		Tier 1	
<i>sodium chloride 0.9 %</i>		Tier 1	
<i>sodium chloride 0.9 % (flush) injection syringe</i>	(BD PosiFlush Normal Saline 0.9)	Tier 1	
<i>sodium chloride injection</i>		Tier 1	

Drug	Status	Notes
Endocrine Disorder - Fertility		
Drugs To Treat Impotency		
<i>avanafil</i> (Stendra)	Tier 1	ST: TRIAL OF GENERIC VIAGRA IN THE PAST 120 DAYS; QL (1 EA per 5 days)
CAVERJECT	Tier 3	QL (1 EA per 5 days)
CAVERJECT IMPULSE	Tier 3	QL (1 EA per 5 days)
EDEX INTRACAVERNOSAL KIT 10 MCG, 40 MCG	Tier 3	QL (3 EA per 30 days)
EDEX INTRACAVERNOSAL KIT 20 MCG	Tier 3	QL (1 EA per 30 days)
IFE-BIMIX 30/1 (papav-phentolamine in water)	Tier 1	
<i>sildenafil</i> (Viagra)	Tier 1	QL (1 EA per 5 days)
<i>tadalafil oral tablet 10 mg, 20 mg</i> (Cialis)	Tier 1	QL (1 EA per 5 days)
<i>tadalafil oral tablet 2.5 mg</i>	Tier 1	PA; QL (1 EA per 1 day)
<i>tadalafil oral tablet 5 mg</i> (Cialis)	Tier 1	PA; QL (1 EA per 1 day)
TRI-MIX (PAPAVRN-PHNTLMN-PGE1)	Tier 3	
Fertility Stimulating Preparations, Non-Fsh		
<i>clomiphene citrate</i> (MiloPhene)	Tier 1	
MILOPHENE (clomiphene citrate)	Tier 1	
Follicle Stim./Luteinizing Hormones		
MENOPUR	Tier 2	SP
Follicle-Stimulating Hormone (Fsh)		
FOLLISTIM AQ	Tier 3	SP; ST: TRIAL OF GONAL-F OR GONAL-F-RFF REQUIRED IN THE PAST 120 DAYS
GONAL-F RFF REDI-JECT	Tier 2	SP
GONAL-F SUBCUTANEOUS RECON SOLN 450 UNIT	Tier 2	SP
Human Chorionic Gonadotropin (Hcg)		
<i>chorionic gonadotropin, human intramuscular</i> (Pregnyl)	Tier 3	ST: TRIAL OF NOVAREL OR OVIDREL REQUIRED IN THE PAST 120 DAYS

Drug	Status	Notes
NOVAREL INTRAMUSCULAR RECON SOLN 5,000 UNIT	Tier 2	
OVIDREL	Tier 2	
PREGNYL (chorionic gonadotropin, human)	Tier 3	ST: TRIAL OF NOVAREL OR OVIDREL REQUIRED IN THE PAST 120 DAYS
Pregnancy Facilitating/Maintaining Agent,Hormonal		
CRINONE VAGINAL GEL 8 %	Tier 2	
<i>progesterone micronized vaginal</i> (Endometrin)	Tier 1	
Endocrine Disorder - Other		
Adrenal Steroid Inhibitors		
ISTURISA ORAL TABLET 1 MG	Tier 3	PA; SP; QL (8 EA per 1 day)
ISTURISA ORAL TABLET 5 MG	Tier 3	PA; SP; QL (12 EA per 1 day)
RECORLEV	Tier 3	PA; SP; QL (8 EA per 1 day)
Adrenocorticotrophic Hormones		
ACTHAR	Tier 3	PA; SP
ACTHAR SELFJECT	Tier 3	PA; SP
CORTROPHIN GEL	Tier 3	PA; SP
Antidiuretic And Vasopressor Hormones		
<i>desmopressin injection</i> (DDAVP)	Tier 1	
<i>desmopressin nasal spray with pump</i>	Tier 1	
<i>desmopressin nasal spray,non-aerosol</i>	Tier 1	
<i>desmopressin oral</i> (DDAVP)	Tier 1	
NOCDURNA (MEN)	Tier 3	QL (1 EA per 1 day)
NOCDURNA (WOMEN)	Tier 3	QL (1 EA per 1 day)
Antineoplastic Lhrh(Gnrh) Agonist,Pituitary Suppr.		
ELIGARD	Tier 2	PA; SP
ELIGARD (4 MONTH)	Tier 2	PA; SP
<i>leuprolide subcutaneous kit</i>	Tier 1	PA; SP

Drug	Status	Notes
Bone Formation Stim. Agents - Parathyroid Hormone		
<i>teriparatide subcutaneous pen injector</i> (Bonsity) 20 mcg/dose (560mcg/2.24ml)	Tier 1	PA; SP; QL (2.24 ML per 28 days)
Bone Formation Stimulating Agts - Pth Rel Peptides		
TYMLOS	Tier 2	PA; SP; QL (1.56 ML per 30 days)
Bone Resorption Inhibitor & Vitamin D Combinations		
FOSAMAX PLUS D	Tier 3	QL (1 EA per 7 days)
Bone Resorption Inhibitors		
<i>alendronate oral solution</i>	Tier 1	QL (75 ML per 7 days)
<i>alendronate oral tablet 10 mg, 35 mg, 5 mg</i>	Tier 1	
<i>alendronate oral tablet 70 mg</i> (Fosamax)	Tier 1	
<i>calcitonin (salmon)</i> (Miacalcin)	Tier 1	
<i>ibandronate oral</i>	Tier 1	
OSEVELT	Tier 2	PA; SP; QL (1.7 ML per 28 days)
<i>raloxifene</i> (Evista)	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)
<i>risedronate oral tablet 150 mg</i> (Actonel)	Tier 1	ST: TRIAL OF GENERIC ALENDRONATE AND IBANDRONATE REQUIRED; QL (1 EA per 30 days)
<i>risedronate oral tablet 30 mg, 5 mg</i>	Tier 1	ST: TRIAL OF GENERIC ALENDRONATE AND IBANDRONATE REQUIRED; QL (1 EA per 1 day)
<i>risedronate oral tablet 35 mg</i> (Actonel)	Tier 1	ST: TRIAL OF GENERIC ALENDRONATE AND IBANDRONATE REQUIRED; QL (1 EA per 7 days)

Drug	Status	Notes
<i>risedronate oral tablet, delayed release</i> (Atelvia) (<i>dr/ec</i>)	Tier 1	ST: TRIAL OF GENERIC ALENDRONATE AND IBANDRONATE REQUIRED; QL (1 EA per 7 days)
STOBOCLO	Tier 2	PA; SP; QL (1 ML per 1 FILL)
Calcimimetic, Parathyroid Calcium Enhancer		
<i>cinacalcet oral tablet 30 mg, 60 mg</i> (Sensipar)	Tier 1	SP
<i>cinacalcet oral tablet 90 mg</i> (Sensipar)	Tier 1	SP; QL (4 EA per 1 day)
Growth Hormone Receptor Antagonists		
SOMAVERT	Tier 3	PA; SP; QL (1 EA per 1 day)
Growth Hormone Releasing Hormone (Ghrh) & Analogs		
EGRIFTA SV	Tier 3	PA; SP; QL (1 EA per 1 day)
EGRIFTA WR	Tier 3	PA; SP; QL (1 EA per 28 days)
Growth Hormones		
GENOTROPIN	Tier 2	PA; SP
GENOTROPIN MINIQUICK	Tier 2	PA; SP
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	Tier 2	PA; SP
OMNITROPE	Tier 3	PA; SP
SKYTROFA	Tier 2	PA; SP
SOGROYA	Tier 2	PA; SP; QL (6 ML per 28 days)
Hyperparathyroid Tx Agents - Vitamin D Analog-Type		
<i>doxercalciferol oral</i>	Tier 1	
<i>paricalcitol oral</i> (Zemplar)	Tier 1	
RAYALDEE	Tier 2	QL (2 EA per 1 day)

Drug	Status	Notes
Insulin-Like Growth Factor-1 (Igf-1) Hormones		
INCRELEX	Tier 3	PA; SP
Leptin Hormone Analogs		
MYALEPT	Tier 3	PA; SP; QL (1 EA per 1 day)
Lhrh (Gnrh) Antagonist, Estrogen And Progestin Comb		
MYFEMBREE	Tier 2	PA; QL (1 EA per 1 day)
ORIAHNN	Tier 2	PA; QL (2 EA per 1 day)
Lhrh(Gnrh) Agonist Analog Pituitary Suppressants		
SYNAREL	Tier 3	PA; SP
Lhrh(Gnrh) Antagonist, Pituitary Suppressant Agents		
<i>cetrorelix</i> (Cetrotide)	Tier 1	SP
FYREMADEL (ganirelix)	Tier 1	SP
<i>ganirelix</i> (Fyremadel)	Tier 1	SP
ORILISSA ORAL TABLET 150 MG	Tier 2	PA; QL (1 EA per 1 day)
ORILISSA ORAL TABLET 200 MG	Tier 2	PA; QL (2 EA per 1 day)
Natriuretic Peptides		
VOXZOGO	Tier 3	PA; SP; QL (1 EA per 1 day)
YUWIWEL SUBCUTANEOUS RECON SOLN 1.3 MG, 2.8 MG	Tier 3	PA; SP; QL (1 EA per 28 days)
YUWIWEL SUBCUTANEOUS RECON SOLN 5.5 MG	Tier 3	PA; SP; QL (2 EA per 28 days)
Parathyroid Hormones		
YORVIPATH SUBCUTANEOUS PEN INJECTOR 168 MCG/0.56 ML	Tier 3	PA; SP; QL (1.12 ML per 28 days)
YORVIPATH SUBCUTANEOUS PEN INJECTOR 294 MCG/0.98 ML	Tier 3	PA; SP; QL (1.96 ML per 28 days)
YORVIPATH SUBCUTANEOUS PEN INJECTOR 420 MCG/1.4 ML	Tier 3	PA; SP; QL (2.8 ML per 28 days)
Pituitary Suppressive Agents		
<i>cabergoline</i>	Tier 1	

Drug	Status	Notes
CRENESSITY ORAL CAPSULE 100 MG	Tier 3	PA; SP; QL (4 EA per 1 day)
CRENESSITY ORAL CAPSULE 25 MG, 50 MG	Tier 3	PA; SP; QL (3 EA per 1 day)
CRENESSITY ORAL SOLUTION	Tier 3	PA; SP; QL (8 ML per 1 day)
<i>danazol</i>	Tier 1	
Endocrine Disorder - Thyroid		
Antithyroid Preparations		
<i>methimazole oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>propylthiouracil</i>	Tier 1	
Iodine Containing Agents		
LUGOLS ORAL	Tier 3	
<i>potassium iodide oral solution</i> (SSKI)	Tier 1	
SSKI (potassium iodide)	Tier 1	
STRONG IODINE ORAL	Tier 1	
Thyroid Hormones		
AMERITHROID ORAL TABLET 90 MG (thyroid (pork))	Tier 1	
EUTHYROX (levothyroxine)	Tier 1	
<i>levothyroxine oral capsule</i> (Tirosint)	Tier 1	ST: TRIAL OF GENERI LEVOTHYROXINE TABLET IN THE PAST 120 DAYS; QL (2 EA per 1 day)
<i>levothyroxine oral tablet</i> (Levo-T)	Tier 1	
LIOMNY (liothyronine)	Tier 1	
<i>liothyronine oral</i> (Liomny)	Tier 1	
THYQUIDITY	Tier 3	PA; QL (20 ML per 1 day)
TIROSINT ORAL CAPSULE 37.5 MCG, 44 MCG, 62.5 MCG	Tier 3	ST: TRIAL OF GENERI LEVOTHYROXINE TABLET IN THE PAST 120 DAYS; QL (2 EA per 1 day)
TIROSINT-SOL	Tier 3	PA; QL (2 ML per 1 day)
Eye - General Disorders		
Eye Antibiotic, Glucocorticoid And Nsaid Comb.		
<i>prednisoln sp-moxiflox-bromfen</i>	Tier 1	

Drug	Status	Notes
<i>prednisolon-moxiflox-ketorolac</i>	Tier 1	
Eye Antibiotic-Corticoid Combinations		
<i>neomycin-bacitracin-poly-hc</i>	Tier 1	
<i>neomycin-polymyxin b-dexameth</i> (Maxitrol)	Tier 1	
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	Tier 1	
PRED-G S.O.P.	Tier 3	
TOBRADEX	Tier 2	
<i>tobramycin-dexamethasone</i>	Tier 1	
<i>tobramycin-lotepred</i> (Zylet)	Tier 1	
Eye Antihistamines		
<i>azelastine ophthalmic (eye)</i>	Tier 1	QL (12 ML per 30 days)
<i>epinastine</i>	Tier 1	QL (10 ML per 30 days)
<i>olopatadine ophthalmic (eye) drops 0.1 %</i> (Eye Allergy Itch-Redness Rlf)	Tier 1	
<i>olopatadine ophthalmic (eye) drops 0.2 %</i> (Advanced Eye Relief (olopatad))	Tier 1	QL (3 ML per 30 days)
Eye Antiinflammatory Agents		
ACUVAIL (PF)	Tier 3	ST: TRIAL OF ILEVRO 0.3% AND ONE OF THE FOLLOWING: DICLOFENAC 0.1% OR KETOROLAC 0.5% IN THE PAST 365 DAYS; QL (60 EA per 15 days)
<i>bromfenac ophthalmic (eye) drops 0.07 %</i> (Prolensa)	Tier 1	ST: TRIAL OF GENERIC KETOROLAC OR DICLOFENAC OPHTHALMIC DROPS IN THE PAST 120 DAYS; QL (3 ML per 16 days)
<i>bromfenac ophthalmic (eye) drops 0.075 %</i> (BromSite)	Tier 1	ST: TRIAL OF GENERIC KETOROLAC OR DICLOFENAC OPHTHALMIC DROPS IN THE PAST 120 DAYS; QL (5 ML per 16 days)

Drug	Status	Notes
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	Tier 1	ST: TRIAL OF GENERIC KETOROLAC OR DICLOFENAC OPHTHALMIC DROPS IN THE PAST 120 DAYS; QL (3.4 ML per 16 days)
<i>clobetasol ophthalmic (eye)</i> (Byqlovi)	Tier 1	ST: TRIAL OF GENERIC OPHTHALMIC FLUOROMETHOLONE 0.1%, DEXAMETHASONE 0.1%, OR PREDNISOLONE 1% IN THE PAST 120 DAYS; QL (3.5 ML per 14 days)
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	Tier 1	QL (15 ML per 14 days)
DEXTENZA	Tier 3	
<i>diclofenac sodium ophthalmic (eye)</i>	Tier 1	QL (10 ML per 14 days)
<i>difluprednate</i> (Durezol)	Tier 1	QL (10 ML per 14 days)
EYSUVIS	Tier 2	QL (8.3 ML per 14 days)
<i>fluorometholone</i> (FML Liquifilm)	Tier 1	QL (10 ML per 14 days)
<i>flurbiprofen sodium</i>	Tier 1	
ILEVRO	Tier 2	QL (3.4 ML per 16 days)
<i>ketorolac ophthalmic (eye) drops 0.4 %</i> (Acular LS)	Tier 1	
<i>ketorolac ophthalmic (eye) drops 0.5 %</i> (Acular)	Tier 1	QL (20 ML per 30 days)
LOTEMAX OPHTHALMIC (EYE) OINTMENT	Tier 2	QL (7 GM per 14 days)
LOTEMAX SM	Tier 2	QL (10 GM per 14 days)
<i>loteprednol etabonate ophthalmic (eye) drops,gel</i> (Lotemax)	Tier 1	QL (10 GM per 14 days)
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %</i> (Alrex)	Tier 1	ST: TRIAL OF GENERIC OPHTHALMIC FLUOROMETHOLONE 0.1%, DEXAMETHASONE 0.1%, OR PREDNISOLONE 1% IN THE PAST 120 DAYS; QL (10 ML per 14 days)

Drug	Status	Notes
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>	Tier 1	QL (20 ML per 14 days)
MAXIDEX	Tier 3	ST: TRIAL OF GENERIC OPHTHALMIC FLUOROMETHOLONE 0.1%, DEXAMETHASONE 0.1%, OR PREDNISOLONE 1% IN THE PAST 120 DAYS; QL (25 ML per 14 days)
<i>prednisolone acetate</i> (Pred Forte)	Tier 1	QL (20 ML per 14 days)
<i>prednisolone sod ph-bromfenac</i>	Tier 1	
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	Tier 1	QL (20 ML per 14 days)
Eye Antivirals		
<i>trifluridine</i>	Tier 1	ST: TRIAL OF ORAL ACYCLOVIR, VALACYCLOVIR OR FAMCICLOVIR IN THE PAST 120 DAYS
Eye Local Anesthetics		
AKTEN (PF)	Tier 3	
ALCAINE (proparacaine)	Tier 1	
ALTACAIN (tetracaine hcl)	Tier 1	
ALTAFLUOR BENOX (fluorescein-benoxinate)	Tier 1	
<i>fluorescein-benoxinate</i>	Tier 1	
<i>fluorescein-proparacaine</i>	Tier 1	
IHEEZO (PF)	Tier 3	
<i>proparacaine</i> (Alcaine)	Tier 1	
<i>tetracaine hcl</i> (Altacaine)	Tier 1	
<i>tetracaine hcl (pf) ophthalmic (eye)</i>	Tier 1	
Eye Sulfonamides		
BLEPHAMIDE S.O.P.	Tier 2	
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	Tier 1	
<i>sulfacetamide-prednisolone</i>	Tier 1	

Drug	Status	Notes
Eye Vasoconstrictors (Rx Only)		
<i>phenylephrine hcl ophthalmic (eye)</i>	Tier 1	
UPNEEQ (PF)	Tier 3	PA
Nicotinic Recept.Partial Agonist, Alpha4beta2 Spec		
TYRVAYA	Tier 2	PA; QL (8.4 ML per 1 day)
Ophthalmic (Eye) Antiparasitics		
XDEMVY	Tier 2	PA; SP; QL (10 ML per 1 FILL)
Ophthalmic Antibiotics		
<i>bacitracin ophthalmic (eye)</i>	Tier 1	
<i>bacitracin-polymyxin b</i>	Tier 1	
BESIVANCE (besifloxacin)	Tier 2	
CILOXAN OPHTHALMIC (EYE) OINTMENT	Tier 2	
<i>ciprofloxacin hcl ophthalmic (eye)</i>	Tier 1	
<i>erythromycin ophthalmic (eye)</i>	Tier 1	
<i>gatifloxacin</i>	Tier 1	
<i>gentamicin ophthalmic (eye) drops</i>	Tier 1	
<i>levofloxacin ophthalmic (eye)</i>	Tier 1	
<i>moxifloxacin ophthalmic (eye)</i> (Vigamox)	Tier 1	
<i>neomycin-bacitracin-polymyxin</i>	Tier 1	
<i>neomycin-polymyxin-gramicidin</i>	Tier 1	
<i>ofloxacin ophthalmic (eye)</i> (Ocuflox)	Tier 1	
<i>polymyxin b sulf-trimethoprim</i>	Tier 1	
<i>tobramycin ophthalmic (eye)</i>	Tier 1	
TOBREX OPHTHALMIC (EYE) OINTMENT	Tier 2	
Ophthalmic Antifungal Agents		
NATACYN	Tier 3	
Ophthalmic Anti-Inflammatory Immunomodulator-Type		
<i>cyclosporine ophthalmic (eye)</i> (Restasis)	Tier 1	QL (60 EA per 30 days)
RESTASIS (cyclosporine)	Tier 1	QL (60 EA per 30 days)
VERKAZIA	Tier 3	PA; QL (4 EA per 1 day)

Drug	Status	Notes
XIIDRA	Tier 2	QL (60 EA per 30 days)
Ophthalmic Human Nerve Growth Factor (Hngf)		
OXERVATE	Tier 3	PA; SP
Ophthalmic Mast Cell Stabilizers		
<i>cromolyn ophthalmic (eye)</i>	Tier 1	QL (50 ML per 30 days)
Eye - Glaucoma		
Carbonic Anhydrase Inhibitors		
<i>acetazolamide</i>	Tier 1	
<i>methazolamide</i>	Tier 1	
Miotics/Other Intraoc. Pressure Reducers		
<i>apraclonidine</i>	Tier 1	
<i>betaxolol ophthalmic (eye)</i>	Tier 1	
BETOPTIC S	Tier 3	
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	Tier 1	QL (2.5 ML per 25 days)
<i>brimonidine ophthalmic (eye)</i> (Alphagan P)	Tier 1	
<i>brimonidine-dorzolamide</i>	Tier 1	
<i>brimonidine-dorzol-bimatoprost</i>	Tier 1	
<i>brimonidine-timolol</i> (Combigan)	Tier 1	
<i>brinzolamide</i> (Azopt)	Tier 1	
<i>carteolol</i>	Tier 1	
<i>dorzolamide</i>	Tier 1	
<i>dorzolamide-timolol</i> (Cosopt)	Tier 1	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i> (Cosopt (PF))	Tier 1	ST: TRIAL OF DORZOLAMIDE/TIMOLOL (NON-COSOPT PF FORMULATION) REQUIRED; QL (2 EA per 1 day)
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE	Tier 3	
<i>latanoprost</i> (Xalatan)	Tier 1	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	Tier 1	

Drug	Status	Notes
LUMIGAN OPTHALMIC (EYE) DROPS (bimatoprost) 0.01 %	Tier 1	QL (2.5 ML per 25 days)
PHOSPHOLINE IODIDE	Tier 3	SP
<i>pilocarpine hcl ophthalmic (eye) drops 1 %</i> , 2 %, 4 %	Tier 1	
<i>pilocarpine hcl ophthalmic (eye) drops 1.25 %</i> (Vuity)	Tier 1	QL (10 ML per 30 days)
QLOSI	Tier 3	ST: TRIAL OF ONE GENERIC PILOCARPINE OPTHALMIC SOLUTION IN THE PAST 120 DAYS; QL (2 EA per 1 day)
RHOPRESSA	Tier 3	ST: TRIAL OF 3 GENERIC GLAUCOMA MEDICATIONS IN THE PAST 365 DAYS; QL (2.5 ML per 30 days)
ROCKLATAN	Tier 3	ST: TRIAL OF 3 GENERIC GLAUCOMA MEDICATIONS IN THE PAST 365 DAYS; QL (2.5 ML per 25 days)
SIMBRINZA	Tier 2	ST: TRIAL OF DORZOLAMIDE OR DORZOLAMIDE/TIMOLOL IN THE PAST 120 DAYS
<i>tafluprost (pf)</i> (Zioptan (PF))	Tier 1	QL (1 EA per 1 day)
<i>timolol</i> (Betimol)	Tier 1	
<i>timolol maleate (pf)</i> (Timoptic Ocudose (PF))	Tier 1	QL (2 EA per 1 day)
<i>timolol maleate ophthalmic (eye)</i> (Istalol)	Tier 1	
<i>timolol-bimatoprost</i>	Tier 1	
<i>timolol-brimon-dorzol-bimatop</i>	Tier 1	
<i>timolol-brimonidine-dorzolamid</i>	Tier 1	
<i>timolol-dorzolamide-bimatopros</i>	Tier 1	
<i>travoprost</i> (Travatan Z)	Tier 1	QL (2.5 ML per 25 days)

Drug	Status	Notes
VIZZ	Tier 3	ST: TRIAL OF ONE GENERIC PILOCARPINE OPHTHALMIC SOLUTION IN THE PAST 120 DAYS; QL (1 EA per 1 day)
VYZULTA	Tier 3	ST: TRIAL OF 3 GENERIC GLAUCOMA MEDICATIONS IN THE PAST 365 DAYS; QL (2.5 ML per 30 days)
XELPROS	Tier 3	ST: TRIAL OF 3 GENERIC GLAUCOMA MEDICATIONS IN THE PAST 365 DAYS; QL (2.5 ML per 25 days)
YUVEZZI	Tier 3	ST: TRIAL OF ONE GENERIC PILOCARPINE OPHTHALMIC SOLUTION IN THE PAST 120 DAYS; QL (1 EA per 1 day)
Mydriatics		
<i>atropine ophthalmic (eye) drops 0.01 %, 0.025 %, 1 %</i>	Tier 1	
<i>atropine sulfate (pf)</i>	Tier 1	
CYCLOGYL OPHTHALMIC (EYE) (cyclopentolate) DROPS 0.5 %	Tier 3	
CYCLOMYDRIL	Tier 3	
<i>cyclopentolate</i> (Cyclogyl)	Tier 1	
<i>cyclophen-tropic-phenyleph-watr</i>	Tier 1	
<i>cyclopent-tropic-phen-ketr-wat</i>	Tier 1	
<i>cyclop-trop-propa-phen-ket-wat</i>	Tier 1	
HOMATROPAIRE (homatropine hbr)	Tier 1	
MYDCOMBI	Tier 3	
<i>phenyleph-tropicamide in water</i>	Tier 1	
<i>tropicamide</i> (Mydriacyl)	Tier 1	
Ophthalmic Antifibrotic Agents		
<i>mitomycin (pf) in water</i>	Tier 1	SP
MITOSOL	Tier 3	

Drug	Status	Notes
Eye - Miscellaneous		
Artificial Tears		
MIEBO (PF)	Tier 2	
Ophthalmic Cystine Depleting Agents		
CYSTADROPS	Tier 2	PA; SP; QL (20 ML per 28 days)
CYSTARAN	Tier 2	PA; SP; QL (60 ML per 28 days)
Fluid Replacement		
Nucleic Acid/Nucleotide Supplements		
XURIDEN	Tier 2	PA; SP; QL (4 EA per 1 day)
Gout And Related Diseases		
Colchicine		
<i>colchicine oral capsule</i> (Mitigare)	Tier 1	QL (2 EA per 1 day)
<i>colchicine oral tablet</i> (Colcrys)	Tier 1	
GLOPERBA	Tier 3	PA; QL (10 ML per 1 day)
Hyperuricemia Tx - Purine Inhibitors		
<i>allopurinol oral tablet 100 mg</i> (Zyloprim)	Tier 1	
<i>allopurinol oral tablet 300 mg</i>	Tier 1	
<i>febuxostat</i> (Uloric)	Tier 1	
Uricosuric Agents		
<i>probenecid</i>	Tier 1	
<i>probenecid-colchicine</i>	Tier 1	
Hematological Disorders		
Agents To Tx Thrombotic Thrombocytopenic Purpura		
CABLIVI INJECTION KIT	Tier 3	PA; SP
Anticoagulants,Coumarin Type		
JANTOVEN (warfarin)	Tier 1	
<i>warfarin</i>	Tier 1	
Antifibrinolytic Agents		
<i>aminocaproic acid oral</i> (Amicar)	Tier 1	
<i>tranexamic acid oral</i>	Tier 1	

Drug	Status	Notes
Antihemophilic Factors		
ADVATE	Tier 2	SP
ADYNOVATE	Tier 2	SP
AFSTYLA	Tier 2	SP
ALPHANATE	Tier 3	SP
ALTUVIIIIO	Tier 2	SP
ELOCTATE	Tier 2	SP
ESPEROCT	Tier 2	SP
FEIBA NF	Tier 3	SP
HEMOFIL M HIGH	Tier 3	SP
HEMOFIL M LOW	Tier 3	SP
HEMOFIL M MID	Tier 3	SP
HEMOFIL M SUPER HIGH	Tier 3	SP
HUMATE-P	Tier 3	SP
JIVI	Tier 2	SP
KOATE INTRAVENOUS RECON SOLN 250 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	SP
KOGENATE FS	Tier 2	SP
KOVALTRY	Tier 2	SP
NOVOEIGHT	Tier 2	SP
NOVOSEVEN RT	Tier 3	SP
NUWIQ	Tier 3	SP
OBIZUR	Tier 3	SP
RECOMBINATE	Tier 3	SP
SEVENFACT	Tier 3	SP
WILATE	Tier 3	SP
XYNTHA	Tier 2	SP
XYNTHA SOLOFUSE	Tier 2	SP
Blood Factors,Miscellaneous		
VONVENDI	Tier 3	SP
Citrates As Anticoagulants		
ACD SOLUTION A	Tier 3	
ACD-A	Tier 3	
<i>sodium citrate</i>	Tier 1	

Drug	Status	Notes
<i>sodium citrate in 0.9 % nacl</i>	Tier 1	
Direct Factor Xa Inhibitors		
ELIQUIS DVT-PE TREAT 30D START	Tier 2	QL (74 EA per 30 days)
ELIQUIS ORAL TABLET 2.5 MG	Tier 2	QL (2 EA per 1 day)
ELIQUIS ORAL TABLET 5 MG	Tier 2	QL (74 EA per 30 days)
ELIQUIS ORAL TABLET FOR SUSPENSION	Tier 2	QL (32 EA per 1 day)
ELIQUIS SPRINKLE	Tier 2	QL (4 EA per 1 day)
<i>rivaroxaban oral suspension for reconstitution</i> (Xarelto)	Tier 1	QL (20 ML per 1 day)
<i>rivaroxaban oral tablet</i> (Xarelto)	Tier 1	QL (2 EA per 1 day)
XARELTO DVT-PE TREAT 30D START	Tier 2	QL (51 EA per 30 days)
XARELTO ORAL SUSPENSION FOR RECONSTITUTION (rivaroxaban)	Tier 2	QL (20 ML per 1 day)
XARELTO ORAL TABLET 10 MG, 20 MG (rivaroxaban)	Tier 2	QL (1 EA per 1 day)
XARELTO ORAL TABLET 15 MG, 2.5 MG (rivaroxaban)	Tier 2	QL (2 EA per 1 day)
Factor Ix Complex (Pcc) Preparations		
PROFILNINE	Tier 3	SP
Factor Ix Preparations		
ALPHANINE SD	Tier 3	SP
ALPROLIX	Tier 2	SP
BENEFIX	Tier 2	SP
IDELVION	Tier 2	SP
IXINITY INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 3,000 UNIT, 500 UNIT	Tier 3	SP
REBINYN	Tier 2	SP
RIXUBIS	Tier 3	SP
Factor X Preparations		
COAGADEX	Tier 3	SP
Factor Xiii Preparations		
CORIFACT	Tier 3	SP
TRETTEN	Tier 3	SP

Drug	Status	Notes
Hematinics, Other		
MIRCERA	Tier 3	PA; SP
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	Tier 2	PA; SP; QL (12 ML per 28 days)
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	Tier 2	PA; SP; QL (4 ML per 28 days)
Hemophilia Treatment Agents, Non-Factor Replacement		
ALHEMO PEN	Tier 3	PA; SP
HEMLIBRA	Tier 3	PA; SP
HYMPAVZI PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Tier 3	PA; SP; QL (8 ML per 28 days)
HYMPAVZI PEN SUBCUTANEOUS PEN INJECTOR 75 MG/0.5 ML	Tier 3	PA; SP; QL (2.5 ML per 28 days)
QFITLIA	Tier 3	PA; SP
QFITLIA PEN	Tier 3	PA; SP
Hemorrhologic Agents		
<i>pentoxifylline</i>	Tier 1	
Heparin And Related Preparations		
<i>enoxaparin subcutaneous solution</i> (Lovenox)	Tier 1	QL (30 ML per 30 days)
<i>enoxaparin subcutaneous syringe</i> (Lovenox)	Tier 1	
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i> (Arixtra)	Tier 1	QL (24 ML per 30 days)
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i> (Arixtra)	Tier 1	QL (15 ML per 30 days)
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i> (Arixtra)	Tier 1	QL (12 ML per 30 days)
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i> (Arixtra)	Tier 1	QL (18 ML per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION 2,500 ANTI-XA UNIT/ML	Tier 3	QL (8 ML per 1 day)
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML	Tier 3	QL (7.6 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML	Tier 3	QL (60 ML per 30 days)

Drug	Status	Notes
FRAGMIN SUBCUTANEOUS SYRINGE 12,500 ANTI-XA UNIT/0.5 ML	Tier 3	QL (30 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 15,000 ANTI-XA UNIT/0.6 ML	Tier 3	QL (36 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 18,000 ANTI-XA UNIT/0.72 ML	Tier 3	QL (43.2 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML	Tier 3	QL (12 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 7,500 ANTI-XA UNIT/0.3 ML	Tier 3	QL (18 ML per 30 days)
<i>heparin (porcine) in 0.9% nacl intravenous parenteral solution 2,500 unit/500 ml (5 unit/ml), 5,000 unit/500 ml (10 unit/ml)</i>	Tier 1	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	Tier 1	
<i>heparin (porcine) injection solution</i>	Tier 1	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	Tier 1	
HEPARIN LOCKFLUSH(PORCINE)(PF) (heparin, porcine (pf))	Tier 1	
<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	Tier 1	
<i>heparin, porcine (pf) injection syringe</i>	Tier 1	
<i>heparin, porcine (pf) intravenous syringe</i> (Heparin LockFlush(Porcine)(PF))	Tier 1	
Human Monoclonal Antibody Complement(C5) Inhibitor		
EMPAVELI	Tier 3	PA; SP
FABHALTA	Tier 2	PA; SP; QL (2 EA per 1 day)
TAVNEOS	Tier 3	PA; SP; QL (6 EA per 1 day)
VOYDEYA	Tier 3	PA; SP
ZILBRYSQ SUBCUTANEOUS SYRINGE 16.6 MG/0.416 ML	Tier 3	PA; SP; QL (0.416 ML per 1 day)

Drug		Status	Notes
ZILBRYSQ SUBCUTANEOUS SYRINGE 23 MG/0.574 ML		Tier 3	PA; SP; QL (0.574 ML per 1 day)
ZILBRYSQ SUBCUTANEOUS SYRINGE 32.4 MG/0.81 ML		Tier 3	PA; SP; QL (0.81 ML per 1 day)
Hypoxia Inducible Factor Prolyl Hydroxylase Inh.			
VAFSEO ORAL TABLET 150 MG		Tier 3	PA; QL (4 EA per 1 day)
VAFSEO ORAL TABLET 300 MG		Tier 3	PA; QL (2 EA per 1 day)
Leukocyte (Wbc) Stimulants			
FULPHILA		Tier 2	PA; SP
LEUKINE INJECTION RECON SOLN		Tier 3	PA; SP
NIVESTYM		Tier 2	PA; SP
UDENYCA ONBODY		Tier 3	PA; SP
ZIEXTENZO		Tier 2	PA; SP
Plasma Proteins			
RYPLAZIM		Tier 3	PA; SP
Platelet Aggregation Inhibitors			
ADULT ASPIRIN REGIMEN	(aspirin)	\$0	
ADULT LOW DOSE ASPIRIN	(aspirin)	\$0	
ASPIRIN CHILDRENS	(aspirin)	\$0	
<i>aspirin oral tablet, chewable</i>	(Aspirin Childrens)	\$0	
<i>aspirin oral tablet, delayed release (dr/ec) 81 mg</i>	(Adult Aspirin Regimen)	\$0	
<i>aspirin-dipyridamole</i>		Tier 1	
BAYER LOW DOSE ASPIRIN	(aspirin)	\$0	
CHILDREN'S ASPIRIN	(aspirin)	\$0	
<i>cilostazol</i>		Tier 1	
<i>clopidogrel oral tablet 300 mg</i>		Tier 1	QL (4 EA per 30 days)
<i>clopidogrel oral tablet 75 mg</i>	(Plavix)	Tier 1	
<i>dipyridamole oral</i>		Tier 1	
<i>prasugrel hcl</i>	(Effient)	Tier 1	
ST JOSEPH ASPIRIN	(aspirin)	\$0	
ST. JOSEPH ASPIRIN	(aspirin)	\$0	
<i>ticagrelor oral tablet 60 mg</i>	(Brilinta)	Tier 1	QL (2 EA per 1 day)
<i>ticagrelor oral tablet 90 mg</i>	(Brilinta)	Tier 1	

Drug	Status	Notes
ZONTIVITY	Tier 3	QL (1 EA per 1 day)
Platelet Reducing Agents		
<i>anagrelide</i> (Agrylin)	Tier 1	
Pyruvate Kinase Activators		
AQVESME	Tier 3	PA; SP; QL (2 EA per 1 day)
PYRUKYND	Tier 3	PA; SP; QL (2 EA per 1 day)
Sickle Cell Anemia Agents		
DROXIA	Tier 3	
ENDARI (glutamine (sickle cell))	Tier 3	PA; SP; QL (6 EA per 1 day)
<i>glutamine (sickle cell)</i> (Endari)	Tier 1	PA; SP; QL (6 EA per 1 day)
SIKLOS ORAL TABLET 1,000 MG	Tier 3	ST: TRIAL OF GENERIC HYDROXYUREA AND DROXIA REQUIRED.
SIKLOS ORAL TABLET 100 MG	Tier 3	QL (2 EA per 1 day)
XROMI	Tier 3	PA
Spleen Tyrosine Kinase Inhibitors		
TAVALISSE	Tier 2	PA; SP; QL (2 EA per 1 day)
WAYRILZ	Tier 3	PA; SP; QL (2 EA per 1 day)
Thrombin Inhibitors, Selective, Direct, & Reversible		
<i>dabigatran etexilate</i> (Pradaxa)	Tier 1	QL (2 EA per 1 day)
Thrombopoietin Receptor Agonists		
ALVAIZ	Tier 2	PA; SP
DOPTELET (10 TAB PACK)	Tier 2	PA; SP
DOPTELET (15 TAB PACK)	Tier 2	PA; SP
DOPTELET (30 TAB PACK)	Tier 2	PA; SP
DOPTELET SPRINKLE	Tier 2	PA; SP
<i>eltrombopag olamine</i> (Promacta)	Tier 1	PA; SP
MULPLETA	Tier 3	PA; SP; QL (7 EA per 1 FILL)

Drug	Status	Notes
Topical Hemostatics		
AVITENE	Tier 3	
AVITENE FLOUR	Tier 3	
ENDO AVITENE	Tier 3	
EVICEL	Tier 3	
MONSEL'S TOPICAL SOLUTION	Tier 3	
MONSEL'S TOPICAL SOLUTION WITH APPLICATOR	Tier 1	
RECOTHROM	Tier 3	
RECOTHROM SPRAY KIT	Tier 3	
SYRINGE AVITENE	Tier 3	
THROMBIN-JMI NASAL	Tier 1	
THROMBIN-JMI TOPICAL RECON SOLN	Tier 1	
THROMBIN-JMI TOPICAL SOLUTION	Tier 3	
THROMBIN-JMI TOPICAL SPRAY SYRINGE	Tier 1	
THROMBIN-JMI TOPICAL SPRAY, NON-AEROSOL	Tier 1	
ULTRAFOAM	Tier 3	
VISTASEAL-FIBRIN SEALANT	Tier 3	
Vitamin K Preparations		
<i>phytonadione (vitamin k1) injection solution 10 mg/ml</i> (Vitamin K1)	Tier 1	
<i>phytonadione (vitamin k1) injection syringe</i>	Tier 1	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	Tier 1	
VITAMIN K (phytonadione (vitamin k1))	Tier 1	
VITAMIN K1 INJECTION (phytonadione (vitamin k1))	Tier 1	
Hormonal Deficiency		
Androgenic Agents		
JATENZO ORAL CAPSULE 158 MG, 198 MG	Tier 3	PA; QL (4 EA per 1 day)

Drug	Status	Notes
JATENZO ORAL CAPSULE 237 MG	Tier 3	PA; QL (2 EA per 1 day)
KYZATREX ORAL CAPSULE 150 MG, 200 MG	Tier 3	PA; QL (4 EA per 1 day)
METHITEST (methyltestosterone)	Tier 3	PA
<i>methyltestosterone oral capsule</i>	Tier 1	PA
<i>testosterone cypionate</i> (Depo-Testosterone)	Tier 1	PA; QL (10 ML per 28 days)
<i>testosterone enanthate</i>	Tier 1	PA; QL (5 ML per 28 days)
<i>testosterone transdermal gel</i> (Testim)	Tier 1	PA; QL (10 GM per 1 day)
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i>	Tier 1	PA; QL (4 GM per 1 day)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i> (Vogelxo)	Tier 1	PA; QL (10 GM per 1 day)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i> (AndroGel)	Tier 1	PA; QL (5 GM per 1 day)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1.62 % (40.5 mg/2.5 gram)</i>	Tier 1	PA; QL (5 GM per 1 day)
<i>testosterone transdermal gel in packet 1 % (50 mg/5 gram)</i> (Vogelxo)	Tier 1	PA; QL (10 GM per 1 day)
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	Tier 1	PA; QL (1.25 GM per 1 day)
<i>testosterone transdermal solution in metered pump w/app</i>	Tier 1	PA; QL (6 ML per 1 day)
TLANDO	Tier 3	PA; QL (4 EA per 1 day)
XYOSTED	Tier 2	PA; QL (2 ML per 28 days)
Estrogen & Progestin With Antimineralocorticoid Cb		
ANGELIQ	Tier 3	
Estrogen & Selective Estrogen Recept Mod(Serm)Comb		
DUAVEE	Tier 2	
Estrogen And Progestin Combinations		
BIJUVA ORAL CAPSULE 0.5-100 MG	Tier 2	QL (1 EA per 1 day)
BIJUVA ORAL CAPSULE 1-100 MG	Tier 2	QL (30 EA per 30 days)

Drug		Status	Notes
Estrogen/Androgen Combinations			
COVARYX	(estrogens-methyltestosterone)	Tier 1	
COVARYX H.S.	(estrogens-methyltestosterone)	Tier 1	
EEMT	(estrogens-methyltestosterone)	Tier 1	
EEMT HS	(estrogens-methyltestosterone)	Tier 1	
<i>estrogens-methyltestosterone</i>	(Covaryx)	Tier 1	
Estrogenic Agents			
ABIGALE	(estradiol-norethindrone acet)	Tier 1	
ABIGALE LO	(estradiol-norethindrone acet)	Tier 1	
COMBIPATCH		Tier 2	QL (2 EA per 7 days)
<i>conjugated estrogens</i>	(Premarin)	Tier 1	
DEPO-ESTRADIOL	(estradiol cypionate)	Tier 3	
DOTTI	(estradiol)	Tier 1	QL (2 EA per 7 days)
ELESTRIN		Tier 3	ST: TRIAL OF GENERIC CLIMARA, MINIVELLE, OR VIVELLE-DOT IN THE PAST 120 DAYS; QL (52 GM per 30 days)
<i>estradiol oral</i>		Tier 1	
<i>estradiol transdermal gel in metered-dose pump</i>	(EstroGel)	Tier 1	ST: TRIAL OF GENERIC CLIMARA, MINIVELLE, OR VIVELLE-DOT IN THE PAST 120 DAYS
<i>estradiol transdermal gel in packet 0.25 mg/0.25 gram (0.1 %), 0.5 mg/0.5 gram (0.1 %), 0.75 mg/0.75 gram (0.1%)</i>	(Divigel)	Tier 1	QL (30 EA per 30 days)
<i>estradiol transdermal gel in packet 1 mg/gram (0.1 %)</i>	(Divigel)	Tier 1	QL (30 GM per 30 days)
<i>estradiol transdermal gel in packet 1.25 mg/1.25 gram (0.1 %)</i>	(Divigel)	Tier 1	QL (37.5 GM per 30 days)
<i>estradiol transdermal patch semiweekly</i>	(Dotti)	Tier 1	QL (2 EA per 7 days)
<i>estradiol transdermal patch weekly</i>	(Climara)	Tier 1	QL (1 EA per 7 days)

