

## Tiered Prescription Medication List for Commercial Plans

### Premium Preferred Drug List (PDL) Closed Formulary

BCBSAZ offers a multi-level, or “tiered,” prescription benefit design. The Premium PDL is a closed formulary.

Tier	Description
\$0	<b>Preventive Medications</b> including Women’s Prevention (typically \$0)
1	<b>Low Cost Share</b> includes generics and select brands
2	<b>Moderate Cost Share</b> includes preferred brands and select generics
3	<b>Moderately High Cost Share</b> includes non-preferred brands and select generics
4	<b>Highest Cost Share</b> may include patent extension or combination brand or generic products or those brand products where a lower cost alternative is covered at a lower tier
NC	<b>Not Covered</b> typically not covered, but may have coverage available via buy-up
A	<b>Specialty Medications, Low Cost Share</b>
B	<b>Specialty Medications, Moderate Cost Share</b>
C	<b>Specialty Medications, Moderately High Cost Share</b>
D	<b>Specialty Medications, Highest Cost Share</b>

This benefit design covers medications with a copay/coinsurance in one of 4 cost share tiers. Some benefit plans have only 3 cost share tiers. For these plans, medications listed as tier 4 have the same cost share as medications in tier 3. Plans may also include specialty medications at varying cost share tiers.

### Questions?

Log in to MyBlue<sup>SM</sup> to find participating retail pharmacies, review your specific benefit information, and compare medication pricing and options. If you have questions, please call us.

Member Services	Phone Number	Standard Hours of Operation
Pharmacy Benefits	1 (866) 325-1794	24/7/365
BCBSAZ	Call the number on your ID card	8:30 a.m. to 4:30 p.m. Monday - Friday

## How Do I Know If This List Applies to Me?

**This list is intended to provide general coverage information applicable to most members. Information may not apply to all benefit plans or may vary. Refer to your benefit book or call us if you have questions. If the information in this prescription medication list differs from your benefit plan, the terms of your benefit plan control. If you need to verify medication coverage or requirements, please contact BCBSAZ.**

Applies To	Does Not Apply To
<ul style="list-style-type: none"><li>• The Premium Preferred Drug List (PDL) Closed Formulary <i>only</i> (not the OPEN Drug List)</li><li>• Members with plans that include pharmacy benefits administered by BCBSAZ</li><li>• Members with pharmacy copays with three or four tiers (for coinsurance plans, please view the Coinsurance Drug List)</li></ul>	<ul style="list-style-type: none"><li>• Federal Employee Program® (FEP®) plans</li><li>• Medicare Advantage (MA) plans</li><li>• Employer-sponsored plans in our Corporate Health Services (CHS) program</li><li>• Employer-sponsored plans that have selected a separate pharmacy benefit manager</li><li>• Plans offered or administered by other Blue Cross and/or Blue Shield plans</li></ul>

## What Is Covered on the Formulary?

This is the list of covered medications chosen by the BCBSAZ Pharmacy & Therapeutics (P&T) Committee, which is made up of community doctors and pharmacists. BCBSAZ covers the medications listed as long as:

- The medication is medically necessary and appropriate
- The medication has been approved by the Food and Drug Administration (FDA) for the diagnosis for which the medication has been prescribed
- The medication is not a benefit plan exclusion

Depending on the specifics of your benefit plan, other conditions may apply, such as requiring the medication to be filled at a BCBSAZ network pharmacy.

Additionally, covered medications are subject to limitations, including but not limited to, prior authorization, step therapy, quantity, age, gender, dosage, and frequency of refills.

## What if my Medication is not on the Formulary?

Sometimes our members need access to drugs that are not listed on the plan's formulary (drug list). These medications are often referred to as non-formulary medications. Non-Formulary medications are not covered unless an exception is made. Requirements are outlined in the [Non Formulary Medications Coverage Guideline](#).

### Non-Formulary Exception Process

If a member or provider feels there are no suitable formulary alternatives available, he or she may request that an exception be made to allow coverage for a non-formulary medication by filling out the [Pharmacy Prior Authorization Request Form](#) and providing appropriate documentation supporting the request. The form and documentation may be submitted by fax to 602-864-3126 or by email to [pharmacyprecert@azblue.com](mailto:pharmacyprecert@azblue.com).

A non-formulary exception request does not guarantee approval. Drugs that are not listed on the formulary below but are considered specific benefit plan exclusions will not be covered (see “What is Not Covered?” below).

These medications are initially reviewed by BCBSAZ through the formulary exception review process. If your request is denied, you have the right to an external review and detailed instructions will be provided on your denial letter.

### What May Vary by Plan?

For most members, benefits are not available for the medication classes below. However, some groups may choose to customize their benefits to include some of these medications.

Coverage May Vary by Plan: Medication Classes		
Fertility/Infertility	Sexual Dysfunction	Weight Loss and/or Gain
Transgender/Gender Reassignment	Other custom benefits	

If you need to verify medication coverage or requirements, refer to your benefit book or contact us.

## What Is Not Covered?

Certain medications or medication classes are pharmacy benefit plan exclusions, including but not limited to the items below:

- Athletic performance
- Clinic packs
- ‘Combination’ products, including:
  - Medications packaged with one other or multiple other prescription products
  - Medications packaged with over-the-counter medications, supplies, medical foods, vitamins, or other excluded products
- Cosmetic purposes
- Experimental and/or investigational
- Lifestyle enhancement
- Medical foods
- Medical devices, unless specifically noted in the listing below
- Non-FDA approved, including DESI
- Off-label, unlabeled and orphan medications, unless specifically noted in the listing below
- Over-the-counter (OTC) medications that can be obtained without a prescription, unless specifically noted in the listing below and obtained using a prescription
  - Medications with primary therapeutic ingredients that are sold over the counter in any form, strength, packaging, or name
- Unit-dose packaging, unless that is the only form in which the medication is available

Medications that exceed limitations, including quantity, age, gender, and refill limits, may not be covered. Coverage is not available for medications used to treat a condition not covered under your benefit plan. If a medication does not process at the pharmacy and you do not understand why, please contact us. Medications may reject for many reasons, including member eligibility, exclusion status, quantity, age, gender, dosage, and/or frequency of refill limitations.

## How Much Will My Medications Cost?

Benefits and cost sharing for prescription medications vary depending on your benefit plan terms, the medication prescribed, and whether the medication is obtained at a retail pharmacy, a specialty pharmacy, or a mail order pharmacy. Please consult the member benefit plan book and Summary of Benefits and Coverage (SBC) for a complete description of the prescription medication benefit. If the information in this section differs from the applicable benefit plan, the terms of your benefit plan apply.

If your plan does not cover a medication and you obtain it, you will have to pay the full cost of the medication and costs incurred for non-covered medications are not applied to the deductible or out-of-pocket-maximum.

No exceptions will be made regarding the assigned tier of a medication.

## When and Why Are Changes Made? How Will I Know?

Medications may change tier throughout the course of the year. BCBSAZ's Pharmacy and Therapeutics (P&T) Committee meets on a quarterly basis to review recommended changes and make determinations. Members will be notified of any changes as required by law.

A medication may change tiers for a variety of reasons, including but not limited to:

- Recommendation by the BCBSAZ P&T Committee
- Availability of a new generic option
- New clinical information

## Mandatory Generics

Many benefit plans require you to purchase a generic drug if one is available. If you purchase a brand name drug when a generic is available you may have to pay the tier 1 cost share plus the difference between the allowed amount for the generic and the brand name medication, even if the prescribing provider indicates on the prescription that the brand name medication should be dispensed. Exceptions are made when a medication is approved through step therapy if all alternative medications have been tried and failed, or when BCBSAZ requires the brand name medication to be utilized as the preferred medication. Please refer to your benefit book to determine how this program applies to your plan or contact the pharmacy customer service phone number on the back of your ID card with any questions.

## Legal Disclaimer

Information provided is subject to all terms, conditions, limitations, and exclusions of your benefit plan. In the event of any discrepancy, the claims adjudication system and your benefit plan take precedence.

## Abbreviations Quick Reference

**ACA:** Affordable Care Act (ACA) Prevention

**AL:** Age Limit

**CP:** Cancer Parity

**DS:** Days' Supply Limit

**F:** Female Only Gender Limit

**FERT:** Fertility Medications *(coverage may vary by plan)*

**HDHP:** High Deductible Health Plan Preventive Medication List *(coverage may vary by plan)*

**M:** Male Only Gender Limit

**PA:** Prior Authorization

**QL:** Quantity Limit

**R&M:** Retail & Mail Distribution

**SDIS:** Sexual Dysfunction Medications *(coverage may vary by plan)*

**SP:** Specialty Pharmacy Distribution

**ST:** Step Therapy

**WEIGHT:** Weight Loss and/or Gain Medications *(coverage may vary by plan)*

## Utilization Management & Limitation Abbreviations with Explanations

### ACA: Affordable Care Act (ACA) Prevention

The ACA requires most group and individual health plans to waive cost share for in-network preventive services, including certain preventive medications and devices. This requirement does not apply to “grandfathered plans.” If you do not know whether your plan is subject to this requirement, please contact BCBSAZ. If your plan does not have ACA prevention, a cost share will apply.

The United States Preventive Services Task Force (USPSTF) has identified certain medications as the recommended preventive medications. There are two important things to remember:

1. The cost share waiver does not apply if you use an out-of-network or non-contracted pharmacy provider, so make sure to check your pharmacy provider’s network status.
2. There are some medications and devices that can be used for both preventive care and to treat a medical condition. Cost share is waived only when the medication or device is prescribed for preventive care.

### AL: Age Limit

Coverage may be limited to specific patient age(s) based on recommendations by the Food and Drug Administration (FDA). If a medication is outside of age limits, it will reject at the pharmacy; your provider may request Prior Authorization.

### CP: Cancer Parity

If your plan opts into cancer parity, these medications will be covered at the retail & mail order coinsurance level. If your plan opts out of cancer parity, cost share will apply based on whether the medication is a brand or a generic, and where the medication is obtained:

	Retail Distribution	Specialty Distribution
<b>Generic Medication</b>	Tier 1	Specialty Tier A
<b>Brand Medication</b>	Tier 3	Specialty Tier B

### DS: Days’ Supply Limit

Coverage may be limited to specific minimum or maximum days’ supply. If a medication is above days’ supply limits, it will reject at the pharmacy; your provider may request Prior Authorization.

Additionally, general days’ supply maximum apply as noted below:

Retail	Retail-90	Mail Order	Specialty
30 days’ supply	90 days’ supply	90 days’ supply	30 days’ supply

Certain benefit plans may not offer retail-90, or it may be limited to maintenance medications only.

## F: Female Only Gender Limit

### FERT: Fertility Medications

Most plans do not cover medications to improve or achieve fertility or treat infertility. However, certain plans provide coverage. If your plan provides coverage for fertility/infertility medications, cost share will apply based on whether the medication is a brand or a generic:

**Generic Medication:** Tier 1

**Brand Medication:** Tier 3

### HDHP: High Deductible Health Plan Preventive Medication List

This benefit may be offered to high deductible health plans (HDHPs) designed for use with a health savings account (HSA). It applies only for specific large groups that have elected this benefit.

If you are not certain whether your group has this benefit option, please contact BCBSAZ. The list is subject to change at any time, without prior notice. Some medications are available at a retail copay but will still require specialty distribution limited to a maximum of a 30-day supply.

HSA-compatible HDHPs generally require members to satisfy a deductible before the plan begins to pay for any benefits. The only permitted exception to that rule is for preventive care. The plan can pay for covered preventive care benefits before the member has met the high deductible.

The medications noted as HDHP have been identified as those most likely to qualify as preventive, based on U.S. Treasury Department guidance. This list does not include every medication that might possibly be considered preventive or every condition for which a preventive medication may be prescribed.

Neither BCBSAZ nor your plan sponsor can guarantee that the U.S. Treasury Department will agree that all of these medications qualify as preventative, particularly when applied to a member's specific medical circumstances. You or your provider may be asked to demonstrate that you are taking a specific medication for purposes regarded as preventive under Treasury Department guidance.

If your plan covers BCBSAZ designated prevention medications as a preventive benefit and you have your prescription filled at an in-network pharmacy, your plan will treat these designated medications as preventive. This means you will pay only your applicable copay or coinsurance amount, regardless of whether you have met your deductible. The BCBSAZ prevention medication benefit applies only at in-network pharmacies. If you obtain BCBSAZ designated preventative medications from an out-of-network pharmacy, your standard prescription benefits, with applicable deductible, coinsurance and copays, will apply. Your cost share payments for preventive medications will count towards your deductible.

If you want any of these listed medications to process under your standard pharmacy benefit instead of your preventive care benefit, please [click here](#). If your medications process under your standard prescription benefit, your costs for applicable coverage will apply.

## M: Male Only Gender Limit



## PA: Prior Authorization

Certain medications require approval prior to being obtained through your pharmacy benefits. This process is called prior authorization. A prior authorization request must be submitted and signed by your provider. Request forms are found at [azblue.com](http://azblue.com). Click on the *Resource Center* tab, select *Pharmacy* and select *View resources for Standard Pharmacy Plans*. Forms are listed at the bottom of the page by medication name under “Pharmacy Coverage Guidelines and Precertification Forms”. If the medication being requested is not listed under the specific forms section, please use the general form listed on [azblue.com](http://azblue.com) at the top of the page under *Other Forms and Resources*. Instructions on where to submit the form and the required information is included within the form itself.

Prior Authorization requests are reviewed within 10 business days for standard requests. Requests noted by your provider as urgent are reviewed within 72 hours. If a request is marked as having exigent circumstances the exception request will be reviewed within 24 hours. An exigent request requires a written statement from the prescriber, explaining the reason for exigency.

### **What is a Pharmacy Coverage Guideline?**

The BCBSAZ Pharmacy and Therapeutics (P&T) Committee creates pharmacy coverage guidelines, which take into consideration the medical literature. The guideline may state specific limitations, including dosing, gender limits, age limits, or FDA indications for use. If the application of a guideline results in a non-covered claim, the provider has the option to appeal the decision.

Additional information about your pharmacy benefits can be found on [azblue.com](http://azblue.com) under *Forms and Resources*. This includes:

- Precertification Guidelines and Forms
- Mail Order Enrollment Forms
- Claim Forms

## QL: Quantity Limit

Coverage may be limited to specific quantities per prescription and/or time period based on FDA recommendations. Coverage may also be stricter for controlled substances. If a medication is above quantity limits, it will reject at the pharmacy; your provider may request Prior Authorization.

## R&M: Retail & Mail Distribution

Distribution limitations may apply.

- **Retail**—BCBSAZ uses Optum’s National Network. Generally, all major pharmacy chains operating in Arizona are contracted to provide retail pharmacy services for BCBSAZ members. Certain benefit plans may offer a limited network that excludes CVS and Target.
- **Mail order**—BCBSAZ does not provide out-of-network mail order pharmacy benefits. OptumRx® Home Delivery Pharmacy is BCBSAZ’s exclusive mail order pharmacy provider. Complete the Mail Order Pharmacy Form on [azblue.com](http://azblue.com) to get started.

### SDIS: Sexual Dysfunction Medications

Most plans do not cover medications to treat sexual dysfunction. However, certain plans provide coverage. If your plan provides coverage for sexual dysfunction medications, cost share will apply based on whether the medication is a brand or a generic:

**Generic Medication:** Tier 1

**Brand Medication:** Tier 3

### SP: Specialty Pharmacy Distribution

Distribution limitations may apply.

- Specialty medications—Certain medications may require specialty distribution, provided through our exclusive provider Optum Specialty Pharmacy. These medications are covered up to a 30-day supply and include self-injectable, oral, topical and inhaled medications. Specialty medications cannot be filled at retail pharmacies. Please contact Optum Specialty Pharmacy directly at (866) 618-6741 to establish service with them.

If you are currently obtaining a Specialty Medication from a Specialty Pharmacy and need to receive that medication from a retail pharmacy instead, please contact the Pharmacy Benefit Customer Service number listed on your ID card. BCBSAZ and/or the PBM will decide whether you are eligible to receive the Specialty Medication from a retail pharmacy instead of a Specialty Pharmacy.

### ST: Step Therapy

Step therapy is a limitation that requires you to try preferred medications before the plan will pay for another medication for the same medical condition that the doctor may have originally prescribed. An automated, electronic review of your medication history is performed to determine whether other medications have been tried first for your condition. This ensures clinically sound and cost-effective treatment options are tried. If a prescribed medication does not meet the step therapy criteria, it may not be covered. You should consult with your doctor about alternative therapy. If a medication does not meet the step therapy criteria for automatic approval, it will reject at the pharmacy; your provider may request prior authorization.

### WEIGHT: Weight Loss and/or Gain Medications

Most plans do not cover medications to achieve weight loss or gain. However, certain plans provide coverage. If your plan provides coverage for weight loss/gain medications, cost share for most covered weight loss and/or gain medications will apply based on whether the medication is a brand or a generic:

**Generic Medication:** Tier 1

**Brand Medication:** Tier 3

However, certain weight loss and/or gain medications may apply a different cost share. Medications are assigned to tiers based on their quality, value, and effectiveness.

# Premium PDL Tiered Drug List

07/01/2023

## Table of Contents

*Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiant*	13
*Allergenic Extracts/Biologicals Misc*	15
*Alternative Medicines*	15
*Amebicides*	15
*Aminoglycosides*	15
*Analgesics - Anti-Inflammatory*	15
*Analgesics - Nonnarcotic*	18
*Analgesics - Opioid*	23
*Androgens-Anabolic*	27
*Anorectal And Related Products*	28
*Antacids*	28
*Anthelmintics*	28
*Antianginal Agents*	28
*Antianxiety Agents*	29
*Antiarrhythmics*	30
*Antiasthmatic And Bronchodilator Agents*	30
*Anticoagulants*	33
*Anticonvulsants*	34
*Antidepressants*	36
*Antidiabetics*	38
*Antidiarrheal/Probiotic Agents*	42
*Antidotes And Specific Antagonists*	42
*Antiemetics*	43
*Antifungals*	43
*Antihistamines*	44
*Antihyperlipidemics*	45
*Antihypertensives*	46
*Anti-Infective Agents - Misc.*	48
*Antimalarials*	50
*Antimyasthenic/Cholinergic Agents*	50
*Antimycobacterial Agents*	50
*Antineoplastics And Adjunctive Therapies*	51
*Antiparkinson And Related Therapy Agents*	62
*Antipsychotics/Antimanic Agents*	63
*Antiseptics & Disinfectants*	65
*Antivirals*	66
*Beta Blockers*	70
*Calcium Channel Blockers*	70
*Cardiotonics*	71
*Cardiovascular Agents - Misc.*	71
*Cephalosporins*	73
*Chemicals*	74
*Contraceptives*	80
*Corticosteroids*	92
*Cough/Cold/Allergy*	93
*Dermatologicals*	94
*Diagnostic Products*	100
*Digestive Aids*	101
*Diuretics*	101
*Endocrine And Metabolic Agents - Misc.*	102
*Estrogens*	106
*Fluoroquinolones*	107
*Gastrointestinal Agents - Misc.*	107
*Genitourinary Agents - Miscellaneous*	109
*Gout Agents*	110
*Hematological Agents - Misc.*	111

*Hematopoietic Agents*	112
*Hemostatics*	113
*Hypnotics/Sedatives/Sleep Disorder Agents*	113
*Laxatives*	114
*Local Anesthetics-Parenteral*	114
*Macrolides*	114
*Medical Devices And Supplies*	115
*Migraine Products*	141
*Minerals & Electrolytes*	142
*Miscellaneous Therapeutic Classes*	143
*Mouth/Throat/Dental Agents*	145
*Musculoskeletal Therapy Agents*	145
*Nasal Agents - Systemic And Topical*	146
*Neuromuscular Agents*	146
*Nutrients*	147
*Ophthalmic Agents*	147
*Otic Agents*	150
*Oxytocics*	151
*Passive Immunizing And Treatment Agents*	151
*Penicillins*	151
*Pharmaceutical Adjuvants*	152
*Progestins*	152
*Psychotherapeutic And Neurological Agents - Misc.*	152
*Respiratory Agents - Misc.*	158
*Sulfonamides*	159
*Tetracyclines*	159
*Thyroid Agents*	160
*Toxoids*	160
*Ulcer Drugs/Antispasmodics/Anticholinergics*	161
*Urinary Antispasmodics*	162
*Vaccines*	162
*Vaginal And Related Products*	164
*Vasopressors*	165
*Vitamins*	165

Drug	Status	Notes
<b>*Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiant*</b>		
<b>*Adhd Agent - Selective Alpha Adrenergic Agonists***</b>		
<i>clonidine hcl er oral tablet extended release 12 hour</i>	4	QL (2 tabs/day)
<i>guanfacine hcl er</i>	1	AL (Min 6 Years)
<b>*Adhd Agent - Selective Norepinephrine Reuptake Inhibitor***</b>		
<i>atomoxetine hcl oral capsule 10 mg</i>	1	QL (3 caps/day); AL (Min 6 Years)
<i>atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg</i>	1	QL (1 cap/day); AL (Min 6 Years)
<i>atomoxetine hcl oral capsule 18 mg, 25 mg, 40 mg</i>	1	QL (2 caps/day); AL (Min 6 Years)
<b>*Amphetamine Mixtures***</b>		
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 5 mg</i>	2	QL (3 caps/day); AL (Min 6 Years)
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 25 mg, 30 mg</i>	2	QL (2 caps/day); AL (Min 6 Years)
<i>amphetamine-dextroamphetamine</i>	1	QL (3 tabs/day); AL (Min 6 Years)
<b>*Amphetamines***</b>		
<i>amphetamine sulfate</i>	3	QL (4 per day); AL (Min 6 Years)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 5 mg</i>	1	QL (3 caps/day); AL (Min 6 Years)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i>	1	QL (4 caps/day); AL (Min 6 Years)
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	1	QL (6 tabs/day)
<i>dextroamphetamine sulfate oral tablet 15 mg, 20 mg, 30 mg</i>	4	
<b>EVEKEO ODT</b>	4	PA
<b>VYVANSE ORAL CAPSULE</b>	3	QL (1 cap/day); AL (Min 6 Years)
<b>VYVANSE ORAL TABLET CHEWABLE</b>	3	QL (1 tab/day); AL (Min 6 Years)
<b>*Analeptics***</b>		
<i>caffeine</i>	3	
<i>caffeine anhydrous</i>	3	
<i>caffeine citrate oral</i>	1	
<b>*Anorexiant Combinations***</b>		
<b>QSYMIA</b>	NC	WEIGHT (Tier 1 (generics) or Tier 3 (brands) if WEIGHT applies)
<b>*Anorexiant Non-Amphetamine***</b>		
<i>benzphetamine hcl oral tablet 50 mg</i>	NC	WEIGHT (Tier 1 (generics) or Tier 3 (brands) if WEIGHT applies)
<i>diethylpropion hcl er</i>	NC	WEIGHT (Tier 1 (generics) or Tier 3 (brands) if WEIGHT applies)
<i>diethylpropion hcl oral</i>	NC	WEIGHT (Tier 1 (generics) or Tier 3 (brands) if WEIGHT applies)
<b>LOMAIRA</b>	NC	WEIGHT (Tier 1 (generics) or Tier 3 (brands) if WEIGHT applies)
<i>phendimetrazine tartrate</i>	NC	WEIGHT (Tier 1 (generics) or Tier 3 (brands) if WEIGHT applies)

Drug	Status	Notes
<i>phendimetrazine tartrate er</i>	NC	WEIGHT (Tier 1 (generics) or Tier 3 (brands) if WEIGHT applies)
<i>phentermine hcl oral</i>	NC	WEIGHT (Tier 1 (generics) or Tier 3 (brands) if WEIGHT applies)
<b>*Anti-Obesity - Glp-1 Receptor Agonists***</b>		
<b>SAXENDA</b>	NC	WEIGHT (Tier 1 (generics) or Tier 3 (brands) if WEIGHT applies)
<b>WEGOVI</b>	NC	WEIGHT (Tier 1 (generics) or Tier 3 (brands) if WEIGHT applies)
<b>*Dopamine And Norepinephrine Reuptake Inhibitors (Dnris)***</b>		
<b>SUNOSI</b>	3	PA
<b>*Histamine H3-Receptor Antagonist/Inverse Agonists***</b>		
<b>WAKIX</b>	D	PA
<b>*Lipase Inhibitors***</b>		
<i>orlistat oral</i>	NC	WEIGHT (Tier 1 (generics) or Tier 3 (brands) if WEIGHT applies); AL (Min 12 Years)
<b>XENICAL</b>	NC	WEIGHT (Tier 1 (generics) or Tier 3 (brands) if WEIGHT applies); AL (Min 12 Years)
<b>*Stimulant Combinations***</b>		
<b>AZSTARYS</b>	4	PA; QL (1 cap/day); AL (Min 6 Years)
<b>*Stimulants - Misc.***</b>		
<b>APTENSIO XR</b>	4	PA; QL (1 cap/day); AL (Min 6 Years)
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	4	QL (1 tab/day); AL (Min 18 Years)
<i>armodafinil oral tablet 50 mg</i>	4	QL (2 tabs/day); AL (Min 18 Years)
<i>dexmethylphenidate hcl</i>	1	QL (3 tabs/day); AL (Min 6 Years)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg</i>	4	QL (1 cap/day); AL (Min 6 Years)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 15 mg</i>	4	QL (2 caps/day); AL (Min 6 Years)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 5 mg</i>	4	QL (3 caps/day); AL (Min 6 Years)
<b>JORNAY PM</b>	3	PA; QL (1 cap/day); AL (Min 6 Years)
<b>METHYLIN ORAL SOLUTION 10 MG/5ML</b>	3	QL (30 ml/day); AL (Min 6 Years)
<b>METHYLIN ORAL SOLUTION 5 MG/5ML</b>	3	QL (60 ml/day); AL (Min 6 Years)
<i>methylphenidate hcl er (cd)</i>	1	QL (1 cap/day); AL (Min 6 Years)
<i>methylphenidate hcl er (la)</i>	1	QL (1 cap/day); AL (Min 6 Years)
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg</i>	1	QL (1 tab/day); AL (Min 6 Years)
<i>methylphenidate hcl er (xr)</i>	4	PA; QL (1 cap/day); AL (Min 6 Years)
<i>methylphenidate hcl er oral tablet extended release</i>	1	QL (1 tab/day); AL (Min 6 Years)
<i>methylphenidate hcl er oral tablet extended release 24 hour</i>	3	QL (1 tab/day); AL (Min 6 Years)
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	1	QL (30 ml/day); AL (Min 6 Years)

Premium PDL Closed Formulary; Last revision date:03/01/2024 To search for a drug use control + f

Drug	Status	Notes
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	1	QL (60 ml/day); AL (Min 6 Years)
<i>methylphenidate hcl oral tablet</i>	1	QL (2 tabs/day); AL (Min 6 Years)
<i>methylphenidate hcl oral tablet chewable</i>	3	QL (2 tabs/day); AL (Min 6 Years)
<i>modafinil oral</i>	1	QL (2 tabs/day); AL (Min 16 Years)
<b>*Allergenic Extracts/Biologicals Misc*</b>		
<b>*Allergenic Extracts***</b>		
<b>GRASTEK</b>	4	PA
<b>RAGWITEK</b>	4	PA
<b>*Mixed Allergenic Extracts***</b>		
<b>ODACTRA</b>	4	PA
<b>ORALAIR</b>	4	PA
<b>*Alternative Medicines*</b>		
<b>*Alternative Medicine - AI's***</b>		
<b>NEOKE RA LIPOIC</b>	3	
<b>*Amebicides*</b>		
<b>*Amebicides***</b>		
<i>iodoquinol</i>	3	
<b>SOLOSEC</b>	4	QL (1 fill/180 days)
<b>*Aminoglycosides*</b>		
<b>*Aminoglycosides***</b>		
<i>amikacin sulfate</i>	3	
<b>ARIKAYCE</b>	D	PA
<i>gentamicin sulfate injection solution 10 mg/ml</i>	3	
<i>gentamicin sulfate injection solution 40 mg/ml</i>	1	
<i>neomycin sulfate oral</i>	1	
<b>TOBI PODHALER CAPSULE 28 MG INHALATION</b>	C	PA
<b>TOBI PODHALER CAPSULE 28 MG INHALATION</b>	C	PA; SP
<i>tobramycin nebulization solution 300 mg/4ml inhalation</i>	C	
<i>tobramycin nebulization solution 300 mg/4ml inhalation</i>	C	SP
<i>tobramycin nebulization solution 300 mg/5ml inhalation</i>	C	
<i>tobramycin nebulization solution 300 mg/5ml inhalation</i>	C	SP
<i>tobramycin sulfate</i>	3	
<b>*Analgesics - Anti-Inflammatory*</b>		
<b>*Antirheumatic - Janus Kinase (Jak) Inhibitors***</b>		
<b>OLUMIANT ORAL TABLET 1 MG, 2 MG</b>	D	PA; SP
<b>OLUMIANT ORAL TABLET 4 MG</b>	D	PA
<b>RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 45 MG</b>	B	PA; SP
<b>RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG</b>	B	PA
<b>XELJANZ ORAL SOLUTION</b>	B	PA; QL (10ml/day); DS (30 day supply max); AL (Max 18 Years)

Premium PDL Closed Formulary; Last revision date:03/01/2024 To search for a drug use control + f

Drug	Status	Notes
XELJANZ ORAL TABLET	B	PA; SP
XELJANZ XR	B	PA; SP
<b>*Anti-Tnf-Alpha - Monoclonal Antibodies***</b>		
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML	B	PA; SP
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	B	PA
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML	B	PA; SP
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT	B	PA; SP
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	B	PA; SP
HUMIRA-CD/UC/HS STARTER	B	PA; SP
HUMIRA-PED<40KG CROHNS STARTER	B	PA; SP
HUMIRA-PED>=40KG CROHNS START	B	PA; SP
HUMIRA-PED>=40KG UC STARTER	B	PA
HUMIRA-PS/UV/ADOL HS STARTER	B	PA; SP
HUMIRA-PSORIASIS/UVEIT STARTER	B	PA; SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	B	PA; SP
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	B	PA; SP
<b>*Cyclooxygenase 2 (Cox-2) Inhibitors***</b>		
<i>celecoxib oral</i>	1	QL (2 caps/day)
<b>*Gold Compounds***</b>		
RIDAURA	3	
<b>*Interleukin-1 Receptor Antagonist (Il-1Ra)***</b>		
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	D	PA; SP
<b>*Interleukin-1Beta Blockers***</b>		
ILARIS SUBCUTANEOUS SOLUTION	D	PA
<b>*Interleukin-6 Receptor Inhibitors***</b>		
ACTEMRA ACTPEN	C	PA; SP
ACTEMRA SUBCUTANEOUS	C	PA; SP
KEVZARA	D	PA; SP
<b>*Nonsteroidal Anti-Inflammatory Agents (Nsaids)***</b>		
DAYPRO	3	
<i>diclofenac potassium oral tablet 50 mg</i>	1	
<i>diclofenac sodium er</i>	1	
<i>diclofenac sodium oral</i>	1	
EC-NAPROSYN	3	
<i>ec-naproxen</i>	3	
<i>etodolac er oral tablet extended release 24 hour 400 mg</i>	1	QL (3 tabs/day)
<i>etodolac er oral tablet extended release 24 hour 500 mg, 600 mg</i>	1	QL (2 tabs/day)
<i>etodolac oral capsule 200 mg</i>	1	QL (6 caps/day)

Premium PDL Closed Formulary; Last revision date:03/01/2024 To search for a drug use control + f



Drug	Status	Notes
<i>etodolac oral capsule 300 mg</i>	1	QL (4 caps/day)
<i>etodolac oral tablet 400 mg</i>	1	QL (3 tabs/day)
<i>etodolac oral tablet 500 mg</i>	1	QL (2 tabs/day)
<b>FELDENE</b>	3	
<i>fenoprofen calcium</i>	3	
<i>flurbiprofen</i>	3	
<i>flurbiprofen oral</i>	1	
<b>IBU</b>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>indomethacin</i>	3	
<i>indomethacin er</i>	1	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1	
<i>ketoprofen oral capsule 50 mg</i>	1	
<i>ketorolac tromethamine oral</i>	1	QL (20 tabs/5 days supply); DS (5 day supply max)
<b>LODINE</b>	4	QL (3 tabs/day)
<i>meclofenamate sodium</i>	3	
<i>meloxicam oral tablet 15 mg</i>	1	QL (1 tab/day)
<i>meloxicam oral tablet 7.5 mg</i>	1	QL (2 tabs/day)
<i>nabumetone oral</i>	1	
<i>naproxen</i>	3	
<i>naproxen oral tablet</i>	1	
<i>naproxen oral tablet delayed release</i>	1	
<i>naproxen sodium</i>	3	
<i>naproxen sodium oral tablet 275 mg</i>	1	
<i>oxaprozin oral tablet</i>	1	
<i>piroxicam</i>	3	
<i>piroxicam oral</i>	1	
<i>sulindac</i>	3	
<i>sulindac oral</i>	1	
<i>tolmetin sodium oral tablet 600 mg</i>	3	
<b>*Phenylbutazones***</b>		
<i>phenylbutazone</i>	3	
<b>*Phosphodiesterase 4 (Pde4) Inhibitors***</b>		
<b>OTEZLA ORAL TABLET</b>	B	PA; SP; QL (2 tabs/day); DS (30 day supply max); AL (Min 18 Years)
<b>OTEZLA ORAL TABLET THERAPY PACK</b>	B	PA; SP; QL (1 starter pack/fill); DS (30 day supply max); AL (Min 18 Years)
<b>*Pyrimidine Synthesis Inhibitors***</b>		
<i>leflunomide oral</i>	1	QL (1 tab/day)
<b>*Selective Costimulation Modulators***</b>		
<b>ORENCIA CLICKJECT</b>	D	PA; SP

Premium PDL Closed Formulary; Last revision date:03/01/2024 To search for a drug use control + f

Drug	Status	Notes
<b>ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	C	PA; SP
<b>*Soluble Tumor Necrosis Factor Receptor Agents***</b>		
<b>ENBREL MINI</b>	B	PA; SP; QL (8 injections/month); DS (30 day supply max)
<b>ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML</b>	B	PA; QL (8 injections/month); DS (30 day supply max)
<b>ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML</b>	B	PA; SP; QL (4 injections/month); DS (30 day supply max)
<b>ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML</b>	B	PA; SP; QL (8 injections/month); DS (30 day supply max)
<b>ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	B	PA; SP; QL (8 injections/month); DS (30 day supply max)
<b>*Analgesics - Nonnarcotic*</b>		
<b>*Analgesics-Sedatives***</b>		
<b>BAC</b>	1	
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	1	
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg</i>	1	QL (6 caps/day); AL (Min 12 Years)
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	1	
<i>butalbital-aspirin-caffeine oral capsule</i>	1	
<b>TENCON ORAL TABLET 50-325 MG</b>	3	
<b>*Salicylates***</b>		
<i>adult aspirin regimen</i>	\$0	QL (1 tab/day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
<i>aspirin 81</i>	\$0	QL (1 tab/day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
<i>aspirin adult low dose</i>	\$0	QL (1 tab/day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
<i>aspirin adult low strength oral tablet delayed release</i>	\$0	QL (1 tab/day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
<i>aspirin childrens</i>	\$0	QL (1 tab/day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
<i>aspirin ec low dose</i>	\$0	QL (1 tab/day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
<i>aspirin ec low strength</i>	\$0	QL (1 tab/day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
<i>aspirin low dose oral tablet chewable</i>	\$0	QL (1 tab/day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)

Premium PDL Closed Formulary; Last revision date:03/01/2024 To search for a drug use control + f

Drug	Status	Notes
<i>aspirin low dose oral tablet delayed release</i>	\$0	QL (1 tab/day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
<i>aspirin oral tablet 325 mg</i>	\$0	QL (1 tab/day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
<i>aspirin oral tablet chewable</i>	\$0	QL (1 tab/day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
<i>aspirin oral tablet delayed release 325 mg, 81 mg</i>	\$0	QL (1 tab/day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
<i>aspirin regimen</i>	\$0	QL (1 tab/day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
<b>BAYER ADVANCED ASPIRIN REG ST</b>	\$0	QL (1 tab/day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
<b>BAYER ASPIRIN EC LOW DOSE</b>	\$0	QL (1 tab/day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
<b>BAYER ASPIRIN ORAL TABLET</b>	\$0	QL (1 tab/day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
<b>BAYER ASPIRIN ORAL TABLET DELAYED RELEASE</b>	\$0	QL (1 tab/day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
<b>BAYER LOW DOSE</b>	\$0	QL (1 tab/day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
<i>childrens aspirin</i>	\$0	QL (1 tab/day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
<i>cvs aspirin adult low dose</i>	\$0	QL (1 tab/day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
<i>cvs aspirin adult low strength</i>	\$0	QL (1 tab/day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
<i>cvs aspirin ec oral tablet delayed release 81 mg</i>	\$0	QL (1 tab/day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
<i>cvs aspirin low dose</i>	\$0	QL (1 tab/day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
<i>cvs aspirin low strength oral tablet delayed release</i>	\$0	QL (1 tab/day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
<i>cvs aspirin oral tablet 325 mg</i>	\$0	QL (1 tab/day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)

Premium PDL Closed Formulary; Last revision date:03/01/2024 To search for a drug use control + f

Drug	Status	Notes
<i>cvs genuine aspirin</i>	\$0	QL (1 tab/day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
<i>diflunisal</i>	3	
<i>diflunisal oral</i>	1	
<b>ECOTRIN</b>	\$0	QL (1 tab/day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
<b>ECOTRIN ARTHRTIS PAIN</b>	\$0	QL (1 tab/day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
<b>ECOTRIN LOW STRENGTH</b>	\$0	QL (1 tab/day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
<i>eq aspirin adult low dose</i>	\$0	QL (1 tab/day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
<i>eq aspirin low dose oral tablet chewable</i>	\$0	QL (1 tab/day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
<i>eq aspirin oral tablet</i>	\$0	QL (1 tab/day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
<i>eql aspirin ec oral tablet delayed release 325 mg</i>	\$0	QL (1 tab/day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
<i>eql aspirin low dose</i>	\$0	QL (1 tab/day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
<i>genuine aspirin</i>	\$0	QL (1 tab/day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
<i>gnp adult aspirin low strength oral tablet chewable</i>	\$0	QL (1 tab/day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
<i>gnp aspirin low dose</i>	\$0	QL (1 tab/day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
<i>gnp aspirin oral tablet 325 mg</i>	\$0	QL (1 tab/day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
<i>gnp aspirin oral tablet delayed release</i>	\$0	QL (1 tab/day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
<i>goodsense aspirin</i>	\$0	QL (1 tab/day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
<i>goodsense aspirin adults</i>	\$0	QL (1 tab/day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)

Premium PDL Closed Formulary; Last revision date:03/01/2024 To search for a drug use control + f

Drug	Status	Notes
<i>goodsense aspirin low dose</i>	\$0	QL (1 tab/day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
<i>h-e-b aspirin</i>	\$0	QL (1 tab/day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
<i>hm adult aspirin</i>	\$0	QL (1 tab/day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
<i>hm aspirin ec</i>	\$0	QL (1 tab/day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
<i>hm aspirin ec low dose</i>	\$0	QL (1 tab/day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
<i>hm aspirin oral tablet delayed release</i>	\$0	QL (1 tab/day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
<i>kls aspirin low dose</i>	\$0	QL (1 tab/day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
<i>kp aspirin</i>	\$0	QL (1 tab/day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
<b>MEDI-FIRST ASPIRIN</b>	\$0	QL (1 tab/day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
<b>MEDIQUE ASPIRIN</b>	\$0	QL (1 tab/day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
<i>meijer aspirin ec</i>	\$0	QL (1 tab/day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
<i>mm aspirin oral tablet delayed release</i>	\$0	QL (1 tab/day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
<i>px aspirin</i>	\$0	QL (1 tab/day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
<i>px enteric aspirin</i>	\$0	QL (1 tab/day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
<i>qc aspirin</i>	\$0	QL (1 tab/day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
<i>qc aspirin low dose</i>	\$0	QL (1 tab/day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
<i>qc childrens aspirin</i>	\$0	QL (1 tab/day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)

Premium PDL Closed Formulary; Last revision date:03/01/2024 To search for a drug use control + f

Drug	Status	Notes
<i>qc enteric aspirin</i>	\$0	QL (1 tab/day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
<i>ra aspirin adult low dose</i>	\$0	QL (1 tab/day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
<i>ra aspirin adult low strength oral tablet chewable</i>	\$0	QL (1 tab/day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
<i>ra aspirin childrens</i>	\$0	QL (1 tab/day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
<i>ra aspirin ec</i>	\$0	QL (1 tab/day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
<i>ra aspirin ec adult low st</i>	\$0	QL (1 tab/day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
<i>ra aspirin oral tablet 325 mg</i>	\$0	QL (1 tab/day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
<i>ra pain relief aspirin</i>	\$0	QL (1 tab/day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
<i>sb aspirin ec</i>	\$0	QL (1 tab/day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
<i>sb aspirin oral tablet</i>	\$0	QL (1 tab/day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
<i>sb childrens aspirin</i>	\$0	QL (1 tab/day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
<i>sb low dose asa ec</i>	\$0	QL (1 tab/day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
<i>sm aspirin adult low strength oral tablet delayed release</i>	\$0	QL (1 tab/day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
<i>sm aspirin ec</i>	\$0	QL (1 tab/day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
<i>sm aspirin ec low strength</i>	\$0	QL (1 tab/day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
<i>sm aspirin low dose</i>	\$0	QL (1 tab/day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
<i>sm childrens aspirin</i>	\$0	QL (1 tab/day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)

Premium PDL Closed Formulary; Last revision date:03/01/2024 To search for a drug use control + f

Drug	Status	Notes
<i>sodium salicylate crystals</i>	3	
<b>ST JOSEPH ASPIRIN ORAL TABLET DELAYED RELEASE</b>	\$0	QL (1 tab/day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
<b>ST JOSEPH LOW DOSE</b>	\$0	QL (1 tab/day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 45 Years)
<b>*Analgesics - Opioid*</b>		
<b>*Codeine Combinations***</b>		
<i>acetaminophen-codeine oral solution</i>	2	QL (136 per day; MED dosing limit applies: first two fills are limited to a 7 day supply with a of 2 fills within a 54 day period.); DS (7 day supply max)
<i>acetaminophen-codeine oral tablet 300-15 mg</i>	1	QL (13 per day; MED dosing limit applies: first two fills are limited to a 7 day supply with a of 2 fills within a 54 day period.); DS (7 day supply max)
<i>acetaminophen-codeine oral tablet 300-30 mg</i>	1	QL (10 per day; MED dosing limit applies: first two fills are limited to a 7 day supply with a of 2 fills within a 54 day period.); DS (7 day supply max)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	1	QL (5 per day; MED dosing limit applies: first two fills are limited to a 7 day supply with a of 2 fills within a 54 day period.); DS (7 day supply max)
<b>ASCOMP-CODEINE</b>	1	
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	1	
<i>butalbital-asa-caff-codeine</i>	1	
<b>*Dihydrocodeine Combinations***</b>		
<i>apap-caff-dihydrocodeine oral capsule</i>	3	QL (12 per day; MED dosing limit applies: first two fills are limited to a 7 day supply with a of 2 fills within a 54 day period.); DS (7 day supply max)
<b>TREZIX ORAL CAPSULE 320.5-30-16 MG</b>	3	QL (12 per day; MED dosing limit applies: first two fills are limited to a 7 day supply with a of 2 fills within a 54 day period.); DS (7 day supply max)
<b>*Hydrocodone Combinations***</b>		
<i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>	1	QL (MED dosing limit applies: first two fills are limited to a 7 day supply with a of 2 fills within a 54 day period.); DS (7 day supply max)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	1	QL (MED dosing limit applies: first two fills are limited to a 7 day supply with a of 2 fills within a 54 day period.); DS (7 day supply max)
<i>hydrocodone-ibuprofen oral tablet 5-200 mg, 7.5-200 mg</i>	1	QL (MED dosing limit applies: first two fills are limited to a 7 day supply with a of 2 fills within a 54 day period.); DS (7 day supply max)

Premium PDL Closed Formulary; Last revision date:03/01/2024 To search for a drug use control + f

Drug	Status	Notes
<b>*Opioid Agonists***</b>		
<i>codeine phosphate</i>	3	
<i>codeine sulfate oral tablet</i>	1	QL (MED dosing limit applies: first two fills are limited to a 7 day supply with a of 2 fills within a 54 day period.); DS (7 day supply max)
<i>fentanyl</i>	1	QL (1 patch/72 hours); ST (Step Therapy applies; see Step Therapy Drug List)
<i>fentanyl citrate</i>	3	
<i>fentanyl citrate (bulk)</i>	3	
<i>fentanyl citrate buccal lozenge on a handle</i>	4	PA; QL (3 lozenges/day); DS (30 day supply max)
<i>hydrocodone bitartrate er oral capsule extended release 12 hour</i>	4	QL (2 per day); ST (Step Therapy applies; see Step Therapy Drug List)
<i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent</i>	2	QL (1 tab/day); ST (Step Therapy applies; see Step Therapy Drug List)
<i>hydromorphone hcl</i>	3	
<i>hydromorphone hcl er oral tablet extended release 24 hour</i>	4	QL (1 tab/day); ST (Step Therapy applies; see Step Therapy Drug List)
<i>hydromorphone hcl oral</i>	1	QL (MED dosing limit applies: first two fills are limited to a 7 day supply with a of 2 fills within a 54 day period.); DS (7 day supply max)
<i>hydromorphone hcl rectal</i>	3	QL (MED dosing limit applies: first two fills are limited to a 7 day supply with a of 2 fills within a 54 day period.); DS (7 day supply max)
<b>HYSINGLA ER</b>	2	QL (1 tab/day); ST (Step Therapy applies; see Step Therapy Drug List)
<i>meperidine hcl</i>	3	
<i>meperidine hcl oral solution</i>	3	QL (MED dosing limit applies: first two fills are limited to a 7 day supply with a of 2 fills within a 54 day period.); DS (7 day supply max)
<i>methadone hcl oral tablet</i>	3	PA
<i>morphine sulfate</i>	3	
<i>morphine sulfate (bulk)</i>	3	
<i>morphine sulfate (concentrate) oral solution 10 mg/0.5ml, 100 mg/5ml, 20 mg/ml</i>	1	QL (MED dosing limit applies: first two fills are limited to a 7 day supply with a of 2 fills within a 54 day period.); DS (7 day supply max)
<i>morphine sulfate er beads</i>	4	QL (1 cap/day); ST (Step Therapy applies; see Step Therapy Drug List)
<i>morphine sulfate er capsule extended release 24 hour 10 mg oral</i>	4	QL (1 cap/day)
<i>morphine sulfate er capsule extended release 24 hour 10 mg oral</i>	4	QL (1 cap/day); ST (Step Therapy applies; see Step Therapy Drug List)
<i>morphine sulfate er capsule extended release 24 hour 100 mg oral</i>	4	QL (1 cap/day)

Premium PDL Closed Formulary; Last revision date:03/01/2024 To search for a drug use control + f



Drug	Status	Notes
<i>morphine sulfate er capsule extended release 24 hour 100 mg oral</i>	4	QL (1 cap/day); ST (Step Therapy applies; see Step Therapy Drug List)
<i>morphine sulfate er capsule extended release 24 hour 20 mg oral</i>	4	QL (1 cap/day)
<i>morphine sulfate er capsule extended release 24 hour 20 mg oral</i>	4	QL (1 cap/day); ST (Step Therapy applies; see Step Therapy Drug List)
<i>morphine sulfate er capsule extended release 24 hour 30 mg oral</i>	4	QL (1 cap/day)
<i>morphine sulfate er capsule extended release 24 hour 30 mg oral</i>	4	QL (1 cap/day); ST (Step Therapy applies; see Step Therapy Drug List)
<i>morphine sulfate er capsule extended release 24 hour 50 mg oral</i>	4	QL (1 cap/day)
<i>morphine sulfate er capsule extended release 24 hour 50 mg oral</i>	4	QL (1 cap/day); ST (Step Therapy applies; see Step Therapy Drug List)
<i>morphine sulfate er capsule extended release 24 hour 60 mg oral</i>	4	QL (1 cap/day)
<i>morphine sulfate er capsule extended release 24 hour 60 mg oral</i>	4	QL (1 cap/day); ST (Step Therapy applies; see Step Therapy Drug List)
<i>morphine sulfate er capsule extended release 24 hour 80 mg oral</i>	4	QL (1 cap/day)
<i>morphine sulfate er capsule extended release 24 hour 80 mg oral</i>	4	QL (1 cap/day); ST (Step Therapy applies; see Step Therapy Drug List)
<i>morphine sulfate er oral tablet extended release</i>	1	ST (Step Therapy applies; see Step Therapy Drug List)
<i>morphine sulfate oral solution</i>	1	QL (MED dosing limit applies: first two fills are limited to a 7 day supply with a of 2 fills within a 54 day period.); DS (7 day supply max)
<i>morphine sulfate rectal</i>	3	QL (MED dosing limit applies: first two fills are limited to a 7 day supply with a of 2 fills within a 54 day period.); DS (7 day supply max)
<i>morphine sulfate tablet 15 mg oral</i>	1	QL (MED dosing limit applies: first two fills are limited to a 7 day supply with a of 2 fills within a 54 day period.); DS (7 day supply max)
<i>morphine sulfate tablet 15 mg oral</i>	3	QL (MED dosing limit applies: first two fills are limited to a 7 day supply with a of 2 fills within a 54 day period.); DS (7 day supply max)
<i>morphine sulfate tablet 30 mg oral</i>	1	QL (MED dosing limit applies: first two fills are limited to a 7 day supply with a of 2 fills within a 54 day period.); DS (7 day supply max)
<i>morphine sulfate tablet 30 mg oral</i>	3	QL (MED dosing limit applies: first two fills are limited to a 7 day supply with a of 2 fills within a 54 day period.); DS (7 day supply max)
<i>oxycodone hcl oral capsule</i>	1	QL (MED dosing limit applies: first two fills are limited to a 7 day supply with a of 2 fills within a 54 day period.); DS (7 day supply max)

Drug	Status	Notes
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	1	QL (MED dosing limit applies: first two fills are limited to a 7 day supply with a of 2 fills within a 54 day period.); DS (7 day supply max)
<i>oxycodone hcl oral solution</i>	1	QL (MED dosing limit applies: first two fills are limited to a 7 day supply with a of 2 fills within a 54 day period.); DS (7 day supply max)
<i>oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	1	QL (MED dosing limit applies: first two fills are limited to a 7 day supply with a of 2 fills within a 54 day period.); DS (7 day supply max)
<i>oxycodone hcl oral tablet 5 mg</i>	1	QL (6 tabs/day)
<b>OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT</b>	4	QL (2 tabs/day); ST (Step Therapy applies; see Step Therapy Drug List)
<i>oxymorphone hcl</i>	1	QL (MED dosing limit applies: first two fills are limited to a 7 day supply with a of 2 fills within a 54 day period.); DS (7 day supply max)
<i>oxymorphone hcl er</i>	4	QL (2 tabs/day); ST (Step Therapy applies; see Step Therapy Drug List)
<i>sufentanil citrate (bulk)</i>	3	
<i>tramadol hcl (er biphasic) oral tablet extended release 24 hour</i>	3	QL (1 tab/day); ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 16 Years)
<i>tramadol hcl er</i>	1	QL (1 tab/day); ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 18 Years)
<i>tramadol hcl oral tablet 100 mg</i>	3	
<i>tramadol hcl oral tablet 50 mg</i>	1	QL (8 tabs/day)
<b>XTAMPZA ER</b>	4	QL (2 caps/day); ST (Step Therapy applies; see Step Therapy Drug List)
<b>*Opioid Combinations***</b>		
<b>ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG</b>	1	QL (MED dosing limit applies: first two fills are limited to a 7 day supply with a of 2 fills within a 54 day period.); DS (7 day supply max)
<i>oxycodone-acetaminophen oral solution 5-325 mg/5ml</i>	3	QL (MED dosing limit applies: first two fills are limited to a 7 day supply with a of 2 fills within a 54 day period.); DS (7 day supply max)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	QL (MED dosing limit applies: first two fills are limited to a 7 day supply with a of 2 fills within a 54 day period.); DS (7 day supply max)
<b>*Opioid Partial Agonists***</b>		
<b>BELBUCA</b>	4	QL (2 films/day); ST (Step Therapy applies; see Step Therapy Drug List)
<i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>	1	QL (8 tabs/day)

Premium PDL Closed Formulary; Last revision date:03/01/2024 To search for a drug use control + f

Drug	Status	Notes
<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>	1	QL (3 tabs/day)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	3	QL (2 films/day)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg</i>	3	QL (8 films/day)
<i>buprenorphine hcl-naloxone hcl sublingual film 4-1 mg</i>	3	QL (6 films/day)
<i>buprenorphine hcl-naloxone hcl sublingual film 8-2 mg</i>	3	QL (3 films/day)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i>	1	QL (6 tabs/day)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</i>	1	QL (2 tabs/day)
<i>buprenorphine transdermal</i>	1	QL (1 patch/week); ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 18 Years)
<i>pentazocine-naloxone hcl</i>	1	QL (MED dosing limit applies: first two fills are limited to a 7 day supply with a of 2 fills within a 54 day period.); DS (7 day supply max)
<b>ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 1.4-0.36 MG</b>	2	QL (3 tabs/day)
<b>ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG</b>	2	QL (1 tab/day)
<b>ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 MG</b>	2	QL (2 tabs/day)
<b>*Tramadol Combinations***</b>		
<i>tramadol-acetaminophen</i>	1	QL (8 tabs/day)
<b>*Androgens-Anabolic*</b>		
<b>*Androgens***</b>		
<b>ANDRODERM TRANSDERMAL PATCH 24 HOUR</b>	3	PA; M
<i>danazol</i>	3	
<i>danazol oral</i>	1	QL (4 caps/day)
<b>DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML</b>	3	QL (10 units per 28 days)
<b>DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML</b>	3	QL (4 injections (200mg each)/month); DS (28 day supply max); M
<i>methitest</i>	3	PA
<i>testosterone cypionate intramuscular solution 100 mg/ml</i>	1	QL (10 units per 28 days)
<i>testosterone cypionate intramuscular solution 200 mg/ml</i>	1	QL (4 injections (200mg each)/month); DS (28 day supply max)
<i>testosterone enanthate intramuscular solution</i>	1	
<i>testosterone transdermal gel 1.62 %, 12.5 mg/act (1%), 20.25 mg/act (1.62%), 50 mg/5gm (1%)</i>	1	QL (5 per day); AL (Min 18 Years)
<i>testosterone transdermal gel 10 mg/act (2%)</i>	1	PA; QL (2 per day)
<i>testosterone transdermal gel 20.25 mg/1.25gm (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%)</i>	1	PA
<i>testosterone transdermal solution</i>	1	PA; QL (1 bottle (90ml)/month)
<b>XYOSTED</b>	4	PA; M

Drug	Status	Notes
<b>*Anorectal And Related Products*</b>		
<b>*Intrarectal Steroids***</b>		
<i>budesonide rectal</i>	3	
<b>CORTENEMA</b>	3	
<b>CORTIFOAM EXTERNAL</b>	3	
<i>hydrocortisone rectal enema</i>	1	
<b>UCERIS RECTAL</b>	3	
<b>*Nitrate Vasodilating Agents***</b>		
<b>RECTIV</b>	3	
<b>*Rectal Anesthetic/Steroids***</b>		
<b>PROCTOFOAM HC EXTERNAL</b>	3	
<b>*Rectal Steroids***</b>		
<b>ANUSOL-HC EXTERNAL</b>	3	
<i>hydrocortisone (perianal) external cream 2.5 %</i>	1	
<b>PROCTO-MED HC EXTERNAL</b>	1	
<b>PROCTOSOL HC EXTERNAL</b>	1	
<b>PROCTOZONE-HC EXTERNAL</b>	1	
<b>*Antacids*</b>		
<b>*Antacids - Bicarbonate***</b>		
<i>sodium bicarbonate oral powder</i>	3	
<b>*Antacids - Magnesium Salts***</b>		
<i>magnesium trisilicate</i>	3	
<b>*Anthelmintics*</b>		
<b>*Anthelmintics***</b>		
<i>albendazole oral</i>	4	PA
<i>benznidazole</i>	3	QL (2 fills/180 days; 2 fills per 180 days); AL (Min 2 Years and Max 12 Years)
<b>BILTRICIDE</b>	3	
<b>EMVERM</b>	3	
<i>ivermectin oral</i>	1	PA
<i>mebendazole</i>	3	
<i>piperazine citrate</i>	3	
<i>praziquantel oral</i>	3	
<b>STROMEKTOL</b>	4	PA
<i>thiabendazole</i>	3	
<b>*Antianginal Agents*</b>		
<b>*Antianginals-Other***</b>		
<i>ranolazine er</i>	2	QL (2 tabs/day); AL (Min 16 Years)
<b>*Nitrates***</b>		
<b>ISORDIL TITRADOSE</b>	3	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>isosorbide dinitrate oral tablet 30 mg</i>	3	

Premium PDL Closed Formulary; Last revision date:03/01/2024 To search for a drug use control + f

Drug	Status	Notes
<i>isosorbide mononitrate</i>	2	
<i>isosorbide mononitrate er</i>	2	
<b>NITRO-BID</b>	3	
<i>nitroglycerin sublingual</i>	1	
<i>nitroglycerin transdermal patch 24 hour</i>	1	QL (1 patch/day)
<i>nitroglycerin translingual solution</i>	1	
<b>NITROLINGUAL</b>	3	
<b>*Antianxiety Agents*</b>		
<b>*Antianxiety Agents - Misc.***</b>		
<i>buspirone hcl oral tablet 10 mg</i>	1	QL (6 tabs/day)
<i>buspirone hcl oral tablet 15 mg</i>	1	QL (4 tabs/day)
<i>buspirone hcl oral tablet 30 mg</i>	1	QL (3 tabs/day)
<i>buspirone hcl oral tablet 5 mg</i>	1	QL (12 tabs/day)
<i>buspirone hcl oral tablet 7.5 mg</i>	1	
<i>hydroxyzine hcl oral syrup</i>	1	
<i>hydroxyzine hcl oral tablet</i>	1	
<i>hydroxyzine pamoate</i>	3	
<i>hydroxyzine pamoate oral capsule 100 mg</i>	3	
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>	1	
<i>meprobamate</i>	1	
<b>VISTARIL ORAL CAPSULE 25 MG</b>	3	
<b>*Benzodiazepines***</b>		
<i>alprazolam er</i>	1	QL (1 tab/day; 2 fills per 25 days); AL (Min 18 Years)
<b>ALPRAZOLAM INTENSOL</b>	3	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg</i>	1	QL (4 tabs/day; 2 fills per 25 days); AL (Min 18 Years)
<i>alprazolam oral tablet 1 mg</i>	1	QL (3 tabs/day; 2 fills per 25 days); AL (Min 18 Years)
<i>alprazolam oral tablet 2 mg</i>	1	QL (2 tabs/day; 2 fills per 25 days); AL (Min 18 Years)
<i>alprazolam xr</i>	1	QL (1 tab/day; 2 fills per 25 days); AL (Min 18 Years)
<i>chlordiazepoxide hcl oral capsule 10 mg, 5 mg</i>	1	QL (4 caps/day; 2 fills per 25 days); AL (Min 6 Years)
<i>chlordiazepoxide hcl oral capsule 25 mg</i>	1	QL (8 caps/day; 2 fills per 25 days); AL (Min 6 Years)
<i>clorazepate dipotassium tablet 15 mg oral</i>	1	QL (2 tabs/day; 2 fills/month; 2 fills per 25 days); AL (Min 9 Years)
<i>clorazepate dipotassium tablet 15 mg oral</i>	1	QL (2 tabs/day; 2 fills/month); AL (Min 9 Years)
<i>clorazepate dipotassium tablet 3.75 mg oral</i>	1	QL (3 tabs/day; 2 fills/month; 2 fills per 25 days); AL (Min 9 Years)

Drug	Status	Notes
<i>clorazepate dipotassium tablet 3.75 mg oral</i>	1	QL (3 tabs/day; 2 fills/month); AL (Min 9 Years)
<i>clorazepate dipotassium tablet 7.5 mg oral</i>	1	QL (2 tabs/day; 2 fills/month; 2 fills per 25 days); AL (Min 9 Years)
<i>clorazepate dipotassium tablet 7.5 mg oral</i>	1	QL (2 tabs/day; 2 fills/month); AL (Min 9 Years)
<b>DIAZEPAM INTENSOL</b>	3	QL (2 fills/month; 2 fills per 25 days)
<i>diazepam oral concentrate</i>	3	QL (2 fills/month; 2 fills per 25 days)
<i>diazepam oral solution 5 mg/5ml</i>	3	QL (40 per day; 2 fills per 25 days)
<i>diazepam oral tablet 10 mg, 5 mg</i>	1	QL (2 per day; 2 fills per 25 days)
<i>diazepam oral tablet 2 mg</i>	1	QL (4 per day; 2 fills per 25 days)
<b>LORAZEPAM INTENSOL</b>	1	QL (1ml/day; 2 fills per 25 days); AL (Min 18 Years)
<i>lorazepam oral concentrate 2 mg/ml</i>	1	QL (1ml/day; 2 fills per 25 days); AL (Min 18 Years)
<i>lorazepam oral tablet</i>	1	QL (4 tabs/day; 2 fills per 25 days); AL (Min 18 Years)
<i>oxazepam oral capsule 10 mg, 15 mg</i>	1	QL (5 caps/day; 2 fills per 25 days); AL (Min 6 Years)
<i>oxazepam oral capsule 30 mg</i>	1	QL (4 caps/day; 2 fills per 25 days); AL (Min 6 Years)
<b>*Antiarrhythmics*</b>		
<b>*Antiarrhythmics Type I-A***</b>		
<i>disopyramide phosphate oral</i>	1	
<b>NORPACE</b>	3	
<b>NORPACE CR</b>	3	
<i>procainamide hcl</i>	3	
<i>quinidine gluconate er</i>	1	
<i>quinidine sulfate oral</i>	3	
<b>*Antiarrhythmics Type I-B***</b>		
<i>mexiletine hcl oral</i>	3	
<b>*Antiarrhythmics Type I-C***</b>		
<i>flecainide acetate</i>	1	
<i>propafenone hcl</i>	1	
<i>propafenone hcl er</i>	1	
<b>*Antiarrhythmics Type Iii***</b>		
<i>amiodarone hcl oral</i>	1	
<i>dofetilide</i>	A	QL (2 caps/day); DS (30 day supply max)
<b>MULTAQ</b>	2	QL (2 tabs/day); AL (Min 18 Years)
<b>PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG</b>	1	
<b>*Antiasthmatic And Bronchodilator Agents*</b>		
<b>*Adrenergic Combinations***</b>		
<b>ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT</b>	2	QL (1 diskus/30days); HDHP

Premium PDL Closed Formulary; Last revision date:03/01/2024 To search for a drug use control + f

Drug	Status	Notes
<b>ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 250-50 MCG/ACT, 500-50 MCG/ACT</b>	2	QL (1 inhaler/month); HDHP
<b>ADVAIR HFA</b>	2	QL (1 inhaler/month); HDHP; AL (Min 3 Years)
<b>ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT</b>	2	HDHP
<b>BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT</b>	2	HDHP
<b>BREZTRI AEROSPHERE</b>	4	QL (1 inhaler/month); ST (Step Therapy applies; see Step Therapy Drug List); HDHP; AL (Min 18 Years)
<b>COMBIVENT RESPIMAT</b>	3	HDHP
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act</i>	2	QL (1 diskus/30days); HDHP
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 250-50 mcg/act, 500-50 mcg/act</i>	2	QL (1 inhaler/month); HDHP
<i>ipratropium-albuterol</i>	1	QL (18 vials/day); HDHP
<b>STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT</b>	2	QL (1 inhaler/month); HDHP; AL (Min 18 Years)
<b>SYMBICORT</b>	2	HDHP
<b>TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT</b>	2	HDHP
<b>WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT</b>	2	QL (1 diskus/30days); HDHP
<b>WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 250-50 MCG/ACT, 500-50 MCG/ACT</b>	2	QL (1 inhaler/month); HDHP
<b>*Anti-Ige Monoclonal Antibodies***</b>		
<b>XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML</b>	D	PA; SP
<b>XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED</b>	D	PA; SP
<b>*Anti-Inflammatory Agents***</b>		
<i>cromolyn sodium inhalation</i>	1	HDHP
<b>*Beta Adrenergics***</b>		
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	1	HDHP
<i>albuterol sulfate inhalation</i>	1	HDHP
<i>albuterol sulfate oral syrup</i>	1	HDHP
<i>albuterol sulfate oral tablet</i>	1	
<i>arformoterol tartrate</i>	3	QL (60 vials/30 days); HDHP; AL (Min 18 Years)
<i>formoterol fumarate inhalation</i>	3	QL (60 vials/30 days); HDHP; AL (Min 18 Years)
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	1	HDHP

Drug	Status	Notes
PERFOROMIST	3	QL (60 vials/30 days); HDHP; AL (Min 18 Years)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	2	QL (1 pack/month); HDHP
STRIVERDI RESPIMAT	4	QL (1 inhaler/month); ST (Step Therapy applies; see Step Therapy Drug List); HDHP; AL (Min 18 Years)
<i>terbutaline sulfate injection</i>	1	HDHP
<i>terbutaline sulfate oral</i>	1	HDHP
<b>*Bronchodilators - Anticholinergics***</b>		
ATROVENT HFA	2	QL (2 inhalers/30 days); HDHP
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	2	HDHP
<i>ipratropium bromide inhalation</i>	1	HDHP
SPIRIVA HANDIHALER	3	QL (1 cap/day); HDHP
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT	3	HDHP
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	3	QL (1 inhaler/month); HDHP
YUPELRI	3	PA; HDHP
<b>*Interleukin-5 Antagonists (Ilg1 Kappa)***</b>		
FASENRA	D	PA; SP
FASENRA PEN	D	PA; SP
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	D	PA; DS (30 day supply max)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	D	PA
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	D	PA; SP
<b>*Leukotriene Receptor Antagonists***</b>		
ACCOLATE	3	QL (2 tabs/day); HDHP
<i>montelukast sodium oral packet</i>	1	QL (1 packet/day); HDHP
<i>montelukast sodium oral tablet</i>	1	QL (1 tab/day); HDHP
<i>montelukast sodium oral tablet chewable 4 mg</i>	1	QL (1 tab/day); HDHP
<i>montelukast sodium oral tablet chewable 5 mg</i>	1	QL (2 tabs/day); HDHP
<i>zafirlukast</i>	1	QL (2 tabs/day); HDHP
<b>*Selective Phosphodiesterase 4 (Pde4) Inhibitors***</b>		
DALIRESP	4	QL (1 tab/day); AL (Min 18 Years)
<i>roflumilast</i>	4	QL (1 tab/day); AL (Min 18 Years)
<b>*Steroid Inhalants***</b>		
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT	2	QL (2 inhalers/month); HDHP
ALVESCO INHALATION AEROSOL SOLUTION 80 MCG/ACT	2	QL (1 inhaler/month); HDHP
ARNUIITY ELLIPTA	2	HDHP
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	2	HDHP
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	2	HDHP

Premium PDL Closed Formulary; Last revision date:03/01/2024 To search for a drug use control + f



Drug	Status	Notes
<b>ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT</b>	2	HDHP
<b>ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT</b>	2	HDHP
<b>ASMANEX HFA</b>	2	HDHP
<i>budesonide inhalation</i>	1	HDHP
<b>FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 250 MCG/ACT</b>	2	QL (1 inhaler/month); HDHP
<b>FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT</b>	2	QL (1 diskus/30days); HDHP
<b>FLOVENT HFA</b>	2	HDHP
<b>PULMICORT FLEXHALER</b>	2	HDHP
<b>QVAR REDHALER</b>	2	HDHP
<b>*Xanthines***</b>		
<b>ELIXOPHYLLIN</b>	1	
<b>THEO-24</b>	3	
<i>theophylline</i>	1	
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>	3	
<i>theophylline er oral tablet extended release 24 hour</i>	1	
<b>*Anticoagulants*</b>		
<b>*Coumarin Anticoagulants***</b>		
<b>JANTOVEN</b>	1	HDHP
<i>warfarin sodium oral</i>	1	HDHP
<b>*Direct Factor Xa Inhibitors***</b>		
<b>ELIQUIS</b>	2	QL (2 tabs/day)
<b>ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK</b>	2	QL (74 tabs/28 days); DS (28 day supply max)
<b>SAVAYSA</b>	3	PA; QL (1 tab/day); AL (Min 18 Years)
<b>XARELTO ORAL SUSPENSION RECONSTITUTED</b>	2	QL (10 ml/day)
<b>XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG</b>	2	QL (1 tab/day)
<b>XARELTO ORAL TABLET 2.5 MG</b>	2	QL (2 tabs/day)
<b>XARELTO STARTER PACK</b>	2	QL (1 pack/month); DS (28 day supply max)
<b>*Heparins And Heparinoid-Like Agents***</b>		
<b>BD HEPARIN POSIFLUSH</b>	1	
<i>heparin na (pork) lock flsh pf intravenous solution 1 unit/ml</i>	3	
<i>heparin na (pork) lock flsh pf intravenous solution 10 unit/ml, 100 unit/ml</i>	1	
<i>heparin sod (pork) lock flush intravenous solution 10 unit/ml, 100 unit/ml</i>	1	
<i>heparin sodium (porcine) injection solution 1000 unit/ml</i>	1	
<i>heparin sodium (porcine) injection solution prefilled syringe</i>	3	

Drug	Status	Notes
<b>*Low Molecular Weight Heparins***</b>		
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	1	
<i>enoxaparin sodium injection solution prefilled syringe</i>	1	
<b>FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML, 95000 UNIT/3.8ML</b>	3	
<b>FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	3	
<b>LOVENOX INJECTION</b>	3	
<b>*Synthetic Heparinoid-Like Agents***</b>		
<b>ARIXTRA</b>	3	
<i>fondaparinux sodium</i>	1	
<b>*Thrombin Inhibitors - Selective Direct &amp; Reversible***</b>		
<i>dabigatran etexilate mesylate oral capsule 150 mg, 75 mg</i>	2	QL (2 caps/day)
<b>PRADAXA ORAL CAPSULE</b>	2	QL (2 caps/day)
<b>*Anticonvulsants*</b>		
<b>*Ampa Glutamate Receptor Antagonists***</b>		
<b>FYCOMPA ORAL SUSPENSION</b>	2	
<b>FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG</b>	2	QL (1 tab/day)
<b>FYCOMPA ORAL TABLET 2 MG</b>	2	QL (2 tabs/day)
<b>*Anticonvulsants - Benzodiazepines***</b>		
<i>clobazam oral suspension</i>	4	QL (8 ml/day)
<i>clobazam oral tablet</i>	4	QL (2 tabs/day)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	1	QL (4 tabs/day)
<i>clonazepam oral tablet 2 mg</i>	1	QL (2 tabs/day)
<i>clonazepam oral tablet dispersible 0.125 mg, 1 mg, 2 mg</i>	1	QL (2 tabs/day)
<i>clonazepam oral tablet dispersible 0.25 mg, 0.5 mg</i>	1	QL (4 tabs/day)
<b>DIASTAT ACUDIAL</b>	3	QL (3 per day)
<b>DIASTAT PEDIATRIC</b>	3	QL (3 per day)
<i>diazepam rectal</i>	3	QL (3 per day)
<b>NAYZILAM</b>	4	PA
<b>SYMPAZAN</b>	4	PA; QL (2 films/day)
<b>VALTOCO 10 MG DOSE</b>	4	PA
<b>VALTOCO 15 MG DOSE</b>	4	PA
<b>VALTOCO 20 MG DOSE</b>	4	PA
<b>VALTOCO 5 MG DOSE</b>	4	PA
<b>*Anticonvulsants - Misc.***</b>		
<b>APTIOM ORAL TABLET 200 MG, 400 MG</b>	4	QL (1 tab/day); ST (Step Therapy applies; see Step Therapy Drug List)
<b>APTIOM ORAL TABLET 600 MG, 800 MG</b>	4	QL (2 tabs/day); ST (Step Therapy applies; see Step Therapy Drug List)
<b>BRIVIACT ORAL</b>	4	QL (2 tabs/day); ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 4 Years)

Premium PDL Closed Formulary; Last revision date:03/01/2024 To search for a drug use control + f

Drug	Status	Notes
<i>carbamazepine</i>	3	
<i>carbamazepine er</i>	1	
<i>carbamazepine oral</i>	1	
<b>DIACOMIT</b>	C	PA; SP
<b>EPIDIOLEX</b>	3	PA
<b>EPITOL</b>	1	
<b>FINTEPLA SOLUTION 2.2 MG/ML ORAL</b>	C	PA
<i>gabapentin oral capsule</i>	1	
<i>gabapentin oral solution 250 mg/5ml</i>	1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	
<i>lacosamide oral</i>	2	
<b>LAMICTAL XR ORAL KIT</b>	3	
<i>lamotrigine er</i>	1	
<i>lamotrigine oral kit 21 x 25 mg &amp; 7 x 50 mg, 25 &amp; 50 &amp; 100 mg, 42 x 50 mg &amp; 14x100 mg</i>	1	AL (Max 6 Years)
<i>lamotrigine oral tablet</i>	1	
<i>lamotrigine oral tablet chewable</i>	1	
<i>lamotrigine oral tablet dispersible</i>	1	
<i>levetiracetam er oral tablet extended release 24 hour 500 mg</i>	1	QL (6 tabs/day); AL (Min 12 Years)
<i>levetiracetam er oral tablet extended release 24 hour 750 mg</i>	1	AL (Min 12 Years)
<i>levetiracetam oral</i>	1	
<i>oxcarbazepine</i>	1	
<i>pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	QL (4 caps/day)
<i>pregabalin oral capsule 200 mg</i>	1	QL (3 caps/day)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	1	QL (2 caps/day)
<i>pregabalin oral solution</i>	1	
<i>primidone oral tablet 250 mg, 50 mg</i>	1	
<b>ROWEEPRA ORAL TABLET 500 MG</b>	1	
<i>rufinamide</i>	3	PA
<b>SUBVENITE</b>	1	
<b>SUBVENITE STARTER KIT-BLUE</b>	1	
<b>SUBVENITE STARTER KIT-GREEN</b>	1	
<b>SUBVENITE STARTER KIT-ORANGE</b>	1	
<i>topiramate er oral capsule er 24 hour sprinkle</i>	4	QL (1 cap/day); ST (Step Therapy applies; see Step Therapy Drug List)
<i>topiramate er oral capsule extended release 24 hour</i>	4	QL (1 cap/day); ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 6 Years)
<i>topiramate oral capsule sprinkle</i>	1	QL (2 caps/day)
<i>topiramate oral tablet</i>	1	
<b>TROKENDI XR</b>	4	QL (1 cap/day); ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 6 Years)

Premium PDL Closed Formulary; Last revision date:03/01/2024 To search for a drug use control + f

Drug	Status	Notes
<i>zonisamide oral capsule 100 mg</i>	1	QL (6 caps/day)
<i>zonisamide oral capsule 25 mg, 50 mg</i>	1	
<b>ZTALMY</b>	D	PA
<b>*Carbamates***</b>		
<i>felbamate</i>	1	
<b>XCOPRI</b>	4	QL (1 tab/day); ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 18 Years)
<b>XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 &amp; 150 MG</b>	4	QL (2 tabs/day); ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 18 Years)
<b>XCOPRI (350 MG DAILY DOSE)</b>	4	QL (2 tabs/day); ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 18 Years)
<b>*Gaba Modulators***</b>		
<i>tiagabine hcl</i>	3	
<i>vigabatrin</i>	B	PA
<b>VIGADRONE</b>	B	PA
<b>*Hydantoins***</b>		
<b>DILANTIN ORAL CAPSULE 30 MG</b>	2	
<b>PHENYTEK</b>	2	QL (2 caps/day)
<b>PHENYTOIN INFATABS</b>	1	
<i>phenytoin oral suspension 125 mg/5ml</i>	1	
<i>phenytoin oral tablet chewable</i>	1	
<i>phenytoin sodium</i>	3	
<i>phenytoin sodium extended oral capsule 100 mg</i>	1	
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i>	1	QL (2 caps/day)
<b>*Succinimides***</b>		
<b>CELONTIN</b>	3	
<i>ethosuximide oral</i>	1	
<i>methsuximide</i>	3	
<b>ZARONTIN</b>	3	
<b>*Valproic Acid***</b>		
<b>DEPAKOTE</b>	3	
<i>divalproex sodium er oral tablet extended release 24 hour</i>	1	
<i>divalproex sodium oral capsule delayed release sprinkle</i>	1	
<i>divalproex sodium oral tablet delayed release</i>	1	
<i>valproic acid oral capsule</i>	1	
<i>valproic acid oral solution</i>	1	
<b>*Antidepressants*</b>		
<b>*Alpha-2 Receptor Antagonists (Tetracyclics)***</b>		
<i>mirtazapine oral</i>	1	QL (1 tab/day)
<b>REMERON ORAL TABLET 15 MG, 30 MG</b>	3	QL (1 tab/day)

Premium PDL Closed Formulary; Last revision date:03/01/2024 To search for a drug use control + f

Drug	Status	Notes
<b>REMERON SOLTAB</b>	3	QL (1 tab/day)
<b>*Antidepressants - Misc.***</b>		
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg</i>	1	QL (3 tabs/day)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg, 200 mg</i>	1	QL (2 tabs/day)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>	1	QL (3 tabs/day)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg</i>	1	QL (45 tabs/30 days)
<i>bupropion hcl oral</i>	1	
<b>*Monoamine Oxidase Inhibitors (Maois)***</b>		
<b>EMSAM</b>	D	QL (1 patch/day); DS (30 day supply max); AL (Min 16 Years)
<b>MARPLAN</b>	3	
<b>NARDIL</b>	3	
<b>PARNATE</b>	3	
<i>phenelzine sulfate oral</i>	1	
<i>tranylcypromine sulfate</i>	1	
<b>*Selective Serotonin Reuptake Inhibitors (SsrIs)***</b>		
<i>citalopram hydrobromide oral solution</i>	1	HDHP
<i>citalopram hydrobromide oral tablet</i>	1	HDHP
<i>escitalopram oxalate oral</i>	1	HDHP
<i>fluoxetine hcl oral capsule</i>	1	HDHP
<i>fluoxetine hcl oral solution</i>	1	HDHP
<i>fluoxetine hcl oral tablet 10 mg</i>	1	HDHP
<i>fluvoxamine maleate</i>	1	HDHP
<i>fluvoxamine maleate er</i>	1	QL (2 caps/day); HDHP
<i>paroxetine hcl er</i>	4	QL (1 tab/day); HDHP
<i>paroxetine hcl oral suspension</i>	1	
<i>paroxetine hcl oral tablet 10 mg</i>	1	QL (1.5 tabs/day); HDHP
<i>paroxetine hcl oral tablet 20 mg</i>	1	QL (1 tab/day); HDHP
<i>paroxetine hcl oral tablet 30 mg</i>	1	QL (2 tabs/day); HDHP
<i>paroxetine hcl oral tablet 40 mg</i>	1	QL (45 tabs/30 days); HDHP
<b>PAXIL ORAL SUSPENSION</b>	3	HDHP
<i>sertraline hcl oral concentrate</i>	1	HDHP
<i>sertraline hcl oral tablet</i>	1	HDHP
<b>*Serotonin Modulators***</b>		
<i>nefazodone hcl</i>	3	
<i>trazodone hcl</i>	3	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	1	
<i>trazodone hcl oral tablet 300 mg</i>	1	QL (2 tabs/day)
<b>TRINTELLIX ORAL TABLET 10 MG</b>	4	QL (2 tabs/day); ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 18 Years)

Drug	Status	Notes
<b>TRINTELLIX ORAL TABLET 20 MG, 5 MG</b>	4	QL (1 tab/day); ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 18 Years)
<b>VIIBRYD ORAL TABLET</b>	4	QL (1 tab/day); AL (Min 18 Years)
<b>VIIBRYD STARTER PACK</b>	4	QL (1 pack/lifetime); AL (Min 18 Years)
<i>vilazodone hcl</i>	4	QL (1 tab/day); AL (Min 18 Years)
<b>*Serotonin-Norepinephrine Reuptake Inhibitors (Snris)***</b>		
<i>desvenlafaxine er</i>	3	QL (1 tab/day)
<i>desvenlafaxine succinate er</i>	1	QL (1 tab/day)
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 60 mg</i>	1	QL (2 caps/day)
<i>duloxetine hcl oral capsule delayed release particles 30 mg</i>	1	QL (3 caps/day)
<i>duloxetine hcl oral capsule delayed release particles 40 mg</i>	1	
<b>FETZIMA</b>	4	QL (1 cap/day); ST (Step Therapy applies; see Step Therapy Drug List)
<b>FETZIMA TITRATION</b>	4	QL (1 cap/day); ST (Step Therapy applies; see Step Therapy Drug List)
<i>venlafaxine hcl</i>	1	
<i>venlafaxine hcl er oral capsule extended release 24 hour</i>	1	
<i>venlafaxine hcl er oral tablet extended release 24 hour 225 mg</i>	1	
<b>*Tricyclic Agents***</b>		
<i>amitriptyline hcl oral</i>	1	
<i>amoxapine</i>	3	
<i>clomipramine hcl oral</i>	1	
<i>desipramine hcl oral</i>	1	
<i>doxepin hcl oral capsule</i>	1	
<i>doxepin hcl oral concentrate</i>	1	
<i>imipramine hcl</i>	3	
<i>imipramine hcl oral</i>	1	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg</i>	1	QL (2 caps/day)
<i>imipramine pamoate oral capsule 75 mg</i>	1	QL (3 caps/day)
<b>NORPRAMIN ORAL TABLET 10 MG, 25 MG</b>	3	
<i>nortriptyline hcl</i>	3	
<i>nortriptyline hcl oral capsule</i>	1	
<i>nortriptyline hcl oral solution</i>	3	
<i>protriptyline hcl</i>	1	
<i>trimipramine maleate oral</i>	1	
<b>*Antidiabetics*</b>		
<b>*Alpha-Glucosidase Inhibitors***</b>		
<i>acarbose oral</i>	1	HDHP
<i>miglitol</i>	3	HDHP

Drug	Status	Notes
<b>*Antidiabetic - Amylin Analogs***</b>		
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	QL (4 pens/28 days); HDHP; AL (Min 18 Years)
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	QL (4 pens/28 days); HDHP; AL (Min 18 Years)
<b>*Biguanides***</b>		
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	1	QL (5 tabs/day); HDHP
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	1	QL (3 tabs/day); HDHP
<i>metformin hcl oral solution</i>	3	HDHP
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	1	HDHP
RIOMET	3	HDHP
<b>*Diabetic Other***</b>		
BAQSIMI ONE PACK	2	QL (2 units/month); HDHP
BAQSIMI TWO PACK	2	QL (2 units/month); HDHP
<i>diazoxide oral</i>	3	HDHP
<i>glucagon emergency injection kit</i>	2	QL (2 kits/month); HDHP
<i>glucagon emergency injection solution reconstituted</i>	2	QL (2 injections/month); HDHP
PROGLYCEM	3	HDHP
ZEGALOGUE SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML SUBCUTANEOUS	4	QL (2 fills/month); DS (2 day supply max); ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 6 Years)
ZEGALOGUE SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML SUBCUTANEOUS	4	QL (2 fills/month); DS (2 day supply max); ST (Step Therapy applies; see Step Therapy Drug List); HDHP; AL (Min 6 Years)
ZEGALOGUE SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML SUBCUTANEOUS	4	QL (2 fills/month; 2 fills per 1 month); DS (2 day supply max); ST (Step Therapy applies; see Step Therapy Drug List); HDHP; AL (Min 6 Years)
ZEGALOGUE SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML SUBCUTANEOUS	4	QL (2 fills/month); DS (2 day supply max); ST (Step Therapy applies; see Step Therapy Drug List); HDHP; AL (Min 6 Years)
ZEGALOGUE SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML SUBCUTANEOUS	4	QL (2 fills/month; 2 fills per 1 month); DS (2 day supply max); ST (Step Therapy applies; see Step Therapy Drug List); HDHP; AL (Min 6 Years)
<b>*Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors***</b>		
JANUVIA	2	QL (1 tab/day); HDHP; AL (Min 18 Years)
TRADJENTA	2	HDHP
<b>*Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations***</b>		
JANUMET	2	QL (2 tabs/day); HDHP; AL (Min 18 Years)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	2	QL (1 tab/day); HDHP; AL (Min 18 Years)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	2	QL (2 tabs/day); HDHP; AL (Min 18 Years)

Drug	Status	Notes
JENTADUETO	2	HDHP
JENTADUETO XR	2	QL (1 tab/day); HDHP; AL (Min 18 Years)
<b>*Dopamine Receptor Agonists - Ergot Derivatives***</b>		
CYCLOSET	3	HDHP
<b>*Human Insulin***</b>		
AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT, 60X4 & 60X8 & 60X12 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT	4	PA; QL (2 per day); HDHP; AL (Min 18 Years)
HUMALOG INJECTION	1	QL (2 per day); HDHP
HUMALOG JUNIOR KWIKPEN	2	QL (2 per day); HDHP
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	2	QL (2 per day); HDHP
HUMALOG MIX 50/50	1	QL (2 per day); HDHP
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	QL (2 per day); HDHP
HUMALOG MIX 75/25	1	QL (2 per day); HDHP
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	QL (2 per day); HDHP
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	2	QL (2 per day); HDHP
HUMULIN 70/30	1	QL (2 per day); HDHP
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	QL (2 per day); HDHP
HUMULIN N	1	QL (2 per day); HDHP
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	QL (2 per day); HDHP
HUMULIN R	1	QL (2 per day); HDHP
HUMULIN R U-500 (CONCENTRATED)	2	QL (2 per day); ST (Step Therapy applies; see Step Therapy Drug List); HDHP
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	QL (2 per day); ST (Step Therapy applies; see Step Therapy Drug List); HDHP
LANTUS	1	QL (2 per day); HDHP
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	QL (2 per day); HDHP
LYUMJEV	1	QL (0.5/day); HDHP
LYUMJEV KWIKPEN	2	QL (0.5/day); HDHP
TOUJEO MAX SOLOSTAR	2	QL (2 per day); HDHP
TOUJEO SOLOSTAR	2	QL (2 per day); HDHP
<b>*Incretin Mimetic Agents (Gip &amp; Glp-1 Receptor Agonists)***</b>		
MOUNJARO	3	PA
<b>*Incretin Mimetic Agents (Glp-1 Receptor Agonists)***</b>		
BYDUREON BCISE	2	PA; QL (4 injectors/28 days); HDHP
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; QL (1 syringe/30 days); HDHP; AL (Min 18 Years)
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; QL (1 syringe/30 days); HDHP; AL (Min 18 Years)

Premium PDL Closed Formulary; Last revision date:03/01/2024 To search for a drug use control + f



Drug	Status	Notes
<b>OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML</b>	2	PA; QL (2 pens/28 days); HDHP
<b>OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML</b>	2	PA; QL (1 pen/28 days); HDHP
<b>OZEMPIC (2 MG/DOSE)</b>	2	PA; QL (1 pen/28 days); HDHP
<b>RYBELSUS</b>	2	PA; QL (1 tab/day); HDHP
<b>TRULICITY</b>	2	PA; QL (4 pens/28 days); HDHP; AL (Min 18 Years)
<b>VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	2	PA; QL (3 pen-inj/30 days); HDHP; AL (Min 10 Years)
<b>*Insulin-Incretin Mimetic Combinations***</b>		
<b>SOLIQUA</b>	2	QL (5 pens (15 mL)/30 days); HDHP; AL (Min 18 Years)
<b>XULTOPHY</b>	3	QL (5 pens (15 mL)/30 days); ST (Step Therapy applies; see Step Therapy Drug List); HDHP; AL (Min 18 Years)
<b>*Meglitinide Analogues***</b>		
<i>nateglinide</i>	1	QL (3 tabs/day); HDHP
<i>repaglinide</i>	1	HDHP
<b>*Progesterone Receptor Antagonists***</b>		
<b>KORLYM</b>	C	PA
<b>*Sglt2 Inhibitor - Dpp-4 Inhibitor - Biguanide Comb***</b>		
<b>TRIJARDY XR</b>	2	QL (1 tab/day); HDHP
<b>*Sglt2 Inhibitor - Dpp-4 Inhibitor Combinations***</b>		
<b>GLYXAMBI</b>	2	QL (1 tab/day); HDHP; AL (Min 18 Years)
<b>*Sodium-Glucose Co-Transporter 2 (Sglt2) Inhibitors***</b>		
<b>FARXIGA</b>	2	QL (1 tab/day); HDHP
<b>JARDIANCE</b>	2	QL (1 tab/day); HDHP
<b>*Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb***</b>		
<b>SYNJARDY</b>	2	HDHP
<b>SYNJARDY XR</b>	2	HDHP
<b>XIGDUO XR</b>	2	HDHP
<b>*Sulfonylurea-Biguanide Combinations***</b>		
<i>glipizide-metformin hcl oral tablet 2.5-250 mg</i>	1	QL (2 tabs/day); HDHP
<i>glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg</i>	1	QL (4 tabs/day); HDHP
<i>glyburide-metformin oral tablet 1.25-250 mg</i>	1	QL (3 tabs/day); HDHP
<i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	QL (4 tabs/day); HDHP
<b>*Sulfonylureas***</b>		
<i>glimepiride oral tablet 1 mg, 2 mg</i>	1	QL (3 tabs/day); HDHP
<i>glimepiride oral tablet 4 mg</i>	1	QL (2 tabs/day); HDHP
<i>glipizide er</i>	1	HDHP
<i>glipizide oral tablet 10 mg, 5 mg</i>	1	HDHP

Drug	Status	Notes
<i>glipizide xl</i>	1	HDHP
<b>GLUCOTROL XL</b>	3	HDHP
<i>glyburide micronized</i>	1	HDHP
<i>glyburide oral</i>	1	HDHP
<b>GLYNASE</b>	3	HDHP
<b>*Thiazolidinedione-Biguanide Combinations***</b>		
<b>ACTOPLUS MET ORAL TABLET 15-850 MG</b>	4	QL (3 tabs/day); HDHP; AL (Min 16 Years)
<i>pioglitazone hcl-metformin hcl</i>	1	QL (3 tabs/day); HDHP; AL (Min 16 Years)
<b>*Thiazolidinediones***</b>		
<i>pioglitazone hcl</i>	1	QL (1 tab/day); HDHP
<b>*Antidiarrheal/Probiotic Agents*</b>		
<b>*Antidiarrheal - Chloride Channel Antagonists***</b>		
<b>MYTESI</b>	4	
<b>*Antidiarrheal/Probiotic Agents - Misc.***</b>		
<i>bismuth subgallate</i>	3	
<b>*Antidiarrheal/Probiotic Combinations***</b>		
<b>RESTORA RX</b>	3	
<b>*Antiperistaltic Agents***</b>		
<i>diphenoxylate-atropine oral liquid</i>	3	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	1	
<b>LOMOTIL ORAL TABLET</b>	3	
<i>loperamide hcl</i>	3	
<b>*Gastrointestinal Adsorbents***</b>		
<i>pectin</i>	3	
<b>*Antidotes And Specific Antagonists*</b>		
<b>*Antidotes - Chelating Agents***</b>		
<b>CHEMET</b>	C	PA
<i>deferasirox</i>	D	PA
<i>deferasirox granules</i>	D	PA
<b>FERRIPROX SOLUTION 100 MG/ML ORAL</b>	D	PA
<b>JADENU SPRINKLE</b>	D	PA
<b>*Antidotes And Specific Antagonists***</b>		
<i>edetate calcium disodium</i>	3	
<b>RADIOGARDASE</b>	4	QL (18 caps/day); AL (Min 2 Years)
<b>VISTOGARD</b>	3	QL (4 packets/day); DS (30 day supply max)
<b>*Opioid Antagonists***</b>		
<b>KLOXXADO</b>	2	QL (2 spray devices/month); DS (30 day supply max)
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	1	
<i>naloxone hcl injection solution cartridge</i>	1	
<i>naloxone hcl injection solution prefilled syringe</i>	1	

Premium PDL Closed Formulary; Last revision date:03/01/2024 To search for a drug use control + f

Drug	Status	Notes
<i>naloxone hcl nasal</i>	2	QL (2 spray devices/month); DS (30 day supply max)
<i>naltrexone hcl oral</i>	1	
<b>NARCAN</b>	2	QL (2 spray devices/month); DS (30 day supply max)
<b>VIVITROL</b>	B	SP
<b>ZIMHI</b>	4	QL (2 syringes/month); DS (30 day supply max); ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 12 Years)
<b>*Antiemetics*</b>		
<b>*5-Ht3 Receptor Antagonists***</b>		
<b>ANZEMET ORAL TABLET 50 MG</b>	3	
<i>granisetron hcl oral</i>	1	QL (2 tabs/day)
<i>ondansetron</i>	1	QL (4 tabs/day)
<i>ondansetron hcl oral solution</i>	1	
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	QL (4 tabs/day)
<b>*Antiemetic Combinations***</b>		
<b>AKYNZEO ORAL</b>	4	QL (1 units per 1 days); ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 18 Years)
<b>BONJESTA</b>	3	PA
<b>DICLEGIS</b>	3	PA
<i>doxylamine-pyridoxine</i>	3	PA
<b>*Antiemetics - Anticholinergic***</b>		
<i>meclizine hcl</i>	3	
<i>scopolamine</i>	3	QL (1 patch/72 hours)
<b>TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR</b>	3	QL (1 patch/72 hours)
<i>trimethobenzamide hcl oral</i>	1	
<b>*Antiemetics - Miscellaneous***</b>		
<i>dronabinol</i>	4	QL (3 caps/day)
<b>SYNDROS</b>	4	PA
<b>*Substance P/Neurokinin 1 (Nk1) Receptor Antagonists***</b>		
<i>aprepitant</i>	3	
<b>EMEND ORAL CAPSULE 80 MG</b>	3	
<b>EMEND ORAL SUSPENSION RECONSTITUTED</b>	3	
<b>EMEND TRI-PACK</b>	3	
<b>VARUBI (180 MG DOSE)</b>	4	QL (4 tabs/28 days); DS (30 day supply max)
<b>*Antifungals*</b>		
<b>*Antifungals***</b>		
<b>ANCOBON</b>	3	
<i>flucytosine oral</i>	1	
<i>griseofulvin microsize oral</i>	1	

Drug	Status	Notes
<i>griseofulvin ultramicrosize</i>	1	
<i>nystatin oral tablet</i>	1	
<i>terbinafine hcl oral</i>	1	QL (1 tab/day)
<b>*Imidazoles***</b>		
<i>ketoconazole oral</i>	1	
<i>miconazole</i>	3	
<b>*Triazoles***</b>		
<b>CRESEMBA ORAL CAPSULE 186 MG</b>	4	PA
<b>DIFLUCAN ORAL SUSPENSION RECONSTITUTED</b>	3	
<b>DIFLUCAN ORAL TABLET 100 MG, 150 MG, 200 MG</b>	3	
<i>fluconazole oral</i>	1	
<i>itraconazole oral capsule</i>	1	
<i>itraconazole oral solution</i>	3	
<b>NOXAFIL ORAL PACKET</b>	4	
<b>NOXAFIL ORAL SUSPENSION</b>	4	PA
<i>posaconazole oral</i>	4	PA
<b>SPORANOX ORAL CAPSULE</b>	4	
<b>SPORANOX ORAL SOLUTION</b>	3	
<b>VFEND ORAL SUSPENSION RECONSTITUTED</b>	4	
<b>VFEND ORAL TABLET 200 MG</b>	4	QL (3 tabs/day)
<b>VFEND ORAL TABLET 50 MG</b>	4	
<i>voriconazole oral suspension reconstituted</i>	1	
<i>voriconazole oral tablet 200 mg</i>	1	QL (3 tabs/day)
<i>voriconazole oral tablet 50 mg</i>	1	
<b>*Antihistamines*</b>		
<b>*Antihistamines - Alkylamines***</b>		
<i>brompheniramine maleate</i>	3	
<i>chlorpheniramine maleate</i>	3	
<b>*Antihistamines - Ethanolamines***</b>		
<i>carbinoxamine maleate oral solution</i>	3	
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	
<i>diphenhydramine hcl</i>	3	
<i>diphenhydramine hcl injection</i>	1	
<b>*Antihistamines - Ethylenediamines***</b>		
<i>pyrilamine maleate crystals</i>	3	
<i>tripelennamine hcl</i>	3	
<b>*Antihistamines - Phenothiazines***</b>		
<i>promethazine hcl oral</i>	1	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	1	
<b>PROMETHEGAN</b>	1	

Drug	Status	Notes
<b>*Antihistamines - Piperidines***</b>		
<i>cyproheptadine hcl oral</i>	1	
<b>*Antihyperlipidemics*</b>		
<b>*Acl Inhib-Intestinal Cholesterol Absorption Inhib Comb***</b>		
<b>NEXLIZET</b>	2	QL (1 tab/day); ST (Step Therapy applies; see Step Therapy Drug List); HDHP; AL (Min 18 Years)
<b>*Adenosine Triphosphate-Citrate Lyase (Acl) Inhibitors***</b>		
<b>NEXLETOL</b>	2	QL (1 tab/day); ST (Step Therapy applies; see Step Therapy Drug List); HDHP; AL (Min 18 Years)
<b>*Antihyperlipidemics - Misc.***</b>		
<i>icosapent ethyl</i>	3	HDHP
<i>omega-3-acid ethyl esters</i>	1	QL (4 caps/day); HDHP; AL (Min 18 Years)
<b>VASCEPA</b>	4	PA; HDHP
<b>*Bile Acid Sequestrants***</b>		
<i>cholestyramine light</i>	1	HDHP
<i>cholestyramine oral</i>	1	HDHP
<i>colesevelam hcl oral tablet</i>	1	QL (6 tabs/day); HDHP
<i>colestipol hcl</i>	1	HDHP
<b>PREVALITE</b>	1	HDHP
<b>*Fibric Acid Derivatives***</b>		
<i>fenofibrate oral capsule 150 mg, 50 mg</i>	1	
<i>fenofibrate oral tablet 145 mg, 160 mg</i>	1	QL (1 tab/day); HDHP
<i>fenofibrate oral tablet 48 mg</i>	1	QL (2 tabs/day); HDHP
<i>fenofibric acid oral capsule delayed release</i>	1	QL (1 cap/day); HDHP; AL (Min 18 Years)
<i>gemfibrozil oral</i>	1	HDHP
<b>LIPOFEN</b>	3	
<b>LOPID</b>	3	HDHP
<b>TRILIPIX</b>	3	QL (1 cap/day); HDHP; AL (Min 18 Years)
<b>*Hmg Coa Reductase Inhibitors***</b>		
<i>atorvastatin calcium oral tablet 10 mg</i>	1	QL (1.5 tabs/day); HDHP
<i>atorvastatin calcium oral tablet 20 mg, 40 mg</i>	1	QL (45 tabs/30 days); HDHP
<i>atorvastatin calcium oral tablet 80 mg</i>	1	QL (1 tab/day); HDHP
<i>lovastatin oral tablet 10 mg, 20 mg</i>	1	HDHP
<i>lovastatin oral tablet 40 mg</i>	1	QL (2 tabs/day); HDHP
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 80 mg</i>	1	QL (1 tab/day); HDHP
<i>pravastatin sodium oral tablet 40 mg</i>	1	QL (2 tabs/day); HDHP
<i>rosuvastatin calcium</i>	1	QL (1 tab/day); HDHP
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	QL (1 tab/day); HDHP
<i>simvastatin oral tablet 80 mg</i>	1	PA; QL (1 tab/day); HDHP

Drug	Status	Notes
<b>*Intest Cholest Absorp Inhib-Hmg Coa Reductase Inhib Comb***</b>		
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg</i>	1	QL (1 tab/day); HDHP
<i>ezetimibe-simvastatin oral tablet 10-80 mg</i>	1	PA; QL (1 tab/day); HDHP
<b>*Intestinal Cholesterol Absorption Inhibitors***</b>		
<i>ezetimibe</i>	1	QL (1 tab/day); HDHP
<b>*Microsomal Triglyceride Transfer Protein Inhibitors***</b>		
<b>JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG</b>	D	PA; SP
<b>*Nicotinic Acid Derivatives***</b>		
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 750 mg</i>	2	QL (2 tabs/day); HDHP
<i>niacin er (antihyperlipidemic) oral tablet extended release 500 mg</i>	2	QL (3 tabs/day); HDHP
<b>*Pcsk9 Inhibitors***</b>		
<b>PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	B	PA; QL (2 syringes/28 days); DS (30 day supply max); AL (Min 18 Years)
<b>REPATHA</b>	B	PA; QL (2 syringes/28 days); DS (30 day supply max); AL (Min 13 Years)
<b>REPATHA PUSHTRONEX SYSTEM</b>	B	PA; QL (2 syringes/28 days); DS (30 day supply max); AL (Min 13 Years)
<b>REPATHA SURECLICK</b>	B	PA; QL (2 syringes/28 days); DS (30 day supply max); AL (Min 13 Years)
<b>*Antihypertensives*</b>		
<b>*Ace Inhibitor &amp; Calcium Channel Blocker Combinations***</b>		
<i>amlodipine besy-benazepril hcl</i>	1	HDHP
<i>trandolapril-verapamil hcl er</i>	4	HDHP
<b>*Ace Inhibitors &amp; Thiazide/Thiazide-Like***</b>		
<b>ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG</b>	3	HDHP
<i>benazepril-hydrochlorothiazide</i>	1	HDHP
<i>captopril-hydrochlorothiazide</i>	3	HDHP
<i>enalapril-hydrochlorothiazide</i>	1	HDHP
<i>fosinopril sodium-hctz</i>	1	HDHP
<i>lisinopril-hydrochlorothiazide</i>	1	HDHP
<b>LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG</b>	3	HDHP
<i>quinapril-hydrochlorothiazide oral tablet 20-12.5 mg</i>	1	HDHP
<i>quinapril-hydrochlorothiazide tablet 20-25 mg oral</i>	1	HDHP
<i>quinapril-hydrochlorothiazide tablet 20-25 mg oral</i>	3	
<b>VASERETIC</b>	3	HDHP
<b>*Ace Inhibitors***</b>		
<b>ACCUPRIL</b>	3	HDHP
<i>benazepril hcl oral</i>	1	HDHP
<i>captopril oral</i>	1	HDHP
<i>enalapril maleate oral tablet</i>	1	HDHP

Premium PDL Closed Formulary; Last revision date:03/01/2024 To search for a drug use control + f

Drug	Status	Notes
<i>fosinopril sodium</i>	1	HDHP
<i>lisinopril oral</i>	1	HDHP
<b>LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG</b>	3	HDHP
<i>moexipril hcl</i>	1	HDHP
<i>perindopril erbumine</i>	1	HDHP
<i>quinapril hcl</i>	1	HDHP
<i>ramipril</i>	1	HDHP
<i>trandolapril</i>	1	HDHP
<b>*Agents For Pheochromocytoma***</b>		
<b>DEMSER</b>	D	PA
<b>DIBENZYLINE</b>	D	PA
<i>metyrosine</i>	D	PA
<i>phenoxybenzamine hcl oral</i>	D	PA
<b>*Angiotensin li Receptor Antag &amp; Ca Channel Blocker Comb***</b>		
<i>amlodipine besylate-valsartan</i>	1	QL (1 tab/day); HDHP
<i>amlodipine-olmesartan</i>	3	QL (1 tab/day); HDHP
<i>telmisartan-amlodipine</i>	1	HDHP
<b>*Angiotensin li Receptor Antag &amp; Thiazide/Thiazide-Like***</b>		
<b>AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG</b>	3	QL (1 tab/day); HDHP
<b>EDARBYCLOR</b>	3	HDHP
<i>irbesartan-hydrochlorothiazide</i>	1	QL (1 tab/day); HDHP
<i>losartan potassium-hctz</i>	1	HDHP
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg</i>	1	QL (1.5 tabs/day); HDHP
<i>olmesartan medoxomil-hctz oral tablet 40-12.5 mg, 40-25 mg</i>	1	QL (1 tab/day); HDHP
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 80-12.5 mg</i>	1	QL (2 tabs/day); HDHP
<i>valsartan-hydrochlorothiazide oral tablet 320-12.5 mg, 320-25 mg</i>	1	QL (1 tab/day); HDHP
<b>*Angiotensin li Receptor Antagonists***</b>		
<i>candesartan cilexetil</i>	1	HDHP
<b>EDARBI</b>	3	QL (1 tab/day); HDHP; AL (Min 18 Years)
<i>irbesartan oral tablet 150 mg</i>	1	QL (45 tabs/30 days); HDHP
<i>irbesartan oral tablet 300 mg</i>	1	QL (1 tab/day); HDHP
<i>irbesartan oral tablet 75 mg</i>	1	QL (1.5 tabs/day); HDHP
<i>losartan potassium oral</i>	1	HDHP
<i>olmesartan medoxomil oral tablet 20 mg</i>	1	QL (45 tabs/30 days); HDHP
<i>olmesartan medoxomil oral tablet 40 mg</i>	1	QL (1 tab/day); HDHP
<i>olmesartan medoxomil oral tablet 5 mg</i>	1	QL (3 tabs/day); HDHP
<i>telmisartan</i>	1	HDHP
<i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i>	1	QL (2 tabs/day); HDHP
<i>valsartan oral tablet 320 mg</i>	1	QL (1 tab/day); HDHP

Drug	Status	Notes
<b>*Angiotensin II Receptor Ant-Ca Channel Blocker-Thiazides***</b>		
<i>amlodipine-valsartan-hctz</i>	1	QL (1 tab/day); HDHP
<i>olmesartan-amlodipine-hctz</i>	3	HDHP
<b>*Antiadrenergics - Centrally Acting***</b>		
<i>clonidine hcl oral</i>	1	HDHP
<i>guanfacine hcl oral</i>	1	HDHP
<i>methyl dopa oral</i>	3	HDHP
<b>*Antiadrenergics - Peripherally Acting***</b>		
<b>CARDURA</b>	3	HDHP
<i>doxazosin mesylate oral</i>	1	HDHP
<b>MINIPRESS</b>	3	HDHP
<i>prazosin hcl oral</i>	1	HDHP
<i>terazosin hcl oral</i>	1	HDHP
<b>*Antihypertensives - Misc.***</b>		
<b>VECAMYL</b>	3	HDHP
<b>*Beta Blocker &amp; Diuretic Combinations***</b>		
<i>atenolol-chlorthalidone</i>	1	HDHP
<i>bisoprolol-hydrochlorothiazide</i>	1	HDHP
<i>metoprolol-hydrochlorothiazide</i>	1	HDHP
<b>TENORETIC 100</b>	3	HDHP
<b>TENORETIC 50</b>	3	HDHP
<b>*Direct Renin Inhibitors***</b>		
<i>aliskiren fumarate</i>	1	QL (1 tab/day); HDHP; AL (Min 18 Years)
<b>TEKTURNA</b>	2	QL (1 tab/day); HDHP; AL (Min 18 Years)
<b>*Selective Aldosterone Receptor Antagonists (Saras)***</b>		
<i>eplerenone oral tablet 25 mg</i>	1	QL (1 tab/day); HDHP
<i>eplerenone oral tablet 50 mg</i>	1	QL (2 tabs/day); HDHP
<b>INSPIRA ORAL TABLET 25 MG</b>	3	QL (1 tab/day); HDHP
<b>INSPIRA ORAL TABLET 50 MG</b>	3	QL (2 tabs/day); HDHP
<b>*Vasodilators***</b>		
<i>hydralazine hcl oral</i>	1	HDHP
<i>minoxidil oral</i>	1	HDHP
<b>*Anti-Infective Agents - Misc.*</b>		
<b>*Anti-Infective Agents - Misc.***</b>		
<b>AEMCOLO</b>	3	QL (12 tabs/30day; 2 fills/year)
<b>FIRST-METRONIDAZOLE ORAL SUSPENSION RECONSTITUTED 50 MG/ML</b>	2	
<b>IMPAVIDO</b>	D	PA
<b>METRONIDAZOLE BENZO+SYRSPEND</b>	2	
<i>metronidazole oral tablet</i>	1	
<b>NEBUPENT</b>	B	

Premium PDL Closed Formulary; Last revision date:03/01/2024 To search for a drug use control + f



Drug	Status	Notes
<i>pentamidine isethionate inhalation</i>	B	
<i>tinidazole oral</i>	1	
<i>trimethoprim</i>	3	
<b>XIFAXAN ORAL TABLET 550 MG</b>	3	PA
<b>*Anti-Infective Misc. - Combinations***</b>		
<b>BACTRIM</b>	3	
<b>BACTRIM DS</b>	3	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	
<b>SULFATRIM PEDIATRIC</b>	1	
<b>*Antiprotozoal Agents***</b>		
<b>ALINIA ORAL SUSPENSION RECONSTITUTED</b>	3	QL (60 ml/3 days; 1 fill/month)
<i>atovaquone oral</i>	2	
<b>LAMPIT</b>	3	PA
<b>MEPRON</b>	2	
<i>nitazoxanide oral</i>	3	QL (6 tabs/3 days; 1 fill/month)
<b>*Glycopeptides***</b>		
<b>VANCOCIN</b>	3	
<i>vancomycin hcl oral capsule</i>	1	
<b>*Leprostatics***</b>		
<i>dapsone oral tablet 100 mg</i>	2	
<i>dapsone oral tablet 25 mg</i>	1	
<b>*Lincosamides***</b>		
<b>CLEOCIN ORAL</b>	3	
<i>clindamycin hcl oral</i>	1	
<i>clindamycin palmitate hcl</i>	1	
<b>*Oxazolidinones***</b>		
<i>linezolid oral suspension reconstituted</i>	1	QL (60 ml/day); DS (28 day supply max)
<i>linezolid oral tablet</i>	1	QL (2 tabs/day; 14 days supply per month)
<b>ZYVOX ORAL SUSPENSION RECONSTITUTED</b>	4	PA; QL (60 ml/day); DS (28 day supply max)
<b>*Pleuromutilins***</b>		
<b>XENLETA ORAL</b>	3	QL (10 tabs (5 days supply)/month; 1 fill per 1 month); DS (5 day supply max)
<b>*Polymyxins***</b>		
<i>polymyxin b sulfate</i>	3	
<b>*Urinary Anti-Infectives***</b>		
<i>fosfomycin tromethamine</i>	3	
<b>HIPREX</b>	3	
<b>MACROBID</b>	3	
<b>MACRODANTIN</b>	3	
<i>methenamine hippurate</i>	1	

Premium PDL Closed Formulary; Last revision date:03/01/2024 To search for a drug use control + f

Drug	Status	Notes
<b>MONUROL</b>	3	
<i>nitrofurantoin macrocrystal oral</i>	1	
<i>nitrofurantoin monohyd macro</i>	1	
<b>*Antimalarials*</b>		
<b>*Antimalarial Combinations***</b>		
<i>atovaquone-proguanil hcl</i>	1	
<b>COARTEM</b>	3	
<b>MALARONE</b>	3	
<b>*Antimalarials***</b>		
<b>ARAKODA</b>	4	QL (16 tabs/90 days); DS (90 day supply max)
<i>chloroquine phosphate</i>	3	
<i>chloroquine phosphate oral</i>	3	QL (2 tabs/day); DS (30 day supply max)
<b>DARAPRIM</b>	D	PA
<i>hydroxychloroquine sulfate oral tablet 100 mg, 300 mg, 400 mg</i>	4	
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	1	QL (3 tabs/day)
<b>KRINTAFEL</b>	4	QL (2 tabs/90 days); DS (90 day supply max)
<i>mefloquine hcl</i>	3	QL (15 tabs/fill); DS (90 day supply max)
<b>PLAQUENIL</b>	3	QL (3 tabs/day)
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	3	
<i>pyrimethamine oral</i>	D	PA
<b>QUALAQUIN</b>	3	
<i>quinacrine hcl</i>	3	
<i>quinine sulfate dihydrate</i>	3	
<i>quinine sulfate oral</i>	1	
<b>*Antimyasthenic/Cholinergic Agents*</b>		
<b>*Antimyasthenic/Cholinergic Agents***</b>		
<b>MESTINON ORAL SOLUTION</b>	3	
<b>MESTINON ORAL TABLET EXTENDED RELEASE</b>	3	
<i>pyridostigmine bromide er</i>	1	
<i>pyridostigmine bromide oral solution</i>	3	
<i>pyridostigmine bromide oral tablet 30 mg</i>	3	
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	
<b>*Antimycobacterial Agents*</b>		
<b>*Antimycobacterial Agents***</b>		
<i>cycloserine oral</i>	C	PA
<i>ethambutol hcl oral</i>	1	
<i>isoniazid oral syrup</i>	3	
<i>isoniazid oral tablet 100 mg</i>	1	QL (2 tabs/day)
<i>isoniazid oral tablet 300 mg</i>	1	QL (1 tab/day)
<b>MYAMBUTOL ORAL TABLET 400 MG</b>	3	

Premium PDL Closed Formulary; Last revision date:03/01/2024 To search for a drug use control + f

Drug	Status	Notes
<b>MYCOBUTIN</b>	3	
<i>pretomanid</i>	C	PA
<b>PRIFTIN</b>	3	
<i>pyrazinamide oral</i>	4	
<i>rifabutin</i>	1	
<i>rifampin oral</i>	1	
<b>SIRTURO</b>	D	PA
<b>TRECTOR</b>	3	
<b>*Antineoplastics And Adjunctive Therapies*</b>		
<b>*Alkylating Agents***</b>		
<b>MYLERAN</b>	1	CP (Specialty Tier B if Cancer Parity does not apply)
<b>*Androgen Biosynthesis Inhibitors***</b>		
<i>abiraterone acetate oral tablet 500 mg</i>	1	PA; CP (Specialty Tier A if Cancer Parity does not apply)
<i>abiraterone acetate tablet 250 mg oral</i>	1	QL (4 per day); DS (30 day supply max); CP (Specialty Tier A if Cancer Parity does not apply)
<i>abiraterone acetate tablet 250 mg oral</i>	1	PA; CP (Specialty Tier A if Cancer Parity does not apply)
<i>abiraterone acetate tablet 250 mg oral</i>	1	PA; SP; CP (Specialty Tier A if Cancer Parity does not apply)
<b>*Antiadrenals***</b>		
<b>LYSODREN</b>	1	CP (Tier 3 if Cancer Parity does not apply)
<b>*Antiandrogens***</b>		
<i>bicalutamide</i>	1	CP (Tier 1)
<b>CASODEX</b>	1	CP (Tier 3 if Cancer Parity does not apply)
<b>ERLEADA</b>	1	PA; CP (Specialty Tier B if Cancer Parity does not apply)
<b>NILANDRON</b>	1	CP (Tier 3 if Cancer Parity does not apply)
<i>nilutamide</i>	1	CP (Tier 1)
<b>NUBEQA</b>	1	PA; SP; CP (Specialty Tier B if Cancer Parity does not apply)
<b>XTANDI ORAL CAPSULE</b>	1	PA; SP; CP (Specialty Tier B if Cancer Parity does not apply)
<b>XTANDI ORAL TABLET</b>	1	PA; CP (Specialty Tier B if Cancer Parity does not apply)
<b>*Antiestrogens***</b>		
<b>FARESTON</b>	1	QL (1 tab/day); DS (30 day supply max); CP (Tier 3 if Cancer Parity does not apply)
<b>SOLTAMOX</b>	1	CP (Tier 3 if Cancer Parity does not apply)
<i>tamoxifen citrate oral</i>	\$0	ACA (Tier 1 if ACA does not apply)
<i>toremifene citrate</i>	1	QL (1 tab/day); DS (30 day supply max); CP (Tier 1)

Drug	Status	Notes
<b>*Antimetabolites***</b>		
<i>capecitabine tablet 150 mg oral</i>	1	CP (Specialty Tier A if Cancer Parity does not apply)
<i>capecitabine tablet 150 mg oral</i>	1	SP; CP (Specialty Tier A if Cancer Parity does not apply)
<i>capecitabine tablet 500 mg oral</i>	1	CP (Specialty Tier A if Cancer Parity does not apply)
<i>capecitabine tablet 500 mg oral</i>	1	SP; CP (Specialty Tier A if Cancer Parity does not apply)
<i>mercaptopurine oral</i>	1	CP (Tier 1)
<i>methotrexate</i>	3	
<i>methotrexate sodium (pf) injection solution 1 gml/40ml, 250 mg/10ml, 50 mg/2ml</i>	1	CP (Tier 1)
<i>methotrexate sodium injection solution 1000 mg/40ml, 50 mg/2ml</i>	1	CP (Tier 1)
<i>methotrexate sodium injection solution 250 mg/10ml</i>	1	CP (Tier 3 if Cancer Parity does not apply)
<i>methotrexate sodium injection solution reconstituted</i>	1	CP (Tier 1)
<i>methotrexate sodium oral</i>	1	CP (Tier 1)
<b>ONUREG</b>	1	PA; CP (Specialty Tier B if Cancer Parity does not apply)
<b>PURIXAN</b>	1	QL (1 bottle (100ml)/month); DS (30 day supply max); CP (Tier 3 if Cancer Parity does not apply)
<b>TABLOID</b>	1	CP (Tier 3 if Cancer Parity does not apply)
<b>TREXALL</b>	1	CP (Tier 3 if Cancer Parity does not apply)
<b>XATMEP</b>	1	PA; CP (Tier 3 if Cancer Parity does not apply)
<b>XELODA TABLET 150 MG ORAL</b>	1	CP (Specialty Tier B if Cancer Parity does not apply)
<b>XELODA TABLET 150 MG ORAL</b>	1	SP; CP (Specialty Tier B if Cancer Parity does not apply)
<b>XELODA TABLET 500 MG ORAL</b>	1	CP (Specialty Tier B if Cancer Parity does not apply)
<b>XELODA TABLET 500 MG ORAL</b>	1	SP; CP (Specialty Tier B if Cancer Parity does not apply)
<b>*Antineoplastic - Alk Inhibitors***</b>		
<b>ALECENSA</b>	1	PA; QL (8 caps/day); DS (30 day supply max); CP (Specialty Tier B if Cancer Parity does not apply); AL (Min 18 Years)
<b>ALUNBRIG</b>	1	PA; CP (Tier 3 if Cancer Parity does not apply)
<b>LORBRENA</b>	1	PA; CP (Specialty Tier B if Cancer Parity does not apply)
<b>XALKORI ORAL CAPSULE</b>	1	PA; QL (2 caps/day); DS (30 day supply max); CP (Specialty Tier B if Cancer Parity does not apply); AL (Min 16 Years)