Drug		Status	Notes
<i>estradiol valerate</i>	(Delestrogen)	Tier 1	
<i>estradiol-norethindrone acet</i>	(Abigale)	Tier 1	
EVAMIST		Tier 3	ST: TRIAL OF ONE GENERIC TRANSDERMAL ESTROGENS AND ONE ESTRADIOL TRANSDERMAL PATCH IN THE PAST 365 DAYS; QL (16.2 ML per 30 days)
FYAVOLV	(norethindrone ac-eth estradiol)	Tier 1	
JINTELI	(norethindrone ac-eth estradiol)	Tier 1	
LYLLANA	(estradiol)	Tier 1	QL (2 EA per 7 days)
MENOSTAR		Tier 3	QL (1 EA per 7 days)
MIMVEY	(estradiol-norethindrone acet)	Tier 1	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	(Fyavolv)	Tier 1	
PREMPHASE		Tier 2	
PREMPRO		Tier 2	
Menopausal Symptoms Suppressant - Ssris			
<i>paroxetine mesylate(menop.sym)</i>		Tier 1	ST: TRIAL OF PAROXETINE HCL OR VENLAFAXINE REQUIRED; QL (1 EA per 1 day)
Menopausal Symptoms Suppressant- Nk3 Receptor Antag			
VEOZAH		Tier 3	
Progestational Agents			
CRINONE VAGINAL GEL 4 %		Tier 2	
GALLIFREY	(norethindrone acetate)	Tier 1	
<i>medroxyprogesterone oral</i>	(Provera)	Tier 1	
<i>norethindrone acetate</i>	(Gallifrey)	Tier 1	
<i>progesterone</i>		Tier 1	

Drug	Status	Notes
<i>progesterone micronized oral</i> (Prometrium)	Tier 1	
Immunization		
Antisera		
GAMMAGARD LIQUID	Tier 2	PA; SP
GAMMAGARD LIQUID ERC	Tier 2	PA; SP
GAMMAKED	Tier 3	PA; SP
GAMUNEX-C	Tier 2	PA; SP
HIZENTRA	Tier 3	PA; SP
HYQVIA	Tier 3	PA; SP
XEMBIFY	Tier 2	PA; SP
Covid-19 Vaccines		
COMIRNATY 2026-2027(5-11Y)(PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
COMIRNATY 2026-27 (12Y UP)(PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
MNEXSPIKE 2026-2027 (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
NUVAXOVID 2026-2027 (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
SPIKEVAX 2026-2027(12Y UP)(PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
SPIKEVAX 2026-27 (6M-11Y) (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

Drug	Status	Notes
Enteric Virus Vaccines		
IPOL	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ROTARIX	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ROTATEQ VACCINE	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Gram Negative Cocci Vaccines		
BEXSERO	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
MENQUADFI (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
MENVEO A-C-Y-W-135-DIP (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PENBRAYA (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PENMENVY MEN A-B-C-W-Y (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
TRUMENBA	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

Drug	Status	Notes
Gram Positive Cocci Vaccines		
CAPVAXIVE (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PNEUMOVAX-23 INJECTION SYRINGE	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PREVNAR 20 (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAXNEUVANCE (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Influenza Virus Vaccines		
FLUAD 2026-2027 (65 YR UP)(PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUARIX 2026-2027 (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUBLOK 2026-2027 (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUCELVAX 2026-2027 (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLULAVAL 2026-2027 (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

Drug	Status	Notes
FLUMIST 2026-2027	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUMIST HOME 2026-2027	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUZONE 2026-2027	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUZONE 2026-2027 (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUZONE HIGH-DOSE 2026-27 (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine/Toxoid Preparations,Combinations		
ACTHIB (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ADACEL(TDAP ADOLESN/ADULT)(PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
DAPTACEL (DTAP PEDIATRIC) (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

Drug	Status	Notes
HIBERIX (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
INFANRIX (DTAP) (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
KINRIX (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
M-M-R II (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PEDVAX HIB (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PENTACEL (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PRIORIX (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PROQUAD (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
QUADRACEL (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
TENIVAC (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

MedPerform Premier Formulary

10/01/2026

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
VAXELIS (PF) INTRAMUSCULAR SYRINGE	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Viral/Tumorigenic Vaccines		
ABRYSVO (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
AREXVY (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ENGRIX-B (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ENGRIX-B PEDIATRIC (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
GARDASIL 9 (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
HAVRIX (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
HEPLISAV-B (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
MRESVIA (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

Drug	Status	Notes
PEDIARIX (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
RECOMBIVAX HB (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
SHINGRIX (PF) INTRAMUSCULAR SYRINGE	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
TWINRIX (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAQTA (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VARIVAX (PF)	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Immunosuppression/Modulation		
Immunomodulators		
ACTIMMUNE	Tier 3	PA; SP
ALFERON N	Tier 3	
BESREMI	Tier 3	PA; SP; QL (2 ML per 28 days)
BESREMI PEN	Tier 3	PA; SP; QL (1 ML per 28 days)
<i>imiquimod topical cream in packet 5 %</i>	Tier 1	
KAZURI (imiquimod-tretinoin-levocetir)	Tier 3	
KERIDA	Tier 3	
KYNARA (imiquimod-levocetirizin-niacin)	Tier 3	

Drug		Status	Notes
QUIDROXZAR		Tier 3	
QUIHOXAXIA	(imiquimod-levocetirizine-niacin)	Tier 3	
QUIHOXVAR	(imiquimod-tretinoin-levocetir)	Tier 3	
Immunosuppressant-Interferon Gamma Inhibitor, Mab			
SAPHNELO PEN		Tier 2	PA; SP; QL (3.2 ML per 28 days)
SAPHNELO SUBCUTANEOUS		Tier 2	PA; SP; QL (3.2 ML per 28 days)
Immunosuppressives			
<i>azathioprine</i>	(Azasan)	Tier 1	
<i>cyclosporine modified</i>	(Gengraf)	Tier 1	
<i>cyclosporine oral capsule</i>	(Sandimmune)	Tier 1	
<i>everolimus (immunosuppressive)</i>	(Zortress)	Tier 1	
GENGRAF ORAL CAPSULE	(cyclosporine modified)	Tier 1	
LUPKYNIS		Tier 3	PA; SP; QL (6 EA per 1 day)
<i>mycophenolate mofetil</i>	(CellCept)	Tier 1	
<i>mycophenolate sodium</i>	(Myfortic)	Tier 1	
MYHIBBIN		Tier 3	PA; QL (15 ML per 1 day)
NEORAL	(cyclosporine modified)	Tier 3	
PROGRAF ORAL CAPSULE	(tacrolimus)	Tier 3	
PROGRAF ORAL GRANULES IN PACKET		Tier 2	
SANDIMMUNE ORAL CAPSULE	(cyclosporine)	Tier 3	
<i>sirolimus</i>		Tier 1	
<i>tacrolimus oral capsule</i>	(Prograf)	Tier 1	
<i>tacrolimus oral capsule, extended release 24hr</i>	(Astagraf XL)	Tier 1	ST: TRIAL OF GENERIC TACROLIMUS IN THE PAST 120 DAYS
Rho Kinase Inhibitor			
REZUROCK		Tier 2	PA; SP; QL (1 EA per 1 day)

Drug	Status	Notes
Infectious Disease - Bacterial		
Absorbable Sulfonamides		
<i>sulfamethoxazole-trimethoprim oral</i> (Bactrim)	Tier 1	
SULFATRIM (sulfamethoxazole-trimethoprim)	Tier 1	
Betalactams		
CAYSTON	Tier 2	PA; SP; QL (84 ML per 56 days)
Carbapenems (Thienamycins)		
ORLYNVAH	Tier 3	PA; QL (2 EA per 1 day)
Cephalosporins - 1St Generation		
<i>cefadroxil oral capsule</i>	Tier 1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	Tier 1	
<i>cefadroxil oral tablet</i>	Tier 1	
<i>cephalexin</i>	Tier 1	
Cephalosporins - 2Nd Generation		
<i>cefaclor oral capsule</i>	Tier 1	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	Tier 1	
<i>cefaclor oral tablet extended release 12 hr</i>	Tier 1	
<i>cefprozil</i>	Tier 1	
<i>cefuroxime axetil oral tablet</i>	Tier 1	
Cephalosporins - 3Rd Generation		
<i>cefdinir</i>	Tier 1	
<i>cefixime oral capsule</i>	Tier 1	
<i>cefixime oral suspension for reconstitution</i>	Tier 1	
<i>cefpodoxime</i>	Tier 1	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	Tier 2	
SUPRAX ORAL TABLET,CHEWABLE	Tier 2	

Drug	Status	Notes
Chemotherapeutics, Antibacterial, Misc.		
<i>fosfomycin tromethamine</i>	Tier 1	
<i>methenamine hippurate</i>	Tier 1	
<i>methenamine mandelate oral tablet</i>	Tier 1	
<i>methen-sod phos-meth blue-hyos</i> (Urogesic-Blue)	Tier 1	
PRIMSOL	Tier 2	
<i>trimethoprim</i>	Tier 1	
URELLE	Tier 3	
URETRON D-S	Tier 2	
URIBEL TABS	Tier 3	
URIMAR-T ORAL TABLET	Tier 3	
UROGESIC-BLUE (methen-sod phos-meth blue-hyos)	Tier 1	
URO-MP	Tier 1	
Fecal Microbiota Transplantation (Fmt)		
REBYOTA	Tier 3	PA; SP
VOWST	Tier 3	PA; SP; QL (12 EA per 3 days)
Macrolides		
<i>azithromycin oral</i> (Zithromax)	Tier 1	
<i>clarithromycin</i>	Tier 1	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION	Tier 2	QL (10 ML per 1 day)
DIFICID ORAL TABLET (fidaxomicin)	Tier 1	QL (20 EA per 10 days)
E.E.S. 400 ORAL TABLET (erythromycin ethylsuccinate)	Tier 1	
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 250 MG, 500 MG (erythromycin)	Tier 1	
ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG (erythromycin stearate)	Tier 1	
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i> (E.E.S. Granules)	Tier 1	
<i>erythromycin ethylsuccinate oral tablet</i> (E.E.S. 400)	Tier 1	
<i>erythromycin oral</i> (Ery-Tab)	Tier 1	
<i>fidaxomicin</i> (Dificid)	Tier 1	QL (20 EA per 10 days)

Drug	Status	Notes
Nitrofurantoin Derivatives		
<i>nitrofurantoin macrocrystal</i>	Tier 1	
<i>nitrofurantoin monohydr/m-cryst</i> (Macrobid)	Tier 1	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i> (Furadantin)	Tier 1	PA; QL (560 ML per 7 days)
Oxazolidinones		
<i>linezolid</i> (Zyvox)	Tier 1	
SIVEXTRO ORAL	Tier 2	PA
Penicillins		
<i>amoxicillin oral capsule</i>	Tier 1	
<i>amoxicillin oral suspension for reconstitution</i>	Tier 1	
<i>amoxicillin oral tablet</i>	Tier 1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	Tier 1	
<i>amoxicillin-pot clavulanate</i> (Augmentin)	Tier 1	
<i>ampicillin oral capsule 500 mg</i>	Tier 1	
<i>dicloxacillin</i>	Tier 1	
MOXATAG (amoxicillin)	Tier 3	
<i>penicillin v potassium</i>	Tier 1	
PIVYA	Tier 3	PA; QL (21 EA per 1 FILL)
Pleuromutilin Derivatives		
XENLETA ORAL	Tier 3	PA; QL (2 EA per 1 day)
Quinolones		
BAXDELA ORAL	Tier 3	PA
CIPRO ORAL (ciprofloxacin) SUSPENSION, MICROCAPSULE RECON	Tier 2	
<i>ciprofloxacin</i> (Cipro)	Tier 1	
<i>ciprofloxacin hcl oral</i> (Cipro)	Tier 1	
<i>levofloxacin oral</i>	Tier 1	
<i>moxifloxacin oral</i>	Tier 1	
<i>ofloxacin oral tablet 400 mg</i>	Tier 1	
Tetracyclines		
<i>demeclocycline</i>	Tier 1	

Drug	Status	Notes
<i>doxycycline hyclate oral capsule 100 mg</i>	Tier 1	
<i>doxycycline hyclate oral capsule 50 mg</i> (Morgidox)	Tier 1	
<i>doxycycline hyclate oral tablet 100 mg</i>	Tier 1	
<i>doxycycline hyclate oral tablet 150 mg</i>	Tier 1	ST: TRIAL OF GENERIC DOXYCYCLINE MONOHYDRATE 150 MG TABLET REQUIRED
<i>doxycycline hyclate oral tablet 50 mg</i> (Targadox)	Tier 1	ST: TRIAL OF DOXYCYCLINE HYCLATE 50MG CAPSULE OR DOXYCYCLINE MONOHYDRATE 50MG CAPSULES OR TABLETS REQUIRED
<i>doxycycline hyclate oral tablet 75 mg</i>	Tier 1	ST: TRIAL OF GENERIC DOXYCYCLINE MONOHYDRATE 75MG TABLET REQUIRED
<i>doxycycline monohydrate oral capsule 100 mg</i> (Mondoxylene NL)	Tier 1	
<i>doxycycline monohydrate oral capsule 150 mg</i>	Tier 1	ST: TRIAL OF GENERIC DOXYCYCLINE MONOHYDRATE 50, 75 OR 100MG TABLET OR 50, 100 MG CAPSULE IN THE PAST 120 DAYS
<i>doxycycline monohydrate oral capsule 50 mg</i>	Tier 1	
<i>doxycycline monohydrate oral capsule 75 mg</i> (Mondoxylene NL)	Tier 1	ST: TRIAL OF GENERIC DOXYCYCLINE MONOHYDRATE 75MG TABLET REQUIRED
<i>doxycycline monohydrate oral capsule,ir - delay rel,biphase</i> (Oracea)	Tier 1	PA; QL (1 EA per 1 day)
<i>doxycycline monohydrate oral suspension for reconstitution</i>	Tier 1	
<i>doxycycline monohydrate oral tablet 100 mg</i> (Avidoxy)	Tier 1	QL (2 EA per 1 day)

Drug	Status	Notes
<i>doxycycline monohydrate oral tablet 150 mg</i>	Tier 1	ST: TRIAL OF GENERIC DOXYCYCLINE MONOHYDRATE 50, 75 OR 100MG TABLET OR 50, 100 MG CAPSULE IN THE PAST 120 DAYS
<i>doxycycline monohydrate oral tablet 50 mg, 75 mg</i>	Tier 1	
EMROSI	Tier 3	PA; QL (1 EA per 1 day)
<i>minocycline oral capsule</i>	Tier 1	
<i>minocycline oral tablet</i>	Tier 1	
<i>minocycline oral tablet extended release 24 hr</i>	Tier 1	ST: TRIAL OF GENERIC MINOCYCLINE IR REQUIRED; QL (1 EA per 1 day)
MONDOXYNE NL ORAL CAPSULE 100 MG (doxycycline monohydrate)	Tier 1	
MONDOXYNE NL ORAL CAPSULE 75 MG (doxycycline monohydrate)	Tier 1	ST: TRIAL OF GENERIC DOXYCYCLINE MONOHYDRATE 75MG TABLET REQUIRED
NUZYRA ORAL	Tier 3	PA; QL (30 EA per 14 days)
<i>tetracycline oral capsule</i>	Tier 1	
Infectious Disease - Fungal		
Antifungal Agents		
<i>clotrimazole mucous membrane</i>	Tier 1	
CRESEMBA ORAL CAPSULE 186 MG	Tier 3	PA; QL (2 EA per 1 day)
CRESEMBA ORAL CAPSULE 74.5 MG	Tier 3	PA; QL (5 EA per 1 day)
<i>fluconazole</i> (Diflucan)	Tier 1	
<i>flucytosine</i> (Ancobon)	Tier 1	
<i>itraconazole</i> (Sporanox)	Tier 1	
<i>ketoconazole oral</i>	Tier 1	
NOXAFIL ORAL SUSP, DELAYED RELEASE FOR RECON	Tier 3	PA
ORAVIG	Tier 3	
<i>posaconazole oral</i>	Tier 1	PA

Drug	Status	Notes
<i>terbinafine hcl oral</i>	Tier 1	
VIVJOA	Tier 3	PA; QL (18 EA per 84 days)
<i>voriconazole oral</i> (Vfend)	Tier 1	
Antifungal Antibiotics		
<i>griseofulvin microsize</i>	Tier 1	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	Tier 1	
<i>nystatin oral suspension</i>	Tier 1	
<i>nystatin oral tablet</i>	Tier 1	
Infectious Disease - Miscellaneous		
Aminoglycosides		
ARIKAYCE	Tier 3	PA; SP; QL (8.4 ML per 1 day)
<i>neomycin</i>	Tier 1	
TOBI PODHALER	Tier 2	PA; SP; QL (224 EA per 28 days)
<i>tobramycin in 0.225 % nacl</i> (Tobi)	Tier 1	PA; SP; QL (280 ML per 28 days)
<i>tobramycin inhalation</i> (Bethkis)	Tier 1	PA; SP; QL (224 ML per 28 days)
<i>tobramycin with nebulizer</i> (Kitabis Pak)	Tier 1	PA; SP; QL (280 ML per 28 days)
Antibacterial Agents,Miscellaneous		
<i>glycine urologic solution</i>	Tier 1	
Antileprotics		
<i>dapsone oral</i>	Tier 1	
THALOMID ORAL CAPSULE 100 MG, 50 MG	Tier 2	PA; SP
Anti-Mycobacterium Agents		
<i>ethambutol</i>	Tier 1	
<i>isoniazid oral</i>	Tier 1	
<i>pyrazinamide</i>	Tier 1	
<i>rifabutin</i>	Tier 1	
Antitubercular Antibiotics		
<i>cycloserine</i>	Tier 1	

Drug	Status	Notes
<i>pretomanid</i>	Tier 3	QL (1 EA per 1 day)
PRIFTIN (rifapentine)	Tier 3	
<i>rifampin oral</i>	Tier 1	
<i>rifapentine</i> (Priftin)	Tier 1	
SIRTURO ORAL TABLET 100 MG	Tier 3	PA; SP; QL (24 EA per 28 days)
SIRTURO ORAL TABLET 20 MG	Tier 3	PA; SP; QL (120 EA per 28 days)
Lincosamides		
<i>clindamycin hcl</i> (Cleocin HCl)	Tier 1	
<i>clindamycin palmitate hcl</i> (Clindamycin Pediatric)	Tier 1	
CLINDAMYCIN PEDIATRIC (clindamycin palmitate hcl)	Tier 1	
Rifamycins And Related Derivative Antibiotics		
XIFAXAN ORAL TABLET 200 MG	Tier 3	PA
XIFAXAN ORAL TABLET 550 MG	Tier 2	QL (3 EA per 1 day)
Vancomycin And Derivatives		
<i>vancomycin oral capsule 125 mg</i> (Vancocin)	Tier 1	QL (77 EA per 28 days)
<i>vancomycin oral capsule 250 mg</i> (Vancocin)	Tier 1	QL (112 EA per 1 FILL)
<i>vancomycin oral recon soln 25 mg/ml</i> (Firvanq)	Tier 1	QL (300 ML per 1 FILL)
<i>vancomycin oral recon soln 50 mg/ml</i> (Firvanq)	Tier 1	QL (600 ML per 1 FILL)
Infectious Disease - Parasitic		
2Nd Gen. Anaerobic Antiprotozoal-Antibacterial		
SOLOSEC	Tier 3	ST: TRIAL OF TWO OF THE FOLLOWING GENERICS: ORAL METRONIDAZOLE TABLETS, ORAL CLINDAMYCIN CAPSULES, INTRAVAGINAL METRONIDAZOLE GEL, INTRAVAGINAL CLINDAMYCIN CREAM IN THE PAST 365 DAYS; QL (1 EA per 30 days)

Drug	Status	Notes
<i>tinidazole</i>	Tier 1	
Amebacides		
HUMATIN (paromomycin)	Tier 2	
Anaerobic Antiprotozoal-Antibacterial Agents		
LIKMEZ	Tier 3	PA; QL (400 ML per 10 days)
<i>metronidazole oral capsule</i>	Tier 1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	Tier 1	
Anthelmintics		
<i>albendazole</i>	Tier 1	
EMVERM (mebendazole)	Tier 2	PA
<i>ivermectin oral</i> (Stromectol)	Tier 1	
<i>praziquantel</i>	Tier 1	
Antimalarial Drugs		
ARAKODA	Tier 3	
<i>atovaquone-proguanil</i> (Malarone)	Tier 1	
<i>chloroquine phosphate</i>	Tier 1	
COARTEM	Tier 3	
<i>hydroxychloroquine oral tablet 100 mg</i>	Tier 1	QL (180 EA per 30 days)
<i>hydroxychloroquine oral tablet 200 mg</i> (Sovuna)	Tier 1	QL (100 EA per 30 days)
<i>hydroxychloroquine oral tablet 300 mg</i> (Sovuna)	Tier 1	QL (60 EA per 30 days)
<i>hydroxychloroquine oral tablet 400 mg</i>	Tier 1	QL (60 EA per 30 days)
KRINTAFEL	Tier 2	QL (2 EA per 1 FILL)
<i>mefloquine</i>	Tier 1	
<i>primaquine</i>	Tier 2	
<i>pyrimethamine</i> (Daraprim)	Tier 1	PA; SP
<i>quinine sulfate</i> (Qualaquin)	Tier 1	
SOVUNA ORAL TABLET 200 MG (hydroxychloroquine)	Tier 2	QL (100 EA per 30 days)
SOVUNA ORAL TABLET 300 MG (hydroxychloroquine)	Tier 3	QL (60 EA per 30 days)
Antiparasitics		
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	Tier 3	QL (50 ML per 1 day)
<i>nitazoxanide</i> (Alinia)	Tier 1	QL (2 EA per 1 day)

Drug	Status	Notes
Antiprotozoal Drugs,Miscellaneous		
<i>atovaquone</i> (Mepron)	Tier 1	
<i>benznidazole</i>	Tier 1	
IMPAVIDO	Tier 2	PA; QL (84 EA per 28 days)
LAMPIT	Tier 3	
<i>pentamidine inhalation</i> (Nebupent)	Tier 1	
Infectious Disease - Viral		
Antiretroviral - Capsid Inhibitors		
SUNLENCA	Tier 2	PA; SP
Antiretroviral-Integrase Inhibitor And Nnrti Comb.		
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML	Tier 2	SP; QL (4 ML per 30 days); Age (Min 12 Years)
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML- 900 MG/3 ML	Tier 2	SP; QL (6 ML per 30 days); Age (Min 12 Years)
JULUCA	Tier 2	SP; QL (1 EA per 1 day)
Antiretroviral-Integrase Inhibitor And Nrti Comb.		
DOVATO	Tier 2	SP; QL (1 EA per 1 day)
Antiretroviral- Nucleoside,Nucleotide,Protease Inh.		
SYMTUZA	Tier 2	SP; QL (1 EA per 1 day)
Antiviral - Main Protease (Mpro) Inhibitor		
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10), 150 MG (6)- 100 MG (5)	Tier 2	QL (20 EA per 28 days); Age (Min 12 Years)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	Tier 2	QL (30 EA per 28 days); Age (Min 12 Years)
Antiviral Monoclonal Antibodies		
BEYFORTUS	\$0	PA; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

Drug	Status	Notes
Antiviral Nucleotide Analogs		
LAGEVRIO (EUA)	Tier 1	QL (40 EA per 29 days); Age (Min 18 Years)
Antivirals, General		
<i>acyclovir oral capsule</i>	Tier 1	
<i>acyclovir oral suspension 200 mg/5 ml</i>	Tier 1	
<i>acyclovir oral tablet</i>	Tier 1	
<i>famciclovir</i>	Tier 1	
LIVTENCITY	Tier 2	PA; SP; QL (4 EA per 1 day)
<i>oseltamivir</i> (Tamiflu)	Tier 1	
PREVYMIS ORAL PELLETS IN PACKET	Tier 3	PA; QL (4 EA per 1 day)
PREVYMIS ORAL TABLET	Tier 3	PA; QL (1 EA per 1 day)
RELENZA DISKHALER	Tier 3	QL (40 EA per 180 days)
<i>ribavirin inhalation</i>	Tier 1	
TEMBEXA	Tier 2	
<i>valacyclovir</i> (Valtrex)	Tier 1	
<i>valganciclovir</i> (Valcyte)	Tier 1	
XOFLUZA ORAL TABLET 40 MG	Tier 2	QL (4 EA per 180 days)
XOFLUZA ORAL TABLET 80 MG	Tier 2	QL (2 EA per 180 days)
Antivirals, Hiv-Spec, Non-Peptidic Protease Inhib		
APTIVUS	Tier 2	SP; QL (4 EA per 1 day)
<i>darunavir oral tablet 600 mg</i> (Prezista)	Tier 1	SP; QL (2 EA per 1 day)
<i>darunavir oral tablet 800 mg</i> (Prezista)	Tier 1	SP; QL (1 EA per 1 day)
PREZISTA ORAL SUSPENSION	Tier 2	SP; QL (400 ML per 30 days)
PREZISTA ORAL TABLET 150 MG	Tier 2	SP; QL (8 EA per 1 day)
PREZISTA ORAL TABLET 75 MG	Tier 2	SP; QL (16 EA per 1 day)
Antivirals, Hiv-Spec, Nucleoside-Nucleotide Analog		
CIMDUO	Tier 2	SP; QL (1 EA per 1 day)
DESCOVY ORAL TABLET 120-15 MG	Tier 2	SP; QL (1 EA per 1 day)

Drug	Status	Notes
DESCOVY ORAL TABLET 200-25 MG	\$0	\$0 COPAY IF USED FOR HIV PREP TX. OTHER RESTRICTIONS MAY APPLY.; QL (1 EA per 1 day)
<i>emtricitabine-tenofovir (tdf) oral tablet</i> (Truvada) 100-150 mg, 133-200 mg, 167-250 mg	Tier 1	SP; QL (1 EA per 1 day)
<i>emtricitabine-tenofovir (tdf) oral tablet</i> (Truvada) 200-300 mg	\$0	\$0 COPAY IF USED FOR HIV PREP TX. OTHER RESTRICTIONS MAY APPLY.; QL (1 EA per 1 day)
Antivirals, Hiv-Spec., Nucleoside Analog, Rti Comb		
<i>abacavir-lamivudine</i>	Tier 1	SP; QL (1 EA per 1 day)
<i>lamivudine-zidovudine</i>	Tier 1	SP; QL (2 EA per 1 day)
Antivirals, Hiv-Specific, Ccr5 Co-Receptor Antag.		
<i>maraviroc oral tablet 150 mg</i> (Selzentry)	Tier 1	SP; QL (2 EA per 1 day)
<i>maraviroc oral tablet 300 mg</i> (Selzentry)	Tier 1	SP; QL (4 EA per 1 day)
SELZENTRY ORAL SOLUTION	Tier 2	SP; QL (31 ML per 1 day)
Antivirals, Hiv-Specific, Cd4 Attachment Inhibitor		
RUKOBIA	Tier 2	PA; SP; QL (2 EA per 1 day)
Antivirals, Hiv-Specific, Non-Nucleoside, Rti		
EDURANT PED	Tier 2	SP; QL (180 EA per 30 days)
<i>efavirenz oral tablet</i>	Tier 1	SP
<i>etravirine oral tablet 100 mg</i> (Intelence)	Tier 1	SP; QL (4 EA per 1 day)
<i>etravirine oral tablet 200 mg</i> (Intelence)	Tier 1	SP; QL (2 EA per 1 day)
INTELENCE ORAL TABLET 25 MG	Tier 2	SP; QL (4 EA per 1 day)
<i>nevirapine oral suspension</i>	Tier 1	SP; QL (1200 ML per 30 days)
<i>nevirapine oral tablet</i>	Tier 1	SP; QL (2 EA per 1 day)
<i>nevirapine oral tablet extended release 24 hr</i>	Tier 1	SP; QL (1 EA per 1 day)

Drug	Status	Notes
<i>rilpivirine hcl</i> (Edurant)	Tier 1	QL (1 EA per 1 day)
Antivirals, Hiv-Specific, Nucleoside Analog, Rti		
<i>abacavir oral solution</i> (Ziagen)	Tier 1	SP; QL (960 ML per 30 days)
<i>abacavir oral tablet</i>	Tier 1	SP; QL (2 EA per 1 day)
<i>emtricitabine</i> (Emtriva)	\$0	\$0 COPAY IF USED FOR HIV PREP TX. OTHER RESTRICTIONS MAY APPLY.; QL (1 EA per 1 day)
EMTRIVA ORAL SOLUTION	Tier 2	SP; QL (850 ML per 30 days)
<i>lamivudine oral solution</i> (Epivir)	Tier 1	SP; QL (960 ML per 30 days)
<i>lamivudine oral tablet 150 mg</i> (Epivir)	Tier 1	SP; QL (2 EA per 1 day)
<i>lamivudine oral tablet 300 mg</i> (Epivir)	Tier 1	SP; QL (1 EA per 1 day)
<i>zidovudine oral capsule</i> (Retrovir)	Tier 1	SP; QL (6 EA per 1 day)
<i>zidovudine oral syrup</i> (Retrovir)	Tier 1	SP; QL (1920 ML per 30 days)
<i>zidovudine oral tablet</i>	Tier 1	SP; QL (2 EA per 1 day)
Antivirals, Hiv-Specific, Nucleotide Analog, Rti		
<i>tenofovir disoproxil fumarate</i> (Viread)	\$0	\$0 COPAY IF USED FOR HIV PREP TX. OTHER RESTRICTIONS MAY APPLY.; QL (1 EA per 1 day)
VIREAD ORAL POWDER	Tier 2	SP; QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	Tier 2	SP; QL (1 EA per 1 day)
Antivirals, Hiv-Specific, Protease Inhibitor Comb		
<i>lopinavir-ritonavir oral tablet 100-25 mg</i> (Kaletra)	Tier 1	SP; QL (10 EA per 1 day)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i> (Kaletra)	Tier 1	SP; QL (4 EA per 1 day)

Drug	Status	Notes
Antivirals, Hiv-Specific, Protease Inhibitors		
<i>atazanavir oral capsule 150 mg</i>	Tier 1	SP; QL (2 EA per 1 day)
<i>atazanavir oral capsule 200 mg</i> (Reyataz)	Tier 1	SP; QL (2 EA per 1 day)
<i>atazanavir oral capsule 300 mg</i> (Reyataz)	Tier 1	SP; QL (1 EA per 1 day)
EVOTAZ	Tier 2	SP; QL (1 EA per 1 day)
<i>fosamprenavir</i>	Tier 1	SP; QL (4 EA per 1 day)
NORVIR ORAL POWDER IN PACKET	Tier 2	SP; QL (12 EA per 1 day)
REYATAZ ORAL POWDER IN PACKET	Tier 2	SP; QL (5 EA per 1 day)
<i>ritonavir</i> (Norvir)	Tier 1	SP; QL (12 EA per 1 day)
VIRACEPT ORAL TABLET	Tier 2	SP
Antivirals,Hiv-1 Integrase Strand Transfer Inhibtr		
APRETUDE (cabotegravir)	\$0	\$0 COPAY IF QUANTITY 0.15 IN 1 DAY, FILL OF 7 IN 365 DAYS, AND NO HISTORY OF HIV TREATMENT IN 120 DAYS; QL (21 ML per 365 days); Age (Min 12 Years)
ISENTRESS HD	Tier 2	SP; QL (2 EA per 1 day)
ISENTRESS ORAL POWDER IN PACKET	Tier 2	SP; QL (2 EA per 1 day)
ISENTRESS ORAL TABLET	Tier 2	SP; QL (2 EA per 1 day)
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	Tier 2	SP; QL (6 EA per 1 day)
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	Tier 2	SP; QL (24 EA per 1 day)
TIVICAY ORAL TABLET 50 MG	Tier 2	SP; QL (2 EA per 1 day)
TIVICAY PD	Tier 2	SP; QL (6 EA per 1 day)
Artv Cmb Nucleoside,Nucleotide,&Non-Nucleoside Rti		
<i>efavirenz-emtricitabin-tenofov</i>	Tier 1	SP; QL (1 EA per 1 day)
<i>efavirenz-lamivu-tenofov disop</i> (Symfi)	Tier 1	SP; QL (1 EA per 1 day)
<i>emtricitata-rilpivirine-tenof df</i> (Complera)	Tier 1	SP; QL (1 EA per 1 day)
ODEFSEY	Tier 2	SP; QL (1 EA per 1 day)

Drug	Status	Notes
Arv Cmb-Nrti,N(T)Rti, Integrase Inhibitor		
BIKTARVY	Tier 2	SP; QL (1 EA per 1 day)
GENVOYA	Tier 2	SP; QL (1 EA per 1 day)
STRIBILD	Tier 2	SP; QL (1 EA per 1 day)
Arv Comb-Nrtis & Integrase Inhibitor		
TRIUMEQ	Tier 2	SP; QL (1 EA per 1 day)
TRIUMEQ PD	Tier 2	SP; QL (6 EA per 1 day)
Hep C - Ns5a, Ns3/4A, Nucleotide Ns5b Inhib Combo		
VOSEVI	Tier 2	PA; SP; QL (1 EA per 1 day)
Hep C Virus - Ns5a & Ns5b Polymerase Inhib. Combo.		
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG	Tier 2	PA; SP; QL (1 EA per 1 day)
EPCLUSA ORAL PELLETS IN PACKET 200-50 MG	Tier 2	PA; SP; QL (2 EA per 1 day)
EPCLUSA ORAL TABLET (sofosbuvir-velpatasvir)	Tier 2	PA; SP; QL (1 EA per 1 day)
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	Tier 2	PA; SP; QL (1 EA per 1 day)
HARVONI ORAL PELLETS IN PACKET 45-200 MG	Tier 2	PA; SP; QL (2 EA per 1 day)
HARVONI ORAL TABLET (ledipasvir-sofosbuvir)	Tier 2	PA; SP; QL (1 EA per 1 day)
Hep C Virus,Nucleotide Analog Ns5b Polymerase Inh		
SOVALDI ORAL PELLETS IN PACKET 150 MG	Tier 3	PA; SP; QL (1 EA per 1 day)
SOVALDI ORAL PELLETS IN PACKET 200 MG	Tier 3	PA; SP; QL (2 EA per 1 day)
SOVALDI ORAL TABLET	Tier 3	PA; SP; QL (1 EA per 1 day)
Hepatitis B Treatment Agents		
<i>adefovir</i>	Tier 1	SP; QL (1 EA per 1 day)

Drug	Status	Notes
BARACLUDE ORAL SOLUTION	Tier 2	SP; QL (630 ML per 30 days)
<i>entecavir</i> (Baraclude)	Tier 1	SP; QL (1 EA per 1 day)
<i>lamivudine oral tablet 100 mg</i>	Tier 1	QL (1 EA per 1 day)
VEMLIDY	Tier 2	SP; QL (1 EA per 1 day)
Hepatitis C Treatment Agents		
PEGASYS	Tier 2	PA; SP; QL (4 ML per 28 days)
<i>ribavirin oral capsule</i>	Tier 1	
<i>ribavirin oral tablet 200 mg</i>	Tier 1	
Hepatitis C Virus- Ns5a And Ns3/4A Inhibitor Comb		
MAVYRET ORAL PELLETS IN PACKET	Tier 2	PA; SP; QL (5 EA per 1 day)
MAVYRET ORAL TABLET	Tier 2	PA; SP; QL (3 EA per 1 day)
Inflammatory Disease		
Anti-Arthritic And Chelating Agents		
<i>penicillamine</i> (Cuprimine)	Tier 1	PA; SP
Anti-Arthritic, Folate Antagonist Agents		
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML	Tier 2	QL (0.8 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 12.5 MG/0.25 ML	Tier 2	QL (1 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 15 MG/0.3 ML	Tier 2	QL (1.2 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 17.5 MG/0.35 ML	Tier 2	QL (1.4 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 20 MG/0.4 ML	Tier 2	QL (1.6 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 22.5 MG/0.45 ML	Tier 2	QL (1.8 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 25 MG/0.5 ML	Tier 2	QL (2 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 30 MG/0.6 ML	Tier 2	QL (2.4 ML per 28 days)

Drug	Status	Notes
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 7.5 MG/0.15 ML	Tier 2	QL (0.6 ML per 28 days)
Anti-Flam. Interleukin-1 Receptor Antagonist		
ARCALYST	Tier 3	PA; SP
KINERET	Tier 3	PA; SP
Anti-Inflammatory Tumor Necrosis Factor Inhibitor		
<i>adalimumab-aaty</i> (adalimumab-aaty(CF) AI Crohns)	Tier 2	PA; SP
ADALIMUMAB-AATY(CF) AI CROHNS (adalimumab-aaty)	Tier 2	PA; SP
<i>adalimumab-adaz subcutaneous syringe 10 mg/0.1 ml</i> (Hyrimoz(CF))	Tier 3	PA; SP
<i>adalimumab-ryvk subcutaneous auto-injector, kit</i> (Simlandi(CF) Autoinjector)	Tier 2	PA; SP
CIMZIA	Tier 3	PA; SP
CIMZIA POWDER FOR RECONST	Tier 3	PA; SP
CIMZIA STARTER KIT	Tier 3	PA; SP
ENBREL MINI	Tier 2	PA; SP
ENBREL SUBCUTANEOUS SOLUTION	Tier 2	PA; SP
ENBREL SUBCUTANEOUS SYRINGE	Tier 2	PA; SP
ENBREL SURECLICK	Tier 2	PA; SP
SIMPONI	Tier 3	PA; SP
ZYMFENTRA	Tier 3	PA; SP
Anti-Inflammatory, Pyrimidine Synthesis Inhibitor		
<i>leflunomide</i> (Arava)	Tier 1	
Anti-Inflammatory, Phosphodiesterase-4(Pde4) Inhib.		
OTEZLA	Tier 2	PA; SP
OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47)	Tier 2	PA; SP
OTEZLA XR	Tier 2	PA; SP
OTEZLA XR INITIATION	Tier 2	PA; SP

Drug	Status	Notes
Anti-Inflammatory/Antiarthritics Agents, Misc.		
EUFLEXXA	Tier 2	PA; QL (12 ML per 180 days)
SYNVISC	Tier 2	PA; QL (12 ML per 180 days)
SYNVISC-ONE	Tier 2	PA; QL (12 ML per 180 days)
Antinflammatory, Sel.Costim.Mod.,T-Cell Inhibitor		
ORENCIA CLICKJECT	Tier 3	PA; SP; QL (4 ML per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	Tier 3	PA; SP; QL (4 ML per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	Tier 3	PA; SP; QL (1.6 ML per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	Tier 3	PA; SP; QL (2.8 ML per 28 days)
Bradykinin B2 Receptor Antagonists		
<i>icatibant</i> (Sajazir)	Tier 1	PA; SP; QL (18 ML per 1 FILL)
SAJAZIR (icatibant)	Tier 1	PA; SP; QL (18 ML per 1 FILL)
C1 Esterase Inhibitors		
BERINERT INTRAVENOUS KIT	Tier 3	PA; SP; QL (40 EA per 28 days)
CINRYZE	Tier 2	PA; SP; QL (40 EA per 28 days)
HAEGARDA	Tier 2	PA; SP
RUCONEST	Tier 3	PA; SP; QL (8 EA per 1 FILL)
Glucocorticoids		
AGAMREE	Tier 3	PA; SP; QL (7.69 ML per 1 day)
ALKINDI SPRINKLE	Tier 3	PA; SP
BETALOAN SUIK	Tier 3	

Drug		Status	Notes
<i>budesonide oral capsule, delayed, extend. release</i>		Tier 1	
<i>budesonide oral tablet, delayed and ext. release</i>	(Uceris)	Tier 1	ST: TRIAL OF BALSALAZIDE REQUIRED.
<i>cortisone</i>		Tier 1	
<i>deflazacort oral suspension</i>	(Jaythari)	Tier 1	PA; SP; QL (1.3 ML per 1 day)
<i>deflazacort oral tablet 18 mg</i>	(Jaythari)	Tier 1	PA; SP; QL (1 EA per 1 day)
<i>deflazacort oral tablet 30 mg, 36 mg, 6 mg</i>	(Jaythari)	Tier 1	PA; SP; QL (2 EA per 1 day)
DEXAMETHASONE INTENSOL		Tier 3	
<i>dexamethasone oral elixir</i>		Tier 1	
<i>dexamethasone oral solution</i>		Tier 1	
<i>dexamethasone oral tablet</i>		Tier 1	
DEXONTO		Tier 3	
EMFLAZA ORAL SUSPENSION	(deflazacort)	Tier 3	PA; SP; QL (1.3 ML per 1 day)
<i>hydrocortisone oral</i>	(Cortef)	Tier 1	
<i>hydrocortisone sod succinate</i>	(Solu-Cortef)	Tier 1	
JAYTHARI ORAL SUSPENSION	(deflazacort)	Tier 1	PA; SP; QL (1.3 ML per 1 day)
JAYTHARI ORAL TABLET 18 MG	(deflazacort)	Tier 1	PA; SP; QL (1 EA per 1 day)
JAYTHARI ORAL TABLET 30 MG, 36 MG, 6 MG	(deflazacort)	Tier 1	PA; SP; QL (2 EA per 1 day)
KENALOG INJECTION SUSPENSION 10 MG/ML	(triamcinolone acetonide)	Tier 3	
KENALOG-80	(triamcinolone acetonide)	Tier 3	
KYMBEE ORAL SUSPENSION	(deflazacort)	Tier 1	PA; SP; QL (1.3 ML per 1 day)
KYMBEE ORAL TABLET 18 MG	(deflazacort)	Tier 1	PA; SP; QL (1 EA per 1 day)
KYMBEE ORAL TABLET 30 MG, 36 MG, 6 MG	(deflazacort)	Tier 1	PA; SP; QL (2 EA per 1 day)
MEDROL ORAL TABLET 2 MG		Tier 2	

Drug	Status	Notes
MEDROLOAN II SUIK	Tier 3	
MEDROLOAN SUIK	Tier 3	
<i>methylprednisolone</i> (Medrol)	Tier 1	
<i>prednisolone oral solution</i>	Tier 1	
<i>prednisolone sodium phosphate oral solution</i> (Veripred 20)	Tier 1	
<i>prednisolone sodium phosphate oral tablet, disintegrating</i> (Orapred ODT)	Tier 1	
PREDNISONE INTENSOL	Tier 2	
<i>prednisone oral solution</i>	Tier 1	
<i>prednisone oral tablet</i>	Tier 1	
<i>prednisone oral tablets, dose pack</i>	Tier 1	
PYQUVI (deflazacort)	Tier 1	PA; SP; QL (1.3 ML per 1 day)
SOLU-CORTEF ACT-O-VIAL (PF)	Tier 3	
TARPEYO	Tier 3	PA; SP; QL (4 EA per 1 day)
<i>triamcinolone acetonide injection</i> (Kenalog)	Tier 1	
TRILOAN II SUIK	Tier 3	
TRILOAN SUIK	Tier 3	
Gold Salts		
<i>auranofin</i> (Ridaura)	Tier 1	
RIDAURA (auranofin)	Tier 3	
Immunomodulator, B-Lymphocyte Stim(Blys)-Spec Inhib		
BENLYSTA SUBCUTANEOUS	Tier 3	PA; SP; QL (4 ML per 28 days)
Interleukin-6 (IL-6) Receptor Inhibitors		
AVTOZMA AUTOINJECTOR	Tier 2	PA; SP
AVTOZMA SUBCUTANEOUS	Tier 2	PA; SP
ENSPRYNG	Tier 3	PA; SP; QL (1 ML per 28 days)
KEVZARA SUBCUTANEOUS PEN INJECTOR	Tier 3	PA; SP
KEVZARA SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	Tier 3	PA; SP