Drug	Status	Notes
ZYKADIA ORAL TABLET	1	PA; QL (5 tabs./day); DS (30 day supply max); CP (Specialty Tier B if Cancer Parity does not apply); AL (Min 16 Years)
<b>*Antineoplastic - Anti-Her2 Agents***</b>		
TUKYSA	1	PA; CP (Specialty Tier B if Cancer Parity does not apply)
<b>*Antineoplastic - Bcl-2 Inhibitors***</b>		
VENCLEXTA ORAL TABLET 10 MG, 50 MG	1	PA; CP (Specialty Tier B if Cancer Parity does not apply)
VENCLEXTA STARTING PACK	1	PA; CP (Specialty Tier B if Cancer Parity does not apply)
VENCLEXTA TABLET 100 MG ORAL	1	PA; CP (Tier 1)
<b>*Antineoplastic - Bcr-Abl Kinase Inhibitors***</b>		
BOSULIF ORAL TABLET	1	PA; CP (Specialty Tier B if Cancer Parity does not apply)
ICLUSIG	1	PA; CP (Tier 3 if Cancer Parity does not apply)
<i>imatinib mesylate oral tablet 100 mg</i>	1	PA; QL (6 per day); CP (Specialty Tier A if Cancer Parity does not apply)
<i>imatinib mesylate oral tablet 400 mg</i>	1	PA; QL (2 per day); CP (Specialty Tier A if Cancer Parity does not apply)
SCSEMBLIX	1	PA; CP (Specialty Tier B if Cancer Parity does not apply)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 80 MG	1	PA; CP (Specialty Tier B if Cancer Parity does not apply)
SPRYCEL ORAL TABLET 20 MG, 50 MG, 70 MG	1	PA; QL (2 tabs/day); DS (30 day supply max); CP (Specialty Tier B if Cancer Parity does not apply)
TASIGNA	1	PA; CP (Specialty Tier B if Cancer Parity does not apply)
<b>*Antineoplastic - Braf Kinase Inhibitors***</b>		
BRAFTOVI ORAL CAPSULE 75 MG	1	PA; CP (Tier 1)
TAFINLAR ORAL CAPSULE 50 MG	1	PA; CP (Specialty Tier B if Cancer Parity does not apply)
TAFINLAR ORAL CAPSULE 75 MG	1	PA; SP; CP (Specialty Tier B if Cancer Parity does not apply)
TAFINLAR ORAL TABLET SOLUBLE	1	CP (Specialty Tier B if Cancer Parity does not apply)
ZELBORAF	1	PA; SP; CP (Specialty Tier B if Cancer Parity does not apply)
<b>*Antineoplastic - Btk Inhibitors***</b>		
BRUKINSA	1	PA; CP (Tier 1)
CALQUENCE ORAL TABLET	1	PA; CP (Tier 3 if Cancer Parity does not apply)
IMBRUVICA ORAL CAPSULE 140 MG	1	PA; QL (4 caps/day); DS (30 day supply max); CP (Tier 3 if Cancer Parity does not apply); AL (Min 18 Years)

Premium PDL Closed Formulary; Last revision date:03/01/2024 To search for a drug use control + f

Drug	Status	Notes
IMBRUVICA ORAL CAPSULE 70 MG	1	PA; CP (Tier 3 if Cancer Parity does not apply)
IMBRUVICA ORAL SUSPENSION	1	PA; CP (Tier 3 if Cancer Parity does not apply)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	1	PA; CP (Tier 3 if Cancer Parity does not apply)
JAYPIRCA	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity does not apply)
<b>*Antineoplastic - Egfr Inhibitors***</b>		
<i>erlotinib hcl tablet 100 mg oral</i>	1	PA; CP (Specialty Tier A if Cancer Parity does not apply)
<i>erlotinib hcl tablet 150 mg oral</i>	1	PA; CP (Specialty Tier A if Cancer Parity does not apply)
<i>erlotinib hcl tablet 25 mg oral</i>	1	PA; CP (Specialty Tier A if Cancer Parity does not apply)
EXKIVITY	1	PA; CP (Tier 3 if Cancer Parity does not apply)
<i>gefitinib</i>	1	PA; CP (Tier 1)
GILOTRIF	1	PA; CP (Tier 3 if Cancer Parity does not apply)
TAGRISO	1	PA; CP (Specialty Tier B if Cancer Parity does not apply)
VIZIMPRO	1	PA; CP (Specialty Tier B if Cancer Parity does not apply)
<b>*Antineoplastic - Fgfr Kinase Inhibitors***</b>		
BALVERSA	1	PA; CP (Tier 3 if Cancer Parity does not apply)
LYTGOBI (12 MG DAILY DOSE)	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity does not apply)
LYTGOBI (16 MG DAILY DOSE)	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity does not apply)
LYTGOBI (20 MG DAILY DOSE)	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity does not apply)
<b>*Antineoplastic - Hedgehog Pathway Inhibitors***</b>		
DAURISMO	1	PA; SP; CP (Specialty Tier B if Cancer Parity does not apply)
ERIVEDGE	1	PA; SP; CP (Specialty Tier B if Cancer Parity does not apply)
ODOMZO	1	PA; SP; QL (1 cap/day); DS (30 day supply max); CP (Specialty Tier B if Cancer Parity does not apply); AL (Min 18 Years)
<b>*Antineoplastic - Hif-2-Alpha Inhibitors***</b>		
WELIREG	1	PA; CP (Tier 3 if Cancer Parity does not apply)

Drug	Status	Notes
<b>*Antineoplastic - Histone Deacetylase Inhibitors***</b>		
ZOLINZA	1	PA; SP; QL (4 caps/day); DS (30 day supply max); CP (Specialty Tier B if Cancer Parity does not apply); AL (Min 16 Years)
<b>*Antineoplastic - Immunomodulators***</b>		
<i>levamisole hcl</i>	3	
POMALYST	1	PA; SP; CP (Specialty Tier B if Cancer Parity does not apply)
<b>*Antineoplastic - Kras Inhibitors***</b>		
KRAZATI	1	PA; CP (Specialty Tier B if Cancer Parity does not apply)
LUMAKRAS	1	PA; CP (Specialty Tier B if Cancer Parity does not apply)
<b>*Antineoplastic - Mek Inhibitors***</b>		
COTELLIC	1	PA; SP; CP (Specialty Tier B if Cancer Parity does not apply)
KOSELUGO	1	PA; CP (Tier 3 if Cancer Parity does not apply)
MEKINIST TABLET 0.5 MG ORAL	1	PA; CP (Specialty Tier B if Cancer Parity does not apply)
MEKINIST TABLET 0.5 MG ORAL	1	PA; SP; CP (Specialty Tier B if Cancer Parity does not apply)
MEKINIST TABLET 2 MG ORAL	1	PA; CP (Specialty Tier B if Cancer Parity does not apply)
MEKTOVI	1	PA; CP (Tier 1)
<b>*Antineoplastic - Met Inhibitors***</b>		
TABRECTA	1	PA; CP (Tier 3 if Cancer Parity does not apply)
<b>*Antineoplastic - Mtor Kinase Inhibitors***</b>		
<i>everolimus oral tablet 10 mg</i>	1	PA; CP (Specialty Tier A if Cancer Parity does not apply)
<i>everolimus oral tablet soluble</i>	1	PA; CP (Specialty Tier A if Cancer Parity does not apply)
<i>everolimus tablet 2.5 mg oral</i>	1	PA; CP (Specialty Tier A if Cancer Parity does not apply)
<i>everolimus tablet 2.5 mg oral</i>	1	PA; SP; CP (Specialty Tier A if Cancer Parity does not apply)
<i>everolimus tablet 5 mg oral</i>	1	PA; CP (Specialty Tier A if Cancer Parity does not apply)
<i>everolimus tablet 5 mg oral</i>	1	PA; SP; CP (Specialty Tier A if Cancer Parity does not apply)
<i>everolimus tablet 7.5 mg oral</i>	1	PA; CP (Specialty Tier A if Cancer Parity does not apply)
<i>everolimus tablet 7.5 mg oral</i>	1	PA; SP; CP (Specialty Tier A if Cancer Parity does not apply)

Drug	Status	Notes
<b>*Antineoplastic - Multikinase Inhibitors***</b>		
<b>CABOMETYX</b>	1	PA; CP (Specialty Tier B if Cancer Parity does not apply)
<b>CAPRELSA</b>	1	PA; CP (Tier 3 if Cancer Parity does not apply)
<b>COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 &amp; 20 MG</b>	1	PA; CP (Specialty Tier B if Cancer Parity does not apply)
<b>COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG &amp; 80 MG</b>	1	PA; CP (Specialty Tier B if Cancer Parity does not apply)
<b>COMETRIQ (60 MG DAILY DOSE)</b>	1	PA; CP (Specialty Tier B if Cancer Parity does not apply)
<i>lapatinib ditosylate</i>	1	PA; QL (5 tabs/day); DS (30 day supply max); CP (Specialty Tier A if Cancer Parity does not apply)
<b>NERLYNX TABLET 40 MG ORAL</b>	1	PA; CP (Tier 1)
<b>NEXAVAR</b>	1	PA; SP; QL (4 tabs/day); DS (30 day supply max); CP (Specialty Tier B if Cancer Parity does not apply); AL (Min 16 Years)
<b>QINLOCK</b>	1	PA; CP (Tier 3 if Cancer Parity does not apply)
<b>RYDAPT</b>	1	PA; SP; CP (Specialty Tier B if Cancer Parity does not apply)
<i>sorafenib tosylate</i>	1	PA; QL (4 tabs/day); DS (30 day supply max); CP (Specialty Tier A if Cancer Parity does not apply); AL (Min 16 Years)
<b>STIVARGA TABLET 40 MG ORAL</b>	1	PA; CP (Specialty Tier B if Cancer Parity does not apply)
<b>STIVARGA TABLET 40 MG ORAL</b>	1	PA; SP; CP (Specialty Tier B if Cancer Parity does not apply)
<i>sunitinib malate capsule 12.5 mg oral</i>	1	PA; QL (1 cap/day); CP (Specialty Tier A if Cancer Parity does not apply)
<i>sunitinib malate capsule 12.5 mg oral</i>	1	PA; SP; QL (1 cap/day); CP (Specialty Tier A if Cancer Parity does not apply)
<i>sunitinib malate capsule 25 mg oral</i>	1	PA; QL (1 cap/day); CP (Specialty Tier A if Cancer Parity does not apply)
<i>sunitinib malate capsule 25 mg oral</i>	1	PA; SP; QL (1 cap/day); CP (Specialty Tier A if Cancer Parity does not apply)
<i>sunitinib malate capsule 37.5 mg oral</i>	1	PA; QL (1 cap/day); CP (Specialty Tier A if Cancer Parity does not apply)
<i>sunitinib malate capsule 37.5 mg oral</i>	1	PA; SP; QL (1 cap/day); CP (Specialty Tier A if Cancer Parity does not apply)
<i>sunitinib malate capsule 50 mg oral</i>	1	PA; QL (1 cap/day); CP (Specialty Tier A if Cancer Parity does not apply)
<i>sunitinib malate capsule 50 mg oral</i>	1	PA; SP; QL (1 cap/day); CP (Specialty Tier A if Cancer Parity does not apply)
<b>TURALIO ORAL CAPSULE 125 MG</b>	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity does not apply)

Premium PDL Closed Formulary; Last revision date:03/01/2024 To search for a drug use control + f



Drug	Status	Notes
VOTRIENT TABLET 200 MG ORAL	1	PA; CP (Specialty Tier B if Cancer Parity does not apply)
XOSPATA	1	PA; CP (Tier 1)
<b>*Antineoplastic - Pdgfr-Alpha Inhibitors***</b>		
AYVAKIT	1	PA; CP (Tier 3 if Cancer Parity does not apply)
<b>*Antineoplastic - Proteasome Inhibitors***</b>		
NINLARO	1	PA; CP (Specialty Tier B if Cancer Parity does not apply)
<b>*Antineoplastic - Ret Inhibitors***</b>		
GAVRETO	1	PA; CP (Specialty Tier B if Cancer Parity does not apply)
RETEVMO	1	PA; CP (Specialty Tier B if Cancer Parity does not apply)
<b>*Antineoplastic - Tropomyosin Receptor Kinase Inhibitors***</b>		
ROZLYTREK ORAL CAPSULE	1	PA; SP; CP (Specialty Tier B if Cancer Parity does not apply)
VITRAKVI	1	PA; CP (Tier 3 if Cancer Parity does not apply)
<b>*Antineoplastic - Xpo1 Inhibitors***</b>		
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	1	PA; CP (Tier 3 if Cancer Parity does not apply)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	1	PA; CP (Tier 3 if Cancer Parity does not apply)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	1	PA; CP (Tier 3 if Cancer Parity does not apply)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	1	PA; CP (Tier 3 if Cancer Parity does not apply)
XPOVIO (60 MG TWICE WEEKLY)	1	PA; CP (Tier 3 if Cancer Parity does not apply)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	1	PA; CP (Tier 3 if Cancer Parity does not apply)
XPOVIO (80 MG TWICE WEEKLY)	1	PA; SP; CP (Tier 3 if Cancer Parity does not apply)
<b>*Antineoplastic Combinations***</b>		
LONSURF	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity does not apply); AL (Min 18 Years)
<b>*Antineoplastics Misc.***</b>		
ACTIMMUNE	1	PA; SP; CP (Specialty Tier B if Cancer Parity does not apply)
HYDREA	1	CP (Tier 3 if Cancer Parity does not apply)
<i>hydroxyurea oral</i>	1	CP (Tier 1)
MATULANE	1	SP; CP (Specialty Tier B if Cancer Parity does not apply)

Drug	Status	Notes
<b>SYNRIBO</b>	1	PA; SP; CP (Tier 3 if Cancer Parity does not apply)
<b>*Aromatase Inhibitors***</b>		
<i>anastrozole oral</i>	\$0	QL (1 tab/day); DS (30 day supply max); ACA (Tier 1 if ACA does not apply)
<b>ARIMIDEX</b>	1	QL (1 tab/day); DS (30 day supply max); CP (Tier 3 if Cancer Parity does not apply)
<i>exemestane</i>	\$0	QL (1 tab/day); DS (30 day supply max); ACA (Tier 1 if ACA does not apply); F
<i>letrozole oral</i>	\$0	QL (1 tab/day); DS (30 day supply max); ACA (Tier 1 if ACA does not apply); F
<b>*Cyclin-Dependent Kinases (Cdk) Inhibitors***</b>		
<b>IBRANCE ORAL CAPSULE</b>	1	PA; CP (Specialty Tier B if Cancer Parity does not apply)
<b>IBRANCE ORAL TABLET</b>	1	PA; CP (Tier 3 if Cancer Parity does not apply)
<b>KISQALI (200 MG DOSE)</b>	1	PA; SP; CP (Specialty Tier B if Cancer Parity does not apply)
<b>KISQALI (400 MG DOSE)</b>	1	PA; SP; CP (Specialty Tier B if Cancer Parity does not apply)
<b>KISQALI (600 MG DOSE)</b>	1	PA; SP; CP (Specialty Tier B if Cancer Parity does not apply)
<b>VERZENIO</b>	1	PA; CP (Specialty Tier B if Cancer Parity does not apply)
<b>*Estrogen Receptor Antagonist***</b>		
<b>FASLODEX INTRAMUSCULAR SOLUTION PREFILLED SYRINGE</b>	1	PA; SP; CP (Specialty Tier B if Cancer Parity does not apply)
<i>fulvestrant solution prefilled syringe 250 mg/5ml intramuscular</i>	1	PA; CP (Specialty Tier A if Cancer Parity does not apply)
<i>fulvestrant solution prefilled syringe 250 mg/5ml intramuscular</i>	1	PA; SP; CP (Specialty Tier A if Cancer Parity does not apply)
<i>fulvestrant solution prefilled syringe 250 mg/5ml intramuscular</i>	1	PA; SP; CP (Specialty Tier B if Cancer Parity does not apply)
<b>*Estrogens-Antineoplastic***</b>		
<b>EMCYT</b>	1	CP (Specialty Tier B if Cancer Parity does not apply)
<b>*Folic Acid Antagonists Rescue Agents***</b>		
<i>leucovorin calcium oral</i>	1	
<b>*Gonadotropin Releasing Hormone (Gnrh) Antagonists***</b>		
<b>FIRMAGON (240 MG DOSE)</b>	1	PA; CP (Specialty Tier B if Cancer Parity does not apply)
<b>FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG</b>	1	PA; CP (Specialty Tier B if Cancer Parity does not apply)
<b>ORGOVYX</b>	1	PA; CP (Tier 3 if Cancer Parity does not apply)

Drug	Status	Notes
<b>*Imidazotetrazines***</b>		
<i>temozolomide</i>	1	PA; CP (Specialty Tier A if Cancer Parity does not apply)
<b>*Isocitrate Dehydrogenase-1 (Idh1) Inhibitors***</b>		
REZLIDHIA	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity does not apply)
TIBSOVO	1	PA; CP (Tier 3 if Cancer Parity does not apply)
<b>*Isocitrate Dehydrogenase-2 (Idh2) Inhibitors***</b>		
IDHIFA	1	PA; CP (Specialty Tier B if Cancer Parity does not apply)
<b>*Janus Associated Kinase (Jak) Inhibitors***</b>		
INREBIC	1	PA; SP; CP (Tier 1)
JAKAFI	1	PA; CP (Tier 1)
VONJO	1	PA; CP (Tier 3 if Cancer Parity does not apply)
<b>*Lhrh Analogs***</b>		
ELIGARD KIT 45 MG SUBCUTANEOUS	1	QL (1 unit/180 days); DS (180 day supply max); CP (Specialty Tier B if Cancer Parity does not apply); M; AL (Min 18 Years)
ELIGARD KIT 45 MG SUBCUTANEOUS	1	SP; QL (1 unit/180 days); DS (180 day supply max); CP (Specialty Tier B if Cancer Parity does not apply); M; AL (Min 18 Years)
ELIGARD SUBCUTANEOUS KIT 22.5 MG	1	SP; QL (1 unit/90 days); DS (90 day supply max); CP (Specialty Tier B if Cancer Parity does not apply); M; AL (Min 18 Years)
ELIGARD SUBCUTANEOUS KIT 30 MG	1	SP; QL (1 unit/120 days); DS (120 day supply max); CP (Specialty Tier B if Cancer Parity does not apply); M; AL (Min 18 Years)
ELIGARD SUBCUTANEOUS KIT 7.5 MG	1	SP; QL (1 unit/fill); DS (30 day supply max); CP (Specialty Tier B if Cancer Parity does not apply); M; AL (Min 18 Years)
<i>leuprolide acetate (3 month)</i>	1	QL (1 unit/90 days); DS (90 day supply max); CP (Tier 3 if Cancer Parity does not apply); M; AL (Min 18 Years)
<i>leuprolide acetate kit 1 mg/0.2ml injection</i>	1	QL (1 unit/fill); DS (30 day supply max); CP (Specialty Tier A if Cancer Parity does not apply); M; AL (Min 18 Years)
<i>leuprolide acetate kit 1 mg/0.2ml injection</i>	1	SP; QL (1 unit/fill); DS (30 day supply max); CP (Specialty Tier A if Cancer Parity does not apply); M; AL (Min 18 Years)
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG	D	PA; SP; QL (1 unit/fill); DS (30 day supply max); F
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	1	SP; QL (1 unit/fill); DS (30 day supply max); CP (Specialty Tier B if Cancer Parity does not apply); M; AL (Min 18 Years)

Drug	Status	Notes
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	D	PA; SP; QL (1 unit/90 days); DS (90 day supply max); F
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG	1	SP; QL (1 unit/90 days); DS (90 day supply max); CP (Specialty Tier B if Cancer Parity does not apply); M; AL (Min 18 Years)
LUPRON DEPOT (4-MONTH)	1	SP; QL (1 unit/120 days); DS (120 day supply max); CP (Specialty Tier B if Cancer Parity does not apply); M; AL (Min 18 Years)
LUPRON DEPOT (6-MONTH)	1	SP; QL (1 unit/180 days); DS (180 day supply max); CP (Specialty Tier B if Cancer Parity does not apply); M; AL (Min 18 Years)
TRELSTAR MIXJECT	1	PA; CP (Specialty Tier B if Cancer Parity does not apply)
ZOLADEX	1	PA; SP; CP (Specialty Tier B if Cancer Parity does not apply)
<b>*Mitotic Inhibitors***</b>		
<i>etoposide capsule 50 mg oral</i>	1	CP (Specialty Tier B if Cancer Parity does not apply)
<i>etoposide capsule 50 mg oral</i>	1	SP; CP (Specialty Tier B if Cancer Parity does not apply)
<b>*Nitrogen Mustards And Related Analogues***</b>		
<i>cyclophosphamide capsule 25 mg oral</i>	1	CP (Specialty Tier A if Cancer Parity does not apply)
<i>cyclophosphamide capsule 25 mg oral</i>	1	CP (Specialty Tier B if Cancer Parity does not apply)
<i>cyclophosphamide capsule 50 mg oral</i>	1	CP (Specialty Tier A if Cancer Parity does not apply)
<i>cyclophosphamide capsule 50 mg oral</i>	1	CP (Specialty Tier B if Cancer Parity does not apply)
<i>cyclophosphamide oral tablet</i>	1	PA; CP (Specialty Tier B if Cancer Parity does not apply)
LEUKERAN	1	CP (Specialty Tier B if Cancer Parity does not apply)
<b>*Nitrosoureas***</b>		
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	1	PA; CP (Specialty Tier B if Cancer Parity does not apply)
<b>*Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors***</b>		
COPIKTRA	1	PA; CP (Specialty Tier B if Cancer Parity does not apply)
PIQRAY (200 MG DAILY DOSE)	1	PA; CP (Specialty Tier B if Cancer Parity does not apply)
PIQRAY (250 MG DAILY DOSE)	1	PA; CP (Specialty Tier B if Cancer Parity does not apply)
PIQRAY (300 MG DAILY DOSE)	1	PA; CP (Specialty Tier B if Cancer Parity does not apply)

Premium PDL Closed Formulary; Last revision date:03/01/2024 To search for a drug use control + f

Drug	Status	Notes
ZYDELIG	1	PA; CP (Specialty Tier B if Cancer Parity does not apply)
<b>*Poly (Adp-Ribose) Polymerase (Parp) Inhibitors***</b>		
LYNPARZA ORAL TABLET 100 MG	1	PA; CP (Tier 3 if Cancer Parity does not apply)
LYNPARZA ORAL TABLET 150 MG	1	PA; DS (30 day supply max); CP (Tier 3 if Cancer Parity does not apply)
<b>*Progestins-Antineoplastic***</b>		
<i>megestrol acetate</i>	3	
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml</i>	1	CP (Tier 1)
<i>megestrol acetate oral tablet</i>	1	CP (Tier 1)
<b>*Retinoids***</b>		
<i>tretinoin oral</i>	1	PA; SP; CP (Specialty Tier A if Cancer Parity does not apply)
<b>*Selective Estrogen Receptor Degraders***</b>		
ORSERDU	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity does not apply)
<b>*Selective Retinoid X Receptor Agonists***</b>		
<i>bexarotene capsule 75 mg oral</i>	1	PA; CP (Specialty Tier A if Cancer Parity does not apply)
<i>bexarotene capsule 75 mg oral</i>	1	PA; SP; CP (Specialty Tier A if Cancer Parity does not apply)
<b>*Topoisomerase I Inhibitors***</b>		
HYCAMTIN ORAL	1	SP; CP (Specialty Tier B if Cancer Parity does not apply)
<b>*Urinary Tract Protective Agents***</b>		
MESNEX ORAL	C	SP
<b>*Vascular Endothelial Growth Factor (Vegf) Inhibitors***</b>		
INLYTA	1	PA; CP (Specialty Tier B if Cancer Parity does not apply)
LENVIMA (10 MG DAILY DOSE)	1	PA; CP (Specialty Tier B if Cancer Parity does not apply)
LENVIMA (12 MG DAILY DOSE)	1	PA; CP (Specialty Tier B if Cancer Parity does not apply)
LENVIMA (14 MG DAILY DOSE)	1	PA; CP (Specialty Tier B if Cancer Parity does not apply)
LENVIMA (18 MG DAILY DOSE)	1	PA; CP (Specialty Tier B if Cancer Parity does not apply)
LENVIMA (20 MG DAILY DOSE)	1	PA; CP (Specialty Tier B if Cancer Parity does not apply)
LENVIMA (24 MG DAILY DOSE)	1	PA; CP (Specialty Tier B if Cancer Parity does not apply)
LENVIMA (4 MG DAILY DOSE)	1	PA; CP (Specialty Tier B if Cancer Parity does not apply)

Drug	Status	Notes
LENVIMA (8 MG DAILY DOSE)	1	PA; CP (Specialty Tier B if Cancer Parity does not apply)
<b>*Antiparkinson And Related Therapy Agents*</b>		
<b>*Adenosine Receptor Antagonist***</b>		
NOURIANZ	3	PA; QL (1 tab/day)
<b>*Antiparkinson Anticholinergics***</b>		
<i>benztropine mesylate oral</i>	1	
<i>trihexyphenidyl hcl oral solution</i>	3	
<i>trihexyphenidyl hcl oral tablet</i>	1	
<b>*Antiparkinson Dopaminergics***</b>		
<i>amantadine hcl oral capsule</i>	1	
<i>amantadine hcl oral solution</i>	1	
<i>amantadine hcl oral tablet</i>	1	
<i>bromocriptine mesylate oral</i>	1	
INBRIJA	3	PA
<i>levodopa</i>	3	
PARLODEL	3	
<b>*Antiparkinson Monoamine Oxidase Inhibitors***</b>		
<i>rasagiline mesylate oral</i>	A	
<i>selegiline hcl</i>	3	
<i>selegiline hcl oral</i>	1	
<b>*Central/Peripheral Comt Inhibitors***</b>		
TASMAR ORAL TABLET 100 MG	3	PA
<i>tolcapone</i>	1	PA
<b>*Decarboxylase Inhibitors***</b>		
<i>carbidopa oral</i>	1	
<b>*Levodopa Combinations***</b>		
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	1	
<i>carbidopa-levodopa oral tablet</i>	1	
<i>carbidopa-levodopa oral tablet dispersible</i>	3	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	3	QL (8 tabs/day)
RYTARY	3	PA
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	3	
STALEVO 100	3	QL (8 tabs/day)
STALEVO 125	3	QL (8 tabs/day)
STALEVO 150	3	QL (8 tabs/day)
STALEVO 200	3	QL (8 tabs/day)
STALEVO 50	3	QL (8 tabs/day)
STALEVO 75	3	QL (8 tabs/day)

Premium PDL Closed Formulary; Last revision date:03/01/2024 To search for a drug use control + f

Drug	Status	Notes
<b>*Nonergoline Dopamine Receptor Agonists***</b>		
<b>NEUPRO</b>	C	
<i>pramipexole dihydrochloride</i>	1	
<i>ropinirole hcl</i>	1	
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg, 6 mg</i>	1	QL (6 tabs/day); AL (Min 16 Years)
<i>ropinirole hcl er oral tablet extended release 24 hour 2 mg</i>	1	QL (8 tabs/day); AL (Min 16 Years)
<i>ropinirole hcl er oral tablet extended release 24 hour 4 mg</i>	1	QL (4 tabs/day); AL (Min 16 Years)
<i>ropinirole hcl er oral tablet extended release 24 hour 8 mg</i>	1	QL (3 tabs/day); AL (Min 16 Years)
<b>*Peripheral Comt Inhibitors***</b>		
<b>COMTAN</b>	3	
<i>entacapone</i>	1	
<b>ONGENTYS</b>	3	PA
<b>*Antipsychotics/Antimanic Agents*</b>		
<b>*Antimanic Agents***</b>		
<i>lithium carbonate er</i>	1	
<i>lithium carbonate oral</i>	1	
<b>*Antipsychotics - Misc.***</b>		
<b>CAPLYTA</b>	4	PA
<b>EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG</b>	4	QL (3 caps/day)
<b>EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 200 MG</b>	4	QL (8 caps/day)
<b>EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 300 MG</b>	4	QL (5 caps/day)
<b>LATUDA</b>	4	QL (1 tab/day); AL (Min 10 Years)
<i>lurasidone hcl</i>	4	QL (1 tab/day); AL (Min 10 Years)
<b>NUPLAZID ORAL CAPSULE</b>	4	PA
<b>NUPLAZID ORAL TABLET 10 MG</b>	4	PA
<b>VRAYLAR ORAL CAPSULE</b>	3	QL (1 cap/day); ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 18 Years)
<b>VRAYLAR ORAL CAPSULE THERAPY PACK</b>	3	QL (7 units per 7 days); ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 18 Years)
<i>ziprasidone hcl</i>	1	QL (2 caps/day)
<i>ziprasidone mesylate</i>	A	PA
<b>*Benzisoxazoles***</b>		
<b>FANAPT</b>	4	
<b>FANAPT TITRATION PACK</b>	4	
<b>INVEGA HAFYERA</b>	C	PA
<b>INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 1.5 MG, 6 MG</b>	4	QL (2 tabs/day); AL (Min 12 Years)
<b>INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 3 MG, 9 MG</b>	4	QL (1 tab/day); AL (Min 12 Years)

Premium PDL Closed Formulary; Last revision date:03/01/2024 To search for a drug use control + f

Drug	Status	Notes
<b>INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	B	PA
<b>INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML</b>	B	PA
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 6 mg</i>	4	QL (2 tabs/day); AL (Min 12 Years)
<i>paliperidone er oral tablet extended release 24 hour 3 mg, 9 mg</i>	4	QL (1 tab/day); AL (Min 12 Years)
<b>PERSERIS</b>	B	PA
<b>RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER</b>	B	PA
<i>risperidone oral solution</i>	1	
<i>risperidone oral tablet</i>	1	
<i>risperidone oral tablet dispersible</i>	4	
<b>*Butyrophenones***</b>		
<i>haloperidol lactate oral</i>	1	
<i>haloperidol oral</i>	1	
<b>*Dibenzodiazepines***</b>		
<i>clozapine oral tablet</i>	1	
<i>clozapine oral tablet dispersible</i>	4	
<b>VERSACLOZ</b>	3	
<b>*Dibenzo-Oxepino Pyrroles***</b>		
<i>asenapine maleate</i>	4	QL (2 tabs/day)
<b>*Dibenzothiazepines***</b>		
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg</i>	1	QL (1 tab/day); AL (Min 10 Years)
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg</i>	1	QL (2 tabs/day); AL (Min 10 Years)
<i>quetiapine fumarate oral tablet 100 mg, 300 mg, 400 mg</i>	1	QL (2 tabs/day); AL (Min 10 Years)
<i>quetiapine fumarate oral tablet 150 mg</i>	4	QL (2 tabs/day); AL (Min 10 Years)
<i>quetiapine fumarate oral tablet 200 mg, 25 mg, 50 mg</i>	1	QL (3 tabs/day); AL (Min 10 Years)
<b>*Dibenzoxazepines***</b>		
<i>loxapine succinate oral</i>	1	
<b>*Dihydroindolones***</b>		
<i>molindone hcl</i>	3	
<b>*Phenothiazines***</b>		
<i>chlorpromazine hcl injection</i>	3	PA
<i>chlorpromazine hcl oral tablet</i>	1	
<b>COMPRO</b>	1	
<i>fluphenazine decanoate injection</i>	3	PA
<i>fluphenazine hcl injection</i>	3	PA
<i>fluphenazine hcl oral concentrate</i>	3	
<i>fluphenazine hcl oral elixir</i>	3	
<i>fluphenazine hcl oral tablet</i>	1	

Premium PDL Closed Formulary; Last revision date:03/01/2024 To search for a drug use control + f



Drug	Status	Notes
<i>perphenazine oral</i>	1	
<i>prochlorperazine</i>	1	
<i>prochlorperazine edisylate injection solution 10 mg/2ml</i>	3	PA
<i>prochlorperazine maleate</i>	3	
<i>prochlorperazine maleate oral</i>	1	
<i>thioridazine hcl oral</i>	1	
<i>trifluoperazine hcl oral</i>	1	
<b>*Quinolinone Derivatives***</b>		
<b>ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE</b>	B	
<b>ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER</b>	B	PA
<i>aripiprazole oral solution</i>	1	QL (25 ml/day)
<i>aripiprazole oral tablet 10 mg, 2 mg, 5 mg</i>	1	QL (2 tabs/day)
<i>aripiprazole oral tablet 15 mg, 20 mg, 30 mg</i>	1	QL (1 tab/day)
<i>aripiprazole oral tablet dispersible</i>	4	
<b>ARISTADA</b>	C	PA
<b>ARISTADA INITIO</b>	C	PA
<b>REXULTI ORAL TABLET 0.25 MG</b>	4	PA; QL (2 tabs/day); AL (Min 18 Years)
<b>REXULTI ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG</b>	4	PA; QL (1 tab/day); AL (Min 18 Years)
<b>*Thienbenzodiazepines***</b>		
<i>olanzapine intramuscular</i>	A	PA
<i>olanzapine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	QL (2 tabs/day)
<i>olanzapine oral tablet 15 mg, 20 mg</i>	1	QL (1 tab/day)
<i>olanzapine oral tablet 7.5 mg</i>	1	QL (3 tabs/day)
<i>olanzapine oral tablet dispersible 10 mg, 5 mg</i>	1	QL (2 tabs/day)
<i>olanzapine oral tablet dispersible 15 mg, 20 mg</i>	1	QL (1 tab/day)
<b>ZYPREXA RELPREVV</b>	B	PA
<b>ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 10 MG, 5 MG</b>	4	QL (2 tabs/day)
<b>ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 15 MG, 20 MG</b>	4	QL (1 tab/day)
<b>*Thioxanthenes***</b>		
<i>thiothixene oral</i>	3	
<b>*Antiseptics &amp; Disinfectants*</b>		
<b>*Antiseptics &amp; Disinfectants***</b>		
<b>CETYLCIDE-G</b>	3	
<i>phenol crystals</i>	3	
<b>*Iodine Antiseptics***</b>		
<i>lugols strong iodine</i>	3	
<b>*Mercury Antiseptics***</b>		
<i>thimerosal</i>	3	
<b>*Silver Antiseptics***</b>		
<i>silver protein mild</i>	3	

Drug	Status	Notes
<b>*Antivirals*</b>		
<b>*Antiretroviral Combinations***</b>		
<i>abacavir sulfate-lamivudine</i>	1	
<b>BIKTARVY</b>	3	QL (1 tab/day)
<b>CIMDUO</b>	2	QL (1 tab/day)
<b>COMBIVIR</b>	3	
<b>COMPLERA</b>	2	
<b>DELSTRIGO</b>	3	
<b>DOVATO</b>	3	
<i>efavirenz-emtricitab-tenofo df</i>	2	QL (1 tab/day); AL (Min 18 Years)
<i>efavirenz-lamivudine-tenofovir</i>	3	QL (1 tab/day)
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	3	QL (1 tab/day)
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	\$0	QL (1 tab/day); ACA (Tier 3 if ACA does not apply)
<b>EPZICOM</b>	4	
<b>EVOTAZ</b>	3	
<b>GENVOYA</b>	2	
<b>JULUCA</b>	3	PA
<b>KALETRA ORAL SOLUTION</b>	2	
<b>KALETRA ORAL TABLET</b>	2	
<i>lamivudine-zidovudine</i>	1	
<i>lopinavir-ritonavir oral solution</i>	1	
<i>lopinavir-ritonavir oral tablet</i>	2	
<b>ODEFSEY</b>	2	
<b>PREZCOBIX</b>	3	
<b>STRIBILD</b>	2	
<b>SYMFI</b>	3	QL (1 tab/day)
<b>SYMFI LO</b>	3	QL (1 tab/day)
<b>SYMTUZA</b>	3	
<b>TRIUMEQ</b>	3	
<b>TRIUMEQ PD</b>	3	QL (6 per day); AL (Max 10 Years)
<b>TRIZIVIR</b>	3	QL (2 tabs/day)
<b>*Antiretrovirals - Ccr5 Antagonists (Entry Inhibitor)***</b>		
<i>maraviroc</i>	2	QL (2 tabs/day)
<b>SELZENTRY ORAL SOLUTION</b>	4	
<b>SELZENTRY ORAL TABLET 25 MG, 75 MG</b>	4	QL (2 tabs/day)
<b>*Antiretrovirals - Fusion Inhibitors***</b>		
<b>FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED</b>	A	PA
<b>*Antiretrovirals - Gp120-Directed Attachment Inhibitor***</b>		
<b>RUKOBIA</b>	4	PA

Premium PDL Closed Formulary; Last revision date:03/01/2024 To search for a drug use control + f

Drug	Status	Notes
<b>*Antiretrovirals - Integrase Inhibitors***</b>		
ISENTRESS	2	
ISENTRESS HD	2	
TIVICAY	2	
TIVICAY PD	2	
<b>*Antiretrovirals - Protease Inhibitors***</b>		
APTIVUS ORAL CAPSULE	3	
<i>atazanavir sulfate oral capsule 150 mg, 200 mg</i>	2	QL (2 caps/day)
<i>atazanavir sulfate oral capsule 300 mg</i>	2	QL (1 cap/day)
<i>darunavir oral tablet 600 mg</i>	2	QL (2 per day)
<i>darunavir oral tablet 800 mg</i>	3	QL (2 per day)
<i>fosamprenavir calcium</i>	2	
LEXIVA	2	
NORVIR ORAL PACKET	2	
NORVIR ORAL TABLET	2	
PREZISTA ORAL SUSPENSION	2	
PREZISTA ORAL TABLET 150 MG	2	
PREZISTA ORAL TABLET 75 MG	2	QL (6 tabs/day)
REYATAZ ORAL CAPSULE 200 MG	2	QL (2 caps/day)
REYATAZ ORAL CAPSULE 300 MG	2	QL (1 cap/day)
REYATAZ ORAL PACKET	2	
<i>ritonavir</i>	2	
VIRACEPT ORAL TABLET	2	
<b>*Antiretrovirals - Rti-Non-Nucleoside Analogues***</b>		
EDURANT	2	QL (1 tab/day)
<i>efavirenz oral capsule 200 mg</i>	2	QL (1 cap/day)
<i>efavirenz oral capsule 50 mg</i>	2	QL (2 caps/day)
<i>efavirenz oral tablet</i>	2	QL (1 tab/day)
<i>etravirine</i>	3	
INTELENCE	4	
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	1	
<i>nevirapine oral suspension</i>	2	
<i>nevirapine oral tablet</i>	1	
PIFELTRO	3	
SUSTIVA ORAL TABLET	3	QL (1 tab/day)
<b>*Antiretrovirals - Rti-Nucleoside Analogues-Purines***</b>		
<i>abacavir sulfate</i>	1	
ZIAGEN ORAL SOLUTION	3	
ZIAGEN ORAL TABLET	4	
<b>*Antiretrovirals - Rti-Nucleoside Analogues-Pyrimidines***</b>		
<i>emtricitabine</i>	3	QL (1 cap/day)

Drug	Status	Notes
EMTRIVA ORAL CAPSULE	3	QL (1 cap/day)
EMTRIVA ORAL SOLUTION	2	QL (24 ml/day)
EPIVIR ORAL SOLUTION	2	
EPIVIR ORAL TABLET	3	
<i>lamivudine oral solution</i>	1	
<i>lamivudine oral tablet 150 mg, 300 mg</i>	1	
<b>*Antiretrovirals - Rti-Nucleoside Analogues-Thymidines***</b>		
RETROVIR ORAL CAPSULE	3	
RETROVIR ORAL SYRUP	3	
<i>zidovudine</i>	1	
<b>*Antiretrovirals - Rti-Nucleotide Analogues***</b>		
<i>tenofovir disoproxil fumarate</i>	2	QL (1 tab/day)
VIREAD ORAL POWDER	2	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	QL (1 tab/day)
<b>*Antiretrovirals Adjuvants***</b>		
TYBOST	3	QL (1 tab/day)
<b>*Antiviral Combinations***</b>		
PAXLOVID (150/100)	2	QL (2 packs (20 caps each)/year; 2 fills per 1 year); DS (5 day supply max)
PAXLOVID (300/100)	2	QL (2 packs (30 caps each)/year; 2 fills per 1 year); DS (5 day supply max)
<b>*Cmv Agents***</b>		
LIVTENCITY	D	PA
PREVYMIS ORAL	D	PA; SP
<i>valganciclovir hcl oral solution reconstituted</i>	A	
<i>valganciclovir hcl oral tablet</i>	A	QL (4 tabs/day); DS (30 day supply max)
<b>*Hepatitis B Agents***</b>		
<i>adefovir dipivoxil</i>	A	SP
BARACLUDE ORAL SOLUTION	B	SP; QL (20 ml/day); DS (30 day supply max); AL (Min 16 Years)
<i>entecavir tablet 0.5 mg oral</i>	A	QL (1 tab/day); DS (30 day supply max); AL (Min 16 Years)
<i>entecavir tablet 0.5 mg oral</i>	A	SP; QL (1 tab/day); DS (30 day supply max); AL (Min 16 Years)
<i>entecavir tablet 1 mg oral</i>	A	QL (1 tab/day); DS (30 day supply max); AL (Min 16 Years)
<i>entecavir tablet 1 mg oral</i>	A	SP; QL (1 tab/day); DS (30 day supply max); AL (Min 16 Years)
<i>lamivudine oral tablet 100 mg</i>	A	SP
<b>*Hepatitis C Agent - Combinations***</b>		
EPCLUSA ORAL PACKET	D	PA; SP
EPCLUSA ORAL TABLET 200-50 MG	D	PA
EPCLUSA ORAL TABLET 400-100 MG	D	PA; SP

Premium PDL Closed Formulary; Last revision date:03/01/2024 To search for a drug use control + f

Drug	Status	Notes
HARVONI ORAL PACKET	C	PA
HARVONI ORAL TABLET 45-200 MG	C	PA; SP
HARVONI ORAL TABLET 90-400 MG	C	PA; SP; QL (1 tab/day); DS (30 day supply max)
MAVYRET ORAL PACKET	B	PA; SP
MAVYRET TABLET 100-40 MG ORAL	B	PA
MAVYRET TABLET 100-40 MG ORAL	B	PA; SP
<i>sofosbuvir-velpatasvir</i>	B	SP
VOSEVI	D	PA; SP
ZEPATIER	D	PA; SP
<b>*Hepatitis C Agents***</b>		
PEGASYS SOLUTION 180 MCG/ML SUBCUTANEOUS	B	
PEGASYS SOLUTION 180 MCG/ML SUBCUTANEOUS	B	SP
PEGASYS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML SUBCUTANEOUS	B	
<i>ribavirin oral capsule</i>	A	SP
<i>ribavirin oral tablet 200 mg</i>	A	SP
SOVALDI ORAL PACKET	D	PA
SOVALDI ORAL TABLET	D	PA; SP
<b>*Herpes Agents - Purine Analogues***</b>		
<i>acyclovir oral</i>	1	
<i>valacyclovir hcl oral</i>	1	
<b>*Herpes Agents - Thymidine Analogues***</b>		
<i>famciclovir oral</i>	1	
<b>*Influenza Agents***</b>		
<i>rimantadine hcl</i>	3	
<b>*Misc. Antivirals***</b>		
LAGEVRIO	\$0	QL (8 caps/day; 80 caps/year); Vaccine
TEMBEXA	3	
<b>*Neuraminidase Inhibitors***</b>		
<i>oseltamivir phosphate oral capsule</i>	1	QL (2 caps/day); DS (5 day supply max)
<i>oseltamivir phosphate oral suspension reconstituted</i>	1	QL (120 ml/5 days); DS (5 day supply max)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	4	QL (40 inh/365 days)
TAMIFLU ORAL CAPSULE	4	QL (2 caps/day); DS (5 day supply max)
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML	4	QL (120 ml/5 days); DS (5 day supply max)
<b>*Pa Endonuclease Inhibitors***</b>		
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	4	QL (2 tabs/fill; 1 fill per 1 month)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	4	QL (2 tabs/fill; 1 fill per 1 month)

Drug	Status	Notes
<b>*Beta Blockers*</b>		
<b>*Alpha-Beta Blockers***</b>		
<i>carvedilol</i>	1	HDHP
<i>labetalol hcl oral</i>	1	HDHP
<b>*Beta Blockers Cardio-Selective***</b>		
<i>acebutolol hcl oral</i>	1	HDHP
<i>atenolol oral</i>	1	HDHP
<i>betaxolol hcl oral tablet 10 mg</i>	1	QL (1.5 tabs/day); HDHP
<i>betaxolol hcl oral tablet 20 mg</i>	1	QL (1 tab/day); HDHP
<i>bisoprolol fumarate oral</i>	1	HDHP
<b>LOPRESSOR ORAL</b>	3	HDHP
<i>metoprolol succinate er</i>	1	HDHP
<i>metoprolol tartrate oral</i>	1	HDHP
<b>*Beta Blockers Non-Selective***</b>		
<b>BETAPACE AF ORAL TABLET 120 MG</b>	4	QL (2 tabs/day); HDHP
<b>BETAPACE AF ORAL TABLET 160 MG, 80 MG</b>	3	HDHP
<b>HEMANGEOL</b>	3	HDHP
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	HDHP
<i>pindolol</i>	1	HDHP
<i>propranolol hcl er</i>	1	HDHP
<i>propranolol hcl oral</i>	1	HDHP
<i>sotalol hcl (af)</i>	1	HDHP
<i>sotalol hcl oral</i>	1	HDHP
<b>SOTYLIZE</b>	3	HDHP
<i>timolol maleate oral</i>	2	HDHP
<b>*Calcium Channel Blockers*</b>		
<b>*Calcium Channel Blockers***</b>		
<i>amlodipine besylate oral</i>	1	HDHP
<b>CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG</b>	3	HDHP
<b>CARTIA XT</b>	1	HDHP
<i>diltiazem hcl er beads</i>	1	HDHP
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	1	HDHP
<i>diltiazem hcl er oral capsule extended release 12 hour 60 mg, 90 mg</i>	1	HDHP
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	HDHP
<i>diltiazem hcl oral</i>	1	HDHP
<i>dilt-xr</i>	1	HDHP
<i>felodipine er</i>	1	HDHP
<i>isradipine</i>	1	HDHP
<i>nifedipine er</i>	1	HDHP

Premium PDL Closed Formulary; Last revision date:03/01/2024 To search for a drug use control + f

Drug	Status	Notes
<i>nifedipine er osmotic release</i>	1	HDHP
<i>nifedipine oral</i>	1	HDHP
<i>nimodipine oral</i>	1	HDHP
<b>NORLIQVA</b>	3	QL (5 per day); AL (Max 10 Years)
<b>NYMALIZE ORAL SOLUTION 6 MG/ML</b>	3	HDHP
<b>TAZTIA XT</b>	1	HDHP
<b>TIADYLT ER</b>	1	HDHP
<b>TIAZAC</b>	3	HDHP
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg, 360 mg</i>	3	HDHP
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	HDHP
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	HDHP
<i>verapamil hcl oral</i>	1	HDHP
<b>VERELAN</b>	3	HDHP
<b>VERELAN PM</b>	3	HDHP
<b>*Cardiotonics*</b>		
<b>*Cardiac Glycosides***</b>		
<b>DIGOX</b>	1	
<i>digoxin oral solution</i>	3	
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	1	
<i>digoxin oral tablet 62.5 mcg</i>	2	
<b>LANOXIN ORAL TABLET 125 MCG, 250 MCG, 62.5 MCG</b>	2	
<b>*Cardiovascular Agents - Misc.*</b>		
<b>*Cardiovascular Sglt2 Inhibitors**</b>		
<b>INPEFA ORAL TABLET 200 MG</b>	3	PA
<b>*Neprilysin Inhib (Arni)-Angiotensin li Recept Antag Comb***</b>		
<b>ENTRESTO</b>	3	QL (2 tabs/day); ST (Step Therapy applies; see Step Therapy Drug List)
<b>*Nitrate &amp; Vasodilator Combinations***</b>		
<b>BIDIL</b>	3	QL (6 tabs/day); AL (Min 16 Years)
<i>isosorb dinitrate-hydralazine oral tablet 20-37.5 mg</i>	3	QL (6 tabs/day); AL (Min 16 Years)
<b>*Peripheral Vasodilators***</b>		
<i>papaverine hcl</i>	3	
<b>*Prostaglandin - Impotence Agents***</b>		
<b>CAVERJECT</b>	NC	QL (6 injections per month); SDIS (Tier 1 (generics) or Tier 3 (brands) if SDIS applies); M
<b>CAVERJECT IMPULSE</b>	NC	SDIS (Tier 1 (generics) or Tier 3 (brands) if SDIS applies); M
<b>EDEX</b>	NC	SDIS (Tier 1 (generics) or Tier 3 (brands) if SDIS applies); M

Drug	Status	Notes
MUSE URETHRAL PELLETT 1000 MCG, 250 MCG, 500 MCG	NC	QL (6 tablets in 30 days); SDIS (Tier 1 (generics) or Tier 3 (brands) if SDIS applies); M
<b>*Prostaglandin Vasodilators***</b>		
ORENITRAM MONTH 1	D	PA
ORENITRAM MONTH 2	D	PA
ORENITRAM MONTH 3	D	PA
ORENITRAM TABLET EXTENDED RELEASE 0.125 MG ORAL	D	PA
ORENITRAM TABLET EXTENDED RELEASE 0.125 MG ORAL	D	PA; SP
ORENITRAM TABLET EXTENDED RELEASE 0.25 MG ORAL	D	PA
ORENITRAM TABLET EXTENDED RELEASE 0.25 MG ORAL	D	PA; SP
ORENITRAM TABLET EXTENDED RELEASE 1 MG ORAL	D	PA
ORENITRAM TABLET EXTENDED RELEASE 1 MG ORAL	D	PA; SP
ORENITRAM TABLET EXTENDED RELEASE 2.5 MG ORAL	D	PA
ORENITRAM TABLET EXTENDED RELEASE 2.5 MG ORAL	D	PA; SP
ORENITRAM TABLET EXTENDED RELEASE 5 MG ORAL	D	PA
TYVASO	D	PA
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG	D	PA
TYVASO DPI TITRATION KIT	D	PA
TYVASO REFILL	D	PA
TYVASO STARTER	D	PA
VENTAVIS	D	PA
<b>*Pulm Hyperten-Soluble Guanylate Cyclase Stimulator (Sgc)***</b>		
ADEMPAS	D	PA; QL (3 tabs/day); DS (30 day supply max); AL (Min 18 Years)
<b>*Pulmonary Hypertension - Endothelin Receptor Antagonists***</b>		
<i>ambrisentan tablet 10 mg oral</i>	A	PA; QL (1 per day)
<i>ambrisentan tablet 10 mg oral</i>	A	PA; SP; QL (1 per day)
<i>ambrisentan tablet 5 mg oral</i>	A	PA; QL (1 per day)
<i>ambrisentan tablet 5 mg oral</i>	A	PA; SP; QL (1 per day)
<i>bosentan tablet 125 mg oral</i>	D	PA; SP; QL (2 per day)
<i>bosentan tablet 62.5 mg oral</i>	D	PA; SP; QL (2 per day)
OPSUMIT	D	PA; SP
TRACLEER TABLET SOLUBLE 32 MG ORAL	D	PA
TRACLEER TABLET SOLUBLE 32 MG ORAL	D	PA; SP
<b>*Pulmonary Hypertension - Phosphodiesterase Inhibitors***</b>		
ALYQ	D	SP; QL (2 tabs/day); DS (30 day supply max); AL (Min 18 Years)
<i>sildenafil citrate suspension reconstituted 10 mg/ml oral</i>	D	QL (6 ml/day); DS (30 day supply max); AL (Min 18 Years)

Premium PDL Closed Formulary; Last revision date:03/01/2024 To search for a drug use control + f



Drug	Status	Notes
<i>sildenafil citrate suspension reconstituted 10 mg/ml oral</i>	D	SP; QL (6 ml/day); DS (30 day supply max); AL (Min 18 Years)
<i>sildenafil citrate tablet 20 mg oral</i>	A	QL (3 tabs/day); DS (30 day supply max); AL (Min 18 Years)
<i>sildenafil citrate tablet 20 mg oral</i>	A	SP; QL (3 tabs/day); DS (30 day supply max); AL (Min 18 Years)
<i>tadalafil (pah)</i>	D	QL (2 tabs/day); DS (30 day supply max); AL (Min 18 Years)
<b>*Pulmonary Hypertension - Prostacyclin Receptor Agonist***</b>		
<b>UPTRAVI ORAL</b>	D	PA; QL (2 tabs/day); DS (30 day supply max); AL (Min 18 Years)
<b>UPTRAVI TITRATION</b>	D	PA; QL (1 pack/lifetime); DS (30 day supply max); AL (Min 18 Years)
<b>*Selective Cgmp Phosphodiesterase Type 5 Inhibitors***</b>		
<i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>	NC	QL (8 tablets in 30 days); SDIS (Tier 1 (generics) or Tier 3 (brands) if SDIS applies); M
<i>tadalafil oral tablet 10 mg, 20 mg</i>	NC	QL (8 tablets in 30 days); SDIS (Tier 1 (generics) or Tier 3 (brands) if SDIS applies); M; AL (Min 18 Years)
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	3	QL (1 tab/day); AL (Min 18 Years)
<b>*Sinus Node Inhibitors**</b>		
<b>CORLANOR</b>	3	PA
<b>*Transthyretin Stabilizers***</b>		
<b>VYNDAMAX</b>	D	PA; SP
<b>VYNDAQEL</b>	D	PA; SP
<b>*Vasoactive Soluble Guanylate Cyclase Stimulator (Sgc)***</b>		
<b>VERQUVO</b>	3	PA; QL (1 tab/day)
<b>*Cephalosporins*</b>		
<b>*Cephalosporins - 1St Generation***</b>		
<i>cefadroxil oral capsule</i>	1	
<i>cefadroxil oral suspension reconstituted</i>	1	
<i>cefadroxil oral tablet</i>	3	QL (1 tab/day; 14 days supply/fill; 1 fill per 1 month); DS (14 day supply max)
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	
<i>cephalexin oral suspension reconstituted</i>	1	
<i>cephalexin oral tablet</i>	3	
<b>*Cephalosporins - 2Nd Generation***</b>		
<i>cefaclor er</i>	3	
<i>cefaclor oral capsule</i>	3	QL (3 caps/day; 10 days supply; 1 fill per 1 month); DS (10 day supply max)
<i>cefaclor oral suspension reconstituted</i>	3	
<i>cefprozil</i>	1	
<i>cefuroxime axetil oral tablet</i>	1	

Drug	Status	Notes
<b>*Cephalosporins - 3Rd Generation***</b>		
<i>cefdinir</i>	1	
<i>cefixime oral capsule</i>	3	
<i>cefixime oral suspension reconstituted</i>	1	
<i>cefepodoxime proxetil</i>	1	
<b>*Chemicals*</b>		
<b>*Acids***</b>		
<i>fumaric acid</i>	3	
<i>hydrochloric acid liquid 10 %, 37 %</i>	3	
<i>phosphoric acid</i>	3	
<i>sulfuric acid</i>	3	
<b>*Bases***</b>		
<i>potassium hydroxide pellet</i>	3	
<i>sodium hydroxide pellet</i>	3	
<b>*Buffers***</b>		
<i>sodium carbonate anhydrous</i>	3	
<i>sodium carbonate monohydrate</i>	3	
<i>tartaric acid granules</i>	3	
<b>*Bulk Chemicals - Ac's***</b>		
<i>acarbose</i>	3	
<i>acesulfame potassium</i>	3	
<i>acetaminophen granules</i>	3	
<i>acetaminophen powder</i>	3	
<i>acetazolamide powder</i>	3	
<i>acetyl-d-glucosamine</i>	3	
<i>acyclovir</i>	3	
<b>*Bulk Chemicals - Ad's***</b>		
<i>adenosine</i>	3	
<b>*Bulk Chemicals - Ag's***</b>		
<i>agar granules</i>	3	
<i>agar powder</i>	3	
<b>*Bulk Chemicals - Al's***</b>		
<i>albendazole</i>	3	
<i>aldosterone</i>	3	
<i>alginic acid</i>	3	
<i>allopurinol</i>	3	
<i>aloe vera freeze dried</i>	3	
<i>aloe vera oil</i>	3	
<i>aloe vera powder</i>	3	
<i>alpha-ketoglutaric acid crystals</i>	3	
<i>alpha-lipoic acid</i>	3	

Premium PDL Closed Formulary; Last revision date:03/01/2024 To search for a drug use control + f

Drug	Status	Notes
<i>alprazolam</i>	3	
<i>altrenogest</i>	3	
<b>*Bulk Chemicals - Am's***</b>		
<i>amantadine hcl</i>	3	
<i>aminolevulinic acid hcl powder</i>	3	
<i>amitriptyline hcl</i>	3	
<i>amlodipine besylate</i>	3	
<i>ammonium molybdate tetrahyd</i>	3	
<b>*Bulk Chemicals - An's***</b>		
<i>anastrozole</i>	3	
<i>antimony potassium tartrate</i>	3	
<i>antipyrine powder</i>	3	
<b>*Bulk Chemicals - Ap's***</b>		
<i>apomorphine hcl</i>	3	
<b>*Bulk Chemicals - As***</b>		
<i>ascorbyl palmitate</i>	3	
<b>*Bulk Chemicals - At's***</b>		
<i>atorvastatin calcium</i>	3	
<b>*Bulk Chemicals - Av's***</b>		
<i>aviptadil acetate</i>	3	
<b>*Bulk Chemicals - Az's***</b>		
<i>azelaic acid powder</i>	3	
<i>azelastine hcl</i>	3	
<i>azithromycin</i>	3	
<i>azithromycin dihydrate</i>	3	
<b>*Bulk Chemicals - Be's***</b>		
<i>beclomethasone dipropionate</i>	3	
<i>benazepril hcl</i>	3	
<i>benfotiamine</i>	3	
<i>benzethonium chloride</i>	3	
<i>betahistine dihydrochloride</i>	3	
<i>betahistine hcl</i>	3	
<i>betaine hcl</i>	3	
<i>betamethasone</i>	3	
<i>betamethasone acetate</i>	3	
<i>bethanechol chloride</i>	3	
<b>*Bulk Chemicals - Bi's***</b>		
<i>bimatoprost</i>	3	
<i>bismuth citrate</i>	3	
<b>*Bulk Chemicals - Bo's***</b>		
<i>boswellia serrata extract</i>	3	

Drug	Status	Notes
<b>*Bulk Chemicals - Br***</b>		
<i>brimonidine tartrate</i>	3	
<i>bromfenac sodium powder</i>	3	
<b>*Bulk Chemicals - Bu's***</b>		
<i>bha flakes</i>	3	
<i>buprenorphine hcl</i>	3	
<i>bupropion hcl</i>	3	
<i>bupirone hcl</i>	3	
<i>butyl alcohol</i>	3	
<b>*Bulk Chemicals - Ec***</b>		
<i>econazole nitrate</i>	3	
<b>*Bulk Chemicals - En***</b>		
<i>enalapril maleate</i>	3	
<b>*Bulk Chemicals - Ep's***</b>		
<i>epinephrine bitartrate</i>	3	
<b>*Bulk Chemicals - Es's***</b>		
<i>escitalopram oxalate</i>	3	
<i>estradiol cypionate</i>	3	
<i>estradiol hemihydrate (bulk)</i>	3	
<i>estradiol micronized</i>	3	
<i>estradiol powder</i>	3	
<i>estradiol valerate</i>	3	
<i>estrone powder</i>	3	
<b>*Bulk Chemicals - Et's***</b>		
<i>ethyl oleate</i>	3	
<i>ethyl vanillin</i>	3	
<i>ethylcellulose</i>	3	
<b>*Bulk Chemicals - Ga's***</b>		
<i>gatifloxacin</i>	3	
<b>*Bulk Chemicals - Gi's***</b>		
<i>ginger oil</i>	3	
<b>*Bulk Chemicals - Gl's***</b>		
<i>gluconolactone</i>	3	
<i>glucosamine hcl</i>	3	
<i>glucosamine sulfate</i>	3	
<i>glyceryl monostearate flakes</i>	3	
<i>glycopyrrolate</i>	3	
<b>*Bulk Chemicals - Gr's***</b>		
<i>griseofulvin micronized</i>	3	
<i>griseofulvin microsize</i>	3	