Drug	Status	Notes
TYENNE AUTOINJECTOR	Tier 2	PA; SP
TYENNE SUBCUTANEOUS	Tier 2	PA; SP
Janus Kinase (Jak) Inhibitors		
LITFULO	Tier 3	PA; SP
OLUMIANT	Tier 3	PA; SP
RINVOQ	Tier 2	PA; SP
RINVOQ LQ	Tier 2	PA; SP
<i>tofacitinib</i> (Xeljanz)	Tier 1	PA; SP
Mineralocorticoids		
<i>fludrocortisone</i>	Tier 1	
Monoclonal Antibody-Human Interleukin 12/23 Inhib		
STEQEYMA SUBCUTANEOUS	Tier 2	PA; SP
<i>ustekinumab-aekn</i> (Selarsdi)	Tier 2	PA; SP
YESINTEK SUBCUTANEOUS	Tier 2	PA; SP
Nsaids (Cox Non-Specific Inhib)& Prostaglandin Cmb		
<i>diclofenac-misoprostol</i> (Arthrotec 50)	Tier 1	
Nsaids, Cyclooxygenase 2 Inhibitor - Type		
<i>celecoxib</i> (Celebrex)	Tier 1	
VYSCOX	Tier 3	PA; QL (40 ML per 1 day)
Nsaids, Cyclooxygenase Inhibitor-Type		
<i>diclofenac potassium oral tablet 50 mg</i>	Tier 1	
<i>diclofenac sodium oral</i>	Tier 1	
<i>etodolac</i> (Lodine)	Tier 1	
<i>flurbiprofen oral tablet 100 mg</i> (Lurbiro)	Tier 1	
IBU (ibuprofen)	Tier 1	
<i>ibuprofen oral suspension</i> (Children's Advil)	Tier 1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i> (IBU)	Tier 1	
<i>indomethacin oral capsule</i>	Tier 1	
<i>indomethacin oral capsule, extended release</i>	Tier 1	
<i>indomethacin rectal suppository 100 mg</i>	Tier 1	

Drug	Status	Notes
<i>ketoprofen oral capsule</i> (Orudis)	Tier 1	
<i>ketoprofen oral capsule,ext rel. pellets</i> 24 hr 200 mg	Tier 1	
<i>ketorolac injection</i>	Tier 1	
<i>ketorolac intramuscular</i>	Tier 1	
<i>ketorolac oral</i>	Tier 1	QL (20 EA per 5 days)
LURBIRO (flurbiprofen)	Tier 1	
<i>meclofenamate</i>	Tier 1	
<i>mefenamic acid</i>	Tier 1	
<i>meloxicam oral tablet</i>	Tier 1	
<i>nabumetone</i>	Tier 1	
<i>naproxen oral tablet</i> (Naprosyn)	Tier 1	
<i>naproxen oral tablet,delayed release</i> (EC-Naprosyn) (dr/ec)	Tier 1	
<i>naproxen sodium oral tablet 275 mg</i>	Tier 1	
<i>naproxen sodium oral tablet 550 mg</i> (Anaprox DS)	Tier 1	
<i>oxaprozin oral tablet</i>	Tier 1	
<i>piroxicam</i>	Tier 1	
<i>sulindac</i>	Tier 1	
<i>tolmetin</i> (Tolectin 600)	Tier 1	
TORONOVA II SUIK	Tier 3	
TORONOVA SUIK	Tier 3	
Plasma Kallikrein Inhibitors		
DAWNZERA	Tier 2	PA; SP; QL (0.8 ML per 28 days)
EKTERLY	Tier 2	PA; SP; QL (4 EA per 1 day)
ORLADEYO	Tier 3	PA; SP; QL (1 EA per 1 day)
TAKHZYRO SUBCUTANEOUS SYRINGE	Tier 2	PA; SP; QL (4 ML per 28 days)
Local Anesthesia		
Local Anesthetics		
GLYDO (lidocaine hcl)	Tier 1	
<i>lidocaine hcl mucous membrane</i> (Glydo)	Tier 1	

Drug	Status	Notes
MARVONA SUIK (PF)	Tier 3	
MARVONA-25 SUIK (PF)	Tier 3	
Lower Gastrointestinal Disorders - Bowel Inflammation		
Bowel Antiinflammatory Agents		
<i>sulfadiazine</i>	Tier 1	
Chronic Inflammation: Colon Disease, 5-Aminosalicylate, Rectal Treatment		
<i>mesalamine rectal</i> (Canasa)	Tier 1	
<i>mesalamine with cleansing wipe</i> (Rowasa)	Tier 1	
Drug Treatment-Chronic Inflammation: Colon Disease, 5-Aminosalicylate		
<i>balsalazide</i> (Colazal)	Tier 1	
<i>mesalamine oral capsule, extended release</i> (Pentasa)	Tier 1	
<i>mesalamine oral capsule, extended release 24hr</i> (Apriso)	Tier 1	
<i>mesalamine oral tablet, delayed release (dr/lec)</i> (Lialda)	Tier 1	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG (mesalamine)	Tier 3	
<i>sulfasalazine</i> (Azulfidine)	Tier 1	
Hemorrhoidal Preparation, Anti-Inflammation Steroid/Local Anesthetic		
ANALPRAM-HC SINGLES (hydrocortisone-pramoxine)	Tier 1	
<i>hydrocortisone-pramoxine rectal cream</i> (Analpram-HC)	Tier 1	
<i>lidocaine hcl-hydrocortisone ac rectal cream</i>	Tier 1	
<i>lidocaine hcl-hydrocortisone ac rectal gel</i>	Tier 1	
<i>lidocaine hcl-hydrocortisone ac rectal kit 3-0.5 %, 3-1 % (7 gram), 3-2.5 % (7 gram)</i>	Tier 1	
<i>lidocaine-hydrocortisone-aloe</i>	Tier 1	
PROCORT	Tier 3	
PROCTOFOAM HC	Tier 2	

Drug	Status	Notes
Ibs Agents,Mixed Opioid Recep Agonists/Antagonists		
VIBERZI	Tier 2	QL (2 EA per 1 day)
Integrin Receptor Antagonist, Monoclonal Antibody		
ENTYVIO PEN	Tier 3	PA; SP
Irritable Bowel Agents,Guanylate Cylase-C Agonist		
LINZESS	Tier 2	QL (1 EA per 1 day)
TRULANCE	Tier 2	QL (1 EA per 1 day)
Local Anorectal Nitrate Preparations		
<i>nitroglycerin rectal</i> (Rectiv)	Tier 1	
Rectal Preparations		
ANUCORT-HC (hydrocortisone acetate)	Tier 1	
<i>hydrocortisone acetate rectal</i> (Anucort-HC)	Tier 1	
Rectal/Lower Bowel Prep.,Glucocort. (Non-Hemorr)		
<i>budesonide rectal</i> (Uceris)	Tier 1	
CORTIFOAM	Tier 2	
<i>hydrocortisone rectal</i> (Cortenema)	Tier 1	
Lower Gastrointestinal Disorders - Other		
Ammonia Inhibitors		
CARBAGLU (carglumic acid)	Tier 3	PA; SP
<i>carglumic acid</i> (Carbaglu)	Tier 1	PA; SP
ENULOSE (lactulose)	Tier 1	
GENERLAC (lactulose)	Tier 1	
<i>glycerol phenylbutyrate</i> (Ravicti)	Tier 1	PA; SP; QL (17.5 ML per 1 day)
LITHOSTAT	Tier 3	
OLPRUVA ORAL PELLETS IN PACKET 2 GRAM, 3 GRAM, 5 GRAM	Tier 3	PA; SP; QL (12 EA per 1 day)
OLPRUVA ORAL PELLETS IN PACKET 4 GRAM	Tier 3	PA; SP; QL (15 EA per 1 day)
OLPRUVA ORAL PELLETS IN PACKET 6 GRAM, 6.67 GRAM	Tier 3	PA; SP; QL (9 EA per 1 day)

Drug	Status	Notes
PHEBURANE	Tier 3	PA; SP; QL (41.5 GM per 1 day)
RAVICTI (glycerol phenylbutyrate)	Tier 3	PA; SP; QL (17.5 ML per 1 day)
sodium phenylbutyrate oral powder (Buphenyl)	Tier 1	PA; SP; QL (21.3 GM per 1 day)
sodium phenylbutyrate oral tablet (Buphenyl)	Tier 1	PA; SP; QL (40 EA per 1 day)
Antidiarrheal - G.I. Chloride Channel Inhibitors		
MYTESI	Tier 2	SP; ST: TRIAL OF ANTI-RETROVIRAL THERAPY REQUIRED.; QL (2 EA per 1 day)
Antidiarrheal - Tryptophan Hydroxylase Inhibitor		
XERMELO	Tier 2	PA; SP; QL (3 EA per 1 day)
Antidiarrheals		
diphenoxylate-atropine (Lomotil)	Tier 1	
loperamide oral capsule (Anti-Diarrheal (loperamide))	Tier 1	
opium tincture	Tier 1	
Bile Salts		
CHOLBAM	Tier 3	PA; SP
CTEXLI	Tier 3	PA; SP
ursodiol oral capsule 300 mg	Tier 1	
ursodiol oral tablet (URSO Forte)	Tier 1	
Ileal Bile Acid Transporter (Ibat) Inhibitor		
BYLVAY	Tier 3	PA; SP
LIVMARLI	Tier 3	PA; SP
Irritable Bowel Synd. Agent, 5HT-3 Antagonist-Type		
alosetron (Lotronex)	Tier 1	

Drug	Status	Notes
Laxatives And Cathartics		
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/175 ML	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (350 ML per 1 FILL)
CONSTULOSE (lactulose)	Tier 1	
GAVILYTE-C (peg 3350-electrolytes)	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
GAVILYTE-G (peg 3350-electrolytes)	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
GAVILYTE-N (peg-electrolyte soln)	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
<i>lactulose oral solution</i> (Constulose)	Tier 1	
<i>lubiprostone oral capsule 24 mcg</i>	Tier 1	QL (2 EA per 1 day)
<i>lubiprostone oral capsule 8 mcg</i> (Amitiza)	Tier 1	QL (4 EA per 1 day)
<i>peg 3350-electrolytes</i> (GaviLyte-G)	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)

Drug	Status	Notes
<i>peg3350-sod sul-nacl-kcl-asb-c</i> (MoviPrep)	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (1 EA per 1 FILL)
<i>peg-electrolyte soln</i> (GaviLyte-N)	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
PLENVU	\$0	ST: TRIAL OF SUTAB, CLENPIQ OR GENERIC BOWEL PREP IN THE LAST 120 DAYS; \$0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, FILL OF 2 IN 365 DAYS, 45-75 YEARS OF AGE, AND TRIAL OF CLENPIQ, SUTAB, OR A GENERIC BOWEL PREP; QL (3 EA per 1 FILL)
<i>sodium,potassium,mag sulfates</i> (Suprep Bowel Prep Kit)	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (354 ML per 1 FILL)

Drug	Status	Notes
SUFLAVE	\$0	ST: TRIAL OF SUTAB, CLENPIQ OR GENERIC BOWEL PREP IN THE LAST 120 DAYS; \$0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, FILL OF 2 IN 365 DAYS, 45-75 YEARS OF AGE, AND TRIAL OF CLENPIQ, SUTAB, OR A GENERIC BOWEL PREP; QL (2 EA per 1 FILL)
SUTAB	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (24 EA per 1 FILL)
Narcotic Antagonists, Peripherally-Acting		
<i>alvimopan</i>	Tier 1	
MOVANTIK	Tier 2	QL (1 EA per 1 day)
RELISTOR ORAL	Tier 3	PA; QL (3 EA per 1 day)
RELISTOR SUBCUTANEOUS SOLUTION	Tier 3	PA; QL (0.6 ML per 1 day)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	Tier 3	PA; QL (0.6 ML per 1 day)
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	Tier 3	PA; QL (0.4 ML per 1 day)
SYMPROIC	Tier 2	QL (1 EA per 1 day)
Ppar Agonist		
IQIRVO	Tier 2	PA; SP; QL (1 EA per 1 day)
LIVDELZI	Tier 2	PA; SP; QL (1 EA per 1 day)

Drug	Status	Notes
Sbs - Glucagon-Like Peptide-2 (Glp-2) Analogs		
GATTEX 30-VIAL	Tier 2	PA; SP
GATTEX ONE-VIAL	Tier 2	PA; SP
Medical Supplies		
Bandages And Related Supplies		
ACESO AG	Tier 3	
ACTICOAT DRESSING TOPICAL BANDAGE 16 X 16 ", 4 X 4 ", 4 X 48 ", 4 X 8 ", 8 X 16 "	Tier 3	
ALLEVYN LIFE DRESSING TOPICAL BANDAGE 4 X 4 "	Tier 3	
CARRASYN HYDROGEL WOUND DRESS	Tier 3	
CURAFIL GEL WOUND	Tier 3	
CURITY AMD	Tier 3	
CURITY AMD (WITH POLYHEXAMETH) TOPICAL SPONGE 0.2 %- 2" X 2"	Tier 3	
CURITY AMD (WITH POLYHEXAMETH) TOPICAL STRIP	Tier 3	
CURITY IODOFORM PACKING STRIP	Tier 3	
DYNAFOAM AG	Tier 3	
DYNAGINATE AG	Tier 3	
KERAGEL	Tier 3	
KERLIX AMD	Tier 3	
OASIS WOUND MATRIX FENESTRATED	Tier 3	
OASIS WOUND MATRIX MESHED	Tier 3	
PETROLEUM GAUZE	Tier 3	
RESTORE CALCIUM ALGINATE TOPICAL BANDAGE 4 X 4 3/4 "	Tier 3	
RESTORE TOPICAL BANDAGE 1 X 12 ", 2 X 2 "	Tier 3	
SILIGENTLE AG	Tier 3	
SIOXD	Tier 3	

Drug	Status	Notes
SIOXD OR	Tier 3	
SPECTRAGEL	Tier 3	
THERAHONEY	Tier 3	
XEROFORM PETROLATUM DRESSING TOPICAL BANDAGE 4 X 4 ", 5 X 9 "	Tier 3	
Catheters And Related Devices		
ADVANCE PLUS INTERMITTENT (catheter)	Tier 3	
APOGEE IC INTERMIT CATHETER	Tier 3	
APOGEE PLUS INTERMITT CATHETER	Tier 3	
CURITY DRAINAGE BAG	Tier 3	
DOVER COATED LATEX FOLEY	Tier 3	
DOVER LATEX FOLEY CATHETER	Tier 3	
DOVER RED RUBBER ROBINSON CATH	Tier 3	
DOVER UNIVERSAL (catheterization tray)	Tier 3	
FEMALE CATHETER	Tier 3	
KENGUARD FOLEY CATHETER (catheterization tray)	Tier 3	
LOFRIC (catheter)	Tier 3	
LOFRIC ORIGO (catheter)	Tier 3	
LOFRIC PRIMO NELATON CATHETER	Tier 3	
LOFRIC SENSE NELATON CATHETER	Tier 3	
MAGIC3 INTERMITTENT CATHETER 10-16 FR-", 12-16 FR-"	Tier 3	
MONO-FLO DRAINAGE BAG	Tier 3	
ROBINSON CLEAR VINYL CATHETER	Tier 3	
SELF-CATHETER, FEMALE 14 FR	Tier 3	
SILASTIC FOLEY CATHETER	Tier 3	
SPEEDICATH (FEMALE)	Tier 3	
TOUCH-TROL	Tier 3	
VAPRO PLUS INTERMITT CATHETER	Tier 3	
Diabetic Supplies		
UNISTIK 3 DUAL LANCET	Tier 2	

Drug		Status	Notes
Durable Medical Equipment,Misc			
AIRS ADULT AEROSOL MASK	(nebulizer accessories)	Tier 3	
AIRS PEDIATRIC DISPOSABLE MASK	(nebulizer accessories)	Tier 3	
ALL FLOW 1000 KIT	(nebulizer accessories)	Tier 3	
ALL FLOW 1000 PFT FILTER	(nebulizer accessories)	Tier 3	
ALL FLOW 3000 KIT	(nebulizer accessories)	Tier 3	
ALL FLOW 3000 PFT FILTER	(nebulizer accessories)	Tier 3	
ALL FLOW 4000 KIT	(nebulizer accessories)	Tier 3	
ALL FLOW 4000 PFT FILTER	(nebulizer accessories)	Tier 3	
ALL FLOW 5000 KIT	(nebulizer accessories)	Tier 3	
ALL FLOW 5000 PFT FILTER	(nebulizer accessories)	Tier 3	
ALL FLOW 6000 PFT FILTER	(nebulizer accessories)	Tier 3	
AMIELLE VAGINAL TRAINER		Tier 3	
ARGYLE TRACHEOSTOMY CARE TRAY		Tier 3	
CEFALY		Tier 3	
CLEVER CHOICE NEB KIT-ADULT	(nebulizer accessories)	Tier 3	
CLEVER CHOICE NEB KIT-CHILD	(nebulizer accessories)	Tier 3	
ENFIT MEDICAL STRAW		Tier 3	
INNOSPIRE REPLACEMENT FILTER	(nebulizer accessories)	Tier 3	
INSPIRATION ELITE FILTER	(nebulizer accessories)	Tier 3	
NOSE CLIP	(nebulizer accessories)	Tier 3	
PARI BABY CONV KIT - SIZE 1		Tier 3	
PARI BABY CONV KIT - SIZE 2		Tier 3	
PARI BABY CONV KIT - SIZE 3		Tier 3	
PARI TREK S PORTABLE PWR KIT	(nebulizer accessories)	Tier 3	
PILLOW MASK CHILD	(nebulizer accessories)	Tier 3	
PRO COMFORT TENS ELECTRODE		Tier 3	
PRO COMFORT TENS UNIT		Tier 3	
PRO-CEPTION		Tier 3	
PRONEB ULTRA II FILTER ASSEM	(nebulizer accessories)	Tier 3	
REUSABLE NEBULIZER KIT		Tier 3	
RUBBER MOUTHPIECE	(nebulizer accessories)	Tier 3	
SAMI THE SEAL MASK	(nebulizer accessories)	Tier 3	

Drug		Status	Notes
SIDESTREAM MASK	(nebulizer accessories)	Tier 3	
SILICONE MASK	(nebulizer accessories)	Tier 3	
TENS 502		Tier 3	
TENS 504		Tier 3	
Durable Medical Equipment,Misc(Group 1)			
ACCU-CHEK FASTCLIX LANCET DRUM	(lancets)	Tier 2	
ACCU-CHEK SAFE-T-PRO PLUS		Tier 2	
ACCU-CHEK SOFTCLIX LANCETS	(lancets)	Tier 2	
ACTI-LANCE LANCETS	(lancets)	Tier 2	
ADVANCED TRAVEL LANCETS	(lancets)	Tier 2	
ADVANTAGE SAFETY LANCET	(lancets)	Tier 2	
ADVOCATE LANCET	(lancets)	Tier 2	
AGAMATRIX ULTRA-THIN LANCET	(lancets)	Tier 2	
ALTERNATE SITE LANCET	(lancets)	Tier 2	
ASSURE LANCE	(lancets)	Tier 2	
ASSURE LANCE PLUS	(lancets)	Tier 2	
BD MICROTAINER LANCET	(lancets)	Tier 2	
BULLSEYE MINI SAFETY LANCETS	(lancets)	Tier 2	
BUTTERFLY TOUCH LANCET	(lancets)	Tier 2	
CAREONE ULTRA THIN LANCET	(lancets)	Tier 2	
CARESENS LANCETS	(lancets)	Tier 2	
CARETOUCH SAFETY LANCETS	(lancets)	Tier 2	
CARETOUCH TWIST LANCET	(lancets)	Tier 2	
CHOSEN LANCET	(lancets)	Tier 2	
CHOSEN SAFETY LANCET	(lancets)	Tier 2	
CLEVER CHEK LANCETS	(lancets)	Tier 2	
COAGUCHEK LANCETS	(lancets)	Tier 2	
COMFORT EZ LANCETS 23 GAUGE		Tier 2	
COMFORT EZ LANCETS 28 GAUGE	(lancets)	Tier 2	
COMFORT TOUCH PLUS SAFETY LANC	(lancets)	Tier 2	
COMFORT TOUCH ULT THIN LANCETS		Tier 2	

Drug	Status	Notes
DROPLET LANCETS (lancets)	Tier 2	
DROPSAFE ACTI-LANCE 23 GAUGE	Tier 2	
DROPSAFE MEDLANCE PLUS 30 GAUGE (lancets)	Tier 2	
EASY COMFORT LANCETS (lancets)	Tier 2	
EASY COMFORT SAFETY LANCET (lancets)	Tier 2	
EASY TOUCH SAFETY LANCETS (lancets)	Tier 2	
EASY TOUCH TWIST LANCETS (lancets)	Tier 2	
EASY TWIST AND CAP LANCETS (lancets)	Tier 2	
EMBRACE LANCETS (lancets)	Tier 2	
EMBRACE SAFETY LANCET (lancets)	Tier 2	
EZ SMART LANCETS (lancets)	Tier 2	
FINGERSTIX LANCETS (lancets)	Tier 2	
FONDCIRCLE LANCET (lancets)	Tier 2	
FORACARE LANCETS (lancets)	Tier 2	
FREESTYLE LANCETS (lancets)	Tier 2	
FREESTYLE UNISTIK 2 (lancets)	Tier 2	
GLUCOCOM LANCETS (lancets)	Tier 2	
GOJJI LANCETS (lancets)	Tier 2	
INCONTROL SUPER THIN LANCETS (lancets)	Tier 2	
INCONTROL ULTRA THIN LANCETS (lancets)	Tier 2	
INJECT EASE LANCETS (lancets)	Tier 2	
INVACARE LANCETS (lancets)	Tier 2	
<i>lancets</i> (Accu-Chek Fastclix Lancet Drum)	Tier 2	
LANCETS, THIN (lancets)	Tier 2	
MEDLANCE PLUS LANCETS (lancets)	Tier 2	
MEDLANCE PLUS SPECIAL BLADE	Tier 2	
MICRO THIN LANCETS (lancets)	Tier 2	
MICROLET LANCET (lancets)	Tier 2	
MICROLET NEXT LANCET (lancets)	Tier 2	
MOBI BLOOD GLUCOSE TWIST LANCET (lancets)	Tier 2	
MOBILE LANCETS (lancets)	Tier 2	
MONOLET LANCETS (lancets)	Tier 2	

MedPerform Premier Formulary

10/01/2026

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
MONOLET THIN LANCETS	(lancets)	Tier 2	
MYGLUCOHEALTH LANCETS	(lancets)	Tier 2	
NOVA SAFETY LANCETS	(lancets)	Tier 2	
NOVA SUREFLEX LANCETS	(lancets)	Tier 2	
ON CALL LANCET	(lancets)	Tier 2	
ONETOUCH DELICA PLUS LANCET	(lancets)	Tier 2	
ONETOUCH DELICA SAFETY LANCET	(lancets)	Tier 2	
ONETOUCH ULTRASOFT 2 LANCET	(lancets)	Tier 2	
ON-THE-GO LANCETS	(lancets)	Tier 2	
PERFECT POINT SAFETY LANCETS	(lancets)	Tier 2	
PIP LANCET	(lancets)	Tier 2	
PRESSURE ACTIVATED LANCETS	(lancets)	Tier 2	
PRO COMFORT LANCET	(lancets)	Tier 2	
PRO COMFORT SAFETY LANCET	(lancets)	Tier 2	
PRODIGY LANCETS	(lancets)	Tier 2	
PRODIGY TWIST TOP LANCET	(lancets)	Tier 2	
PURE COMFORT LANCETS	(lancets)	Tier 2	
PURE COMFORT SAFETY LANCETS	(lancets)	Tier 2	
PUSH BUTTON SAFETY LANCETS 28 GAUGE	(lancets)	Tier 2	
RELIAMED LANCET 28 GAUGE, 30 GAUGE	(lancets)	Tier 2	
RELIAMED SAFETY SEAL LANCETS	(lancets)	Tier 2	
RIGHTEST GL300 LANCETS	(lancets)	Tier 2	
SAFETY LANCETS	(lancets)	Tier 2	
SAFETY SEAL LANCETS	(lancets)	Tier 2	
SAFETY-LET LANCETS	(lancets)	Tier 2	
SENSILANCE	(lancets)	Tier 2	
SINGLE-LET	(lancets)	Tier 2	
SMARTEST LANCET	(lancets)	Tier 2	
SOLUS V2 LANCETS	(lancets)	Tier 2	
STERILANCE TL	(lancets)	Tier 2	
SUPER THIN LANCETS	(lancets)	Tier 2	
SURE COMFORT LANCETS	(lancets)	Tier 2	

MedPerform Premier Formulary

10/01/2026

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug		Status	Notes
SURE-LANCE	(lancets)	Tier 2	
SURE-LANCE ULTRA THIN	(lancets)	Tier 2	
SURE-TOUCH LANCET	(lancets)	Tier 2	
TECHLITE LANCETS	(lancets)	Tier 2	
TELCARE LANCETS	(lancets)	Tier 2	
THIN LANCETS	(lancets)	Tier 2	
TRUE COMFORT LANCET	(lancets)	Tier 2	
TRUE-COMFORT SAFETY LANCET	(lancets)	Tier 2	
TRUEPLUS LANCETS	(lancets)	Tier 2	
TWIST LANCETS	(lancets)	Tier 2	
ULTILET BASIC LANCETS	(lancets)	Tier 2	
ULTILET CLASSIC LANCETS	(lancets)	Tier 2	
ULTILET LANCETS	(lancets)	Tier 2	
ULTILET SAFETY LANCETS		Tier 2	
ULTRA THIN II LANCETS	(lancets)	Tier 2	
ULTRA THIN LANCETS	(lancets)	Tier 2	
ULTRA TLC LANCETS	(lancets)	Tier 2	
ULTRA-CARE LANCETS	(lancets)	Tier 2	
ULTRALANCE LANCETS	(lancets)	Tier 2	
ULTRA-THIN II LANCETS	(lancets)	Tier 2	
UNILET COMFORTOUCH LANCET	(lancets)	Tier 2	
UNILET GP LANCET	(lancets)	Tier 2	
UNILET LANCET	(lancets)	Tier 2	
UNILET LANCETS	(lancets)	Tier 2	
UNILET SUPER THIN LANCETS	(lancets)	Tier 2	
UNISTIK 2 EXTRA LANCET	(lancets)	Tier 2	
UNISTIK 2 NORMAL LANCET	(lancets)	Tier 2	
UNISTIK 3 COMFORT LANCET	(lancets)	Tier 2	
UNISTIK 3 EXTRA LANCET	(lancets)	Tier 2	
UNISTIK 3 GENTLE	(lancets)	Tier 2	
UNISTIK 3 NORMAL LANCET		Tier 2	
UNISTIK COMFORT LANCETS	(lancets)	Tier 2	
UNISTIK CZT LANCET	(lancets)	Tier 2	
UNISTIK EXTRA LANCETS	(lancets)	Tier 2	

MedPerform Premier Formulary

10/01/2026

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
UNISTIK NORMAL LANCETS	Tier 2	
UNISTIK PRO LANCET (lancets)	Tier 2	
UNISTIK SAFETY (lancets)	Tier 2	
UNISTIK TOUCH LANCETS (lancets)	Tier 2	
UNIVERSAL 1 LANCETS (lancets)	Tier 2	
VERIFINE SAFETY LANCET MINI (lancets)	Tier 2	
VERIFINE UNIVERSAL LANCET (lancets)	Tier 2	
VIVAGUARD LANCET (lancets)	Tier 2	
VIVAGUARD SAFETY LANCET (lancets)	Tier 2	
Feeding Devices		
ENFIT IRRIGAT SYRINGE-CONTAINR	Tier 3	
<i>enteral connector, enfit</i>	Tier 3	
ENTERAL GRAVITY BAG SET-ENFIT	Tier 3	
KANGAROO 924 SAFETY SCREW (pump set)	Tier 3	
KANGAROO EPUMP SET	Tier 3	
KANGAROO GRAVITY SET	Tier 3	
RELIZORB	Tier 3	
Incontinence Supplies		
FLEXI-SEAL SIGNAL FMS	Tier 3	
TENSCARE ITOUCH SURE	Tier 3	
Medical Supplies,Miscellaneous		
MAD NASAL ATOMIZER	Tier 3	
VARITHENA ADMINISTRATION PACK	Tier 3	
VIBRANT	Tier 3	
VIBRANT STARTER KIT	Tier 3	
Medical Supplies,Miscellaneous(Group 2)		
EAR POPPER INFLATION DEVICE	Tier 3	
PCCA ACCUPEN-15	Tier 3	
PROVATE PELVIC ORGAN SUPPORT	Tier 3	
YONI FIT BLADDER SUPPORT VAGINAL 34-38 MM, 34-38-42 MM, 42-45 MM, 45-48-52 MM, 48-52 MM	Tier 3	
Parenteral Administration Sets		
ADD-VANTAGE ADDAPTOR	Tier 3	

Drug	Status	Notes
BD INSYTE AUTOGUARD INFUSION SET 22 GAUGE X 1", 24 GAUGE X 3/4"	Tier 3	
BD SAF-T-INTIMA INFUSION SET 22 GAUGE X 3/4"	Tier 3	
INSUFLON	Tier 3	
INSYTE IV CATHETER	Tier 3	
I-PORT	Tier 3	
I-PORT ADVANCE 6 MM INJEC PORT	Tier 3	
I-PORT ADVANCE 9 MM INJEC PORT	Tier 3	
IVENIX ADMIN SET 2INLET 2YSITE (iv administration set)	Tier 3	
IVENIX ADMIN SET 2INLET Y-SITE (iv administration set)	Tier 3	
IVENIX ADMIN SET SINGLE-INLET (iv administration set)	Tier 3	
MONOJECT LUER ADAPTER	Tier 3	
NEXIVA	Tier 3	
PHASEAL ASSEMBLY FIXTURE	Tier 3	
PHASEAL CONNECTOR LUER LOCK	Tier 3	
PHASEAL INFUSION ADAPTER	Tier 3	
PHASEAL INFUSION CLAMP	Tier 3	
PHASEAL INJECTOR LUER	Tier 3	
PHASEAL INJECTOR LUER LOCK	Tier 3	
PHASEAL SECONDARY SET	Tier 3	
PHASEAL Y-SITE	Tier 3	
Syringes And Accessories		
EXTENDED RESERVOIR	Tier 3	
<i>insulin u-500 syringe-needle</i>	Tier 2	
INTERLINK LEVER LOCK CANNULA	Tier 3	
KENDALL DISINFECTANT CAP	Tier 3	
PARADIGM RESERVOIR	Tier 3	
ULTRA-FINE INS SYR (HALF UNIT)	Tier 2	
ULTRA-FINE INSULIN SYRINGE (insulin syringe-needle u-100)	Tier 2	

Drug	Status	Notes
Miscellaneous Agents		
Amyloidosis Agents-Transthyretin (Ttr) Suppression		
WAINUA SUBCUTANEOUS AUTO-INJECTOR	Tier 3	PA; SP; QL (0.8 ML per 30 days)
Anaphylaxis Therapy Agents		
AUVI-Q (epinephrine)	Tier 2	QL (2 EA per 365 days)
<i>epinephrine injection auto-injector</i> (Auvi-Q)	Tier 1	QL (4 EA per 1 FILL)
NEFFY	Tier 2	QL (4 EA per 1 FILL)
Cxcr4 Chemokine Receptor Antagonist		
XOLREMDI	Tier 3	PA; SP; QL (4 EA per 1 day)
Genetic D/O Tx-Exon Inclusion Antisense Oligonucle		
EVRYSDI ORAL RECON SOLN	Tier 3	PA; SP; QL (8 ML per 1 day)
EVRYSDI ORAL TABLET	Tier 3	PA; SP; QL (1 EA per 1 day)
Parasympathetic Agents		
<i>bethanechol chloride</i>	Tier 1	
<i>cevimeline</i> (Evoxac)	Tier 1	
<i>pilocarpine hcl oral</i> (Salagen (pilocarpine))	Tier 1	
Pharmacological Chaperone-Alpha-Galactosid.A Stabz		
GALAFOLD	Tier 3	PA; SP; QL (14 EA per 28 days)
Pku Treatment Agents - Phenylalanine Ammonia Lyase		
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	Tier 2	PA; SP; QL (0.5 ML per 1 day)
PALYNZIQ SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML	Tier 2	PA; SP; QL (1 ML per 7 days)
PALYNZIQ SUBCUTANEOUS SYRINGE 20 MG/ML	Tier 2	PA; SP; QL (3 ML per 1 day)
Pku Tx Agent-Cofactor Of Phenylalanine Hydroxylase		
JAVYGTOR (sapropterin)	Tier 1	SP

Drug	Status	Notes
KUVAN (sapropterin)	Tier 2	SP
<i>sapropterin</i> (Javygtor)	Tier 1	SP
SEPHIENCE	Tier 3	PA; SP
ZELVYSIA (sapropterin)	Tier 1	SP
Systemic Enzyme Inhibitors		
ARALAST NP	Tier 3	PA; SP
GLASSIA	Tier 3	PA; SP
JOENJA ORAL TABLET 70 MG	Tier 3	PA; SP; QL (2 EA per 1 day)
PROLASTIN-C INTRAVENOUS SOLUTION	Tier 3	PA; SP
VIJOICE ORAL GRANULES IN PACKET	Tier 3	PA; SP; QL (1 EA per 1 day)
VIJOICE ORAL TABLET 125 MG, 50 MG	Tier 3	PA; SP; QL (1 EA per 1 day)
VIJOICE ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1)	Tier 3	PA; SP; QL (56 EA per 28 days)
ZEMAIRA	Tier 3	PA; SP
ZOKINVY	Tier 3	PA; SP
Thyroid Hormone Receptor (Thr) Agonist		
REZDIFFRA	Tier 3	PA; SP; QL (1 EA per 1 day)
Topical Anticholinergic Hyperhidrosis Tx Agents		
QBREXZA	Tier 3	PA; QL (1 EA per 1 day)
SOFDRA	Tier 3	PA; QL (1.34 ML per 1 day)
Neoplastic Disease		
Alkylating Agents		
ALKERAN (melphalan)	Tier 3	SP
<i>cyclophosphamide oral capsule</i>	Tier 1	SP
<i>cyclophosphamide oral tablet 50 mg</i>	Tier 1	SP
<i>hydroxyurea</i> (Hydrea)	Tier 1	
LEUKERAN	Tier 2	SP
<i>lomustine</i> (Gleostine)	Tier 1	PA; SP
MYLERAN	Tier 2	SP

Drug	Status	Notes
<i>temozolomide</i>	Tier 1	PA; SP
Antiandrogenic Agents		
<i>abiraterone</i> (Abirtega)	Tier 1	PA; SP
ABIRTEGA (abiraterone)	Tier 1	PA; SP
<i>bicalutamide</i> (Casodex)	Tier 1	
ERLEADA ORAL TABLET 240 MG	Tier 2	PA; SP; QL (1 EA per 1 day)
ERLEADA ORAL TABLET 60 MG	Tier 2	PA; SP; QL (4 EA per 1 day)
<i>nilutamide</i>	Tier 1	SP
NUBEQA	Tier 2	PA; SP; QL (4 EA per 1 day)
XTANDI ORAL CAPSULE	Tier 2	PA; SP; QL (4 EA per 1 day)
XTANDI ORAL TABLET 40 MG	Tier 2	PA; SP; QL (4 EA per 1 day)
XTANDI ORAL TABLET 80 MG	Tier 2	PA; SP; QL (2 EA per 1 day)
YONSA (abiraterone, submicronized)	Tier 3	PA; SP
Antibiotic Antineoplastics		
JELMYTO	Tier 3	PA; SP
Antimetabolites		
<i>capecitabine</i>	Tier 1	PA; SP
INQOVI	Tier 2	PA; SP; QL (5 EA per 28 days)
JYLAMVO	Tier 3	PA
LONSURF ORAL TABLET 15-6.14 MG	Tier 2	PA; SP; QL (100 EA per 28 days)
LONSURF ORAL TABLET 20-8.19 MG	Tier 2	PA; SP; QL (80 EA per 28 days)
<i>mercaptopurine oral suspension</i> (Purixan)	Tier 1	SP; ST: TRIAL OF MERCAPTOPYRINE TABLET REQUIRED.
<i>mercaptopurine oral tablet</i>	Tier 1	
<i>methotrexate sodium</i>	Tier 1	
<i>methotrexate sodium (pf)</i>	Tier 1	

Drug	Status	Notes
ONUREG	Tier 2	PA; SP; QL (14 EA per 28 days)
TABLOID (thioguanine)	Tier 2	SP
TREXALL	Tier 2	
XATMEP	Tier 3	PA; QL (120 ML per 60 days)
Antineoplastic Aromatase Inhibitors		
<i>anastrozole</i> (Arimidex)	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER
<i>exemestane</i> (Aromasin)	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER
<i>letrozole</i> (Femara)	Tier 1	
Antineoplastic - Braf Kinase Inhibitors		
BRAFTOVI	Tier 2	PA; SP
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION	Tier 3	PA; SP; QL (96 ML per 28 days)
OJEMDA ORAL TABLET	Tier 3	PA; SP; QL (24 EA per 28 days)
TAFINLAR ORAL CAPSULE	Tier 2	PA; SP; QL (4 EA per 1 day)
TAFINLAR ORAL TABLET FOR SUSPENSION	Tier 2	PA; SP; QL (30 EA per 1 day)
ZELBORAF	Tier 2	PA; SP; QL (8 EA per 1 day)
Antineoplastic - Hedgehog Pathway Inhibitor		
DAURISMO ORAL TABLET 100 MG	Tier 2	PA; SP; QL (1 EA per 1 day)
DAURISMO ORAL TABLET 25 MG	Tier 2	PA; SP; QL (2 EA per 1 day)
ERIVEDGE	Tier 2	PA; SP; QL (1 EA per 1 day)
ODOMZO	Tier 2	PA; SP; QL (1 EA per 1 day)

Drug	Status	Notes
Antineoplastic - Janus Kinase (Jak) Inhibitors		
JAKAFI	Tier 2	PA; SP; QL (2 EA per 1 day)
JAKAFI XR	Tier 2	PA; SP; QL (1 EA per 1 day)
Antineoplastic - Kras Protein Inhibitor		
KRAZATI	Tier 2	PA; SP; QL (6 EA per 1 day)
LUMAKRAS ORAL TABLET 120 MG	Tier 2	PA; SP; QL (8 EA per 1 day)
LUMAKRAS ORAL TABLET 240 MG	Tier 2	PA; SP; QL (4 EA per 1 day)
LUMAKRAS ORAL TABLET 320 MG	Tier 2	PA; SP; QL (3 EA per 1 day)
RASONQUE	Tier 3	PA; SP
Antineoplastic - Mek1 And Mek2 Kinase Inhibitors		
COTELLIC	Tier 2	PA; SP; QL (63 EA per 28 days)
GOMEKLI ORAL CAPSULE 1 MG	Tier 3	PA; SP; QL (8 EA per 1 day)
GOMEKLI ORAL CAPSULE 2 MG	Tier 3	PA; SP; QL (4 EA per 1 day)
GOMEKLI ORAL TABLET FOR SUSPENSION	Tier 3	PA; SP; QL (8 EA per 1 day)
KOSELUGO ORAL CAPSULE 10 MG	Tier 2	PA; SP; QL (10 EA per 1 day)
KOSELUGO ORAL CAPSULE 25 MG	Tier 2	PA; SP; QL (4 EA per 1 day)
KOSELUGO ORAL CAPSULE, SPRINKLE 5 MG	Tier 2	PA; SP; QL (20 EA per 1 day)
KOSELUGO ORAL CAPSULE, SPRINKLE 7.5 MG	Tier 2	PA; SP; QL (13 EA per 1 day)
MEKINIST ORAL RECON SOLN	Tier 2	PA; SP; QL (42 ML per 1 day)
MEKINIST ORAL TABLET 0.5 MG	Tier 2	PA; SP; QL (3 EA per 1 day)

Drug	Status	Notes
MEKINIST ORAL TABLET 2 MG	Tier 2	PA; SP; QL (1 EA per 1 day)
MEKTOVI	Tier 2	PA; SP; QL (6 EA per 1 day)
Antineoplastic - Mtor Kinase Inhibitors		
<i>everolimus (antineoplastic)</i> (Afinitor Disperz)	Tier 1	PA; SP
TORPENZ (everolimus (antineoplastic))	Tier 1	PA; SP
YULITHIRA (everolimus (antineoplastic))	Tier 1	PA; SP
Antineoplastic - Topoisomerase I Inhibitors		
HYCANTIN ORAL	Tier 2	SP
Antineoplastic Immunomodulator Agents		
<i>lenalidomide</i> (Revlimid)	Tier 1	PA; SP
<i>pomalidomide</i> (Pomalyst)	Tier 1	PA; SP; QL (21 EA per 28 days)
Antineoplastic Lhrh(Gnrh) Antagonist,Pituit.Supprs		
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	Tier 3	SP; QL (2 EA per 365 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	Tier 3	SP; QL (1 EA per 30 days)
ORGOVYX	Tier 2	PA; SP; QL (1 EA per 1 day)
Antineoplastic Systemic Enzyme Inhibitors		
ALECENSA	Tier 2	PA; SP; QL (8 EA per 1 day)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	Tier 2	PA; SP; QL (1 EA per 1 day)
ALUNBRIG ORAL TABLET 30 MG	Tier 2	PA; SP; QL (4 EA per 1 day)
ALUNBRIG ORAL TABLETS,DOSE PACK	Tier 2	PA; SP; QL (1 EA per 1 day)

Drug	Status	Notes
AUGTYRO ORAL CAPSULE 160 MG	Tier 2	PA; SP; QL (2 EA per 1 day)
AUGTYRO ORAL CAPSULE 40 MG	Tier 2	PA; SP; QL (8 EA per 1 day)
AYVAKIT	Tier 2	PA; SP; QL (1 EA per 1 day)
BALVERSA ORAL TABLET 3 MG	Tier 2	PA; SP; QL (3 EA per 1 day)
BALVERSA ORAL TABLET 4 MG	Tier 2	PA; SP; QL (2 EA per 1 day)
BALVERSA ORAL TABLET 5 MG	Tier 2	PA; SP; QL (1 EA per 1 day)
BOSULIF ORAL CAPSULE 100 MG	Tier 2	PA; SP; QL (6 EA per 1 day)
BOSULIF ORAL CAPSULE 50 MG	Tier 2	PA; SP; QL (1 EA per 1 day)
<i>bosutinib oral tablet 100 mg</i> (Bosulif)	Tier 1	PA; SP; QL (6 EA per 1 day)
<i>bosutinib oral tablet 400 mg, 500 mg</i> (Bosulif)	Tier 1	PA; SP; QL (1 EA per 1 day)
BRUKINSA ORAL TABLET	Tier 2	PA; SP; QL (2 EA per 1 day)
CABOMETYX ORAL TABLET 20 MG, 60 MG	Tier 2	PA; SP; QL (1 EA per 1 day)
CABOMETYX ORAL TABLET 40 MG	Tier 2	PA; SP; QL (2 EA per 1 day)
CALQUENCE (ACALABRUTINIB MAL)	Tier 2	PA; SP; QL (1 EA per 1 day)
CAPRELSA ORAL TABLET 100 MG (vandetanib)	Tier 3	PA; SP; QL (2 EA per 1 day)
CAPRELSA ORAL TABLET 300 MG (vandetanib)	Tier 3	PA; SP; QL (1 EA per 1 day)
COMETRIQ	Tier 2	PA; SP; QL (112 EA per 28 days)
COPIKTRA	Tier 3	PA; SP; QL (2 EA per 1 day)
DANZITEN	Tier 2	PA; SP; QL (4 EA per 1 day)

Drug	Status	Notes
<i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg</i> (Sprycel)	Tier 1	PA; SP; QL (1 EA per 1 day)
<i>dasatinib oral tablet 20 mg</i> (Sprycel)	Tier 1	PA; SP; QL (3 EA per 1 day)
ENSACOVE ORAL CAPSULE 100 MG	Tier 2	PA; SP; QL (2 EA per 1 day)
ENSACOVE ORAL CAPSULE 25 MG	Tier 2	PA; SP; QL (9 EA per 1 day)
<i>erlotinib oral tablet 100 mg, 25 mg</i>	Tier 1	PA; SP; QL (2 EA per 1 day)
<i>erlotinib oral tablet 150 mg</i>	Tier 1	PA; SP; QL (3 EA per 1 day)
FOTIVDA	Tier 2	PA; SP; QL (21 EA per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG	Tier 2	PA; SP; QL (84 EA per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG	Tier 2	PA; SP; QL (21 EA per 28 days)
GAVRETO	Tier 2	PA; SP; QL (4 EA per 1 day)
<i>gefitinib</i> (Iressa)	Tier 1	PA; SP; QL (2 EA per 1 day)
GILOTRIF (afatinib)	Tier 2	PA; SP; QL (1 EA per 1 day)
HERNEXEOS	Tier 3	PA; SP; QL (3 EA per 1 day)
HYRNUO	Tier 3	PA; SP; QL (4 EA per 1 day)
IBRANCE	Tier 3	PA; SP; QL (21 EA per 28 days)
IBTROZI	Tier 2	PA; SP; QL (3 EA per 1 day)
ICLUSIG	Tier 2	PA; SP; QL (1 EA per 1 day)
<i>imatinib</i> (Gleevec)	Tier 1	PA; SP
IMBRUVICA ORAL CAPSULE 140 MG	Tier 2	PA; SP; QL (2 EA per 1 day)

Drug	Status	Notes
IMBRUVICA ORAL CAPSULE 70 MG	Tier 2	PA; SP; QL (1 EA per 1 day)
IMBRUVICA ORAL SUSPENSION	Tier 2	PA; SP; QL (7.2 ML per 1 day)
IMBRUVICA ORAL TABLET	Tier 2	PA; SP; QL (1 EA per 1 day)
IMKELDI	Tier 3	PA; SP
INLYTA ORAL TABLET 1 MG	Tier 2	PA; SP; QL (6 EA per 1 day)
INLYTA ORAL TABLET 5 MG	Tier 2	PA; SP; QL (4 EA per 1 day)
INREBIC	Tier 3	PA; SP; QL (4 EA per 1 day)
ITOVEBI ORAL TABLET 3 MG	Tier 2	PA; SP; QL (2 EA per 1 day)
ITOVEBI ORAL TABLET 9 MG	Tier 2	PA; SP; QL (1 EA per 1 day)
IWILFIN	Tier 2	PA; SP; QL (8 EA per 1 day)
JAYPIRCA ORAL TABLET 100 MG	Tier 3	PA; SP; QL (2 EA per 1 day)
JAYPIRCA ORAL TABLET 50 MG	Tier 3	PA; SP; QL (3 EA per 1 day)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	Tier 2	PA; SP; QL (21 EA per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	Tier 2	PA; SP; QL (42 EA per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	Tier 2	PA; SP; QL (63 EA per 28 days)
KOMZIFTI	Tier 3	PA; SP; QL (3 EA per 1 day)
<i>lapatinib</i> (Tykerb)	Tier 1	PA; SP
LAZCLUZE ORAL TABLET 240 MG	Tier 3	PA; SP; QL (1 EA per 1 day)
LAZCLUZE ORAL TABLET 80 MG	Tier 3	PA; SP; QL (2 EA per 1 day)
LENVIMA	Tier 2	PA; SP

Drug	Status	Notes
LORBRENA ORAL TABLET 100 MG	Tier 3	PA; SP; QL (1 EA per 1 day)
LORBRENA ORAL TABLET 25 MG	Tier 3	PA; SP; QL (3 EA per 1 day)
LYNPARZA	Tier 2	PA; SP; QL (4 EA per 1 day)
LYTGOBI	Tier 2	PA; SP; QL (5 EA per 1 day)
NERLYNX	Tier 2	PA; SP; QL (6 EA per 1 day)
<i>nilotinib hcl</i> (Tasigna)	Tier 1	PA; SP; QL (4 EA per 1 day)
NINLARO	Tier 2	PA; SP; QL (3 EA per 28 days)
OGSIVEO ORAL TABLET 100 MG, 150 MG	Tier 3	PA; SP; QL (2 EA per 1 day)
OJJAARA	Tier 2	PA; SP; QL (1 EA per 1 day)
<i>pazopanib oral tablet 200 mg</i> (Votrient)	Tier 1	PA; SP; QL (4 EA per 1 day)
<i>pazopanib oral tablet 400 mg</i>	Tier 1	PA; SP; QL (2 EA per 1 day)
PEMAZYRE	Tier 2	PA; SP
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	Tier 2	PA; SP; QL (1 EA per 1 day)
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	Tier 2	PA; SP; QL (56 EA per 28 days)
QINLOCK	Tier 2	PA; SP; QL (3 EA per 1 day)
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	Tier 2	PA; SP; QL (2 EA per 1 day)
RETEVMO ORAL TABLET 40 MG	Tier 2	PA; SP; QL (4 EA per 1 day)
REVUFORJ ORAL TABLET 110 MG	Tier 3	PA; SP; QL (4 EA per 1 day)
REVUFORJ ORAL TABLET 160 MG	Tier 3	PA; SP; QL (2 EA per 1 day)

MedPerform Premier Formulary

10/01/2026

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
REVUFORJ ORAL TABLET 25 MG	Tier 3	PA; SP; QL (8 EA per 1 day)
ROMVIMZA	Tier 3	PA; SP; QL (8 EA per 28 days)
ROZLYTREK ORAL CAPSULE 100 MG	Tier 2	PA; SP; QL (5 EA per 1 day)
ROZLYTREK ORAL CAPSULE 200 MG	Tier 2	PA; SP; QL (3 EA per 1 day)
ROZLYTREK ORAL PELLETS IN PACKET	Tier 2	PA; SP; QL (12 EA per 1 day)
RUBRACA	Tier 3	PA; SP; QL (4 EA per 1 day)
RYDAPT	Tier 2	PA; SP
SCEMBLIX	Tier 2	PA; SP
<i>sorafenib</i> (Nexavar)	Tier 1	PA; SP; QL (4 EA per 1 day)
STIVARGA	Tier 2	PA; SP; QL (84 EA per 28 days)
<i>sunitinib malate</i> (Sutent)	Tier 1	PA; SP; QL (1 EA per 1 day)
TABRECTA	Tier 2	PA; SP; QL (4 EA per 1 day)
TAGRISSO	Tier 2	PA; SP; QL (1 EA per 1 day)
TALZENNA	Tier 2	PA; SP; QL (1 EA per 1 day)
TEPMETKO	Tier 2	PA; SP; QL (2 EA per 1 day)
TRUQAP	Tier 2	PA; SP; QL (64 EA per 28 days)
TUKYSA ORAL TABLET 150 MG	Tier 2	PA; SP; QL (4 EA per 1 day)
TUKYSA ORAL TABLET 50 MG	Tier 2	PA; SP; QL (10 EA per 1 day)
TURALIO	Tier 2	PA; SP
VANFLYTA	Tier 2	PA; SP

Drug	Status	Notes
VERZENIO	Tier 2	PA; SP; QL (2 EA per 1 day)
VITRAKVI ORAL CAPSULE 100 MG	Tier 2	PA; SP; QL (2 EA per 1 day)
VITRAKVI ORAL CAPSULE 25 MG	Tier 2	PA; SP; QL (6 EA per 1 day)
VITRAKVI ORAL SOLUTION	Tier 2	PA; SP; QL (10 ML per 1 day)
VIZIMPRO	Tier 3	PA; SP; QL (1 EA per 1 day)
VONJO	Tier 3	PA; SP; QL (4 EA per 1 day)
XOSPATA	Tier 2	PA; SP; QL (3 EA per 1 day)
ZEJULA	Tier 2	PA; SP; QL (1 EA per 1 day)
ZYDELIG	Tier 2	PA; SP; QL (2 EA per 1 day)
ZYKADIA	Tier 2	PA; SP; QL (3 EA per 1 day)
Antineoplastic,Histone Deacetylase Inhibitors,Hdis		
ZOLINZA	Tier 2	PA; SP; QL (4 EA per 1 day)
Antineoplastic-B Cell Lymphoma-2(Bcl-2) Inhibitors		
VENCLEXTA	Tier 2	PA; SP
VENCLEXTA STARTING PACK	Tier 2	PA; SP
Antineoplastic-Enzyme Inhib, Antiandrogen Comb.		
AKEEGA	Tier 3	PA; SP; QL (2 EA per 1 day)
Antineoplastic-Hypoxia Inducible Factor (Hif) Inh		
WELIREG	Tier 2	PA; SP; QL (3 EA per 1 day)

Drug	Status	Notes
Antineoplastic-Isocitrate Dehydrogenase Inhibitors		
IDHIFA	Tier 3	PA; SP; QL (1 EA per 1 day)
REZLIDHIA	Tier 2	PA; SP; QL (2 EA per 1 day)
TIBSOVO	Tier 2	PA; SP; QL (2 EA per 1 day)
VORANIGO ORAL TABLET 10 MG	Tier 2	PA; SP; QL (2 EA per 1 day)
VORANIGO ORAL TABLET 40 MG	Tier 2	PA; SP; QL (1 EA per 1 day)
Antineoplastics,Miscellaneous		
<i>etoposide oral</i>	Tier 1	
LYSODREN	Tier 2	SP
MATULANE	Tier 2	SP
RYLAZE	Tier 3	PA; SP
<i>tretinoin (antineoplastic)</i>	Tier 1	SP
Antineoplastic-Select Inhib Of Nuclear Exp (Sine)		
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2), 80 MG/WEEK (80 MG X 1)	Tier 2	PA; SP; QL (8 EA per 28 days)
XPOVIO ORAL TABLET 40 MG/WEEK (10 MG X 4)	Tier 2	PA; SP; QL (16 EA per 28 days)
XPOVIO ORAL TABLET 60 MG/WEEK (60 MG X 1)	Tier 2	PA; SP; QL (4 EA per 28 days)
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	Tier 2	PA; SP; QL (24 EA per 28 days)
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	Tier 2	PA; SP; QL (32 EA per 28 days)
Chemotherapy Rescue/Antidote Agents		
<i>leucovorin calcium oral</i>	Tier 1	
<i>mesna oral</i> (Mesnex)	Tier 1	
VISTOGARD	Tier 2	SP; QL (24 EA per 14 days)

Drug	Status	Notes
Intrapleural Sclerosing Agents, Antineoplast. Adj.		
SCLEROSOL INTRAPLEURAL	Tier 3	
<i>sterile talc</i>	Tier 1	
STERITALC	Tier 3	
Photoactivated, Antineopls. & Premalignant Lesions		
AMELUZ	Tier 3	
LEVULAN	Tier 3	
Selective Estrogen Receptor Modulators (Serm)		
INLURIYO	Tier 3	PA; SP; QL (2 EA per 1 day)
ORSERDU ORAL TABLET 345 MG	Tier 3	PA; SP; QL (1 EA per 1 day)
ORSERDU ORAL TABLET 86 MG	Tier 3	PA; SP; QL (3 EA per 1 day)
SOLTAMOX	Tier 2	
<i>tamoxifen</i>	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER
<i>toremifene</i> (Fareston)	Tier 1	SP; QL (1 EA per 1 day)
VEPPANU	Tier 3	PA; SP; QL (1 EA per 1 day)
Selective Retinoid X Receptor Agonists (Rxr)		
<i>bexarotene oral</i> (Targretin)	Tier 1	PA; SP
Steroid Antineoplastics		
<i>megestrol oral tablet</i>	Tier 1	
Neurological Disease - Miscellaneous		
Agents To Treat Multiple Sclerosis		
AVONEX INTRAMUSCULAR PEN INJECTOR	Tier 2	PA; SP; QL (2 ML per 28 days)
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	Tier 2	PA; SP; QL (1 EA per 28 days)
AVONEX INTRAMUSCULAR SYRINGE	Tier 2	PA; SP; QL (2 ML per 28 days)

Drug	Status	Notes
AVONEX INTRAMUSCULAR SYRINGE KIT	Tier 2	PA; SP; QL (1 EA per 28 days)
BETASERON SUBCUTANEOUS KIT	Tier 2	PA; SP; QL (14 EA per 28 days)
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML (glatiramer)	Tier 2	PA; SP; QL (12 ML per 28 days)
<i>dimethyl fumarate</i> (Tecfidera)	Tier 1	PA; SP; QL (2 EA per 1 day)
<i>fingolimod</i> (Gilenya)	Tier 1	PA; SP; QL (1 EA per 1 day)
GILENYA ORAL CAPSULE 0.25 MG	Tier 3	PA; SP; QL (1 EA per 1 day)
<i>glatiramer subcutaneous syringe 20 mg/ml</i> (Glatopa)	Tier 1	PA; SP; QL (1 ML per 1 day)
<i>glatiramer subcutaneous syringe 40 mg/ml</i> (Glatopa)	Tier 1	PA; SP; QL (12 ML per 28 days)
GLATOPA SUBCUTANEOUS SYRINGE 20 MG/ML (glatiramer)	Tier 1	PA; SP; QL (1 ML per 1 day)
GLATOPA SUBCUTANEOUS SYRINGE 40 MG/ML (glatiramer)	Tier 1	PA; SP; QL (12 ML per 28 days)
KESIMPTA PEN	Tier 2	PA; SP
MAVENCLAD (10 TABLET PACK) (cladribine(multiple sclerosis))	Tier 2	PA; SP
MAVENCLAD (4 TABLET PACK) (cladribine(multiple sclerosis))	Tier 2	PA; SP
MAVENCLAD (5 TABLET PACK) (cladribine(multiple sclerosis))	Tier 2	PA; SP
MAVENCLAD (6 TABLET PACK) (cladribine(multiple sclerosis))	Tier 2	PA; SP
MAVENCLAD (7 TABLET PACK) (cladribine(multiple sclerosis))	Tier 2	PA; SP
MAVENCLAD (8 TABLET PACK) (cladribine(multiple sclerosis))	Tier 2	PA; SP
MAVENCLAD (9 TABLET PACK) (cladribine(multiple sclerosis))	Tier 2	PA; SP
MAYZENT	Tier 2	PA; SP
MAYZENT STARTER(FOR 1MG MAINT)	Tier 2	PA; SP

MedPerform Premier Formulary

10/01/2026

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
MAYZENT STARTER(FOR 2MG MAINT)	Tier 2	PA; SP
PLEGRIDY INTRAMUSCULAR	Tier 2	PA; SP
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	Tier 2	PA; SP; QL (1 ML per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	Tier 2	PA; SP
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	Tier 2	PA; SP; QL (1 ML per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	Tier 2	PA; SP
REBIF (WITH ALBUMIN)	Tier 2	PA; SP; QL (6 ML per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	Tier 2	PA; SP; QL (6 ML per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	Tier 2	PA; SP
REBIF TITRATION PACK	Tier 2	PA; SP
TASCENSO ODT	Tier 3	PA; SP; QL (1 EA per 1 day)
<i>teriflunomide</i> (Aubagio)	Tier 1	PA; SP; QL (1 EA per 1 day)
VUMERITY	Tier 2	PA; SP; QL (4 EA per 1 day)
Agts Tx Neuromusc Transmission Dis,Pot-Chan Blkr		
<i>dalfampridine</i> (Ampyra)	Tier 1	PA; SP; QL (2 EA per 1 day)
FIRDAPSE	Tier 3	PA; SP; QL (10 EA per 1 day)
Amyotrophic Lateral Sclerosis Agents		
RADICAVA ORS	Tier 3	PA; SP; QL (50 ML per 28 days)

Drug	Status	Notes
RADICAVA ORS STARTER KIT SUSP	Tier 3	PA; SP; QL (50 ML per 28 days)
<i>riluzole</i>	Tier 1	
TEGLUTIK	Tier 3	PA; SP; QL (20 ML per 1 day)
TIGLUTIK	Tier 3	PA; SP; QL (20 ML per 1 day)
Fibromyalgia Agents,Serotonin-Norepineph Ru Inhib		
<i>milnacipran</i> (Savella)	Tier 1	ST: TRIAL OF TWO: AMITRIPTYLINE TABS, CYCLOBENZAPRINE IR TABS, DULOXETINE (20, 30, 60MG) CAPS, GENERIC GABAPENTIN IR TABS/CAPS OR PREGABALIN IR CAPS IN THE PAST 365 DAYS; QL (2 EA per 1 day)
Glypromate (Gpe) Analogs		
DAYBUE	Tier 3	PA; SP; QL (120 ML per 1 day)
DAYBUE STIX ORAL POWDER IN PACKET 5,000 MG, 6,000 MG	Tier 3	PA; SP; QL (4 EA per 1 day)
DAYBUE STIX ORAL POWDER IN PACKET 8,000 MG	Tier 3	PA; SP; QL (2 EA per 1 day)
Heat Shock Protein (Hsp) Modulating Agents		
MIPLYFFA	Tier 2	PA; SP; QL (3 EA per 1 day)
Metabolic Disease Enzyme Replacement, Mocd		
NULIBRY	Tier 3	PA; SP
Movement Disorders(Drug Therapy)		
INGREZZA	Tier 2	PA; SP; QL (1 EA per 1 day)
INGREZZA INITIATION PK(TARDIV)	Tier 2	PA; SP; QL (1 EA per 1 day)

Drug	Status	Notes
INGREZZA SPRINKLE	Tier 2	PA; SP; QL (1 EA per 1 day)
<i>tetrabenazine</i> (Xenazine)	Tier 1	PA; SP
Neuropathic Agents		
<i>pregabalin oral tablet extended release</i> (Lyrica CR) 24 hr 165 mg, 82.5 mg	Tier 1	ST: TRIAL OF 2 OF THE FOLLOWING REQUIRED: GABAPENTIN, A TRICYCLIC ANTIDEPRESSANT, DULOXETINE, VENLAFAXINE, VALPROIC ACID, PREGABALIN IR, OR DIVALPROEX.; QL (3 EA per 1 day)
<i>pregabalin oral tablet extended release</i> (Lyrica CR) 24 hr 330 mg	Tier 1	ST: TRIAL OF 2 OF THE FOLLOWING REQUIRED: GABAPENTIN, A TRICYCLIC ANTIDEPRESSANT, DULOXETINE, VENLAFAXINE, VALPROIC ACID, PREGABALIN IR, OR DIVALPROEX.; QL (2 EA per 1 day)
Nuclear Factor Erythroid 2-Rel. Factor 2 Activator		
SKYCLARYS	Tier 3	PA; SP; QL (3 EA per 1 day)
Pseudobulbar Affect (Pba) Agents, Nmda Antagonists		
<i>dextromethorphan-quinidine</i> (Nuedexta)	Tier 1	PA; QL (2 EA per 1 day)
Sphingosine 1-Phosphate (S1p) Receptor Modulator		
ZEPOSIA	Tier 3	PA; SP
ZEPOSIA STARTER KIT (28-DAY)	Tier 3	PA; SP
ZEPOSIA STARTER PACK (7-DAY)	Tier 3	PA; SP

Drug	Status	Notes
Oral/Pharyngeal Disorders		
Dental Aids And Preparations		
<i>chlorhexidine gluconate mucous membrane</i> (Periogard)	Tier 1	
ORALONE (triamcinolone acetonide)	Tier 1	
PERIOGARD (chlorhexidine gluconate)	Tier 1	
Q-CARE RX Q2	Tier 3	
Q-CARE RX Q4	Tier 3	
<i>triamcinolone acetonide dental</i> (Oralone)	Tier 1	
Nose Preparations, Miscellaneous (Rx)		
<i>cocaine</i> (Numbrino)	Tier 1	
<i>ipratropium bromide nasal</i>	Tier 1	
NUMBRINO (cocaine)	Tier 1	
Periodontal Collagenase Inhibitors		
<i>doxycycline hyclate oral tablet 20 mg</i>	Tier 1	
Other Drugs		
Abortifacient, Progesterone Receptor Antagonist-Typ		
MIFEPREX (mifepristone)	Tier 3	
<i>mifepristone oral tablet 200 mg</i> (Mifeprex)	Tier 1	
Agents For Stomatological Use		
DEBACTEROL MUCOUS MEMBRANE SOLUTION	Tier 3	
Antineoplastic - Glucocorticoid Receptor Antag.		
LIFYORLI	Tier 3	PA; SP
Antineoplastic - Systemic Enzyme Inhibitors Combs		
AVMAPKI-FAKZYNJA	Tier 3	PA; SP; QL (66 EA per 28 days)
Antineoplastic Systemic Enzyme Activators		
MODEYSO	Tier 3	PA; SP; QL (20 EA per 28 days)

Drug	Status	Notes
Antipsychotics, Muscarinic Agonist/Antagonist Comb		
COBENFY	Tier 3	ST: TRIAL OF A GENERIC ATYPICAL ANTIPSYCHOTIC, CAPLYTA, REXULTI OR VRAYLAR IN THE PAST 120 DAYS; QL (2 EA per 1 day)
COBENFY STARTER PACK	Tier 3	ST: TRIAL OF A GENERIC ATYPICAL ANTIPSYCHOTIC, CAPLYTA, REXULTI OR VRAYLAR IN THE PAST 120 DAYS
Antiretroviral - Capsid Inhibitors (Prep)		
YEZTUGO	Tier 2	SP
Antiretroviral-Integrase And Capsid Inhibitor Comb		
BIXLENVO	Tier 3	
Antivenins		
ANASCORP	Tier 3	
Appetite Stim. For Anorexia, Cachexia, Wasting Synd.		
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml)</i>	Tier 1	
<i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>	Tier 1	ST: TRIAL OF MEGESTROL ACETATE 40MG/ML SUSPENSION REQUIRED
Artv Cmb - Nucleoside Analogs & Non-Nucleoside Rti		
IDVYNZO	Tier 2	QL (1 EA per 1 day)
Blood Collection Set With Local Anesthetics		
CADIRA COMPLIANT BLOOD STAT	Tier 3	
LIDO BDK	Tier 3	

Drug	Status	Notes
Blood Testing Preparations,In-Vitro		
COAGUCHEK XS	Tier 3	
Cardiolipin Binding Agents		
FORZINITY	Tier 3	PA; SP; QL (3.5 ML per 7 days)
Cardioplegic Solutions		
CARDIOPLEGIA DEL NIDO FORMULA	Tier 1	
CARDIOPLEGIA DEL NIDO-ISOLYT S	Tier 3	
CARDIOPLEGIA HIGH POTASSIUM	Tier 1	
CARDIOPLEGIA IND 4:1 PLASMALYT	Tier 1	
CARDIOPLEGIA IND 8:1 NON-ENRCH	Tier 1	
CARDIOPLEGIA INDUCTION 4:1 PERFUSION SOLUTION 30 MEQ/415 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA MAINTENANCE 4:1	Tier 1	
CARDIOPLEGIA REPERFUSATE 4:1 PERFUSION SOLUTION 15 MEQ/477.5 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA WARM INDUCT 4:1	Tier 3	
<i>cardioplegic no.17(induct 4:1)</i>	Tier 1	
<i>cardioplegic no.19 (maint 4:1)</i>	Tier 1	
<i>cardioplegic soln</i> (Plegisol)	Tier 1	
<i>cardioplegic solution no.25</i>	Tier 1	
DEL NIDO CARDIOPLEGIA	Tier 3	
<i>microplegic solution no.1</i>	Tier 1	
Cholinesterase Reactivat.&Muscarinic Antg.Antidote		
DUODOTE	Tier 3	
Cholinesterase Reactivating,Organophos. Antidotes		
<i>pralidoxime</i>	Tier 3	
Coloring Agents And Dyes		
<i>methylene blue (bulk-solid)</i>	Tier 3	
Conception Assistance Supplies		
CONCEPTION	Tier 3	

Drug	Status	Notes
Condoms		
AIMSCO LATEX CONDOM	\$0	IF QL=60 THEN \$0 COPAY
DUREX AVANTI BARE REAL FEEL	\$0	IF QL=60 THEN \$0 COPAY
DUREX EXTRA SENSITIVE CONDOM	\$0	IF QL=60 THEN \$0 COPAY
DUREX TROPICAL CONDOM	\$0	IF QL=60 THEN \$0 COPAY
FANTASY CONDOM	\$0	IF QL=60 THEN \$0 COPAY
FC2 FEMALE CONDOM	\$0	IF QL=60 THEN \$0 COPAY
KIMONO LUBRICATED CONDOMS	\$0	IF QL=60 THEN \$0 COPAY
KIMONO MICROTHIN AQUA LUBE CON	\$0	IF QL=60 THEN \$0 COPAY
KIMONO MICROTHIN CONDOMS	\$0	IF QL=60 THEN \$0 COPAY
KIMONO MICROTHIN LARGE CONDOMS	\$0	IF QL=60 THEN \$0 COPAY
KIMONO TEXTURED CONDOMS	\$0	IF QL=60 THEN \$0 COPAY
KIMONO THIN LUBRICATED CONDOMS	\$0	IF QL=60 THEN \$0 COPAY
TROJAN BARESKIN	\$0	IF QL=60 THEN \$0 COPAY
TROJAN ULTRA RIBBED CONDOM	\$0	IF QL=60 THEN \$0 COPAY
TRUE COVER CONDOM	\$0	IF QL=60 THEN \$0 COPAY
TRUSTEX LATEX CONDOM	\$0	IF QL=60 THEN \$0 COPAY
TRUSTEX LUBRICATED CONDOMS	\$0	IF QL=60 THEN \$0 COPAY
TRUSTEX NON-LUB CONDOMS	\$0	IF QL=60 THEN \$0 COPAY

Drug	Status	Notes
TRUSTEX-RIA LUB/SPERMICIDE	\$0	IF QL=60 THEN \$0 COPAY
TRUSTEX-RIA LUBRICATED CONDOMS	\$0	IF QL=60 THEN \$0 COPAY
TRUSTEX-RIA NON-LUB CONDOMS	\$0	IF QL=60 THEN \$0 COPAY
Cryopreservative Agents		
CRYOSERV	Tier 3	
Cystic Fibrosis - Inhaled Osmotic Agents		
BRONCHITOL	Tier 3	SP; ST: TRIAL OF INHALED 7% SODIUM CHLORIDE SOLUTION IN THE PAST 120 DAYS.; QL (20 EA per 1 day)
Diagnostic Test Devices And Supplies		
<i>eua patient assessment</i>	Tier 3	
Dialysis Solutions		
PHOXILLUM BK	Tier 3	
Digital Therapeutics, Software		
NATURAL CYCLES DIGITAL APP	\$0	
Diluent Solutions		
DILUTING MEDIUM FOR NOVOLOG	Tier 3	
Dipeptidyl Peptidase 1 (Dpp1) Inhibitor		
BRINSUPRI	Tier 2	PA; SP; QL (1 EA per 1 day)
Drugs To Treat Hereditary Tyrosinemia		
HARLIKU	Tier 3	PA; SP; QL (1 EA per 1 day)
<i>nitisinone</i> (Orfadin)	Tier 1	PA; SP
NITYR	Tier 2	PA; SP
ORFADIN (nitisinone)	Tier 2	PA; SP
Drugs To Tx Gaucher Dx-Type 1, Substrate Reducing		
CERDELGA	Tier 2	SP
<i>miglustat</i> (Yargesa)	Tier 1	PA; SP; QL (3 EA per 1 day)

Drug	Status	Notes
OPFOLDA	Tier 3	PA; SP; QL (8 EA per 28 days)
YARGESA (miglustat)	Tier 1	PA; SP; QL (3 EA per 1 day)
Environment Allergens And Irritants, Other		
T.R.U.E. TEST ALLERGEN	Tier 3	
Eye Antibiotic And Nsaid Combinations		
<i>moxifloxacin-bromfenac</i>	Tier 1	
Factor Xii Inhibitors		
ANDEMBRY AUTOINJECTOR	Tier 2	PA; SP; QL (1.2 ML per 30 days)
General Anesthetics - Benzodiazepine, Injectable		
<i>midazolam (pf) injection solution 5 mg/ml</i>	Tier 1	
<i>midazolam injection solution 5 mg/ml</i>	Tier 1	
General Anesthetics, Inhalant		
<i>desflurane</i> (Suprane)	Tier 1	
<i>isoflurane</i> (Terrell)	Tier 1	
<i>sevoflurane</i> (Ultane)	Tier 1	
SUPRANE (desflurane)	Tier 3	
TERRELL (isoflurane)	Tier 1	
General Inhalation Agents		
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %	Tier 3	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 3 % (sodium chloride)	Tier 1	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	Tier 3	
<i>sodium chloride inhalation</i> (Hyper-Sal)	Tier 1	
Genetic Disorder Therapy - Hdac Inhibitor		
DUVYZAT	Tier 3	PA; SP; QL (12 ML per 1 day)
Genetic Disorder Therapy - Pyrimidine Analogs		
KYGEVVI	Tier 3	PA; SP

MedPerform Premier Formulary

10/01/2026

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
Homeopathic Drugs		
AURUMHEEL	Tier 3	
CANTHARIS COMPOSITUM	Tier 3	
CRALONIN	Tier 3	
EYE	Tier 3	
LAMIOFLUR	Tier 3	
PLANTAGO-HOMACCORD	Tier 3	
POPULUS COMPOSITUM	Tier 3	
PSORINOHEEL	Tier 3	
RENEEL	Tier 3	
SABAL-HOMACCORD	Tier 3	
SYZYGIUM COMPOSITUM	Tier 3	
VERTIGOHEEL	Tier 3	
Metabolic Deficiency Agents		
AQNEURSA	Tier 2	PA; SP; QL (4 EA per 1 day)
<i>betaine</i> (Cystadane)	Tier 1	PA; SP; QL (20 GM per 1 day)
<i>levocarnitine (with sugar)</i> (Carnitor)	Tier 1	
<i>levocarnitine oral solution 100 mg/ml</i> (Carnitor (sugar-free))	Tier 1	
<i>levocarnitine oral tablet</i> (Carnitor)	Tier 1	
Metabolic Disease Enzyme Replace, Hypophosphatasia		
STRENSIQ	Tier 2	PA; SP
Metabolic Disease Enzyme Replacement, Arginase Def.		
LOARGYS	Tier 3	PA; SP
Metabolic Dx Enzyme Replacemt, Sev. Comb. Immune Def.		
REVCovi	Tier 3	PA; SP
Metallic Poison, Agents To Treat		
CHEMET	Tier 3	
CUVRIOR	Tier 3	PA; SP; QL (10 EA per 1 day)
<i>deferasirox</i> (Exjade)	Tier 1	PA; SP

Drug	Status	Notes
<i>deferiprone</i> (Ferriprox)	Tier 1	PA; SP
<i>deferoxamine</i> (Desferal)	Tier 1	PA
GALZIN	Tier 3	
RADIOGARDASE	Tier 3	
<i>trientine oral capsule 250 mg</i> (Syprine)	Tier 1	PA; SP; QL (8 EA per 1 day)
<i>trientine oral capsule 500 mg</i>	Tier 1	PA; SP; QL (4 EA per 1 day)
Muscarinic Receptor Antagonists		
ATROPEN INTRAMUSCULAR PEN INJECTOR 0.5 MG/0.7 ML, 1 MG/0.7 ML	Tier 3	
Needles/Needleless Devices		
AUTOSHIELD DUO PEN NEEDLE	Tier 2	
NANO 2ND GEN PEN NEEDLE (pen needle, diabetic)	Tier 2	
NANO PEN NEEDLE (pen needle, diabetic)	Tier 2	
ULTRA-FINE PEN NEEDLE (pen needle, diabetic)	Tier 2	
UNIFINE PENTIPS NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 2	
Novel Bacterial Topoisomerase Inhibitors (NbtI)		
BLUJEPA	Tier 3	PA; QL (4 EA per 1 day)
Ointment/Cream Bases		
RADIAGEL	Tier 3	
Ophthalmic Trpm8 Agonists		
TRYPTYR	Tier 2	QL (2 EA per 1 day)
Oral Lipid Supplements		
DOJOLVI	Tier 3	PA; SP
Oral Mucositis/Stomatitis Agents		
ORAMAGICRX	Tier 3	
Saliva Stimulant Agents		
NUMOISYN MUCOUS MEMBRANE LOZENGE	Tier 3	
Saliva Substitute Agents		
NUMOISYN MUCOUS MEMBRANE LIQUID	Tier 3	

Drug		Status	Notes
Sexual Dysfunction Devices			
RAPPORT VACUUM THERAPY		Tier 3	
Skin Tissue Replacement			
APLIGRAF		Tier 3	
EPIFIX AMNIOTIC MEMBRANE		Tier 3	
GRAFIX CORE		Tier 3	
GRAFIX PRIME		Tier 3	
GRAFIX XC		Tier 3	
MIRO3D		Tier 3	
MIRO3D FIBERS TOPICAL POWDER 100 MG, 500 MG, 700 MG		Tier 3	
MIRODERM FENESTRATED PLUS		Tier 3	
MIRODERM FENESTRATED TOPICAL SHEET 2 X 2 CM, 2 X 3 CM, 3 X 3 CM, 4 X 4 CM, 5 X 5 CM, 8 X 15 CM, 8 X 8 CM		Tier 3	
MIRODRY WOUND MATRIX		Tier 3	
MIROTRACT		Tier 3	
STRAVIX		Tier 3	
TRUSKIN		Tier 3	
Solvents			
<i>isopropyl alcohol</i>	(Alcohol, Rubbing)	Tier 3	
MURI-LUBE		Tier 3	
Somatostatic Agents			
MYCAPSSA		Tier 3	PA; SP; QL (4 EA per 1 day)
<i>octreotide acetate</i>	(Sandostatin)	Tier 1	SP
PALSONIFY		Tier 3	PA; SP
SIGNIFOR		Tier 3	PA; SP; QL (2 ML per 1 day)
Support Hosiery			
T.E.D. ANTI-EMBOLISM STOCKING	(compres.stocking,knee,reg,small)	Tier 3	
T.E.D. KNEE LENGTH-S-REGULAR	(compres.stocking,knee,reg,small)	Tier 3	

Drug	Status	Notes
Suspending Agents		
<i>hydroxypropyl cellulose</i>	Tier 3	
Tissue/Wound Adhesives		
ARTISS	Tier 3	
TISSEEL VHSD (APROTININ, SYN)	Tier 3	
Topical Nitric Oxide Releasing Agents		
ZELSUVMI	Tier 3	PA
Treatment Of Hyperphagia In Prader-Willi Syndrome		
VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG	Tier 3	PA; SP; QL (3 EA per 1 day)
VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HR 25 MG	Tier 3	PA; SP; QL (4 EA per 1 day)
VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HR 75 MG	Tier 3	PA; SP; QL (7 EA per 1 day)
Wound Healing Agents, Local		
FILSUEVZ	Tier 3	PA; SP
Other Respiratory Disorders		
Antifibrotic Therapy - Pyridone Analogs		
<i>pirfenidone</i> (Esbriet)	Tier 1	PA; SP; QL (3 EA per 1 day)
Cystic Fib.Transmemb Conduct.Reg.(Cftr)Potentiator		
KALYDECO	Tier 2	PA; SP; QL (2 EA per 1 day)
Cystic Fibrosis-Cftr Potentiator & Corrector Comb.		
ALYFTREK ORAL TABLET 10-50-125 MG	Tier 2	PA; SP; QL (2 EA per 1 day)
ALYFTREK ORAL TABLET 4-20-50 MG	Tier 2	PA; SP; QL (3 EA per 1 day)
ORKAMBI ORAL GRANULES IN PACKET	Tier 2	PA; SP; QL (2 EA per 1 day)
ORKAMBI ORAL TABLET	Tier 2	PA; SP; QL (4 EA per 1 day)
SYMDEKO	Tier 2	PA; SP; QL (2 EA per 1 day)

Drug	Status	Notes
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL	Tier 2	PA; SP; QL (2 EA per 1 day)
TRIKAFTA ORAL TABLETS, SEQUENTIAL	Tier 2	PA; SP; QL (3 EA per 1 day)
Lung Surfactants		
CUROSURF	Tier 3	
INFASURF	Tier 3	
SURVANTA	Tier 3	
Mucolytics		
<i>acetylcysteine</i>	Tier 1	
PULMOZYME	Tier 2	PA; SP
Pulmonary Fibrosis - Systemic Enzyme Inhibitors		
<i>nintedanib</i> (Ofev)	Tier 1	PA; SP; QL (2 EA per 1 day)
Pain Management - Analgesics		
Analgesic, Non-Salicylate & Barbiturate Comb.		
<i>butalbital-acetaminophen oral tablet 50-300 mg</i>	Tier 1	ST: TRIAL OF GENERIC BUTALBITAL/ACETAMINOPHEN 50MG-325MG COMBINATION PRODUCT REQUIRED WITHIN 120 DAYS; QL (6 EA per 1 day)
<i>butalbital-acetaminophen oral tablet 50-325 mg</i> (Tencon)	Tier 1	
TENCON (butalbital-acetaminophen)	Tier 1	
Analgesic, Salicylate, Barbiturate,& Xanthine Cmb		
<i>butalbital-aspirin-caffeine</i>	Tier 1	
Analgesic, Non-Salicylate, Barbiturate, & Xanthine Cmb		
<i>butalbital-acetaminophen-caff oral capsule</i> (Fioricet)	Tier 1	
<i>butalbital-acetaminophen-caff oral tablet</i>	Tier 1	
FIORICET (butalbital-acetaminophen-caff)	Tier 1	

Drug	Status	Notes
Analgesic/Antipyretics, Salicylates		
<i>diflunisal</i>	Tier 1	
<i>salsalate</i>	Tier 1	
Analgesics Narcotic, Anesthetic Adjunct Agents		
<i>sufentanil-ketamine</i>	Tier 1	
Analgesics, Narcotic Agonist And Nsaid Combination		
<i>hydrocodone-ibuprofen</i>	Tier 1	
Analgesics, Non-Narcotics		
JOURNAVX	Tier 3	PA
Analgesics,Narcotics		
BELBUCA (buprenorphine hcl)	Tier 2	ST: TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (2 EA per 1 day)
<i>belladonna alkaloids-opium</i>	Tier 1	
<i>buprenorphine</i> (Butrans)	Tier 1	ST: TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (4 EA per 28 days)
<i>buprenorphine hcl injection</i>	Tier 1	ST: TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS
<i>butorphanol</i>	Tier 1	
<i>codeine sulfate oral tablet 15 mg, 30 mg</i>	Tier 1	QL (12 EA per 1 day); Age (Min 12 Years)
<i>codeine sulfate oral tablet 60 mg</i>	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
DEMEROL (PF) INJECTION SYRINGE 25 MG/ML, 50 MG/ML	Tier 3	
DILAUDID (PF) INJECTION SYRINGE 0.5 MG/0.5 ML, 1 MG/ML, 2 MG/ML, 4 MG/ML (hydromorphone (pf))	Tier 3	

Drug	Status	Notes
<i>fentanyl</i>	Tier 1	PA; ST: TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS
<i>fentanyl citrate (pf) intravenous patient control.analgesia soln</i>	Tier 1	
<i>fentanyl citrate (pf)-0.9%nacl intravenous pt controlled analgesia syringe 1,000 mcg/50 ml (20 mcg/ml), 500 mcg/50 ml (10 mcg/ml)</i>	Tier 1	
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 200 mcg</i>	Tier 1	PA; QL (120 EA per 30 days)
<i>hydrocodone bitartrate oral capsule, oral only, er 12hr</i>	Tier 1	ST: TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (2 EA per 1 day)
<i>hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr</i> (Hysingla ER)	Tier 1	ST: TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (1 EA per 1 day)
<i>hydromorphone (pf) injection syringe 0.5 mg/0.5 ml, 1 mg/ml</i> (Dilaudid (PF))	Tier 1	
<i>hydromorphone (pf)-0.9 % nacl intravenous pt controlled analgesia syringe 30 mg/30 ml (1 mg/ml)</i>	Tier 1	
<i>hydromorphone oral liquid</i> (Dilaudid)	Tier 1	
<i>hydromorphone oral tablet</i> (Dilaudid)	Tier 1	
<i>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 8 mg</i>	Tier 1	PA; ST: TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (1 EA per 1 day)
<i>hydromorphone oral tablet extended release 24 hr 32 mg</i>	Tier 1	PA; ST: TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (2 EA per 1 day)
<i>hydromorphone rectal</i>	Tier 1	

Drug	Status	Notes
<i>levorphanol tartrate oral tablet 2 mg</i> (Xyvona)	Tier 1	ST: TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS
<i>meperidine (pf) injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml</i>	Tier 1	
<i>meperidine oral solution</i>	Tier 1	QL (30 ML per 1 day)
<i>meperidine oral tablet 50 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>methadone injection solution</i>	Tier 1	QL (4 ML per 1 day)
METHADONE INTENSOL (methadone)	Tier 1	QL (4 ML per 1 day)
<i>methadone oral concentrate</i> (Methadone Intensol)	Tier 1	QL (4 ML per 1 day)
<i>methadone oral solution 10 mg/5 ml</i>	Tier 1	QL (20 ML per 1 day)
<i>methadone oral solution 5 mg/5 ml</i>	Tier 1	QL (40 ML per 1 day)
<i>methadone oral tablet 10 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>methadone oral tablet 5 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>methadone oral tablet, soluble</i> (Methadose)	Tier 1	QL (1 EA per 1 day)
METHADOSE ORAL TABLET, SOLUBLE (methadone)	Tier 1	QL (1 EA per 1 day)
<i>morphine (pf) intravenous syringe</i>	Tier 1	
<i>morphine concentrate oral solution</i>	Tier 1	PA
<i>morphine in 0.9 % sodium chlor intravenous solution</i>	Tier 1	
<i>morphine intramuscular</i>	Tier 1	
<i>morphine oral capsule, er multiphase 24 hr 120 mg</i>	Tier 1	ST: TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (2 EA per 1 day)
<i>morphine oral capsule, er multiphase 24 hr 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	Tier 1	ST: TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (1 EA per 1 day)
<i>morphine oral solution</i>	Tier 1	
<i>morphine oral tablet 15 mg</i>	Tier 1	
<i>morphine oral tablet 30 mg</i>	Tier 2	