Drug	Status	Notes
<b>*Bulk Chemicals - Gu's***</b>		
<i>guar gum</i>	3	
<b>*Bulk Chemicals - Id***</b>		
<i>idebenone</i>	3	
<b>*Bulk Chemicals - Im***</b>		
<i>imidurea</i>	3	
<i>imiquimod</i>	3	
<b>*Bulk Chemicals - In's***</b>		
<i>inositol</i>	3	
<b>*Bulk Chemicals - Is's***</b>		
<i>isopropyl myristate</i>	3	
<i>isoproterenol hcl</i>	3	
<i>isotretinoin</i>	3	
<i>isoxsuprine hcl</i>	3	
<b>*Bulk Chemicals - Iv's***</b>		
<i>ivermectin</i>	3	
<b>*Bulk Chemicals - Ka***</b>		
<i>kanamycin sulfate</i>	3	
<b>*Bulk Chemicals - Ke's***</b>		
<i>7-keto dhea</i>	3	
<i>ketoprofen powder</i>	3	
<i>ketorolac tromethamine</i>	3	
<i>ketotifen fumarate</i>	3	
<i>ketotifen hydrogen fumarate</i>	3	
<b>*Bulk Chemicals - La's***</b>		
<i>labetalol hcl</i>	3	
<i>lansoprazole</i>	3	
<i>latanoprost</i>	3	
<b>*Bulk Chemicals - Le's***</b>		
<i>l-carnitine</i>	3	
<i>leflunomide</i>	3	
<i>letrozole</i>	3	
<i>leucovorin calcium</i>	3	
<i>leuprolide acetate</i>	3	
<i>levetiracetam</i>	3	
<i>levocarnitine</i>	3	
<i>levocetirizine dihydrochloride</i>	3	
<i>levofloxacin hemihydrate</i>	3	
<i>levomefolate calcium</i>	3	
<i>levorphanol tartrate</i>	3	
<i>levothyroxine sodium</i>	3	

Drug	Status	Notes
<b>*Bulk Chemicals - Li***</b>		
<i>lidocaine</i>	3	
<i>lidocaine base</i>	3	
<i>lidocaine hcl</i>	3	
<i>lidocaine hcl monohydrate</i>	3	
<i>liothyronine</i>	3	
<i>lisinopril</i>	3	
<b>*Bulk Chemicals - Lo's***</b>		
<i>loratadine</i>	3	
<i>lorazepam</i>	3	
<i>lovastatin</i>	3	
<b>*Bulk Chemicals - Ls***</b>		
<i>l-selenomethionine blend</i>	3	
<b>*Bulk Chemicals - Lu's***</b>		
<i>lutein powder</i>	3	
<b>*Bulk Chemicals - Ly***</b>		
<i>lysine hcl</i>	3	
<b>*Bulk Chemicals - Oc's***</b>		
<i>octinoxate</i>	3	
<i>octisalate</i>	3	
<b>*Bulk Chemicals - Om***</b>		
<i>omeprazole</i>	3	
<b>*Bulk Chemicals - Or***</b>		
<i>l-ornithine hydrochloride</i>	3	
<b>*Bulk Chemicals - Ox's***</b>		
<i>oxybutynin chloride</i>	3	
<i>oxymetazoline hcl</i>	3	
<i>oxytocin</i>	3	
<i>oxytocin acetate</i>	3	
<b>*Bulk Chemicals - Pr's***</b>		
<i>progesterone micronized</i>	NC	FERT (Tier 1 (generics) or Tier 3 (brands) if FERT applies); F
<i>progesterone powder</i>	NC	FERT (Tier 1 (generics) or Tier 3 (brands) if FERT applies); F
<i>progesterone wettable</i>	NC	FERT (Tier 1 (generics) or Tier 3 (brands) if FERT applies); F
<b>*Bulk Chemicals - Ra***</b>		
<i>racepinephrine hcl</i>	3	
<i>rasagiline mesylate</i>	3	
<b>*Bulk Chemicals - Re***</b>		
<i>resveratrol powder 98 %</i>	3	
<i>retinal</i>	3	

Premium PDL Closed Formulary; Last revision date:03/01/2024 To search for a drug use control + f

Drug	Status	Notes
<b>*Bulk Chemicals - Ri's***</b>		
<i>riboflavin</i>	3	
<i>riboflavin-5-phosphate sodium</i>	3	
<i>rifampin</i>	3	
<i>rifaximin</i>	3	
<b>*Bulk Chemicals - Ro's***</b>		
<i>rocuronium bromide</i>	3	
<i>ropivacaine hcl</i>	3	
<b>*Bulk Chemicals - Ru***</b>		
<i>rutin</i>	3	
<b>*Bulk Chemicals - Ta***</b>		
<i>tacrolimus</i>	3	
<i>tadalafil</i>	3	
<i>tamoxifen citrate</i>	3	
<b>*Bulk Chemicals - Te's***</b>		
<i>terbinafine hcl</i>	3	
<i>testosterone cypionate</i>	3	
<i>testosterone micronized powder</i>	3	
<i>testosterone powder</i>	3	
<i>testosterone propionate</i>	3	
<i>tetrahydrobiopterin dihcl</i>	3	
<b>*Bulk Chemicals - Th***</b>		
<i>theanine</i>	3	
<i>thymus</i>	3	
<i>thyroid (porcine)</i>	3	
<b>*Bulk Chemicals - Ti's***</b>		
<i>titanium dioxide powder</i>	3	
<i>tizanidine hcl</i>	3	
<b>*Bulk Chemicals - To's***</b>		
<i>tobramycin</i>	3	
<i>tofacitinib citrate</i>	3	
<i>tolazoline hcl</i>	3	
<i>toltrazuril</i>	3	
<i>tolu balsam</i>	3	
<i>toluidine blue o</i>	3	
<i>topiramate</i>	3	
<b>*Bulk Chemicals - Tr's***</b>		
<i>tramadol hcl</i>	3	
<i>trametinib</i>	3	
<i>tranexamic acid</i>	3	
<i>tranilast</i>	3	

Drug	Status	Notes
<i>triacetin</i>	3	
<i>triamcinolone hexacetonide</i>	3	
<i>trichlormethiazide</i>	3	
<i>trichloroacetic acid crystals</i>	3	
<i>triclosan</i>	3	
<i>triethyl citrate</i>	3	
<i>trimethobenzamide hcl</i>	3	
<i>tromethamine</i>	3	
<i>trypsin powder</i>	3	
<b>*Bulk Chemicals - Tu's***</b>		
<i>curcumin</i>	3	
<i>curcumin extract</i>	3	
<b>*Bulk Chemicals - Ub's***</b>		
<i>ubiquinol powder</i>	3	
<b>*Bulk Chemicals - Ur's***</b>		
<i>urea beads</i>	3	
<i>ursodiol</i>	3	
<b>*Bulk Chemicals - Xy's***</b>		
<i>xylazine hcl</i>	3	
<i>xylitol</i>	3	
<b>*Bulk Chemicals - Yo's***</b>		
<i>yohimbine hcl</i>	3	
<b>*Bulk Chemicals - Ze's***</b>		
<i>zeaxanthin</i>	3	
<b>*Bulk Chemicals - Zi's***</b>		
<i>zinc gluconate powder</i>	3	
<i>zinc oxide</i>	3	
<i>zinc undecylenate</i>	3	
<b>*Bulk Chemicals - Zo's***</b>		
<i>zonisamide</i>	3	
<b>*Contraceptives*</b>		
<b>*Biphasic Contraceptives - Oral***</b>		
<b>AZURETTE</b>	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<b>KARIVA</b>	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F



Drug	Status	Notes
<b>PIMTREA</b>	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<b>SIMLIYA</b>	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<i>viorele</i>	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<b>VOLNEA</b>	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<b>*Combination Contraceptives - Oral***</b>		
<b>AFIRMELLE</b>	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<b>ALTAVERA</b>	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<i>alyacen 1/35</i>	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<b>APRI</b>	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<b>AUBRA EQ</b>	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<b>AUROVELA 1.5/30</b>	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<b>AUROVELA 1/20</b>	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<b>AUROVELA 24 FE</b>	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<b>AUROVELA FE 1.5/30</b>	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<b>AUROVELA FE 1/20</b>	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<b>AVIANE</b>	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<b>AYUNA</b>	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F

Drug	Status	Notes
<b>BALZIVA</b>	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<b>BLISOVI 24 FE</b>	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<b>BLISOVI FE 1.5/30</b>	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<b>BLISOVI FE 1/20</b>	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<i>briellyn</i>	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<b>CHARLOTTE 24 FE</b>	3	QL (28 tabs/21 days)
<b>CHATEAL EQ</b>	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<b>CRYSSELLE-28</b>	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<b>CYRED EQ</b>	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<b>DASETTA 1/35</b>	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<b>DELYLA</b>	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<i>desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg</i>	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg</i>	4	QL (28/21 days); F
<i>drospiren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg</i>	3	QL (28/21 days); F
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	1	QL (28/21 days); F
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<b>ELINEST</b>	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<b>ENSKYCE ORAL TABLET 0.15-30 MG-MCG</b>	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<b>ESTARYLLA</b>	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F

Premium PDL Closed Formulary; Last revision date:03/01/2024 To search for a drug use control + f

Drug	Status	Notes
<i>ethynodiol diac-eth estradiol</i>	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<b>FALMINA</b>	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<b>FINZALA</b>	3	QL (28 tabs/21 days)
<b>GEMMILY</b>	4	QL (28 caps/21 days); F
<b>HAILEY 1.5/30</b>	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<b>HAILEY 24 FE</b>	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<b>HAILEY FE 1.5/30</b>	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<b>HAILEY FE 1/20</b>	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<b>ISIBLOOM</b>	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<b>JASMIEL</b>	1	QL (28/21 days); F
<b>JULEBER</b>	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<b>JUNEL 1.5/30</b>	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<b>JUNEL 1/20</b>	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<b>JUNEL FE 1.5/30</b>	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<b>JUNEL FE 1/20</b>	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<b>JUNEL FE 24</b>	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<b>KAITLIB FE</b>	3	QL (28 tabs/21 days); F
<b>KALLIGA</b>	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<b>KELNOR 1/35</b>	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F

Drug	Status	Notes
<b>KELNOR 1/50</b>	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<b>KURVELO</b>	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<b>LARIN 1.5/30</b>	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<b>LARIN 1/20</b>	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<b>LARIN 24 FE</b>	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<b>LARIN FE 1.5/30</b>	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<b>LARIN FE 1/20</b>	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<b>LAYOLIS FE</b>	3	QL (28 tabs/21 days); F
<b>LESSINA</b>	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg</i>	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<b>LEVORA 0.15/30 (28)</b>	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<b>LORYNA</b>	1	QL (28/21 days); F
<b>LOW-OGESTREL</b>	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<b>LO-ZUMANDIMINE</b>	1	QL (28/21 days); F
<b>LUTERA</b>	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<i>marlissa</i>	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<b>MERZEE</b>	4	QL (28 caps/21 days); F
<b>MIBELAS 24 FE</b>	3	QL (28 tabs/21 days)
<b>MICROGESTIN 1.5/30</b>	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F

Drug	Status	Notes
<b>MICROGESTIN 1/20</b>	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<b>MICROGESTIN 24 FE</b>	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<b>MICROGESTIN FE 1.5/30</b>	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<b>MICROGESTIN FE 1/20</b>	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<b>MILI</b>	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<b>MONO-LINYAH</b>	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<b>NECON 0.5/35 (28)</b>	\$0	QL (28 tabs/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<b>NIKKI</b>	1	QL (28/21 days); F
<i>norethin ace-eth estrad-fe oral capsule</i>	4	QL (28 caps/21 days); F
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<i>norethin ace-eth estrad-fe oral tablet chewable</i>	3	QL (28 tabs/21 days)
<i>norethindrone acet-ethinyl est oral tablet</i>	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg</i>	\$0	QL (28 tabs/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<i>norethin-eth estradiol-fe oral tablet chewable 0.8-25 mg-mcg</i>	3	QL (28 tabs/21 days); F
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<b>NORTREL 0.5/35 (28)</b>	\$0	QL (28 tabs/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<b>NORTREL 1/35 (21)</b>	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<b>NORTREL 1/35 (28)</b>	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<b>NYLIA 1/35</b>	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F

Drug	Status	Notes
<b>NYMYO</b>	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<b>OCELLA</b>	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<b>ORSYTHIA</b>	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<b>PHILITH</b>	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<b>PORTIA-28</b>	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<b>RECLIPSEN</b>	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<b>SPRINTEC 28</b>	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<b>SRONYX</b>	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<b>SYEDA</b>	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<b>TARINA 24 FE</b>	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<b>TARINA FE 1/20 EQ</b>	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<b>TAYSOFY</b>	4	QL (28 caps/21 days); F
<b>TAYTULLA</b>	\$0	QL (28 caps/21 days); ACA (Tier 3 if ACA/Women's Prevention does not apply); F
<b>TYBLUME ORAL TABLET CHEWABLE</b>	\$0	QL (28 tabs/21 days); ACA (Tier 3 if ACA/Women's Prevention does not apply); F
<b>TYDEMY</b>	3	QL (28/21 days); F
<b>VESTURA</b>	1	QL (28/21 days); F
<b>VIENVA</b>	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<b>VYFEMLA</b>	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F

Drug	Status	Notes
VYLIBRA	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
WERA	\$0	QL (28 tabs/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
WYMZYA FE	\$0	QL (28 tabs/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
ZOVIA 1/35 (28)	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
ZUMANDIMINE	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<b>*Combination Contraceptives - Transdermal***</b>		
XULANE	\$0	QL (3 patches/28 days); ACA (Tier 3 if ACA/Women's Prevention does not apply); F
ZAFEMY	\$0	QL (3 patches/28 days); ACA (Tier 3 if ACA/Women's Prevention does not apply); F
<b>*Combination Contraceptives - Vaginal***</b>		
ANNOVERA	4	PA; QL (1 ring/year); DS (365 day supply max); F
ELURYNG	\$0	QL (1 ring/month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<i>etonogestrel-ethinyl estradiol</i>	\$0	QL (1 ring/month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
HALOETTE	\$0	QL (1 ring/month); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
NUVARING	3	QL (1 ring/month); F
<b>*Continuous Contraceptives - Oral***</b>		
AMETHYST	\$0	QL (21 tabs/28 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F; AL (Min 12 Years)
DOLISHALE	\$0	QL (21 tabs/28 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F; AL (Min 12 Years)
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg</i>	\$0	QL (21 tabs/28 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F; AL (Min 12 Years)
<b>*Emergency Contraceptives***</b>		
AFTERA	\$0	QL (3 tabs/month); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F

Drug	Status	Notes
AFTERPILL	\$0	QL (3 tabs/month); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
CURAE	\$0	QL (3 tabs/month); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
ECONTRA ONE-STEP	\$0	QL (3 tabs/month); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
ELLA	3	QL (3 tabs/month); F
HER STYLE	\$0	QL (3 tabs/month); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
<i>levonorgestrel oral tablet 1.5 mg</i>	\$0	QL (3 tabs/month); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
MY CHOICE	\$0	QL (3 tabs/month); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
MY WAY	\$0	QL (3 tabs/month); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
NEW DAY	\$0	QL (3 tabs/month); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
OPCICON ONE-STEP	\$0	QL (3 tabs/month); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
OPTION 2	\$0	QL (3 tabs/month); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
PLAN B ONE-STEP	3	QL (3 tabs/month); F
REACT	\$0	QL (3 tabs/month); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
TAKE ACTION	\$0	QL (3 tabs/month); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
<b>*Extended-Cycle Contraceptives - Oral***</b>		
AMETHIA	\$0	QL (1 tab/day); DS (91 day supply max); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
ASHLYNA	\$0	QL (1 tab/day); DS (91 day supply max); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
CAMRESE	\$0	QL (1 tab/day); DS (91 day supply max); ACA (Tier 1 if ACA/Women's Prevention does not apply); F



Drug	Status	Notes
<b>CAMRESE LO</b>	\$0	QL (1 tab/day); DS (91 day supply max); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<b>DAYSEE</b>	\$0	QL (1 tab/day); DS (91 day supply max); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<b>ICLEVIA</b>	\$0	QL (1 tab/day); DS (91 day supply max); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<b>INTROVALE</b>	\$0	QL (1 tab/day); DS (91 day supply max); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<b>JAIMIESS</b>	\$0	QL (1 tab/day); DS (91 day supply max); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<b>JOLESSA</b>	\$0	QL (1 tab/day); DS (91 day supply max); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<i>levonorgest-eth est &amp; eth est</i>	1	QL (28 tabs/21 days); F
<i>levonorgest-eth estrad 91-day</i>	\$0	QL (1 tab/day); DS (91 day supply max); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<b>LOJAIMIESS</b>	\$0	QL (1 tab/day); DS (91 day supply max); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<b>RIVELSA</b>	1	QL (28 tabs/21 days); F
<b>SETLAKIN</b>	\$0	QL (1 tab/day); DS (91 day supply max); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<b>SIMPESSE</b>	\$0	QL (1 tab/day); DS (91 day supply max); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<b>*Four Phase Contraceptives - Oral***</b>		
<b>NATAZIA</b>	3	QL (28/21 days); F
<b>*Progestin Contraceptives - Injectable***</b>		
<b>DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML</b>	3	QL (1 dose/90 days); DS (90 day supply max); F
<b>DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	3	QL (1 dose/90 days); DS (90 day supply max)
<b>DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE</b>	3	QL (1 dose/90 days); DS (90 day supply max); F
<i>medroxyprogesterone acetate intramuscular suspension</i>	\$0	QL (1 dose/90 days); DS (90 day supply max); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe</i>	\$0	QL (1 dose/90 days); DS (90 day supply max); ACA (Tier 1 if ACA/Women's Prevention does not apply)

Drug	Status	Notes
<b>*Progestin Contraceptives - Oral***</b>		
CAMILA	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
DEBLITANE	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
ERRIN	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
HEATHER	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
INCASSIA	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
JENCYCLA	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
LYLEQ	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
LYZA	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
NORA-BE	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<i>norethindrone oral</i>	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
NORLYDA	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
NORLYROC	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
SHAROBEL	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<b>*Triphasic Contraceptives - Oral***</b>		
<i>alyacen 7/7/7</i>	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
ARANELLE	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
DASETTA 7/7/7	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F

Premium PDL Closed Formulary; Last revision date:03/01/2024 To search for a drug use control + f

Drug	Status	Notes
ENPRESSE-28	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
LEENA	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
LEVONEST	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<i>norethindron-ethinyl estrad-fe</i>	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
<i>norgestim-eth estrad triphasic</i>	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
NORTREL 7/7/7	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
NYLIA 7/7/7	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
PIRMELLA 7/7/7	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
TILIA FE	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
TRI FEMYNOR	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
TRI-ESTARYLLA	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
TRI-LEGEST FE	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
TRI-LINYAH	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
TRI-LO-ESTARYLLA	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
TRI-LO-MARZIA	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
TRI-LO-MILI	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F

Premium PDL Closed Formulary; Last revision date:03/01/2024 To search for a drug use control + f

Drug	Status	Notes
TRI-LO-SPRINTEC	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
TRI-MILI	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
TRI-NYMYO	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
TRI-SPRINTEC	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
TRIVORA (28)	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
TRI-VYLIBRA	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
TRI-VYLIBRA LO	\$0	QL (28/21 days); ACA (Tier 1 if ACA/Women's Prevention does not apply); F
VELIVET	\$0	QL (28/21 days); ACA (Tier 3 if ACA/Women's Prevention does not apply); F

**\*Corticosteroids\***

**\*Glucocorticosteroids\*\*\***

<i>betamethasone sodium phosphate</i>	3	
<i>budesonide er oral tablet extended release 24 hour</i>	3	
<i>budesonide oral</i>	1	QL (3 caps/day)
<i>cortisone acetate</i>	3	
<b>DEXAMETHASONE INTENSOL</b>	3	
<i>dexamethasone oral elixir</i>	1	
<i>dexamethasone oral solution</i>	3	
<i>dexamethasone oral tablet</i>	1	
<i>hydrocortisone oral</i>	1	
<b>MEDROL ORAL TABLET 16 MG, 2 MG, 4 MG, 8 MG</b>	3	
<b>MEDROL ORAL TABLET THERAPY PACK</b>	3	
<i>methylprednisolone</i>	3	
<i>methylprednisolone acetate</i>	3	
<i>methylprednisolone oral</i>	1	
<b>PEDIAPRED</b>	3	
<i>prednisolone</i>	3	
<i>prednisolone acetate</i>	3	
<i>prednisolone oral solution</i>	2	
<i>prednisolone oral tablet</i>	3	
<i>prednisolone sodium phosphate</i>	3	

Premium PDL Closed Formulary; Last revision date:03/01/2024 To search for a drug use control + f

Drug	Status	Notes
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 6.7 (5 base) mg/5ml</i>	1	
<i>prednisolone sodium phosphate oral solution 25 mg/5ml</i>	3	
<i>prednisone</i>	3	
<b>PREDNISONE INTENSOL</b>	2	
<i>prednisone oral</i>	1	
<b>SOLU-CORTEF</b>	3	
<i>triamcinolone diacet micronize</i>	3	
<b>*Mineralocorticoids***</b>		
<i>fludrocortisone acetate</i>	3	
<i>fludrocortisone acetate oral</i>	1	
<b>*Cough/Cold/Allergy*</b>		
<b>*Antitussive - Nonnarcotic***</b>		
<i>benzonatate oral capsule 100 mg, 200 mg</i>	1	
<i>dextromethorphan hbr monohyd powder</i>	3	
<b>*Antitussive - Opioid***</b>		
<b>HYCODAN ORAL SOLUTION</b>	3	QL (15 per day; MED dosing limit applies: first two fills are limited to a 7 day supply with a of 2 fills within a 54 day period.); DS (10 day supply max)
<b>HYCODAN ORAL TABLET</b>	3	
<i>hydrocodone bit-homatrop mbr oral solution</i>	1	QL (15 per day; MED dosing limit applies: first two fills are limited to a 7 day supply with a of 2 fills within a 54 day period.); DS (10 day supply max)
<i>hydrocodone bit-homatrop mbr oral tablet</i>	1	
<i>hydromet oral solution</i>	1	QL (15 per day; MED dosing limit applies: first two fills are limited to a 7 day supply with a of 2 fills within a 54 day period.); DS (10 day supply max)
<b>*Decongestant &amp; Antihistamine***</b>		
<i>promethazine vc</i>	1	
<b>*Expectorants***</b>		
<i>bromhexine hcl</i>	3	
<i>terpin hydrate monohydrate</i>	3	
<b>*Misc. Respiratory Inhalants***</b>		
<b>HYPERSAL</b>	3	
<b>NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %</b>	1	
<b>NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %</b>	3	
<b>PULMOSAL</b>	1	
<i>sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %, 7 %</i>	1	
<b>*Mucolytics***</b>		
<i>acetylcysteine</i>	3	

Drug	Status	Notes
<i>acetylcysteine inhalation</i>	1	
<i>n-acetyl-l-cysteine</i>	3	
<b>*Non-Narc Antitussive-Antihistamine***</b>		
<i>promethazine-dm oral syrup</i>	1	
<b>*Non-Narc Antitussive-Decongestant-Antihistamine***</b>		
<i>pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	1	
<b>*Opioid Antitussive-Antihistamine***</b>		
<i>hydrocod poli-chlorphe poli er</i>	1	
<i>promethazine-codeine oral syrup</i>	1	QL (1 fill/month; 1 fill per 1 month); DS (10 day supply max)
<i>promethazine-codeine solution 6.25-10 mg/5ml oral</i>	1	QL (1 fill/month); DS (10 day supply max)
<i>promethazine-codeine solution 6.25-10 mg/5ml oral</i>	1	QL (1 fill/month; 1 fill per 1 month); DS (10 day supply max)
<b>*Opioid Antitussive-Decongestant-Antihistamine***</b>		
<i>promethazine vcl/codeine</i>	1	QL (1 fill/month; 1 fill per 1 month); DS (10 day supply max)
<b>*Dermatologicals*</b>		
<b>*Acne Antibiotics***</b>		
<b>AMZEEQ</b>	4	QL (1 bottle/30 days); ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 9 Years)
<b>CLINDACIN ETZ EXTERNAL SWAB</b>	1	
<b>CLINDACIN-P</b>	1	
<i>clindamycin phosphate external gel</i>	1	
<i>clindamycin phosphate external lotion</i>	1	
<i>clindamycin phosphate external solution</i>	1	
<i>clindamycin phosphate external swab</i>	1	
<i>ery</i>	3	
<b>ERYGEL</b>	4	
<i>erythromycin external gel</i>	1	
<i>erythromycin external solution</i>	1	
<i>sulfacetamide sodium (acne)</i>	1	
<b>*Acne Combinations***</b>		
<i>clindamycin phos-benzoyl perox external gel 1-5 %</i>	1	
<b>*Acne Products***</b>		
<b>AC CUTANE</b>	4	
<b>ALTRENO</b>	4	QL (45 gm/month)
<b>AMNESTEEM</b>	4	
<b>CLARAVIS</b>	4	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	4	
<i>tretinoin</i>	3	
<i>tretinoin external</i>	1	
<i>zaclir cleansing external lotion 8 %</i>	3	

Premium PDL Closed Formulary; Last revision date:03/01/2024 To search for a drug use control + f

Drug	Status	Notes
<b>ZENATANE</b>	4	
<b>*Antibiotics - Topical***</b>		
<b>ALTABAX</b>	3	QL (30 grams/month)
<i>gentamicin sulfate</i>	3	
<i>gentamicin sulfate external</i>	1	
<i>mupirocin external</i>	1	
<i>tetracycline hcl</i>	3	
<b>XEPI</b>	3	QL (30 grams/month); ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 2 Months)
<b>*Antifungals - Topical Combinations***</b>		
<i>clotrimazole-betamethasone</i>	1	
<b>EXODERM EXTERNAL LOTION</b>	3	
<i>nystatin-triamcinolone</i>	1	
<b>*Antifungals - Topical***</b>		
<b>CICLODAN EXTERNAL SOLUTION</b>	1	
<i>ciclopirox external</i>	1	
<i>ciclopirox olamine</i>	3	
<i>ciclopirox olamine external</i>	1	
<b>LOPROX EXTERNAL SUSPENSION</b>	4	
<i>naftifine hcl external gel 2 %</i>	3	
<b>NYAMYC</b>	1	
<i>nystatin external</i>	1	
<b>NYSTOP</b>	1	
<i>tolnaftate</i>	3	
<b>*Antineoplastic Alkylating Agents - Topical***</b>		
<b>VALCHLOR</b>	1	PA; SP; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity does not apply); AL (Min 18 Years)
<b>*Antineoplastic Antimetabolites - Topical***</b>		
<b>CARAC</b>	1	PA; QL (30 grams/month); DS (30 day supply max); CP (Tier 3 if Cancer Parity does not apply)
<b>EFUDEX EXTERNAL CREAM</b>	1	PA; CP (Tier 3 if Cancer Parity does not apply)
<i>fluorouracil external cream 0.5 %</i>	1	PA; QL (30 grams/month); DS (30 day supply max); CP (Tier 3 if Cancer Parity does not apply)
<i>fluorouracil external cream 5 %</i>	1	CP (Tier 1)
<i>fluorouracil external solution</i>	1	CP (Tier 3 if Cancer Parity does not apply)
<b>TOLAK</b>	1	CP (Tier 3 if Cancer Parity does not apply)
<b>*Antineoplastic Or Premalignant Lesions - Topical Nsaid's***</b>		
<i>diclofenac sodium external gel 3 %</i>	1	PA; QL (100 gm/month); DS (30 day supply max); CP (Tier 1)

Drug	Status	Notes
<b>*Antineoplastic Retinoids - Topical***</b>		
PANRETIN	1	PA; CP (Tier 3 if Cancer Parity does not apply)
<b>*Antipsoriatics - Systemic***</b>		
<i>acitretin</i>	1	
<i>methoxsalen rapid</i>	C	QL (1 cap/day); DS (30 day supply max); AL (Min 18 Years)
SILIQ	D	PA; SP
SKYRIZI PEN	B	PA; SP
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	B	PA; SP
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	B	PA; SP
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	B	PA; SP
TALTZ	C	PA; SP
TREMFYA	B	PA; SP
<b>*Antipsoriatics***</b>		
<i>calcipotriene external cream</i>	1	
<i>calcipotriene external ointment</i>	1	
<i>calcipotriene external solution</i>	3	QL (4 per day)
CALCITRENE	1	
<i>calcitriol external</i>	4	QL (100 gm/30 days)
<i>tazarotene external cream</i>	1	QL (30 grams/month); DS (30 day supply max)
<i>tazarotene external gel 0.05 %</i>	3	
<i>tazarotene external gel 0.1 %</i>	3	QL (30 grams/month); DS (30 day supply max)
VTAMA	3	PA
<b>*Antiseborrheic Combinations***</b>		
<i>sodium sulfacetamide-bakuchiol</i>	3	
<b>*Antiseborrheic Products***</b>		
<i>selenium sulfide external lotion</i>	1	
<i>sulfacetamide sodium</i>	3	
<b>*Antivirals - Topical***</b>		
<i>acyclovir external ointment</i>	1	
<b>*Atopic Dermatitis - Janus Kinase (Jak) Inhibitors***</b>		
CIBINQO	D	PA
<b>*Atopic Dermatitis - Monoclonal Antibodies***</b>		
ADBRY	D	PA
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	D	PA; DS (30 day supply max)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	D	PA; SP
<b>*Burn Products***</b>		
<i>mafenide acetate external</i>	1	

Premium PDL Closed Formulary; Last revision date:03/01/2024 To search for a drug use control + f



Drug	Status	Notes
<i>silver sulfadiazine external</i>	1	
<b>SSD</b>	1	
<b>SULFAMYLON EXTERNAL PACKET</b>	3	
<b>*Cauterizing Agents***</b>		
<i>silver nitrate crystals</i>	3	
<b>*Corticosteroids - Topical***</b>		
<i>alclometasone dipropionate</i>	1	
<i>amcinonide external lotion</i>	3	
<i>betamethasone dipropionate</i>	3	
<i>betamethasone dipropionate aug external cream</i>	1	
<i>betamethasone dipropionate aug external gel</i>	3	
<i>betamethasone dipropionate aug external lotion</i>	1	
<i>betamethasone dipropionate aug external ointment</i>	1	
<i>betamethasone dipropionate external</i>	1	
<i>betamethasone valerate</i>	3	
<i>betamethasone valerate external</i>	1	
<i>clobetasol 17 propionate powder 0.5 %</i>	3	
<i>clobetasol prop emollient base</i>	1	
<i>clobetasol propionate</i>	3	
<i>clobetasol propionate e</i>	1	
<i>clobetasol propionate external cream</i>	1	
<i>clobetasol propionate external foam</i>	1	
<i>clobetasol propionate external gel</i>	1	
<i>clobetasol propionate external liquid</i>	1	AL (Min 18 Years)
<i>clobetasol propionate external lotion</i>	3	
<i>clobetasol propionate external ointment</i>	1	
<i>clobetasol propionate external shampoo</i>	1	
<i>clobetasol propionate external solution</i>	1	
<b>CLODAN EXTERNAL SHAMPOO</b>	1	
<b>DERMA-SMOOTH/FS BODY</b>	3	
<b>DERMA-SMOOTH/FS SCALP</b>	3	
<i>desonide external cream</i>	1	
<i>desonide external lotion</i>	1	
<i>desonide external ointment</i>	1	
<i>desoximetasone external cream 0.25 %</i>	1	
<i>desoximetasone external gel</i>	1	
<i>desoximetasone external ointment 0.25 %</i>	1	
<b>DIPROLENE EXTERNAL OINTMENT</b>	3	
<i>fluocinolone acetonide</i>	3	
<i>fluocinolone acetonide body</i>	1	
<i>fluocinolone acetonide external</i>	1	

Drug	Status	Notes
<i>fluocinolone acetonide scalp</i>	1	
<i>fluocinonide</i>	3	
<i>fluocinonide emulsified base</i>	1	
<i>fluocinonide external cream 0.05 %</i>	1	
<i>fluocinonide external gel</i>	1	
<i>fluocinonide external ointment</i>	1	
<i>fluocinonide external solution</i>	1	
<i>fluticasone propionate external</i>	1	
<i>halobetasol propionate external cream</i>	1	QL (30 grams/month)
<i>halobetasol propionate external ointment</i>	1	QL (30 grams/month)
<i>hydrocortisone</i>	3	
<i>hydrocortisone acetate</i>	3	
<i>hydrocortisone butyrate external cream</i>	3	QL (15gm/fill; 1 fill/month); DS (10 day supply max)
<i>hydrocortisone butyrate external ointment</i>	1	
<i>hydrocortisone butyrate external solution</i>	3	
<i>hydrocortisone external cream 2.5 %</i>	1	
<i>hydrocortisone external lotion 2.5 %</i>	1	
<i>hydrocortisone external ointment 2.5 %</i>	1	
<i>hydrocortisone micronized</i>	3	
<i>hydrocortisone valerate</i>	1	
<i>mometasone furoate external</i>	1	
<b>NUCORT</b>	3	QL (60 gm/30 days)
<b>TOPICORT EXTERNAL CREAM 0.25 %</b>	3	
<b>TOPICORT EXTERNAL GEL</b>	3	
<b>TOPICORT EXTERNAL OINTMENT 0.25 %</b>	3	
<i>triamcinolone acetonide</i>	3	
<i>triamcinolone acetonide external cream</i>	1	
<i>triamcinolone acetonide external lotion</i>	1	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	1	
<b>TRIDERM EXTERNAL CREAM 0.5 %</b>	1	
<b>*Emollient/Keratolytic Agents***</b>		
<b>UMECTA MOUSSE</b>	3	
<b>*Enzymes - Topical***</b>		
<b>SANTYL</b>	3	
<b>*Imidazole-Related Antifungals - Topical***</b>		
<i>clotrimazole external solution</i>	1	
<i>econazole nitrate external</i>	1	
<i>ketoconazole external cream</i>	1	
<i>ketoconazole external shampoo 2 %</i>	1	
<i>miconazole nitrate powder</i>	3	

Premium PDL Closed Formulary; Last revision date:03/01/2024 To search for a drug use control + f

Drug	Status	Notes
<b>*Immunomodulators Imidazoquinolinamines - Topical***</b>		
<i>imiquimod external cream 5 %</i>	1	
<b>*Keratolytic And/Or Antimitotic Combinations***</b>		
<b>GORDOFILM</b>	3	
<i>pyrogalllic acid</i>	3	
<b>*Keratolytic/Antimitotic Agents***</b>		
<b>CONDYLOX EXTERNAL GEL</b>	2	
<i>podofilox external solution</i>	1	
<i>podophyllum resin</i>	3	
<b>*Local Anesthetics - Topical***</b>		
<i>capsaicin powder</i>	3	
<i>cocaine hcl</i>	3	
<i>lidocaine hcl urethral mucosal external prefilled syringe</i>	1	
<i>pramoxine hcl</i>	3	
<b>*Macrolide Immunosuppressants - Topical***</b>		
<i>pimecrolimus</i>	3	QL (30 gm/month; 2 fills/6 months); DS (30 day supply max); AL (Min 2 Years)
<i>tacrolimus external ointment 0.03 %</i>	1	QL (60 units per 30 days); AL (Min 2 Years)
<i>tacrolimus external ointment 0.1 %</i>	1	QL (60 units per 30 days); AL (Min 16 Years)
<b>*Microtubule Inhibitors - Topical***</b>		
<b>KLISYRI</b>	1	ST (Step Therapy applies; see Step Therapy Drug List); CP (Tier 3 if Cancer Parity does not apply)
<b>*Oxaborole-Related Antifungals - Topical***</b>		
<i>tavaborole</i>	4	PA
<b>*Phosphodiesterase 4 (Pde4) Inhibitors - Topical***</b>		
<b>EUCRISA</b>	3	PA; QL (60 grams/30 days); AL (Min 2 Years)
<b>*Pigmenting Agents***</b>		
<i>methoxsalen powder</i>	3	
<b>*Rosacea Agents***</b>		
<i>azelaic acid external</i>	3	
<i>brimonidine tartrate external</i>	3	PA
<b>FINACEA EXTERNAL GEL</b>	3	
<i>ivermectin external cream</i>	4	QL (45 gm/month; 1 fill per 1 month); DS (10 day supply max); ST (Step Therapy applies; see Step Therapy Drug List)
<i>metronidazole external cream</i>	1	
<i>metronidazole external gel 0.75 %</i>	1	
<i>metronidazole external gel 1 %</i>	1	QL (60 gm/month); AL (Min 16 Years)
<i>metronidazole external lotion</i>	1	

Drug	Status	Notes
MIRVASO	3	PA
RHOFADE	4	
SOOLANTRA	3	QL (45 gm/month; 1 fill per 1 month); DS (10 day supply max); ST (Step Therapy applies; see Step Therapy Drug List)
ZILXI	4	QL (30 grams/month); DS (30 day supply max); ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 18 Years)
<b>*Scabicides &amp; Pediculicides***</b>		
CROTAN	4	PA
<i>cvs ivermectin lice treatment</i>	4	PA; QL (1 bottle (117gm)/month)
<i>ivermectin external lotion</i>	4	PA; QL (1 bottle (117gm)/month)
<i>malathion external</i>	1	QL (1 bottle (59ml)/21 days)
OVIDE	3	PA; QL (1 bottle (59ml)/21 days)
<i>permethrin external cream</i>	1	
<i>spinosad</i>	4	
<b>*Steroid-Local Anesthetic Combinations***</b>		
CORTANE-B EXTERNAL	3	
EPIFOAM	3	
PRAMOSONE EXTERNAL CREAM 1-1 %	3	
PRAMOSONE EXTERNAL LOTION	3	
<b>*Topical Selective Retinoid X Receptor Agonists***</b>		
<i>bexarotene external</i>	1	PA; QL (4 gm/day); DS (30 day supply max); CP (Specialty Tier A if Cancer Parity does not apply)
TARGRETIN EXTERNAL	1	PA; SP; QL (4 gm/day); DS (30 day supply max); CP (Specialty Tier B if Cancer Parity does not apply)
<b>*Topical Steroid Combinations***</b>		
<i>calcipotriene-betameth diprop external suspension</i>	3	QL (60 gm/30 days); AL (Min 18 Years)
TACLONEX EXTERNAL SUSPENSION	3	QL (60 gm/30 days); AL (Min 18 Years)
<b>*Wound Care - Growth Factor Agents***</b>		
REGRANEX	4	PA
<b>*Diagnostic Products*</b>		
<b>*Diagnostic Tests***</b>		
ALBUSTIX	1	QL (100 strips/month)
CHEMSTRIP K	3	QL (100 strips/month)
CHEMSTRIP MICRAL	1	QL (100 strips/month)
CONTOUR NEXT TEST	1	QL (200 strips/month); DS (30 day supply max)
CONTOUR TEST	1	QL (200 strips/month); DS (30 day supply max)
FORA GTEL BLOOD KETONE TEST	3	QL (100 strips/month)
GOJJI BLOOD KETONE TEST	3	QL (100 strips/month)

Premium PDL Closed Formulary; Last revision date:03/01/2024 To search for a drug use control + f

Drug	Status	Notes
<i>ketone test</i>	3	QL (100 strips/month)
<b>KETOSTIX</b>	3	QL (100 strips/month)
<b>NOVA MAX PLUS KETONE TEST</b>	3	QL (100 strips/month)
<b>PRECISION XTRA KETONE</b>	3	QL (100 strips/month)
<b>RELION KETONE TEST</b>	3	QL (100 strips/month)
<b>*Multiple Urine Tests***</b>		
<b>CHEMSTRIP UGK</b>	3	QL (100 strips/month)
<b>CVS KETONE CARE</b>	3	QL (100 strips/month)
<b>KETO-DIASTIX</b>	3	QL (100 strips/month)
<b>*Digestive Aids*</b>		
<b>*Digestive Enzymes***</b>		
<b>CREON</b>	2	QL (12 caps/day)
<b>SUCRAID SOLUTION 8500 UNIT/ML ORAL</b>	D	PA
<b>ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT</b>	2	QL (12 caps/day)
<b>*Diuretics*</b>		
<b>*Carbonic Anhydrase Inhibitors***</b>		
<i>acetazolamide er</i>	1	
<i>acetazolamide oral</i>	1	
<i>dichlorphenamide</i>	D	PA; QL (4 tabs/day); DS (30 day supply max); AL (Min 18 Years)
<b>KEYEYIS TABLET 50 MG ORAL</b>	D	PA; QL (4 tabs/day); DS (30 day supply max); AL (Min 18 Years)
<i>methazolamide oral</i>	1	
<b>*Diuretic Combinations***</b>		
<i>amiloride-hydrochlorothiazide</i>	1	
<b>MAXZIDE</b>	3	HDHP
<b>MAXZIDE-25</b>	3	HDHP
<i>spironolactone-hctz</i>	1	HDHP
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	1	HDHP
<i>triamterene-hctz oral tablet</i>	1	HDHP
<b>*Loop Diuretics***</b>		
<i>bumetanide oral</i>	1	HDHP
<b>BUMEX ORAL TABLET 0.5 MG</b>	3	HDHP
<b>EDECIN</b>	3	HDHP
<i>ethacrynic acid oral</i>	1	HDHP
<i>furosemide oral solution 10 mg/ml</i>	1	HDHP
<i>furosemide oral solution 8 mg/ml</i>	3	HDHP
<i>furosemide oral tablet</i>	1	HDHP
<i>torseamide oral</i>	1	HDHP

Drug	Status	Notes
<b>*Potassium Sparing Diuretics***</b>		
<b>ALDACTONE</b>	3	HDHP
<i>amiloride hcl</i>	3	
<i>amiloride hcl oral</i>	1	
<b>DYRENIUM</b>	3	
<i>spironolactone oral tablet</i>	1	HDHP
<i>triamterene oral</i>	3	
<b>*Thiazides And Thiazide-Like Diuretics***</b>		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	HDHP
<b>DIURIL</b>	3	HDHP
<i>hydrochlorothiazide oral</i>	1	HDHP
<i>indapamide oral</i>	1	HDHP
<i>metolazone</i>	1	HDHP
<b>THALITONE</b>	3	HDHP
<b>*Endocrine And Metabolic Agents - Misc.*</b>		
<b>*Bisphosphonates***</b>		
<b>ACTONEL ORAL TABLET 150 MG</b>	3	QL (1 tab/month); HDHP
<b>ACTONEL ORAL TABLET 35 MG</b>	4	QL (4 tabs/28 days); HDHP
<i>alendronate sodium oral solution</i>	3	QL (75 ml/week); HDHP
<i>alendronate sodium oral tablet 10 mg, 5 mg</i>	1	QL (1 tab/day); HDHP
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	1	QL (4 tabs/28 days); HDHP
<b>FOSAMAX ORAL TABLET 70 MG</b>	3	QL (4 tabs/28 days); HDHP
<i>ibandronate sodium oral</i>	1	QL (1 tab/month); HDHP
<i>risedronate sodium oral tablet 150 mg</i>	1	QL (1 tab/month); HDHP
<i>risedronate sodium oral tablet 30 mg, 5 mg</i>	1	QL (1 tab/day); HDHP
<i>risedronate sodium oral tablet 35 mg</i>	1	QL (4 tabs/28 days); HDHP
<b>*Calcimimetic Agents***</b>		
<i>cinacalcet hcl oral tablet 30 mg, 60 mg</i>	C	QL (5 tabs/day); DS (30 day supply max)
<i>cinacalcet hcl oral tablet 90 mg</i>	C	QL (4 tabs/day); DS (30 day supply max)
<b>*Calcitonins***</b>		
<i>calcitonin (salmon) injection</i>	3	HDHP
<i>calcitonin (salmon) nasal</i>	1	QL (1 bottle (3.7mL)/30 days); HDHP; AL (Min 16 Years)
<b>MIACALCIN INJECTION</b>	3	HDHP
<b>*Carnitine Replenisher - Agents***</b>		
<i>levocarnitine oral solution</i>	1	
<i>levocarnitine oral tablet</i>	1	
<i>levocarnitine sf</i>	1	
<b>*Corticotropin***</b>		
<b>ACTHAR</b>	C	PA; SP
<b>CORTROPHIN</b>	C	PA

Drug	Status	Notes
<b>*Dopamine Receptor Agonists***</b>		
<i>cabergoline</i>	1	
<b>*Fabry Disease - Agents***</b>		
<b>GALAFOLD</b>	D	PA
<b>*Gnrh/Lhrh Antagonists***</b>		
<b>FYREMADEL</b>	NC	FERT (Tier 1 (generics) or Tier 3 (brands) if FERT applies); F
<i>ganirelix acetate subcutaneous solution prefilled syringe</i>	NC	FERT (Tier 1 (generics) or Tier 3 (brands) if FERT applies); F
<b>ORLISSA</b>	3	PA; F
<b>*Growth Hormone Receptor Antagonists***</b>		
<b>SOMAVERT SOLUTION RECONSTITUTED 10 MG SUBCUTANEOUS</b>	C	PA
<b>SOMAVERT SOLUTION RECONSTITUTED 10 MG SUBCUTANEOUS</b>	C	PA; SP
<b>SOMAVERT SOLUTION RECONSTITUTED 15 MG SUBCUTANEOUS</b>	C	PA
<b>SOMAVERT SOLUTION RECONSTITUTED 15 MG SUBCUTANEOUS</b>	C	PA; SP
<b>SOMAVERT SOLUTION RECONSTITUTED 20 MG SUBCUTANEOUS</b>	C	PA
<b>SOMAVERT SOLUTION RECONSTITUTED 20 MG SUBCUTANEOUS</b>	C	PA; SP
<b>SOMAVERT SOLUTION RECONSTITUTED 25 MG SUBCUTANEOUS</b>	C	PA
<b>SOMAVERT SOLUTION RECONSTITUTED 25 MG SUBCUTANEOUS</b>	C	PA; SP
<b>SOMAVERT SOLUTION RECONSTITUTED 30 MG SUBCUTANEOUS</b>	C	PA
<b>SOMAVERT SOLUTION RECONSTITUTED 30 MG SUBCUTANEOUS</b>	C	PA; SP
<b>*Growth Hormones***</b>		
<b>NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	B	PA
<b>NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	B	PA
<b>NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	B	PA
<b>NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	B	PA
<b>SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG</b>	B	PA; SP
<b>ZORBTIVE</b>	C	PA; SP
<b>*Hereditary Orotic Aciduria Treatment - Agents**</b>		
<b>XURIDEN</b>	D	PA; SP

Drug	Status	Notes
<b>*Hereditary Tyrosinemia Type 1 (Ht-1) Treatment - Agents***</b>		
<i>nitisinone capsule 10 mg oral</i>	D	PA
<i>nitisinone capsule 10 mg oral</i>	D	PA; SP
<i>nitisinone capsule 2 mg oral</i>	D	PA
<i>nitisinone capsule 2 mg oral</i>	D	PA; SP
<i>nitisinone capsule 5 mg oral</i>	D	PA
<i>nitisinone capsule 5 mg oral</i>	D	PA; SP
<i>nitisinone oral capsule 20 mg</i>	D	PA
<b>NITYR</b>	D	PA
<b>ORFADIN</b>	D	PA; SP
<b>*Homocystinuria Treatment - Agents***</b>		
<i>betaine</i>	C	
<b>CYSTADANE</b>	C	
<b>*Hyperammonemia Treatment - Agents***</b>		
<b>CARBAGLU ORAL TABLET SOLUBLE</b>	D	PA; SP
<i>carglumic acid oral tablet soluble</i>	D	PA
<b>*Hyperparathyroid Treatment - Vitamin D Analogs***</b>		
<i>calcitriol oral</i>	1	
<i>paricalcitol oral capsule 1 mcg, 2 mcg</i>	1	QL (1 cap/day); AL (Min 18 Years)
<i>paricalcitol oral capsule 4 mcg</i>	1	QL (12 caps/month); AL (Min 18 Years)
<b>RAYALDEE</b>	4	PA
<b>ROCALTROL</b>	3	
<b>ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG</b>	4	QL (1 cap/day); AL (Min 18 Years)
<b>*Hypophosphatasia (Hpp) Agents***</b>		
<b>STRENSIQ</b>	D	PA; SP
<b>*Insulin-Like Growth Factors (Somatomedins)***</b>		
<b>INCRELEX</b>	D	PA; SP
<b>*Leptin Analogues***</b>		
<b>MYALEPT</b>	D	PA
<b>*Lhrh/Gnrh Agonist Analog Pituitary Suppressants***</b>		
<b>LUPRON DEPOT-PED (1-MONTH)</b>	D	PA; SP; QL (1 unit/30 days); DS (30 day supply max)
<b>LUPRON DEPOT-PED (3-MONTH)</b>	D	PA; SP; QL (1 unit/90 days); DS (90 day supply max)
<b>LUPRON DEPOT-PED (6-MONTH)</b>	D	
<b>SYNAREL</b>	C	PA
<b>*Natriuretic Peptides***</b>		
<b>VOXZOGO</b>	D	PA
<b>*Non-Steroidal Mineralocorticoid Receptor Antagonists***</b>		
<b>KERENDIA</b>	4	PA; QL (1 tab/day)



Drug	Status	Notes
<b>*Ovulation Stimulants-Gonadotropins***</b>		
<i>chorionic gonadotropin intramuscular</i>	NC	FERT (Tier 1 (generics) or Tier 3 (brands) if FERT applies)
<b>FOLLISTIM AQ SUBCUTANEOUS</b>	NC	FERT (Tier 1 (generics) or Tier 3 (brands) if FERT applies)
<b>MENOPUR</b>	NC	FERT (Tier 1 (generics) or Tier 3 (brands) if FERT applies)
<b>NOVAREL</b>	NC	FERT (Tier 1 (generics) or Tier 3 (brands) if FERT applies)
<b>OVIDREL</b>	NC	FERT (Tier 1 (generics) or Tier 3 (brands) if FERT applies)
<b>PREGNYL</b>	NC	FERT (Tier 1 (generics) or Tier 3 (brands) if FERT applies)
<b>*Ovulation Stimulants-Synthetic***</b>		
<b>CLOMID</b>	NC	FERT (Tier 1 (generics) or Tier 3 (brands) if FERT applies); F
<i>clomiphene citrate</i>	NC	FERT (Tier 1 (generics) or Tier 3 (brands) if FERT applies); F
<b>*Parathyroid Hormone And Derivatives***</b>		
<i>teriparatide (recombinant) subcutaneous solution pen-injector 620 mcg/2.48ml</i>	B	PA
<b>TYMLOS</b>	B	PA; SP
<b>*Phenylketonuria Treatment - Agents***</b>		
<i>sapropterin dihydrochloride packet 100 mg oral</i>	D	PA
<i>sapropterin dihydrochloride packet 100 mg oral</i>	D	PA; SP
<i>sapropterin dihydrochloride packet 500 mg oral</i>	D	PA
<i>sapropterin dihydrochloride packet 500 mg oral</i>	D	PA; SP
<i>sapropterin dihydrochloride tablet 100 mg oral</i>	D	PA
<b>*Rank Ligand (Rankl) Inhibitors***</b>		
<b>PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	D	PA; SP; QL (1 syringe/6 months); DS (180 day supply max); AL (Min 18 Years)
<b>*Selective Estrogen Receptor Modulators (Serms)***</b>		
<b>EVISTA</b>	1	QL (1 tab/day); CP (Tier 3 if Cancer Parity does not apply)
<b>OSPHENA</b>	4	PA; HDHP
<i>raloxifene hcl</i>	\$0	QL (1 tab/day); ACA (Tier 1 if ACA does not apply)
<b>*Selective Vasopressin V2-Receptor Antagonists***</b>		
<b>SAMSCA</b>	C	PA; SP
<i>tolvaptan oral tablet 30 mg</i>	C	PA
<i>tolvaptan tablet 15 mg oral</i>	C	PA
<b>*Somatostatic Agents***</b>		
<i>octreotide acetate injection solution 1000 mcg/ml, 200 mcg/ml</i>	A	SP; ST (Step Therapy applies; see Step Therapy Drug List)

Drug	Status	Notes
<i>octreotide acetate solution 100 mcg/ml injection</i>	A	ST (Step Therapy applies; see Step Therapy Drug List)
<i>octreotide acetate solution 100 mcg/ml injection</i>	A	SP; ST (Step Therapy applies; see Step Therapy Drug List)
<i>octreotide acetate solution 50 mcg/ml injection</i>	A	ST (Step Therapy applies; see Step Therapy Drug List)
<i>octreotide acetate solution 50 mcg/ml injection</i>	A	SP; ST (Step Therapy applies; see Step Therapy Drug List)
<i>octreotide acetate solution 500 mcg/ml injection</i>	A	ST (Step Therapy applies; see Step Therapy Drug List)
<i>octreotide acetate solution 500 mcg/ml injection</i>	A	SP; ST (Step Therapy applies; see Step Therapy Drug List)
<i>octreotide acetate subcutaneous</i>	A	
<b>*Urea Cycle Disorder - Agents***</b>		
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	A	
<i>sodium phenylbutyrate tablet 500 mg oral</i>	1	
<i>sodium phenylbutyrate tablet 500 mg oral</i>	1	SP
<b>*Vasopressin***</b>		
<b>DDAVP ORAL TABLET 0.1 MG</b>	3	QL (8 tabs/day)
<b>DDAVP ORAL TABLET 0.2 MG</b>	3	QL (4 tabs/day)
<i>desmopressin ace spray refrig</i>	1	QL (0.5/day)
<i>desmopressin acetate oral tablet 0.1 mg</i>	1	QL (8 tabs/day)
<i>desmopressin acetate oral tablet 0.2 mg</i>	1	QL (4 tabs/day)
<i>desmopressin acetate spray</i>	1	QL (0.5/day)
<b>NOCDURNA</b>	3	PA
<b>*Estrogens*</b>		
<b>*Estrogen &amp; Progestin***</b>		
<b>ACTIVELLA ORAL TABLET 1-0.5 MG</b>	3	QL (1 tab/day); F
<b>AMABELZ ORAL TABLET 0.5-0.1 MG</b>	1	
<b>AMABELZ ORAL TABLET 1-0.5 MG</b>	1	QL (1 tab/day); F
<b>ANGELIQ ORAL TABLET 0.25-0.5 MG</b>	3	
<b>ANGELIQ ORAL TABLET 0.5-1 MG</b>	3	QL (1 tab/day); F; AL (Min 18 Years)
<b>CLIMARA PRO</b>	3	QL (4 patches/28 days); F
<b>COMBIPATCH</b>	3	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg</i>	1	
<i>estradiol-norethindrone acet oral tablet 1-0.5 mg</i>	1	QL (1 tab/day); F
<b>FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG</b>	1	QL (1 tab/day); F; AL (Min 18 Years)
<b>FYAVOLV ORAL TABLET 1-5 MG-MCG</b>	1	
<b>JINTELI</b>	1	
<b>MIMVEY</b>	1	QL (1 tab/day); F
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg</i>	1	QL (1 tab/day); F; AL (Min 18 Years)
<i>norethindrone-eth estradiol oral tablet 1-5 mg-mcg</i>	1	
<b>PREMPHASE</b>	2	QL (1 tab/day); F

Premium PDL Closed Formulary; Last revision date:03/01/2024 To search for a drug use control + f

Drug	Status	Notes
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG	2	QL (1 tab/day); F
PREMPRO ORAL TABLET 0.625-2.5 MG, 0.625-5 MG	2	QL (2 tabs/day); F
<b>*Estrogen-Progestin-Gnrh Antagonist***</b>		
MYFEMBREE	4	PA; QL (1 tab/day)
<b>*Estrogens***</b>		
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	3	QL (8 patches/28 days)
DEPO-ESTRADIOL	3	
DIVIGEL	3	QL (1 packet/day); F; AL (Min 18 Years)
DOTTI	1	QL (8 patches/28 days)
ELESTRIN	3	
<i>estradiol oral</i>	1	
<i>estradiol transdermal gel</i>	3	QL (1 packet/day); F; AL (Min 18 Years)
<i>estradiol transdermal patch twice weekly</i>	1	QL (8 patches/28 days)
<i>estradiol transdermal patch weekly</i>	1	QL (4 patches/28 days)
<i>estradiol valerate intramuscular</i>	1	
ESTROGEL	3	
EVAMIST	3	
LYLLANA	1	QL (8 patches/28 days)
MENEST	3	
MENOSTAR	3	QL (4 patches/28 days); F
PREMARIN INJECTION	3	
PREMARIN ORAL	2	
<b>*Estrogen-Selective Estrogen Receptor Modulator Comb***</b>		
DUAVEE	3	
<b>*Fluoroquinolones*</b>		
<b>*Fluoroquinolones***</b>		
BAXDELA ORAL	4	PA
CIPRO ORAL SUSPENSION RECONSTITUTED	3	
CIPRO ORAL TABLET 250 MG, 500 MG	3	QL (2 tabs/day)
<i>ciprofloxacin hcl oral tablet 100 mg</i>	3	QL (2 tabs/day)
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	1	QL (2 tabs/day)
<i>levofloxacin oral solution</i>	3	
<i>levofloxacin oral tablet 250 mg</i>	1	QL (3 tabs/day)
<i>levofloxacin oral tablet 500 mg, 750 mg</i>	1	QL (1 tab/day)
<i>moxifloxacin hcl oral</i>	1	
<i>ofloxacin oral tablet 300 mg</i>	3	QL (2 tabs/day)
<i>ofloxacin oral tablet 400 mg</i>	1	QL (2 tabs/day)
<b>*Gastrointestinal Agents - Misc.*</b>		
<b>*5-Ht4 Receptor Agonists***</b>		
MOTTEGRITY	4	PA

Drug	Status	Notes
<b>*Bile Acid Synthesis Disorder Agents***</b>		
CHOLBAM	C	PA
<b>*Farnesoid X Receptor (Fxr) Agonists***</b>		
OCALIVA	D	PA
<b>*Gallstone Solubilizing Agents***</b>		
CHENODAL	3	
URSO 250	3	
URSO FORTE	3	
<i>ursodiol oral capsule 300 mg</i>	1	
<i>ursodiol oral tablet</i>	1	
<b>*Gastrointestinal Antiallergy Agents***</b>		
<i>cromolyn sodium oral</i>	1	
GASTROCROM	3	
<b>*Gastrointestinal Chloride Channel Activators***</b>		
<i>lubiprostone</i>	3	QL (2 caps/day); AL (Min 18 Years)
<b>*Gastrointestinal Stimulants***</b>		
<i>metoclopramide hcl monohydrate</i>	3	
<i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</i>	1	
<i>metoclopramide hcl oral tablet</i>	1	
<i>metoclopramide hcl oral tablet dispersible 5 mg</i>	3	
REGLAN ORAL	3	
<b>*Glucagon-Like Peptide-2 (Glp-2) Analogs***</b>		
GATTEX	D	PA; SP
<b>*Ibs Agent - Guanylate Cyclase-C (Gc-C) Agonists***</b>		
LINZESS	2	QL (1 cap/day); AL (Min 18 Years)
<b>*Ibs Agent - Mu-Opioid Receptor Agonists***</b>		
VIBERZI	3	PA; QL (2 tabs/day); AL (Min 18 Years)
<b>*Ibs Agent - Selective 5-Ht3 Receptor Antagonists***</b>		
<i>alosetron hcl</i>	4	QL (2 tabs/day); F; AL (Min 18 Years)
<b>*Ileal Bile Acid Transporter (Ibat) Inhibitors***</b>		
BYLVAY	D	PA
BYLVAY (PELLETS)	D	PA
<b>*Inflammatory Bowel Agents***</b>		
<i>aminosalicylic acid-5</i>	3	
APRISO	3	QL (4 caps/day)
AZULFIDINE	3	
AZULFIDINE EN-TABS	3	
<i>balsalazide disodium</i>	1	
<i>mesalamine er oral capsule extended release 24 hour</i>	3	QL (4 caps/day)
<i>mesalamine oral capsule delayed release</i>	2	
<i>mesalamine oral tablet delayed release 1.2 gm</i>	3	QL (4 tabs/day); AL (Min 18 Years)

Premium PDL Closed Formulary; Last revision date:03/01/2024 To search for a drug use control + f