Drug	Status	Notes
<i>morphine oral tablet extended release</i> (MS Contin)	Tier 1	ST: TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (3 EA per 1 day)
<i>morphine rectal</i>	Tier 1	
<i>nalbuphine</i>	Tier 1	
NUCYNTA ER (tapentadol)	Tier 2	ST: TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (2 EA per 1 day)
<i>oxycodone oral capsule</i>	Tier 1	
<i>oxycodone oral concentrate</i>	Tier 1	PA
<i>oxycodone oral solution</i>	Tier 1	
<i>oxycodone oral tablet</i> (Roxicodone)	Tier 1	
<i>oxycodone oral tablet, oral only</i> (RoxyBond)	Tier 1	
<i>oxycodone oral tablet, oral only, ext.rel. 12 hr 20 mg, 40 mg</i> (OxyContin)	Tier 1	ST: TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (2 EA per 1 day)
<i>oxycodone oral tablet, oral only, ext.rel. 12 hr 80 mg</i> (OxyContin)	Tier 1	ST: TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (4 EA per 1 day)
<i>oxymorphone oral tablet</i>	Tier 1	
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	Tier 1	ST: TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (2 EA per 1 day)
<i>oxymorphone oral tablet extended release 12 hr 30 mg, 40 mg</i>	Tier 1	ST: TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (4 EA per 1 day)
<i>pentazocine-naloxone</i>	Tier 1	
ROXYBOND (oxycodone)	Tier 3	
<i>tapentadol oral tablet</i> (Nucynta)	Tier 1	QL (6 EA per 1 day)
<i>tramadol oral solution</i> (Qdolo)	Tier 1	PA; QL (80 ML per 1 day)
<i>tramadol oral tablet 50 mg</i>	Tier 1	QL (8 EA per 1 day); Age (Min 12 Years)

Drug	Status	Notes
<i>tramadol oral tablet extended release 24 hr 100 mg</i>	Tier 1	ST: TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (3 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet extended release 24 hr 200 mg, 300 mg</i>	Tier 1	ST: TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (1 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet, er multiphase 24 hr 100 mg</i>	Tier 1	ST: TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (3 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet, er multiphase 24 hr 200 mg, 300 mg</i>	Tier 1	ST: TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (1 EA per 1 day); Age (Min 12 Years)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 9 MG	Tier 2	ST: TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (2 EA per 1 day)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 27 MG	Tier 2	ST: TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (4 EA per 1 day)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 36 MG	Tier 2	ST: TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (8 EA per 1 day)
XYVONA ORAL TABLET 2 MG (levorphanol tartrate)	Tier 1	ST: TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS
Antimigraine Preparations		
AIMOVIG AUTOINJECTOR	Tier 2	PA; QL (1 ML per 28 days)
AJOVY AUTOINJECTOR	Tier 2	PA; QL (1.5 ML per 28 days)

Drug	Status	Notes
AJOVY SYRINGE	Tier 2	PA; QL (1.5 ML per 28 days)
<i>almotriptan malate</i>	Tier 1	ST: TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN REQUIRED IN PREVIOUS 180 DAYS; QL (18 EA per 30 days)
<i>dihydroergotamine injection</i>	Tier 1	ST: TRIAL OF ONE OF THE FOLLOWING: SUMATRIPTAN INJECTION [CARTRIDGE, PEN, SYRINGE], SUMATRIPTAN INTRANASAL OR ZOLMITRIPTAN INTRANASAL IN THE PAST 120 DAYS; QL (15 ML per 14 days)
<i>dihydroergotamine nasal</i> (Migranal)	Tier 1	ST: TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN REQUIRED IN PREVIOUS 180 DAYS; QL (8 ML per 28 days)
<i>eletriptan</i> (Relpax)	Tier 1	ST: TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN REQUIRED IN PREVIOUS 180 DAYS; QL (18 EA per 30 days)
ELYXYB	Tier 3	PA; QL (38.4 ML per 30 days)
EMGALITY PEN	Tier 2	PA; QL (1 ML per 28 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	Tier 2	PA; QL (1 ML per 28 days)
<i>ergotamine-cafeine</i> (Cafergot)	Tier 1	ST: TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN REQUIRED IN PREVIOUS 180 DAYS; QL (10 EA per 7 days)

Drug	Status	Notes
<i>frovatriptan</i>	Tier 1	ST: TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN REQUIRED IN PREVIOUS 180 DAYS; QL (18 EA per 30 days)
<i>naratriptan</i>	Tier 1	QL (18 EA per 30 days)
NURTEC ODT	Tier 2	PA; QL (18 EA per 30 days)
QULIPTA	Tier 2	PA; QL (1 EA per 1 day)
REYVOW	Tier 2	PA; QL (8 EA per 30 days)
<i>rizatriptan</i> (Maxalt)	Tier 1	QL (27 EA per 30 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation</i>	Tier 1	QL (18 EA per 30 days)
<i>sumatriptan nasal spray, non-aerosol 5 mg/actuation</i>	Tier 1	QL (36 EA per 30 days)
<i>sumatriptan succinate oral</i> (Imitrex)	Tier 1	QL (18 EA per 30 days)
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i> (Imitrex STATdose Pen)	Tier 1	QL (18 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution</i>	Tier 1	QL (18 ML per 30 days)
UBRELVY	Tier 2	PA; QL (16 EA per 30 days)
<i>zolmitriptan</i> (Zomig)	Tier 1	ST: TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN REQUIRED IN PREVIOUS 180 DAYS; QL (18 EA per 30 days)
ZOMIG ORAL (zolmitriptan)	Tier 1	ST: TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN REQUIRED IN PREVIOUS 180 DAYS; QL (18 EA per 30 days)
Calcitonin Gene-Related Peptide (Cgrp) Inhibitors		
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	Tier 2	PA; QL (3 ML per 28 days)

Drug		Status	Notes
Narc.& Non-Sal.Analgesic,Barbiturate &Xanthine Cmb			
<i>butalbital-acetaminop-caf-cod</i>		Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
Narcotic & Salicylate Analgesics, Barb.& Xanthine			
ASCOMP WITH CODEINE	(codeine-bitalbital-asa-caff)	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
<i>codeine-bitalbital-asa-caff</i>	(Ascomp with Codeine)	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
Narcotic Analgesic & Non-Salicylate Analgesic Comb			
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml</i>		Tier 1	QL (150 ML per 1 day); Age (Min 12 Years)
<i>acetaminophen-codeine oral solution 300 mg-30 mg /12.5 ml</i>		Tier 1	Age (Min 12 Years)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>		Tier 1	QL (12 EA per 1 day); Age (Min 12 Years)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>		Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
ENDOCET	(oxycodone-acetaminophen)	Tier 1	QL (12 EA per 1 day)
<i>hydrocodone-acetaminophen oral solution 10-300 mg/15 ml</i>		Tier 1	QL (200 ML per 1 day)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>		Tier 1	QL (184 ML per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>		Tier 1	QL (13 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>		Tier 1	QL (12 EA per 1 day)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	(Endocet)	Tier 1	QL (12 EA per 1 day)
PERCOCET ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG	(oxycodone-acetaminophen)	Tier 1	QL (12 EA per 1 day)

Drug	Status	Notes
<i>tramadol-acetaminophen</i>	Tier 1	QL (10 EA per 1 day); Age (Min 12 Years)
Narcotic Withdrawal Therapy Agents		
<i>buprenorphine hcl sublingual</i>	Tier 1	QL (3 EA per 1 day)
<i>buprenorphine-naloxone sublingual film</i> (Suboxone)	Tier 1	
<i>buprenorphine-naloxone sublingual tablet</i>	Tier 1	QL (3 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	Tier 2	QL (1 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	Tier 2	QL (2 EA per 1 day)
Opioid Withdrawal Ther, Alpha-2 Adrenergic Agonist		
<i>lofexidine</i> (Lucemyra)	Tier 1	PA; QL (264 EA per 18 days)
Parkinsons Disease		
Antiparkinsonism Drugs,Anticholinergic		
<i>benztropine oral</i>	Tier 1	
<i>trihexyphenidyl</i>	Tier 1	
Antiparkinsonism Drugs,Other		
<i>amantadine hcl</i>	Tier 1	
<i>apomorphine</i> (APOKYN)	Tier 1	PA; SP; QL (2 ML per 1 day)
<i>bromocriptine</i>	Tier 1	
<i>carbidopa-levodopa oral capsule, extended release</i> (Rytary)	Tier 1	ST: TRIAL OF GENERIC CARBIDOPA/LEVODOPA ER (25MG-100 MG, 50MG-200 MG) IN THE PAST 120 DAYS; QL (10 EA per 1 day)
<i>carbidopa-levodopa oral tablet</i> (Dhivy)	Tier 1	
<i>carbidopa-levodopa oral tablet extended release</i>	Tier 1	
<i>carbidopa-levodopa oral tablet,disintegrating</i>	Tier 1	

Drug	Status	Notes
<i>carbidopa-levodopa-entacapone</i>	Tier 1	
DUOPA	Tier 3	PA; SP; QL (100 ML per 1 day)
<i>entacapone</i>	Tier 1	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	Tier 3	PA; SP; QL (10 EA per 1 day)
NEUPRO	Tier 2	ST: TRIAL OF PRAMIPEXOLE IR OR ROPINIROLE IR REQUIRED.; QL (1 EA per 1 day)
ONAPGO	Tier 3	PA; SP; QL (20 ML per 1 day)
ONGENTYS	Tier 3	PA; QL (1 EA per 1 day)
<i>pramipexole oral tablet</i>	Tier 1	
<i>pramipexole oral tablet extended release</i> (Mirapex ER) 24 hr	Tier 1	ST: TRIAL OF PRAMIPEXOLE IR OR ROPINIROLE IR REQUIRED.; QL (1 EA per 1 day)
<i>rasagiline oral tablet 0.5 mg</i> (Azilect)	Tier 1	QL (1 EA per 1 day)
<i>rasagiline oral tablet 1 mg</i> (Azilect)	Tier 1	
<i>ropinirole oral tablet</i>	Tier 1	
<i>ropinirole oral tablet extended release</i> 24 hr	Tier 1	ST: TRIAL OF PRAMIPEXOLE IR OR ROPINIROLE IR REQUIRED.; QL (1 EA per 1 day)
<i>selegiline hcl</i>	Tier 1	
<i>tolcapone</i> (Tasmar)	Tier 1	ST: TRIAL OF COMTAN (ENTACAPONE) REQUIRED.; QL (3 EA per 1 day)
VYALEV	Tier 3	PA; SP; QL (20 ML per 1 day)

Drug	Status	Notes
ZELAPAR	Tier 3	ST: TRIAL OF GENERIC SELEGILINE CAPSULES OR TABLETS IN THE PREVIOUS 120 DAYS; QL (2 EA per 1 day)
Decarboxylase Inhibitors		
<i>carbidopa</i> (Lodosyn)	Tier 1	
Seizure Disorder		
Anticonvulsant - Benzodiazepine Type		
<i>clobazam oral suspension</i> (Onfi)	Tier 1	QL (480 ML per 30 days)
<i>clobazam oral tablet</i> (Onfi)	Tier 1	QL (2 EA per 1 day)
<i>clonazepam</i> (Klonopin)	Tier 1	
<i>diazepam rectal</i>	Tier 1	
<i>midazolam intramuscular</i>	Tier 3	QL (7 ML per 30 days)
NAYZILAM	Tier 2	PA; QL (10 EA per 30 days)
VALTOCO	Tier 2	PA; QL (10 EA per 30 days)
Anticonvulsant - Cannabinoid Type		
EPIDIOLEX	Tier 2	SP; ST: TRIAL OF ONE OF THE FOLLOWING GENERIC ANTICONVULSANTS: CLOBAZAM, VALPROIC ACID DERIVATIVES, LAMOTRIGINE, LEVETIRACETAM, TOPIRAMATE, VIGABATRIN, CARBAMAZEPINE, AND OXCARBAZEPINE IN THE LAST 365 DAYS
Anticonvulsants		
<i>brivaracetam oral solution</i> (Briviact)	Tier 1	QL (600 ML per 30 days)
<i>brivaracetam oral tablet</i> (Briviact)	Tier 1	QL (2 EA per 1 day)
<i>carbamazepine oral capsule, er multiphase 12 hr</i> (Carbatrol)	Tier 1	

Drug		Status	Notes
<i>carbamazepine oral suspension 100 mg/5 ml</i>	(Tegretol)	Tier 1	
<i>carbamazepine oral tablet</i>	(Tegretol)	Tier 1	
<i>carbamazepine oral tablet extended release 12 hr</i>	(Tegretol XR)	Tier 1	
<i>carbamazepine oral tablet, chewable</i>		Tier 1	
CARBATROL	(carbamazepine)	Tier 3	
DEPAKOTE	(divalproex)	Tier 3	
DEPAKOTE ER	(divalproex)	Tier 3	
DEPAKOTE SPRINKLES	(divalproex)	Tier 3	
DIACOMIT ORAL CAPSULE 250 MG		Tier 3	PA; SP; QL (12 EA per 1 day)
DIACOMIT ORAL CAPSULE 500 MG		Tier 3	PA; SP; QL (6 EA per 1 day)
DIACOMIT ORAL POWDER IN PACKET 250 MG		Tier 3	PA; SP; QL (12 EA per 1 day)
DIACOMIT ORAL POWDER IN PACKET 500 MG		Tier 3	PA; SP; QL (6 EA per 1 day)
DILANTIN		Tier 3	
DILANTIN EXTENDED	(phenytoin sodium extended)	Tier 3	
DILANTIN INFATABS	(phenytoin)	Tier 3	
DILANTIN-125	(phenytoin)	Tier 3	
<i>divalproex</i>	(Depakote)	Tier 1	
<i>eslicarbazepine oral tablet 200 mg, 400 mg</i>	(Aptiom)	Tier 1	QL (1 EA per 1 day)
<i>eslicarbazepine oral tablet 600 mg, 800 mg</i>	(Aptiom)	Tier 1	QL (2 EA per 1 day)
<i>ethosuximide</i>	(Zarontin)	Tier 1	
<i>felbamate</i>	(Felbatol)	Tier 1	
FINTEPLA		Tier 3	PA; SP; QL (11.8 ML per 1 day)
<i>gabapentin oral capsule 100 mg</i>	(Neurontin)	Tier 1	
<i>gabapentin oral capsule 300 mg, 400 mg</i>	(Relgaabi)	Tier 1	
<i>gabapentin oral solution</i>	(Neurontin)	Tier 1	PA; QL (72 ML per 1 day)
<i>gabapentin oral tablet 600 mg, 800 mg</i>	(Neurontin)	Tier 1	

Drug	Status	Notes
<i>lacosamide oral</i> (Vimpat)	Tier 1	
LAMICTAL XR STARTER (BLUE)	Tier 3	
LAMICTAL XR STARTER (GREEN)	Tier 3	
LAMICTAL XR STARTER (ORANGE)	Tier 3	
<i>lamotrigine</i> (Lamictal)	Tier 1	
<i>levetiracetam oral solution 100 mg/ml</i> (Keppra)	Tier 1	
<i>levetiracetam oral tablet</i> (Keppra)	Tier 1	
<i>levetiracetam oral tablet extended release 24 hr</i> (Keppra XR)	Tier 1	
<i>methsuximide</i> (Celontin)	Tier 1	
<i>oxcarbazepine oral suspension</i> (Trileptal)	Tier 1	
<i>oxcarbazepine oral tablet</i> (Trileptal)	Tier 1	
<i>oxcarbazepine oral tablet extended release 24 hr 150 mg, 300 mg</i> (Oxtellar XR)	Tier 1	ST: TRIAL OF 2 AGENTS (CARBAMAZEPINE, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM IR OR ER, OXCARBAZEPINE, TOPIRAMATE, ZONISAMIDE, VALPROIC ACID OR DIVALPROEX) REQUIRED.; QL (3 EA per 1 day)
<i>oxcarbazepine oral tablet extended release 24 hr 600 mg</i> (Oxtellar XR)	Tier 1	ST: TRIAL OF 2 AGENTS (CARBAMAZEPINE, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM IR OR ER, OXCARBAZEPINE, TOPIRAMATE, ZONISAMIDE, VALPROIC ACID OR DIVALPROEX) REQUIRED.; QL (4 EA per 1 day)
<i>perampanel oral suspension</i> (Fycompa)	Tier 1	QL (680 ML per 28 days)
<i>perampanel oral tablet 10 mg, 12 mg, 8 mg</i> (Fycompa)	Tier 1	QL (30 EA per 30 days)
<i>perampanel oral tablet 2 mg</i> (Fycompa)	Tier 1	QL (120 EA per 30 days)

Drug		Status	Notes
<i>perampanel oral tablet 4 mg, 6 mg</i>	(Fycompa)	Tier 1	QL (60 EA per 30 days)
PHENYTEK ORAL CAPSULE 200 MG	(phenytoin sodium extended)	Tier 3	
PHENYTEK ORAL CAPSULE 300 MG	(phenytoin sodium extended)	Tier 1	
<i>phenytoin oral suspension 125 mg/5 ml</i>	(Dilantin-125)	Tier 1	
<i>phenytoin oral tablet, chewable</i>	(Dilantin Infatabs)	Tier 1	
<i>phenytoin sodium extended</i>	(Dilantin Extended)	Tier 1	
<i>pregabalin oral capsule</i>	(Lyrica)	Tier 1	
<i>pregabalin oral solution</i>	(Lyrica)	Tier 1	PA; QL (30 ML per 1 day)
<i>primidone</i>	(Mysoline)	Tier 1	
RELGAABI ORAL CAPSULE 300 MG, 400 MG	(gabapentin)	Tier 1	
<i>rufinamide oral suspension</i>	(Banzel)	Tier 1	ST: TRIAL OF VALPROIC ACID OR DIVALPROEX OR CLOBAZAM IN THE PAST 120 DAYS; QL (80 ML per 1 day)
<i>rufinamide oral tablet 200 mg</i>	(Banzel)	Tier 1	ST: TRIAL OF VALPROIC ACID OR DIVALPROEX OR CLOBAZAM IN THE PAST 120 DAYS; QL (16 EA per 1 day)
<i>rufinamide oral tablet 400 mg</i>	(Banzel)	Tier 1	ST: TRIAL OF VALPROIC ACID OR DIVALPROEX OR CLOBAZAM IN THE PAST 120 DAYS; QL (8 EA per 1 day)
SUBVENITE ORAL SUSPENSION		Tier 3	PA
TEGRETOL ORAL SUSPENSION	(carbamazepine)	Tier 3	
TEGRETOL ORAL TABLET	(carbamazepine)	Tier 3	
TEGRETOL XR	(carbamazepine)	Tier 3	

Drug	Status	Notes
<i>tiagabine oral tablet 12 mg, 2 mg, 4 mg</i>	Tier 1	ST: TRIAL OF 2 AGENTS (CARBAMAZEPINE, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, TOPIRAMATE, ZONISAMIDE, VALPROIC ACID OR DIVALPROEX REQUIRED; QL (4 EA per 1 day)
<i>tiagabine oral tablet 16 mg</i>	Tier 1	ST: TRIAL OF 2 AGENTS (CARBAMAZEPINE, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, TOPIRAMATE, ZONISAMIDE, VALPROIC ACID OR DIVALPROEX REQUIRED; QL (3 EA per 1 day)
<i>topiramate oral capsule, sprinkle</i> (Topamax)	Tier 1	
<i>topiramate oral capsule, extended release 24hr 100 mg</i> (Trokendi XR)	Tier 1	QL (3 EA per 1 day)
<i>topiramate oral capsule, extended release 24hr 200 mg</i> (Trokendi XR)	Tier 1	QL (2 EA per 1 day)
<i>topiramate oral capsule, extended release 24hr 25 mg</i> (Trokendi XR)	Tier 1	QL (8 EA per 1 day)
<i>topiramate oral capsule, extended release 24hr 50 mg</i> (Trokendi XR)	Tier 1	QL (7 EA per 1 day)
<i>topiramate oral capsule, sprinkle, er 24hr 100 mg</i>	Tier 1	ST: TRIAL OF TOPIRAMATE IMMEDIATE RELEASE TABLETS/SPRINKLE CAPSULES.; QL (3 EA per 1 day)

Drug	Status	Notes
<i>topiramate oral capsule, sprinkle, er 24hr</i> 150 mg, 200 mg	Tier 1	ST: TRIAL OF TOPIRAMATE IMMEDIATE RELEASE TABLETS/SPRINKLE CAPSULES.; QL (2 EA per 1 day)
<i>topiramate oral capsule, sprinkle, er 24hr</i> 25 mg	Tier 1	ST: TRIAL OF TOPIRAMATE IMMEDIATE RELEASE TABLETS/SPRINKLE CAPSULES.; QL (1 EA per 1 day)
<i>topiramate oral capsule, sprinkle, er 24hr</i> 50 mg	Tier 1	ST: TRIAL OF TOPIRAMATE IMMEDIATE RELEASE TABLETS/SPRINKLE CAPSULES.; QL (7 EA per 1 day)
<i>topiramate oral solution</i> (Eprontia)	Tier 1	PA
<i>topiramate oral tablet</i> (Topamax)	Tier 1	
<i>valproic acid</i>	Tier 1	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	Tier 1	
<i>vigabatrin</i> (Vigadrone)	Tier 1	PA; SP; QL (6 EA per 1 day)
VIGADRONE (vigabatrin)	Tier 1	PA; SP; QL (6 EA per 1 day)
VIGAFYDE	Tier 3	PA; SP; QL (30 ML per 1 day)
XCOPRI MAINTENANCE PACK	Tier 2	QL (2 EA per 1 day)
XCOPRI ORAL TABLET 100 MG, 150 MG, 25 MG, 50 MG	Tier 2	QL (1 EA per 1 day)
XCOPRI ORAL TABLET 200 MG	Tier 2	QL (2 EA per 1 day)
XCOPRI TITRATION PACK	Tier 2	QL (1 EA per 1 day)
ZONISADE	Tier 3	PA; QL (30 ML per 1 day)
<i>zonisamide</i> (Zonegran)	Tier 1	

Drug	Status	Notes
Neuroactive Steroid Gaba-A Receptor Modulator		
ZTALMY	Tier 3	PA; SP; QL (36 ML per 1 day)
Skeletal Muscle Disorder		
Agents To Tx Periodic Paralysis - Carbon Anhyd Inh		
dichlorphenamide (Ormalvi)	Tier 1	PA; SP; QL (4 EA per 1 day)
KEVEYIS (dichlorphenamide)	Tier 2	PA; SP; QL (4 EA per 1 day)
ORMALVI (dichlorphenamide)	Tier 1	PA; SP; QL (4 EA per 1 day)
Retinoic Acid Receptor (Rar) Agonists		
SOHONOS	Tier 3	PA; SP
Skeletal Muscle Relaxants		
ATMEKSI	Tier 3	PA; QL (54 ML per 1 day)
baclofen oral solution 10 mg/5 ml (2 mg/ml) (Ozobax DS)	Tier 1	PA; QL (40 ML per 1 day)
baclofen oral solution 5 mg/5 ml (Ozobax)	Tier 1	PA; QL (80 ML per 1 day)
baclofen oral tablet 10 mg, 20 mg, 5 mg	Tier 1	
carisoprodol (Soma)	Tier 1	
carisoprodol-aspirin	Tier 1	
chlorzoxazone oral tablet 500 mg	Tier 1	
cyclobenzaprine oral tablet (Fexmid)	Tier 1	
dantrolene oral (Dantrium)	Tier 1	
metaxalone oral tablet 400 mg, 800 mg	Tier 1	
methocarbamol oral tablet 500 mg, 750 mg	Tier 1	
orphenadrine citrate oral	Tier 1	
tizanidine oral capsule 2 mg, 4 mg, 6 mg (Zanaflex)	Tier 1	
tizanidine oral tablet (Zanaflex)	Tier 1	

Drug	Status	Notes
Smoking Cessation		
Smoking Deterrent Agents (Ganglionic Stim,Others)		
<i>nicotine</i> (Nicoderm CQ)	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
<i>nicotine (polacrilex) buccal gum</i> (Quit 2)	\$0	\$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
<i>nicotine (polacrilex) buccal lozenge</i> (Quit 2)	\$0	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
<i>nicotine (polacrilex) buccal mini lozenge</i> (Nicorette)	\$0	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
NICOTROL NS	\$0	\$0 COPAY IF QUANTITY 10 IN 2 DAYS, LIMITED TO 180 DAYS SUPPLY IN 365, 18 YEARS OF AGE OR OLDER, AND TRIAL OF NICOTINE TRANSDERMAL PATCH; QL (10 ML per 2 days)
QUIT 2 BUCCAL GUM (nicotine (polacrilex))	\$0	\$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER

Drug		Status	Notes
QUIT 2 BUCCAL LOZENGE	(nicotine (polacrilex))	\$0	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
QUIT 4 BUCCAL GUM	(nicotine (polacrilex))	\$0	\$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
QUIT 4 BUCCAL LOZENGE	(nicotine (polacrilex))	\$0	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
STOP SMOKING AID	(nicotine (polacrilex))	\$0	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
Smoking Deterrent-Nicotinic Recept.Partial Agonist			
<i>varenicline tartrate oral tablet</i>	(Chantix)	\$0	\$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day)
<i>varenicline tartrate oral tablets,dose pack</i>	(Chantix Starting Month Box)	\$0	\$0 COPAY IF QUANTITY 53 IN 28 DAYS, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day)
Smoking Deterrents, Other			
<i>bupropion hcl (smoking deter)</i>		\$0	\$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER

Drug	Status	Notes
Upper Gastrointestinal Disorders - Digestive		
Gastric Enzymes		
SUCRAID	Tier 3	PA; SP
Pancreatic Enzymes		
CREON	Tier 2	
ZENPEP ORAL CAPSULE, DELAYED RELEASE (DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT	Tier 2	
Upper Gastrointestinal Disorders - Spastic Disease		
Anticholinergics/Antispasmodics		
<i>dicyclomine oral capsule</i>	Tier 1	
<i>dicyclomine oral solution</i>	Tier 1	
<i>dicyclomine oral tablet 20 mg</i>	Tier 1	
Belladonna Alkaloids		
ED-SPAZ (hyoscyamine sulfate)	Tier 1	
<i>hyoscyamine sulfate oral</i> (Ed-Spaz)	Tier 1	
<i>hyoscyamine sulfate sublingual</i> (Oscimin SL)	Tier 1	
HYOSYNE (hyoscyamine sulfate)	Tier 1	
<i>methscopolamine</i>	Tier 1	
OSCIMIN (hyoscyamine sulfate)	Tier 1	
OSCIMIN SL (hyoscyamine sulfate)	Tier 1	
SYMAX DUOTAB (hyoscyamine sulfate)	Tier 3	
Upper Gastrointestinal Disorders - Ulcer Disease		
Anticholinergics, Quaternary Ammonium		
<i>chlordiazepoxide-clidinium</i> (Librax (with clidinium))	Tier 1	

Drug	Status	Notes
DARTISLA	Tier 3	ST: TRIAL OF GLYCOPYRROLATE 2 MG IN THE PAST 120 DAYS.; QL (4 EA per 1 day); Age (Min 18 Years)
<i>glycopyrrolate (pf) injection syringe 0.6 mg/3 ml (0.2 mg/ml)</i>	Tier 1	
<i>glycopyrrolate oral solution</i> (Cuvposa)	Tier 1	
<i>glycopyrrolate oral tablet 1 mg</i> (Robinul)	Tier 1	
<i>glycopyrrolate oral tablet 2 mg</i> (Robinul Forte)	Tier 1	
Anti-Ulcer Preparations		
<i>misoprostol</i> (Cytotec)	Tier 1	
<i>sucralfate</i> (Carafate)	Tier 1	
Anti-Ulcer-H.Pylori Agents		
<i>amoxicil-clarithromy-lansopraz</i>	Tier 1	QL (112 EA per 10 days)
<i>bismuth subcit k-metronidz-tcn</i> (Pylera)	Tier 1	
OMECLAMOX-PAK	Tier 3	
TALICIA	Tier 3	QL (168 EA per 14 days); Age (Min 18 Years)
VOQUEZNA DUAL PAK	Tier 3	PA; QL (112 EA per 14 days)
VOQUEZNA TRIPLE PAK	Tier 3	PA; QL (112 EA per 14 days)
Histamine H2-Receptor Inhibitors		
<i>cimetidine</i> (Acid Reducer (cimetidine))	Tier 1	
<i>cimetidine hcl oral</i>	Tier 1	
<i>famotidine oral suspension for reconstitution</i>	Tier 1	
<i>famotidine oral tablet 20 mg</i> (Acid Controller)	Tier 1	
<i>famotidine oral tablet 40 mg</i> (Pepcid)	Tier 1	
<i>nizatidine oral capsule</i>	Tier 1	
Intestinal Motility Stimulants		
GIMOTI	Tier 3	PA; SP; QL (9.8 ML per 28 days)
<i>metoclopramide hcl oral solution</i>	Tier 1	

Drug		Status	Notes
<i>metoclopramide hcl oral tablet</i>	(Reglan)	Tier 1	
<i>prucalopride</i>	(Motegrity)	Tier 1	QL (1 EA per 1 day)
Potassium-Competitive Acid Blockers (Pcabs)			
VOQUEZNA		Tier 3	PA; QL (1 EA per 1 day)
Proton-Pump Inhibitors			
ACIPHEX SPRINKLE	(rabeprazole)	Tier 3	ST: TRIAL OF OMEPRAZOLE, LANSOPRAZOLE OR PANTOPRAZOLE WITHIN THE PAST 120 DAYS; QL (1 EA per 1 day)
<i>dexlansoprazole</i>	(Dexilant)	Tier 1	ST: TRIAL OF OMEPRAZOLE, LANSOPRAZOLE OR PANTOPRAZOLE WITHIN THE PAST 120 DAYS; QL (1 EA per 1 day)
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec)</i>	(Acid Reducer (esomeprazole))	Tier 1	
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	(Nexium Packet)	Tier 1	QL (1 EA per 1 day)
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i>	(Nexium Packet)	Tier 1	QL (2 EA per 1 day)
<i>lansoprazole</i>	(Acid Reducer (lansoprazole))	Tier 1	
<i>omeprazole oral capsule, delayed release(dr/ec)</i>		Tier 1	
<i>omeprazole-sodium bicarbonate oral capsule</i>	(Zegerid OTC)	Tier 1	
<i>pantoprazole oral granules dr for susp in packet</i>	(Protonix)	Tier 1	ST: TRIAL OF OMEPRAZOLE, LANSOPRAZOLE OR PANTOPRAZOLE WITHIN THE PAST 120 DAYS
<i>pantoprazole oral tablet, delayed release (dr/ec)</i>	(Protonix)	Tier 1	

Drug		Status	Notes
<i>rabeprazole oral capsule, delayed rel sprinkle</i>	(AcipHex Sprinkle)	Tier 1	ST: TRIAL OF OMEPRAZOLE, LANSOPRAZOLE OR PANTOPRAZOLE WITHIN THE PAST 120 DAYS; QL (1 EA per 1 day)
<i>rabeprazole oral tablet, delayed release (dr/ec)</i>	(AcipHex)	Tier 1	
Urinary Tract - Functional Disorders			
Benign Prostatic Hypertrophy/Micturition Agents			
<i>alfuzosin</i>	(Uroxatral)	Tier 1	
<i>dutasteride</i>	(Avodart)	Tier 1	
<i>finasteride oral tablet 5 mg</i>	(Proscar)	Tier 1	
<i>silodosin</i>		Tier 1	
<i>tamsulosin</i>		Tier 1	
Bph Agents, 5-Alpha-Red Inh & Alpha-1-Adr Antg Cmb			
<i>dutasteride-tamsulosin</i>	(Jalyn)	Tier 1	ST: TRIAL OF FINASTERIDE 5MG, ALFUZOSIN, DOXAZOSIN, PRAZOSIN, SILODOSIN, TAMSULOSIN OR TERAZOSIN REQUIRED.
Cystine-Depleting Agents, Nephropathic Cystinosis			
CYSTAGON		Tier 3	SP
PROCYSBI		Tier 2	PA; SP
Endothelin-Angiotensin Receptor Antagonist			
FILSPARI		Tier 2	PA; SP; QL (1 EA per 1 day)
Kidney Stone Agents			
THIOLA EC	(tiopronin)	Tier 2	SP
<i>tiopronin</i>	(Thiola)	Tier 1	SP
VENXXIVA	(tiopronin)	Tier 1	SP

Drug		Status	Notes
Overactive Bladder Agents, Beta-3 Adrenergic Recep			
<i>mirabegron oral suspension, extended rel recon</i>	(Myrbetriq)	Tier 1	
MYRBETRIQ ORAL SUSPENSION, EXTENDED REL RECON	(mirabegron)	Tier 2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	(mirabegron)	Tier 1	QL (1 EA per 1 day)
Oxalosis Agent - Oxalate Inhibitor, Sirna Based			
RIVFLOZA SUBCUTANEOUS SOLUTION		Tier 3	PA; SP; QL (1 ML per 30 days)
RIVFLOZA SUBCUTANEOUS SYRINGE 128 MG/0.8 ML		Tier 3	PA; SP; QL (0.8 ML per 30 days)
RIVFLOZA SUBCUTANEOUS SYRINGE 160 MG/ML		Tier 3	PA; SP; QL (1 ML per 30 days)
Polycystic Kidney Disease Agent, Avp Recep. Antag			
JYNARQUE ORAL TABLET 15 MG	(tolvaptan (polycys kidney dis))	Tier 1	PA; SP; QL (2 EA per 1 day)
JYNARQUE ORAL TABLET 30 MG	(tolvaptan (polycys kidney dis))	Tier 1	PA; SP; QL (1 EA per 1 day)
JYNARQUE ORAL TABLETS, SEQUENTIAL	(tolvaptan (polycys kidney dis))	Tier 1	PA; SP; QL (2 EA per 1 day)
Urinary Ph Modifiers			
K-PHOS NO 2		Tier 3	
K-PHOS ORIGINAL		Tier 3	
ORACIT	(sodium citrate-citric acid)	Tier 3	
<i>potassium citrate oral tablet extended release</i>	(Urocit-K 10)	Tier 1	
RENACIDIN		Tier 3	
UROQID-ACID NO.2		Tier 3	
Urinary Tract Anesthetic/Analgesic Agnt (Azo-Dye)			
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	(Pyridium)	Tier 1	

Drug	Status	Notes
Urinary Tract Antispasmodic, M(3) Selective Antag.		
<i>darifenacin</i>	Tier 1	
<i>solifenacin</i> (Vesicare)	Tier 1	
Urinary Tract Antispasmodic/Antiincontinence Agent		
<i>fesoterodine</i> (Toviaz)	Tier 1	QL (1 EA per 1 day)
<i>flavoxate</i>	Tier 1	
<i>oxybutynin chloride</i>	Tier 1	
OXYTROL	Tier 3	ST: TRIAL OF OXYBUTYNIN IR/XR AND MYRBETRIQ IN THE PAST 365 DAYS
<i>tolterodine</i>	Tier 1	
<i>trospium</i>	Tier 1	
Vaginal Disorders		
Vaginal Antibiotics		
CLEOCIN VAGINAL SUPPOSITORY	Tier 3	ST: TRIAL OF TWO OF THE FOLLOWING GENERICS: ORAL METRONIDAZOLE TABLETS, ORAL CLINDAMYCIN CAPSULES, INTRAVAGINAL METRONIDAZOLE GEL, INTRAVAGINAL CLINDAMYCIN CREAM IN THE PAST 365 DAYS; QL (3 EA per 30 days)
<i>clindamycin phosphate vaginal</i> (Cleocin)	Tier 1	

Drug	Status	Notes
CLINDESSE	Tier 3	ST: TRIAL OF TWO OF THE FOLLOWING GENERICS: ORAL METRONIDAZOLE TABLETS, ORAL CLINDAMYCIN CAPSULES, INTRAVAGINAL METRONIDAZOLE GEL, INTRAVAGINAL CLINDAMYCIN CREAM IN THE PAST 365 DAYS
<i>metronidazole vaginal gel 0.75 %</i> (Vandazole) (37.5mg/5 gram)	Tier 1	
NUVESSA (metronidazole)	Tier 3	ST: TRIAL OF TWO OF THE FOLLOWING GENERICS: ORAL METRONIDAZOLE TABLETS, ORAL CLINDAMYCIN CAPSULES, INTRAVAGINAL METRONIDAZOLE GEL, INTRAVAGINAL CLINDAMYCIN CREAM IN THE PAST 365 DAYS
Vaginal Antifungals		
GYNAZOLE-1	Tier 2	
MICONAZOLE-3 VAGINAL SUPPOSITORY	Tier 1	
<i>terconazole</i>	Tier 1	
Vaginal Antiseptics		
FEM PH	Tier 3	
RELAGARD	Tier 3	

Drug	Status	Notes
Vaginal Estrogen For Sexual Dysfunction		
IMVEXXY MAINTENANCE PACK	Tier 3	ST: TRIAL OF ONE GENERIC ESTRADIOL CREAM AND ONE GENERIC ESTRADIOL VAGINAL TABLETS IN THE PAST 365 DAYS; QL (18 EA per 28 days)
IMVEXXY STARTER PACK	Tier 3	ST: TRIAL OF ONE GENERIC ESTRADIOL CREAM AND ONE GENERIC ESTRADIOL VAGINAL TABLETS IN THE PAST 365 DAYS; QL (18 EA per 28 days)
Vaginal Estrogen Preparations		
<i>estradiol vaginal</i> (Estrace)	Tier 1	
PREMARIN VAGINAL	Tier 2	
YUVAFEM (estradiol)	Tier 1	
Vitamin And/Or Mineral Deficiency		
Fluoride Preparations		
CLINPRO 5000 (fluoride (sodium))	Tier 3	
DENTA 5000 PLUS (fluoride (sodium))	Tier 1	
DENTA 5000 PLUS SENSITIVE (sodium fluoride-pot nitrate)	Tier 1	
DENTAGEL (fluoride (sodium))	Tier 1	
FLORIVA (FLUORIDE-VITAMIN D3)	Tier 3	
<i>fluoride (sodium) dental</i> (Denta 5000 Plus)	Tier 1	
<i>fluoride (sodium) oral drops</i>	\$0	\$0 COPAY IF AGE 6 MONTHS TO 6 YEARS
<i>fluoride (sodium) oral tablet,chewable</i> (Ludent Fluoride)	\$0	\$0 COPAY IF AGE 6 MONTHS TO 6 YEARS
FLUORIDEX DAILY DEFENSE (fluoride (sodium))	Tier 3	
FLUORIDEX SENSITIVITY RELIEF (sodium fluoride-pot nitrate)	Tier 3	
FLUORIMAX 5000 (fluoride (sodium))	Tier 3	

Drug		Status	Notes
FLUORIMAX 5000 SENSITIVE	(sodium fluoride-pot nitrate)	Tier 3	
GEL-KAM	(stannous fluoride)	Tier 1	
JUST RIGHT 5000	(fluoride (sodium))	Tier 3	
PERIO MED	(stannous fluoride)	Tier 3	
PHOS-FLUR		Tier 3	
SF	(fluoride (sodium))	Tier 1	
SF 5000 PLUS	(fluoride (sodium))	Tier 1	
SODIUM FLUORIDE 5000 DRY MOUTH	(fluoride (sodium))	Tier 1	
SODIUM FLUORIDE 5000 PLUS	(fluoride (sodium))	Tier 1	
sodium fluoride-pot nitrate	(Denta 5000 Plus Sensitive)	Tier 1	
Folic Acid Preparations			
folic acid injection		Tier 1	
folic acid oral tablet 1 mg		Tier 1	
folic acid oral tablet 400 mcg	(PureVita Folic Acid)	\$0	
folic acid oral tablet 800 mcg		\$0	
PUREVITA FOLIC ACID ORAL TABLET	(folic acid)	\$0	
Mineral Replacement,Miscellaneous			
ZYCUBO		Tier 3	PA; SP; QL (1 EA per 1 day)
Prenatal Vitamin Preparations			
ATABEX ONE		\$0	
BAL-CARE DHA		\$0	
BAL-CARE DHA ESSENTIAL		\$0	
CADEAU DHA		\$0	
COMPLETE NATAL DHA		\$0	
COMPLETENATE		\$0	
KPN		\$0	
MASONATAL PRENATAL		\$0	
MINI PRENATAL		\$0	
M-NATAL PLUS	(pnv,calcium 72-iron-folic acid)	\$0	
MYNATAL		\$0	
MYNATAL ADVANCE		\$0	

Drug	Status	Notes
MYNATAL PLUS	\$0	
MYNATAL-Z	\$0	
MYNATE 90 PLUS	\$0	
OBSTETRIX DHA	\$0	
OBSTETRIX DHA PRENATAL DUO	\$0	
OBSTETRIX EC	\$0	
ONE-A-DAY PRENATAL ADVANCED	\$0	
ONE-A-DAY PRENATAL-1	\$0	
<i>pnv no.95-ferrous fumarate-fa</i> (Prenatal)	\$0	
PNV-DHA + DOCUSATE	\$0	
PNV-SELECT	\$0	
PR NATAL 400	\$0	
PR NATAL 400 EC	\$0	
PR NATAL 430	\$0	
PR NATAL 430 EC	\$0	
PRENATA	\$0	
PRENATABS FA	\$0	
PRENATABS RX	\$0	
PRENATAL + DHA	\$0	
PRENATAL 19	\$0	
PRENATAL 19 (WITH DOCUSATE)	\$0	
PRENATAL COMPLETE	\$0	
PRENATAL ESSENTIALS	\$0	
PRENATAL FORMULA ORAL TABLET 9 MG IRON- 267 MCG	\$0	
PRENATAL FORMULA-DHA	\$0	
PRENATAL MULTI	\$0	
PRENATAL MULTI-DHA (ALGAL OIL)	\$0	
PRENATAL MULTI-DHA(WITH VIT K)	\$0	
PRENATAL MULTIVITAMINS (pnv no.95-ferrous fumarate-fa)	\$0	
PRENATAL ONE DAILY	\$0	
PRENATAL ORAL TABLET (pnv no.95-ferrous fumarate-fa)	\$0	

Drug		Status	Notes
PRENATAL PLUS	(pnv,calcium 72-iron,carb-folic)	\$0	
PRENATAL PLUS (CALCIUM CARB)	(pnv,calcium 72-iron-folic acid)	\$0	
PRENATAL PLUS DHA		\$0	
PRENATAL PLUS VITAMIN-MINERAL		\$0	
PRENATAL TABLET	(prenatal vit-iron fum-folic ac)	\$0	
<i>prenatal vit no.179-iron-folic</i>		\$0	
PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 0.8 MG, 27 MG IRON- 800 MCG		\$0	
PRENATAL VITAMIN PLUS LOW IRON	(pnv,calcium 72-iron-folic acid)	\$0	
PRENATAL VITAMIN WITH MINERALS	(prenatal vit-iron fum-folic ac)	\$0	
<i>prenatal vit-iron fum-folic ac</i>	(Prenatal Tablet)	\$0	
PRENATAL WITH DHA-FOLIC ACID		\$0	
PROVIDA OB		\$0	
SE-NATAL 19		\$0	
SE-NATAL 19 CHEWABLE		\$0	
SIMILAC PRENATAL		\$0	
STUART ONE		\$0	
THERANATAL COMPLETE		\$0	
THERANATAL ONE		\$0	
THERANATAL ORAL TABLET		\$0	
THERANATAL PLUS		\$0	
THRIVITE RX		\$0	
TRICARE		\$0	
TRINATAL RX 1		\$0	
TRINATE		\$0	
ULTRA PRENATAL PLUS DHA		\$0	
WESTAB PLUS	(pnv,calcium 72-iron-folic acid)	\$0	
WOMEN'S PRENATAL PLUS DHA		\$0	