Drug	Status	Notes
<i>mesalamine rectal enema</i>	1	
<i>mesalamine rectal suppository</i>	2	QL (1 suppository/day)
<b>PENTASA</b>	2	
<b>SFROWASA</b>	3	
<i>sulfasalazine</i>	3	
<i>sulfasalazine oral</i>	1	
<b>*Interleukin Antagonists***</b>		
<b>SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE</b>	B	PA
<b>*Intestinal Acidifiers***</b>		
<i>enulose</i>	1	
<i>generlac</i>	1	
<i>lactulose encephalopathy</i>	1	
<b>*Peripheral Opioid Receptor Antagonists***</b>		
<b>SYMPROIC</b>	4	PA
<b>*Phosphate Binder Agents***</b>		
<i>calcium acetate (phos binder)</i>	1	
<i>calcium acetate oral tablet 667 mg</i>	1	
<b>FOSRENOL ORAL PACKET</b>	3	
<b>FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG</b>	D	QL (3 tabs/day); DS (30 day supply max); AL (Min 16 Years)
<i>lanthanum carbonate</i>	B	QL (3 tabs/day); DS (30 day supply max); AL (Min 16 Years)
<i>sevelamer carbonate oral packet 0.8 gm</i>	3	QL (15 packets/day)
<i>sevelamer carbonate oral packet 2.4 gm</i>	3	QL (5 packets/day)
<i>sevelamer carbonate oral tablet</i>	1	QL (15 tabs/day)
<i>sevelamer hcl oral tablet 400 mg</i>	3	QL (35 tabs/day)
<i>sevelamer hcl oral tablet 800 mg</i>	1	QL (17.5 tabs/day)
<b>VELPHORO</b>	4	PA
<b>*Tryptophan Hydroxylase Inhibitors***</b>		
<b>XERMELO</b>	D	PA
<b>*Tumor Necrosis Factor Alpha Blockers***</b>		
<b>CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT</b>	B	PA; SP
<b>CIMZIA SUBCUTANEOUS KIT 2 X 200 MG</b>	B	PA; SP
<b>CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT</b>	B	PA; SP
<b>*Genitourinary Agents - Miscellaneous*</b>		
<b>*5-Alpha Reductase Inhibitors***</b>		
<i>dutasteride oral</i>	1	QL (1 cap/day); M
<i>finasteride oral tablet 5 mg</i>	1	QL (1 tab/day)
<b>PROSCAR</b>	3	QL (1 tab/day)
<b>*Alpha 1-Adrenoceptor Antagonists***</b>		
<i>alfuzosin hcl er</i>	1	QL (1 tab/day)

Drug	Status	Notes
<i>silodosin</i>	3	
<i>tamsulosin hcl</i>	1	
<b>*Citrates***</b>		
<i>potassium citrate er</i>	1	
<i>potassium citrate monohydrate</i>	3	
<i>sodium citrate granules</i>	3	
<b>UROCIT-K 10</b>	3	
<b>UROCIT-K 15</b>	3	
<b>UROCIT-K 5</b>	3	
<b>*Cystinosis Agents***</b>		
<b>CYSTAGON</b>	C	
<b>*Genitourinary Irrigants***</b>		
<b>ARGYLE STERILE SALINE</b>	1	
<b>CURITY STERILE SALINE</b>	1	
<i>glycine urologic</i>	1	
<b>RENACIDIN</b>	3	
<i>sodium chloride irrigation solution 0.9 %</i>	1	
<i>sorbitol irrigation solution 3 %</i>	3	
<b>*Prostatic Hypertrophy Agent Combinations***</b>		
<i>dutasteride-tamsulosin hcl</i>	1	M
<b>JALYN</b>	3	M
<b>*Urinary Analgesics***</b>		
<i>phenazopyridine hcl</i>	3	
<b>*Urinary Stone Agents***</b>		
<b>LITHOSTAT</b>	3	
<b>THIOLA</b>	3	PA
<b>THIOLA EC</b>	3	PA
<i>tiopronin oral</i>	3	PA
<b>*Gout Agents*</b>		
<b>*Gout Agent Combinations***</b>		
<i>colchicine-probenecid</i>	1	
<b>*Gout Agents***</b>		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
<i>colchicine</i>	3	
<i>colchicine oral tablet</i>	3	
<i>febuxostat</i>	4	QL (1 tab/day); ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 18 Years)
<b>*Uricosurics***</b>		
<i>probenecid oral</i>	1	

Drug	Status	Notes
<b>*Hematological Agents - Misc.*</b>		
<b>*Anti-Von Willebrand Factor Agents***</b>		
CABLIVI	D	PA
<b>*Bradykinin B2 Receptor Antagonists***</b>		
<i>icatibant acetate solution prefilled syringe 30 mg/3ml subcutaneous</i>	D	PA
<i>icatibant acetate solution prefilled syringe 30 mg/3ml subcutaneous</i>	D	PA; SP
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	D	PA
<b>*C1 Esterase Inhibitors***</b>		
BERINERT	D	PA
CINRYZE	D	PA
HAEGARDA	D	PA; SP
RUCONEST	D	PA
<b>*Complement C3 Inhibitors***</b>		
EMPAVELI	D	PA
<b>*Direct-Acting P2y12 Inhibitors***</b>		
BRILINTA	2	HDHP
<b>*Hematorheologic Agents***</b>		
<i>pentoxifylline er</i>	1	HDHP
<b>*Phosphodiesterase Iii Inhibitors***</b>		
<i>cilostazol</i>	1	QL (2 tabs/day); HDHP
<b>*Plasma Kallikrein Inhibitors - Monoclonal Antibodies***</b>		
TAKHZYRO SUBCUTANEOUS SOLUTION	D	PA; SP
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	D	PA
<b>*Plasma Kallikrein Inhibitors***</b>		
KALBITOR	D	PA; SP
ORLADEYO	D	PA
<b>*Platelet Aggregation Inhibitor Combinations***</b>		
<i>aspirin-dipyridamole er</i>	1	HDHP
<b>*Platelet Aggregation Inhibitors***</b>		
<i>dipyridamole oral</i>	1	HDHP
<b>*Protease-Activated Receptor-1 (Par-1) Antagonists***</b>		
ZONTIVITY	2	QL (1 tab/day); HDHP; AL (Min 16 Years)
<b>*Pyruvate Kinase Activators***</b>		
PYRUKYND	D	PA
PYRUKYND TAPER PACK	D	PA
<b>*Quinazoline Agents***</b>		
AGRYLIN	3	HDHP
<i>anagrelide hcl</i>	1	HDHP

Drug	Status	Notes
<b>*Spleen Tyrosine Kinase (Syk) Inhibitors***</b>		
<b>TAVALISSE</b>	C	PA
<b>*Thienopyridine Derivatives***</b>		
<i>clopidogrel bisulfate oral tablet 300 mg</i>	1	QL (1 dose); HDHP
<i>clopidogrel bisulfate oral tablet 75 mg</i>	1	QL (1 tab/day); HDHP
<b>EFFIENT</b>	3	QL (1 tab/day); HDHP; AL (Min 16 Years)
<i>prasugrel hcl</i>	1	QL (1 tab/day); HDHP; AL (Min 16 Years)
<b>*Hematopoietic Agents*</b>		
<b>*Agents For Gaucher Disease***</b>		
<b>CERDELGA</b>	D	PA; SP
<i>miglustat</i>	D	PA
<b>*Cobalamins***</b>		
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	1	
<b>DODEX</b>	1	
<b>NASCOBAL</b>	3	
<b>*Cytotoxic Agents***</b>		
<b>DROXIA</b>	B	QL (1 cap/day); DS (30 day supply max); ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 18 Years)
<b>*Folic Acid/Folates***</b>		
<i>folic acid</i>	3	
<i>folic acid tablet 1 mg oral (otc)</i>	\$0	QL (2 tabs/day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.)
<i>folic acid tablet 1 mg oral (rx)</i>	\$0	QL (2 tabs/day); ACA (Tier 1 if ACA does not apply)
<i>kp folic acid oral tablet 1 mg</i>	\$0	QL (2 tabs/day); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.)
<b>*Granulocyte Colony-Stimulating Factors (G-Csf)***</b>		
<b>NEULASTA ONPRO</b>	B	SP; QL (4 injections/28 days); DS (30 day supply max)
<b>NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	B	SP; QL (4 injections/28 days); DS (30 day supply max)
<b>NIVESTYM</b>	B	PA; QL (1 vial/day; 10 days supply); DS (10 day supply max)
<b>ZARXIO</b>	D	SP; QL (1 vial/day; 10 days supply); DS (10 day supply max)
<b>*Granulocyte/Macrophage Colony-Stimulating Factor(Gm-Csf)***</b>		
<b>LEUKINE INJECTION SOLUTION RECONSTITUTED</b>	D	
<b>*Thrombopoietin (Tpo) Receptor Agonists***</b>		
<b>DOPTELET ORAL TABLET 20 MG</b>	C	PA
<b>MULPLETA</b>	C	PA; SP
<b>NPLATE</b>	D	SP

Premium PDL Closed Formulary; Last revision date:03/01/2024 To search for a drug use control + f



Drug	Status	Notes
<b>PROMACTA ORAL PACKET</b>	C	PA
<b>PROMACTA ORAL TABLET</b>	C	PA; SP
<b>*Hemostatics*</b>		
<b>*Hemostatics - Systemic***</b>		
<i>aminocaproic acid oral solution</i>	4	
<i>aminocaproic acid oral tablet</i>	4	
<i>tranexamic acid oral</i>	1	
<b>*Hypnotics/Sedatives/Sleep Disorder Agents*</b>		
<b>*Barbiturate Hypnotics***</b>		
<i>phenobarbital</i>	3	
<i>phenobarbital oral elixir</i>	1	
<i>phenobarbital oral tablet</i>	1	
<i>phenobarbital sodium</i>	3	
<b>*Benzodiazepine Hypnotics***</b>		
<b>DORAL</b>	3	
<i>estazolam</i>	1	QL (1 tab/day; 1 fill per 25 days); AL (Min 18 Years)
<b>HALCION</b>	3	QL (2 tabs/day; 1 fill per 25 days); AL (Min 18 Years)
<i>midazolam hcl oral</i>	1	QL (10ml/day; 1 fill per 25 days); AL (Min 6 Months and Max 16 Years)
<i>quazepam</i>	3	
<i>temazepam</i>	1	QL (1 cap/day; 1 fill per 25 days); AL (Min 18 Years)
<i>triazolam oral tablet 0.125 mg</i>	3	QL (1 tab/day; 1 fill per 25 days); AL (Min 18 Years)
<i>triazolam oral tablet 0.25 mg</i>	1	QL (2 tabs/day; 1 fill per 25 days); AL (Min 18 Years)
<b>*Hypnotics - Tricyclic Agents***</b>		
<i>doxepin hcl oral tablet 6 mg</i>	4	QL (1 per day); ST (Step Therapy applies; see Step Therapy Drug List)
<b>*Non-Benzodiazepine - Gaba-Receptor Modulators***</b>		
<i>eszopiclone</i>	1	QL (1 tab/day; 1 fill per 25 days); AL (Min 18 Years)
<i>zaleplon</i>	1	
<i>zolpidem tartrate er</i>	1	QL (1 per day; 1 fill per 25 days)
<i>zolpidem tartrate oral tablet</i>	1	QL (1 per day; 1 fill per 25 days)
<b>*Orexin Receptor Antagonists***</b>		
<b>BELSOMRA</b>	4	QL (1 tab/day); ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 18 Years)
<b>DAYVIGO</b>	4	QL (1 tab/day); ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 18 Years)

Drug	Status	Notes
<b>*Selective Melatonin Receptor Agonists***</b>		
<i>ramelteon</i>	3	QL (1 tab/day); AL (Min 18 Years)
<b>ROZEREM</b>	3	QL (1 tab/day); AL (Min 18 Years)
<i>tasimelteon</i>	D	PA; QL (1 per day)
<b>*Laxatives*</b>		
<b>*Bowel Evacuant Combinations***</b>		
<b>CLENPIQ</b>	3	
<b>GAVILYTE-C</b>	3	
<b>GAVILYTE-G</b>	\$0	ACA (Tier 1 if ACA does not apply)
<i>na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gml/177ml</i>	3	
<i>peg 3350-kcl-na bicarb-nacl</i>	\$0	ACA (Tier 1 if ACA does not apply)
<i>peg-3350/electrolytes</i>	\$0	ACA (Tier 1 if ACA does not apply)
<i>peg-3350/electrolytes/ascorbat</i>	4	
<i>peg-kcl-nacl-nasulf-na asc-c</i>	4	
<b>SUPREP BOWEL PREP KIT</b>	3	
<b>*Laxatives - Miscellaneous***</b>		
<i>constulose</i>	1	
<i>lactulose oral solution 10 gml/15ml</i>	1	
<b>*Lubricant Laxatives***</b>		
<i>mineral oil</i>	3	
<b>*Saline Laxatives***</b>		
<i>magnesium sulfate powder</i>	3	
<b>*Surfactant Laxatives***</b>		
<i>docusate sodium</i>	3	
<b>*Local Anesthetics-Parenteral*</b>		
<b>*Local Anesthetics - Amides***</b>		
<i>bupivacaine hcl (bulk)</i>	3	
<b>*Local Anesthetics - Esters***</b>		
<i>procaine hcl</i>	3	
<b>*Macrolides*</b>		
<b>*Azithromycin***</b>		
<i>azithromycin oral packet</i>	3	
<i>azithromycin oral suspension reconstituted</i>	1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	1	
<b>ZITHROMAX ORAL PACKET</b>	3	
<b>ZITHROMAX ORAL SUSPENSION RECONSTITUTED</b>	3	
<b>ZITHROMAX ORAL TABLET 250 MG, 500 MG</b>	3	
<b>ZITHROMAX TRI-PAK</b>	3	
<b>ZITHROMAX Z-PAK</b>	3	
<b>*Clarithromycin***</b>		
<i>clarithromycin er</i>	1	QL (2 tabs/day)

Premium PDL Closed Formulary; Last revision date:03/01/2024 To search for a drug use control + f

Drug	Status	Notes
<i>clarithromycin oral suspension reconstituted</i>	3	QL (10 ml/day)
<i>clarithromycin oral tablet 250 mg</i>	1	
<i>clarithromycin oral tablet 500 mg</i>	1	QL (3 tabs/day)
<b>*Erythromycins***</b>		
<b>E.E.S. 400 ORAL TABLET</b>	3	
<b>E.E.S. GRANULES</b>	3	
<b>ERYPED 200</b>	3	
<b>ERYPED 400</b>	3	
<b>ERY-TAB</b>	3	
<b>ERYTHROCIN STEARATE ORAL TABLET 250 MG</b>	3	
<i>erythromycin base</i>	3	
<i>erythromycin base oral capsule delayed release particles</i>	1	
<i>erythromycin base oral tablet</i>	3	
<i>erythromycin base oral tablet delayed release</i>	3	
<i>erythromycin ethylsuccinate</i>	3	
<i>erythromycin ethylsuccinate oral suspension reconstituted</i>	1	
<i>erythromycin ethylsuccinate oral tablet</i>	3	
<i>erythromycin oral</i>	3	
<b>*Fidaxomicin***</b>		
<b>DIFICID ORAL SUSPENSION RECONSTITUTED</b>	4	PA
<b>DIFICID ORAL TABLET</b>	4	PA; QL (4 tabs/day); DS (30 day supply max)
<b>*Medical Devices And Supplies*</b>		
<b>*Cervical Caps***</b>		
<b>FEMCAP</b>	\$0	QL (3 caps/month); DS (30 day supply max); ACA (Tier 3 if ACA/Women's Prevention does not apply); F
<b>*Condoms - Female***</b>		
<b>FC2 FEMALE CONDOM</b>	\$0	QL (12 condoms/month); DS (30 day supply max); ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); F
<b>*Condoms - Male***</b>		
<i>aimsco lubricated</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.)
<i>condoms</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.)
<b>DUREX EXTRA SENSITIVE THIN</b>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.)
<b>DUREX REALFEEL</b>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.)

Drug	Status	Notes
<b>FANTASY LUBRICATED</b>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.)
<b>FANTASY LUBRICATED/SPERMICIDE</b>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.)
<b>KAMELEON LUBRICATED</b>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.)
<i>kimono</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.)
<b>KIMONO COLORS</b>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.)
<i>kimono micro thin</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.)
<i>kimono micro thin plus</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.)
<i>kimono plus</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.)
<i>kimono ps</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.)
<i>kimono ps plus</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.)
<i>kimono sensation</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.)
<i>kimono sensation plus</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.)
<b>KIMONO SPECIAL</b>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.)
<b>K-Y ME &amp; YOU EXTRA LUBRICATED</b>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.)
<b>K-Y ME &amp; YOU INTENSE</b>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.)
<i>maxx</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.)
<i>maxx plus</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.)

Premium PDL Closed Formulary; Last revision date:03/01/2024 To search for a drug use control + f

Drug	Status	Notes
REALITY LATEX CONDOMS	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.)
REALITY LATEX/ULTRA TEXTURED	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.)
REALITY LATEX/ULTRA THIN	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.)
TRUSTEX COLOR CONDOMS + LUBE	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.)
TRUSTEX LUB/RIBBED/STUDED	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.)
TRUSTEX LUB/SPERMICIDE EX ST	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.)
TRUSTEX LUB/SPERMICIDE XL	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.)
TRUSTEX LUBRICATED	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.)
TRUSTEX LUBRICATED EX LARGE	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.)
TRUSTEX LUBRICATED EXTRA ST	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.)
TRUSTEX LUBRICATED/SPERMICIDE	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.)
TRUSTEX NATURAL CONDOMS + LUBE	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.)
TRUSTEX NON-LUBRICATED	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.)
TRUSTEX RIA LUB/SPERMICIDE	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.)
TRUSTEX RIA LUBRICATED	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.)
TRUSTEX RIA NON-LUBRICATED	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.)
TRUSTEX-NONOXYNOL-9/RIB/STUD	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.)

Premium PDL Closed Formulary; Last revision date:03/01/2024 To search for a drug use control + f

Drug	Status	Notes
<b>*Diaphragms***</b>		
CAYA	\$0	ACA (Tier 3 if ACA/Women's Prevention does not apply)
OMNIFLEX DIAPHRAGM	\$0	ACA (Tier 3 if ACA/Women's Prevention does not apply)
WIDE-SEAL DIAPHRAGM 60	\$0	ACA (Tier 3 if ACA/Women's Prevention does not apply)
WIDE-SEAL DIAPHRAGM 65	\$0	ACA (Tier 3 if ACA/Women's Prevention does not apply)
WIDE-SEAL DIAPHRAGM 70	\$0	ACA (Tier 3 if ACA/Women's Prevention does not apply)
WIDE-SEAL DIAPHRAGM 75	\$0	ACA (Tier 3 if ACA/Women's Prevention does not apply)
WIDE-SEAL DIAPHRAGM 80	\$0	ACA (Tier 3 if ACA/Women's Prevention does not apply)
WIDE-SEAL DIAPHRAGM 85	\$0	ACA (Tier 3 if ACA/Women's Prevention does not apply)
WIDE-SEAL DIAPHRAGM 90	\$0	ACA (Tier 3 if ACA/Women's Prevention does not apply)
WIDE-SEAL DIAPHRAGM 95	\$0	ACA (Tier 3 if ACA/Women's Prevention does not apply)
<b>*Glucose Monitoring Test Supplies***</b>		
ACCU-CHEK FASTCLIX LANCETS	1	QL (200 lancets/month); DS (30 day supply max)
ACCU-CHEK SAFE-T PRO LANCETS	1	QL (200 lancets/month); DS (30 day supply max)
ACCU-CHEK SOFTCLIX LANCETS	1	QL (200 lancets/month); DS (30 day supply max)
<i>acti-lance 28g</i>	1	QL (200 lancets/month); DS (30 day supply max)
<i>acti-lance lite lancets 28g</i>	1	QL (200 lancets/month); DS (30 day supply max)
<i>acti-lance special lancets 17g</i>	1	QL (200 lancets/month); DS (30 day supply max)
<i>acti-lance universal 23g</i>	1	QL (200 lancets/month); DS (30 day supply max)
<i>advanced mobile lancet</i>	1	QL (200 lancets/month); DS (30 day supply max)
ADVOCATE LANCETS	1	QL (200 lancets/month); DS (30 day supply max)
ADVOCATE LANCETS 30G	1	QL (200 lancets/month); DS (30 day supply max)
ADVOCATE SAFETY LANCETS	1	QL (200 lancets/month); DS (30 day supply max)
ADVOCATE SAFETY LANCETS 26G	1	QL (200 lancets/month); DS (30 day supply max)
AGAMATRIX ULTRA-THIN LANCETS	1	QL (200 lancets/month); DS (30 day supply max)

Premium PDL Closed Formulary; Last revision date:03/01/2024 To search for a drug use control + f

Drug	Status	Notes
<i>aimsco twist lancets 32g</i>	1	QL (200 lancets/month); DS (30 day supply max)
<b>AIMSCO TWIST LANCETS 33G</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>AQUALANCE LANCETS 30G</b>	1	QL (200 lancets/month); DS (30 day supply max)
<i>assure comfort lancets 28g</i>	1	QL (200 lancets/month); DS (30 day supply max)
<b>ASSURE HAEMOLANCE PLUS HIGH</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>ASSURE HAEMOLANCE PLUS LOW</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>ASSURE HAEMOLANCE PLUS MICRO</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>ASSURE HAEMOLANCE PLUS NORMAL</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>ASSURE HAEMOLANCE PLUS PED</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>ASSURE LANCE LANCETS</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>ASSURE LANCE LANCETS 21G</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>ASSURE LANCE PLUS SAFETY 25G</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>ASSURE LANCE PLUS SAFETY 30G</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>ASSURE LANCE SAFETY LANCET 28G</b>	1	QL (200 lancets/month); DS (30 day supply max)
<i>aurora lancet super thin 30g</i>	1	QL (200 lancets/month); DS (30 day supply max)
<i>aurora lancet thin 23g</i>	1	QL (200 lancets/month); DS (30 day supply max)
<b>AUTOLET PLATFORMS</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>BD MICROTAINER LANCETS</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>CAREONE LANCET SUPER THIN 30G</b>	1	QL (200 lancets/month); DS (30 day supply max)
<i>careone lancet thin 23g</i>	1	QL (200 lancets/month); DS (30 day supply max)
<b>CARESENS LANCETS</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>CARETOUCH SAFETY LANCETS</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>CARETOUCH SAFETY LANCETS 26G</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>CARETOUCH TWIST LANCETS 28G</b>	1	QL (200 lancets/month); DS (30 day supply max)

Premium PDL Closed Formulary; Last revision date:03/01/2024 To search for a drug use control + f

Drug	Status	Notes
<b>CARETOUCH TWIST LANCETS 30G</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>CARETOUCH TWIST LANCETS 33G</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>CARETOUCH TWIST MC LANCETS 30G</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>CLEANLET LANCETS 28G</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>CLEVER CHEK LANCETS</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>CLEVER CHOICE COMFORT EZ</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>CLEVER CHOICE LANCETS 21G</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>CLEVER CHOICE LANCETS 23G</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>CLEVER CHOICE LANCETS 28G</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>COAGUCHEK LANCETS</b>	1	QL (200 lancets/month); DS (30 day supply max)
<i>comfort assured lancets 28g</i>	1	QL (200 lancets/month); DS (30 day supply max)
<i>comfort assured lancets 33g</i>	1	QL (200 lancets/month); DS (30 day supply max)
<b>COMFORT TOUCH LANCETS 31G</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>COMFORT TOUCH PLUS LANCETS 28G</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>COMFORT TOUCH PLUS LANCETS 30G</b>	1	QL (200 lancets/month); DS (30 day supply max)
<i>cvs lancets 21g</i>	1	QL (200 lancets/month); DS (30 day supply max)
<i>cvs lancets micro thin 33g</i>	1	QL (200 lancets/month); DS (30 day supply max)
<i>cvs lancets original</i>	1	QL (200 lancets/month); DS (30 day supply max)
<i>cvs lancets thin 26g</i>	1	QL (200 lancets/month); DS (30 day supply max)
<i>cvs lancets ultra thin 30g</i>	1	QL (200 lancets/month); DS (30 day supply max)
<i>cvs lancets ultra-thin 30g</i>	1	QL (200 lancets/month); DS (30 day supply max)
<i>cvs ultra thin lancets</i>	1	QL (200 lancets/month); DS (30 day supply max)
<b>DEXCOM G6 RECEIVER</b>	2	PA; QL (1 receiver/lifetime)
<b>DEXCOM G6 SENSOR</b>	2	PA; QL (3 sensors/month); DS (30 day supply max)

Premium PDL Closed Formulary; Last revision date:03/01/2024 To search for a drug use control + f



Drug	Status	Notes
DEXCOM G6 TRANSMITTER	2	PA; QL (1 transmitter/90 days); DS (90 day supply max)
DEXCOM G7 RECEIVER	2	PA; QL (1 receiver/lifetime)
DEXCOM G7 SENSOR	2	PA; QL (3 sensors/month); DS (30 day supply max)
DIATHRIVE LANCET ULTRA THIN 30	1	QL (200 lancets/month); DS (30 day supply max)
DIATHRIVE LANCETS	1	QL (200 lancets/month); DS (30 day supply max)
DROPLET LANCETS ULTRA THIN 30G	1	QL (200 lancets/month); DS (30 day supply max)
DROPLET PERSONAL LANCETS 30G	1	QL (200 lancets/month); DS (30 day supply max)
<i>drug mart lancets thin 26g</i>	1	QL (200 lancets/month); DS (30 day supply max)
DRUG MART ON-THE-GO LANCET 30G	1	QL (200 lancets/month); DS (30 day supply max)
DRUG MART UNILET LANCETS 28G	1	QL (200 lancets/month); DS (30 day supply max)
DRUG MART UNILET LANCETS 30G	1	QL (200 lancets/month); DS (30 day supply max)
DRUG MART UNILET LANCETS 33G	1	QL (200 lancets/month); DS (30 day supply max)
EASY TOUCH LANCETS 21G	1	QL (200 lancets/month); DS (30 day supply max)
EASY TOUCH LANCETS 23G	1	QL (200 lancets/month); DS (30 day supply max)
EASY TOUCH LANCETS 26G	1	QL (200 lancets/month); DS (30 day supply max)
EASY TOUCH LANCETS 28G	1	QL (200 lancets/month); DS (30 day supply max)
EASY TOUCH LANCETS 28G/TWIST	1	QL (200 lancets/month); DS (30 day supply max)
EASY TOUCH LANCETS 30G	1	QL (200 lancets/month); DS (30 day supply max)
EASY TOUCH LANCETS 30G/TWIST	1	QL (200 lancets/month); DS (30 day supply max)
EASY TOUCH LANCETS 32G	1	QL (200 lancets/month); DS (30 day supply max)
EASY TOUCH LANCETS 32G/TWIST	1	QL (200 lancets/month); DS (30 day supply max)
EASY TOUCH LANCETS 33G/TWIST	1	QL (200 lancets/month); DS (30 day supply max)
EASY TOUCH SAFETY LANCETS 21G	1	QL (200 lancets/month); DS (30 day supply max)
EASY TOUCH SAFETY LANCETS 23G	1	QL (200 lancets/month); DS (30 day supply max)

Drug	Status	Notes
<b>EASY TOUCH SAFETY LANCETS 26G</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>EASY TOUCH SAFETY LANCETS 28G</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>EMBRACE LANCETS ULTRA THIN 30G</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>EMBRACE PRESSURE ACTIVATED 21G</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>EMBRACE PRESSURE ACTIVATED 28G</b>	1	QL (200 lancets/month); DS (30 day supply max)
<i>eql color lancets 21g</i>	1	QL (200 lancets/month); DS (30 day supply max)
<i>eql color lancets micro 33g</i>	1	QL (200 lancets/month); DS (30 day supply max)
<i>eql super thin lancets 30g</i>	1	QL (200 lancets/month); DS (30 day supply max)
<i>eql thin lancets 26g</i>	1	QL (200 lancets/month); DS (30 day supply max)
<b>E-Z JECT LANCET MICRO-THIN 33G</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>E-Z JECT LANCET SUPER THIN 30G</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>E-Z JECT LANCETS</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>E-Z JECT LANCETS 21G</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>E-Z JECT LANCETS THIN 26G</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>EZ-LETS LANCETS 21G</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>EZ-LETS LANCETS 26G</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>EZ-LETS LANCETS 28G</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>EZ-LETS LANCETS 30G</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>FIFTY50 SAFETY SEAL LANCETS</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>FIFTY50 UNILET LANCETS 33G</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>FINE 30</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>FINGERSTIX LANCETS</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>FORA LANCETS</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>FREESTYLE LANCETS</b>	1	QL (200 lancets/month); DS (30 day supply max)

Premium PDL Closed Formulary; Last revision date:03/01/2024 To search for a drug use control + f

Drug	Status	Notes
<b>FREESTYLE UNISTICK II LANCETS</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>GENTEEL BUTTERFLY TOUCH LANCET</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>GENTEEL CONTACT TIPS (BLUE)</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>GENTEEL CONTACT TIPS (CLEAR)</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>GENTEEL CONTACT TIPS (GREEN)</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>GENTEEL CONTACT TIPS (ORANGE)</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>GENTEEL CONTACT TIPS (RAINBOW)</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>GENTEEL CONTACT TIPS (VIOLET)</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>GENTEEL CONTACT TIPS (YELLOW)</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>GENTEEL NOZZLES</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>GENTLE-LET GP LANCETS</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>GENTLE-LET LANCETS</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>GENTLE-LET PLATFORMS</b>	1	QL (200 lancets/month); DS (30 day supply max)
<i>global inject ease lancets 28g</i>	1	QL (200 lancets/month); DS (30 day supply max)
<i>global inject ease lancets 30g</i>	1	QL (200 lancets/month); DS (30 day supply max)
<b>GLUCOCOM LANCETS 28G</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>GLUCOCOM LANCETS 30G</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>GLUCOCOM LANCETS 33G</b>	1	QL (200 lancets/month); DS (30 day supply max)
<i>gnp lancets 21g</i>	1	QL (200 lancets/month); DS (30 day supply max)
<i>gnp lancets thin 26g</i>	1	QL (200 lancets/month); DS (30 day supply max)
<i>gnp sterile lancets 28g</i>	1	QL (200 lancets/month); DS (30 day supply max)
<i>gnp sterile lancets 30g</i>	1	QL (200 lancets/month); DS (30 day supply max)
<i>gnp sterile lancets 33g</i>	1	QL (200 lancets/month); DS (30 day supply max)
<b>GOJJI STERILE LANCETS</b>	1	QL (200 lancets/month); DS (30 day supply max)

Premium PDL Closed Formulary; Last revision date:03/01/2024 To search for a drug use control + f

Drug	Status	Notes
<i>goodsense color lancets 33g</i>	1	QL (200 lancets/month); DS (30 day supply max)
<i>goodsense lancets 26g univ</i>	1	QL (200 lancets/month); DS (30 day supply max)
<i>goodsense lancets 30g</i>	1	QL (200 lancets/month); DS (30 day supply max)
<i>goodsense lancets 30g univ</i>	1	QL (200 lancets/month); DS (30 day supply max)
<i>goodsense lancets 33g</i>	1	QL (200 lancets/month); DS (30 day supply max)
<i>goodsense lancets 33g univ</i>	1	QL (200 lancets/month); DS (30 day supply max)
<b>HAEMOLANCE</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>HAEMOLANCE LOW FLOW LANCETS</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>HAEMOLANCE PLUS</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>HAEMOLANCE PLUS HIGH FLOW</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>HAEMOLANCE PLUS LOW FLOW</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>HAEMOLANCE PLUS MAX FLOW</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>HAEMOLANCE PLUS PEDIATRIC FLOW</b>	1	QL (200 lancets/month); DS (30 day supply max)
<i>h-e-b incontrol lancets 28g</i>	1	QL (200 lancets/month); DS (30 day supply max)
<i>h-e-b incontrol lancets 30g</i>	1	QL (200 lancets/month); DS (30 day supply max)
<i>h-e-b incontrol lancets 33g</i>	1	QL (200 lancets/month); DS (30 day supply max)
<b>HY-VEE LANCETS</b>	1	QL (200 lancets/month); DS (30 day supply max)
<i>hy-vee thin lancets</i>	1	QL (200 lancets/month); DS (30 day supply max)
<b>IN TOUCH STERILE LANCETS 30G</b>	1	QL (200 lancets/month); DS (30 day supply max)
<i>kinney lancets</i>	1	QL (200 lancets/month); DS (30 day supply max)
<i>kinney thin lancets</i>	1	QL (200 lancets/month); DS (30 day supply max)
<b>KROGER HEALTHPRO LANCET 26G</b>	1	QL (200 lancets/month); DS (30 day supply max)
<i>croger lancets</i>	1	QL (200 lancets/month); DS (30 day supply max)
<i>croger lancets 21g</i>	1	QL (200 lancets/month); DS (30 day supply max)

Premium PDL Closed Formulary; Last revision date:03/01/2024 To search for a drug use control + f

Drug	Status	Notes
<i> Kroger lancets micro thin 33g</i>	1	QL (200 lancets/month); DS (30 day supply max)
<i> Kroger lancets super thin</i>	1	QL (200 lancets/month); DS (30 day supply max)
<i> Kroger lancets thin</i>	1	QL (200 lancets/month); DS (30 day supply max)
<i> Kroger lancets thin 26g</i>	1	QL (200 lancets/month); DS (30 day supply max)
<i> Kroger lancets ultrathin 30g</i>	1	QL (200 lancets/month); DS (30 day supply max)
<i> lancet transporter case</i>	1	QL (200 lancets/month); DS (30 day supply max)
<i> lancets</i>	1	QL (200 lancets/month); DS (30 day supply max)
<i> lancets 30g</i>	1	QL (200 lancets/month); DS (30 day supply max)
<i> lancets 33g</i>	1	QL (200 lancets/month); DS (30 day supply max)
<i> lancets micro thin 33g</i>	1	QL (200 lancets/month); DS (30 day supply max)
<i> lancets super thin 28g</i>	1	QL (200 lancets/month); DS (30 day supply max)
<i> lancets thin</i>	1	QL (200 lancets/month); DS (30 day supply max)
<b>LANCETS ULTRA THIN</b>	1	QL (200 lancets/month); DS (30 day supply max)
<i> lancets ultra thin 30g</i>	1	QL (200 lancets/month); DS (30 day supply max)
<b>LIBERTY MEDICAL LANCETS</b>	1	QL (200 lancets/month); DS (30 day supply max)
<i> lite touch lancets</i>	1	QL (200 lancets/month); DS (30 day supply max)
<b>LITETOUCH LANCETS</b>	1	QL (200 lancets/month); DS (30 day supply max)
<i> live better lancet super thin</i>	1	QL (200 lancets/month); DS (30 day supply max)
<i> longs lancets standard</i>	1	QL (200 lancets/month); DS (30 day supply max)
<i> longs lancets thin</i>	1	QL (200 lancets/month); DS (30 day supply max)
<i> longs lancets ultra thin</i>	1	QL (200 lancets/month); DS (30 day supply max)
<i> medichoice safety lancet</i>	1	QL (200 lancets/month); DS (30 day supply max)
<i> medichoice safety lancet extra</i>	1	QL (200 lancets/month); DS (30 day supply max)
<i> medichoice safety lancet norm</i>	1	QL (200 lancets/month); DS (30 day supply max)

Premium PDL Closed Formulary; Last revision date:03/01/2024 To search for a drug use control + f

Drug	Status	Notes
MEDLANCE EXTRA 21G	1	QL (200 lancets/month); DS (30 day supply max)
MEDLANCE LITE 25G	1	QL (200 lancets/month); DS (30 day supply max)
MEDLANCE PLUS EXTRA 21G	1	QL (200 lancets/month); DS (30 day supply max)
MEDLANCE PLUS LANCETS	1	QL (200 lancets/month); DS (30 day supply max)
MEDLANCE PLUS LITE 25G	1	QL (200 lancets/month); DS (30 day supply max)
MEDLANCE PLUS SPECIAL 0.8MM	1	QL (200 lancets/month); DS (30 day supply max)
MEDLANCE PLUS SUPERLITE 30G	1	QL (200 lancets/month); DS (30 day supply max)
MEDLANCE PLUS UNIVERSAL 21G	1	QL (200 lancets/month); DS (30 day supply max)
MEDLANCE UNIVERSAL 21G	1	QL (200 lancets/month); DS (30 day supply max)
MEIJER LANCETS	1	QL (200 lancets/month); DS (30 day supply max)
MEIJER LANCETS THIN	1	QL (200 lancets/month); DS (30 day supply max)
MEIJER LANCETS UNIVERSAL 21G	1	QL (200 lancets/month); DS (30 day supply max)
MEIJER LANCETS UNIVERSAL 30G	1	QL (200 lancets/month); DS (30 day supply max)
MEIJER LANCETS UNIVERSAL 33G	1	QL (200 lancets/month); DS (30 day supply max)
MEIJER SUPER THIN LANCETS	1	QL (200 lancets/month); DS (30 day supply max)
MICROLET LANCETS	1	QL (200 lancets/month); DS (30 day supply max)
MM TWIST LANCETS	1	QL (200 lancets/month); DS (30 day supply max)
MONOLET LANCETS	1	QL (200 lancets/month); DS (30 day supply max)
MONOLET OPD LANCETS	1	QL (200 lancets/month); DS (30 day supply max)
MONOLETTOR SAFETY LANCETS	1	QL (200 lancets/month); DS (30 day supply max)
<i>mpd safety lancet 21g</i>	1	QL (200 lancets/month); DS (30 day supply max)
<i>mpd safety lancet 23g</i>	1	QL (200 lancets/month); DS (30 day supply max)
<i>mpd safety lancet 28g</i>	1	QL (200 lancets/month); DS (30 day supply max)
<i>mpd safety lancet 30g</i>	1	QL (200 lancets/month); DS (30 day supply max)

Premium PDL Closed Formulary; Last revision date:03/01/2024 To search for a drug use control + f

Drug	Status	Notes
<b>MYGLUCOHEALTH LANCETS 30G</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>NOVA SAFETY LANCETS 23G</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>NOVA SAFETY LANCETS 28G</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>NOVA SUREFLEX LANCETS</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>ONETOUCH DELICA PLUS LANCET30G</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>ONETOUCH DELICA PLUS LANCET33G</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>ONETOUCH ULTRASOFT 2 LANCETS</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>PERFECT LANCETS 28G</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>PERFECT LANCETS 30G</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>PHARMACIST CHOICE LANCETS</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>PHARMACY COUNTER LANCETS</b>	1	QL (200 lancets/month); DS (30 day supply max)
<i>pip lancets 28g</i>	1	QL (200 lancets/month); DS (30 day supply max)
<i>pip lancets 30g</i>	1	QL (200 lancets/month); DS (30 day supply max)
<b>PRECISION THINS GP LANCETS</b>	1	QL (200 lancets/month); DS (30 day supply max)
<i>preferred plus lancets colored</i>	1	QL (200 lancets/month); DS (30 day supply max)
<i>preferred plus lancets thin</i>	1	QL (200 lancets/month); DS (30 day supply max)
<i>pro comfort safety lancets 30g</i>	1	QL (200 lancets/month); DS (30 day supply max)
<b>PRODIGY LANCETS 28G</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>PRODIGY SAFETY LANCETS 26G</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>PRODIGY TWIST TOP LANCETS 28G</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>PSS SELECT GP LANCETS</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>PSS SELECT PLATFORMS</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>PSS SELECT SAFETY LANCETS</b>	1	QL (200 lancets/month); DS (30 day supply max)
<i>pure comfort lancets 30g</i>	1	QL (200 lancets/month); DS (30 day supply max)

Premium PDL Closed Formulary; Last revision date:03/01/2024 To search for a drug use control + f

Drug	Status	Notes
<i>px lancets microthin 33g</i>	1	QL (200 lancets/month); DS (30 day supply max)
<i>px lancets ultra thin 28g</i>	1	QL (200 lancets/month); DS (30 day supply max)
<i>qc lancets super thin 30g</i>	1	QL (200 lancets/month); DS (30 day supply max)
<i>qc lancets ultra thin</i>	1	QL (200 lancets/month); DS (30 day supply max)
<i>qc unilet lancets 28g</i>	1	QL (200 lancets/month); DS (30 day supply max)
<i>qc unilet lancets micro thin</i>	1	QL (200 lancets/month); DS (30 day supply max)
<b>RA E-ZJECT LANCETS 28G</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>RA E-ZJECT LANCETS THIN 26G</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>RA E-ZJECT LANCETS THIN 28G</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>RA E-ZJECT LANCETS ULTRA THIN</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>READYLANCE SAFETY LANCETS</b>	1	QL (200 lancets/month); DS (30 day supply max)
<i>reality lancets</i>	1	QL (200 lancets/month); DS (30 day supply max)
<i>reality trigger lancets</i>	1	QL (200 lancets/month); DS (30 day supply max)
<b>RELION LANCETS MICRO-THIN 33G</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>RELION LANCETS THIN 26G</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>RELION LANCETS ULTRA-THIN 30G</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>RELION ULTRA THIN LANCETS 30G</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>RELION ULTRA THIN PLUS LANCETS</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>REXALL LANCETS ULTRA THIN 30G</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>RIGHTEST ALTERNATE SITE ADAPT</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>RIGHTEST GL300 LANCETS</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>SAFE-T-LANCE</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>SAFE-T-LANCE PLUS</b>	1	QL (200 lancets/month); DS (30 day supply max)
<i>safety lancet 30g/pressure act</i>	1	QL (200 lancets/month); DS (30 day supply max)

Premium PDL Closed Formulary; Last revision date:03/01/2024 To search for a drug use control + f



Drug	Status	Notes
<b>SAFETY LANCETS</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>SAFETY LANCETS 21G</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>SAFETY LANCETS 23G</b>	1	QL (200 lancets/month); DS (30 day supply max)
<i>safety lancets 28g</i>	1	QL (200 lancets/month); DS (30 day supply max)
<i>saps health plus lancets</i>	1	QL (200 lancets/month); DS (30 day supply max)
<i>sb lancets thin</i>	1	QL (200 lancets/month); DS (30 day supply max)
<i>sb lancets ultra thin</i>	1	QL (200 lancets/month); DS (30 day supply max)
<b>SINGLE-LET</b>	1	QL (200 lancets/month); DS (30 day supply max)
<i>sm lancets 33g</i>	1	QL (200 lancets/month); DS (30 day supply max)
<b>SMART SENSE COLOR LANCETS 33G</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>SMART SENSE STANDARD LANCETS</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>SMART SENSE SUPER THIN LANCETS</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>SMART SENSE THIN LANCETS 26G</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>SMARTEST LANCETS 28G</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>SOLUS V2 LANCETS 28G</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>SOLUS V2 TWIST LANCETS 30G</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>STERILANCE PA</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>STERILANCE TL</b>	1	QL (200 lancets/month); DS (30 day supply max)
<i>super thin lancets</i>	1	QL (200 lancets/month); DS (30 day supply max)
<i>sure comfort lancets 18g</i>	1	QL (200 lancets/month); DS (30 day supply max)
<i>sure comfort lancets 21g</i>	1	QL (200 lancets/month); DS (30 day supply max)
<i>sure comfort lancets 23g</i>	1	QL (200 lancets/month); DS (30 day supply max)
<i>sure comfort lancets 28g</i>	1	QL (200 lancets/month); DS (30 day supply max)
<i>sure comfort lancets 30g</i>	1	QL (200 lancets/month); DS (30 day supply max)

Premium PDL Closed Formulary; Last revision date:03/01/2024 To search for a drug use control + f

Drug	Status	Notes
<b>SURELITE LANCETS</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>TECHLITE AST LANCETS</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>TECHLITE LANCETS</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>TECHLITE LANCETS 30G</b>	1	QL (200 lancets/month); DS (30 day supply max)
<i>tgt lancet micro thin 33g</i>	1	QL (200 lancets/month); DS (30 day supply max)
<i>tgt lancet thin 26g</i>	1	QL (200 lancets/month); DS (30 day supply max)
<i>tgt lancet ultra thin 30g</i>	1	QL (200 lancets/month); DS (30 day supply max)
<b>THINLETS GP LANCETS</b>	1	QL (200 lancets/month); DS (30 day supply max)
<i>todays health thin lancets 28g</i>	1	QL (200 lancets/month); DS (30 day supply max)
<i>todays health thin lancets 30g</i>	1	QL (200 lancets/month); DS (30 day supply max)
<i>topcare lancets micro-thin 33g</i>	1	QL (200 lancets/month); DS (30 day supply max)
<b>TRAVEL LANCETS ADVANCED 28G</b>	1	QL (200 lancets/month); DS (30 day supply max)
<i>true comfort safety lancets</i>	1	QL (200 lancets/month); DS (30 day supply max)
<i>true comfort twist top lancets</i>	1	QL (200 lancets/month); DS (30 day supply max)
<b>TRUEPLUS LANCETS 26G</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>TRUEPLUS LANCETS 28G</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>TRUEPLUS LANCETS 30G</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>TRUEPLUS LANCETS 33G</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>TRUEPLUS SAFETY LANCETS 28G</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>ULTILET CLASSIC LANCETS</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>ULTILET LANCETS</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>ULTILET SAFETY LANCETS</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>ULTILET SAFETY LANCETS 23G</b>	1	QL (200 lancets/month); DS (30 day supply max)
<i>ultra thin lancets 31g</i>	1	QL (200 lancets/month); DS (30 day supply max)

Premium PDL Closed Formulary; Last revision date:03/01/2024 To search for a drug use control + f

Drug	Status	Notes
<i>ultra-care lancets 30g</i>	1	QL (200 lancets/month); DS (30 day supply max)
<b>ULTRA-THIN II AUTO LANCET</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>ULTRA-THIN II LANCETS</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>UNILET COMFORTOUCH LANCET</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>UNILET EXCELITE</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>UNILET EXCELITE II</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>UNILET G.P. LANCET</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>UNILET G.P. SUPERLITE LANCET</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>UNILET GP 28 ULTRA THIN</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>UNILET LANCET</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>UNILET MICRO-THIN 33G</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>UNILET SUPERLITE LANCET</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>UNILET SUPER-THIN 30G</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>UNILET ULTRA-THIN 28G</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>UNISTIK 1</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>UNISTIK 2</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>UNISTIK 2 COMFORT</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>UNISTIK 2 EXTRA</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>UNISTIK 2 NEONATAL</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>UNISTIK 2 NORMAL</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>UNISTIK 2 SUPER</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>UNISTIK 3</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>UNISTIK 3 COMFORT</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>UNISTIK 3 EXTRA</b>	1	QL (200 lancets/month); DS (30 day supply max)

Premium PDL Closed Formulary; Last revision date:03/01/2024 To search for a drug use control + f

Drug	Status	Notes
UNISTIK 3 GENTLE	1	QL (200 lancets/month); DS (30 day supply max)
UNISTIK 3 NEONATAL	1	QL (200 lancets/month); DS (30 day supply max)
UNISTIK 3 NORMAL	1	QL (200 lancets/month); DS (30 day supply max)
UNISTIK CZT COMFORT	1	QL (200 lancets/month); DS (30 day supply max)
UNISTIK CZT NORMAL	1	QL (200 lancets/month); DS (30 day supply max)
UNISTIK NORMAL	1	QL (200 lancets/month); DS (30 day supply max)
UNISTIK PRO SAFETY LANCET	1	QL (200 lancets/month); DS (30 day supply max)
UNISTIK SAFETY LANCETS 28G	1	QL (200 lancets/month); DS (30 day supply max)
UNISTIK SAFETY LANCETS 30G	1	QL (200 lancets/month); DS (30 day supply max)
UNISTIK TOUCH SAFETY LANC 21G	1	QL (200 lancets/month); DS (30 day supply max)
UNISTIK TOUCH SAFETY LANC 23G	1	QL (200 lancets/month); DS (30 day supply max)
UNISTIK TOUCH SAFETY LANC 28G	1	QL (200 lancets/month); DS (30 day supply max)
UNISTIK TOUCH SAFETY LANC 30G	1	QL (200 lancets/month); DS (30 day supply max)
UNIVERSAL 1 LANCETS THIN 26G	1	QL (200 lancets/month); DS (30 day supply max)
UNIVERSAL 1 LANCETS THIN 33G	1	QL (200 lancets/month); DS (30 day supply max)
UNIVERSAL 1 LANCETS ULTRA THIN	1	QL (200 lancets/month); DS (30 day supply max)
<i>value plus lancet standard 21g</i>	1	QL (200 lancets/month); DS (30 day supply max)
<i>value plus lancets super thin</i>	1	QL (200 lancets/month); DS (30 day supply max)
<i>value plus lancets thin 26g</i>	1	QL (200 lancets/month); DS (30 day supply max)
VERIFINE UNIVERSAL LANCETS 28G	1	QL (200 lancets/month); DS (30 day supply max)
VERIFINE UNIVERSAL LANCETS 30G	1	QL (200 lancets/month); DS (30 day supply max)
VERIFINE UNIVERSAL LANCETS 33G	1	QL (200 lancets/month); DS (30 day supply max)
VIVAGUARD LANCETS	1	QL (200 lancets/month); DS (30 day supply max)
WALGREENS LANCETS	1	QL (200 lancets/month); DS (30 day supply max)

Premium PDL Closed Formulary; Last revision date:03/01/2024 To search for a drug use control + f

Drug	Status	Notes
walgreens lancets micro thin	1	QL (200 lancets/month); DS (30 day supply max)
walgreens lancets super thin	1	QL (200 lancets/month); DS (30 day supply max)
<b>WALGREENS THIN LANCETS</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>WALGREENS ULTRA THIN LANCETS</b>	1	QL (200 lancets/month); DS (30 day supply max)
<b>*Insulin Administration Supplies***</b>		
<b>OMNIPOD 5 G6 INTRO (GEN 5)</b>	4	PA; QL (1 kit/lifetime); DS (30 day supply max)
<b>OMNIPOD 5 G6 PODS (GEN 5)</b>	4	PA; QL (10 units/fill); DS (30 day supply max)
<b>OMNIPOD CLASSIC PODS (GEN 3)</b>	4	PA; QL (10 units/fill); DS (30 day supply max)
<b>OMNIPOD DASH PODS (GEN 4)</b>	4	PA; QL (10 units/fill); DS (30 day supply max)
<b>*Misc. Devices***</b>		
<i>folding paddle walker</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
<b>*Needles &amp; Syringes***</b>		
<i>1st tier unifine pentips</i>	1	QL (200 needles/month)
<i>1st tier unifine pentips plus</i>	1	QL (200 needles/month)
<b>ABOUTTIME PEN NEEDLE</b>	1	QL (200 needles/month)
<b>ADVOCATE INSULIN PEN NEEDLES</b>	1	QL (200 needles/month)
<b>ADVOCATE INSULIN SYRINGE</b>	1	QL (200 syringes/month)
<i>aq insulin syringe</i>	1	QL (200 syringes/month)
<i>aqinject pen needle</i>	1	QL (200 needles/month)
<b>ASSURE ID INSULIN SAFETY SYR 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML</b>	1	QL (200 syringes/month)
<b>ASSURE ID SAFETY PEN NEEDLES 30G X 8 MM</b>	1	QL (200 needles/month)
<i>aum insulin safety pen needle</i>	1	QL (200 needles/month)
<i>aum mini insulin pen needle</i>	1	QL (200 needles/month)
<i>aum pen needle</i>	1	QL (200 needles/month)
<b>AUM READYGARD DUO PEN NEEDLE</b>	1	QL (200 needles/month)
<b>AUM SAFETY PEN NEEDLE</b>	1	QL (200 needles/month)
<i>aurora pen needles</i>	1	QL (200 needles/month)
<b>BD AUTOSHIELD DUO</b>	1	QL (200 needles/month)
<b>BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML</b>	1	QL (200 syringes/month)
<b>BD INSULIN SYRINGE 27.5G X 5/8" 2 ML, 27G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, U-100 1 ML</b>	1	QL (200 syringes/month)
<b>BD INSULIN SYRINGE HALF-UNIT</b>	1	QL (200 syringes/month)

Drug	Status	Notes
<b>BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML</b>	1	QL (200 syringes/month)
<b>BD INSULIN SYRINGE U/F</b>	1	QL (200 syringes/month)
<b>BD INSULIN SYRINGE U/F 1/2UNIT</b>	1	QL (200 syringes/month)
<b>BD INSULIN SYRINGE U-500</b>	1	QL (200 syringes/month)
<b>BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 31G X 5/16" 0.5 ML</b>	1	QL (200 syringes/month)
<b>BD PEN NEEDLE MICRO U/F</b>	1	QL (200 needles/month)
<b>BD PEN NEEDLE MINI U/F</b>	1	QL (200 needles/month)
<b>BD PEN NEEDLE NANO 2ND GEN</b>	1	QL (200 needles/month)
<b>BD PEN NEEDLE NANO U/F</b>	1	QL (200 needles/month)
<b>BD PEN NEEDLE ORIGINAL U/F</b>	1	QL (200 needles/month)
<b>BD PEN NEEDLE SHORT U/F</b>	1	QL (200 needles/month)
<b>BD SAFETYGLIDE INSULIN SYRINGE</b>	1	QL (200 syringes/month)
<b>BD VEO INSULIN SYR U/F 1/2UNIT</b>	1	QL (200 syringes/month)
<b>BD VEO INSULIN SYRINGE U/F</b>	1	QL (200 syringes/month)
<b>CAREFINE PEN NEEDLES</b>	1	QL (200 needles/month)
<i>careone insulin syringe</i>	1	QL (200 syringes/month)
<i>careone unifine pentips plus</i>	1	QL (200 needles/month)
<b>CARETOUCH INSULIN SYRINGE</b>	1	QL (200 syringes/month)
<b>CARETOUCH PEN NEEDLES</b>	1	QL (200 needles/month)
<b>CLEVER CHOICE COMFORT EZ 29G X 12MM , 33G X 4 MM</b>	1	QL (200 needles/month)
<b>CLICKFINE PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 32G X 4 MM</b>	1	QL (200 needles/month)
<i>clickfine pen needles 31g x 8 mm</i>	1	QL (200 needles/month)
<b>COMFORT ASSIST INSULIN SYRINGE 31G X 5/16" 0.3 ML</b>	1	QL (200 syringes/month)
<b>COMFORT EZ INSULIN SYRINGE</b>	1	QL (200 syringes/month)
<b>COMFORT EZ MICRO PEN NEEDLES</b>	1	QL (200 needles/month)
<b>COMFORT EZ PEN NEEDLES</b>	1	QL (200 needles/month)
<b>COMFORT EZ PRO PEN NEEDLES</b>	1	QL (200 needles/month)
<b>COMFORT EZ SHORT PEN NEEDLES</b>	1	QL (200 needles/month)
<b>COMFORT TOUCH INSULIN PEN NEED</b>	1	QL (200 needles/month)
<b>DIATHRIVE PEN NEEDLE</b>	1	QL (200 needles/month)
<b>DROPLET INSULIN SYRINGE</b>	1	QL (200 syringes/month)
<b>DROPLET MICRON</b>	1	QL (200 needles/month)
<b>DROPLET PEN NEEDLES</b>	1	QL (200 needles/month)
<i>dropsafe safety pen needles</i>	1	QL (200 needles/month)
<b>DROPSAFE SAFETY SYRINGE/NEEDLE</b>	1	QL (200 syringes/month)
<i>drug mart unifine pentips 29g x 12mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm</i>	1	QL (200 needles/month)
<i>drug mart unifine pentips plus</i>	1	QL (200 needles/month)
<i>easy glide pen needles</i>	1	QL (200 needles/month)

Premium PDL Closed Formulary; Last revision date:03/01/2024 To search for a drug use control + f

Drug	Status	Notes
<b>EASY TOUCH FLIPLOCK INSULIN SY</b>	1	QL (200 syringes/month)
<b>EASY TOUCH INSULIN SAFETY SYR</b>	1	QL (200 syringes/month)
<b>EASY TOUCH INSULIN SYRINGE</b>	1	QL (200 syringes/month)
<b>EASY TOUCH PEN NEEDLES</b>	1	QL (200 needles/month)
<b>EASY TOUCH SAFETY PEN NEEDLES</b>	1	QL (200 needles/month)
<b>EASY TOUCH SHEATHLOCK SYRINGE 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 1 ML, 31G X 5/16" 1 ML</b>	1	QL (200 syringes/month)
<b>EMBRACE PEN NEEDLES</b>	1	QL (200 needles/month)
<i>eql insulin syringe 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	1	QL (200 syringes/month)
<b>FIFTY50 PEN NEEDLES</b>	1	QL (200 needles/month)
<b>FIFTY50 SUPERIOR COMFORT SYR</b>	1	QL (200 syringes/month)
<i>global ease inject pen needles</i>	1	QL (200 needles/month)
<i>global easy glide insulin syr</i>	1	QL (200 syringes/month)
<i>global easy glide pen needles</i>	1	QL (200 needles/month)
<i>global inject ease insulin syr</i>	1	QL (200 syringes/month)
<i>global insulin syringes</i>	1	QL (200 syringes/month)
<b>GLUCOPRO INSULIN SYRINGE</b>	1	QL (200 syringes/month)
<i>gnp clickfine pen needles</i>	1	QL (200 needles/month)
<i>gnp insulin syringe 28g x 1/2" 0.5 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	1	QL (200 syringes/month)
<i>gnp insulin syringes</i>	1	QL (200 syringes/month)
<i>gnp insulin syringes 28gx1/2"</i>	1	QL (200 syringes/month)
<i>gnp insulin syringes 29gx1/2"</i>	1	QL (200 syringes/month)
<i>gnp insulin syringes 30gx5/16"</i>	1	QL (200 syringes/month)
<i>gnp insulin syringes 31gx5/16"</i>	1	QL (200 syringes/month)
<i>gnp ulticare pen needles</i>	1	QL (200 needles/month)
<b>GNP ULTIGUARD SAFEPACK NEEDLE</b>	1	QL (200 needles/month)
<i>gnp ultra com insulin syringe 28g x 1/2" 1 ml</i>	1	QL (200 syringes/month)
<i>goodsense clickfine pen needle</i>	1	QL (200 needles/month)
<b>GOODSENSE PEN NEEDLE PENFINE</b>	1	QL (200 needles/month)
<i>healthwise insulin syr/needle</i>	1	QL (200 syringes/month)
<i>healthwise micron pen needles</i>	1	QL (200 needles/month)
<i>healthwise short pen needles</i>	1	QL (200 needles/month)
<i>h-e-b incontrol pen needles</i>	1	QL (200 needles/month)
<b>H-E-B INCONTROL UNIFINE PENTIP</b>	1	QL (200 needles/month)
<b>HM ULTICARE INSULIN SYRINGE</b>	1	QL (200 syringes/month)
<b>HM ULTICARE MINI PEN NEEDLES</b>	1	QL (200 needles/month)
<b>HM ULTICARE SHORT PEN NEEDLES</b>	1	QL (200 needles/month)
<b>INCONTROL ULTICARE PEN NEEDLES</b>	1	QL (200 needles/month)

Premium PDL Closed Formulary; Last revision date:03/01/2024 To search for a drug use control + f