Drug	Status	Notes
Prenatal Vitamins Without Iron		
ONE-A-DAY PRENATAL	\$0	
P2I PRENATAL WITH CHOLINE	\$0	
PRENATAL GUMMIES	\$0	
PRENATAL ORAL TABLET,CHEWABLE	\$0	
THERANATAL OVAVITE	\$0	
VITAFOL GUMMIES	\$0	
Vitamin D Preparations		
<i>calcitriol oral</i> (Rocaltrol)	Tier 1	
Weight Reduction		
Anorexic Agents		
<i>benzphetamine</i>	Tier 1	QL (3 EA per 1 day); Age (Min 18 Years)
<i>diethylpropion oral tablet</i>	Tier 1	QL (3 EA per 1 day); Age (Min 18 Years)
<i>diethylpropion oral tablet extended release</i>	Tier 1	QL (1 EA per 1 day); Age (Min 18 Years)
LOMAIRA (phentermine)	Tier 1	QL (3 EA per 1 day); Age (Min 18 Years)
<i>phendimetrazine tartrate oral capsule, extended release</i>	Tier 1	QL (1 EA per 1 day); Age (Min 18 Years)
<i>phendimetrazine tartrate oral tablet</i>	Tier 1	QL (6 EA per 1 day); Age (Min 18 Years)
<i>phentermine oral capsule</i>	Tier 1	QL (1 EA per 1 day); Age (Min 18 Years)
<i>phentermine oral tablet 37.5 mg</i>	Tier 1	QL (1 EA per 1 day); Age (Min 18 Years)
<i>phentermine oral tablet 8 mg</i> (Lomaira)	Tier 1	QL (3 EA per 1 day); Age (Min 18 Years)
<i>phentermine-topiramate</i> (Qsymia)	Tier 1	PA; QL (1 EA per 1 day)
Anti-Obesity - Incretin Mimetics Combination		
ZEPBOUND SUBCUTANEOUS PEN INJECTOR	Tier 2	PA; QL (2 ML per 28 days)

Drug	Status	Notes
Anti-Obesity - Melanocortin 4 Receptor Agonists		
IMCIVREE	Tier 3	PA; SP; QL (0.3 ML per 1 day)
Anti-Obesity Glucagon-Like Peptide-1 Recep Agonist		
FOUNDAYO	Tier 2	PA; QL (1 EA per 1 day)
<i>liraglutide (weight loss)</i> (Saxenda)	Tier 1	PA; QL (0.5 ML per 1 day)
WEGOVY HD	Tier 2	PA; QL (3 ML per 28 days)
WEGOVY ORAL	Tier 2	PA; QL (1 EA per 1 day)
WEGOVY SUBCUTANEOUS PEN INJECTOR 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML	Tier 2	PA; QL (2 ML per 28 days)
WEGOVY SUBCUTANEOUS PEN INJECTOR 1.7 MG/0.75 ML, 2.4 MG/0.75 ML	Tier 2	PA; QL (3 ML per 28 days)
Fat Absorption Decreasing Agents		
<i>orlistat</i> (Xenical)	Tier 1	PA; QL (3 EA per 1 day)

Index

<i>abacavir</i>	149	ADALIMUMAB-AATY(CF) AI		AEROCHAMBER PLUS Z STAT	
<i>abacavir-lamivudine</i>	148	CROHNS.....	153	MD MSK.....	11
ABENOR.....	75	<i>adalimumab-adaz</i>	153	AEROCHAMBER PLUS Z STAT	
ABENOR HP.....	75	<i>adalimumab-ryvk</i>	153	SM MSK.....	11
ABIGALE.....	128	ADALINA.....	66	AEROCHAMBER Z-STAT PLUS-	
ABIGALE LO.....	128	<i>adapalene</i>	71	FLW SG.....	11
ABILIFY ASIMTUFII.....	24, 25	<i>adapalene-benzoyl peroxide</i>	66	AEROCHAMBER2GO.....	11
ABILIFY MAINTENA.....	25	ADASUVE.....	26	AEROECLIPSE II NEBULIZER.....	11
<i>abiraterone</i>	176	ADBRY.....	76	AEROECLIPSE XL NEBULIZER.....	11
ABIRTEGA.....	176	ADD-VANTAGE ADDAPTOR.....	172	AERONEB GO NEBULIZER.....	11
ABRYSVO (PF).....	135	ADDYI.....	30	AEROTRACH PLUS.....	11
<i>acamprosate</i>	23	<i>adefovir</i>	151	AEROVENT PLUS.....	11
<i>acarbose</i>	94	ADEMPAS.....	43	AFIRMELLE.....	53
ACCU-CHEK FASTCLIX LANCET		ADERMICA.....	66	AFREZZA.....	101
DRUM.....	168	ADERMICA HP.....	66	AFSTYLA.....	120
ACCU-CHEK SAFE-T-PRO PLUS	168	ADMIRAZOL.....	66	AFTER PILL.....	53
ACCU-CHEK SOFTCLIX		ADMIRAZOL DUAL.....	66	AFTERA.....	53
LANCETS.....	168	ADMIRAZOL HP.....	66	AGAMATRIX ULTRA-THIN	
ACCUTANE.....	65	ADMIRAZOL HP DUAL.....	66	LANCET.....	168
ACD SOLUTION A.....	120	ADULT ASPIRIN REGIMEN.....	124	AGAMREE.....	154
ACD-A.....	120	ADULT LOW DOSE ASPIRIN.....	124	AIMOVIG AUTOINJECTOR.....	207
ACE AEROSOL CLOUD		ADVAIR HFA.....	8	AIMSCO LATEX CONDOM.....	195
ENHANCER.....	10	ADVANCE PLUS INTERMITTENT	166	AIRS ADULT AEROSOL MASK....	167
<i>acebutolol</i>	41	ADVANCED TRAVEL LANCETS..	168	AIRS PEDIATRIC DISPOSABLE	
ACESO AG.....	165	ADVANTAGE SAFETY LANCET..	168	MASK.....	167
<i>acetaminophen-codeine</i>	210	ADVATE.....	120	AIRSUPRA.....	8
<i>acetazolamide</i>	116	ADVOCATE LANCET.....	168	AJOVY AUTOINJECTOR.....	207
<i>acetic acid</i>	84, 103	ADYNOVATE.....	120	AJOVY SYRINGE.....	208
<i>acetylcysteine</i>	202	AEROBIKA OSCILLATING PEP		AKEEGA.....	185
ACIOXIA.....	76	SYSTM.....	10	AKTEN (PF).....	114
ACIOXIAY.....	66	AEROCHAMBER MECHANICAL		AKYNZEO (NETUPITANT).....	6
ACIPHEX SPRINKLE.....	224	VENT.....	10	ALA-CORT.....	76
<i>acitretin</i>	89	AEROCHAMBER MINI.....	10	ALA-SCALP.....	76
ACTHAR.....	107	AEROCHAMBER MV.....	10	<i>albendazole</i>	145
ACTHAR SELFJECT.....	107	AEROCHAMBER PLUS FLOW-VU	10	<i>albuterol sulfate</i>	7
ACTHIB (PF).....	133	AEROCHAMBER PLUS FLOW-		ALCAINE.....	114
ACTICOAT DRESSING.....	165	VU,L MSK.....	10	<i>alclometasone</i>	76
ACTI-LANCE LANCETS.....	168	AEROCHAMBER PLUS FLOW-		ALECENSA.....	179
ACTIMMUNE.....	136	VU,M MSK.....	10	<i>alendronate</i>	108
ACUVAIL (PF).....	112	AEROCHAMBER PLUS FLOW-		ALFERON N.....	136
<i>acyclovir</i>	75, 147	VU,S MSK.....	10	<i>alfuzosin</i>	225
ADACEL(TDAP		AEROCHAMBER PLUS Z STAT.....	10	ALHEMO PEN.....	122
ADOLESN/ADULT)(PF).....	133	AEROCHAMBER PLUS Z STAT		ALINIA.....	145
ADAINZOXIA.....	66	LG MSK.....	11	<i>aliskiren</i>	45
<i>adalimumab-aaty</i>	153			ALIXI.....	66

ALIXI HP	66	ALYQ	43	APOGEE PLUS INTERMITT	
ALKERAN	175	<i>amantadine hcl</i>	211	CATHETER	166
ALKINDI SPRINKLE	154	<i>ambrisentan</i>	43	<i>apomorphine</i>	211
ALL FLOW 1000 KIT	167	<i>amcinonide</i>	77	APORIX	67
ALL FLOW 1000 PFT FILTER	167	AMELUZ	187	<i>apraclonidine</i>	116
ALL FLOW 3000 KIT	167	AMERITHROID	111	<i>aprepitant</i>	6
ALL FLOW 3000 PFT FILTER	167	AMETHIA	53	APRETUDE	150
ALL FLOW 4000 KIT	167	AMETHYST (28)	53	APRI	53
ALL FLOW 4000 PFT FILTER	167	AMIELLE VAGINAL TRAINER	167	APTIVUS	147
ALL FLOW 5000 KIT	167	<i>amiloride</i>	43	AQNEURSA	198
ALL FLOW 5000 PFT FILTER	167	<i>amiloride-hydrochlorothiazide</i>	43	AQVESME	125
ALL FLOW 6000 PFT FILTER	167	<i>aminocaproic acid</i>	119	ARAKODA	145
ALLEVYN LIFE DRESSING	165	<i>amiodarone</i>	38	ARALAST NP	175
<i>allopurinol</i>	119	<i>amitriptyline</i>	21	ARANELLE (28)	53
<i>almotriptan malate</i>	208	<i>amitriptyline-chlordiazepoxide</i>	21	ARBLI	40
ALOMIRA	66	<i>amlodipine</i>	42	ARCALYST	153
ALOMIRA HP	66	<i>amlodipine-atorvastatin</i>	51	AREXVY (PF)	135
ALOMIRA LP	66	<i>amlodipine-benazepril</i>	38	<i>arformoterol</i>	7
<i>alosetron</i>	161	<i>amlodipine-olmesartan</i>	39	ARGYLE TRACHEOSTOMY	
ALPHANATE	120	<i>amlodipine-valsartan</i>	39	CARE TRAY	167
ALPHANINE SD	121	<i>amlodipine-valsartan-hcthiiazid</i>	39	ARIKAYCE	143
<i>alprazolam</i>	23	<i>ammonium lactate</i>	84	<i>aripiprazole</i>	25
ALPRAZOLAM INTENSOL	23	AMNESTEEM	65	ARISTADA	25, 26
ALPROLIX	121	<i>amoxapine</i>	21	ARISTADA INITIO	25
ALTACAINE	114	<i>amoxicil-clarithromy-lansopraz</i>	223	<i>armodafinil</i>	30
ALTAFLUOR BENOX	114	<i>amoxicillin</i>	140	ARNUITY ELLIPTA	9
ALTAVERA (28)	53	<i>amoxicillin-pot clavulanate</i>	140	ARTILIS	67
ALTERA NEBULIZER HANDSET ...	11	<i>amphetamine sulfate</i>	22	ARTILIS HP	67
ALTERA NEBULIZER SYSTEM	11	<i>ampicillin</i>	140	ARTISS	201
ALTERNATE SITE LANCET	168	AMZEEQ	72	ARYNTA	22
ALTRENO	71	ANACAINE	87	ASCOMP WITH CODEINE	210
ALTUVIIIO	120	<i>anagrelide</i>	125	<i>asenapine maleate</i>	26
ALUNBRIG	179	ANALPRAM-HC	86	ASHLYNA	53
ALURIS	66	ANALPRAM-HC SINGLES	159	ASMANEX HFA	9
ALURIS HP	66	ANASCORP	193	ASMANEX TWISTHALER	9
ALURIS HP PLUS	66	ANASTIA	87	<i>aspirin</i>	124
ALURIS LP	66	<i>anastrozole</i>	177	ASPIRIN CHILDRENS	124
ALURIS LP PLUS	66	ANDEMBRY AUTOINJECTOR	197	<i>aspirin-dipyridamole</i>	124
ALURIS PLUS	66	ANGELIQ	127	ASSURE LANCE	168
ALUXOF	66	ANNOVERA	52	ASSURE LANCE PLUS	168
ALUXOF DUAL	66	ANORO ELLIPTA	8	ASSURE TITANIUM GLUCOSE	
ALUXOF HP	66	ANUCORT-HC	160	SYSTEM	96
ALVAIZ	125	APEXOL	67	ASTHMAPACK CHILDREN'S	11
<i>alvimopan</i>	164	APEXOL HP	67	ATABEX ONE	230
ALVOX	71	APHORIA	67	<i>atazanavir</i>	150
ALVOX HP	71	APLIGRAF	200	<i>atenolol</i>	41
ALYACEN 1/35 (28)	53	APOGEE IC INTERMIT		<i>atenolol-chlorthalidone</i>	42
ALYACEN 7/7/7 (28)	53	CATHETER	166	ATMEKSI	219
ALYFTREK	201			<i>atomoxetine</i>	37

ATORVALIQ.....	46	azelastine-fluticasone.....	5	BETASERON.....	188
atorvastatin.....	46	AZELEX.....	67	betaxolol.....	41, 116
atovaquone.....	146	azilsartan medoxomil.....	40	bethanechol chloride.....	174
atovaquone-proguanil.....	145	azithromycin.....	139	BETOPTIC S.....	116
ATROPEN.....	199	AZSTARYS.....	33	bexarotene.....	87, 187
atropine.....	118	AZURETTE (28).....	54	BEXSERO.....	131
atropine sulfate (pf).....	118	bacitracin.....	115	BEYFORTUS.....	146
ATROVENT HFA.....	7	bacitracin-polymyxin b.....	115	bicalutamide.....	176
ATTRUBY.....	51	baclofen.....	219	BIGFOOT UNITY.....	97
AUBRA.....	53	BAL-CARE DHA.....	230	BIGFOOT UNITY PEN CAP-ADMELOG.....	97
AUBRA EQ.....	53	BAL-CARE DHA ESSENTIAL.....	230	BIGFOOT UNITY PEN CAP-APIDRA.....	97
AUGTYRO.....	180	balsalazide.....	159	BIGFOOT UNITY PEN CAP-ASPART.....	97
AUGUSTIL.....	67	BALVERSA.....	180	BIGFOOT UNITY PEN CAP-BASAGLAR.....	97
AURA PORTANEB.....	11	BALZIVA (28).....	54	BIGFOOT UNITY PEN CAP-BASAGLAR.....	97
auranofin.....	156	BAQSIMI.....	100	BIGFOOT UNITY PEN CAP-BASAGLAR.....	97
AUROVELA 1.5/30 (21).....	53	BARACLUDE.....	152	BIGFOOT UNITY PEN CAP-BASAGLAR.....	97
AUROVELA 1/20 (21).....	54	BASADROX.....	70	BIGFOOT UNITY PEN CAP-BASAGLAR.....	97
AUROVELA 24 FE.....	54	BATIZIA.....	72	BIGFOOT UNITY PEN CAP-BASAGLAR.....	97
AUROVELA FE 1.5/30 (28).....	54	BAXDELA.....	140	BIGFOOT UNITY PEN CAP-BASAGLAR.....	97
AUROVELA FE 1-20 (28).....	54	BAXONIL.....	70	BIGFOOT UNITY PEN CAP-BASAGLAR.....	97
AURUMHEEL.....	198	BAYER LOW DOSE ASPIRIN.....	124	BIGFOOT UNITY PEN CAP-BASAGLAR.....	97
AUTOJECT 2 INJECTION DEVICE.....	96	BD INSYTE AUTOGUARD.....	173	BIGFOOT UNITY PEN CAP-BASAGLAR.....	97
AUTOPEN 1 TO 21 UNITS.....	97	BD MICROTAINER LANCET.....	168	BIGFOOT UNITY PEN CAP-BASAGLAR.....	97
AUTOPEN 2 TO 42 UNITS.....	97	BD POSIFLUSH NORMAL SALINE.....	105	BIGFOOT UNITY PEN CAP-BASAGLAR.....	97
AUTOSHIELD DUO PEN NEEDLE.....	199	BD SAF-T-INTIMA.....	173	BIGFOOT UNITY PEN CAP-BASAGLAR.....	97
AUVELITY.....	18, 19	beclo methasone dipropionate.....	9	BIGFOOT UNITY PEN CAP-BASAGLAR.....	97
AUVI-Q.....	174	BELBUCA.....	203	BIGFOOT UNITY PEN CAP-BASAGLAR.....	97
avanafil.....	106	belladonna alkaloids-opium.....	203	BIGFOOT UNITY PEN CAP-BASAGLAR.....	97
AVEIDA.....	70	BELSOMRA.....	31	BIGFOOT UNITY PEN CAP-BASAGLAR.....	97
AVEIDAOXIA.....	70	benazepril.....	39	BIGFOOT UNITY PEN CAP-BASAGLAR.....	97
AVERI.....	54	benazepril-hydrochlorothiazide.....	38	BIGFOOT UNITY PEN CAP-BASAGLAR.....	97
AVIANE.....	54	BENEFIX.....	121	BIGFOOT UNITY PEN CAP-BASAGLAR.....	97
AVIDORA.....	67	BENLYSTA.....	156	BIGFOOT UNITY PEN CAP-BASAGLAR.....	97
AVIDORA HP.....	67	benznidazole.....	146	BIGFOOT UNITY PEN CAP-BASAGLAR.....	97
AVITENE.....	126	benzonatate.....	64	BIGFOOT UNITY PEN CAP-BASAGLAR.....	97
AVITENE FLOUR.....	126	benzoyl peroxide.....	85	BIGFOOT UNITY PEN CAP-BASAGLAR.....	97
AVMAPKI-FAKZYNJA.....	192	benzphetamine.....	233	BIGFOOT UNITY PEN CAP-BASAGLAR.....	97
AVONEX.....	187, 188	benztropine.....	211	BIGFOOT UNITY PEN CAP-BASAGLAR.....	97
AVTOZMA.....	156	BERINERT.....	154	BIGFOOT UNITY PEN CAP-BASAGLAR.....	97
AVTOZMA AUTOINJECTOR.....	156	BESIVANCE.....	115	BIGFOOT UNITY PEN CAP-BASAGLAR.....	97
AWANIS.....	67	BESREMI.....	136	BIGFOOT UNITY PEN CAP-BASAGLAR.....	97
AYUNA.....	54	BESREMI PEN.....	136	BIGFOOT UNITY PEN CAP-BASAGLAR.....	97
AYVAKIT.....	180	BETADINE OPHTHALMIC PREP.....	84	BIGFOOT UNITY PEN CAP-BASAGLAR.....	97
AZALTA.....	67	betaine.....	198	BIGFOOT UNITY PEN CAP-BASAGLAR.....	97
AZALTA HP.....	67	BETALOAN SUIK.....	154	BIGFOOT UNITY PEN CAP-BASAGLAR.....	97
azathioprine.....	137	betamethasone dipropionate.....	77	BIGFOOT UNITY PEN CAP-BASAGLAR.....	97
azelaic acid.....	70	betamethasone valerate.....	77	BIGFOOT UNITY PEN CAP-BASAGLAR.....	97
azelastine.....	5, 112	betamethasone, augmented.....	77	BIGFOOT UNITY PEN CAP-BASAGLAR.....	97

<i>bosentan</i>	43	<i>butalbital-acetaminophen</i>	202	CARDIOPLEGIA HIGH	
BOSULIF.....	180	<i>butalbital-acetaminophen-caff</i>	202	POTASSIUM.....	194
<i>bosutinib</i>	180	<i>butalbital-aspirin-cafeine</i>	202	CARDIOPLEGIA IND 4/1	
BPO.....	85	<i>butorphanol</i>	203	PLASMALYT.....	194
BRAFTOVI.....	177	BUTTERFLY TOUCH LANCET.....	168	CARDIOPLEGIA IND 8/1 NON-	
BREATHERITE MDI SPACER.....	11	BYLVAY.....	161	ENRCH.....	194
BREATHERITE SPACER-MASK,		CABENUVA.....	146	CARDIOPLEGIA INDUCTION 4/1.....	194
NEO.....	11	<i>cabergoline</i>	110	CARDIOPLEGIA MAINTENANCE	
BREATHERITE SPACER-		CABLIVI.....	119	4/1.....	194
MASK,ADULT.....	11	CABOMETYX.....	180	CARDIOPLEGIA REPERFUSATE	
BREATHERITE SPACER-		CABTREO.....	67	4/1.....	194
MASK,CHILD.....	11	CADEAU DHA.....	230	CARDIOPLEGIA WARM INDUCT	
BREATHERITE SPACER-		CADIRA COMPLIANT BLOOD		4/1.....	194
MASK,INFANT.....	11	STAT.....	193	<i>cardioplegic no.17(induct 4/1)</i>	194
BREATHERITE SPACER-		<i>caffeine citrate</i>	16	<i>cardioplegic no.19 (maint 4/1)</i>	194
MASK,S.CHLD.....	11	<i>calcipotriene</i>	89	<i>cardioplegic soln</i>	194
BREATHERITE VALVED MDI		<i>calcipotriene-betamethasone</i>	91	<i>cardioplegic solution no.25</i>	194
CHAMBER.....	11	<i>calcitonin (salmon)</i>	108	CARDURA XL.....	39
BREATHERITE VALVED MDI		<i>calcitriol</i>	89, 233	CAREONE ULTRA THIN LANCET.....	168
SPACER.....	11	<i>calcium acetate(phosphat bind)</i>	103	CARESENS LANCETS.....	168
BREO ELLIPTA.....	8	CALQUENCE (ACALABRUTINIB		CARETOUCH SAFETY LANCETS.....	168
BREYNA.....	8	MAL).....	180	CARETOUCH TWIST LANCET.....	168
BREZTRI AEROSPHERE.....	8	CAMILA.....	54	<i>carglumic acid</i>	160
BRIELLYN.....	54	CAMRESE.....	54	<i>carisoprodol</i>	219
<i>brimonidine</i>	70, 116	CAMRESE LO.....	54	<i>carisoprodol-aspirin</i>	219
<i>brimonidine-dorzolamide</i>	116	CAMZYOS.....	51	CARRASYN HYDROGEL WOUND	
<i>brimonidine-dorzol-bimatoprost</i>	116	<i>candesartan</i>	40	DRESS.....	165
<i>brimonidine-timolol</i>	116	<i>candesartan-hydrochlorothiazid</i>	39	<i>carteolol</i>	116
BRINSUPRI.....	196	CANTHARIS COMPOSITUM.....	198	CARTIA XT.....	42
<i>brinzolamide</i>	116	<i>capecitabine</i>	176	<i>carvedilol</i>	39
<i>brivaracetam</i>	213	CAPEX.....	77	<i>carvedilol phosphate</i>	39
BROMFED DM.....	65	CAPLYTA.....	26	CAVERJECT.....	106
<i>bromfenac</i>	112, 113	CAPRELSA.....	180	CAVERJECT IMPULSE.....	106
<i>bromocriptine</i>	211	<i>captopril</i>	40	CAYA CONTOURED.....	63
<i>brompheniramine-pseudoeph-dm</i>	65	<i>captopril-hydrochlorothiazide</i>	38	CAYSTON.....	138
BRONCHITOL.....	196	CAPVAXIVE (PF).....	132	CAZANT (28).....	54
BRUKINSA.....	180	CARBAGLU.....	160	<i>cefaclor</i>	138
<i>budesonide</i>	9, 155, 160	<i>carbamazepine</i>	213, 214	<i>cefadroxil</i>	138
<i>budesonide-formoterol</i>	8	CARBATROL.....	214	CEFALY.....	167
BULLSEYE MINI SAFETY		<i>carbidopa</i>	213	<i>cefdinir</i>	138
LANCETS.....	168	<i>carbidopa-levodopa</i>	211	<i>cefixime</i>	138
<i>bumetanide</i>	42	<i>carbidopa-levodopa-entacapone</i> ...	212	<i>cefprozil</i>	138
<i>buprenorphine</i>	203	<i>carbinoxamine maleate</i>	3, 4	<i>cefprozil</i>	138
<i>buprenorphine hcl</i>	203, 211	CARBZAH.....	4	<i>cefuroxime axetil</i>	138
<i>buprenorphine-naloxone</i>	211	CARDAMYST.....	42	<i>celecoxib</i>	157
<i>bupropion hcl</i>	19	CARDIOPLEGIA DEL NIDO		CEM-UREA.....	85
<i>bupropion hcl (smoking deter)</i>	221	FORMULA.....	194	CENTANY AT.....	72
<i>buspirone</i>	24	CARDIOPLEGIA DEL NIDO-		<i>cephalexin</i>	138
<i>butalbital-acetaminop-caf-cod</i>	210	ISOLYT S.....	194	CEQUR SIMPLICITY.....	97

CEQUR SIMPLICITY INSERTER.....	97	<i>clarithromycin</i>	139	<i>cocaine</i>	192
CERDELGA.....	196	CLEANSING WASH.....	75	<i>codeine sulfate</i>	203
CERVIDIL.....	64	<i>clemastine</i>	4	<i>codeine-butalbital-asa-caff</i>	210
CETACAINE.....	88	CLEMSZA.....	4	<i>codeine-guaifenesin</i>	65
<i>cetirizine</i>	4	CLENPIQ.....	162	CODITUSSIN AC.....	65
<i>cetorelix</i>	110	CLEOCIN.....	227	CODITUSSIN DAC.....	64
<i>cevimeline</i>	174	CLEVER CHEK LANCETS.....	168	<i>colchicine</i>	119
CHARLOTTE 24 FE.....	54	CLEVER CHOICE CHAMBER- LRG MASK.....	11	<i>colesevelam</i>	50
CHATEAL EQ (28).....	55	CLEVER CHOICE CHAMBER- MED MASK.....	12	<i>colestipol</i>	50
CHEMET.....	198	CLEVER CHOICE CHAMBER-SM MASK.....	12	COMBIPATCH.....	128
CHILDREN'S ASPIRIN.....	124	CLEVER CHOICE NEB KIT- ADULT.....	167	COMBIVENT RESPIMAT.....	8
CHLOHUX.....	77	CLEVER CHOICE NEB KIT-CHILD	167	COMETRIQ.....	180
CHLOOXIA.....	77	CLEVER CHOICE NEBULIZER.....	12	COMFORT EZ LANCETS.....	168
<i>chlordiazepoxide hcl</i>	23	CLEVER CHOICE WHISPER AIRE PED.....	12	COMFORT TOUCH PLUS SAFETY LANC.....	168
<i>chlordiazepoxide-clidinium</i>	222	<i>clindamycin hcl</i>	144	COMFORT TOUCH ULT THIN LANCETS.....	168
<i>chlorhexidine gluconate</i>	192	<i>clindamycin palmitate hcl</i>	144	COMFORTSEAL LARGE MASK.....	12
<i>chloroquine phosphate</i>	145	CLINDAMYCIN PEDIATRIC.....	144	COMFORTSEAL MEDIUM MASK...	12
<i>chlorpromazine</i>	30	<i>clindamycin phosphate</i>	72, 227	COMFORTSEAL SMALL MASK.....	12
<i>chlorthalidone</i>	45	<i>clindamycin-benzoyl peroxide</i>	67, 68	COMIRNATY 2026-2027(5- 11Y)(PF).....	130
<i>chlorzoxazone</i>	219	<i>clindamycin-tretinoin</i>	68	COMIRNATY 2026-27 (12Y UP)(PF).....	130
CHOLBAM.....	161	CLINDESSE.....	228	COMPACT SPACE CHAMBER.....	12
<i>cholestyramine (with sugar)</i>	50	CLINPRO 5000.....	229	COMPACT SPACE CHAMBER- LRG MASK.....	12
CHOLESTYRAMINE LIGHT.....	50	<i>clobetasol</i>	77, 113	COMPACT SPACE CHAMBER- MED MASK.....	12
<i>chorionic gonadotropin, human</i>	106	<i>clobetasol-emollient</i>	77	COMPACT SPACE CHAMBER- SM MASK.....	12
CHOSEN LANCET.....	168	<i>clocortolone pivalate</i>	77	COMP-AIR NEBULIZER COMPRESSOR.....	12
CHOSEN SAFETY LANCET.....	168	CLODAN KIT.....	77	COMPLETE NATAL DHA.....	230
CICLODAN KIT.....	73	<i>clomiphene citrate</i>	106	COMPLETENATE.....	230
<i>ciclopirox</i>	73	<i>clomipramine</i>	21	COMPRO.....	6
<i>ciclopirox-ure-camph-menth-euc</i>	73	<i>clonazepam</i>	213	CONCEPTION.....	194
<i>cilostazol</i>	124	<i>clonidine</i>	40	<i>conjugated estrogens</i>	128
CILOXAN.....	115	<i>clonidine hcl</i>	33, 40	CONJUPRI.....	42
CIMDUO.....	147	<i>clopidogrel</i>	124	CONSTULOSE.....	162
<i>cimetidine</i>	223	<i>clorazepate dipotassium</i>	23	CONTOUR NEXT TEST STRIPS....	96
<i>cimetidine hcl</i>	223	<i>clotrimazole</i>	73, 142	CONTOUR PLUS TEST STRIP.....	96
CIMZIA.....	153	<i>clotrimazole-betamethasone</i>	73	CONTOUR TEST STRIPS.....	96
CIMZIA POWDER FOR RECONST	153	<i>clozapine</i>	26	COPAXONE.....	188
CIMZIA STARTER KIT.....	153	COAGADDEX.....	121	COPIKTRA.....	180
<i>cinacalcet</i>	109	COAGUCHEK LANCETS.....	168	CORDRAN TAPE LARGE ROLL....	78
CINRYZE.....	154	COAGUCHEK XS.....	194	CORIFACT.....	121
CIPRO.....	140	COARTEM.....	145	CORLANOR.....	51
<i>ciprofloxacin</i>	140	COBENFY.....	193	CORTANE-B.....	103
<i>ciprofloxacin hcl</i>	103, 115, 140	COBENFY STARTER PACK.....	193		
<i>ciprofloxacin-dexamethasone</i>	103				
<i>ciprofloxacin-fluocinolone</i>	103				
<i>ciprofloxacin-hydrocortisone</i>	103				
<i>citalopram</i>	19				
CLARAVIS.....	65				
CLARINEX-D 12 HOUR.....	3				

CORTIFOAM.....	160	DANZITEN.....	180	<i>desflurane</i>	197
<i>cortisone</i>	155	<i>dapagliflozin</i>	93	<i>desipramine</i>	21
CORTISPORIN-TC.....	103	<i>dapagliflozin-metformin</i>	95	<i>desloratadine</i>	4
CORTROPHIN GEL.....	107	<i>dapsone</i>	68, 143	<i>desmopressin</i>	107
COTELLIC.....	178	DAPTACEL (DTAP PEDIATRIC)		<i>desog-e.estradiol/e.estradiol</i>	55
COTEMPLA XR-ODT.....	34	(PF).....	133	<i>desonide</i>	78
COVARYX.....	128	<i>darifenacin</i>	227	<i>desoximetasone</i>	78, 79
COVARYX H.S.....	128	DARTISLA.....	223	<i>desvenlafaxine</i>	20
CRALONIN.....	198	<i>darunavir</i>	147	<i>desvenlafaxine succinate</i>	20
CRENESSITY.....	111	<i>dasatinib</i>	181	DEVILBISS DISPOSABLE	
CREON.....	222	DASETTA 1/35 (28).....	55	NEBULIZER.....	12
CRESEMBA.....	142	DASETTA 7/7/7 (28).....	55	DEVILBISS PULMO-AIDE	
CRINONE.....	107, 129	DAURISMO.....	177	COMPRESSR.....	12
<i>cromolyn</i>	10, 116	DAWNZERA.....	158	DEVILBISS PULMOMATE	
CRYOSERV.....	196	DAYBUE.....	190	COMPRESSOR.....	12
CRYSSELLE (28).....	55	DAYBUE STIX.....	190	DEVILBISS TRAVELER	
CTEXLI.....	161	DAYSEE.....	55	COMPRESSOR.....	12
CURAFIL GEL WOUND.....	165	DAYVIGO.....	32	<i>dexamethasone</i>	155
CURITY AMD.....	165	DAZAVEIDAOXIA.....	70	DEXAMETHASONE INTENSOL...	155
CURITY AMD (WITH		DAZINIA.....	73	<i>dexamethasone sodium phosphate</i>	
POLYHEXAMETH).....	165	DAZOMON.....	70		113
CURITY DRAINAGE BAG.....	166	DEBACTEROL.....	192	DEXCOM G7 15 DAY SENSOR.....	97
CURITY IODOFORM PACKING		DEBLITANE.....	55	DEXCOM G7 RECEIVER.....	97
STRIP.....	165	<i>deferasirox</i>	198	DEXCOM G7 SENSOR.....	97
CUROSURF.....	202	<i>deferiprone</i>	199	<i>dexlansoprazole</i>	224
CUVRIOR.....	198	<i>deferoxamine</i>	199	<i>dexmethylphenidate</i>	34
<i>cyclobenzaprine</i>	219	<i>deflazacort</i>	155	DEXONTO.....	155
CYCLOGYL.....	118	DEL NIDO CARDIOPLEGIA.....	194	DEXTENZA.....	113
CYCLOMYDRIL.....	118	DELIBON.....	73	<i>dextroamphetamine sulfate</i>	22, 23
<i>cyclopentolate</i>	118	<i>demeclocycline</i>	140	<i>dextroamphetamine-amphetamine</i> ..	23
<i>cyclopent-tropic-phenyleph-watr</i>	118	DEMEROL (PF).....	203	<i>dextromethorphan-quinidine</i>	191
<i>cyclopent-tropic-phen-ketr-wat</i>	118	DENTA 5000 PLUS.....	229	DIACOMIT.....	214
<i>cyclophosphamide</i>	175	DENTA 5000 PLUS SENSITIVE...	229	DIADIMAXIA.....	68
<i>cyclop-trop-propa-phen-ket-wat</i>	118	DENTAGEL.....	229	DIAOXIA.....	68
<i>cycloserine</i>	143	DENVITA.....	73	DIASAXIATAR.....	68
CYCLOSET.....	93	DEOXIA.....	68	DIASDIMAXIA.....	68
<i>cyclosporine</i>	115, 137	DEOXIADEMTAR.....	68	DIASOXIA.....	68
<i>cyclosporine modified</i>	137	DEOXIATAR.....	68	<i>diazepam</i>	23, 24, 213
<i>cyproheptadine</i>	4	DEOXIARVAR.....	68	DIAZEPAM INTENSOL.....	23
CYRED.....	55	DEPAKOTE.....	214	<i>diazoxide</i>	100
CYRED EQ.....	55	DEPAKOTE ER.....	214	<i>dichlorphenamide</i>	219
CYSTADROPS.....	119	DEPAKOTE SPRINKLES.....	214	<i>diclofenac epolamine</i>	83
CYSTAGON.....	225	DEPO-ESTRADIOL.....	128	<i>diclofenac potassium</i>	157
CYSTARAN.....	119	DEPO-SUBQ PROVERA 104.....	52	<i>diclofenac sodium</i>	83, 87, 113, 157
<i>dabigatran etexilate</i>	125	DERMACINRX LIDOCAN.....	88	<i>diclofenac-misoprostol</i>	157
DAFILOR.....	73	DERMACINRX LIDOGEL.....	88	<i>dicloxacillin</i>	140
<i>dalfampridine</i>	189	DERMACINRX LIDOREX.....	88	<i>dicyclomine</i>	222
<i>danazol</i>	111	DERMAZENE.....	70	<i>diethylpropion</i>	233
<i>dantrolene</i>	219	DESCOVY.....	147, 148	DIFICID.....	139

<i>diflunisal</i>	203	DOVER RED RUBBER		EASIVENT MASK SMALL.....	12
<i>difluprednate</i>	113	ROBINSON CATH.....	166	EASY COMFORT LANCETS.....	169
DIFMETIOXRIME.....	73	DOVER UNIVERSAL.....	166	EASY COMFORT SAFETY	
<i>digoxin</i>	38	<i>doxazosin</i>	39	LANCET.....	169
<i>dihydroergotamine</i>	208	<i>doxepin</i>	21, 32	EASY NEB COMPRESSOR	
DILANTIN.....	214	<i>doxercalciferol</i>	109	NEBULIZER.....	12
DILANTIN EXTENDED.....	214	<i>doxycycline hyclate</i>	141, 192	EASY TOUCH SAFETY LANCETS	
DILANTIN INFATABS.....	214	<i>doxycycline monohydrate</i>	141, 142		169
DILANTIN-125.....	214	<i>doxylamine-pyridoxine (vit b6)</i>	6	EASY TOUCH TWIST LANCETS..	169
DILAUDID (PF).....	203	DRAXACE.....	68	EASY TWIST AND CAP LANCETS	
<i>diltiazem hcl</i>	42	DRAXACEY.....	68		169
DILT-XR.....	42	DRITHOCREME HP.....	89	EBASE CONTROLLER.....	12
DILUTING MEDIUM FOR		DRIXECE.....	68	EBGLYSS PEN.....	76
NOVOLOG.....	196	DRIZALMA SPRINKLE.....	20	EBGLYSS SYRINGE.....	76
<i>dimethyl fumarate</i>	188	<i>dronabinol</i>	6	ECEOXIA.....	75
DIMOXIA.....	68	DROPLET LANCETS.....	169	<i>econazole nitrate</i>	74
DIOCHLOY.....	92	DROPSAFE ACTI-LANCE.....	169	ECONTRA EZ.....	55
DIONARIS.....	73	DROPSAFE MEDLANCE PLUS...	169	ECONTRA ONE-STEP.....	55
DIOOXIA.....	89	<i>drospirenone-e.estradiol-lm.fa</i>	55	EDEX.....	106
DIPHEN.....	4	<i>drospirenone-ethinyl estradiol</i>	55	ED-SPAZ.....	222
<i>diphenhydramine hcl</i>	4	DROXIA.....	125	EDURANT PED.....	148
<i>diphenoxylate-atropine</i>	161	<i>droxidopa</i>	51	EEMT.....	128
<i>dipyridamole</i>	124	DRYSOL.....	84	EEMT HS.....	128
<i>disopyramide phosphate</i>	38	DRYSOL DAB-O-MATIC.....	84	<i>efavirenz</i>	148
<i>disulfiram</i>	23	DUAVEE.....	127	<i>efavirenz-emtricitabin-tenofov</i>	150
DIURIL.....	45	DULERA.....	8	<i>efavirenz-lamivu-tenofov disop</i>	150
<i>divalproex</i>	214	<i>duloxetine</i>	20	EFFER-K.....	105
DIVENDO.....	73	DUODOTE.....	194	EGRIFTA SV.....	109
DIVINIX.....	79	DUOPA.....	212	EGRIFTA WR.....	109
DIYRA.....	73	DUPIXENT PEN.....	9	EKTERLY.....	158
<i>dofetilide</i>	38	DUPIXENT SYRINGE.....	9	ELESTRIN.....	128
DOJOLVI.....	199	DURATUSS AC.....	64	<i>eletriptan</i>	208
DOLISHALE.....	55	DUREX AVANTI BARE REAL		ELIGARD.....	107
DOMELA.....	79	FEEL.....	195	ELIGARD (4 MONTH).....	107
<i>donepezil</i>	17	DUREX EXTRA SENSITIVE		ELINEST.....	55
DOPTELET (10 TAB PACK).....	125	CONDOM.....	195	ELIQUIS.....	121
DOPTELET (15 TAB PACK).....	125	DUREX TROPICAL CONDOM.....	195	ELIQUIS DVT-PE TREAT 30D	
DOPTELET (30 TAB PACK).....	125	<i>dutasteride</i>	225	START.....	121
DOPTELET SPRINKLE.....	125	<i>dutasteride-tamsulosin</i>	225	ELIQUIS SPRINKLE.....	121
DOREVI.....	73	DUVYZAT.....	197	ELLA.....	55
<i>dorzolamide</i>	116	DYNAFOAM AG.....	165	ELOCTATE.....	120
<i>dorzolamide-timolol</i>	116	DYNAGINATE AG.....	165	<i>eltrombopag olamine</i>	125
<i>dorzolamide-timolol (pf)</i>	116	DYNOMA.....	79	ELURYNG.....	52
DOTTI.....	128	E.E.S. 400.....	139	ELYXYB.....	208
DOVATO.....	146	EAR POPPER INFLATION		ELYZIA.....	90
DOVER COATED LATEX FOLEY.....	166	DEVICE.....	172	ELYZIA (WITH HYALURONATE)....	91
DOVER LATEX FOLEY		EASIVENT HOLDING CHAMBER...	12	EMBRACE LANCETS.....	169
CATHETER.....	166	EASIVENT MASK LARGE.....	12	EMBRACE SAFETY LANCET.....	169
		EASIVENT MASK MEDIUM.....	12	EMEND.....	6

EMFLAZA	155	<i>ergoloid</i>	52	EXODERM	74
EMGALITY PEN	208	<i>ergotamine-caffeine</i>	208	EXTENDED RESERVOIR	173
EMGALITY SYRINGE	208, 209	ERIVEDGE	177	EYE	198
EMPAVELI	123	ERLEADA	176	EYSUVIS	113
EMROSI	142	<i>erlotinib</i>	181	EZ SMART LANCETS	169
EMSAM	18	ERRIN	55	<i>ezetimibe</i>	50
<i>emtricitabine</i>	149	ERY PADS	72	<i>ezetimibe-rosuvastatin</i>	45
<i>emtricitabine-tenofovir (tdf)</i>	148	ERY-TAB	139	<i>ezetimibe-simvastatin</i>	45
<i>emtricitabine-tenofovir (tdf)</i>	150	ERYTHROCIN (AS STEARATE)	139	FABHALTA	123
EMTRIVA	149	<i>erythromycin</i>	115, 139	FALMINA (28)	56
EMVERM	145	<i>erythromycin ethylsuccinate</i>	139	<i>famciclovir</i>	147
EMZAHH	55	<i>erythromycin with ethanol</i>	72	<i>famotidine</i>	223
<i>enalapril maleate</i>	40	<i>erythromycin-benzoyl peroxide</i>	72	FANAPT	26
<i>enalapril-hydrochlorothiazide</i>	38	ERZOFRI	26	FANAPT TITRATION PACK A	27
ENBREL	153	<i>escitalopram oxalate</i>	19	FANAPT TITRATION PACK B	27
ENBREL MINI	153	<i>eslicarbazepine</i>	214	FANAPT TITRATION PACK C	27
ENBREL SURECLICK	153	<i>esomeprazole magnesium</i>	224	FANTASY CONDOM	195
ENDARI	125	ESPEROCT	120	FASENRA	9
ENDO AVITENE	126	ESTARYLLA	56	FASENRA PEN	9
ENDOCET	210	<i>estazolam</i>	31	FC2 FEMALE CONDOM	195
ENFIT IRRIGAT SYRINGE-CONTAINER	172	<i>estradiol</i>	128, 229	<i>febuxostat</i>	119
ENFIT MEDICAL STRAW	167	<i>estradiol valerate</i>	129	FEIBA NF	120
ENGERIX-B (PF)	135	<i>estradiol-norethindrone acet</i>	129	FEIRZA	56
ENGERIX-B PEDIATRIC (PF)	135	<i>estrogens-methyltestosterone</i>	128	<i>felbamate</i>	214
ENILLORING	52	<i>eszopiclone</i>	32	<i>felodipine</i>	42
<i>enoxaparin</i>	122	<i>ethacrynic acid</i>	42	FEM PH	228
ENPRESSE	55	<i>ethambutol</i>	143	FEMALE CATHETER	166
ENSACOVE	181	<i>ethosuximide</i>	214	FEMCAP	63
ENSKYCE	55	ETHOXIA	71	FEMLYV	56
ENSPRYNG	156	<i>ethyl chloride</i>	88	<i>fenofibrate</i>	50
ENSTILAR	92	<i>ethynodiol diac-eth estradiol</i>	56	<i>fenofibrate micronized</i>	50
<i>entacapone</i>	212	<i>etodolac</i>	157	<i>fenofibrate nanocrystallized</i>	50
<i>entecavir</i>	152	<i>etonogestrel-ethinyl estradiol</i>	52	<i>fenofibric acid</i>	50
<i>enteral connector, enfit</i>	172	<i>etoposide</i>	186	<i>fenofibric acid (choline)</i>	50
ENTERAL GRAVITY BAG SET-ENFIT	172	<i>etravirine</i>	148	FENOVIA	74
ENTRESTO SPRINKLE	51	<i>eua patient assessment</i>	196	<i>fentanyl</i>	204
ENTYVIO PEN	160	EUCRISA	76	<i>fentanyl citrate</i>	204
ENULOSE	160	EUFLEXXA	154	<i>fentanyl citrate (pf)</i>	204
ENZNONUTY	88	EUTHYROX	111	<i>fentanyl citrate (pf)-0.9%nacl</i>	204
EPCLUSA	151	EVAMIST	129	<i>ferric citrate</i>	104
EPIDIOLEX	213	<i>everolimus (antineoplastic)</i>	179	FERVINA	74
EPIFIX AMNIOTIC MEMBRANE	200	<i>everolimus (immunosuppressive)</i>	137	<i>fesoterodine</i>	227
EPIFOAM	87	EVESSE	79	FETZIMA	20
<i>epinastine</i>	112	EVICEL	126	FIASP FLEXTOUCH U-100 INSULIN	101
<i>epinephrine</i>	38, 174	EVOTAZ	150	FIASP PENFILL U-100 INSULIN	101
<i>eplerenone</i>	43	EVRYSDI	174	FIASP PUMPCART	101
EQUETRO	24	EXELDERM	74	FIASP U-100 INSULIN	101
		<i>exemestane</i>	177	<i>fidaxomicin</i>	139
		<i>exenatide</i>	92		