Drug	Status	Notes
<i>insulin syringe 28g x 1/2" 0.5 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	1	QL (200 syringes/month)
<i>insulin syringe-needle u-100</i>	1	QL (200 syringes/month)
<i>insupen pen needles</i>	1	QL (200 needles/month)
<b>INSUPEN SENSITIVE</b>	1	QL (200 needles/month)
<b>INSUPEN ULTRAFIN 30G X 8 MM , 31G X 6 MM , 31G X 8 MM</b>	1	QL (200 needles/month)
<i>kinray insulin syringe</i>	1	QL (200 syringes/month)
<i>kmart valu insulin syringe 29g</i>	1	QL (200 syringes/month)
<i>kmart valu insulin syringe 30g</i>	1	QL (200 syringes/month)
<i>kroger insulin syringe 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	1	QL (200 syringes/month)
<i>kroger pen needles</i>	1	QL (200 needles/month)
<i>leader insulin syringe</i>	1	QL (200 syringes/month)
<b>LEADER UNIFINE PENTIPS</b>	1	QL (200 needles/month)
<b>LEADER UNIFINE PENTIPS PLUS</b>	1	QL (200 needles/month)
<b>LITETOUCH INSULIN SYRINGE</b>	1	QL (200 syringes/month)
<b>LITETOUCH PEN NEEDLES</b>	1	QL (200 needles/month)
<i>longs insulin syringe 31g x 5/16" 0.5 ml</i>	1	QL (200 syringes/month)
<b>MAGELLAN INSULIN SAFETY SYR</b>	1	QL (200 syringes/month)
<b>MARATHON MEDICAL PENTIPS</b>	1	QL (200 needles/month)
<b>MAXICOMFORT II PEN NEEDLE</b>	1	QL (200 needles/month)
<b>MAXI-COMFORT INSULIN SYRINGE</b>	1	QL (200 syringes/month)
<b>MAXI-COMFORT SAFETY PEN NEEDLE</b>	1	QL (200 needles/month)
<b>MAXICOMFORT SYR 27G X 1/2"</b>	1	QL (200 syringes/month)
<i>medic insulin syringe</i>	1	QL (200 syringes/month)
<i>medicine shoppe pen needles 29g x 12mm , 31g x 8 mm</i>	1	QL (200 needles/month)
<i>meijer pen needles</i>	1	QL (200 needles/month)
<b>MICRODOT PEN NEEDLE</b>	1	QL (200 needles/month)
<i>mm insulin syringe/needle</i>	1	QL (200 syringes/month)
<b>MM PEN NEEDLES</b>	1	QL (200 needles/month)
<b>MONOJECT INSULIN SYRINGE</b>	1	QL (200 syringes/month)
<b>MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML</b>	1	QL (200 syringes/month)
<i>ms insulin syringe 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	1	QL (200 syringes/month)
<b>NOVOFINE AUTOCOVER PEN NEEDLE</b>	1	QL (200 needles/month)
<b>NOVOFINE PEN NEEDLE</b>	1	QL (200 needles/month)
<b>NOVOFINE PLUS PEN NEEDLE</b>	1	QL (200 needles/month)
<i>pc unifine pentips 31g x 5 mm , 31g x 6 mm , 31g x 8 mm</i>	1	QL (200 needles/month)

Premium PDL Closed Formulary; Last revision date:03/01/2024 To search for a drug use control + f



Drug	Status	Notes
<i>pen needles</i>	1	QL (200 needles/month)
<i>pen needles 5/16" 31g x 8 mm</i>	1	QL (200 needles/month)
<b>PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM</b>	1	QL (200 needles/month)
<i>pip pen needles 31g x 5mm</i>	1	QL (200 needles/month)
<i>pip pen needles 32g x 4mm</i>	1	QL (200 needles/month)
<b>PRECISION SURE-DOSE SYRINGE 30G X 5/16" 0.3 ML</b>	1	QL (200 syringes/month)
<i>preferred plus insulin syringe</i>	1	QL (200 syringes/month)
<i>preferred plus unifine pentips 29g x 12mm</i>	1	QL (200 needles/month)
<b>PREVENT DROPSAFE PEN NEEDLES</b>	1	QL (200 needles/month)
<b>PREVENT SAFETY PEN NEEDLES</b>	1	QL (200 needles/month)
<b>PRODIGY INSULIN SYRINGE</b>	1	QL (200 syringes/month)
<i>pure comfort pen needle</i>	1	QL (200 needles/month)
<i>px extra short pen needles</i>	1	QL (200 needles/month)
<i>px insulin syringe 30g x 1/2" 0.5 ml</i>	1	QL (200 syringes/month)
<i>px mini pen needles</i>	1	QL (200 needles/month)
<i>px pen needle</i>	1	QL (200 needles/month)
<i>px shortlength pen needles</i>	1	QL (200 needles/month)
<i>qc pen needles</i>	1	QL (200 needles/month)
<i>qc unifine pentips</i>	1	QL (200 needles/month)
<i>ra insulin syringe</i>	1	QL (200 syringes/month)
<i>ra pen needles</i>	1	QL (200 needles/month)
<i>raya sure pen needle</i>	1	QL (200 needles/month)
<i>reality insulin syringe</i>	1	QL (200 syringes/month)
<b>RELION INSULIN SYRINGE 29G X 1/2" 0.5 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML</b>	1	QL (200 syringes/month)
<b>RELION MINI PEN NEEDLES</b>	1	QL (200 needles/month)
<b>RELION PEN NEEDLES</b>	1	QL (200 needles/month)
<b>RELION SHORT PEN NEEDLES</b>	1	QL (200 needles/month)
<i>safety pen needles</i>	1	QL (200 needles/month)
<i>sb insulin syringe</i>	1	QL (200 syringes/month)
<b>SECURESAFE INSULIN SYRINGE</b>	1	QL (200 syringes/month)
<b>SECURESAFE SAFETY PEN NEEDLES</b>	1	QL (200 needles/month)
<i>sure comfort insulin syringe</i>	1	QL (200 syringes/month)
<i>sure comfort pen needles</i>	1	QL (200 needles/month)
<i>techlite insulin syringe 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 31g x 15/64" 0.3 ml, 31g x 15/64" 0.5 ml, 31g x 15/64" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	1	QL (200 syringes/month)
<b>TECHLITE PEN NEEDLES</b>	1	QL (200 needles/month)
<i>today's health pen needles</i>	1	QL (200 needles/month)

Drug	Status	Notes
<i>todays health short pen needle</i>	1	QL (200 needles/month)
<i>topcare clickfine pen needles</i>	1	QL (200 needles/month)
<i>topcare ultra comfort ins syr</i>	1	QL (200 syringes/month)
<i>true comfort insulin syringe 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	1	QL (200 syringes/month)
<i>true comfort pen needles</i>	1	QL (200 needles/month)
<i>true comfort pro insulin syr</i>	1	QL (200 syringes/month)
<i>true comfort pro pen needles</i>	1	QL (200 needles/month)
<b>TRUEPLUS 5-BEVEL PEN NEEDLES</b>	1	QL (200 needles/month)
<b>TRUEPLUS INSULIN SYRINGE</b>	1	QL (200 syringes/month)
<b>TRUEPLUS PEN NEEDLES</b>	1	QL (200 needles/month)
<b>ULTICARE INSULIN SAFETY SYR</b>	1	QL (200 syringes/month)
<b>ULTICARE INSULIN SYR 1/2 UNIT</b>	1	QL (200 syringes/month)
<b>ULTICARE INSULIN SYRINGE</b>	1	QL (200 syringes/month)
<b>ULTICARE MICRO PEN NEEDLES</b>	1	QL (200 needles/month)
<b>ULTICARE MINI PEN NEEDLES</b>	1	QL (200 needles/month)
<b>ULTICARE PEN NEEDLES 29G X 12.7MM , 31G X 5 MM</b>	1	QL (200 needles/month)
<b>ULTICARE SHORT PEN NEEDLES</b>	1	QL (200 needles/month)
<b>ULTIGUARD SAFEPACK PEN NEEDLE</b>	1	QL (200 needles/month)
<b>ULTIGUARD SAFEPACK SYR/NEEDLE</b>	1	QL (200 syringes/month)
<b>ULTILET PEN NEEDLE</b>	1	QL (200 needles/month)
<i>ultra comfort insulin syringe 30g x 5/16" 0.3 ml</i>	1	QL (200 syringes/month)
<b>ULTRA FLO INSULIN PEN NEEDLES</b>	1	QL (200 needles/month)
<b>ULTRA FLO INSULIN SYR 1/2 UNIT</b>	1	QL (200 syringes/month)
<b>ULTRA FLO INSULIN SYRINGE</b>	1	QL (200 syringes/month)
<b>ULTRA THIN PEN NEEDLES</b>	1	QL (200 needles/month)
<i>ultracare insulin syringe</i>	1	QL (200 syringes/month)
<i>ultracare pen needles</i>	1	QL (200 needles/month)
<b>ULTRA-THIN II INS SYR SHORT</b>	1	QL (200 syringes/month)
<b>ULTRA-THIN II INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML</b>	1	QL (200 syringes/month)
<b>ULTRA-THIN II MINI PEN NEEDLE</b>	1	QL (200 needles/month)
<b>ULTRA-THIN II PEN NEEDLE SHORT</b>	1	QL (200 needles/month)
<b>ULTRA-THIN II PEN NEEDLES</b>	1	QL (200 needles/month)
<b>UNIFINE PENTIPS</b>	1	QL (200 needles/month)
<b>UNIFINE PENTIPS PLUS</b>	1	QL (200 needles/month)
<b>UNIFINE SAFECONTROL PEN NEEDLE</b>	1	QL (200 needles/month)
<b>UNIFINE ULTRA PEN NEEDLE</b>	1	QL (200 needles/month)
<i>value health insulin syringe</i>	1	QL (200 syringes/month)
<b>VANISHPOINT INSULIN SYRINGE</b>	1	QL (200 syringes/month)
<b>VERIFINE INSULIN PEN NEEDLE</b>	1	QL (200 needles/month)
<b>VERIFINE INSULIN SYRINGE</b>	1	QL (200 syringes/month)
<b>VERIFINE PLUS PEN NEEDLE</b>	1	QL (200 needles/month)

Premium PDL Closed Formulary; Last revision date:03/01/2024 To search for a drug use control + f

Drug	Status	Notes
<i>vp insulin syringe</i>	1	QL (200 syringes/month)
<i>wegmans unifine pentips plus</i>	1	QL (200 needles/month)
<b>*Respiratory Therapy Supplies***</b>		
<b>ACE AEROSOL CLOUD ENHANCER</b>	1	QL (2 units/year)
<b>ACTIVITY POUCH</b>	1	QL (2 units/year)
<i>adult mask large</i>	1	QL (2 units/year)
<b>AEROTRACH PLUS</b>	1	QL (2 units/year)
<b>AIRS PEDIATRIC AEROSOL MASK</b>	1	QL (2 units/year)
<b>ALL FLOW 1000 PFT FILTER</b>	1	QL (2 units/year)
<i>breathe ease neb mask/child</i>	1	QL (2 units/year)
<i>breathe ease neb mask/infant</i>	1	QL (2 units/year)
<b>CARETOUCH 2 CPAP HOSE HANGER</b>	1	QL (2 units/year)
<b>CARETOUCH CPAP &amp; BIPAP HOSE</b>	1	QL (2 units/year)
<b>CARETOUCH CPAP MASK WIPES</b>	1	QL (2 units/year)
<b>CARETOUCH CPAP PRE-WASH SOLN</b>	1	QL (2 units/year)
<b>CARETOUCH CPAP TUBE BRUSH</b>	1	QL (2 units/year)
<b>CARETOUCH UNIVERSL CPAP FILTER</b>	1	QL (2 units/year)
<i>co monitor replacement pieces</i>	1	QL (2 units/year)
<b>EBASE CONTROLLER KIT</b>	1	QL (2 units/year)
<i>filter air pp</i>	1	QL (2 units/year)
<i>full kit nebulizer set</i>	1	QL (2 units/year)
<b>INNOSPIRE REPLACEMENT FILTER</b>	1	QL (2 units/year)
<b>LITETOUCH MASK LARGE</b>	1	QL (2 units/year)
<b>LITETOUCH MASK MEDIUM</b>	1	QL (2 units/year)
<b>LITETOUCH MASK SMALL</b>	1	QL (2 units/year)
<i>nebulizer air tube/plugs</i>	1	QL (2 units/year)
<i>nebulizer mask adult</i>	1	QL (2 units/year)
<i>nebulizer mask child</i>	1	QL (2 units/year)
<b>PARI ALTERA NEBULIZER HANDSET</b>	1	QL (2 units/year)
<b>PARI BABY CONVERSION KIT</b>	1	QL (2 units/year)
<b>PARI ERAPID NEBULIZER HANDSET</b>	1	QL (2 units/year)
<b>PARI EXPIRATORY FILTER SET</b>	1	QL (2 units/year)
<b>PARI MASK SET</b>	1	QL (2 units/year)
<b>PARI SOFT PLASTIC ADULT MASK</b>	1	QL (2 units/year)
<b>PARI SOFT PLASTIC PED MASK</b>	1	QL (2 units/year)
<b>PFLEX</b>	1	QL (2 units/year)
<i>pillow mask/adult</i>	1	QL (2 units/year)
<i>pillow mask/child</i>	1	QL (2 units/year)
<i>pillow mask/pediatric</i>	1	QL (2 units/year)
<i>replacement air filter</i>	1	QL (2 units/year)
<b>SIDESTREAM ADULT FACE MASK</b>	1	QL (2 units/year)

Drug	Status	Notes
<b>SIDESTREAM PEDIATRIC FACE MASK</b>	1	QL (2 units/year)
<i>silicone mask/adult</i>	1	QL (2 units/year)
<i>silicone mask/infant</i>	1	QL (2 units/year)
<i>silicone mask/pediatric</i>	1	QL (2 units/year)
<b>THRESHOLD IMT</b>	1	QL (2 units/year)
<b>WINDMILL TRAINER</b>	1	QL (2 units/year)
<b>*Spacer/Aerosol-Holding Chambers &amp; Supplies***</b>		
<b>AEROCHAMBER MINI CHAMBER</b>	1	QL (2 units/year)
<b>AEROCHAMBER MV</b>	1	QL (2 units/year)
<b>AEROCHAMBER PLUS FLO-VU</b>	1	QL (2 units/year)
<b>AEROCHAMBER PLUS FLO-VU LARGE</b>	1	QL (2 units/year)
<b>AEROCHAMBER PLUS FLO-VU MEDIUM</b>	1	QL (2 units/year)
<b>AEROCHAMBER PLUS FLO-VU SMALL</b>	1	QL (2 units/year)
<b>AEROCHAMBER PLUS FLO-VU W/MASK</b>	1	QL (2 units/year)
<b>AEROCHAMBER PLUS FLOW VU</b>	1	QL (2 units/year)
<b>AEROCHAMBER W/FLWSIGNAL</b>	1	QL (2 units/year)
<b>AEROCHAMBER Z-STAT PLUS</b>	1	QL (2 units/year)
<b>AEROCHAMBER Z-STAT PLUS CHAMBR</b>	1	QL (2 units/year)
<b>AEROCHAMBER Z-STAT PLUS/LARGE</b>	1	QL (2 units/year)
<b>AEROCHAMBER Z-STAT PLUS/MEDIUM</b>	1	QL (2 units/year)
<b>AEROCHAMBER Z-STAT PLUS/SMALL</b>	1	QL (2 units/year)
<b>AEROVENT PLUS</b>	1	QL (2 units/year)
<i>breathe ease large</i>	1	QL (2 units/year)
<i>breathe ease medium</i>	1	QL (2 units/year)
<i>breathe ease small</i>	1	QL (2 units/year)
<b>BREATHERITE VALVED MDI CHAMBER</b>	1	QL (2 units/year)
<b>CLEVER CHOICE HOLDING CHAMBER</b>	1	QL (2 units/year)
<b>COMPACT SPACE CHAMBER</b>	1	QL (2 units/year)
<b>COMPACT SPACE CHAMBER/LG MASK</b>	1	QL (2 units/year)
<b>COMPACT SPACE CHAMBER/MED MASK</b>	1	QL (2 units/year)
<b>COMPACT SPACE CHAMBER/SM MASK</b>	1	QL (2 units/year)
<b>EASIVENT</b>	1	QL (2 units/year)
<b>EASIVENT MASK LARGE</b>	1	QL (2 units/year)
<b>EASIVENT MASK MEDIUM</b>	1	QL (2 units/year)
<b>EASIVENT MASK SMALL</b>	1	QL (2 units/year)
<i>eq space chamber anti-static</i>	1	QL (2 units/year)
<i>eq space chamber anti-static l</i>	1	QL (2 units/year)
<i>eq space chamber anti-static m</i>	1	QL (2 units/year)
<i>eq space chamber anti-static s</i>	1	QL (2 units/year)
<b>FLEXICHAMBER</b>	1	QL (2 units/year)
<b>FLEXICHAMBER ADULT MASK/SMALL</b>	1	QL (2 units/year)

Premium PDL Closed Formulary; Last revision date:03/01/2024 To search for a drug use control + f

Drug	Status	Notes
FLEXICHAMBER CHILD MASK/LARGE	1	QL (2 units/year)
FLEXICHAMBER CHILD MASK/SMALL	1	QL (2 units/year)
INSPIREASE	1	QL (2 units/year)
INSPIREASE RESERVOIR BAGS	1	QL (2 units/year)
MICROCHAMBER	1	QL (2 units/year)
MICROSPACER	1	QL (2 units/year)
OPTICHAMBER DIAMOND	1	QL (2 units/year)
OPTICHAMBER DIAMOND-LG MASK	1	QL (2 units/year)
OPTICHAMBER DIAMOND-MD MASK	1	QL (2 units/year)
OPTICHAMBER DIAMOND-SM MASK	1	QL (2 units/year)
POCKET CHAMBER	1	QL (2 units/year)
POCKET SPACER	1	QL (2 units/year)
RITEFLO	1	QL (2 units/year)
VORTEX HOLD CHMBR/MASK/CHILD	1	QL (2 units/year)
VORTEX HOLD CHMBR/MASK/TODDLER	1	QL (2 units/year)
VORTEX VALVED HOLDING CHAMBER	1	QL (2 units/year)
<b>*Migraine Products*</b>		
<b>*Calcitonin Gene-Related Peptide Receptor Antag (Cgrp)***</b>		
NURTEC	D	PA
QULIPTA	D	PA
UBRELVY	D	PA; QL (16 tabs/month); DS (30 day supply max)
<b>*Cgrp Receptor Antagonists - Monoclonal Antibodies***</b>		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	D	PA; DS (30 day supply max)
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML	D	PA
AJOVY	D	PA; QL (1 injection/month); DS (30 day supply max)
EMGALITY (300 MG DOSE)	D	PA
<b>*Ergot Combinations***</b>		
<i>ergotamine-caffeine</i>	3	
MIGERGOT	3	
<b>*Migraine Products***</b>		
<i>dihydroergotamine mesylate crystals</i>	3	
<i>dihydroergotamine mesylate injection</i>	3	PA
<i>dihydroergotamine mesylate nasal</i>	3	PA; QL (2 boxes (16 vials)/month)
ERGOMAR	3	QL (20 tabs/month)
MIGRANAL	3	PA; QL (2 boxes (16 vials)/month)
<b>*Selective Serotonin Agonists 5-Ht(1)***</b>		
<i>eletriptan hydrobromide oral tablet 20 mg</i>	1	QL (4 tabs/day)
<i>eletriptan hydrobromide oral tablet 40 mg</i>	1	QL (2 tabs/day)

Drug	Status	Notes
<i>naratriptan hcl oral tablet 1 mg</i>	1	QL (5 tabs/day)
<i>naratriptan hcl oral tablet 2.5 mg</i>	1	QL (2 tabs/day); AL (Min 16 Years)
<i>rizatriptan benzoate oral tablet 10 mg</i>	1	QL (3 tabs/day)
<i>rizatriptan benzoate oral tablet 5 mg</i>	1	QL (6 tabs/day)
<i>rizatriptan benzoate oral tablet dispersible 10 mg</i>	1	QL (3 tabs/day)
<i>rizatriptan benzoate oral tablet dispersible 5 mg</i>	1	QL (6 tabs/day)
<i>sumatriptan nasal solution 20 mg/act</i>	1	QL (6 doses/month)
<i>sumatriptan nasal solution 5 mg/act</i>	1	QL (12 doses/month)
<i>sumatriptan succinate oral tablet 100 mg</i>	1	QL (10 tabs/month)
<i>sumatriptan succinate oral tablet 25 mg</i>	1	QL (40 tabs/month)
<i>sumatriptan succinate oral tablet 50 mg</i>	1	QL (20 tabs/month)
<i>sumatriptan succinate refill subcutaneous solution cartridge</i>	4	QL (20 injections/month)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	1	QL (20 injections/month)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>	4	QL (20 injections/month)
<i>zolmitriptan nasal solution 5 mg</i>	2	QL (6 spray devices/month; 1 fill per 1 month); DS (30 day supply max)
<i>zolmitriptan oral tablet 2.5 mg</i>	1	QL (4 per day; 1 fill per 1 month); DS (10 day supply max)
<i>zolmitriptan oral tablet 5 mg</i>	1	QL (2 per day; 1 fill per 1 month); DS (10 day supply max)
<i>zolmitriptan oral tablet dispersible 2.5 mg</i>	1	QL (4 per day; 1 fill per 1 month); DS (10 day supply max)
<i>zolmitriptan oral tablet dispersible 5 mg</i>	1	QL (2 per day; 1 fill per 1 month); DS (10 day supply max)
<b>*Minerals &amp; Electrolytes*</b>		
<b>*Fluoride***</b>		
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>	\$0	ACA (Tier 1 if ACA does not apply); AL (Max 6 Years)
<i>sodium fluoride oral tablet</i>	\$0	ACA (Tier 3 if ACA does not apply); AL (Max 6 Years)
<i>sodium fluoride oral tablet chewable</i>	\$0	ACA (Tier 1 if ACA does not apply); AL (Max 6 Years)
<b>*Potassium Combinations***</b>		
<b>EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ</b>	3	
<b>*Potassium***</b>		
<b>KLOR-CON 10</b>	1	
<b>KLOR-CON M10</b>	1	
<b>KLOR-CON M15</b>	3	
<b>KLOR-CON M20</b>	1	
<b>KLOR-CON ORAL PACKET 20 MEQ</b>	1	
<b>KLOR-CON ORAL TABLET EXTENDED RELEASE</b>	1	
<i>potassium chloride crys er oral tablet extended release 10 meq, 20 meq</i>	1	

Premium PDL Closed Formulary; Last revision date:03/01/2024 To search for a drug use control + f

Drug	Status	Notes
<i>potassium chloride crys er oral tablet extended release 15 meq</i>	3	
<i>potassium chloride er oral capsule extended release</i>	1	
<i>potassium chloride er oral tablet extended release 10 meq, 8 meq</i>	1	
<i>potassium chloride er oral tablet extended release 20 meq</i>	3	
<i>potassium chloride granules</i>	3	
<i>potassium chloride oral packet</i>	1	
<i>potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	1	
<b>*Zinc***</b>		
<b>GALZIN</b>	3	
<b>*Miscellaneous Therapeutic Classes*</b>		
<b>*Antileptotics***</b>		
<b>THALOMID</b>	1	PA; SP; CP (Specialty Tier B if Cancer Parity does not apply)
<b>*B-Lymphocyte Stimulator (Blys)-Specific Inhibitors***</b>		
<b>BENLYSTA SUBCUTANEOUS</b>	D	PA; SP
<b>*Chelating Agents***</b>		
<b>DEPEN TITRATABS</b>	3	
<i>penicillamine oral tablet</i>	3	
<i>trientine hcl capsule 250 mg oral</i>	C	PA
<i>trientine hcl capsule 250 mg oral</i>	C	PA; SP
<b>*Continuous Renal Replacement Therapy (Crrt) Solutions***</b>		
<i>phoxillum b22k4/0 extracorporeal</i>	3	
<i>phoxillum bk4/2.5 extracorporeal</i>	3	
<b>PRISMASOL B22GK 4/0 EXTRACORPOREAL</b>	3	
<b>PRISMASOL BGK 0/2.5 EXTRACORPOREAL</b>	3	
<b>PRISMASOL BGK 2/0 EXTRACORPOREAL</b>	3	
<b>PRISMASOL BGK 2/3.5 EXTRACORPOREAL</b>	3	
<b>PRISMASOL BGK 4/0/1.2 EXTRACORPOREAL</b>	3	
<b>PRISMASOL BGK 4/2.5 EXTRACORPOREAL</b>	3	
<b>PRISMASOL BK 0/0/1.2 EXTRACORPOREAL</b>	3	
<b>*Cyclosporine Analogs***</b>		
<i>cyclosporine modified capsule 100 mg oral</i>	A	
<i>cyclosporine modified capsule 100 mg oral</i>	A	SP
<i>cyclosporine modified capsule 25 mg oral</i>	A	
<i>cyclosporine modified capsule 25 mg oral</i>	A	SP
<i>cyclosporine modified capsule 50 mg oral</i>	A	
<i>cyclosporine modified capsule 50 mg oral</i>	A	SP
<i>cyclosporine modified oral solution</i>	A	SP
<i>cyclosporine oral capsule</i>	A	SP
<b>GENGRAF ORAL CAPSULE 100 MG, 25 MG</b>	A	SP
<b>GENGRAF ORAL SOLUTION</b>	A	SP

Premium PDL Closed Formulary; Last revision date:03/01/2024 To search for a drug use control + f

Drug	Status	Notes
<b>NEORAL</b>	D	SP
<b>SANDIMMUNE ORAL CAPSULE</b>	D	SP
<b>SANDIMMUNE ORAL SOLUTION</b>	B	SP
<b>*Enzymes***</b>		
<i>bromelain</i>	3	
<b>*Farnesyltransferase Inhibitors***</b>		
<b>ZOKINVY</b>	D	PA
<b>*Immunomodulators For Myelodysplastic Syndromes***</b>		
<i>lenalidomide</i>	1	PA; QL (1 cap/day); DS (30 day supply max); CP (Specialty Tier A if Cancer Parity does not apply); AL (Min 18 Years)
<b>REVLIMID ORAL CAPSULE 10 MG</b>	1	PA; SP; QL (1 cap/day); DS (30 day supply max); CP (Specialty Tier B if Cancer Parity does not apply); AL (Min 18 Years)
<b>REVLIMID ORAL CAPSULE 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG</b>	1	PA; QL (1 cap/day); DS (30 day supply max); CP (Specialty Tier B if Cancer Parity does not apply); AL (Min 18 Years)
<b>*Inosine Monophosphate Dehydrogenase Inhibitors***</b>		
<b>CELLCEPT</b>	3	
<i>mycophenolate mofetil oral</i>	1	
<i>mycophenolate sodium oral tablet delayed release 180 mg</i>	1	QL (6 tabs/day)
<i>mycophenolate sodium oral tablet delayed release 360 mg</i>	1	QL (4 tabs/day)
<b>MYFORTIC ORAL TABLET DELAYED RELEASE 180 MG</b>	4	SP; QL (6 tabs/day)
<b>MYFORTIC ORAL TABLET DELAYED RELEASE 360 MG</b>	4	SP; QL (4 tabs/day)
<b>*Macrolide Immunosuppressants***</b>		
<b>ASTAGRAF XL</b>	4	
<b>ENVARUSUS XR</b>	4	PA
<i>everolimus oral tablet 1 mg</i>	C	QL (2 tabs/day); DS (30 day supply max)
<i>everolimus tablet 0.25 mg oral</i>	C	QL (2 tabs/day); DS (30 day supply max)
<i>everolimus tablet 0.25 mg oral</i>	C	SP; QL (2 tabs/day); DS (30 day supply max)
<i>everolimus tablet 0.5 mg oral</i>	C	QL (2 tabs/day); DS (30 day supply max)
<i>everolimus tablet 0.5 mg oral</i>	C	SP; QL (2 tabs/day); DS (30 day supply max)
<i>everolimus tablet 0.75 mg oral</i>	C	QL (2 tabs/day); DS (30 day supply max)
<i>everolimus tablet 0.75 mg oral</i>	C	SP; QL (2 tabs/day); DS (30 day supply max)
<b>PROGRAF ORAL</b>	3	
<b>RAPAMUNE</b>	3	
<i>sirolimus oral solution</i>	3	
<i>sirolimus oral tablet</i>	1	
<i>tacrolimus oral</i>	1	
<b>ZORTRESS</b>	C	SP; QL (2 tabs/day); DS (30 day supply max)

Premium PDL Closed Formulary; Last revision date:03/01/2024 To search for a drug use control + f



Drug	Status	Notes
<b>*Monoclonal Antibodies***</b>		
ENSPRYNG	D	PA
<b>*Potassium Removing Agents***</b>		
LOKELMA	3	PA
<i>sodium polystyrene sulfonate oral powder</i>	1	
SPS	1	
VELTASSA	4	PA
<b>*Purine Analogs***</b>		
AZASAN	3	
<i>azathioprine</i>	3	
<i>azathioprine oral tablet 100 mg, 75 mg</i>	3	
<i>azathioprine oral tablet 50 mg</i>	1	
IMURAN	3	
<b>*Mouth/Throat/Dental Agents*</b>		
<b>*Anesthetics Topical Oral***</b>		
<i>lidocaine viscous hcl</i>	1	QL (1 bottle (100ml)/month; 1 fill per 1 month); DS (10 day supply max)
<b>*Anti-Infectives - Throat***</b>		
<i>clotrimazole mouth/throat troche</i>	1	
<i>nystatin mouth/throat</i>	1	
<b>*Antiseptics - Mouth/Throat***</b>		
<i>chlorhexidine gluconate mouth/throat</i>	1	
PERIDEX	3	
PERIOGARD	1	
<b>*Periodontal Anti-Infectives***</b>		
ARESTIN	4	PA
<b>*Saliva Stimulants***</b>		
<i>cevimeline hcl</i>	1	QL (3 caps/day)
<i>pilocarpine hcl oral</i>	1	
SALAGEN	3	
<b>*Steroids - Mouth/Throat/Dental***</b>		
ORALONE	1	
<i>triamcinolone acetonide mouth/throat</i>	1	
<b>*Musculoskeletal Therapy Agents*</b>		
<b>*Central Muscle Relaxants***</b>		
<i>baclofen</i>	3	
<i>baclofen (bulk)</i>	3	
<i>baclofen oral tablet</i>	1	
<i>carisoprodol</i>	3	
<i>carisoprodol oral tablet 350 mg</i>	1	QL (21 tablets/90 days)
<i>chlorzoxazone oral tablet 500 mg</i>	1	QL (4 tabs/day); AL (Min 18 Years)
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	1	

Premium PDL Closed Formulary; Last revision date:03/01/2024 To search for a drug use control + f

Drug	Status	Notes
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	
<i>orphenadrine citrate</i>	3	
<i>orphenadrine citrate er</i>	1	
<i>tizanidine hcl oral tablet 2 mg</i>	1	QL (18 tabs/day)
<i>tizanidine hcl oral tablet 4 mg</i>	1	QL (9 tabs/day)
<b>*Direct Muscle Relaxants***</b>		
<b>DANTRIUM ORAL CAPSULE 25 MG</b>	3	
<i>dantrolene sodium oral</i>	2	
<b>*Nasal Agents - Systemic And Topical*</b>		
<b>*Antihistamine-Steroid***</b>		
<i>azelastine-fluticasone</i>	4	QL (1 inhaler/month); AL (Min 6 Years)
<b>DYMISTA</b>	4	QL (1 inhaler/month); AL (Min 6 Years)
<b>RYALTRIS</b>	4	
<b>*Nasal Anticholinergics***</b>		
<i>ipratropium bromide nasal</i>	1	QL (15ml/10 days)
<b>*Nasal Antihistamines***</b>		
<i>azelastine hcl nasal solution 0.1 %, 137 mcg/spray</i>	1	
<b>*Nasal Steroids***</b>		
<i>flunisolide nasal solution 25 mcg/lact (0.025%)</i>	3	
<i>mometasone furoate nasal</i>	1	
<b>OMNARIS</b>	4	QL (1 inhaler/month); AL (Min 6 Years)
<b>QNASL</b>	4	QL (1 inhaler/month); AL (Min 12 Years)
<b>QNASL CHILDRENS</b>	4	
<b>ZETONNA</b>	3	QL (1 inhaler/month); AL (Min 12 Years)
<b>*Systemic Decongestants***</b>		
<i>pseudoephedrine hcl crystals</i>	3	
<b>*Topical Decongestants***</b>		
<b>ADRENALIN NASAL</b>	3	
<i>epinephrine hcl (nasal)</i>	3	
<i>phenylephrine hcl</i>	3	
<b>*Neuromuscular Agents*</b>		
<b>*Als Agent Combinations***</b>		
<b>RELYVRIO</b>	D	
<b>*Als Agents - Miscellaneous***</b>		
<b>RADICAVA ORS</b>	D	PA
<b>RADICAVA ORS STARTER KIT</b>	D	PA
<b>*Benzothiazoles***</b>		
<i>riluzole</i>	1	
<b>*Spinal Muscular Atrophy-Smn2 Splicing Modifiers***</b>		
<b>EVRYSDI</b>	D	PA

Drug	Status	Notes
<b>*Nutrients*</b>		
<b>*Lipotropic Combinations***</b>		
<i>lecithin</i>	3	
<b>*Ophthalmic Agents*</b>		
<b>*Alpha Adrenergic Agonist &amp; Carbonic Anhydrase Inhib Comb***</b>		
<b>SIMBRINZA</b>	4	
<b>*Beta-Blockers - Ophthalmic Combinations***</b>		
<i>brimonidine tartrate-timolol</i>	2	
<b>COMBIGAN</b>	2	
<i>dorzolamide hcl-timolol mal</i>	1	
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>	1	
<b>*Beta-Blockers - Ophthalmic***</b>		
<i>betaxolol hcl ophthalmic</i>	3	
<i>carteolol hcl</i>	1	
<b>ISTALOL</b>	4	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	1	
<i>timolol maleate (once-daily)</i>	4	
<b>TIMOLOL MALEATE OCUDOSE</b>	4	
<i>timolol maleate ophthalmic solution</i>	1	
<i>timolol maleate pf</i>	4	
<b>*Cholinergic Agonists***</b>		
<b>TYRVAYA</b>	4	PA; QL (2 bottles/30 days)
<b>*Cycloplegic Mydriatic Combinations***</b>		
<b>CYCLOMYDRIL</b>	3	
<b>*Cycloplegic Mydriatics***</b>		
<b>ALTAFRIN OPHTHALMIC SOLUTION 10 %, 2.5 %</b>	1	
<i>atropine sulfate ophthalmic ointment</i>	1	
<i>atropine sulfate ophthalmic solution 1 %</i>	2	
<b>CYCLOGYL OPHTHALMIC SOLUTION 0.5 %, 2 %</b>	4	
<b>CYCLOGYL OPHTHALMIC SOLUTION 1 %</b>	3	
<i>cyclopentolate hcl ophthalmic solution 1 %</i>	1	
<b>HOMATROPAIRE</b>	1	
<b>ISOPTO ATROPINE</b>	2	
<i>phenylephrine hcl ophthalmic solution 10 %, 2.5 %</i>	1	
<i>tropicamide</i>	3	
<b>*Lymphocyte Function-Associated Antigen-1 (Lfa-1) Antag***</b>		
<b>XIIDRA</b>	4	PA
<b>*Miotics - Direct Acting***</b>		
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	1	
<b>*Ophthalmic Antiallergic***</b>		
<b>ALOMIDE</b>	4	

Premium PDL Closed Formulary; Last revision date:03/01/2024 To search for a drug use control + f

Drug	Status	Notes
<i>azelastine hcl ophthalmic</i>	1	QL (6 ml/month)
<i>cromolyn sodium ophthalmic</i>	2	
<i>epinastine hcl</i>	4	
<b>LASTACAFT</b>	4	QL (1 bottle (3ml)/30 days); AL (Min 2 Years)
<b>*Ophthalmic Antibiotics***</b>		
<b>AZASITE</b>	3	
<i>bacitracin ophthalmic</i>	3	
<b>BESIVANCE</b>	3	
<i>ciprofloxacin hcl ophthalmic</i>	1	
<i>erythromycin ophthalmic</i>	1	
<i>gatifloxacin ophthalmic</i>	1	
<i>gentamicin sulfate ophthalmic solution</i>	1	
<i>levofloxacin ophthalmic solution 1.5 %</i>	3	QL (5ml/month)
<i>moxifloxacin hcl (2x day)</i>	3	
<i>moxifloxacin hcl ophthalmic solution</i>	1	
<b>OCUFLOX</b>	3	
<i>ofloxacin ophthalmic</i>	1	
<i>tobramycin ophthalmic</i>	1	
<b>TOBREX OPHTHALMIC OINTMENT</b>	2	
<b>ZYMAXID</b>	3	
<b>*Ophthalmic Antifungal***</b>		
<b>NATACYN</b>	3	
<b>*Ophthalmic Anti-Infective Combinations***</b>		
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	1	
<i>neomycin-bacitracin zn-polymyx</i>	1	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	3	
<b>NEO-POLYCIN</b>	1	
<b>POLYCIN</b>	1	
<i>polymyxin b-trimethoprim</i>	1	
<b>*Ophthalmic Antiseptics***</b>		
<b>BETADINE OPHTHALMIC PREP</b>	3	
<b>*Ophthalmic Antivirals***</b>		
<i>trifluridine ophthalmic</i>	4	
<b>ZIRGAN</b>	4	
<b>*Ophthalmic Carbonic Anhydrase Inhibitors***</b>		
<i>brinzolamide</i>	3	QL (10 ml/month)
<i>dorzolamide hcl ophthalmic</i>	1	
<b>*Ophthalmic Immunomodulators***</b>		
<i>cyclosporine ophthalmic</i>	4	QL (60 units/month)
<b>RESTASIS</b>	4	QL (60 units/month)

Premium PDL Closed Formulary; Last revision date:03/01/2024 To search for a drug use control + f

Drug	Status	Notes
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	4	QL (1 bottle/30 days); DS (90 day supply max)
<b>*Ophthalmic Kinase Inhibitors - Combinations***</b>		
ROCKLATAN	4	QL (2.5 ml/month)
<b>*Ophthalmic Local Anesthetics***</b>		
AKTEN	3	
ALCAINE	3	
ALTACAINE	1	
<i>proparacaine hcl ophthalmic</i>	1	
<i>tetracaine hcl ophthalmic</i>	1	
<b>*Ophthalmic Nerve Growth Factors***</b>		
OXERVATE	D	PA
<b>*Ophthalmic Nonsteroidal Anti-Inflammatory Agents***</b>		
ACULAR	3	
ACULAR LS	4	
<i>bromfenac sodium (once-daily)</i>	2	
<i>diclofenac sodium ophthalmic</i>	1	
<i>flurbiprofen sodium</i>	1	
<i>ketorolac tromethamine ophthalmic</i>	1	
PROLENSA	4	
<b>*Ophthalmic Rho Kinase Inhibitors***</b>		
RHOPRESSA	3	PA
<b>*Ophthalmic Selective Alpha Adrenergic Agonists***</b>		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	
<i>apraclonidine hcl</i>	4	
<i>brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %</i>	1	
<b>*Ophthalmic Steroid Combinations***</b>		
<i>bacitra-neomycin-polymyxin-hc</i>	1	
MAXITROL	3	
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	1	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	1	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	3	
NEO-POLYCIN HC	1	
<i>sulfacetamide-prednisolone ophthalmic solution</i>	3	
TOBRADEX OPHTHALMIC OINTMENT	3	
TOBRADEX ST	3	
<i>tobramycin-dexamethasone</i>	1	
ZYLET	3	QL (20 ml/month)
<b>*Ophthalmic Steroids***</b>		
<i>dexamethasone sodium phosphate ophthalmic</i>	3	
<i>difluprednate</i>	3	

Premium PDL Closed Formulary; Last revision date:03/01/2024 To search for a drug use control + f

Drug	Status	Notes
EYSUVIS	4	QL (1 bottle (8.3ml)/14 days)
FLAREX	3	
<i>fluorometholone ophthalmic</i>	1	
FML FORTE	3	
FML LIQUIFILM	3	
INVELTYS	4	
LOTEMAX SM	4	
<i>loteprednol etabonate ophthalmic gel</i>	4	
MAXIDEX	3	
PRED MILD	2	
<i>prednisolone acetate ophthalmic</i>	1	
<i>prednisolone sodium phosphate ophthalmic</i>	3	
<b>*Ophthalmic Sulfonamides***</b>		
<i>sulfacetamide sodium ophthalmic ointment</i>	3	
<i>sulfacetamide sodium ophthalmic solution</i>	1	
<b>*Ophthalmic Surgical Aids***</b>		
GELFILM OPHTHALMIC	3	
<b>*Ophthalmics - Blepharoptosis Agents**</b>		
UPNEEQ	4	QL (30 units/month)
<b>*Ophthalmics - Cystinosis Agents**</b>		
CYSTADROPS	C	PA
CYSTARAN	C	PA
<b>*Ophthalmics Misc. - Other***</b>		
MIEBO	D	PA
<b>*Prostaglandins - Ophthalmic***</b>		
<i>bimatoprost ophthalmic</i>	2	QL (5 ml/month)
<i>latanoprost ophthalmic</i>	1	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	2	
<i>tafluprost (pf)</i>	4	
<i>travoprost (bak free)</i>	2	
XELPROS	3	
<b>*Otic Agents*</b>		
<b>*Otic Agents - Miscellaneous***</b>		
<i>acetic acid otic</i>	1	
<b>*Otic Anti-Infectives***</b>		
CETRAXAL	3	
<i>ciprofloxacin hcl otic</i>	3	
<i>ofloxacin otic</i>	1	
<b>*Otic Steroid-Anti-Infective Combinations***</b>		
<i>ciprofloxacin-dexamethasone</i>	1	QL (1 bottle (7.5ml)/month)
CORTISPORIN-TC	4	

Premium PDL Closed Formulary; Last revision date:03/01/2024 To search for a drug use control + f

Drug	Status	Notes
<i>neomycin-polymyxin-hc otic</i>	1	
<b>*Otic Steroids***</b>		
<b>DERMOTIC</b>	3	QL (2 bottles (40ml)/month)
<b>FLAC</b>	1	QL (2 bottles (40ml)/month)
<i>fluocinolone acetone otic</i>	1	QL (2 bottles (40ml)/month)
<i>hydrocortisone-acetic acid</i>	1	
<b>*Oxytocics*</b>		
<b>*Oxytocics***</b>		
<b>METHERGINE ORAL</b>	1	
<i>methylergonovine maleate oral</i>	1	
<b>*Passive Immunizing And Treatment Agents*</b>		
<b>*Antiviral Monoclonal Antibodies***</b>		
<b>SYNAGIS SOLUTION 100 MG/ML INTRAMUSCULAR</b>	D	PA; DS (30 day supply max)
<b>SYNAGIS SOLUTION 100 MG/ML INTRAMUSCULAR</b>	D	PA; SP; DS (30 day supply max)
<b>SYNAGIS SOLUTION 50 MG/0.5ML INTRAMUSCULAR</b>	D	PA; DS (30 day supply max)
<b>SYNAGIS SOLUTION 50 MG/0.5ML INTRAMUSCULAR</b>	D	PA; SP; DS (30 day supply max)
<b>*Immune Serums***</b>		
<b>HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	D	PA; DS (30 day supply max)
<b>HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT</b>	D	DS (30 day supply max)
<b>HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 UNIT</b>	D	SP; DS (30 day supply max)
<b>MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE</b>	D	SP; DS (30 day supply max)
<b>RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE</b>	D	DS (30 day supply max)
<b>RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE</b>	D	DS (30 day supply max)
<b>*Penicillins*</b>		
<b>*Aminopenicillins***</b>		
<i>amoxicillin oral capsule</i>	1	
<i>amoxicillin oral suspension reconstituted</i>	1	
<i>amoxicillin oral tablet</i>	1	
<i>amoxicillin oral tablet chewable 125 mg</i>	3	
<i>amoxicillin oral tablet chewable 250 mg</i>	1	
<i>ampicillin oral capsule 500 mg</i>	1	
<b>*Natural Penicillins***</b>		
<i>penicillin v potassium oral solution reconstituted</i>	3	
<i>penicillin v potassium oral tablet</i>	1	
<b>*Penicillin Combinations***</b>		
<i>amoxicillin-pot clavulanate er</i>	3	
<i>amoxicillin-pot clavulanate oral suspension reconstituted</i>	1	
<i>amoxicillin-pot clavulanate oral tablet</i>	1	

Premium PDL Closed Formulary; Last revision date:03/01/2024 To search for a drug use control + f

Drug	Status	Notes
<i>amoxicillin-pot clavulanate oral tablet chewable</i>	3	
<b>AUGMENTIN ES-600</b>	3	
<b>AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML</b>	3	
<b>AUGMENTIN ORAL TABLET 500-125 MG</b>	3	
<b>*Penicillinase-Resistant Penicillins***</b>		
<i>dicloxacillin sodium</i>	1	
<b>*Pharmaceutical Adjuvants*</b>		
<b>*Alkalizing Agents***</b>		
<i>trolamine liquid</i>	3	
<b>*Antimicrobial Agents***</b>		
<i>benzyl alcohol</i>	3	
<i>methylparaben</i>	3	
<i>methylparaben sodium</i>	3	
<i>potassium sorbate granules</i>	3	
<i>potassium sorbate powder</i>	3	
<i>propylparaben</i>	3	
<i>propylparaben sodium</i>	3	
<i>sorbic acid</i>	3	
<b>*Flavoring Agents***</b>		
<b>BITTER-BLOC WS/OS LIQUID</b>	3	
<i>chicken flavor oil soluble</i>	3	
<i>chocolate natural &amp; artificial</i>	3	
<i>pineapple flavor liquid</i>	3	
<i>tangerine flavor oil</i>	3	
<b>*Surfactants***</b>		
<i>polyoxyl 40 stearate powder</i>	3	
<b>*Progestins*</b>		
<b>*Progestins***</b>		
<i>medroxyprogesterone acetate oral</i>	1	
<i>megestrol acetate oral suspension 625 mg/5ml</i>	1	QL (5 ml/day)
<i>norethindrone acetate oral</i>	1	
<i>progesterone intramuscular</i>	1	F
<i>progesterone oral</i>	1	F
<b>PROVERA</b>	3	
<b>*Psychotherapeutic And Neurological Agents - Misc.*</b>		
<b>*Agents For Opioid Withdrawal***</b>		
<b>LUCEMYRA</b>	3	PA; QL (224 tabs/14 days)
<b>*Alcohol Deterrents***</b>		
<i>acamprosate calcium</i>	1	QL (6 tabs/day)
<i>disulfiram oral</i>	1	

Premium PDL Closed Formulary; Last revision date:03/01/2024 To search for a drug use control + f



Drug	Status	Notes
<b>*Anti-Cataplectic Agents***</b>		
<i>sodium oxybate</i>	D	PA; QL (18 ml/day); DS (30 day supply max); AL (Min 18 Years and Max 65 Years)
<b>XYREM</b>	D	PA; QL (18 ml/day); DS (30 day supply max); AL (Min 18 Years and Max 65 Years)
<b>*Anti-Cataplectic Combinations***</b>		
<b>XYWAV</b>	D	PA
<b>*Antidementia Agent Combinations***</b>		
<b>NAMZARIC</b>	3	
<b>*Antisense Oligonucleotide (Aso) Inhibitor Agents***</b>		
<b>TEGSEDI</b>	D	PA
<b>*Benzodiazepines &amp; Tricyclic Agents***</b>		
<i>chlordiazepoxide-amitriptyline</i>	3	
<b>*Cholinomimetics - Ache Inhibitors***</b>		
<b>ARICEPT ORAL TABLET 10 MG, 5 MG</b>	3	QL (1 tab/day)
<b>ARICEPT ORAL TABLET 23 MG</b>	3	
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	1	QL (1 tab/day)
<i>donepezil hcl oral tablet 23 mg</i>	1	
<i>donepezil hcl oral tablet dispersible</i>	1	
<b>EXELON TRANSDERMAL</b>	2	QL (1 patch/day); AL (Min 18 Years)
<i>galantamine hydrobromide er</i>	1	QL (1 cap/day); AL (Min 18 Years)
<i>galantamine hydrobromide oral solution</i>	3	
<i>galantamine hydrobromide oral tablet 12 mg, 8 mg</i>	1	QL (2 tabs/day)
<i>galantamine hydrobromide oral tablet 4 mg</i>	1	QL (3 tabs/day)
<i>rivastigmine</i>	2	QL (1 patch/day); AL (Min 18 Years)
<i>rivastigmine tartrate</i>	1	QL (2 caps/day)
<b>*Fibromyalgia Agent - Snris***</b>		
<b>SAVELLA</b>	4	
<b>SAVELLA TITRATION PACK</b>	4	
<b>*Melanocortin Receptor Agonists***</b>		
<b>VYLEESI</b>	NC	QL (1 injection per month); DS (30 day supply max); SDIS (Tier 1 (generics) or Tier 3 (brands) if SDIS applies); F
<b>*Movement Disorder Drug Therapy***</b>		
<b>AUSTEDO</b>	C	PA
<b>AUSTEDO XR</b>	C	
<b>INGREZZA ORAL CAPSULE</b>	D	PA; QL (1 cap/day); DS (30 day supply max)
<b>INGREZZA ORAL CAPSULE THERAPY PACK</b>	D	PA; QL (2 packs/year); DS (30 day supply max)
<i>tetrabenazine</i>	A	PA

Drug	Status	Notes
<b>*Ms Agents - Pyrimidine Synthesis Inhibitors***</b>		
<b>AUBAGIO</b>	B	PA; SP
<i>teriflunomide</i>	B	PA
<b>*Multiple Sclerosis Agents - Antimetabolites***</b>		
<b>MAVENCLAD (10 TABS)</b>	D	PA; SP
<b>MAVENCLAD (4 TABS)</b>	D	PA; SP
<b>MAVENCLAD (5 TABS)</b>	D	PA; SP
<b>MAVENCLAD (6 TABS)</b>	D	PA; SP
<b>MAVENCLAD (7 TABS)</b>	D	PA; SP
<b>MAVENCLAD (8 TABS)</b>	D	PA; SP
<b>MAVENCLAD (9 TABS)</b>	D	PA; SP
<b>*Multiple Sclerosis Agents - Interferons***</b>		
<b>AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT</b>	B	PA; SP
<b>AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT</b>	B	PA; SP
<b>BETASERON SUBCUTANEOUS KIT</b>	B	PA; SP
<b>REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	B	PA; SP
<b>REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	B	PA; SP
<b>REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	B	PA; SP
<b>REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	B	PA; SP
<b>*Multiple Sclerosis Agents - Monoclonal Antibodies***</b>		
<b>KESIMPTA</b>	B	PA
<b>*Multiple Sclerosis Agents - Nrf2 Pathway Activators***</b>		
<b>BAFIERTAM</b>	C	PA
<i>dimethyl fumarate capsule delayed release 120 mg oral</i>	C	QL (2 caps/day); DS (30 day supply max); AL (Min 18 Years)
<i>dimethyl fumarate capsule delayed release 120 mg oral</i>	C	SP; QL (2 caps/day); DS (30 day supply max); AL (Min 18 Years)
<i>dimethyl fumarate capsule delayed release 240 mg oral</i>	C	QL (2 caps/day); DS (30 day supply max); AL (Min 18 Years)
<i>dimethyl fumarate capsule delayed release 240 mg oral</i>	C	SP; QL (2 caps/day); DS (30 day supply max); AL (Min 18 Years)
<i>dimethyl fumarate starter pack capsule delayed release therapy pack 120 &amp; 240 mg oral</i>	C	QL (2 caps/day); DS (30 day supply max); AL (Min 18 Years)
<b>VUMERITY</b>	B	PA; SP
<b>*Multiple Sclerosis Agents - Potassium Channel Blockers***</b>		
<b>AMPYRA</b>	C	PA; SP; QL (2 tabs/day); DS (30 day supply max); AL (Min 18 Years)
<i>dalfampridine er tablet extended release 12 hour 10 mg oral</i>	A	PA; QL (2 tabs/day); DS (30 day supply max); AL (Min 18 Years)
<i>dalfampridine er tablet extended release 12 hour 10 mg oral</i>	A	PA; SP; QL (2 tabs/day); DS (30 day supply max); AL (Min 18 Years)

Premium PDL Closed Formulary; Last revision date:03/01/2024 To search for a drug use control + f

Drug	Status	Notes
<b>*Multiple Sclerosis Agents***</b>		
<b>COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	B	PA; SP
<i>glatiramer acetate</i>	B	PA; SP
<b>GLATOPA</b>	B	PA; SP
<b>*N-Methyl-D-Aspartate (Nmda) Receptor Antagonists***</b>		
<i>memantine hcl er</i>	1	
<i>memantine hcl oral solution 2 mg/ml</i>	1	QL (12 ml/day); AL (Min 12 Years)
<i>memantine hcl oral tablet 10 mg</i>	1	QL (2 tabs/day); AL (Min 12 Years)
<i>memantine hcl oral tablet 28 x 5 mg &amp; 21 x 10 mg</i>	1	
<i>memantine hcl oral tablet 5 mg</i>	1	QL (3 tabs/day); AL (Min 12 Years)
<b>NAMENDA ORAL TABLET 10 MG</b>	4	QL (2 tabs/day); AL (Min 12 Years)
<b>NAMENDA ORAL TABLET 5 MG</b>	4	QL (3 tabs/day); AL (Min 12 Years)
<b>NAMENDA TITRATION PAK</b>	4	
<b>NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14 MG, 21 MG, 28 MG</b>	3	
<b>*Phenothiazines &amp; Tricyclic Agents***</b>		
<i>perphenazine-amitriptyline</i>	3	
<b>*Postherpetic Neuralgia (Phn)/Neuropathic Pain Agents***</b>		
<b>GRALISE ORAL TABLET 450 MG, 750 MG, 900 MG</b>	4	
<b>*Pseudobulbar Affect Agent Combinations***</b>		
<b>NUEDEXTA</b>	4	
<b>*Psychotherapeutic And Neurological Agents - Misc.***</b>		
<i>ergoloid mesylates oral</i>	3	
<i>pimozide</i>	2	
<b>*Serotonin 1A Recept Agonist/Serotonin 2A Recept Antag***</b>		
<b>ADDYI</b>	NC	QL (1 tab/day); SDIS (Tier 1 (generics) or Tier 3 (brands) if SDIS applies); F
<b>*Smoking Deterrents***</b>		
<i>apo-varenicline</i>	\$0	QL (2 tabs/day); ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
<i>bupropion hcl er (smoking det)</i>	\$0	QL (2 tabs/day); ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
<i>cvs nicotine</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
<i>cvs nicotine polacrilex</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)

Drug	Status	Notes
<i>eq nicotine mouth/throat gum 4 mg</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
<i>eq nicotine mouth/throat lozenge</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
<i>eq nicotine polacrilex</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
<i>eq nicotine step 3</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
<i>eq nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
<i>gnp nicotine mini</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
<i>gnp nicotine mouth/throat gum 4 mg</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
<i>gnp nicotine polacrilex</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
<i>gnp nicotine transdermal</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
<i>goodsense nicotine</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
<b>HABITROL</b>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
<i>hm nicotine polacrilex mouth/throat gum</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
<i>hm nicotine polacrilex mouth/throat lozenge 2 mg</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
<i>hm nicotine transdermal patch 24 hour 21 mg/24hr, 7 mg/24hr</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
<b>KLS QUIT2</b>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
<b>KLS QUIT4</b>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
<b>NICORETTE MOUTH/THROAT GUM 4 MG</b>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)

Premium PDL Closed Formulary; Last revision date:03/01/2024 To search for a drug use control + f

Drug	Status	Notes
<b>NICORETTE STARTER KIT MOUTH/THROAT GUM 4 MG</b>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
<i>nicotine</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
<i>nicotine mini</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
<i>nicotine polacrilex mini</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
<i>nicotine polacrilex mouth/throat</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
<i>nicotine step 1</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
<i>nicotine step 2</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
<i>nicotine step 3</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
<b>NICOTROL</b>	\$0	ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
<b>NICOTROL NS</b>	\$0	QL (3 units/month); ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
<i>px stop smoking aid</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
<i>qc nicotine transdermal system</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
<i>ra mini nicotine</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
<i>ra nicotine gum mouth/throat gum 2 mg, 4 mg</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
<i>ra nicotine mouth/throat</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
<i>ra nicotine polacrilex mouth/throat lozenge</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)

Drug	Status	Notes
<i>ra nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
<i>sm nicotine</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
<i>sm nicotine polacrilex</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
<b>THRIVE MOUTH/THROAT GUM 2 MG</b>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
<i>varenicline tartrate oral tablet</i>	\$0	QL (2 tabs/day); ACA (Smoking deterrent product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 18 Years)
<b>*Sphingosine 1-Phosphate (S1p) Receptor Modulators***</b>		
<i>fingolimod hcl</i>	B	QL (1 cap/day); DS (30 day supply max); AL (Min 10 Years)
<b>GILENYA ORAL CAPSULE 0.25 MG</b>	B	PA
<b>MAYZENT ORAL TABLET 0.25 MG, 2 MG</b>	D	PA; SP
<b>MAYZENT ORAL TABLET 1 MG</b>	D	PA
<b>MAYZENT STARTER PACK</b>	D	PA; SP
<b>ZEPOSIA</b>	D	PA
<b>ZEPOSIA 7-DAY STARTER PACK</b>	D	PA
<b>ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG &amp; 0.46MG 0.92MG(21)</b>	D	PA; QL (2 starter kits per 365 days); DS (30 day supply max)
<b>*Thienbenzodiazepines &amp; Ssris***</b>		
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-50 mg</i>	1	QL (1 cap/day)
<i>olanzapine-fluoxetine hcl oral capsule 6-25 mg</i>	1	QL (3 caps/day)
<b>SYMBYAX ORAL CAPSULE 3-25 MG</b>	3	QL (1 cap/day)
<b>SYMBYAX ORAL CAPSULE 6-25 MG</b>	3	QL (3 caps/day)
<b>*Respiratory Agents - Misc.*</b>		
<b>*Cftr Potentiators***</b>		
<b>KALYDECO ORAL PACKET 13.4 MG, 25 MG</b>	D	PA
<b>KALYDECO ORAL PACKET 50 MG, 75 MG</b>	D	PA; SP
<b>KALYDECO ORAL TABLET</b>	D	PA; SP; QL (2 tabs/day); DS (30 day supply max); AL (Min 6 Years)
<b>*Cystic Fibrosis Agent - Combinations***</b>		
<b>ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG</b>	C	PA; SP
<b>ORKAMBI ORAL PACKET 75-94 MG</b>	C	PA
<b>ORKAMBI ORAL TABLET 100-125 MG</b>	C	PA; SP; DS (30 day supply max); AL (Min 6 Years)
<b>ORKAMBI ORAL TABLET 200-125 MG</b>	C	PA; SP
<b>SYMDEKO</b>	D	PA; SP

Premium PDL Closed Formulary; Last revision date:03/01/2024 To search for a drug use control + f

Drug	Status	Notes
<b>TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 &amp; 150 MG</b>	D	PA; SP; QL (1 pack (84 tabs)/28 days); DS (28 day supply max)
<b>TRIKAFTA ORAL TABLET THERAPY PACK 50-25-37.5 &amp; 75 MG</b>	D	PA; SP; QL (3 tabs/day); DS (28 day supply max)
<b>TRIKAFTA ORAL THERAPY PACK</b>	D	
<b>*Hydrolytic Enzymes***</b>		
<b>PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML</b>	B	PA; SP; QL (72 nebs/month); DS (30 day supply max)
<b>*Pulmonary Fibrosis Agents - Kinase Inhibitors***</b>		
<b>OFEV</b>	D	PA; QL (2 caps/day); DS (30 day supply max)
<b>*Pulmonary Fibrosis Agents***</b>		
<b>ESBRIET CAPSULE 267 MG ORAL</b>	D	PA; QL (9 caps/day); DS (30 day supply max)
<b>ESBRIET CAPSULE 267 MG ORAL</b>	D	PA; SP; QL (9 caps/day); DS (30 day supply max)
<i>pirfenidone oral capsule</i>	D	PA; QL (9 caps/day); DS (30 day supply max)
<i>pirfenidone oral tablet 267 mg</i>	D	PA; QL (9 per day)
<i>pirfenidone oral tablet 534 mg</i>	D	
<i>pirfenidone oral tablet 801 mg</i>	D	PA; QL (3 per day)
<b>*Sulfonamides*</b>		
<b>*Sulfonamides***</b>		
<i>sulfadiazine</i>	3	
<i>sulfadiazine sodium</i>	3	
<i>sulfamethoxazole</i>	3	
<i>sulfapyridine</i>	3	
<b>*Tetracyclines*</b>		
<b>*Aminomethylcyclines***</b>		
<b>NUZYRA ORAL TABLET 150 MG</b>	3	PA
<b>*Tetracyclines***</b>		
<i>avidoxy</i>	1	QL (3 tabs/day)
<i>demeclocycline hcl oral</i>	1	
<i>doxycycline hyclate</i>	3	
<i>doxycycline hyclate oral capsule</i>	1	
<i>doxycycline hyclate oral tablet 100 mg</i>	1	
<i>doxycycline hyclate oral tablet 20 mg</i>	1	QL (2 tabs/day)
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline monohydrate oral suspension reconstituted</i>	1	
<i>doxycycline monohydrate oral tablet 100 mg</i>	1	QL (3 tabs/day)
<i>doxycycline monohydrate oral tablet 150 mg</i>	1	QL (2 tabs/day)
<i>doxycycline monohydrate oral tablet 50 mg, 75 mg</i>	1	QL (4 tabs/day)
<i>minocycline hcl</i>	3	