FIDILA.....	74	FLUORIDEX SENSITIVITY		FREESTYLE LIBRE 3 PLUS	
FILOMA.....	74	RELIEF	229	SENSOR.....	98
FILSPARI.....	225	FLUORIMAX 5000	229	FREESTYLE LIBRE 3 READER.....	98
FILSUVEZ.....	201	FLUORIMAX 5000 SENSITIVE.....	230	FREESTYLE LIBRE 3 SENSOR.....	98
FINACEA.....	70	<i>fluorometholone</i>	113	FREESTYLE LITE STRIPS.....	96
<i>finasteride</i>	225	<i>fluorouracil</i>	87	FREESTYLE PRECISION NEO	
FINGERSTIX LANCETS	169	<i>fluoxetine</i>	19	STRIPS.....	96
<i> fingolimod</i>	188	FLUOXIA.....	79	FREESTYLE TEST	96
FINTEPLA.....	214	<i>fluphenazine hcl</i>	30	FREESTYLE UNISTIK 2.....	169
FINZALA.....	56	<i>flurandrenolide</i>	80	FRIVO.....	74
FIORICET	202	<i>flurazepam</i>	31	<i>frovatriptan</i>	209
FIRDAPSE	189	<i>flurbiprofen</i>	157	FRUZAQLA.....	181
FIRMAGON KIT W DILUENT		<i>flurbiprofen sodium</i>	113	FULPHILA.....	124
SYRINGE.....	179	<i>fluticasone propionate</i>	5, 9, 80	FUROSCIX.....	43
<i>flavoxate</i>	227	<i>fluticasone propion-salmeterol</i>	8	<i>furosemide</i>	43
<i>flecainide</i>	38	<i>fluvastatin</i>	46, 47	FYAVOLV.....	129
FLEXICHAMBER.....	13	<i>fluvoxamine</i>	19	FYREMADEL.....	110
FLEXICHAMBER-LG CHILD		FLUZONE 2026-2027	133	G TUSSIN AC.....	65
MASK.....	13	FLUZONE 2026-2027 (PF)	133	<i>gabapentin</i>	214
FLEXICHAMBER-SM ADULT		FLUZONE HIGH-DOSE 2026-27		GALAFOLD.....	174
MASK.....	13	(PF).....	133	<i>galantamine</i>	17
FLEXICHAMBER-SM CHILD		<i>folic acid</i>	230	GALBRIELA.....	56
MASK.....	13	FOLLISTIM AQ.....	106	GALLIFREY.....	129
FLEXI-SEAL SIGNAL FMS.....	172	<i>fondaparinux</i>	122	GALZIN.....	199
FLOLIPID.....	46	FONDIRCLE LANCET	169	GAMMAGARD LIQUID.....	130
FLORIVA (FLUORIDE-VITAMIN		FORACARE LANCETS	169	GAMMAGARD LIQUID ERC.....	130
D3).....	229	<i>formoterol fumarate</i>	7	GAMMAKED.....	130
FLUAD 2026-2027 (65 YR UP)(PF)		FORZINITY.....	194	GAMUNEX-C.....	130
.....	132	FOSAMAX PLUS D.....	108	<i>ganirelix</i>	110
FLUARIX 2026-2027 (PF).....	132	<i>fosamprenavir</i>	150	GARDASIL 9 (PF).....	135
FLUBLOK 2026-2027 (PF).....	132	<i>fosfomycin tromethamine</i>	139	<i>gatifloxacin</i>	115
FLUCELVAX 2026-2027 (PF).....	132	<i>fosinopril</i>	40	GATTEX 30-VIAL.....	165
<i>fluconazole</i>	142	<i>fosinopril-hydrochlorothiazide</i>	39	GATTEX ONE-VIAL.....	165
<i>flucytosine</i>	142	FOSRENOL.....	104	GAVILYTE-C.....	162
<i>fludrocortisone</i>	157	FOTIVDA.....	181	GAVILYTE-G.....	162
FLULAVAL 2026-2027 (PF).....	132	FOUNDAYO.....	234	GAVILYTE-N.....	162
FLUMIST 2026-2027	133	FRAGMIN.....	122, 123	GAVRETO.....	181
FLUMIST HOME 2026-2027	133	FREESTYLE INSULINX.....	96	<i>gefitinib</i>	181
<i>flunisolide</i>	5	FREESTYLE INSULINX TEST		GEL-KAM.....	230
<i>fluocinolone</i>	79	STRIPS.....	96	<i>gemfibrozil</i>	50
<i>fluocinolone acetonide oil</i>	103	FREESTYLE LANCETS.....	169	GEMMILY.....	56
<i>fluocinolone and shower cap</i>	79	FREESTYLE LIBRE 14 DAY		GENADUR (WITH LEXINAL).....	86
<i>fluocinonide</i>	79	READER.....	98	GENERLAC.....	160
FLUOCINONIDE-E.....	79	FREESTYLE LIBRE 14 DAY		GENGRAF.....	137
<i>fluocinonide-emollient</i>	79	SENSOR.....	98	GENOTROPIN.....	109
<i>fluorescein-benoxinate</i>	114	FREESTYLE LIBRE 2 PLUS		GENOTROPIN MINIQUICK.....	109
<i>fluorescein-proparacaine</i>	114	SENSOR.....	98	<i>gentamicin</i>	72, 115
<i>fluoride (sodium)</i>	229	FREESTYLE LIBRE 2 READER.....	98	GENVOYA.....	151
FLUORIDEX DAILY DEFENSE.....	229	FREESTYLE LIBRE 2 SENSOR.....	98	GILENYA.....	188

GILOTRIF	181	GYNAZOLE-1	228	HUMATE-P	120
GIMOTI	223	HAEGARDA	154	HUMATIN	145
GLASSIA	175	HAILEY	56	HUMULIN 70/30 U-100 INSULIN..	101
<i>glatiramer</i>	188	HAILEY 24 FE	56	HUMULIN 70/30 U-100 KWIKPEN	101
GLATOPA	188	HAILEY FE 1.5/30 (28)	56	HUMULIN N NPH INSULIN	
<i>glimepiride</i>	94	HAILEY FE 1/20 (28)	56	KWIKPEN	101
<i>glipizide</i>	94	<i>halcinonide</i>	80	HUMULIN N NPH U-100 INSULIN	101
<i>glipizide-metformin</i>	95	<i>halobetasol propionate</i>	80	HUMULIN R REGULAR U-100	
GLOPERBA	119	HALOETTE	52	INSULN	101
GLUCAGON EMERGENCY KIT		HALOG	81	HUMULIN R U-500 (CONC)	
(HUMAN)	100	<i>haloperidol</i>	29	KWIKPEN	102
GLUCOCOM AUTOLINK	98	<i>haloperidol lactate</i>	29	HYCANTIN	179
GLUCOCOM LANCETS	169	HARLIKU	196	<i>hydralazine</i>	41
<i>glutamine (sickle cell)</i>	125	HARVONI	151	<i>hydrochlorothiazide</i>	45
<i>glyburide</i>	94	HAVRIX (PF)	135	<i>hydrocodone bitartrate</i>	204
<i>glyburide-metformin</i>	95	HAXCHLO	73	<i>hydrocodone-acetaminophen</i>	210
<i>glycerol phenylbutyrate</i>	160	HAXCHLODREX	73	<i>hydrocodone-chlorpheniramine</i>	64
<i>glycine urologic solution</i>	143	HAXDRAX	74	<i>hydrocodone-homatropine</i>	65
<i>glycopyrrolate</i>	223	HEATHER	56	<i>hydrocodone-ibuprofen</i>	203
<i>glycopyrrolate (pf)</i>	223	HEMANGEOL	41	<i>hydrocortisone</i>	81, 82, 155, 160
GLYDO	158	HEMICLOR	45	<i>hydrocortisone acetate</i>	160
GLYXAMBI	94	HEMLIBRA	122	<i>hydrocortisone butyrate</i>	81
GOJJI LANCETS	169	HEMOFIL M HIGH	120	<i>hydrocortisone sod succinate</i>	155
GOMEKLI	178	HEMOFIL M LOW	120	<i>hydrocortisone valerate</i>	82
GONAL-F	106	HEMOFIL M MID	120	<i>hydrocortisone-acetic acid</i>	103
GONAL-F RFF REDI-JECT	106	HEMOFIL M SUPER HIGH	120	<i>hydrocortisone-iodoquinol</i>	70
GRAFIX CORE	200	<i>heparin (porcine)</i>	123	<i>hydrocortisone-iodoquinol-aloe</i>	70
GRAFIX PRIME	200	<i>heparin (porcine) in 0.9% nacl</i>	123	<i>hydrocortisone-pramoxine</i>	87, 159
GRAFIX XC	200	<i>heparin (porcine) in 5 % dex</i>	123	HYDROMET	65
<i>granisetron hcl</i>	6	HEPARIN		<i>hydromorphone</i>	204
GRASTEK	3	LOCKFLUSH(PORCINE)(PF)	123	<i>hydromorphone (pf)</i>	204
<i>griseofulvin microsize</i>	143	<i>heparin, porcine (pf)</i>	123	<i>hydromorphone (pf)-0.9 % nacl</i>	204
<i>griseofulvin ultramicrosize</i>	143	HEPLISAV-B (PF)	135	<i>hydroxychloroquine</i>	145
<i>guaiaicol</i>	84	HERNEXEOS	181	<i>hydroxypropyl cellulose</i>	201
GUAIFENESIN AC	65	HETLIOZ LQ	30	<i>hydroxyurea</i>	175
GUAIFENESIN DAC	64	HEXIOUNYL	74	<i>hydroxyzine hcl</i>	4
<i>guanfacine</i>	33, 40	HIBERIX (PF)	134	<i>hydroxyzine pamoate</i>	4
GUARDIAN 4 GLUCOSE		HISTEX-AC	64	HYFTOR	91
SENSOR	98	HIXDEFRIMA	74	HYMPAVZI PEN	122
GUARDIAN 4 TRANSMITTER	98	HIZENTRA	130	<i>hyoscyamine sulfate</i>	222
GUARDIAN LINK 3		HOMATROPAIRE	118	HYOSYNE	222
TRANSMITTER	98	HOME NEBULIZER PLUS		HYPER-SAL	197
GUARDIAN SENSOR 3	98	SIDESTREAM	13	HYPOCYN ANTIPRURITIC	86
GVOKE	100	HOVYN	91	HYQVIA	130
GVOKE HYOPEN 1-PACK	101	HUMALOG KWIKPEN INSULIN	101	HYRNUO	181
GVOKE HYOPEN 2-PACK	101	HUMALOG MIX 50-50 KWIKPEN .	101	<i>ibandronate</i>	108
GVOKE PFS 1-PACK SYRINGE ...	101	HUMALOG MIX 75-25(U-		IBRANCE	181
GVOKE PFS 2-PACK SYRINGE ...	101	100)INSULN	101	IBTROZI	181
GWYN LO	63	HUMALOG U-100 INSULIN	101	IBU	157

<i>ibuprofen</i>	157	INGREZZA SPRINKLE.....	191	IODOSORB.....	71
<i>icatibant</i>	154	INJECT EASE LANCETS.....	169	IOPIDINE.....	116
ICLEVIA.....	56	INLURIYO.....	187	IPOL.....	131
ICLUSIG.....	181	INLYTA.....	182	I-PORT.....	173
<i>icosapent ethyl</i>	50	INNOSPIRE DELUXE.....	13	I-PORT ADVANCE 6 MM INJEC	
ICOTYDE.....	89	INNOSPIRE ELEGANCE.....	13	PORT.....	173
IDARAN.....	70	INNOSPIRE ESSENCE.....	13	I-PORT ADVANCE 9 MM INJEC	
IDELVION.....	121	INNOSPIRE GO NEBULIZER.....	13	PORT.....	173
IDHIFA.....	186	INNOSPIRE MINI.....	13	<i>ipratropium bromide</i>	7, 192
IDVYNZO.....	193	INNOSPIRE REPLACEMENT		<i>ipratropium-albuterol</i>	8
IDYYXIATAR.....	68	FILTER.....	167	IQIRVO.....	164
IFE-BIMIX 30/1.....	106	INPEN (FOR HUMALOG) BLUE.....	99	<i>irbesartan</i>	40
IHEEZO (PF).....	114	INPEN (FOR HUMALOG) GREY.....	99	<i>irbesartan-hydrochlorothiazide</i>	39
ILET INFUSION KIT-FLEX 23".....	98	INPEN (FOR HUMALOG) PINK.....	99	ISENTRESS.....	150
ILET INFUSION KIT-INSET 23".....	98	INPEN (NOVOLOG OR FIASP)		ISENTRESS HD.....	150
ILET INFUSION KIT-INSET 32".....	99	BLUE.....	99	ISIBLOOM.....	56
ILET INFUSION-CONTACT DTCH		INPEN (NOVOLOG OR FIASP)		<i>isoflurane</i>	197
23".....	99	GREY.....	99	<i>isoniazid</i>	143
ILET INSULIN PUMP.....	99	INPEN (NOVOLOG OR FIASP)		<i>isopropyl alcohol</i>	200
ILET STARTER KIT CONTACT.....	99	PINK.....	99	<i>isosorbide dinitrate</i>	52
ILET STARTER KIT-INSET.....	99	INQOVI.....	176	<i>isosorbide mononitrate</i>	52
ILEVRO.....	113	INREBIC.....	182	<i>isosorbide-hydralazine</i>	45
ILEXOR.....	82	INSPIRACHAMBER.....	13	<i>isotretinoin</i>	66
<i>imatinib</i>	181	INSPIRACHAMBER WITH MASK-		<i>isradipine</i>	42
IMBRUVICA.....	181, 182	LARGE.....	13	ISTURISA.....	107
IMCIVREE.....	234	INSPIRACHAMBER WITH MASK-		ITHOXIA.....	71
IMIOXIA.....	74	MED.....	13	ITOVEBI.....	182
<i>imipramine hcl</i>	21	INSPIRACHAMBER WITH MASK-		<i>itraconazole</i>	142
<i>imipramine pamoate</i>	21	SMALL.....	13	<i>ivabradine</i>	51
<i>imiquimod</i>	136	INSPIRATION ELITE FILTER.....	167	IVENIX ADMIN SET 2INLET	
IMKELDI.....	182	INSUFLOX.....	173	2YSITE.....	173
IMPAVIDO.....	146	<i>insulin glargine-yfgn</i>	102	IVENIX ADMIN SET 2INLET Y-	
IMVEXXY MAINTENANCE PACK.....	229	<i>insulin lispro</i>	102	SITE.....	173
IMVEXXY STARTER PACK.....	229	<i>insulin lispro protamin-lispro</i>	102	IVENIX ADMIN SET SINGLE-	
INBRIJA.....	212	<i>insulin u-500 syringe-needle</i>	173	INLET.....	173
INCASSIA.....	56	INSYTE IV CATHETER.....	173	<i>ivermectin</i>	70, 145
INCONTROL SUPER THIN		INTELENCE.....	148	IWILFIN.....	182
LANCETS.....	169	INTERLINK LEVER LOCK		IXINITY.....	121
INCONTROL ULTRA THIN		CANNULA.....	173	JAIMIESS.....	57
LANCETS.....	169	INTROVALE.....	56	JAKAFI.....	178
INCRELEX.....	110	INVACARE LANCETS.....	169	JAKAFI XR.....	178
INCRUSE ELLIPTA.....	7	INVEGA HAFYERA.....	27	JANTOVEN.....	119
<i>indapamide</i>	45	INVEGA SUSTENNA.....	27	JARDIANCE.....	93
<i>indomethacin</i>	157	INVEGA TRINZA.....	27, 28	JASCAYD.....	10
INFANRIX (DTAP) (PF).....	134	INZDEAXIATAR.....	68	JASMIEL (28).....	57
INFASURF.....	202	INZDEAXIAVAR.....	68	JATENZO.....	126, 127
INGREZZA.....	190	INZDEOXIA.....	69	JAVADIN.....	40
INGREZZA INITIATION		INZIRQO.....	45	JAVYGTOR.....	174
PK(TARDIV).....	190	IODOFLEX.....	71	JAYPIRCA.....	182

JAYTHARI.....	155	KEVZARA.....	156	LAGEVRIO (EUA).....	147
JELMYTO.....	176	KIMONO LUBRICATED		LAMICTAL XR STARTER (BLUE).....	215
JENCYCLA.....	57	CONDOMS.....	195	LAMICTAL XR STARTER	
JINTELI.....	129	KIMONO MICROTHIN AQUA		(GREEN).....	215
JIVI.....	120	LUBE CON.....	195	LAMICTAL XR STARTER	
JOENJA.....	175	KIMONO MICROTHIN CONDOMS	195	(ORANGE).....	215
JOLESSA.....	57	KIMONO MICROTHIN LARGE		LAMIOFLUR.....	198
JORNAY PM.....	34	CONDOMS.....	195	<i>lamivudine</i>	149, 152
JOURNAVX.....	203	KIMONO TEXTURED CONDOMS	195	<i>lamivudine-zidovudine</i>	148
JOYEAX.....	57	KIMONO THIN LUBRICATED		<i>lamotrigine</i>	215
JULEBER.....	57	CONDOMS.....	195	LAMPIT.....	146
JULUCA.....	146	KINERET.....	153	<i>lancets</i>	169
JUNEL 1.5/30 (21).....	57	KINRIX (PF).....	134	LANCETS, THIN.....	169
JUNEL 1/20 (21).....	57	KIONEX.....	104	LANOXIN.....	38
JUNEL FE 1.5/30 (28).....	57	KISQALI.....	182	<i>lansoprazole</i>	224
JUNEL FE 1/20 (28).....	57	KLAYESTA.....	74	<i>lanthanum</i>	104
JUNEL FE 24.....	57	KLISYRI (250 MG).....	87	<i>lapatinib</i>	182
JUST RIGHT 5000.....	230	KLISYRI (350 MG).....	87	LARIN 1.5/30 (21).....	57
JUXTAPID.....	49	KLOR-CON M10.....	105	LARIN 1/20 (21).....	58
JYLAMVO.....	176	KLOR-CON M15.....	105	LARIN 24 FE.....	58
JYNARQUE.....	226	KLOR-CON M20.....	105	LARIN FE 1.5/30 (28).....	58
KAITLIB FE.....	57	KLOXXADO.....	31	LARIN FE 1/20 (28).....	58
KALLIGA.....	57	KOATE.....	120	<i>latanoprost</i>	116
KALYDECO.....	201	KOGENATE FS.....	120	LAZCLUZE.....	182
KANGAROO 924 SAFETY		KOMZIFTI.....	182	LC PLUS.....	13
SCREW.....	172	KORLYM.....	95	LC PLUS NEBULIZER-PED MASK.....	13
KANGAROO EPUMP SET.....	172	KOSELUGO.....	178	<i>leflunomide</i>	153
KANGAROO GRAVITY SET.....	172	KOVALTRY.....	120	<i>lenalidomide</i>	179
KAPSPARGO SPRINKLE.....	41	K-PHOS NO 2.....	226	LENVIMA.....	182
KARIVA (28).....	57	K-PHOS ORIGINAL.....	226	LEQEMBI IQLIK.....	17
KAZURI.....	136	KPN.....	230	LESSINA.....	58
KEFUNOVA.....	88	KRAZATI.....	178	<i>letrozole</i>	177
KELNOR 1/35 (28).....	57	KRINTAFEL.....	145	<i>leucovorin calcium</i>	186
KENALOG.....	155	KURVELO (28).....	57	LEUKERAN.....	175
KENALOG-80.....	155	KUVAN.....	175	LEUKINE.....	124
KENDALL DISINFECTANT CAP.....	173	KYGEVVI.....	197	<i>leuprolide</i>	107
KENGUARD FOLEY CATHETER.....	166	KYLEENA.....	63	<i>levalbuterol hcl</i>	7
KERAGEL.....	165	KYMBEE.....	155	<i>levalbuterol tartrate</i>	7
KERASTAT.....	84	KYNARA.....	136	<i>levamlodipine</i>	42
KERAXA.....	83	KYZATREX.....	127	<i>levetiracetam</i>	215
KERENDIA.....	43	L.E.T.(LIDO-EPINEPH BIT-		<i>levobunolol</i>	116
KERIDA.....	136	TETRA).....	88	<i>levocarnitine</i>	198
KERLIX AMD.....	165	L.E.T.(LIDO-RACEPINEPH-		<i>levocarnitine (with sugar)</i>	198
KESIMPTA PEN.....	188	TETRA).....	88	<i>levocetirizine</i>	4
<i>ketoconazole</i>	74, 142	<i>labetalol</i>	39	<i>levofloxacin</i>	115, 140
KETODAN KIT.....	74	<i>lacosamide</i>	215	LEVONEST (28).....	58
<i>ketoprofen</i>	158	<i>lactated ringers</i>	84	<i>levonorgest-eth.estradiol-iron</i>	58
<i>ketorolac</i>	113, 158	<i>lactulose</i>	162	<i>levonorgestrel</i>	58
KEVEYIS.....	219			<i>levonorgestrel-ethinyl estrad</i>	58

<i>levonorg-eth estrad triphasic</i>	58	LOJAIMIESS.....	58	MAGIC3 INTERMITTENT	
<i>levorphanol tartrate</i>	205	LOKELMA.....	104	CATHETER.....	166
<i>levothyroxine</i>	111	LOMAIRA.....	233	<i>malathion</i>	75
LEVULAN.....	187	<i>lomustine</i>	175	<i>maraviroc</i>	148
LIDO BDK.....	193	LONSURF.....	176	MAR-COF BP.....	64
<i>lidocaine</i>	88	<i>loperamide</i>	161	MAR-COF CG.....	65
<i>lidocaine hcl</i>	88, 158	<i>lopinavir-ritonavir</i>	149	MARLISSA (28).....	59
<i>lidocaine hcl-hydrocortison ac</i>	87, 159	LOPRESSOR.....	41	MARPLAN.....	18
<i>lidocaine-hydrocortisone-aloe</i>	159	<i>lorazepam</i>	24	MARVONA SUIK (PF).....	159
<i>lidocaine-prilocaine</i>	88	LORAZEPAM INTENSOL.....	24	MARVONA-25 SUIK (PF).....	159
LIDOCAN III.....	88	LORBRENA.....	183	MASONATAL PRENATAL.....	230
LIDOCAN IV.....	88	LORYNA (28).....	58	MATULANE.....	186
LIDOCAN V.....	88	<i>losartan</i>	40	MATZIM LA.....	42
LIDOPIN.....	88	<i>losartan-hydrochlorothiazide</i>	39	MAVENCLAD (10 TABLET PACK).....	188
LIDTOPIC.....	88	LOTEMAX.....	113	MAVENCLAD (4 TABLET PACK).....	188
LIDTOPIC MAX.....	88	LOTEMAX SM.....	113	MAVENCLAD (5 TABLET PACK).....	188
LIFYORLI.....	192	<i>loteprednol etabonate</i>	113, 114	MAVENCLAD (6 TABLET PACK).....	188
LIKMEZ.....	145	LOTREXONE.....	31	MAVENCLAD (7 TABLET PACK).....	188
LILETTA.....	63	LOUNZDOMDIOXIATAR.....	69	MAVENCLAD (8 TABLET PACK).....	188
<i>linezolid</i>	140	<i>lovastatin</i>	47, 48	MAVENCLAD (9 TABLET PACK).....	188
LINZESS.....	160	LOW-OGESTREL (28).....	58	MAVYRET.....	152
LIOMNY.....	111	<i>loxapine succinate</i>	26	MAXIDEX.....	114
<i>liothyronine</i>	111	LO-ZUMANDIMINE (28).....	58	MAXI-TUSS AC.....	65
<i>liraglutide</i>	92	<i>lubiprostone</i>	162	MAXI-TUSS CD.....	64
<i>liraglutide (weight loss)</i>	234	LUGOLS.....	71, 111	MAYZENT.....	188
<i>lisdexamfetamine</i>	23	LUIZZA.....	58	MAYZENT STARTER(FOR 1MG	
<i>lisinopril</i>	40	<i>luliconazole</i>	74	MAINT).....	188
<i>lisinopril-hydrochlorothiazide</i>	39	LUMAKRAS.....	178	MAYZENT STARTER(FOR 2MG	
LITE TOUCH-MEDIUM MASK.....	13	LUMIGAN.....	117	MAINT).....	189
LITEAIRE MDI CHAMBER.....	13	LUMRYZ.....	24	MB HYDROGEL.....	84
LITETOUCH-LARGE MASK.....	13	LUMRYZ STARTER PACK.....	24	MC 300 NEBULIZER W-	
LITETOUCH-SMALL MASK.....	13	LUPKYNIS.....	137	MOUTHPIECE.....	13
LITFULO.....	157	<i>lurasidone</i>	28	MC 300 NEBULIZER-UNVRSL	
<i>lithium carbonate</i>	24	LURBIRO.....	158	TUBING.....	13
<i>lithium citrate</i>	24	LUTERA (28).....	58	<i>meclizine</i>	6
LITHOSTAT.....	160	LYBALVI.....	28	<i>meclofenamate</i>	158
LIVDELZI.....	164	LYLEQ.....	59	MEDLANCE PLUS LANCETS.....	169
LIVMARLI.....	161	LYLLANA.....	129	MEDLANCE PLUS SPECIAL	
LIVTENCITY.....	147	LYNPARZA.....	183	BLADE.....	169
L-MESITRAN SOFT.....	90	LYSODREN.....	186	MEDROL.....	155
LO LOESTRIN FE.....	58	LYTGOBI.....	183	MEDROLOAN II SUIK.....	156
LOARGYS.....	198	LYUMJEV KWIKPEN U-100		MEDROLOAN SUIK.....	156
<i>lofexidine</i>	211	INSULIN.....	102	<i>medroxyprogesterone</i>	53, 129
LOFRIC.....	166	LYUMJEV KWIKPEN U-200		MEDTRONIC EXT INFUSION SET	
LOFRIC ORIGO.....	166	INSULIN.....	102	23".....	99
LOFRIC PRIMO NELATON		LYUMJEV U-100 INSULIN.....	102	MEDTRONIC EXT INFUSION SET	
CATHETER.....	166	LYZA.....	59	32".....	99
LOFRIC SENSE NELATON		<i>macitentan</i>	43	MEDTRONIC EXT INFUSION SET	
CATHETER.....	166	MAD NASAL ATOMIZER.....	172	43".....	99

<i>mefenamic acid</i>	158	<i>metolazone</i>	45	MINIMED SILHOUETTE 32"	99
<i>mefloquine</i>	145	<i>metoprolol succinate</i>	41	MINIMED SILHOUETTE 43"	99
<i>megestrol</i>	187, 193	<i>metoprolol ta-hydrochlorothiaz</i>	42	MINIMED SURE T 18"	99
MEKINIST	178, 179	<i>metoprolol tartrate</i>	41	MINIMED SURE T 23"	99
MEKTOVI	179	<i>metronidazole</i>	70, 145, 228	MINIMED SURE T 32"	99
MELEYA	59	<i>metirosine</i>	40	<i>minocycline</i>	142
<i>meloxicam</i>	158	<i>mexiletine</i>	38	<i>minoxidil</i>	41
MELZARA	69	MIBELAS 24 FE	59	MINZOYA	59
<i>memantine</i>	16	<i>miconazole nitrate-zinc ox-pet</i>	74	MIPLYFFA	190
<i>memantine-donepezil</i>	17	MICONAZOLE-3	228	<i>mirabegron</i>	226
MENOPUR	106	MICRO THIN LANCETS	169	MIRCERA	122
MENOSTAR	129	MICROAIR MESH NEBULIZER	13	MIRENA	64
MENQUADFI (PF)	131	MICROCHAMBER	13	MIRO3D	200
MENVEO A-C-Y-W-135-DIP (PF)	131	MICROGESTIN 1.5/30 (21)	59	MIRO3D FIBERS	200
<i>meperidine</i>	205	MICROGESTIN 1/20 (21)	59	MIRODERM FENESTRATED	200
<i>meperidine (pf)</i>	205	MICROGESTIN FE 1.5/30 (28)	59	MIRODERM FENESTRATED PLUS	200
<i>meprobamate</i>	24	MICROGESTIN FE 1/20 (28)	59	MIRODRY WOUND MATRIX	200
<i>mercaptopurine</i>	176	MICROLET LANCET	169	MIROTRACT	200
<i>mesalamine</i>	159	MICROLET NEXT LANCET	169	<i>mirtazapine</i>	18
<i>mesalamine with cleansing wipe</i>	159	<i>microplegic solution no.1</i>	194	<i>misoprostol</i>	223
<i>mesna</i>	186	MICROSPACER	14	<i>mitomycin (pf) in water</i>	118
<i>metaxalone</i>	219	<i>midazolam</i>	31, 197, 213	MITOSOL	118
METDRAY	85	<i>midazolam (pf)</i>	197	MIUDELLA	64
<i>metformin</i>	94	<i>midodrine</i>	51	M-M-R II (PF)	134
<i>methadone</i>	205	MIEBO (PF)	119	M-NATAL PLUS	230
METHADONE INTENSOL	205	MIFEPREX	192	MNEXSPIKE 2026-2027 (PF)	130
METHADOSE	205	<i>mifepristone</i>	95, 192	MOBI BLOOD GLUCOSE TWIST LANCET	169
<i>methamphetamine</i>	23	<i>miglitol</i>	94	MOBILE LANCETS	169
<i>methazolamide</i>	116	<i>miglustat</i>	196	<i>modafinil</i>	30
<i>methenamine hippurate</i>	139	MILI	59	MODEYSO	192
<i>methenamine mandelate</i>	139	<i>milnacipran</i>	190	<i>moexipril</i>	40
<i>methen-sod phos-meth blue-hyos</i>	139	MILOPHENE	106	<i>molindone</i>	29, 30
<i>methimazole</i>	111	MIMVEY	129	<i>mometasone</i>	5, 82
METHITEST	127	MINI PLUS NEBULIZER	14	MONDOXYNE NL	142
<i>methocarbamol</i>	219	MINI PRENATAL	230	MONO-FLO DRAINAGE BAG	166
<i>methotrexate sodium</i>	176	MINI WRIGHT PEAK FLOW METER	14	MONOJECT LUER ADAPTER	173
<i>methotrexate sodium (pf)</i>	176	MINIMED 780G INSULIN PUMP	99	MONOLET LANCETS	169
<i>methoxsalen</i>	89	MINIMED FLEX	99	MONOLET THIN LANCETS	170
<i>methscopolamine</i>	222	MINIMED MIO ADVANCE INF SET23"	99	MONO-LINYAH	59
<i>methsuximide</i>	215	MINIMED MIO ADVANCE INF SET43"	99	MONSEL'S	126
<i>methyl salicylate</i>	85	MINIMED QUICK SET 18"	99	<i>montelukast</i>	9
<i>methyl dopa</i>	40	MINIMED QUICK SET 23"	99	<i>morphine</i>	205, 206
<i>methylene blue (bulk-solid)</i>	194	MINIMED QUICK SET 32"	99	<i>morphine (pf)</i>	205
<i>methylergonovine</i>	64	MINIMED QUICK SET 43"	99	<i>morphine concentrate</i>	205
<i>methylphenidate</i>	35	MINIMED SILHOUETTE 18"	99	<i>morphine in 0.9 % sodium chlor</i>	205
<i>methylphenidate hcl</i>	34, 35	MINIMED SILHOUETTE 23"	99	MOUNJARO	94
<i>methylprednisolone</i>	156			MOVANTIK	164
<i>methyltestosterone</i>	127				
<i>metoclopramide hcl</i>	223, 224				

MOXATAG	140	nebulizer and compressor	14	nitrofurantoin macrocrystal	140
moxifloxacin	115, 140	NEBUSAL	197	nitrofurantoin monohyd/m-cryst	140
moxifloxacin-bromfenac	197	NECON 0.5/35 (28)	59	nitroglycerin	52, 160
MRESVIA (PF)	135	nefazodone	19	NITROMIST	52
MULPLETA	125	NEFFY	174	NITRO-TIME	52
MULTAQ	38	NEMLUVIO	76	NITYR	196
mupirocin	72	NENDRUX	85	NIVESTYM	124
mupirocin calcium	72	neomycin	143	nizatidine	223
MURI-LUBE	200	neomycin-bacitracin-poly-hc	112	NOBELA	88
MUSCUSOLICE	90	neomycin-bacitracin-polymyxin	115	NOC DURNA (MEN)	107
MY CHOICE	59	neomycin-polymyxin b gu	84	NOC DURNA (WOMEN)	107
MY WAY	59	neomycin-polymyxin b-dexameth ..	112	NOLIRA	88
MYALEPT	110	neomycin-polymyxin-gramicidin	115	NORA-BE	60
MYCAPSSA	200	neomycin-polymyxin-hc	103, 112	NORDITROPIN FLEXPEN	109
mycophenolate mofetil	137	NEORAL	137	norelgestromin-ethin.estradiol	63
mycophenolate sodium	137	NERLYNX	183	noreth-ethinyl estradiol-iron	60
MYDCOMBI	118	NEUAC	69	norethindrone (contraceptive)	60
MYFEMBREE	110	NEUAC KIT	69	norethindrone acetate	129
MYGLUCOHEALTH LANCETS	170	NEUPRO	212	norethindrone ac-eth estradiol	60, 129
MYHIBBIN	137	NEURAPTINE	90	norethindrone-e.estradiol-iron	60
MYLERAN	175	nevirapine	148	norgestimate-ethinyl estradiol	60
MYNATAL	230	NEW DAY	59	NORLIQVA	42
MYNATAL ADVANCE	230	NEW DAY SKIN SPRAY	84	NORMAL SALINE FLUSH	105
MYNATAL PLUS	231	NEXIVA	173	NORMLGEL AG	71
MYNATAL-Z	231	NEXLETOL	46	NORTREL 0.5/35 (28)	60
MYNATE 90 PLUS	231	NEXLIZET	50	NORTREL 1/35 (21)	60
MYRBETRIQ	226	NEXOBRID	89	NORTREL 1/35 (28)	60
MYTESI	161	NEXPLANON	52	NORTREL 7/7/7 (28)	60
nabumetone	158	NEXTSTELLIS	59	nortriptyline	22
nadolol	41	niacin	50	NORVIR	150
naftifine	74	NIACOR	50	NOSE CLIP	167
nalbuphine	206	nicardipine	42	NOVA SAFETY LANCETS	170
naloxone	31	nicotine	220	NOVA SUREFLEX LANCETS	170
NALTREX	31	nicotine (polacrilex)	220	NOVAREL	107
naltrexone	31	NICOTROL NS	220	NOVOEIGHT	120
NAMENDA XR	17	nifedipine	42	NOVOLIN 70/30 U-100 INSULIN	102
NAMZARIC	17	NIKKI (28)	59	NOVOLIN 70-30 FLEXPEN U-100	102
NANO 2ND GEN PEN NEEDLE	199	nilotinib hcl	183	NOVOLIN N FLEXPEN	102
NANO PEN NEEDLE	199	nilutamide	176	NOVOLIN N NPH U-100 INSULIN	102
NANRAN	72	nimodipine	42	NOVOLIN R FLEXPEN	102
naproxen	158	NINJACOF-XG	65	NOVOLIN R REGULAR U100	102
naproxen sodium	158	NINLARO	183	INSULIN	102
naratriptan	209	nintedanib	202	NOVOLOG FLEXPEN U-100	102
NATACYN	115	nisoldipine	42	INSULIN	102
NATAZIA	59	nitazoxanide	145	NOVOLOG MIX 70-30 U-100	102
nateglinide	94	nitisinone	196	INSULN	102
NATURAL CYCLES DIGITAL APP	196	NITRO-BID	52	NOVOLOG MIX 70-30FLEXPEN	102
NAYZILAM	213	NITRO-DUR	52	U-100	102
nebivolol	41	nitrofurantoin	140		

NOVOLOG PENFILL U-100		OJJAARA.....	183	ONZDEAXIADEMVAR.....	69
INSULIN.....	102	<i>olanzapine</i>	28	ONZDEAXIATAR.....	69
NOVOLOG U-100 INSULIN		<i>olanzapine-fluoxetine</i>	33	ONZDEAXIAVAR.....	69
ASPART.....	102	<i>olmesartan</i>	40	ONZDEAXIAZAR.....	69
NOVOPEN ECHO.....	99	<i>olmesartan-amlodipin-hcthiacid</i>	39	ONZDEOXIA.....	69
NOVOSEVEN RT.....	120	<i>olmesartan-hydrochlorothiazide</i>	39	OPCICON ONE-STEP.....	60
NOXAFIL.....	142	<i>olopatadine</i>	5, 112	OPFOLDA.....	197
NUBEQA.....	176	OLPRUVA.....	160	OPILL.....	60
NUCALA.....	10	OLUMIANT.....	157	OPIPZA.....	26
NUCORT.....	82	OMBRA COMPRESSOR SYSTEM.....	14	<i>opium tincture</i>	161
NUCYNTA ER.....	206	OMECLAMOX-PAK.....	223	OPSYNVI.....	45
NUJO.....	91	<i>omega-3 acid ethyl esters</i>	50	OPTICHAMBER ADULT MASK- LARGE.....	14
NUJU.....	91	<i>omeprazole</i>	224	OPTICHAMBER DIAMOND LG MASK.....	14
NULIBRY.....	190	<i>omeprazole-sodium bicarbonate</i> ...	224	OPTICHAMBER DIAMOND VHC....	14
NUMBONEX.....	88	OMLYCLO.....	10	OPTICHAMBER DIAMOND-MED	
NUMBRINO.....	192	OMNIPOD 5 (LIBRE 2/3 PLUS).....	99	MSK.....	14
NUMOISYN.....	199	OMNIPOD 5 G6-G7 INTRO		OPTICHAMBER DIAMOND-SML	
NUPLAZID.....	33	KT(GEN5).....	99	MASK.....	14
NURTEC ODT.....	209	OMNIPOD 5 G6-G7 PODS (GEN 5).....	99	OPTION-2.....	60
NUVAXOVID 2026-2027 (PF).....	130	OMNIPOD 5 INTRO		OPVEE.....	31
NUVESSA.....	228	(LIBRE2/3PLUS).....	99	OPZELURA.....	83
NUWIQ.....	120	OMNIPOD DASH INTRO KIT		ORACIT.....	226
NUZYRA.....	142	(GEN 4).....	100	ORALAIR.....	3
NYAMYC.....	74	OMNIPOD DASH PDM KIT (GEN 4).....	100	ORALONE.....	192
NYLIA 1/35 (28).....	60	OMNIPOD DASH PODS (GEN 4).....	100	ORAMAGICRX.....	199
NYLIA 7/7/7 (28).....	60	OMNITROPE.....	109	ORAVIG.....	142
NYMALIZE.....	42	OMVOH.....	90	ORENCIA.....	154
NYNUTEY.....	88	OMVOH PEN.....	90	ORENCIA CLICKJECT.....	154
<i>nystatin</i>	74, 143	ON CALL LANCET.....	170	ORENITRAM.....	44
<i>nystatin-triamcinolone</i>	74	ONAPGO.....	212	ORENITRAM MONTH 1	
NYSTOP.....	74	<i>ondansetron</i>	6	TITRATION KT.....	44
OASIS WOUND MATRIX		<i>ondansetron hcl</i>	6	ORENITRAM MONTH 2	
FENESTRATED.....	165	ONE-A-DAY PRENATAL.....	233	TITRATION KT.....	44
OASIS WOUND MATRIX		ONE-A-DAY PRENATAL		ORENITRAM MONTH 3	
MESHED.....	165	ADVANCED.....	231	TITRATION KT.....	44
OBIZUR.....	120	ONE-A-DAY PRENATAL-1.....	231	ORFADIN.....	196
OBSTETRIX DHA.....	231	ONETOUCH DELICA PLUS		ORGOVYX.....	179
OBSTETRIX DHA PRENATAL		LANCET.....	170	ORIAHNN.....	110
DUO.....	231	ONETOUCH DELICA SAFETY		ORILISSA.....	110
OBSTETRIX EC.....	231	LANCET.....	170	ORKAMBI.....	201
OCM.....	90	ONETOUCH ULTRASOFT 2		ORLADEYO.....	158
<i>octreotide acetate</i>	200	LANCET.....	170	<i>orlistat</i>	234
ODACTRA.....	3	ONGENTYS.....	212	ORLYNVAH.....	138
ODEFSEY.....	150	ON-THE-GO LANCETS.....	170	ORMALVI.....	219
ODOMZO.....	177	ONUREG.....	177	<i>orphenadrine citrate</i>	219
<i>ofloxacin</i>	103, 115, 140	ONYDA XR.....	33	ORQUIDEA.....	60
OGSIVEO.....	183	ONZDEAXIADEMTAR.....	69	ORSERDU.....	187
OHTUVAYRE.....	10				
OJEMDA.....	177				

OSCIMIN.....	222	PALFORZIA LEVEL 11		<i>pentazocine-naloxone</i>	206
OSCIMIN SL.....	222	MAINTENANCE.....	3	<i>pentoxifylline</i>	122
<i>oseltamivir</i>	147	<i>paliperidone</i>	28	<i>perampanel</i>	215, 216
OSENVET.....	108	PALSONIFY.....	200	PERCOCET.....	210
OTEZLA.....	153	PALYNZIQ.....	174	PERFECT POINT SAFETY	
OTEZLA STARTER.....	153	PANDEL.....	82	LANCETS.....	170
OTEZLA XR.....	153	PANRETIN.....	87	<i>perindopril erbumine</i>	40
OTEZLA XR INITIATION.....	153	<i>pantoprazole</i>	224	PERIO MED.....	230
OVIDREL.....	107	<i>papaverine</i>	52	PERIOGARD.....	192
<i>oxaprozin</i>	158	PARADIGM RESERVOIR.....	173	<i>permethrin</i>	75
<i>oxazepam</i>	24	PARAGARD T 380A.....	64	<i>perphenazine</i>	30
<i>oxcarbazepine</i>	215	PARAGARD T380A (SINGLE		<i>perphenazine-amitriptyline</i>	21
OXERVATE.....	116	HAND).....	64	PERSERIS.....	28
OXIAICE.....	75	PARI BABY CONV KIT - SIZE 1 ...	167	PETROLEUM GAUZE.....	165
OXIANUJO.....	91	PARI BABY CONV KIT - SIZE 2 ...	167	PFLEX INSPIRATORY TRAINER...	14
OXIANUJO (WITH		PARI BABY CONV KIT - SIZE 3 ...	167	PHARMABASE BARRIER.....	86
HYALURONATE).....	91	PARI LC SPRINT NEBULIZER		PHASEAL ASSEMBLY FIXTURE.	173
OXIATAR.....	69	SET.....	14	PHASEAL CONNECTOR LUER	
OXIAVARRY.....	69	PARI LC SPRINT SINUS.....	14	LOCK.....	173
OXIAVARY.....	69	PARI TREK S COMBO PACK.....	14	PHASEAL INFUSION ADAPTER..	173
OXIAZAR.....	69	PARI TREK S COMPACT		PHASEAL INFUSION CLAMP.....	173
<i>oxiconazole</i>	74	COMPRESSOR.....	14	PHASEAL INJECTOR LUER.....	173
OXISTAT.....	74	PARI TREK S PORTABLE PWR		PHASEAL INJECTOR LUER	
<i>oxybutynin chloride</i>	227	KIT.....	167	LOCK.....	173
<i>oxycodone</i>	206	<i>paricalcitol</i>	109	PHASEAL SECONDARY SET.....	173
<i>oxycodone-acetaminophen</i>	210	<i>paroxetine hcl</i>	19	PHASEAL Y-SITE.....	173
<i>oxymorphone</i>	206	<i>paroxetine mesylate(menop.sym)</i> ..	129	PHEBURANE.....	161
OXYTROL.....	227	PAXLOVID.....	146	PHEDRAX.....	75
OZEMPIC.....	92, 93	<i>pazopanib</i>	183	<i>phenazopyridine</i>	226
P2I PRENATAL WITH CHOLINE ..	233	PCCA ACCUPEN-15.....	172	<i>phendimetrazine tartrate</i>	233
PACERONE.....	38	PEDIARIX (PF).....	136	<i>phenelzine</i>	18
PACNEX HP.....	85	PEDIATRIC BEAR NEBULIZER.....	14	<i>phenobarbital</i>	30
PACNEX LP.....	85	PEDIATRIC COMP-AIR		<i>phenoxybenzamine</i>	39
PALFORZIA (LEVEL 0).....	3	COMPRES NEB.....	14	<i>phentermine</i>	233
PALFORZIA (LEVEL 1).....	3	PEDVAX HIB (PF).....	134	<i>phentermine-topiramate</i>	233
PALFORZIA (LEVEL 2).....	3	<i>peg 3350-electrolytes</i>	162	<i>phenylephrine hcl</i>	115
PALFORZIA (LEVEL 3).....	3	<i>peg3350-sod sul-nacl-kcl-asb-c</i>	163	<i>phenyleph-tropicamide in water</i>	118
PALFORZIA (LEVEL 4).....	3	PEGASYS.....	152	PHENYTEK.....	216
PALFORZIA (LEVEL 5).....	3	<i>peg-electrolyte soln</i>	163	<i>phenytoin</i>	216
PALFORZIA (LEVEL 6).....	3	PELLIX.....	90	<i>phenytoin sodium extended</i>	216
PALFORZIA (LEVEL 7).....	3	PEMAZYRE.....	183	PHEODOYO.....	73
PALFORZIA (LEVEL 8).....	3	PENBRAYA (PF).....	131	PHEOXIA.....	75
PALFORZIA (LEVEL 9).....	3	<i>penicillamine</i>	152	PHEXX.....	53
PALFORZIA (LEVEL 10).....	3	<i>penicillin v potassium</i>	140	PHEYO.....	73
PALFORZIA (LEVEL 11 UP-		PENMENVY MEN A-B-C-W-Y (PF)		PHILITH.....	61
DOSE).....	3		131	PHOS-FLUR.....	230
PALFORZIA INITIAL (1-3 YRS).....	3	PENTACEL (PF).....	134	PHOSPHOLINE IODIDE.....	117
PALFORZIA INITIAL (4-17 YRS).....	3	<i>pentamidine</i>	146	PHOXILLUM BK.....	196
		PENTASA.....	159	PHYSIOLYTE.....	84

PHYSIOSOL IRRIGATION	84	<i>prasugrel hcl</i>	124	PRENATAL VITAMIN	232
<i>phytonadione (vitamin k1)</i>	126	<i>pravastatin</i>	48	PRENATAL VITAMIN PLUS LOW	
PILLOW MASK CHILD	167	<i>praziquantel</i>	145	IRON	232
<i>pilocarpine hcl</i>	117, 174	<i>prazosin</i>	39	PRENATAL VITAMIN WITH	
<i>pimecrolimus</i>	91	PRECISION XTRA TEST	96	MINERALS	232
<i>pimozide</i>	24	PRED-G S.O.P.	112	<i>prenatal vit-iron fum-folic ac</i>	232
PIMTREA (28)	61	<i>prednicarbate</i>	82	PRENATAL WITH DHA-FOLIC	
<i>pindolol</i>	41	<i>prednisoln sp-moxiflox-bromfen</i>	111	ACID	232
<i>pioglitazone</i>	94	<i>prednisolone</i>	156	PREPIDIL	64
<i>pioglitazone-glimepiride</i>	95	<i>prednisolone acetate</i>	114	PRESSURE ACTIVATED	
<i>pioglitazone-metformin</i>	96	<i>prednisolone sod ph-bromfenac</i>	114	LANCETS	170
PIP LANCET	170	<i>prednisolone sodium phosphate</i>		<i>pretomanid</i>	144
PIQRAY	183	 114, 156		PREVALITE	50
<i>pirfenidone</i>	201	<i>prednisolon-moxiflox-ketorolac</i>	112	PREVNAR 20 (PF)	132
<i>piroxicam</i>	158	<i>prednisone</i>	156	PREVYMIS	147
<i>pitavastatin calcium</i>	48	PREDNISONONE INTENSOL	156	PREZISTA	147
PIVYA	140	<i>pregabalin</i>	191, 216	PRIFTIN	144
PLANTAGO-HOMACCORD	198	PREGNYL	107	<i>primaquine</i>	145
PLEGRIDY	189	PREMARIN	229	PRIMEAIRE	14
PLENURA	92	PREMPHASE	129	<i>primidone</i>	216
PLENVU	163	PREMPRO	129	PRIMSOL	139
PLEXION NS	84	PRENATA	231	PRIORIX (PF)	134
PNEUMOVAX-23	132	PRENATABS FA	231	PRO COMFORT LANCET	170
<i>pnv no.95-ferrous fumarate-fa</i>	231	PRENATABS RX	231	PRO COMFORT SAFETY	
PNV-DHA + DOCUSATE	231	PRENATAL	231, 233	LANCET	170
PNV-SELECT	231	PRENATAL + DHA	231	PRO COMFORT TENS	
POCKET CHAMBER	14	PRENATAL 19	231	ELECTRODE	167
PODOCON	85	PRENATAL 19 (WITH		PRO COMFORT TENS UNIT	167
<i>podofilox</i>	85	DOCUSATE)	231	<i>probenecid</i>	119
<i>polymyxin b sulf-trimethoprim</i>	115	PRENATAL COMPLETE	231	<i>probenecid-colchicine</i>	119
POLY-TUSSIN AC	64	PRENATAL ESSENTIALS	231	PROCARE COMPRESSOR	
<i>pomalidomide</i>	179	PRENATAL FORMULA	231	NEBULIZER	14
POPULUS COMPOSITUM	198	PRENATAL FORMULA-DHA	231	PROCARE PEDIATRIC	
PORTIA 28	61	PRENATAL GUMMIES	233	NEBULIZER	14
<i>posaconazole</i>	142	PRENATAL MULTI	231	PROCARE SPACER WITH ADULT	
<i>potassium chloride</i>	105	PRENATAL MULTI-DHA (ALGAL		MASK	14
<i>potassium citrate</i>	226	OIL)	231	PROCARE SPACER WITH CHILD	
<i>potassium iodide</i>	111	PRENATAL MULTI-DHA(WITH VIT		MASK	14
<i>povidone-iodine</i>	84	K)	231	PRO-CEPTION	167
PR BENZOYL PEROXIDE	85	PRENATAL MULTIVITAMINS	231	PROCHAMBER	15
PR CREAM	86	PRENATAL ONE DAILY	231	<i>prochlorperazine</i>	6
PR NATAL 400	231	PRENATAL PLUS	232	<i>prochlorperazine maleate</i>	6
PR NATAL 400 EC	231	PRENATAL PLUS (CALCIUM		PROCORT	159
PR NATAL 430	231	CARB)	232	PROCTOFOAM HC	159
PR NATAL 430 EC	231	PRENATAL PLUS DHA	232	PROCTO-MED HC	82
PRAKETAMIDE	88	PRENATAL PLUS VITAMIN-		PROCTOSOL HC	82
<i>pralidoxime</i>	194	MINERAL	232	PROCTOZONE-HC	82
<i>pramipexole</i>	212	PRENATAL TABLET	232	PROCYSBI	225
PRAMOSONE	87	<i>prenatal vit no.179-iron-folic</i>	232	PRODIGY LANCETS	170

PRODIGY MINI-MIST NEBULIZER	15	QBRELIS	40	REBIF TITRATION PACK	189
PRODIGY TWIST TOP LANCET	170	QBREXZA	175	REBINYN	121
PROFILNINE	121	Q-CARE RX Q2	192	REBYOTA	139
<i>progesterone</i>	129	Q-CARE RX Q4	192	RECEDO	86
<i>progesterone micronized</i>	107, 130	QELBREE	37	RECLIPSEN (28)	61
PROGRAF	137	QFITLIA	122	RECOMBINATE	120
PROLASTIN-C	175	QFITLIA PEN	122	RECOMBIVAX HB (PF)	136
<i>promethazine</i>	4, 6	QINLOCK	183	RECORLEV	107
<i>promethazine-codeine</i>	64	QLOSI	117	RECOTHROM	126
<i>promethazine-dm</i>	65	QNASL	5	RECOTHROM SPRAY KIT	126
<i>promethazine-phenylephrine</i>	64	QUADRACEL (PF)	134	REDEMPLO	45
PROMETHEGAN	6	QUAKE VIBRATORY PEP	15	REGENECARE	88
PRONAL	85	<i>quazepam</i>	31	RELAGARD	228
PRONEB MAX COMPRESSOR-		<i>quetiapine</i>	28	RELENZA DISKHALER	147
LC PLUS	15	QUIDROXZAR	137	RELGAABI	216
PRONEB MAX COMPRESSR-LC		QUIHOXAXIA	137	RELIAMED LANCET	170
SPRINT	15	QUIHOXVAR	137	RELIAMED SAFETY SEAL	
PRONEB ULTRA II FILTER		QUILLICHEW ER	35	LANCETS	170
ASSEM	167	QUILLIVANT XR	36	RELISTOR	164
<i>propafenone</i>	38	<i>quinapril</i>	40	RELIZORB	172
<i>proparacaine</i>	114	<i>quinapril-hydrochlorothiazide</i>	39	REMODULIN	44
<i>propranolol</i>	41	<i>quinidine gluconate</i>	38	REMYDA	70
<i>propylthiouracil</i>	111	<i>quinidine sulfate</i>	38	RENACIDIN	226
PROQUAD (PF)	134	<i>quinine sulfate</i>	145	RENEEL	198
<i>protriptyline</i>	22	QUIT 2	220, 221	RENOVAR	86
PROVATE PELVIC ORGAN		QUIT 4	221	RENSOTI	70
SUPPORT	172	QULIPTA	209	<i>repaglinide</i>	94
PROVENT	15	QUVIVIQ	32	REPATHA PUSHTRONEX	49
PROVENT STARTER	15	QVAR REDHALER	9	REPATHA SURECLICK	50
PROVIDA OB	232	<i>rabeprazole</i>	225	REPATHA SYRINGE	50
<i>prucalopride</i>	224	RADIAGEL	199	RESPA-AR	64
PSORINOHEEL	198	RADICAVA ORS	189	RESTASIS	115
PULMO-AIDE COMPRESSOR	15	RADICAVA ORS STARTER KIT		RESTIMO	70
PULMONEB LT COMPRESSOR		SUSP	190	RESTORE	165
NEBUL	15	RADIOGARDASE	199	RESTORE CALCIUM ALGINATE	165
PULMOZYME	202	RAGWITEK	3	RETACRIT	122
PURAZIL	90	RALDESY	20	RETEVMO	183
PURE COMFORT LANCETS	170	<i>raloxifene</i>	108	REUSABLE NEBULIZER KIT	167
PURE COMFORT SAFETY		<i>ramelteon</i>	30	REVCovi	198
LANCETS	170	<i>ramipril</i>	40	REVUFORJ	183, 184
PUREAIR MINI NEBULIZER	15	<i>ranolazine</i>	51	REXULTI	26
PUREVITA FOLIC ACID	230	RAPPORT VACUUM THERAPY	200	REYATAZ	150
PUSH BUTTON SAFETY		<i>rasagiline</i>	212	REYVOW	209
LANCETS	170	RASONQUE	178	REZDIFFRA	175
PYQUVI	156	RASUVO (PF)	152, 153	REZLIDHIA	186
<i>pyrazinamide</i>	143	RAVICTI	161	REZUROCK	137
<i>pyridostigmine bromide</i>	17	RAYALDEE	109	REZVOGLAR KWIKPEN	102
<i>pyrimethamine</i>	145	REBIF (WITH ALBUMIN)	189	RHOPRESSA	117
PYRUKYND	125	REBIF REBIDOSE	189	<i>ribavirin</i>	147, 152

RIDAURA.....	156	RYKINDO.....	28	SIDESTREAM PLUS.....	15
<i>rifabutin</i>	143	RYLAZE.....	186	SIGNIFOR.....	200
<i>rifampin</i>	144	RYPLAZIM.....	124	SIKLOS.....	125
<i>rifapentine</i>	144	SABAL-HOMACCORD.....	198	SILASTIC FOLEY CATHETER.....	166
RIGHTEST GL300 LANCETS.....	170	<i>sacubitril-valsartan</i>	51	<i>sildenafil</i>	106
<i>rilpivirine hcl</i>	149	SAFETY LANCETS.....	170	<i>sildenafil (pulm.hypertension)</i>	43
<i>riluzole</i>	190	SAFETY SEAL LANCETS.....	170	SILICONE MASK.....	168
<i>ringer's</i>	84	SAFETY-LET LANCETS.....	170	SILICONE MASK - INFANT.....	15
RINVOQ.....	157	SAJAZIR.....	154	SILIGENTLE AG.....	165
RINVOQ LQ.....	157	<i>salicylic acid</i>	85	<i>silodosin</i>	225
<i>risedronate</i>	108, 109	SALIMEZ FORTE.....	85	<i>silver nitrate</i>	71, 86
<i>risperidone</i>	28	<i>salsalate</i>	203	<i>silver nitrate applicators</i>	86
<i>risperidone microspheres</i>	28	SAMI THE SEAL.....	15	<i>silver sulfadiazine</i>	75
RITEFLO AEROCHAMBER.....	15	SAMI THE SEAL MASK.....	167	SIMBRINZA.....	117
<i>ritonavir</i>	150	SANCUSO.....	6	SIMILAC PRENATAL.....	232
<i>rivaroxaban</i>	121	SANDIMMUNE.....	137	SIMLIYA (28).....	61
<i>rivastigmine</i>	17	SANTYL.....	89	SIMPESSE.....	61
<i>rivastigmine tartrate</i>	17	SAPHNELO.....	137	SIMPLERA SENSOR.....	100
RIVELSA.....	61	SAPHNELO PEN.....	137	SIMPLERA SYNC SENSOR.....	100
RIVFLOZA.....	226	<i>sapropterin</i>	175	SIMPONI.....	153
RIXUBIS.....	121	SAROXIA.....	69	<i>simvastatin</i>	49
<i>rizatriptan</i>	209	SCALACORT DK.....	82	SINGLE-LET.....	170
ROAOXIA.....	83	SCEMBLIX.....	184	SINUSTAR NEBULIZER.....	15
ROBINSON CLEAR VINYL CATHETER.....	166	SCLEROSOL INTRAPLEURAL.....	187	SIOXD.....	165
ROCELIX.....	70	<i>scopolamine base</i>	6	SIOXD OR.....	166
ROCKLATAN.....	117	SECUADO.....	28	<i>sirolimus</i>	137
<i>roflumilast</i>	10	<i>selegiline hcl</i>	212	SIRTURO.....	144
ROMVIMZA.....	184	<i>selenium sulfide</i>	84	SIRVANA.....	69
<i>ropinirole</i>	212	SELF-CATHETER, FEMALE.....	166	<i>sitagliptin phos-metformin</i>	92
ROSDAN.....	70	SELZENTRY.....	148	<i>sitagliptin phosphate</i>	94
ROSITARA.....	70	SE-NATAL 19.....	232	SIVEXTRO.....	140
<i>rosuvastatin</i>	49	SE-NATAL 19 CHEWABLE.....	232	SIVORA.....	90
ROSYRAH.....	61	SENSILANCE.....	170	SKYCLARYS.....	191
ROSZET.....	45	SEPHIENCE.....	175	SKYLA.....	64
ROTARIX.....	131	SEREVENT DISKUS.....	7	SKYRIZI.....	89, 90
ROTATEQ VACCINE.....	131	SERNIVO.....	83	SKYTROFA.....	109
ROVIS.....	70	<i>sertraline</i>	19	SLYND.....	61
ROXYBOND.....	206	SETLAKIN.....	61	SMARTEST LANCET.....	170
ROZLYTREK.....	184	<i>sevelamer carbonate</i>	104	SMARTNEB COMPRESSOR NEBULIZER.....	15
RUBBER MOUTHPIECE.....	167	<i>sevelamer hcl</i>	104	<i>sodium chlor 0.9% bacteriostat</i>	105
RUBRACA.....	184	SEVENFACT.....	120	<i>sodium chloride</i>	84, 105, 197
RUCONEST.....	154	<i>sevoflurane</i>	197	<i>sodium chloride 0.45 %</i>	105
<i>rufinamide</i>	216	SF.....	230	<i>sodium chloride 0.9 %</i>	105
RUKOBIA.....	148	SF 5000 PLUS.....	230	<i>sodium chloride 0.9 % (flush)</i>	105
RUMILO.....	69	SHAROBEL.....	61	<i>sodium citrate</i>	120
RYBELSUS.....	93	SHINGRIX (PF).....	136	<i>sodium citrate in 0.9 % nacl</i>	121
RYDAPT.....	184	SIDESTREAM.....	15	SODIUM FLUORIDE 5000 DRY MOUTH.....	230
RYDEX.....	64	SIDESTREAM MASK.....	168		
		SIDESTREAM NEBULIZER.....	15		

SODIUM FLUORIDE 5000 PLUS ..230	SPS (WITH SORBITOL).....104	SURE COMFORT LANCETS 170
<i>sodium fluoride-pot nitrate</i> 230	SSD 75	SURE-LANCE171
<i>sodium oxybate</i>24	SSKI111	SURE-LANCE ULTRA THIN..... 171
<i>sodium phenylbutyrate</i>161	SSS 10-5..... 75	SURE-TOUCH LANCET171
<i>sodium polystyrene sulfonate</i> 104	ST JOSEPH ASPIRIN 124	SURVANTA.....202
<i>sodium,potassium,mag sulfates</i> 163	ST. JOSEPH ASPIRIN 124	SUTAB.....164
SOFDRA.....175	STEQEYMA.....157	SYEDA61
SOGROYA.....109	STERILANCE TL.....170	SYMAX DUOTAB.....222
SOHONOS219	<i>sterile talc</i>187	SYMDEKO.....201
<i>solifenacin</i>227	STERITALC.....187	SYMPROIC.....164
SOLQUA 100/33.....95	STIOLTO RESPIMAT 8	SYMTUZA.....146
SOLOSEC.....144	STIVARGA.....184	SYNALAR CREAM KIT 83
SOLTAMOX.....187	STOBOCLO.....109	SYNALAR OINTMENT KIT83
SOLU-CORTEF ACT-O-VIAL (PF) 156	STOP SMOKING AID221	SYNALAR TS 83
SOLUS V2 LANCETS170	STRAVIX.....200	SYNAREL.....110
SOMAVERT109	STRENSIQ.....198	SYNJARDY.....95
SOOTHENEB COMPRESSOR	STRIBILD.....151	SYNJARDY XR.....95
NEBULIZER.....15	STRIVERDI RESPIMAT 7	SYNVISC.....154
SOOTHENEB MESH NEBULIZER..15	STRONG IODINE 71, 111	SYNVISC-ONE.....154
<i>sorafenib</i>184	STUART ONE232	SYRINGE AVITENE.....126
<i>sorbitol</i>84	SUBVENITE216	SYZYGIUM COMPOSITUM 198
<i>sorbitol-mannitol</i>84	SUCRAID.....222	T.E.D. ANTI-EMBOLISM
SORIXIA.....69	<i>sucralfate</i>223	STOCKING.....200
<i>sotalol</i>41	<i>sufentanil-ketamine</i>203	T.E.D. KNEE LENGTH-S-
SOTALOL AF.....41	SUFLAVE.....164	REGULAR.....200
SOTYKTU.....89	<i>sulconazole</i>75	T.R.U.E. TEST ALLERGEN197
SOTYLIZE.....42	<i>sulfacetamide sodium</i>84, 114	T/SLIM X2 CONTROL-IQ.....100
SOVALDI.....151	<i>sulfacetamide sodium (acne)</i>69	TABLOID.....177
SOVUNA.....145	<i>sulfacetamide sodium-sulfur</i>75, 76	TABRECTA.....184
SPACE CHAMBER.....15	<i>sulfacetamide sod-sulfur-urea</i>76	<i>tacrolimus</i>91, 137
SPACE CHAMBER WITH LARGE	<i>sulfacetamide-prednisolone</i>114	<i>tadalafil</i>106
MASK.....15	SULFACLEANSE 8-4.....76	<i>tadalafil (pulm. hypertension)</i>43
SPACE CHAMBER WITH	<i>sulfadiazine</i>159	TAFINLAR.....177
MEDIUM MASK.....15	<i>sulfamethoxazole-trimethoprim</i>138	<i>tafluprost (pf)</i>117
SPACE CHAMBER WITH SMALL	SULFAMILYLON.....76	TAGRISSO.....184
MASK.....15	<i>sulfasalazine</i>159	TAKE ACTION.....61
SPECTRAGEL.....166	SULFATRIM.....138	TAKHZYRO.....158
SPEEDICATH (FEMALE).....166	<i>sulindac</i>158	TALICIA.....223
SPEVIGO.....89	SUMADAN XLT.....76	TALTZ AUTOINJECTOR.....89
SPIKEVAX 2026-2027(12Y	<i>sumatriptan</i>209	TALTZ AUTOINJECTOR (2 PACK).89
UP)(PF).....130	<i>sumatriptan succinate</i>209	TALTZ AUTOINJECTOR (3 PACK).89
SPIKEVAX 2026-27 (6M-11Y) (PF)	<i>sunitinib malate</i>184	TALTZ SYRINGE.....89
.....130	SUNLENCA.....146	TALZENNA.....184
<i>spinosad</i>75	SUNOSI.....30	<i>tamoxifen</i>187
SPIRIVA RESPIMAT 7	SUNRISE COMPRESSOR-	<i>tamsulosin</i>225
<i>spironolactone</i>43	NEBULIZER.....16	TANDEM MOBI AUTOSOFT 30 KT
<i>spironolacton-hydrochlorothiaz</i>43	SUPER THIN LANCETS.....170	23".....100
SPRAVATO.....18	SUPRANE.....197	TANDEM MOBI AUTOSOFT XC
SPRINTEC (28).....61	SUPRAX.....138	KIT 5".....100

TANDEM MOBI AUTOSOFT XC KT 23".....	100	TENCON.....	202	<i>timolol</i>	117
TANDEM MOBI AUTOSOFT30 14PK 23.....	100	TENIVAC (PF).....	134	<i>timolol maleate</i>	42, 117
TANDEM MOBI AUTOSOFTXC 14PK 23.....	100	<i>tenofovir disoproxil fumarate</i>	149	<i>timolol maleate (pf)</i>	117
TANDEM MOBI AUTOSOFTXC 14PK 5".....	100	TENS 502.....	168	<i>timolol-bimatoprost</i>	117
TANDEM MOBI SYSTEM.....	100	TENS 504.....	168	<i>timolol-brimon-dorzol-bimatop</i>	117
TANDEM MOBI TRUSTEEL KIT 23".....	100	TENSCARE ITOUCH SURE.....	172	<i>timolol-brimonidine-dorzolamid</i>	117
TANDEM T/SLIM ASFT 30 PK10 23".....	100	TEPMETKO.....	184	<i>timolol-dorzolamide-bimatopros</i>	117
TANDEM T/SLIM ASFT 30 PK14 23".....	100	<i>terazosin</i>	39	<i>tinidazole</i>	145
TANDEM T/SLIM ASFT XC PK10 23".....	100	<i>terbinafine hcl</i>	143	<i>tiopronin</i>	225
TANDEM T/SLIM ASFT XC PK14 23".....	100	<i>terbutaline</i>	7	<i>tiotropium bromide</i>	7
TANDEM T/SLIM TRUSTL PK10 23".....	100	<i>terconazole</i>	228	TIROSINT.....	111
TANDEM T/SLIM X2 STARTER KIT.....	100	<i>teriflunomide</i>	189	TIROSINT-SOL.....	111
<i>tapentadol</i>	206	<i>teriparatide</i>	108	TISSEEL VHSD (APROTININ, SYN).....	201
TARDEOXIA.....	69	TERRELL.....	197	TIVICAY.....	150
TARDIMAXIA.....	69	<i>testosterone</i>	127	TIVICAY PD.....	150
TARINA 24 FE.....	61	<i>testosterone cypionate</i>	127	<i>tizanidine</i>	219
TARINA FE 1/20 (28).....	61	<i>testosterone enanthate</i>	127	TLANDO.....	127
TARINA FE 1-20 EQ (28).....	61	TETOXIA.....	83	TOBI PODHALER.....	143
TAROXIA.....	69	<i>tetrabenazine</i>	191	TOBRADEX.....	112
TARPEYO.....	156	<i>tetracaine hcl</i>	114	<i>tobramycin</i>	115, 143
TASCENSO ODT.....	189	<i>tetracaine hcl (pf)</i>	114	<i>tobramycin in 0.225 % nacl</i>	143
<i>tasimelteon</i>	30	<i>tetracycline</i>	142	<i>tobramycin with nebulizer</i>	143
<i>tavaborole</i>	75	TEZRULY.....	39	<i>tobramycin-dexamethasone</i>	112
TAVALISSE.....	125	TEZSPIRE.....	16	<i>tobramycin-lotepred</i>	112
TAVNEOS.....	123	THALITONE.....	45	TOBREX.....	115
<i>tazarotene</i>	90	THALOMID.....	143	<i>tofacitinib</i>	157
TECHLITE LANCETS.....	171	THEO-24.....	16	TOLAK.....	87
TEGLUTIK.....	190	<i>theophylline</i>	16	<i>tolcapone</i>	212
TEGRETOL.....	216	THERAHONEY.....	166	<i>tolmetin</i>	158
TEGRETOL XR.....	216	THERANATAL.....	232	<i>tolterodine</i>	227
TELCARE LANCETS.....	171	THERANATAL COMPLETE.....	232	<i>tolvaptan</i>	103
TELIORA.....	83	THERANATAL ONE.....	232	<i>topiramate</i>	217, 218
<i>telmisartan</i>	40	THERANATAL OVAVITE.....	233	<i>toremifene</i>	187
<i>telmisartan-amlodipine</i>	39	THERANATAL PLUS.....	232	TORONOVA II SUIK.....	158
<i>telmisartan-hydrochlorothiazid</i>	39	THIN LANCETS.....	171	TORONOVA SUIK.....	158
<i>temazepam</i>	31	THIOLA EC.....	225	TORPENZ.....	179
TEMBEXA.....	147	<i>thioridazine</i>	30	<i>torsemide</i>	43
<i>temozolomide</i>	176	<i>thiothixene</i>	29	TOUCH-TROL.....	166
		THRESHOLD IMT TRAINER.....	16	TOUJEO MAX U-300 SOLOSTAR.....	102
		THRESHOLD PEP DEVICE.....	16	TOUJEO SOLOSTAR U-300 INSULIN.....	103
		THRIVITE RX.....	232	<i>tramadol</i>	206, 207
		THROMBIN-JMI.....	126	<i>tramadol-acetaminophen</i>	211
		THYQUIDITY.....	111	<i>trandolapril</i>	40
		TIADYLT ER.....	42	<i>trandolapril-verapamil</i>	38
		<i>tiagabine</i>	217	<i>tranexamic acid</i>	119
		TIBSOVO.....	186	<i>tranylcypromine</i>	18
		<i>ticagrelor</i>	124	TRANZAREL.....	88
		TIGLUTIK.....	190		
		TILIA FE.....	61		

<i>travoprost</i>	117	TRIUMEQ.....	151	TYVASO.....	44
<i>trazodone</i>	20	TRIUMEQ PD.....	151	TYVASO DPI.....	44
TRELEGY ELLIPTA.....	8	TRI-VYLIBRA.....	62	TYVASO INSTITUTIONAL START	
TREMFYA.....	90	TRI-VYLIBRA LO.....	62	KIT.....	44
TREMFYA ONE-PRESS.....	90	TROJAN BARESKIN.....	195	TYVASO REFILL KIT.....	44
TREMFYA PEN.....	90	TROJAN ULTRA RIBBED		TYVASO STARTER KIT.....	44
TREMFYA PEN INDUCTION		CONDOM.....	195	UBRELVY.....	209
PK(2PEN).....	90	<i>tropicamide</i>	118	UDENYCA ONBODY.....	124
<i>treprostinil sodium</i>	44	<i>trospium</i>	227	ULESFIA.....	75
TRESIBA FLEXTOUCH U-100.....	103	TRUE COMFORT LANCET.....	171	ULTILET BASIC LANCETS.....	171
TRESIBA FLEXTOUCH U-200.....	103	TRUE COVER CONDOM.....	195	ULTILET CLASSIC LANCETS.....	171
TRESIBA U-100 INSULIN.....	103	TRUE-COMFORT SAFETY		ULTILET LANCETS.....	171
<i>tretinoin</i>	71	LANCET.....	171	ULTILET SAFETY LANCETS.....	171
<i>tretinoin (antineoplastic)</i>	186	TRUEPLUS LANCETS.....	171	ULTRA PRENATAL PLUS DHA... 232	
<i>tretinoin microspheres</i>	71	TRULANCE.....	160	ULTRA THIN II LANCETS.....	171
TRETEN.....	121	TRULICITY.....	93	ULTRA THIN LANCETS.....	171
TREXALL.....	177	TRUMENBA.....	131	ULTRA TLC LANCETS.....	171
<i>triamcinolone acetonide</i> ... 83, 156, 192		TRUQAP.....	184	ULTRA-CARE LANCETS.....	171
<i>triamterene</i>	43	TRUSKIN.....	200	ULTRA-FINE INS SYR (HALF	
<i>triamterene-hydrochlorothiazid</i>	43	TRUSTEX LATEX CONDOM.....	195	UNIT).....	173
<i>triazolam</i>	31	TRUSTEX LUBRICATED		ULTRA-FINE INSULIN SYRINGE. 173	
TRICARE.....	232	CONDOMS.....	195	ULTRA-FINE PEN NEEDLE.....	199
TRIDERM.....	83	TRUSTEX NON-LUB CONDOMS. 195		ULTRAFOAM.....	126
<i>trientine</i>	199	TRUSTEX-RIA LUB/SPERMICIDE 196		ULTRALANCE LANCETS.....	171
TRI-ESTARYLLA.....	62	TRUSTEX-RIA LUBRICATED		ULTRA-THIN II LANCETS.....	171
<i>trifluoperazine</i>	30	CONDOMS.....	196	UNIFINE PENTIPS.....	199
<i>trifluridine</i>	114	TRUSTEX-RIA NON-LUB		UNILET COMFORTOUCH	
<i>trihexyphenidyl</i>	211	CONDOMS.....	196	LANCET.....	171
TRIJARDY XR.....	96	TRUZONE PEAK FLOW METER... 16		UNILET GP LANCET.....	171
TRIKAFTA.....	202	TRYNGOLZA.....	46	UNILET LANCET.....	171
TRI-LEGEST FE.....	62	TRYPTIR.....	199	UNILET LANCETS.....	171
TRI-LINYAH.....	62	TRYVIO.....	41	UNILET SUPER THIN LANCETS.. 171	
TRILITAS.....	90	TUKYSA.....	184	UNISTIK 2 EXTRA LANCET.....	171
TRILOAN II SUIK.....	156	TULANA.....	62	UNISTIK 2 NORMAL LANCET.....	171
TRILOAN SUIK.....	156	TURALIO.....	184	UNISTIK 3 COMFORT LANCET... 171	
TRI-LO-ESTARYLLA.....	62	TURQOZ (28).....	62	UNISTIK 3 DUAL LANCET.....	166
TRI-LO-MARZIA.....	62	TUXARIN ER.....	65	UNISTIK 3 EXTRA LANCET.....	171
TRI-LO-MILI.....	62	TWIIST RFL(INFUS-CSST-NDL-		UNISTIK 3 GENTLE.....	171
TRI-LO-SPRINTEC.....	62	SYR).....	100	UNISTIK 3 NORMAL LANCET.....	171
<i>trimethobenzamide</i>	6	TWIIST STARTER KIT.....	100	UNISTIK COMFORT LANCETS... 171	
<i>trimethoprim</i>	139	TWINRIX (PF).....	136	UNISTIK CZT LANCET.....	171
TRI-MILI.....	62	TWIRLA.....	63	UNISTIK EXTRA LANCETS.....	171
<i>trimipramine</i>	22	TWIST LANCETS.....	171	UNISTIK NORMAL LANCETS.....	172
TRI-MIX (PAPAVRN-PHNTLMN-		TYBLUME.....	62	UNISTIK PRO LANCET.....	172
PGE1).....	106	TYDEMY.....	62	UNISTIK SAFETY.....	172
TRINATAL RX 1.....	232	TYENNE.....	157	UNISTIK TOUCH LANCETS.....	172
TRINATE.....	232	TYENNE AUTOINJECTOR.....	157	UNIVERSAL 1 LANCETS.....	172
TRINTELLIX.....	21	TYMLOS.....	108	UNZDOMDIOXIAZAR.....	69
TRI-SPRINTEC (28).....	62	TYRVAYA.....	115	UPNEEQ (PF).....	115

UPTRAVI.....	44	VELPHORO.....	104	VONJO.....	185
URAMAXIN.....	86	VELTASSA.....	104	VONVENDI.....	120
URAMAXIN GT.....	86	VEMLIDY.....	152	VOQUEZNA.....	224
<i>urea</i>	86, 90	VENCLEXTA.....	185	VOQUEZNA DUAL PAK.....	223
UREA NAIL STICK.....	86	VENCLEXTA STARTING PACK... 185		VOQUEZNA TRIPLE PAK.....	223
URELLE.....	139	<i>venlafaxine</i>	20	VORANIGO.....	186
URETRON D-S.....	139	<i>venlafaxine besylate</i>	21	<i>voriconazole</i>	143
URIBEL TABS.....	139	VENXXIVA.....	225	VORTEX HOLDING CHAMBER.....	16
URIMAR-T.....	139	VEOZAH.....	129	VORTEX VHC PEDIATRIC MASK..	16
UROGESIC-BLUE.....	139	VEPPANU.....	187	VOSEVI.....	151
URO-MP.....	139	<i>verapamil</i>	42	VOWST.....	139
UROQID-ACID NO.2.....	226	VERIFINE SAFETY LANCET MINI	172	VOXZOGO.....	110
<i>ursodiol</i>	161	VERIFINE UNIVERSAL LANCET..	172	VOYDEYA.....	123
<i>ustekinumab-aekn</i>	157	VERKAZIA.....	115	VRAYLAR.....	24
UZEDY.....	28, 29	VERQUVO.....	52	VTAMA.....	90
VAFSEO.....	124	VERSACLOZ.....	29	VUMERITY.....	189
VAGINAL CONTRACEPTIVE FILM	53	VERTIGOHEEL.....	198	VYALEV.....	212
<i>valacyclovir</i>	147	VERZENIO.....	185	VYFEMLA (28).....	63
VALCHLOR.....	87	VESTURA (28).....	62	VYKAT XR.....	201
<i>valganciclovir</i>	147	VEVEN.....	91	VYLEESI.....	30
<i>valproic acid</i>	218	V-GO 20.....	100	VYLIBRA.....	63
<i>valproic acid (as sodium salt)</i>	218	V-GO 30.....	100	VYNDAMAX.....	51
<i>valsartan</i>	40	V-GO 40.....	100	VYSCOXA.....	157
<i>valsartan-hydrochlorothiazide</i>	39	VIBERZI.....	160	VYVGART HYTRULO.....	18
VALTOCO.....	213	VIBRANT.....	172	VYZULTA.....	118
VALTYA.....	62	VIBRANT STARTER KIT.....	172	WAINUA.....	174
<i>vancomycin</i>	144	VIENVA.....	62	WAKIX.....	31
VANFLYTA.....	184	<i>vigabatrin</i>	218	<i>warfarin</i>	119
VANOXIDE-HC.....	70	VIGADRONE.....	218	<i>water for irrigation, sterile</i>	84
VANRAFIA.....	41	VIGAFYDE.....	218	WAYRILZ.....	125
VAPRO PLUS INTERMITT		VIJOICE.....	175	WAYZEN.....	86
CATHETER.....	166	<i>vilazodone</i>	21	WEGOVY.....	234
VAQTA (PF).....	136	VIORELE (28).....	63	WEGOVY HD.....	234
VARDIMAXIA.....	69	VIOS AEROSOL DELIVERY		WELERIS.....	86
<i>varenicline tartrate</i>	221	SYSTEM.....	16	WELIREG.....	185
VARITHENA ADMINISTRATION		VIRACEPT.....	150	WENIXRA.....	86
PACK.....	172	VIREAD.....	149	WERA (28).....	63
VARIVAX (PF).....	136	VISTASEAL-FIBRIN SEALANT....	126	WESTAB PLUS.....	232
VAROXIA.....	70	VISTOGARD.....	186	WILATE.....	120
VARUBI.....	7	VITAFOL GUMMIES.....	233	WILLIS THE WHALE	
VASELINE WHITE PETROLEUM... 86		VITAMIN K.....	126	COMPRESSR NEB.....	16
VASHE.....	84	VITAMIN K1.....	126	WINLEVI.....	70
VAXELIS (PF).....	135	VITRAKVI.....	185	WINREVAIR.....	44
VAXNEUVANCE (PF).....	132	VIVAGUARD LANCET.....	172	WINTERGREEN OIL.....	85
VCF CONTRACEPTIVE FILM.....	53	VIVAGUARD SAFETY LANCET... 172		WIXELA INHUB.....	8
VCF CONTRACEPTIVE GEL.....	53	VIVJOA.....	143	WOMEN'S PRENATAL PLUS DHA	
VECAMYL.....	40	VIZIMPRO.....	185		232
VELIVET TRIPHASIC REGIMEN		VIZZ.....	118	WOUNDGELHA MATRIX.....	86
(28).....	62	VOLNEA (28).....	63	WYMZYA FE.....	63

XALIX.....	86	YULITHIRA.....	179	ZYDELIG.....	185
XARAH FE.....	63	YUPELRI.....	7	ZYKADIA.....	185
XARELTO.....	121	YUTREPIA.....	44	ZYMFENTRA.....	153
XARELTO DVT-PE TREAT 30D		YUVAFEM.....	229	ZYPREXA RELPREVV.....	29
START.....	121	YUVEZZI.....	118		
XATMEP.....	177	YUVIWEL.....	110		
XCLAIR.....	84	ZAFEMY.....	63		
XCOPRI.....	218	<i>zafirlukast</i>	9		
XCOPRI MAINTENANCE PACK...	218	<i>zaleplon</i>	32		
XCOPRI TITRATION PACK.....	218	ZARAH.....	63		
XDEMVY.....	115	ZEJULA.....	185		
XELPROS.....	118	ZELAPAR.....	213		
XELRIA FE.....	63	ZELBORAF.....	177		
XEMBIFY.....	130	ZELSUVM I.....	201		
XENLETA.....	140	ZELVYSIA.....	175		
XEPI.....	72	ZEMAIRA.....	175		
XERMELO.....	161	ZENATANE.....	66		
XEROFORM PETROLATUM		ZENPEP.....	222		
DRESSING.....	166	ZENZEDI.....	23		
XHANCE.....	5	ZEPBOUND.....	233		
XIFAXAN.....	144	ZEPOSIA.....	191		
XIGDUO XR.....	95, 96	ZEPOSIA STARTER KIT (28-DAY)			
XIIDRA.....	116		191		
XIRUN.....	86	ZEPOSIA STARTER PACK (7-			
XOFLUZA.....	147	DAY).....	191		
XOLAIR.....	10	<i>zidovudine</i>	149		
XOLREMDI.....	174	ZIEXTENZO.....	124		
XOSPATA.....	185	ZILBRYSQ.....	123, 124		
XPHOZAH.....	105	ZIMHI.....	31		
XPOVIO.....	186	<i>zinc oxide</i>	86		
XROMI.....	125	<i>ziprasidone hcl</i>	29		
XTAMPZA ER.....	207	ZITHRANOL.....	90		
XTANDI.....	176	ZOKINVY.....	175		
XULANE.....	63	ZOLINZA.....	185		
XULTOPHY 100/3.6.....	95	<i>zolmitriptan</i>	209		
XURIDEN.....	119	<i>zolpidem</i>	32, 33		
XYNTHA.....	120	ZOMIG.....	209		
XYNTHA SOLOFUSE.....	120	ZONISADE.....	218		
XYOSTED.....	127	<i>zonisamide</i>	218		
XYVONA.....	207	ZONTIVITY.....	125		
XYWAV.....	24	ZORYVE.....	76, 90		
YARGESA.....	197	ZOVIA 1-35 (28).....	63		
YCANTH.....	85	ZTALMY.....	219		
YESINTEK.....	157	ZUBSOLV.....	211		
YEZTUGO.....	193	ZUMANDIMINE (28).....	63		
YONI FIT BLADDER SUPPORT...	172	ZUNVEYL.....	18		
YONSA.....	176	ZURNAI.....	31		
YORVIPATH.....	110	ZURZUVAE.....	18		
YOUR CHOICE.....	63	ZYCUBO.....	230		