Drug	Status	Notes
<i>minocycline hcl oral capsule</i>	1	
<b>SEYSARA</b>	3	PA
<i>tetracycline hcl oral capsule</i>	1	
<b>VIBRAMYCIN ORAL CAPSULE</b>	3	
<b>VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED</b>	3	
<b>*Thyroid Agents*</b>		
<b>*Antithyroid Agents***</b>		
<i>methimazole</i>	3	
<i>methimazole oral</i>	1	
<i>propylthiouracil oral</i>	1	
<b>*Thyroid Hormones***</b>		
<b>ARMOUR THYROID</b>	1	
<b>EUTHYROX</b>	1	
<b>LEVO-T</b>	1	
<i>levothyroxine sodium oral tablet</i>	1	
<b>LEVOXYL</b>	1	
<i>liothyronine sodium oral</i>	1	
<b>NP THYROID</b>	1	
<i>thyroid</i>	3	
<i>thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	1	
<b>UNITHROID</b>	1	
<b>*Toxoids*</b>		
<b>*Toxoid Combinations***</b>		
<b>ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5</b>	\$0	QL (1.5 units per 351 days); Vaccine
<b>BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5</b>	\$0	QL (1.5 units per 351 days); Vaccine
<b>BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	\$0	QL (1.5 units per 351 days); Vaccine
<b>DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5</b>	\$0	QL (3 doses/year); Vaccine
<b>INFANRIX</b>	\$0	QL (3 doses/year); Vaccine
<b>KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	\$0	QL (1 dose/lifetime); Vaccine; AL (Min 4 Years and Max 6 Years)
<b>PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	\$0	QL (3 doses/year); Vaccine; AL (Max 6 Years)
<b>PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED</b>	\$0	Vaccine
<b>QUADRACEL INTRAMUSCULAR SUSPENSION</b>	\$0	QL (1 dose/lifetime); Vaccine; AL (Min 4 Years and Max 6 Years)
<b>QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	\$0	QL (1 dose/lifetime); Vaccine; AL (Min 4 Years and Max 6 Years)
<b>TDVAX</b>	\$0	QL (1.5 units per 351 days); Vaccine
<b>TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU</b>	\$0	QL (1.5 units per 351 days); Vaccine

Premium PDL Closed Formulary; Last revision date:03/01/2024 To search for a drug use control + f



Drug	Status	Notes
VAXELIS	\$0	Vaccine; AL (Max 5 Years)
<b>*Ulcer Drugs/Antispasmodics/Anticholinergics*</b>		
<b>*Antispasmodics***</b>		
<i>dicyclomine hcl oral</i>	1	
<b>*Belladonna Alkaloids***</b>		
<i>atropine sulfate</i>	3	
<i>atropine sulfate monohydrate</i>	3	
<b>*H-2 Antagonists***</b>		
<i>cimetidine</i>	3	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	1	
<i>famotidine oral suspension reconstituted</i>	1	
<i>famotidine oral tablet 40 mg</i>	1	
<i>nizatidine oral capsule 150 mg</i>	3	QL (2 caps/day)
<i>nizatidine oral capsule 300 mg</i>	3	QL (1 cap/day)
<b>*Misc. Anti-Ulcer***</b>		
<i>sucralfate</i>	3	
<i>sucralfate oral tablet</i>	1	
<b>*Proton Pump Inhibitors***</b>		
<i>esomeprazole magnesium oral capsule delayed release 20 mg</i>	1	QL (4 caps/day)
<i>esomeprazole magnesium oral capsule delayed release 40 mg</i>	1	QL (2 caps/day)
<b>FIRST-LANSOPRAZOLE</b>	2	
<i>lansoprazole oral capsule delayed release 15 mg</i>	1	QL (2 caps/day)
<i>lansoprazole oral capsule delayed release 30 mg</i>	1	
<i>omeprazole oral capsule delayed release</i>	1	
<b>OMEPRAZOLE+SYRSPEND SF ALKA</b>	2	
<i>pantoprazole sodium oral tablet delayed release 20 mg</i>	1	QL (3 tabs/day)
<i>pantoprazole sodium oral tablet delayed release 40 mg</i>	1	QL (6 tabs/day)
<i>rabeprazole sodium oral tablet delayed release</i>	1	
<b>*Quaternary Anticholinergics***</b>		
<i>glycopyrrolate oral solution</i>	3	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	
<i>methscopolamine bromide oral tablet 2.5 mg</i>	1	QL (8 tabs/day)
<i>methscopolamine bromide oral tablet 5 mg</i>	1	QL (4 tabs/day)
<i>propantheline bromide</i>	3	
<b>*Ulcer Anti-Infective W/ Bismuth Combinations***</b>		
<i>bis subcit-metronid-tetracyc</i>	3	PA
<i>bismuth/metronidaz/tetracyclin</i>	3	PA
<b>*Ulcer Anti-Infective W/ Proton Pump Inhibitors***</b>		
<b>TALICIA</b>	4	QL (12 caps/day); ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 18 Years)

Drug	Status	Notes
<b>*Ulcer Drugs - Prostaglandins***</b>		
<b>CYTOTEC</b>	3	QL (4 tabs/day)
<i>misoprostol oral</i>	1	QL (4 tabs/day)
<b>*Urinary Antispasmodics*</b>		
<b>*Urinary Antispasmodic - Antimuscarinic (Anticholinergic)***</b>		
<i>darifenacin hydrobromide er</i>	2	QL (1 tab/day); AL (Min 18 Years)
<i>oxybutynin chloride er</i>	1	
<i>oxybutynin chloride oral tablet 2.5 mg</i>	3	PA
<i>oxybutynin chloride oral tablet 5 mg</i>	1	
<i>solifenacin succinate</i>	1	QL (1 tab/day); AL (Min 18 Years)
<i>tolterodine tartrate</i>	1	
<i>tropium chloride</i>	1	
<i>tropium chloride er</i>	1	QL (1 cap/day); AL (Min 18 Years)
<b>*Urinary Antispasmodics - Beta-3 Adrenergic Agonists***</b>		
<b>MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	2	
<b>*Urinary Antispasmodics - Cholinergic Agonists***</b>		
<i>bethanechol chloride oral</i>	1	
<b>*Urinary Antispasmodics - Direct Muscle Relaxants***</b>		
<i>flavoxate hcl</i>	1	
<b>*Vaccines*</b>		
<b>*Bacterial Vaccines***</b>		
<b>ACTHIB</b>	\$0	Vaccine
<b>BEXSERO</b>	\$0	QL (1 units per 354 days); Vaccine; AL (Min 10 Years)
<b>HIBERIX INJECTION</b>	\$0	Vaccine
<b>MENACTRA INTRAMUSCULAR SOLUTION</b>	\$0	QL (0.5 units per 354 days); Vaccine; AL (Max 23 Years)
<b>MENQUADFI INTRAMUSCULAR SOLUTION</b>	\$0	QL (0.5 units per 354 days); Vaccine; AL (Max 23 Years)
<b>MENVEO</b>	\$0	Vaccine
<b>PEDVAX HIB INTRAMUSCULAR SUSPENSION</b>	\$0	Vaccine
<b>PNEUMOVAX 23</b>	\$0	QL (1 units per 354 days); Vaccine
<b>PREVNAR 13</b>	\$0	QL (0.5 units per lifetime); Vaccine
<b>PREVNAR 20</b>	\$0	QL (0.5 units per lifetime); Vaccine
<b>TRUMENBA</b>	\$0	QL (1.5 units per 354 days); Vaccine; AL (Min 10 Years and Max 26 Years)
<b>TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML</b>	\$0	Vaccine
<b>TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE</b>	\$0	Vaccine
<b>VAXCHORA</b>	\$0	Vaccine
<b>VAXNEUVANCE</b>	\$0	QL (0.5 units per lifetime); Vaccine
<b>VIVOTIF</b>	\$0	QL (4 units per month); Vaccine

Premium PDL Closed Formulary; Last revision date:03/01/2024 To search for a drug use control + f

Drug	Status	Notes
<b>*Viral Vaccine Combinations***</b>		
M-M-R II INJECTION	\$0	Vaccine
PRIORIX	\$0	Vaccine
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0	QL (3 units per 354 days); Vaccine; AL (Min 18 Years)
<b>*Viral Vaccines***</b>		
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION	\$0	QL (1 units per 274 days); Vaccine; AL (Min 6 Months)
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	\$0	QL (0.5 units per 274 days); Vaccine; AL (Min 6 Months)
DENGVAXIA	\$0	Vaccine
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	\$0	Vaccine
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE	\$0	Vaccine
FLUAD QUADRIVALENT	\$0	QL (0.5 units per 274 days); Vaccine; AL (Min 65 Years)
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0	QL (0.5 units per 274 days); Vaccine; AL (Min 6 Months)
FLUBLOK QUADRIVALENT	\$0	QL (0.5 units per 274 days); Vaccine; AL (Min 18 Years)
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION	\$0	QL (1 units per 274 days); Vaccine; AL (Min 6 Months)
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0	QL (1 units per 274 days); Vaccine
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0	QL (0.5 units per 274 days); Vaccine; AL (Min 6 Months)
FLUMIST QUADRIVALENT	\$0	QL (2 units per 274 days); Vaccine; AL (Min 6 Months)
FLUZONE HIGH-DOSE QUADRIVALENT	\$0	QL (0.7 units per 274 days); Vaccine; AL (Min 65 Years)
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION	\$0	QL (1 units per 274 days); Vaccine; AL (Min 6 Months)
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	\$0	QL (0.5 units per 274 days); Vaccine; AL (Min 6 Months)
GARDASIL 9	\$0	QL (1.5 units per lifetime); Vaccine; AL (Min 9 Years and Max 45 Years)
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML	\$0	QL (4 units per lifetime); Vaccine
HAVRIX INTRAMUSCULAR SUSPENSION 720 EL U/0.5ML	\$0	QL (2 units per lifetime); Vaccine
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	\$0	QL (1.5 units per 354 days); Vaccine; AL (Min 18 Years)
IXIARO	\$0	Vaccine
<i>novavax covid-19 vaccine</i>	\$0	Vaccine
PREHEVBRIO	\$0	Vaccine
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	\$0	Vaccine
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE	\$0	Vaccine

Premium PDL Closed Formulary; Last revision date:03/01/2024 To search for a drug use control + f

Drug	Status	Notes
<b>SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML</b>	\$0	QL (2 units per lifetime); Vaccine; AL (Min 50 Years)
<i>stamaril</i>	\$0	Vaccine
<b>TICOVAC</b>	\$0	Vaccine
<b>VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML</b>	\$0	QL (2 units per lifetime); Vaccine
<b>VAQTA INTRAMUSCULAR SUSPENSION 50 UNIT/ML</b>	\$0	QL (4 units per lifetime); Vaccine
<b>VARIVAX</b>	\$0	QL (1 units per 354 days); Vaccine
<b>YF-VAX SUBCUTANEOUS INJECTABLE</b>	\$0	Vaccine
<b>*Vaginal And Related Products*</b>		
<b>*Imidazole-Related Antifungals***</b>		
<b>GYNAZOLE-1</b>	4	
<i>miconazole 3 vaginal suppository</i>	3	
<i>terconazole</i>	1	
<b>*Miscellaneous Vaginal Products***</b>		
<b>INTRAROSA</b>	3	
<b>*Spermicides***</b>		
<b>ENCARE VAGINAL SUPPOSITORY</b>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.)
<b>OPTIONS GYNOL II CONTRACEPTIVE</b>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.)
<b>TODAY SPONGE</b>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.)
<b>VCF VAGINAL CONTRACEPTIVE VAGINAL FILM</b>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.)
<b>VCF VAGINAL CONTRACEPTIVE VAGINAL GEL</b>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.)
<b>*Vaginal Anti-Infectives***</b>		
<i>clindamycin phosphate vaginal</i>	1	QL (1 tube (40gm)/7 days); DS (7 day supply max); F
<b>CLINDESSE</b>	3	
<i>metronidazole gel 0.75 % vaginal</i>	1	QL (1 tube (70gm)/5 days; 1 fill per 1 month); DS (5 day supply max); F
<i>metronidazole gel 0.75 % vaginal</i>	1	QL (1 tube (70gm)/5 days; 1 fill/month); DS (5 day supply max); F
<b>VANDAZOLE</b>	3	QL (1 tube (70gm)/5 days; 1 fill/month); DS (5 day supply max); F
<b>*Vaginal Estrogens***</b>		
<i>estradiol vaginal cream</i>	1	
<i>estradiol vaginal tablet</i>	3	
<b>ESTRING VAGINAL RING 7.5 MCG/24HR</b>	3	QL (1 ring/90 days); DS (90 day supply max); F

Premium PDL Closed Formulary; Last revision date:03/01/2024 To search for a drug use control + f

Drug	Status	Notes
FEMRING	3	QL (1 ring/90 days); DS (90 day supply max); F
PREMARIN VAGINAL	2	
YUVAFEM	3	
<b>*Vaginal Progestins***</b>		
CRINONE	C	PA
ENDOMETRIN	NC	FERT (Tier 1 (generics) or Tier 3 (brands) if FERT applies); F
<b>*Vasopressors*</b>		
<b>*Anaphylaxis Therapy Agents***</b>		
ADRENALIN INJECTION	3	HDHP
<i>epinephrine (anaphylaxis)</i>	3	HDHP
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml</i>	4	QL (2 units/month; 1 fill per 1 month); HDHP
<i>epinephrine solution auto-injector 0.15 mg/0.3ml injection</i>	2	QL (2 units/month; 1 fill per 1 month); HDHP
<i>epinephrine solution auto-injector 0.15 mg/0.3ml injection</i>	4	QL (2 units/month; 1 fill per 1 month); HDHP
<i>epinephrine solution auto-injector 0.3 mg/0.3ml injection</i>	2	QL (2 units/month; 1 fill per 1 month); HDHP
<i>epinephrine solution auto-injector 0.3 mg/0.3ml injection</i>	4	QL (2 units/month; 1 fill per 1 month); HDHP
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR	4	QL (2 units/month; 1 fill per 1 month); HDHP
SYMJEPI	2	QL (2 units/month; 1 fill per 1 month); HDHP
<b>*Vasopressors***</b>		
<i>epinephrine injection solution 1 mg/ml, 10 mg/10ml</i>	3	HDHP
<i>epinephrine injection solution prefilled syringe 1 mg/ml</i>	3	
<i>epinephrine pf injection solution</i>	3	HDHP
<i>midodrine hcl</i>	1	
<b>*Vitamins*</b>		
<b>*Vitamin C***</b>		
<i>sodium ascorbate granules</i>	3	
<b>*Vitamin D***</b>		
<i>aqueous vitamin d oral liquid 10 mcg/ml</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<b>BABY DDROPS ORAL LIQUID 10 MCG /0.028ML, 10 MCG/0.03ML</b>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>baby super daily d3 oral liquid 10 mcg /0.028ml</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)

Drug	Status	Notes
<i>baby vitamin d3 oral liquid 10 mcg /0.028ml</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<b>BIO-D-MULSION FORTE ORAL LIQUID 50 MCG/0.04ML</b>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<b>BIO-D-MULSION ORAL LIQUID 10 MCG/0.04ML</b>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<b>BPROTECTED PEDIA D-VITE ORAL LIQUID 10 MCG/ML</b>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>cvs d3 oral capsule 10 mcg (400 unit), 125 mcg (5000 ut), 25 mcg (1000 ut), 50 mcg (2000 ut)</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>cvs vitamin d3 oral capsule 250 mcg (10000 ut)</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>cvs vitamin d3 oral tablet chewable 25 mcg (1000 ut)</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>d 1000 oral capsule</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>d 1000 oral tablet chewable</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>d 10000</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>d 5000 oral capsule</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>d-1000 extra strength</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>d2000 ultra strength</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>d3 2000</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>d3 5000</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>d3 adult</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>d3 baby drops</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)

Premium PDL Closed Formulary; Last revision date:03/01/2024 To search for a drug use control + f

Drug	Status	Notes
<i>d3 high potency</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>d3 kids</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>d3 maximum strength oral capsule</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>d3 oral tablet</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>d3 oral tablet chewable 10 mcg (400 unit), 50 mcg (2000 ut)</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>d3 oral tablet chewable 62.5 mcg (2500 ut)</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.)
<i>d3 super strength</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>d3-1000</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>d-3-5</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<b>D3-50</b>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>d-400</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>d-5000</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<b>DDROPS BOOSTER ORAL LIQUID 15 MCG /0.028ML</b>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<b>DDROPS ORAL LIQUID 25 MCG /0.028ML, 25 MCG/0.03ML, 50 MCG /0.028ML, 50 MCG/0.03ML</b>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.)
<b>DECARA ORAL CAPSULE 1.25 MG (50000 UT), 625 MCG (25000 UT)</b>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>delta d3</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<b>DIALYVITE VITAMIN D 5000</b>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)

Premium PDL Closed Formulary; Last revision date:03/01/2024 To search for a drug use control + f

Drug	Status	Notes
<b>DIALYVITE VITAMIN D3 MAX</b>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<b>DRISDOL ORAL CAPSULE</b>	4	
<b>D-VI-SOL ORAL LIQUID 10 MCG/ML</b>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>d-vite pediatric</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>eq d3 drops infants/childrens</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>eq1 vitamin d3 gummies</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>eq1 vitamin d3 oral capsule</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>ergocalciferol oral capsule</i>	1	
<i>finest nutrition vitamin d3</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>gnp d 1000</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>gnp d 2000</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>gnp vitamin d maximum strength</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>gnp vitamin d oral tablet 25 mcg (1000 ut)</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>gnp vitamin d oral tablet chewable</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>gnp vitamin d super strength</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>gnp vitamin d3</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>gnp vitamin d3 extra strength</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<b>HEALTHY KIDS VITAMIN D3</b>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)

Premium PDL Closed Formulary; Last revision date:03/01/2024 To search for a drug use control + f



Drug	Status	Notes
<i>hm vitamin d3 oral tablet 25 mcg (1000 ut)</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<b>KIDS FIRST VITAMIN D3 GUMMIES</b>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>kls d3</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>kp vitamin d oral capsule 25 mcg (1000 ut)</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>kp vitamin d oral tablet chewable</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>kp vitamin d3</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<b>MAXIMUM D3 ORAL CAPSULE 325 MCG (13000 UT)</b>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<b>MOMMY'S BLISS VIT D ORGANIC ORAL LIQUID 10 MCG /0.036ML</b>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>nat-rul vitamin d</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>natural vitamin d-3</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<b>OPTIMAL D3</b>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<b>OPTIMAL D3 M</b>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<b>OPURITY VITAMIN D</b>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>pharmacist choice d-vitamin</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<b>PRONUTRIENTS VITAMIN D3</b>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>qc vitamin d3</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>ra vitamin d-3</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)

Premium PDL Closed Formulary; Last revision date:03/01/2024 To search for a drug use control + f

Drug	Status	Notes
<b>RADIANCE PLATINUM VITAMIN D3</b>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<b>REPLESTA</b>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<b>REPLESTA NX</b>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>sm vitamin d</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>sm vitamin d3 oral capsule 125 mcg (5000 ut), 50 mcg, 50 mcg (2000 ut)</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>sm vitamin d3 oral tablet</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>super daily d3 oral liquid 25 mcg /0.028ml, 50 mcg /0.028ml</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.)
<b>THERA-D 2000</b>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<b>THERA-D 4000</b>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<b>THERA-D RAPID REPLETION</b>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<b>UPSPRING BABY VIT D ORAL LIQUID 10 MCG /0.025ML</b>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>vitachew vitamin d3 oral tablet chewable 25 mcg (1000 ut)</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<b>VITAJoy DAILY D GUMMIES</b>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<b>VITAMELTS VITAMIN D</b>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>vitamin d (cholecalciferol) oral capsule</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>vitamin d (cholecalciferol) oral tablet</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit</i>	1	

Premium PDL Closed Formulary; Last revision date:03/01/2024 To search for a drug use control + f

Drug	Status	Notes
<i>vitamin d high potency</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>vitamin d infant oral liquid 10 mcg/ml</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>vitamin d oral capsule 50 mcg (2000 ut)</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>vitamin d oral liquid 10 mcg/ml</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>vitamin d oral tablet 25 mcg (1000 ut), 50 mcg (2000 ut)</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<b>VITAMIN D-1000 MAX ST</b>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>vitamin d3 adult gummies</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>vitamin d3 extra strength oral tablet chewable 25 mcg (1000 ut)</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>vitamin d3 gummies adult</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>vitamin d3 gummies oral tablet chewable 25 mcg (1000 ut)</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<b>VITAMIN D3 IMMUNE HEALTH</b>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>vitamin d3 maximum strength</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>vitamin d-3 oral capsule</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>vitamin d3 oral capsule 1.25 mg (50000 ut), 10 mcg (400 unit), 125 mcg (5000 ut), 25 mcg (1000 ut), 250 mcg (10000 ut), 50 mcg (2000 ut)</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>vitamin d3 oral liquid 10 mcg/ml, 125 mcg/0.5ml, 125 mcg/ml, 25 mcg/spray, 30 mcg/15ml</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>vitamin d3 oral tablet 10 mcg (400 unit), 125 mcg (5000 ut), 20 mcg (800 unit), 25 mcg, 25 mcg (1000 ut), 250 mcg (10000 ut), 50 mcg (2000 ut), 75 mcg (3000 ut)</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>vitamin d3 oral tablet chewable</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)

Premium PDL Closed Formulary; Last revision date:03/01/2024 To search for a drug use control + f

Drug	Status	Notes
<i>vitamin d3 oral tablet dispersible</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<i>vitamin d3 ultra potency oral tablet 1250 mcg</i>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<b>WEEKLY-D</b>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<b>YUMVS VITAMIN D3</b>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<b>YUMVS VITAMIN D3 ZERO ORAL TABLET CHEWABLE 25 MCG (1000 UT)</b>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<b>YUMVS VITAMIN D3 ZERO ORAL TABLET CHEWABLE 62.5 MCG (2500 UT)</b>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.)
<b>YUMVSKIDS VITAMIN D3 ZERO ORAL TABLET CHEWABLE 25 MCG (1000 UT)</b>	\$0	ACA (OTC product only covered under ACA prevention benefit; otherwise excluded.); AL (Min 65 Years)
<b>*Vitamin K***</b>		
<i>phytonadione oral</i>	2	

# Index

<i>1st tier unifine pentips</i> .....	133	<i>advanced mobile lancet</i> .....	118	<b>ALCAINE</b> .....	149
<i>1st tier unifine pentips plus</i> .....	133	<b>ADVOCATE INSULIN PEN</b>		<i>alclometasone dipropionate</i> .....	97
<i>7-keto dhea</i> .....	77	<b>NEEDLES</b> .....	133	<b>ALDACTONE</b> .....	102
<i>abacavir sulfate</i> .....	67	<b>ADVOCATE INSULIN SYRINGE</b> ..	133	<i>aldosterone</i> .....	74
<i>abacavir sulfate-lamivudine</i> .....	66	<b>ADVOCATE LANCETS</b> .....	118	<b>ALECENSA</b> .....	52
<b>ABILIFY MAINTENA</b> .....	65	<b>ADVOCATE LANCETS 30G</b> .....	118	<i>alendronate sodium</i> .....	102
<i>abiraterone acetate</i> .....	51	<b>ADVOCATE SAFETY LANCETS</b> ..	118	<i>alfuzosin hcl er</i> .....	109
<b>ABOUTTIME PEN NEEDLE</b> .....	133	<b>ADVOCATE SAFETY LANCETS</b>		<i>alginic acid</i> .....	74
<i>acamprosate calcium</i> .....	152	<b>26G</b> .....	118	<b>ALINIA</b> .....	49
<i>acarbose</i> .....	38, 74	<b>AEMCOLO</b> .....	48	<i>aliskiren fumarate</i> .....	48
<b>ACCOLATE</b> .....	32	<b>AEROCHAMBER MINI CHAMBER</b>		<b>ALL FLOW 1000 PFT FILTER</b> .....	139
<b>ACCU-CHEK FASTCLIX</b>		.....	140	<i>allopurinol</i> .....	74, 110
<b>LANCETS</b> .....	118	<b>AEROCHAMBER MV</b> .....	140	<i>aloe vera</i> .....	74
<b>ACCU-CHEK SAFE-T PRO</b>		<b>AEROCHAMBER PLUS FLO-VU</b> ..	140	<i>aloe vera freeze dried</i> .....	74
<b>LANCETS</b> .....	118	<b>AEROCHAMBER PLUS FLO-VU</b>		<b>ALOMIDE</b> .....	147
<b>ACCU-CHEK SOFTCLIX</b>		<b>LARGE</b> .....	140	<b>ALORA</b> .....	107
<b>LANCETS</b> .....	118	<b>AEROCHAMBER PLUS FLO-VU</b>		<i>alosetron hcl</i> .....	108
<b>ACCUPRIL</b> .....	46	<b>MEDIUM</b> .....	140	<b>ALPHAGAN P</b> .....	149
<b>ACCURETIC</b> .....	46	<b>AEROCHAMBER PLUS FLO-VU</b>		<i>alpha-ketoglutaric acid</i> .....	74
<b>AC CUTANE</b> .....	94	<b>SMALL</b> .....	140	<i>alpha-lipoic acid</i> .....	74
<b>ACE AEROSOL CLOUD</b>		<b>AEROCHAMBER PLUS FLO-VU</b>		<i>alprazolam</i> .....	29, 75
<b>ENHANCER</b> .....	139	<b>W/MASK</b> .....	140	<i>alprazolam er</i> .....	29
<i>acebutolol hcl</i> .....	70	<b>AEROCHAMBER PLUS FLOW</b>		<b>ALPRAZOLAM INTENSOL</b> .....	29
<i>acesulfame potassium</i> .....	74	<b>VU</b> .....	140	<i>alprazolam xr</i> .....	29
<i>acetaminophen</i> .....	74	<b>AEROCHAMBER</b>		<b>ALTABAX</b> .....	95
<i>acetaminophen-codeine</i> .....	23	<b>W/FLOWSIGNAL</b> .....	140	<b>ALTACAINE</b> .....	149
<i>acetazolamide</i> .....	74, 101	<b>AEROCHAMBER Z-STAT PLUS</b> ..	140	<b>ALTAFRIN</b> .....	147
<i>acetazolamide er</i> .....	101	<b>AEROCHAMBER Z-STAT PLUS</b>		<b>ALTAVERA</b> .....	81
<i>acetic acid</i> .....	150	<b>CHAMBR</b> .....	140	<b>ALTRENO</b> .....	94
<i>acetylcysteine</i> .....	93, 94	<b>AEROCHAMBER Z-STAT</b>		<i>altrenogest</i> .....	75
<i>acetyl-d-glucosamine</i> .....	74	<b>PLUS/LARGE</b> .....	140	<b>ALUNBRIG</b> .....	52
<i>acitretin</i> .....	96	<b>AEROCHAMBER Z-STAT</b>		<b>ALVESCO</b> .....	32
<b>ACTEMRA</b> .....	16	<b>PLUS/MEDIUM</b> .....	140	<i>alyacen 1/35</i> .....	81
<b>ACTEMRA ACTPEN</b> .....	16	<b>AEROCHAMBER Z-STAT</b>		<i>alyacen 7/7/7</i> .....	90
<b>ACTHAR</b> .....	102	<b>PLUS/SMALL</b> .....	140	<b>ALYQ</b> .....	72
<b>ACTHIB</b> .....	162	<b>AEROTRACH PLUS</b> .....	139	<b>AMABELZ</b> .....	106
<i>acti-lance 28g</i> .....	118	<b>AEROVENT PLUS</b> .....	140	<i>amantadine hcl</i> .....	62, 75
<i>acti-lance lite lancets 28g</i> .....	118	<b>AFIRMELLE</b> .....	81	<i>ambrisentan</i> .....	72
<i>acti-lance special lancets 17g</i> .....	118	<b>AFLURIA QUADRIVALENT</b> .....	163	<i>amcinonide</i> .....	97
<i>acti-lance universal 23g</i> .....	118	<b>AFREZZA</b> .....	40	<b>AMETHIA</b> .....	88
<b>ACTIMMUNE</b> .....	57	<b>AFTERA</b> .....	87	<b>AMETHYST</b> .....	87
<b>ACTIVELLA</b> .....	106	<b>AFTERPILL</b> .....	88	<i>amikacin sulfate</i> .....	15
<b>ACTIVITY POUCH</b> .....	139	<b>AGAMATRIX ULTRA-THIN</b>		<i>amiloride hcl</i> .....	102
<b>ACTONEL</b> .....	102	<b>LANCETS</b> .....	118	<i>amiloride-hydrochlorothiazide</i> .....	101
<b>ACTOPLUS MET</b> .....	42	<i>agar</i> .....	74	<i>aminocaproic acid</i> .....	113
<b>ACULAR</b> .....	149	<b>AGRYLIN</b> .....	111	<i>aminolevulinic acid hcl</i> .....	75
<b>ACULAR LS</b> .....	149	<b>AIMOVIG</b> .....	141	<i>aminosalicylic acid-5</i> .....	108
<i>acyclovir</i> .....	69, 74, 96	<i>aimsco lubricated</i> .....	115	<i>amiodarone hcl</i> .....	30
<b>ADACEL</b> .....	160	<i>aimsco twist lancets 32g</i> .....	119	<i>amitriptyline hcl</i> .....	38, 75
<b>ADBRY</b> .....	96	<b>AIMSCO TWIST LANCETS 33G</b> ..	119	<i>amlodipine besy-benazepril hcl</i> .....	46
<b>ADDYI</b> .....	155	<b>AIRS PEDIATRIC AEROSOL</b>		<i>amlodipine besylate</i> .....	70, 75
<i>adefovir dipivoxil</i> .....	68	<b>MASK</b> .....	139	<i>amlodipine besylate-valsartan</i> .....	47
<b>ADEMPAS</b> .....	72	<b>AJOVY</b> .....	141	<i>amlodipine-olmesartan</i> .....	47
<i>adenosine</i> .....	74	<b>AKTEN</b> .....	149	<i>amlodipine-valsartan-hctz</i> .....	48
<b>ADRENALIN</b> .....	146, 165	<b>AKYNZEO</b> .....	43	<i>ammonium molybdate tetrahyd</i> .....	75
<i>adult aspirin regimen</i> .....	18	<i>albendazole</i> .....	28, 74	<b>AMNESTEEM</b> .....	94
<i>adult mask large</i> .....	139	<b>ALBUSTIX</b> .....	100	<i>amoxapine</i> .....	38
<b>ADVAIR DISKUS</b> .....	30, 31	<i>albuterol sulfate</i> .....	31	<i>amoxicillin</i> .....	151
<b>ADVAIR HFA</b> .....	31	<i>albuterol sulfate hfa</i> .....	31	<i>amoxicillin-pot clavulanate</i> .....	151, 152

<i>amoxicillin-pot clavulanate er</i> .....	151	<i>aspirin</i> .....	19	<b>AUROVELA FE 1.5/30</b> .....	81
<i>amphetamine sulfate</i> .....	13	<i>aspirin 81</i> .....	18	<b>AUROVELA FE 1/20</b> .....	81
<i>amphetamine-dextroamphet er</i> .....	13	<i>aspirin adult low dose</i> .....	18	<b>AUSTEDO</b> .....	153
<i>amphetamine-dextroamphetamine</i> ..	13	<i>aspirin adult low strength</i> .....	18	<b>AUSTEDO XR</b> .....	153
<i>ampicillin</i> .....	151	<i>aspirin childrens</i> .....	18	<b>AUTOLET PLATFORMS</b> .....	119
<b>AMPYRA</b> .....	154	<i>aspirin ec low dose</i> .....	18	<b>AVALIDE</b> .....	47
<b>AMZEEQ</b> .....	94	<i>aspirin ec low strength</i> .....	18	<b>AVIANE</b> .....	81
<i>anagrelide hcl</i> .....	111	<i>aspirin low dose</i> .....	18, 19	<i>avidoxy</i> .....	159
<i>anastrozole</i> .....	58, 75	<i>aspirin regimen</i> .....	19	<i>aviptadil acetate</i> .....	75
<b>ANCOBON</b> .....	43	<i>aspirin-dipyridamole er</i> .....	111	<b>AVONEX PEN</b> .....	154
<b>ANDRODERM</b> .....	27	<i>assure comfort lancets 28g</i> .....	119	<b>AVONEX PREFILLED</b> .....	154
<b>ANGELIQ</b> .....	106	<b>ASSURE HAEMOLANCE PLUS</b>		<b>AYUNA</b> .....	81
<b>ANNOVERA</b> .....	87	<b>HIGH</b> .....	119	<b>AYVAKIT</b> .....	57
<b>ANORO ELLIPTA</b> .....	31	<b>ASSURE HAEMOLANCE PLUS</b>		<b>AZASAN</b> .....	145
<i>antimony potassium tartrate</i> .....	75	<b>LOW</b> .....	119	<b>AZASITE</b> .....	148
<i>antipyridine</i> .....	75	<b>ASSURE HAEMOLANCE PLUS</b>		<i>azathioprine</i> .....	145
<b>ANUSOL-HC</b> .....	28	<b>MICRO</b> .....	119	<i>azelaic acid</i> .....	75, 99
<b>ANZEMET</b> .....	43	<b>ASSURE HAEMOLANCE PLUS</b>		<i>azelastine hcl</i> .....	75, 146, 148
<i>apap-caff-dihydrocodeine</i> .....	23	<b>NORMAL</b> .....	119	<i>azelastine-fluticasone</i> .....	146
<i>apomorphine hcl</i> .....	75	<b>ASSURE HAEMOLANCE PLUS</b>		<i>azithromycin</i> .....	75, 114
<i>apo-varenicline</i> .....	155	<b>PED</b> .....	119	<i>azithromycin dihydrate</i> .....	75
<i>apraclonidine hcl</i> .....	149	<b>ASSURE ID INSULIN SAFETY</b>		<b>AZSTARYS</b> .....	14
<i>aprepitant</i> .....	43	<b>SYR</b> .....	133	<b>AZULFIDINE</b> .....	108
<b>APRI</b> .....	81	<b>ASSURE ID SAFETY PEN</b>		<b>AZULFIDINE EN-TABS</b> .....	108
<b>APRISO</b> .....	108	<b>NEEDLES</b> .....	133	<b>AZURETTE</b> .....	80
<b>APTENSIO XR</b> .....	14	<b>ASSURE LANCE LANCETS</b> .....	119	<b>BABY DDROPS</b> .....	165
<b>APTIOM</b> .....	34	<b>ASSURE LANCE LANCETS 21G</b> .....	119	<i>baby super daily d3</i> .....	165
<b>APTIVUS</b> .....	67	<b>ASSURE LANCE PLUS SAFETY</b>		<i>baby vitamin d3</i> .....	166
<i>aq insulin syringe</i> .....	133	<b>25G</b> .....	119	<b>BAC</b> .....	18
<i>aqinject pen needle</i> .....	133	<b>ASSURE LANCE PLUS SAFETY</b>		<i>bacitracin</i> .....	148
<b>AQUALANCE LANCETS 30G</b> .....	119	<b>30G</b> .....	119	<i>bacitracin-polymyxin b</i> .....	148
<i>aqueous vitamin d</i> .....	165	<b>ASSURE LANCE SAFETY</b>		<i>bacitra-neomycin-polymyxin-hc</i> .....	149
<b>ARAKODA</b> .....	50	<b>LANCET 28G</b> .....	119	<i>baclofen</i> .....	145
<b>ARANELLE</b> .....	90	<b>ASTAGRAF XL</b> .....	144	<i>baclofen (bulk)</i> .....	145
<b>ARESTIN</b> .....	145	<i>atazanavir sulfate</i> .....	67	<b>BACTRIM</b> .....	49
<i>arformoterol tartrate</i> .....	31	<i>atenolol</i> .....	70	<b>BACTRIM DS</b> .....	49
<b>ARGYLE STERILE SALINE</b> .....	110	<i>atenolol-chlorthalidone</i> .....	48	<b>BAFIERTAM</b> .....	154
<b>ARICEPT</b> .....	153	<i>atomoxetine hcl</i> .....	13	<i>balsalazide disodium</i> .....	108
<b>ARIKAYCE</b> .....	15	<i>atorvastatin calcium</i> .....	45, 75	<b>BALVERSA</b> .....	54
<b>ARIMIDEX</b> .....	58	<i>atovaquone</i> .....	49	<b>BALZIVA</b> .....	82
<i>aripiprazole</i> .....	65	<i>atovaquone-proguanil hcl</i> .....	50	<b>BAQSIMI ONE PACK</b> .....	39
<b>ARISTADA</b> .....	65	<i>atropine sulfate</i> .....	147, 161	<b>BAQSIMI TWO PACK</b> .....	39
<b>ARISTADA INITIO</b> .....	65	<i>atropine sulfate monohydrate</i> .....	161	<b>BARACLUDE</b> .....	68
<b>ARIXTRA</b> .....	34	<b>ATROVENT HFA</b> .....	32	<b>BAXDELA</b> .....	107
<i>armodafinil</i> .....	14	<b>AUBAGIO</b> .....	154	<b>BAYER ADVANCED ASPIRIN</b>	
<b>ARMOUR THYROID</b> .....	160	<b>AUBRA EQ</b> .....	81	<b>REG ST</b> .....	19
<b>ARNUITY ELLIPTA</b> .....	32	<b>AUGMENTIN</b> .....	152	<b>BAYER ASPIRIN</b> .....	19
<b>ASCOMP-CODEINE</b> .....	23	<b>AUGMENTIN ES-600</b> .....	152	<b>BAYER ASPIRIN EC LOW DOSE</b> ..	19
<i>ascorbyl palmitate</i> .....	75	<i>aum insulin safety pen needle</i> .....	133	<b>BAYER LOW DOSE</b> .....	19
<i>asenapine maleate</i> .....	64	<i>aum mini insulin pen needle</i> .....	133	<b>BD AUTOSHIELD DUO</b> .....	133
<b>ASHLYNA</b> .....	88	<i>aum pen needle</i> .....	133	<b>BD HEPARIN POSIFLUSH</b> .....	33
<b>ASMANEX (120 METERED</b>		<b>AUM READYGARD DUO PEN</b>		<b>BD INSULIN SYR ULTRAFINE II</b> ..	133
<b>DOSES)</b> .....	32	<b>NEEDLE</b> .....	133	<b>BD INSULIN SYRINGE</b> .....	133
<b>ASMANEX (14 METERED</b>		<b>AUM SAFETY PEN NEEDLE</b> .....	133	<b>BD INSULIN SYRINGE HALF-</b>	
<b>DOSES)</b> .....	32	<i>aurora lancet super thin 30g</i> .....	119	<b>UNIT</b> .....	133
<b>ASMANEX (30 METERED</b>		<i>aurora lancet thin 23g</i> .....	119	<b>BD INSULIN SYRINGE</b>	
<b>DOSES)</b> .....	33	<i>aurora pen needles</i> .....	133	<b>MICROFINE</b> .....	134
<b>ASMANEX (60 METERED</b>		<b>AUROVELA 1.5/30</b> .....	81	<b>BD INSULIN SYRINGE U/F</b> .....	134
<b>DOSES)</b> .....	33	<b>AUROVELA 1/20</b> .....	81	<b>BD INSULIN SYRINGE U/F</b>	
<b>ASMANEX HFA</b> .....	33	<b>AUROVELA 24 FE</b> .....	81	<b>1/2UNIT</b> .....	134

<b>BD INSULIN SYRINGE U-500</b> .....	134	<i>bisoprolol fumarate</i> .....	70	<b>CABLIVI</b> .....	111
<b>BD INSULIN SYRINGE ULTRAFINE</b> .....	134	<i>bisoprolol-hydrochlorothiazide</i> .....	48	<b>CABOMETYX</b> .....	56
<b>BD MICROTAINER LANCETS</b> .....	119	<b>BITTER-BLOC WS/OS LIQUID</b> ....	152	<i>caffeine</i> .....	13
<b>BD PEN NEEDLE MICRO U/F</b> .....	134	<b>BLISOVI 24 FE</b> .....	82	<i>caffeine anhydrous</i> .....	13
<b>BD PEN NEEDLE MINI U/F</b> .....	134	<b>BLISOVI FE 1.5/30</b> .....	82	<i>caffeine citrate</i> .....	13
<b>BD PEN NEEDLE NANO 2ND GEN</b> .....	134	<b>BLISOVI FE 1/20</b> .....	82	<i>calcipotriene</i> .....	96
<b>BD PEN NEEDLE NANO U/F</b> .....	134	<b>BONJESTA</b> .....	43	<i>calcipotriene-betameth diprop</i> .....	100
<b>BD PEN NEEDLE ORIGINAL U/F</b>	134	<b>BOOSTRIX</b> .....	160	<i>calcitonin (salmon)</i> .....	102
<b>BD PEN NEEDLE SHORT U/F</b> .....	134	<i>bosentan</i> .....	72	<b>CALCITRENE</b> .....	96
<b>BD SAFETYGLIDE INSULIN SYRINGE</b> .....	134	<b>BOSULIF</b> .....	53	<i>calcitriol</i> .....	96, 104
<b>BD VEO INSULIN SYR U/F 1/2UNIT</b> .....	134	<i>boswellia serrata extract</i> .....	75	<i>calcium acetate</i> .....	109
<b>BD VEO INSULIN SYRINGE U/F</b> ..	134	<b>BPROTECTED PEDIA D-VITE</b> ....	166	<i>calcium acetate (phos binder)</i> .....	109
<i>beclomethasone dipropionate</i> .....	75	<b>BRAFTOVI</b> .....	53	<b>CALQUENCE</b> .....	53
<b>BELBUCA</b> .....	26	<i>breathe ease large</i> .....	140	<b>CAMILA</b> .....	90
<b>BELSOMRA</b> .....	113	<i>breathe ease medium</i> .....	140	<b>CAMRESE</b> .....	88
<i>benazepril hcl</i> .....	46, 75	<i>breathe ease neb mask/child</i> .....	139	<b>CAMRESE LO</b> .....	89
<i>benazepril-hydrochlorothiazide</i> .....	46	<i>breathe ease neb mask/infant</i> .....	139	<i>candesartan cilexetil</i> .....	47
<i>benfotiamine</i> .....	75	<i>breathe ease small</i> .....	140	<i>capecitabine</i> .....	52
<b>BENLYSTA</b> .....	143	<b>BREATHERITE VALVED MDI CHAMBER</b> .....	140	<b>CAPLYTA</b> .....	63
<i>benzethonium chloride</i> .....	75	<b>BREO ELLIPTA</b> .....	31	<b>CAPRELSA</b> .....	56
<i>benznidazole</i> .....	28	<b>BREZTRI AEROSPHERE</b> .....	31	<i>capsaicin</i> .....	99
<i>benzonatate</i> .....	93	<i>briellyn</i> .....	82	<i>captopril</i> .....	46
<i>benzphetamine hcl</i> .....	13	<b>BRILINTA</b> .....	111	<i>captopril-hydrochlorothiazide</i> .....	46
<i>benztropine mesylate</i> .....	62	<i>brimonidine tartrate</i> .....	76, 99, 149	<b>CARAC</b> .....	95
<i>benzyl alcohol</i> .....	152	<i>brimonidine tartrate-timolol</i> .....	147	<b>CARBAGLU</b> .....	104
<b>BERINERT</b> .....	111	<i>brinzolamide</i> .....	148	<i>carbamazepine</i> .....	35
<b>BESIVANCE</b> .....	148	<b>BRIVIACT</b> .....	34	<i>carbamazepine er</i> .....	35
<b>BETADINE OPHTHALMIC PREP</b> ..	148	<i>bromelain</i> .....	144	<i>carbidopa</i> .....	62
<i>betahistine dihydrochloride</i> .....	75	<i>bromfenac sodium</i> .....	76	<i>carbidopa-levodopa</i> .....	62
<i>betahistine hcl</i> .....	75	<i>bromfenac sodium (once-daily)</i> .....	149	<i>carbidopa-levodopa er</i> .....	62
<i>betaine</i> .....	104	<i>bromhexine hcl</i> .....	93	<i>carbidopa-levodopa-entacapone</i> ....	62
<i>betaine hcl</i> .....	75	<i>bromocriptine mesylate</i> .....	62	<i>carbinoxamine maleate</i> .....	44
<i>betamethasone</i> .....	75	<i>brompheniramine maleate</i> .....	44	<b>CARDIZEM</b> .....	70
<i>betamethasone acetate</i> .....	75	<b>BRUKINSA</b> .....	53	<b>CARDURA</b> .....	48
<i>betamethasone dipropionate</i> .....	97	<i>budesonide</i> .....	28, 33, 92	<b>CAREFINE PEN NEEDLES</b> .....	134
<i>betamethasone dipropionate aug</i> ....	97	<i>budesonide er</i> .....	92	<i>careone insulin syringe</i> .....	134
<i>betamethasone sodium phosphate</i> ..	92	<i>bumetanide</i> .....	101	<b>CAREONE LANCET SUPER THIN 30G</b> .....	119
<i>betamethasone valerate</i> .....	97	<b>BUMEX</b> .....	101	<i>careone lancet thin 23g</i> .....	119
<b>BETAPACE AF</b> .....	70	<i>bupivacaine hcl (bulk)</i> .....	114	<i>careone unifine pentips plus</i> .....	134
<b>BETASERON</b> .....	154	<i>buprenorphine</i> .....	27	<b>CARESENS LANCETS</b> .....	119
<i>betaxolol hcl</i> .....	70, 147	<i>buprenorphine hcl</i> .....	26, 27, 76	<b>CARETOUCH 2 CPAP HOSE HANGER</b> .....	139
<i>bethanechol chloride</i> .....	75, 162	<i>buprenorphine hcl-naloxone hcl</i> .....	27	<b>CARETOUCH CPAP &amp; BIPAP HOSE</b> .....	139
<i>bexarotene</i> .....	61, 100	<i>bupropion hcl</i> .....	37, 76	<b>CARETOUCH CPAP MASK WIPES</b> .....	139
<b>BEXSERO</b> .....	162	<i>bupropion hcl er (smoking det)</i> .....	155	<b>CARETOUCH CPAP PRE-WASH SOLN</b> .....	139
<i>bha</i> .....	76	<i>bupropion hcl er (sr)</i> .....	37	<b>CARETOUCH CPAP TUBE BRUSH</b> .....	139
<i>bicalutamide</i> .....	51	<i>bupropion hcl er (xl)</i> .....	37	<b>CARETOUCH INSULIN SYRINGE</b>	134
<b>BIDIL</b> .....	71	<i>buspirone hcl</i> .....	29, 76	<b>CARETOUCH PEN NEEDLES</b> .....	134
<b>BIKTARVY</b> .....	66	<i>butalbital-acetaminophen</i> .....	18	<b>CARETOUCH SAFETY LANCETS</b> .....	119
<b>BILTRICIDE</b> .....	28	<i>butalbital-apap-caff-cod</i> .....	23	<b>CARETOUCH SAFETY LANCETS 26G</b> .....	119
<i>bimatoprost</i> .....	75, 150	<i>butalbital-apap-caffeine</i> .....	18	<b>CARETOUCH TWIST LANCETS 28G</b> .....	119
<b>BIO-D-MULSION</b> .....	166	<i>butalbital-asa-caff-codeine</i> .....	23		
<b>BIO-D-MULSION FORTE</b> .....	166	<i>butalbital-aspirin-caffeine</i> .....	18		
<i>bis subcit-metronid-tetracyc</i> .....	161	<i>butyl alcohol</i> .....	76		
<i>bismuth citrate</i> .....	75	<b>BYDUREON BCISE</b> .....	40		
<i>bismuth subgallate</i> .....	42	<b>BYETTA 10 MCG PEN</b> .....	40		
<i>bismuth/metronidaz/tetracyclin</i> ....	161	<b>BYETTA 5 MCG PEN</b> .....	40		
		<b>BYLVAY</b> .....	108		
		<b>BYLVAY (PELLETS)</b> .....	108		
		<i>cabergoline</i> .....	103		

<b>CARETOUCH TWIST LANCETS</b>		<b>CIMDUO</b> .....	66	<i>colestipol hcl</i> .....	45
<b>30G</b> .....	120	<i>cimetidine</i> .....	161	<b>COMBIGAN</b> .....	147
<b>CARETOUCH TWIST LANCETS</b>		<b>CIMZIA</b> .....	109	<b>COMBIPATCH</b> .....	106
<b>33G</b> .....	120	<b>CIMZIA STARTER KIT</b> .....	109	<b>COMBIVENT RESPIMAT</b> .....	31
<b>CARETOUCH TWIST MC</b>		<i>cinacalcet hcl</i> .....	102	<b>COMBIVIR</b> .....	66
<b>LANCETS 30G</b> .....	120	<b>CINRYZE</b> .....	111	<b>COMETRIQ (100 MG DAILY</b>	
<b>CARETOUCH UNIVERSL CPAP</b>		<b>CIPRO</b> .....	107	<b>DOSE)</b> .....	56
<b>FILTER</b> .....	139	<i>ciprofloxacin hcl</i> .....	107, 148, 150	<b>COMETRIQ (140 MG DAILY</b>	
<i>carglumic acid</i> .....	104	<i>ciprofloxacin-dexamethasone</i> .....	150	<b>DOSE)</b> .....	56
<i>carisoprodol</i> .....	145	<i>citalopram hydrobromide</i> .....	37	<b>COMETRIQ (60 MG DAILY DOSE)</b>	56
<i>carteolol hcl</i> .....	147	<b>CLARAVIS</b> .....	94	<b>COMFORT ASSIST INSULIN</b>	
<b>CARTIA XT</b> .....	70	<i>clarithromycin</i> .....	115	<b>SYRINGE</b> .....	134
<i>carvedilol</i> .....	70	<i>clarithromycin er</i> .....	114	<i>comfort assured lancets 28g</i> .....	120
<b>CASODEX</b> .....	51	<b>CLEANLET LANCETS 28G</b> .....	120	<i>comfort assured lancets 33g</i> .....	120
<b>CAVERJECT</b> .....	71	<b>CLENPIQ</b> .....	114	<b>COMFORT EZ INSULIN SYRINGE</b>	
<b>CAVERJECT IMPULSE</b> .....	71	<b>CLEOCIN</b> .....	49	.....	134
<b>CAYA</b> .....	118	<b>CLEVER CHEK LANCETS</b> .....	120	<b>COMFORT EZ MICRO PEN</b>	
<i>cefactol</i> .....	73	<b>CLEVER CHOICE COMFORT EZ</b>		<b>NEEDLES</b> .....	134
<i>cefactol er</i> .....	73	.....	120, 134	<b>COMFORT EZ PEN NEEDLES</b> .....	134
<i>cefadroxil</i> .....	73	<b>CLEVER CHOICE HOLDING</b>		<b>COMFORT EZ PRO PEN</b>	
<i>cefdinir</i> .....	74	<b>CHAMBER</b> .....	140	<b>NEEDLES</b> .....	134
<i>cefixime</i> .....	74	<b>CLEVER CHOICE LANCETS 21G</b>	120	<b>COMFORT EZ SHORT PEN</b>	
<i>cefepodoxime proxetil</i> .....	74	<b>CLEVER CHOICE LANCETS 23G</b>	120	<b>NEEDLES</b> .....	134
<i>cefprozil</i> .....	73	<b>CLEVER CHOICE LANCETS 28G</b>	120	<b>COMFORT TOUCH INSULIN PEN</b>	
<i>cefuroxime axetil</i> .....	73	<b>CLICKFINE PEN NEEDLES</b> .....	134	<b>NEED</b> .....	134
<i>celecoxib</i> .....	16	<i>clickfine pen needles</i> .....	134	<b>COMFORT TOUCH LANCETS</b>	
<b>CELLCEPT</b> .....	144	<b>CLIMARA PRO</b> .....	106	<b>31G</b> .....	120
<b>CELONTIN</b> .....	36	<b>CLINDACIN ETZ</b> .....	94	<b>COMFORT TOUCH PLUS</b>	
<i>cephalexin</i> .....	73	<b>CLINDACIN-P</b> .....	94	<b>LANCETS 28G</b> .....	120
<b>CERDELGA</b> .....	112	<i>clindamycin hcl</i> .....	49	<b>COMFORT TOUCH PLUS</b>	
<b>CETRALAX</b> .....	150	<i>clindamycin palmitate hcl</i> .....	49	<b>LANCETS 30G</b> .....	120
<b>CETYLCIDE-G</b> .....	65	<i>clindamycin phos-benzoyl perox</i> .....	94	<b>COMPACT SPACE CHAMBER</b> .....	140
<i>cevimeline hcl</i> .....	145	<i>clindamycin phosphate</i> .....	94, 164	<b>COMPACT SPACE</b>	
<b>CHARLOTTE 24 FE</b> .....	82	<b>CLINDESSE</b> .....	164	<b>CHAMBER/LG MASK</b> .....	140
<b>CHATEAL EQ</b> .....	82	<i>clobazam</i> .....	34	<b>COMPACT SPACE</b>	
<b>CHEMET</b> .....	42	<i>clobetasol 17 propionate</i> .....	97	<b>CHAMBER/MED MASK</b> .....	140
<b>CHEMSTRIP K</b> .....	100	<i>clobetasol prop emollient base</i> .....	97	<b>COMPACT SPACE</b>	
<b>CHEMSTRIP MICRAL</b> .....	100	<i>clobetasol propionate</i> .....	97	<b>CHAMBER/SM MASK</b> .....	140
<b>CHEMSTRIP UGK</b> .....	101	<i>clobetasol propionate e</i> .....	97	<b>COMPLERA</b> .....	66
<b>CHENODAL</b> .....	108	<b>CLODAN</b> .....	97	<b>COMPRO</b> .....	64
<i>chicken flavor oil soluble</i> .....	152	<b>CLOMID</b> .....	105	<b>COMTAN</b> .....	63
<i>childrens aspirin</i> .....	19	<i>clomiphene citrate</i> .....	105	<i>condoms</i> .....	115
<i>chlordiazepoxide hcl</i> .....	29	<i>clomipramine hcl</i> .....	38	<b>CONDYLOX</b> .....	99
<i>chlordiazepoxide-amitriptyline</i> .....	153	<i>clonazepam</i> .....	34	<i>constulose</i> .....	114
<i>chlorhexidine gluconate</i> .....	145	<i>clonidine hcl</i> .....	48	<b>CONTOUR NEXT TEST</b> .....	100
<i>chloroquine phosphate</i> .....	50	<i>clonidine hcl er</i> .....	13	<b>CONTOUR TEST</b> .....	100
<i>chlorpheniramine maleate</i> .....	44	<i>clopidogrel bisulfate</i> .....	112	<b>COPAXONE</b> .....	155
<i>chlorpromazine hcl</i> .....	64	<i>clorazepate dipotassium</i> .....	29, 30	<b>COPIKTRA</b> .....	60
<i>chlorthalidone</i> .....	102	<i>clotrimazole</i> .....	98, 145	<b>CORLANOR</b> .....	73
<i>chlorzoxazone</i> .....	145	<i>clotrimazole-betamethasone</i> .....	95	<b>CORTANE-B</b> .....	100
<i>chocolate natural &amp; artificial</i> .....	152	<i>clozapine</i> .....	64	<b>CORTENEMA</b> .....	28
<b>CHOLBAM</b> .....	108	<i>co monitor replacement pieces</i> .....	139	<b>CORTIFOAM</b> .....	28
<i>cholestyramine</i> .....	45	<b>COAGUCHEK LANCETS</b> .....	120	<i>cortisone acetate</i> .....	92
<i>cholestyramine light</i> .....	45	<b>COARTEM</b> .....	50	<b>CORTISPORIN-TC</b> .....	150
<i>chorionic gonadotropin</i> .....	105	<i>cocaine hcl</i> .....	99	<b>CORTROPHIN</b> .....	102
<b>CIBINQO</b> .....	96	<i>codeine phosphate</i> .....	24	<b>COTELLIC</b> .....	55
<b>CICLODAN</b> .....	95	<i>codeine sulfate</i> .....	24	<b>CREON</b> .....	101
<i>ciclopirox</i> .....	95	<i>colchicine</i> .....	110	<b>CRESEMBA</b> .....	44
<i>ciclopirox olamine</i> .....	95	<i>colchicine-probenecid</i> .....	110	<b>CRINONE</b> .....	165
<i>cilostazol</i> .....	111	<i>colesevelam hcl</i> .....	45	<i>cromolyn sodium</i> .....	31, 108, 148



<b>CROTAN</b> .....	100	<i>d-400</i> .....	167	<i>dexmethylphenidate hcl er</i> .....	14
<b>CRYSSELLE-28</b> .....	82	<i>d-5000</i> .....	167	<i>dextroamphetamine sulfate</i> .....	13
<b>CURAE</b> .....	88	<i>dabigatran etexilate mesylate</i> .....	34	<i>dextroamphetamine sulfate er</i> .....	13
<i>curcumin</i> .....	80	<i>dalfampridine er</i> .....	154	<i>dextromethorphan hbr monohyd</i> .....	93
<i>curcumin extract</i> .....	80	<b>DALIRESP</b> .....	32	<b>DIACOMIT</b> .....	35
<b>CURITY STERILE SALINE</b> .....	110	<i>danazol</i> .....	27	<b>DIALYVITE VITAMIN D 5000</b> .....	167
<i>cvx aspirin</i> .....	19	<b>DANTRIUM</b> .....	146	<b>DIALYVITE VITAMIN D3 MAX</b> .....	168
<i>cvx aspirin adult low dose</i> .....	19	<i>dantrolene sodium</i> .....	146	<b>DIASTAT ACUDIAL</b> .....	34
<i>cvx aspirin adult low strength</i> .....	19	<i>dapsone</i> .....	49	<b>DIASTAT PEDIATRIC</b> .....	34
<i>cvx aspirin ec</i> .....	19	<b>DAPTACEL</b> .....	160	<b>DIATHRIVE LANCET ULTRA</b>	
<i>cvx aspirin low dose</i> .....	19	<b>DARAPRIM</b> .....	50	<b>THIN 30</b> .....	121
<i>cvx aspirin low strength</i> .....	19	<i>darifenacin hydrobromide er</i> .....	162	<b>DIATHRIVE LANCETS</b> .....	121
<i>cvx d3</i> .....	166	<i>darunavir</i> .....	67	<b>DIATHRIVE PEN NEEDLE</b> .....	134
<i>cvx genuine aspirin</i> .....	20	<b>DASETTA 1/35</b> .....	82	<i>diazepam</i> .....	30, 34
<i>cvx ivermectin lice treatment</i> .....	100	<b>DASETTA 7/7/7</b> .....	90	<b>DIAZEPAM INTENSOL</b> .....	30
<b>CVS KETONE CARE</b> .....	101	<b>DAURISMO</b> .....	54	<i>diazoxide</i> .....	39
<i>cvx lancets 21g</i> .....	120	<b>DAYPRO</b> .....	16	<b>DIBENZYLINE</b> .....	47
<i>cvx lancets micro thin 33g</i> .....	120	<b>DAYSEE</b> .....	89	<i>dichlorphenamide</i> .....	101
<i>cvx lancets original</i> .....	120	<b>DAYVIGO</b> .....	113	<b>DICLEGIS</b> .....	43
<i>cvx lancets thin 26g</i> .....	120	<b>DDAVP</b> .....	106	<i>diclofenac potassium</i> .....	16
<i>cvx lancets ultra thin 30g</i> .....	120	<b>DDROPS</b> .....	167	<i>diclofenac sodium</i> .....	16, 95, 149
<i>cvx lancets ultra-thin 30g</i> .....	120	<b>DDROPS BOOSTER</b> .....	167	<i>diclofenac sodium er</i> .....	16
<i>cvx nicotine</i> .....	155	<b>DEBLITANE</b> .....	90	<i>dicloxacillin sodium</i> .....	152
<i>cvx nicotine polacrilex</i> .....	155	<b>DECARA</b> .....	167	<i>dicyclomine hcl</i> .....	161
<i>cvx ultra thin lancets</i> .....	120	<i>deferasirox</i> .....	42	<i>diethylpropion hcl</i> .....	13
<i>cvx vitamin d3</i> .....	166	<i>deferasirox granules</i> .....	42	<i>diethylpropion hcl er</i> .....	13
<i>cyanocobalamin</i> .....	112	<b>DELSTRIGO</b> .....	66	<b>DIFICID</b> .....	115
<i>cyclobenzaprine hcl</i> .....	145	<i>delta d3</i> .....	167	<b>DIFLUCAN</b> .....	44
<b>CYCLOGYL</b> .....	147	<b>DELYLA</b> .....	82	<i>diflunisal</i> .....	20
<b>CYCLOMYDRIL</b> .....	147	<i>demeclocycline hcl</i> .....	159	<i>difluprednate</i> .....	149
<i>cyclopentolate hcl</i> .....	147	<b>DEMSEK</b> .....	47	<b>DIGOX</b> .....	71
<i>cyclophosphamide</i> .....	60	<b>DENGVAXIA</b> .....	163	<i>digoxin</i> .....	71
<i>cycloserine</i> .....	50	<b>DEPAKOTE</b> .....	36	<i>dihydroergotamine mesylate</i> .....	141
<b>CYCLOSET</b> .....	40	<b>DEPEN TITRATABS</b> .....	143	<b>DILANTIN</b> .....	36
<i>cyclosporine</i> .....	143, 148	<b>DEPO-ESTRADIOL</b> .....	107	<i>diltiazem hcl</i> .....	70
<i>cyclosporine modified</i> .....	143	<b>DEPO-PROVERA</b> .....	89	<i>diltiazem hcl er</i> .....	70
<i>cyproheptadine hcl</i> .....	45	<b>DEPO-SUBQ PROVERA 104</b> .....	89	<i>diltiazem hcl er beads</i> .....	70
<b>CYRED EQ</b> .....	82	<b>DEPO-TESTOSTERONE</b> .....	27	<i>diltiazem hcl er coated beads</i> .....	70
<b>CYSTADANE</b> .....	104	<b>DERMA-SMOOTH/FS BODY</b> .....	97	<i>dilt-xr</i> .....	70
<b>CYSTADROPS</b> .....	150	<b>DERMA-SMOOTH/FS SCALP</b> .....	97	<i>dimethyl fumarate</i> .....	154
<b>CYSTAGON</b> .....	110	<b>DERMOTIC</b> .....	151	<i>dimethyl fumarate starter pack</i> .....	154
<b>CYSTARAN</b> .....	150	<i>desipramine hcl</i> .....	38	<i>diphenhydramine hcl</i> .....	44
<b>CYTOTEC</b> .....	162	<i>desmopressin ace spray refrig</i> .....	106	<i>diphenoxylate-atropine</i> .....	42
<i>d 1000</i> .....	166	<i>desmopressin acetate</i> .....	106	<b>DIPROLENE</b> .....	97
<i>d 10000</i> .....	166	<i>desmopressin acetate spray</i> .....	106	<i>dipyridamole</i> .....	111
<i>d 5000</i> .....	166	<i>desogestrel-ethinyl estradiol</i> .....	80, 82	<i>disopyramide phosphate</i> .....	30
<i>d-1000 extra strength</i> .....	166	<i>desonide</i> .....	97	<i>disulfiram</i> .....	152
<i>d2000 ultra strength</i> .....	166	<i>desoximetasone</i> .....	97	<b>DIURIL</b> .....	102
<i>d3</i> .....	167	<i>desvenlafaxine er</i> .....	38	<i>divalproex sodium</i> .....	36
<i>d3 2000</i> .....	166	<i>desvenlafaxine succinate er</i> .....	38	<i>divalproex sodium er</i> .....	36
<i>d3 5000</i> .....	166	<i>dexamethasone</i> .....	92	<b>DIVIGEL</b> .....	107
<i>d3 adult</i> .....	166	<b>DEXAMETHASONE INTENSOL</b> .....	92	<i>docusate sodium</i> .....	114
<i>d3 baby drops</i> .....	166	<i>dexamethasone sodium phosphate</i>		<b>DODEX</b> .....	112
<i>d3 high potency</i> .....	167	.....	149	<i>dofetilide</i> .....	30
<i>d3 kids</i> .....	167	<b>DEXCOM G6 RECEIVER</b> .....	120	<b>DOLISHALE</b> .....	87
<i>d3 maximum strength</i> .....	167	<b>DEXCOM G6 SENSOR</b> .....	120	<i>donepezil hcl</i> .....	153
<i>d3 super strength</i> .....	167	<b>DEXCOM G6 TRANSMITTER</b> .....	121	<b>DOPTELET</b> .....	112
<i>d3-1000</i> .....	167	<b>DEXCOM G7 RECEIVER</b> .....	121	<b>DORAL</b> .....	113
<i>d-3-5</i> .....	167	<b>DEXCOM G7 SENSOR</b> .....	121	<i>dorzolamide hcl</i> .....	148
<b>D3-50</b> .....	167	<i>dexmethylphenidate hcl</i> .....	14	<i>dorzolamide hcl-timolol mal</i> .....	147

<i>dorzolamide hcl-timolol mal pf</i> .....	147	<b>EASY TOUCH LANCETS 26G</b> .....	121	<b>EMBRACE PRESSURE</b>	
<b>DOTTI</b> .....	107	<b>EASY TOUCH LANCETS 28G</b> .....	121	<b>ACTIVATED 28G</b> .....	122
<b>DOVATO</b> .....	66	<b>EASY TOUCH LANCETS</b>		<b>EMCYT</b> .....	58
<i>doxazosin mesylate</i> .....	48	<b>28G/TWIST</b> .....	121	<b>EMEND</b> .....	43
<i>doxepin hcl</i> .....	38, 113	<b>EASY TOUCH LANCETS 30G</b> .....	121	<b>EMEND TRI-PACK</b> .....	43
<i>doxycycline hyclate</i> .....	159	<b>EASY TOUCH LANCETS</b>		<b>EMGALITY (300 MG DOSE)</b> .....	141
<i>doxycycline monohydrate</i> .....	159	<b>30G/TWIST</b> .....	121	<b>EMPAVELI</b> .....	111
<i>doxylamine-pyridoxine</i> .....	43	<b>EASY TOUCH LANCETS 32G</b> .....	121	<b>EMSAM</b> .....	37
<b>DRISDOL</b> .....	168	<b>EASY TOUCH LANCETS</b>		<i>emtricitabine</i> .....	67
<i>dronabinol</i> .....	43	<b>32G/TWIST</b> .....	121	<i>emtricitabine-tenofovir df</i> .....	66
<b>DROPLET INSULIN SYRINGE</b> .....	134	<b>EASY TOUCH LANCETS</b>		<b>EMTRIVA</b> .....	68
<b>DROPLET LANCETS ULTRA</b>		<b>33G/TWIST</b> .....	121	<b>EMVERM</b> .....	28
<b>THIN 30G</b> .....	121	<b>EASY TOUCH PEN NEEDLES</b> .....	135	<i>enalapril maleate</i> .....	46, 76
<b>DROPLET MICRON</b> .....	134	<b>EASY TOUCH SAFETY LANCETS</b>		<i>enalapril-hydrochlorothiazide</i> .....	46
<b>DROPLET PEN NEEDLES</b> .....	134	<b>21G</b> .....	121	<b>ENBREL</b> .....	18
<b>DROPLET PERSONAL LANCETS</b>		<b>EASY TOUCH SAFETY LANCETS</b>		<b>ENBREL MINI</b> .....	18
<b>30G</b> .....	121	<b>23G</b> .....	121	<b>ENBREL SURECLICK</b> .....	18
<i>dropsafe safety pen needles</i> .....	134	<b>EASY TOUCH SAFETY LANCETS</b>		<b>ENCARE</b> .....	164
<b>DROPSAFE SAFETY</b>		<b>26G</b> .....	122	<b>ENDOCET</b> .....	26
<b>SYRINGE/NEEDLE</b> .....	134	<b>EASY TOUCH SAFETY LANCETS</b>		<b>ENDOMETRIN</b> .....	165
<i>drospiren-eth estrad-levomefol</i> .....	82	<b>28G</b> .....	122	<b>ENGERIX-B</b> .....	163
<i>drospirenone-ethinyl estradiol</i> .....	82	<b>EASY TOUCH SAFETY PEN</b>		<i>enoxaparin sodium</i> .....	34
<b>DROXIA</b> .....	112	<b>NEEDLES</b> .....	135	<b>ENPRESSE-28</b> .....	91
<i>drug mart lancets thin 26g</i> .....	121	<b>EASY TOUCH SHEATHLOCK</b>		<b>ENSKYCE</b> .....	82
<b>DRUG MART ON-THE-GO</b>		<b>SYRINGE</b> .....	135	<b>ENSPRYNG</b> .....	145
<b>LANCET 30G</b> .....	121	<b>EBASE CONTROLLER KIT</b> .....	139	<i>entacapone</i> .....	63
<i>drug mart unifine pentips</i> .....	134	<b>EC-NAPROSYN</b> .....	16	<i>entecavir</i> .....	68
<i>drug mart unifine pentips plus</i> .....	134	<i>ec-naproxen</i> .....	16	<b>ENTRESTO</b> .....	71
<b>DRUG MART UNILET LANCETS</b>		<i>econazole nitrate</i> .....	76, 98	<i>enulose</i> .....	109
<b>28G</b> .....	121	<b>ECONTRA ONE-STEP</b> .....	88	<b>ENVARUSUS XR</b> .....	144
<b>DRUG MART UNILET LANCETS</b>		<b>ECOTRIN</b> .....	20	<b>EPCLUSA</b> .....	68
<b>30G</b> .....	121	<b>ECOTRIN ARTHRITIS PAIN</b> .....	20	<b>EPIDIOLEX</b> .....	35
<b>DRUG MART UNILET LANCETS</b>		<b>ECOTRIN LOW STRENGTH</b> .....	20	<b>EPIFOAM</b> .....	100
<b>33G</b> .....	121	<b>EDARBI</b> .....	47	<i>epinastine hcl</i> .....	148
<b>DUAVEE</b> .....	107	<b>EDARBYCLOR</b> .....	47	<i>epinephrine</i> .....	165
<i>duloxetine hcl</i> .....	38	<b>EDECRI</b> .....	101	<i>epinephrine (anaphylaxis)</i> .....	165
<b>DUPIXENT</b> .....	96	<i>edetate calcium disodium</i> .....	42	<i>epinephrine bitartrate</i> .....	76
<b>DUREX EXTRA SENSITIVE THIN</b>	115	<b>EDEX</b> .....	71	<i>epinephrine hcl (nasal)</i> .....	146
<b>DUREX REALFEEL</b> .....	115	<b>EDURANT</b> .....	67	<i>epinephrine pf</i> .....	165
<i>dutasteride</i> .....	109	<i>efavirenz</i> .....	67	<b>EPIPEN 2-PAK</b> .....	165
<i>dutasteride-tamsulosin hcl</i> .....	110	<i>efavirenz-emtricitab-tenofo df</i> .....	66	<b>EPITOL</b> .....	35
<b>D-VI-SOL</b> .....	168	<i>efavirenz-lamivudine-tenofovir</i> .....	66	<b>EPIVIR</b> .....	68
<i>d-vite pediatric</i> .....	168	<b>EFFER-K</b> .....	142	<i>eplerenone</i> .....	48
<b>DYMISTA</b> .....	146	<b>EFFIENT</b> .....	112	<b>EPZICOM</b> .....	66
<b>DYRENIUM</b> .....	102	<b>EFUDEX</b> .....	95	<i>eq aspirin</i> .....	20
<b>E.E.S. 400</b> .....	115	<b>ELESTRIN</b> .....	107	<i>eq aspirin adult low dose</i> .....	20
<b>E.E.S. GRANULES</b> .....	115	<i>eletriptan hydrobromide</i> .....	141	<i>eq aspirin low dose</i> .....	20
<b>EASIVENT</b> .....	140	<b>ELIGARD</b> .....	59	<i>eq d3 drops infants/childrens</i> .....	168
<b>EASIVENT MASK LARGE</b> .....	140	<b>ELINEST</b> .....	82	<i>eq nicotine</i> .....	156
<b>EASIVENT MASK MEDIUM</b> .....	140	<b>ELIQUIS</b> .....	33	<i>eq nicotine polacrilex</i> .....	156
<b>EASIVENT MASK SMALL</b> .....	140	<b>ELIQUIS DVT/PE STARTER</b>		<i>eq nicotine step 3</i> .....	156
<i>easy glide pen needles</i> .....	134	<b>PACK</b> .....	33	<i>eq space chamber anti-static</i> .....	140
<b>EASY TOUCH FLIPLOCK</b>		<b>ELIXOPHYLLIN</b> .....	33	<i>eq space chamber anti-static l</i> .....	140
<b>INSULIN SY</b> .....	135	<b>ELLA</b> .....	88	<i>eq space chamber anti-static m</i> .....	140
<b>EASY TOUCH INSULIN SAFETY</b>		<b>ELURYNG</b> .....	87	<i>eq space chamber anti-static s</i> .....	140
<b>SYR</b> .....	135	<b>EMBRACE LANCETS ULTRA</b>		<i>eql aspirin ec</i> .....	20
<b>EASY TOUCH INSULIN SYRINGE</b>		<b>THIN 30G</b> .....	122	<i>eql aspirin low dose</i> .....	20
.....	135	<b>EMBRACE PEN NEEDLES</b> .....	135	<i>eql color lancets 21g</i> .....	122
<b>EASY TOUCH LANCETS 21G</b> .....	121	<b>EMBRACE PRESSURE</b>		<i>eql color lancets micro 33g</i> .....	122
<b>EASY TOUCH LANCETS 23G</b> .....	121	<b>ACTIVATED 21G</b> .....	122	<i>eql insulin syringe</i> .....	135

<i>eql super thin lancets 30g</i> .....	122	<b>EXODERM</b> .....	95	<b>FIRMAGON (240 MG DOSE)</b> .....	58
<i>eql thin lancets 26g</i> .....	122	<b>EYSUVIS</b> .....	150	<b>FIRST-LANSOPRAZOLE</b> .....	161
<i>eql vitamin d3</i> .....	168	<b>E-Z JECT LANCET MICRO-THIN</b>		<b>FIRST-METRONIDAZOLE</b> .....	48
<i>eql vitamin d3 gummies</i> .....	168	<b>33G</b> .....	122	<b>FLAC</b> .....	151
<b>EQUETRO</b> .....	63	<b>E-Z JECT LANCET SUPER THIN</b>		<b>FLAREX</b> .....	150
<i>ergocalciferol</i> .....	168	<b>30G</b> .....	122	<i>flavoxate hcl</i> .....	162
<i>ergoloid mesylates</i> .....	155	<b>E-Z JECT LANCETS</b> .....	122	<i>flecainide acetate</i> .....	30
<b>ERGOMAR</b> .....	141	<b>E-Z JECT LANCETS 21G</b> .....	122	<b>FLEXICHAMBER</b> .....	140
<i>ergotamine-caffeine</i> .....	141	<b>E-Z JECT LANCETS THIN 26G</b> ....	122	<b>FLEXICHAMBER ADULT</b>	
<b>ERIVEDGE</b> .....	54	<i>ezetimibe</i> .....	46	<b>MASK/SMALL</b> .....	140
<b>ERLEADA</b> .....	51	<i>ezetimibe-simvastatin</i> .....	46	<b>FLEXICHAMBER CHILD</b>	
<i>erlotinib hcl</i> .....	54	<b>EZ-LETS LANCETS 21G</b> .....	122	<b>MASK/LARGE</b> .....	141
<b>ERRIN</b> .....	90	<b>EZ-LETS LANCETS 26G</b> .....	122	<b>FLEXICHAMBER CHILD</b>	
<i>ery</i> .....	94	<b>EZ-LETS LANCETS 28G</b> .....	122	<b>MASK/SMALL</b> .....	141
<b>ERYGEL</b> .....	94	<b>EZ-LETS LANCETS 30G</b> .....	122	<b>FLOVENT DISKUS</b> .....	33
<b>ERYPED 200</b> .....	115	<b>FALMINA</b> .....	83	<b>FLOVENT HFA</b> .....	33
<b>ERYPED 400</b> .....	115	<i>famciclovir</i> .....	69	<b>FLUAD QUADRIVALENT</b> .....	163
<b>ERY-TAB</b> .....	115	<i>famotidine</i> .....	161	<b>FLUARIX QUADRIVALENT</b> .....	163
<b>ERYTHROCIN STEARATE</b> .....	115	<b>FANAPT</b> .....	63	<b>FLUBLOK QUADRIVALENT</b> .....	163
<i>erythromycin</i> .....	94, 115, 148	<b>FANAPT TITRATION PACK</b> .....	63	<b>FLUCELVAX QUADRIVALENT</b> ....	163
<i>erythromycin base</i> .....	115	<b>FANTASY LUBRICATED</b> .....	116	<i>fluconazole</i> .....	44
<i>erythromycin ethylsuccinate</i> .....	115	<b>FANTASY</b>		<i>flucytosine</i> .....	43
<b>ESBRIET</b> .....	159	<b>LUBRICATED/SPERMICIDE</b> .....	116	<i>fludrocortisone acetate</i> .....	93
<i>escitalopram oxalate</i> .....	37, 76	<b>FARESTON</b> .....	51	<b>FLULAVAL QUADRIVALENT</b> .....	163
<i>esomeprazole magnesium</i> .....	161	<b>FARXIGA</b> .....	41	<b>FLUMIST QUADRIVALENT</b> .....	163
<b>ESTARYLLA</b> .....	82	<b>FASENRA</b> .....	32	<i>flunisolide</i> .....	146
<i>estazolam</i> .....	113	<b>FASENRA PEN</b> .....	32	<i>fluocinolone acetonide</i> .....	97, 151
<i>estradiol</i> .....	76, 107, 164	<b>FASLODEX</b> .....	58	<i>fluocinolone acetonide body</i> .....	97
<i>estradiol cypionate</i> .....	76	<b>FC2 FEMALE CONDOM</b> .....	115	<i>fluocinolone acetonide scalp</i> .....	98
<i>estradiol hemihydrate (bulk)</i> .....	76	<i>febuxostat</i> .....	110	<i>fluocinonide</i> .....	98
<i>estradiol micronized</i> .....	76	<i>felbamate</i> .....	36	<i>fluocinonide emulsified base</i> .....	98
<i>estradiol valerate</i> .....	76, 107	<b>FELDENE</b> .....	17	<i>fluorometholone</i> .....	150
<i>estradiol-norethindrone acet</i> .....	106	<i>felodipine er</i> .....	70	<i>fluorouracil</i> .....	95
<b>ESTRING</b> .....	164	<b>FEMCAP</b> .....	115	<i>fluoxetine hcl</i> .....	37
<b>ESTROGEL</b> .....	107	<b>FEMRING</b> .....	165	<i>fluphenazine decanoate</i> .....	64
<i>estrone</i> .....	76	<i>fenofibrate</i> .....	45	<i>fluphenazine hcl</i> .....	64
<i>eszopiclone</i> .....	113	<i>fenofibric acid</i> .....	45	<i>flurbiprofen</i> .....	17
<i>ethacrynic acid</i> .....	101	<i>fenopropfen calcium</i> .....	17	<i>flurbiprofen sodium</i> .....	149
<i>ethambutol hcl</i> .....	50	<i>fentanyl</i> .....	24	<i>fluticasone propionate</i> .....	98
<i>ethosuximide</i> .....	36	<i>fentanyl citrate</i> .....	24	<i>fluticasone-salmeterol</i> .....	31
<i>ethyl oleate</i> .....	76	<i>fentanyl citrate (bulk)</i> .....	24	<i>fluvoxamine maleate</i> .....	37
<i>ethyl vanillin</i> .....	76	<b>FERRIPROX</b> .....	42	<i>fluvoxamine maleate er</i> .....	37
<i>ethylcellulose</i> .....	76	<b>FETZIMA</b> .....	38	<b>FLUZONE HIGH-DOSE</b>	
<i>ethynodiol diac-eth estradiol</i> .....	83	<b>FETZIMA TITRATION</b> .....	38	<b>QUADRIVALENT</b> .....	163
<i>etodolac</i> .....	16, 17	<b>FIFTY50 PEN NEEDLES</b> .....	135	<b>FLUZONE QUADRIVALENT</b> .....	163
<i>etodolac er</i> .....	16	<b>FIFTY50 SAFETY SEAL</b>		<b>FML FORTE</b> .....	150
<i>etonogestrel-ethinyl estradiol</i> .....	87	<b>LANCETS</b> .....	122	<b>FML LIQUIFILM</b> .....	150
<i>etoposide</i> .....	60	<b>FIFTY50 SUPERIOR COMFORT</b>		<i>folding paddle walker</i> .....	133
<i>etravirine</i> .....	67	<b>SYR</b> .....	135	<i>folic acid</i> .....	112
<b>EUCRISA</b> .....	99	<b>FIFTY50 UNILET LANCETS 33G</b> ..	122	<b>FOLLISTIM AQ</b> .....	105
<b>EUTHYROX</b> .....	160	<i>filter air pp</i> .....	139	<i>fondaparinux sodium</i> .....	34
<b>EVAMIST</b> .....	107	<b>FINACEA</b> .....	99	<b>FORA GTEL BLOOD KETONE</b>	
<b>EVEKEO ODT</b> .....	13	<i>finasteride</i> .....	109	<b>TEST</b> .....	100
<i>everolimus</i> .....	55, 144	<b>FINE 30</b> .....	122	<b>FORA LANCETS</b> .....	122
<b>EVISTA</b> .....	105	<i>finest nutrition vitamin d3</i> .....	168	<i>formoterol fumarate</i> .....	31
<b>EVOTAZ</b> .....	66	<b>FINGERSTIX LANCETS</b> .....	122	<b>FOSAMAX</b> .....	102
<b>EVRYSDI</b> .....	146	<i> fingolimod hcl</i> .....	158	<i>fosamprenavir calcium</i> .....	67
<b>EXELON</b> .....	153	<b>FINTEPLA</b> .....	35	<i>fosfomycin tromethamine</i> .....	49
<i>exemestane</i> .....	58	<b>FINZALA</b> .....	83	<i>fosinopril sodium</i> .....	47
<b>EXKIVITY</b> .....	54	<b>FIRMAGON</b> .....	58	<i>fosinopril sodium-hctz</i> .....	46

<b>FOSRENOL</b> .....	109	<b>GLEOSTINE</b> .....	60	<b>GOJJI STERILE LANCETS</b> .....	123
<b>FRAGMIN</b> .....	34	<i>glimepiride</i> .....	41	<i>goodsense aspirin</i> .....	20
<b>FREESTYLE LANCETS</b> .....	122	<i>glipizide</i> .....	41	<i>goodsense aspirin adults</i> .....	20
<b>FREESTYLE UNISTICK II</b>		<i>glipizide er</i> .....	41	<i>goodsense aspirin low dose</i> .....	21
<b>LANCETS</b> .....	123	<i>glipizide xl</i> .....	42	<i>goodsense clickfine pen needle</i> .....	135
<i>full kit nebulizer set</i> .....	139	<i>glipizide-metformin hcl</i> .....	41	<i>goodsense color lancets 33g</i> .....	124
<i>fulvestrant</i> .....	58	<i>global ease inject pen needles</i> .....	135	<i>goodsense lancets 26g univ</i> .....	124
<i>fumaric acid</i> .....	74	<i>global easy glide insulin syr</i> .....	135	<i>goodsense lancets 30g</i> .....	124
<i>furosemide</i> .....	101	<i>global easy glide pen needles</i> .....	135	<i>goodsense lancets 30g univ</i> .....	124
<b>FUZEON</b> .....	66	<i>global inject ease insulin syr</i> .....	135	<i>goodsense lancets 33g</i> .....	124
<b>FYAVOLV</b> .....	106	<i>global inject ease lancets 28g</i> .....	123	<i>goodsense lancets 33g univ</i> .....	124
<b>FYCOMPA</b> .....	34	<i>global inject ease lancets 30g</i> .....	123	<i>goodsense nicotine</i> .....	156
<b>FYREMADEL</b> .....	103	<i>global insulin syringes</i> .....	135	<b>GOODSENSE PEN NEEDLE</b>	
<i>gabapentin</i> .....	35	<i>glucagon emergency</i> .....	39	<b>PENFINE</b> .....	135
<b>GALAFOLD</b> .....	103	<b>GLUCOCOM LANCETS 28G</b> .....	123	<b>GORDOFILM</b> .....	99
<i>galantamine hydrobromide</i> .....	153	<b>GLUCOCOM LANCETS 30G</b> .....	123	<b>GRALISE</b> .....	155
<i>galantamine hydrobromide er</i> .....	153	<b>GLUCOCOM LANCETS 33G</b> .....	123	<i>granisetron hcl</i> .....	43
<b>GALZIN</b> .....	143	<i>gluconolactone</i> .....	76	<b>GRASTEK</b> .....	15
<i>ganirelix acetate</i> .....	103	<b>GLUCOPRO INSULIN SYRINGE</b> ..	135	<i>griseofulvin micronized</i> .....	76
<b>GARDASIL 9</b> .....	163	<i>glucosamine hcl</i> .....	76	<i>griseofulvin microsize</i> .....	43, 76
<b>GASTROCROM</b> .....	108	<i>glucosamine sulfate</i> .....	76	<i>griseofulvin ultramicrosize</i> .....	44
<i>gatifloxacin</i> .....	76, 148	<b>GLUCOTROL XL</b> .....	42	<i>guanfacine hcl</i> .....	48
<b>GATTEX</b> .....	108	<i>glyburide</i> .....	42	<i>guanfacine hcl er</i> .....	13
<b>GAVILYTE-C</b> .....	114	<i>glyburide micronized</i> .....	42	<i>guar gum</i> .....	77
<b>GAVILYTE-G</b> .....	114	<i>glyburide-metformin</i> .....	41	<b>GYNAZOLE-1</b> .....	164
<b>GAVRETO</b> .....	57	<i>glyceryl monostearate</i> .....	76	<b>HABITROL</b> .....	156
<i>gefitinib</i> .....	54	<i>glycine urologic</i> .....	110	<b>HAEGARDA</b> .....	111
<b>GELFILM</b> .....	150	<i>glycopyrrolate</i> .....	76, 161	<b>HAEMOLANCE</b> .....	124
<i>gemfibrozil</i> .....	45	<b>GLYNASE</b> .....	42	<b>HAEMOLANCE LOW FLOW</b>	
<b>GEMMILY</b> .....	83	<b>GLYXAMBI</b> .....	41	<b>LANCETS</b> .....	124
<i>generlac</i> .....	109	<i>gnp adult aspirin low strength</i> .....	20	<b>HAEMOLANCE PLUS</b> .....	124
<b>GENGRAF</b> .....	143	<i>gnp aspirin</i> .....	20	<b>HAEMOLANCE PLUS HIGH</b>	
<i>gentamicin sulfate</i> .....	15, 95, 148	<i>gnp aspirin low dose</i> .....	20	<b>FLOW</b> .....	124
<b>GENTEEL BUTTERFLY TOUCH</b>		<i>gnp clickfine pen needles</i> .....	135	<b>HAEMOLANCE PLUS LOW</b>	
<b>LANCET</b> .....	123	<i>gnp d 1000</i> .....	168	<b>FLOW</b> .....	124
<b>GENTEEL CONTACT TIPS</b>		<i>gnp d 2000</i> .....	168	<b>HAEMOLANCE PLUS MAX</b>	
<b>(BLUE)</b> .....	123	<i>gnp insulin syringe</i> .....	135	<b>FLOW</b> .....	124
<b>GENTEEL CONTACT TIPS</b>		<i>gnp insulin syringes</i> .....	135	<b>HAEMOLANCE PLUS PEDIATRIC</b>	
<b>(CLEAR)</b> .....	123	<i>gnp insulin syringes 28gx1/2"</i> .....	135	<b>FLOW</b> .....	124
<b>GENTEEL CONTACT TIPS</b>		<i>gnp insulin syringes 29gx1/2"</i> .....	135	<b>HAILEY 1.5/30</b> .....	83
<b>(GREEN)</b> .....	123	<i>gnp insulin syringes 30gx5/16"</i> .....	135	<b>HAILEY 24 FE</b> .....	83
<b>GENTEEL CONTACT TIPS</b>		<i>gnp insulin syringes 31gx5/16"</i> .....	135	<b>HAILEY FE 1.5/30</b> .....	83
<b>(ORANGE)</b> .....	123	<i>gnp lancets 21g</i> .....	123	<b>HAILEY FE 1/20</b> .....	83
<b>GENTEEL CONTACT TIPS</b>		<i>gnp lancets thin 26g</i> .....	123	<b>HALCION</b> .....	113
<b>(RAINBOW)</b> .....	123	<i>gnp nicotine</i> .....	156	<i>halobetasol propionate</i> .....	98
<b>GENTEEL CONTACT TIPS</b>		<i>gnp nicotine mini</i> .....	156	<b>HALOETTE</b> .....	87
<b>(VIOLET)</b> .....	123	<i>gnp nicotine polacrilex</i> .....	156	<i>haloperidol</i> .....	64
<b>GENTEEL CONTACT TIPS</b>		<i>gnp sterile lancets 28g</i> .....	123	<i>haloperidol lactate</i> .....	64
<b>(YELLOW)</b> .....	123	<i>gnp sterile lancets 30g</i> .....	123	<b>HARVONI</b> .....	69
<b>GENTEEL NOZZLES</b> .....	123	<i>gnp sterile lancets 33g</i> .....	123	<b>HAVRIX</b> .....	163
<b>GENTLE-LET GP LANCETS</b> .....	123	<i>gnp ulticare pen needles</i> .....	135	<i>healthwise insulin syr/needle</i> .....	135
<b>GENTLE-LET LANCETS</b> .....	123	<b>GNP ULTIGUARD SAFEPACK</b>		<i>healthwise micron pen needles</i> .....	135
<b>GENTLE-LET PLATFORMS</b> .....	123	<b>NEEDLE</b> .....	135	<i>healthwise short pen needles</i> .....	135
<i>genuine aspirin</i> .....	20	<i>gnp ultra com insulin syringe</i> .....	135	<b>HEALTHY KIDS VITAMIN D3</b> .....	168
<b>GENVOYA</b> .....	66	<i>gnp vitamin d</i> .....	168	<b>HEATHER</b> .....	90
<b>GILENYA</b> .....	158	<i>gnp vitamin d maximum strength</i> ...	168	<i>h-e-b aspirin</i> .....	21
<b>GILOTRIF</b> .....	54	<i>gnp vitamin d super strength</i> .....	168	<i>h-e-b incontrol lancets 28g</i> .....	124
<i>ginger oil</i> .....	76	<i>gnp vitamin d3</i> .....	168	<i>h-e-b incontrol lancets 30g</i> .....	124
<i>glatiramer acetate</i> .....	155	<i>gnp vitamin d3 extra strength</i> .....	168	<i>h-e-b incontrol lancets 33g</i> .....	124
<b>GLATOPA</b> .....	155	<b>GOJJI BLOOD KETONE TEST</b> ...	100	<i>h-e-b incontrol pen needles</i> .....	135

<b>H-E-B INCONTROL UNIFINE</b>			
<b>PENTIP</b> .....	135	<i>hydrocod poli-chlorphe poli er</i> .....	94
<b>HEMANGEOL</b> .....	70	<i>hydrocodone bitartrate er</i> .....	24
<i>heparin na (pork) lock flsh pf</i> .....	33	<i>hydrocodone bit-homatrop mbr</i> .....	93
<i>heparin sod (pork) lock flush</i> .....	33	<i>hydrocodone-acetaminophen</i> .....	23
<i>heparin sodium (porcine)</i> .....	33	<i>hydrocodone-ibuprofen</i> .....	23
<b>HEPLISAV-B</b> .....	163	<i>hydrocortisone</i> .....	28, 92, 98
<b>HER STYLE</b> .....	88	<i>hydrocortisone (perianal)</i> .....	28
<b>HIBERIX</b> .....	162	<i>hydrocortisone acetate</i> .....	98
<b>HIPREX</b> .....	49	<i>hydrocortisone butyrate</i> .....	98
<b>HIZENTRA</b> .....	151	<i>hydrocortisone micronized</i> .....	98
<i>hm adult aspirin</i> .....	21	<i>hydrocortisone valerate</i> .....	98
<i>hm aspirin</i> .....	21	<i>hydrocortisone-acetic acid</i> .....	151
<i>hm aspirin ec</i> .....	21	<i>hydromet</i> .....	93
<i>hm aspirin ec low dose</i> .....	21	<i>hydromorphone hcl</i> .....	24
<i>hm nicotine</i> .....	156	<i>hydromorphone hcl er</i> .....	24
<i>hm nicotine polacrilex</i> .....	156	<i>hydroxychloroquine sulfate</i> .....	50
<b>HM ULTICARE INSULIN</b>		<i>hydroxyurea</i> .....	57
<b>SYRINGE</b> .....	135	<i>hydroxyzine hcl</i> .....	29
<b>HM ULTICARE MINI PEN</b>		<i>hydroxyzine pamoate</i> .....	29
<b>NEEDLES</b> .....	135	<b>HYPERRHO S/D</b> .....	151
<b>HM ULTICARE SHORT PEN</b>		<b>HYPERSAL</b> .....	93
<b>NEEDLES</b> .....	135	<b>HYSINGLA ER</b> .....	24
<i>hm vitamin d3</i> .....	169	<b>HY-VEE LANCETS</b> .....	124
<b>HOMATROPAIRE</b> .....	147	<i>hy-vee thin lancets</i> .....	124
<b>HUMALOG</b> .....	40	<i>ibandronate sodium</i> .....	102
<b>HUMALOG JUNIOR KWIKPEN</b> .....	40	<b>IBRANCE</b> .....	58
<b>HUMALOG KWIKPEN</b> .....	40	<b>IBU</b> .....	17
<b>HUMALOG MIX 50/50</b> .....	40	<i>ibuprofen</i> .....	17
<b>HUMALOG MIX 50/50 KWIKPEN</b> .....	40	<i>icatibant acetate</i> .....	111
<b>HUMALOG MIX 75/25</b> .....	40	<b>ICLEVIA</b> .....	89
<b>HUMALOG MIX 75/25 KWIKPEN</b> .....	40	<b>ICLUSIG</b> .....	53
<b>HUMIRA</b> .....	16	<i>icosapent ethyl</i> .....	45
<b>HUMIRA (2 PEN)</b> .....	16	<i>idebenone</i> .....	77
<b>HUMIRA (2 SYRINGE)</b> .....	16	<b>IDHIFA</b> .....	59
<b>HUMIRA PEN</b> .....	16	<b>ILARIS</b> .....	16
<b>HUMIRA-CD/UC/HS STARTER</b> .....	16	<i>imatinib mesylate</i> .....	53
<b>HUMIRA-PED</b> .....	16	<b>IMBRUVICA</b> .....	53, 54
<b>HUMIRA-PED&gt; =40KG CROHNS</b>		<i>imidurea</i> .....	77
<b>START</b> .....	16	<i>imipramine hcl</i> .....	38
<b>HUMIRA-PED&gt; =40KG UC</b>		<i>imipramine pamoate</i> .....	38
<b>STARTER</b> .....	16	<i>imiquimod</i> .....	77, 99
<b>HUMIRA-PS/UV/ADOL HS</b>		<b>IMPAVIDO</b> .....	48
<b>STARTER</b> .....	16	<b>IMURAN</b> .....	145
<b>HUMIRA-PSORIASIS/UEVIT</b>		<b>IN TOUCH STERILE LANCETS</b>	
<b>STARTER</b> .....	16	<b>30G</b> .....	124
<b>HUMULIN 70/30</b> .....	40	<b>INBRIJA</b> .....	62
<b>HUMULIN 70/30 KWIKPEN</b> .....	40	<b>INCASSIA</b> .....	90
<b>HUMULIN N</b> .....	40	<b>INCONTROL ULTICARE PEN</b>	
<b>HUMULIN N KWIKPEN</b> .....	40	<b>NEEDLES</b> .....	135
<b>HUMULIN R</b> .....	40	<b>INCRELEX</b> .....	104
<b>HUMULIN R U-500</b>		<b>INCRUSE ELLIPTA</b> .....	32
<b>(CONCENTRATED)</b> .....	40	<i>indapamide</i> .....	102
<b>HUMULIN R U-500 KWIKPEN</b> .....	40	<i>indomethacin</i> .....	17
<b>HYCAMTIN</b> .....	61	<i>indomethacin er</i> .....	17
<b>HYCODAN</b> .....	93	<b>INFANRIX</b> .....	160
<i>hydralazine hcl</i> .....	48	<b>INGREZZA</b> .....	153
<b>HYDREA</b> .....	57	<b>INLYTA</b> .....	61
<i>hydrochloric acid</i> .....	74	<b>INNOSPIRE REPLACEMENT</b>	
<i>hydrochlorothiazide</i> .....	102	<b>FILTER</b> .....	139
		<i>inositol</i> .....	77
		<b>INPEFA</b> .....	71
		<b>INREBIC</b> .....	59
		<b>INSPIREASE</b> .....	141
		<b>INSPIREASE RESERVOIR BAGS</b>	141
		<b>INSPRA</b> .....	48
		<i>insulin syringe</i> .....	136
		<i>insulin syringe-needle u-100</i> .....	136
		<i>insupen pen needles</i> .....	136
		<b>INSUPEN SENSITIVE</b> .....	136
		<b>INSUPEN ULTRAFIN</b> .....	136
		<b>INTELENCE</b> .....	67
		<b>INTRAROSA</b> .....	164
		<b>INTROVALE</b> .....	89
		<b>INVEGA</b> .....	63
		<b>INVEGA HAFYERA</b> .....	63
		<b>INVEGA SUSTENNA</b> .....	64
		<b>INVEGA TRINZA</b> .....	64
		<b>INVELTYS</b> .....	150
		<i>iodoquinol</i> .....	15
		<i>ipratropium bromide</i> .....	32, 146
		<i>ipratropium-albuterol</i> .....	31
		<i>irbesartan</i> .....	47
		<i>irbesartan-hydrochlorothiazide</i> .....	47
		<b>ISENTRESS</b> .....	67
		<b>ISENTRESS HD</b> .....	67
		<b>ISIBLOOM</b> .....	83
		<i>isoniazid</i> .....	50
		<i>isopropyl myristate</i> .....	77
		<i>isoproterenol hcl</i> .....	77
		<b>ISOPTO ATROPINE</b> .....	147
		<b>ISORDIL TITRADOSE</b> .....	28
		<i>isosorb dinitrate-hydralazine</i> .....	71
		<i>isosorbide dinitrate</i> .....	28
		<i>isosorbide mononitrate</i> .....	29
		<i>isosorbide mononitrate er</i> .....	29
		<i>isotretinoin</i> .....	77, 94
		<i>isoxsuprine hcl</i> .....	77
		<i>isradipine</i> .....	70
		<b>ISTALOL</b> .....	147
		<i>itraconazole</i> .....	44
		<i>ivermectin</i> .....	28, 77, 99, 100
		<b>IXIARO</b> .....	163
		<b>JADENU SPRINKLE</b> .....	42
		<b>JAIMIESS</b> .....	89
		<b>JAKAFI</b> .....	59
		<b>JALYN</b> .....	110
		<b>JANTOVEN</b> .....	33
		<b>JANUMET</b> .....	39
		<b>JANUMET XR</b> .....	39
		<b>JANUVIA</b> .....	39
		<b>JARDIANCE</b> .....	41
		<b>JASMIEL</b> .....	83
		<b>JAYPIRCA</b> .....	54
		<b>JENCYCLA</b> .....	90
		<b>JENTADUETO</b> .....	40
		<b>JENTADUETO XR</b> .....	40
		<b>JINTELI</b> .....	106
		<b>JOLESSA</b> .....	89
		<b>JORNAY PM</b> .....	14
		<b>JULEBER</b> .....	83

<b>JULUCA</b> .....	66	<i>kmart valu insulin syringe 29g</i> .....	136	<i>l-carnitine</i> .....	77
<b>JUNEL 1.5/30</b> .....	83	<i>kmart valu insulin syringe 30g</i> .....	136	<i>leader insulin syringe</i> .....	136
<b>JUNEL 1/20</b> .....	83	<b>KORLYM</b> .....	41	<b>LEADER UNIFINE PENTIPS</b> .....	136
<b>JUNEL FE 1.5/30</b> .....	83	<b>KOSELUGO</b> .....	55	<b>LEADER UNIFINE PENTIPS PLUS</b> .....	136
<b>JUNEL FE 1/20</b> .....	83	<i>kp aspirin</i> .....	21	<i>lecithin</i> .....	147
<b>JUNEL FE 24</b> .....	83	<i>kp folic acid</i> .....	112	<b>LEENA</b> .....	91
<b>JUXTAPID</b> .....	46	<i>kp vitamin d</i> .....	169	<i>leflunomide</i> .....	17, 77
<b>KAITLIB FE</b> .....	83	<i>kp vitamin d3</i> .....	169	<i>lenalidomide</i> .....	144
<b>KALBITOR</b> .....	111	<b>KRAZATI</b> .....	55	<b>LENVIMA (10 MG DAILY DOSE)</b> ....	61
<b>KALETRA</b> .....	66	<b>KRINTAFEL</b> .....	50	<b>LENVIMA (12 MG DAILY DOSE)</b> ....	61
<b>KALLIGA</b> .....	83	<b>KROGER HEALTHPRO LANCET 26G</b> .....	124	<b>LENVIMA (14 MG DAILY DOSE)</b> ....	61
<b>KALYDECO</b> .....	158	<i>croger insulin syringe</i> .....	136	<b>LENVIMA (18 MG DAILY DOSE)</b> ....	61
<b>KAMELEON LUBRICATED</b> .....	116	<i>croger lancets</i> .....	124	<b>LENVIMA (20 MG DAILY DOSE)</b> ....	61
<i>kanamycin sulfate</i> .....	77	<i>croger lancets 21g</i> .....	124	<b>LENVIMA (24 MG DAILY DOSE)</b> ....	61
<b>KARIVA</b> .....	80	<i>croger lancets micro thin 33g</i> .....	125	<b>LENVIMA (4 MG DAILY DOSE)</b> ....	61
<b>KELNOR 1/35</b> .....	83	<i>croger lancets super thin</i> .....	125	<b>LENVIMA (8 MG DAILY DOSE)</b> ....	62
<b>KELNOR 1/50</b> .....	84	<i>croger lancets thin</i> .....	125	<b>LESSINA</b> .....	84
<b>KERENDIA</b> .....	104	<i>croger lancets thin 26g</i> .....	125	<i>letrozole</i> .....	58, 77
<b>KESIMPTA</b> .....	154	<i>croger lancets ultrathin 30g</i> .....	125	<i>leucovorin calcium</i> .....	58, 77
<i>ketoconazole</i> .....	44, 98	<i>croger pen needles</i> .....	136	<b>LEUKERAN</b> .....	60
<b>KETO-DIASTIX</b> .....	101	<b>KURVELO</b> .....	84	<b>LEUKINE</b> .....	112
<i>ketone test</i> .....	101	<b>K-Y ME &amp; YOU EXTRA LUBRICATED</b> .....	116	<i>leuprolide acetate</i> .....	59, 77
<i>ketoprofen</i> .....	17, 77	<b>K-Y ME &amp; YOU INTENSE</b> .....	116	<i>leuprolide acetate (3 month)</i> .....	59
<i>ketorolac tromethamine</i> .....	17, 77, 149	<i>labetalol hcl</i> .....	70, 77	<i>levabuterol hcl</i> .....	31
<b>KETOSTIX</b> .....	101	<i>lacosamide</i> .....	35	<i>levamisole hcl</i> .....	55
<i>ketotifen fumarate</i> .....	77	<i>lactulose</i> .....	114	<i>levetiracetam</i> .....	35, 77
<i>ketotifen hydrogen fumarate</i> .....	77	<i>lactulose encephalopathy</i> .....	109	<i>levetiracetam er</i> .....	35
<b>KEVEYIS</b> .....	101	<b>LAGEVRIO</b> .....	69	<i>levobunolol hcl</i> .....	147
<b>KEVZARA</b> .....	16	<b>LAMICTAL XR</b> .....	35	<i>levocarnitine</i> .....	77, 102
<b>KIDS FIRST VITAMIN D3 GUMMIES</b> .....	169	<i>lamivudine</i> .....	68	<i>levocarnitine sf</i> .....	102
<i>kimono</i> .....	116	<i>lamivudine-zidovudine</i> .....	66	<i>levocetirizine dihydrochloride</i> .....	77
<b>KIMONO COLORS</b> .....	116	<i>lamotrigine</i> .....	35	<i>levodopa</i> .....	62
<i>kimono micro thin</i> .....	116	<i>lamotrigine er</i> .....	35	<i>levofloxacin</i> .....	107, 148
<i>kimono micro thin plus</i> .....	116	<b>LAMPIT</b> .....	49	<i>levofloxacin hemihydrate</i> .....	77
<i>kimono plus</i> .....	116	<i>lancet transporter case</i> .....	125	<i>levomefolate calcium</i> .....	77
<i>kimono ps</i> .....	116	<i>lancets</i> .....	125	<b>LEVONEST</b> .....	91
<i>kimono ps plus</i> .....	116	<i>lancets 30g</i> .....	125	<i>levonorgest-eth est &amp; eth est</i> .....	89
<i>kimono sensation</i> .....	116	<i>lancets 33g</i> .....	125	<i>levonorgest-eth estrad 91-day</i> .....	89
<i>kimono sensation plus</i> .....	116	<i>lancets micro thin 33g</i> .....	125	<i>levonorgestrel</i> .....	88
<b>KIMONO SPECIAL</b> .....	116	<i>lancets micro thin 33g</i> .....	125	<i>levonorgestrel-ethinyl estrad</i> .....	84, 87
<b>KINERET</b> .....	16	<i>lancets super thin 28g</i> .....	125	<i>levonorg-eth estrad triphasic</i> .....	91
<i>kinney lancets</i> .....	124	<i>lancets thin</i> .....	125	<b>LEVORA 0.15/30 (28)</b> .....	84
<i>kinney thin lancets</i> .....	124	<b>LANCETS ULTRA THIN</b> .....	125	<i>levorphanol tartrate</i> .....	77
<i>kinray insulin syringe</i> .....	136	<i>lancets ultra thin 30g</i> .....	125	<b>LEVO-T</b> .....	160
<b>KINRIX</b> .....	160	<b>LANOXIN</b> .....	71	<i>levothyroxine sodium</i> .....	77, 160
<b>KISQALI (200 MG DOSE)</b> .....	58	<i>lansoprazole</i> .....	77, 161	<b>LEVOXYL</b> .....	160
<b>KISQALI (400 MG DOSE)</b> .....	58	<i>lanthanum carbonate</i> .....	109	<b>LEXIVA</b> .....	67
<b>KISQALI (600 MG DOSE)</b> .....	58	<b>LANTUS</b> .....	40	<b>LIBERTY MEDICAL LANCETS</b> ....	125
<b>KLISYRI</b> .....	99	<b>LANTUS SOLOSTAR</b> .....	40	<i>lidocaine</i> .....	78
<b>KLOR-CON</b> .....	142	<i>lapatinib ditosylate</i> .....	56	<i>lidocaine base</i> .....	78
<b>KLOR-CON 10</b> .....	142	<b>LARIN 1.5/30</b> .....	84	<i>lidocaine hcl</i> .....	78
<b>KLOR-CON M10</b> .....	142	<b>LARIN 1/20</b> .....	84	<i>lidocaine hcl monohydrate</i> .....	78
<b>KLOR-CON M15</b> .....	142	<b>LARIN 24 FE</b> .....	84	<i>lidocaine hcl urethral/mucosal</i> .....	99
<b>KLOR-CON M20</b> .....	142	<b>LARIN FE 1.5/30</b> .....	84	<i>lidocaine viscous hcl</i> .....	145
<b>KLOXXADO</b> .....	42	<b>LARIN FE 1/20</b> .....	84	<i>linezolid</i> .....	49
<i>kls aspirin low dose</i> .....	21	<b>LASTACAPT</b> .....	148	<b>LINZESS</b> .....	108
<i>kls d3</i> .....	169	<i>latanoprost</i> .....	77, 150	<i>liothyronine</i> .....	78
<b>KLS QUIT2</b> .....	156	<b>LATUDA</b> .....	63	<i>liothyronine sodium</i> .....	160
<b>KLS QUIT4</b> .....	156	<b>LAYOLIS FE</b> .....	84	<b>LIPOFEN</b> .....	45

<i>lisinopril</i> .....	47, 78	<b>LUPRON DEPOT-PED (6-MONTH)</b> .....	104	<i>medicine shoppe pen needles</i> .....	136
<i>lisinopril-hydrochlorothiazide</i> .....	46	<i>lurasidone hcl</i> .....	63	<b>MEDI-FIRST ASPIRIN</b> .....	21
<i>lite touch lancets</i> .....	125	<i>lutein</i> .....	78	<b>MEDIQUE ASPIRIN</b> .....	21
<b>LITETOUCH INSULIN SYRINGE</b> ..	136	<b>LUTERA</b> .....	84	<b>MEDLANCE EXTRA 21G</b> .....	126
<b>LITETOUCH LANCETS</b> .....	125	<b>LYLEQ</b> .....	90	<b>MEDLANCE LITE 25G</b> .....	126
<b>LITETOUCH MASK LARGE</b> .....	139	<b>LYLLANA</b> .....	107	<b>MEDLANCE PLUS EXTRA 21G</b> ...	126
<b>LITETOUCH MASK MEDIUM</b> .....	139	<b>LYNPARZA</b> .....	61	<b>MEDLANCE PLUS LANCETS</b> .....	126
<b>LITETOUCH MASK SMALL</b> .....	139	<i>lysine hcl</i> .....	78	<b>MEDLANCE PLUS LITE 25G</b> .....	126
<b>LITETOUCH PEN NEEDLES</b> .....	136	<b>LYSODREN</b> .....	51	<b>MEDLANCE PLUS SPECIAL 0.8MM</b> .....	126
<i>lithium carbonate</i> .....	63	<b>LYTGOBI (12 MG DAILY DOSE)</b> ...	54	<b>MEDLANCE PLUS SUPERLITE 30G</b> .....	126
<i>lithium carbonate er</i> .....	63	<b>LYTGOBI (16 MG DAILY DOSE)</b> ...	54	<b>MEDLANCE PLUS UNIVERSAL 21G</b> .....	126
<b>LITHOSTAT</b> .....	110	<b>LYTGOBI (20 MG DAILY DOSE)</b> ...	54	<b>MEDLANCE UNIVERSAL 21G</b> ....	126
<i>live better lancet super thin</i> .....	125	<b>LYUMJEV</b> .....	40	<b>MEDROL</b> .....	92
<b>LIVTENCITY</b> .....	68	<b>LYUMJEV KWIKPEN</b> .....	40	<i>medroxyprogesterone acetate</i> ..	89, 152
<b>LODINE</b> .....	17	<b>LYZA</b> .....	90	<i>mefloquine hcl</i> .....	50
<b>LOJAIMIESS</b> .....	89	<b>MACROBID</b> .....	49	<i>megestrol acetate</i> .....	61, 152
<b>LOKELMA</b> .....	145	<b>MACRODANTIN</b> .....	49	<i>meijer aspirin ec</i> .....	21
<b>LOMAIRA</b> .....	13	<i>mafenide acetate</i> .....	96	<b>MEIJER LANCETS</b> .....	126
<b>LOMOTIL</b> .....	42	<b>MAGELLAN INSULIN SAFETY SYR</b> .....	136	<b>MEIJER LANCETS THIN</b> .....	126
<i>longs insulin syringe</i> .....	136	<i>magnesium sulfate</i> .....	114	<b>MEIJER LANCETS UNIVERSAL 21G</b> .....	126
<i>longs lancets standard</i> .....	125	<i>magnesium trisilicate</i> .....	28	<b>MEIJER LANCETS UNIVERSAL 30G</b> .....	126
<i>longs lancets thin</i> .....	125	<b>MALARONE</b> .....	50	<b>MEIJER LANCETS UNIVERSAL 33G</b> .....	126
<i>longs lancets ultra thin</i> .....	125	<i>malathion</i> .....	100	<i>meijer pen needles</i> .....	136
<b>LONSURF</b> .....	57	<b>MARATHON MEDICAL PENTIPS</b> ..	136	<b>MEIJER SUPER THIN LANCETS</b> ..	126
<i>loperamide hcl</i> .....	42	<i>maraviroc</i> .....	66	<b>MEKINIST</b> .....	55
<b>LOPID</b> .....	45	<i>marlissa</i> .....	84	<b>MEKTOVI</b> .....	55
<i>lopinavir-ritonavir</i> .....	66	<b>MARPLAN</b> .....	37	<i>meloxicam</i> .....	17
<b>LOPRESSOR</b> .....	70	<b>MATULANE</b> .....	57	<i>memantine hcl</i> .....	155
<b>LOPROX</b> .....	95	<b>MAVENCLAD (10 TABS)</b> .....	154	<i>memantine hcl er</i> .....	155
<i>loratadine</i> .....	78	<b>MAVENCLAD (4 TABS)</b> .....	154	<b>MENACTRA</b> .....	162
<i>lorazepam</i> .....	30, 78	<b>MAVENCLAD (5 TABS)</b> .....	154	<b>MENEST</b> .....	107
<b>LORAZEPAM INTENSOL</b> .....	30	<b>MAVENCLAD (6 TABS)</b> .....	154	<b>MENOPUR</b> .....	105
<b>LORBRENA</b> .....	52	<b>MAVENCLAD (7 TABS)</b> .....	154	<b>MENOSTAR</b> .....	107
<i>l-ornithine hydrochloride</i> .....	78	<b>MAVENCLAD (8 TABS)</b> .....	154	<b>MENQUADFI</b> .....	162
<b>LORYNA</b> .....	84	<b>MAVENCLAD (9 TABS)</b> .....	154	<b>MENVEO</b> .....	162
<i>losartan potassium</i> .....	47	<b>MAVYRET</b> .....	69	<i>meperidine hcl</i> .....	24
<i>losartan potassium-hctz</i> .....	47	<b>MAXICOMFORT II PEN NEEDLE</b> ..	136	<i>meprobamate</i> .....	29
<b>LOTEMAX SM</b> .....	150	<b>MAXI-COMFORT INSULIN SYRINGE</b> .....	136	<b>MEPRON</b> .....	49
<b>LOTENSIN</b> .....	47	<b>MAXI-COMFORT SAFETY PEN NEEDLE</b> .....	136	<i>mercaptapurine</i> .....	52
<b>LOTENSIN HCT</b> .....	46	<b>MAXICOMFORT SYR 27G X 1/2"</b> ..	136	<b>MERZEE</b> .....	84
<i>loteprednol etabonate</i> .....	150	<b>MAXIDEX</b> .....	150	<i>mesalamine</i> .....	108, 109
<i>lovastatin</i> .....	45, 78	<b>MAXIMUM D3</b> .....	169	<i>mesalamine er</i> .....	108
<b>LOVENOX</b> .....	34	<b>MAXITROL</b> .....	149	<b>MESNEX</b> .....	61
<b>LOW-OGESTREL</b> .....	84	<i>maxx</i> .....	116	<b>MESTINON</b> .....	50
<i>loxapine succinate</i> .....	64	<i>maxx plus</i> .....	116	<i>metformin hcl</i> .....	39
<b>LO-ZUMANDIMINE</b> .....	84	<b>MAXZIDE</b> .....	101	<i>metformin hcl er</i> .....	39
<i>l-selenomethionine blend</i> .....	78	<b>MAXZIDE-25</b> .....	101	<i>methadone hcl</i> .....	24
<i>lubiprostone</i> .....	108	<b>MAYZENT</b> .....	158	<i>methazolamide</i> .....	101
<b>LUCEMYRA</b> .....	152	<b>MAYZENT STARTER PACK</b> .....	158	<i>methenamine hippurate</i> .....	49
<i>lugols strong iodine</i> .....	65	<i>mebendazole</i> .....	28	<b>METHERGINE</b> .....	151
<b>LUMAKRAS</b> .....	55	<i>meclizine hcl</i> .....	43	<i>methimazole</i> .....	160
<b>LUMIGAN</b> .....	150	<i>meclufenamate sodium</i> .....	17	<i>methitest</i> .....	27
<b>LUPRON DEPOT (1-MONTH)</b> .....	59	<i>medic insulin syringe</i> .....	136	<i>methocarbamol</i> .....	146
<b>LUPRON DEPOT (3-MONTH)</b> .....	60	<i>medichoice safety lancet</i> .....	125	<i>methotrexate</i> .....	52
<b>LUPRON DEPOT (4-MONTH)</b> .....	60	<i>medichoice safety lancet extra</i> .....	125		
<b>LUPRON DEPOT (6-MONTH)</b> .....	60	<i>medichoice safety lancet norm</i> .....	125		
<b>LUPRON DEPOT-PED (1-MONTH)</b> .....	104				
<b>LUPRON DEPOT-PED (3-MONTH)</b> .....	104				

<i>methotrexate sodium</i> .....	52	<b>MIRVASO</b> .....	100	<i>naloxone hcl</i> .....	42, 43
<i>methotrexate sodium (pf)</i> .....	52	<i>misoprostol</i> .....	162	<i>naltrexone hcl</i> .....	43
<i>methoxsalen</i> .....	99	<i>mm aspirin</i> .....	21	<b>NAMENDA</b> .....	155
<i>methoxsalen rapid</i> .....	96	<i>mm insulin syringe/needle</i> .....	136	<b>NAMENDA TITRATION PAK</b> .....	155
<i>methscopolamine bromide</i> .....	161	<b>MM PEN NEEDLES</b> .....	136	<b>NAMENDA XR</b> .....	155
<i>methsuximide</i> .....	36	<b>MM TWIST LANCETS</b> .....	126	<b>NAMZARIC</b> .....	153
<i>methylropa</i> .....	48	<b>M-M-R II</b> .....	163	<i>naproxen</i> .....	17
<i>methylergonovine maleate</i> .....	151	<i>modafinil</i> .....	15	<i>naproxen sodium</i> .....	17
<b>METHYLIN</b> .....	14	<i>moexipril hcl</i> .....	47	<i>naratriptan hcl</i> .....	142
<i>methylparaben</i> .....	152	<i>molindone hcl</i> .....	64	<b>NARCAN</b> .....	43
<i>methylparaben sodium</i> .....	152	<i>mometasone furoate</i> .....	98, 146	<b>NARDIL</b> .....	37
<i>methylphenidate hcl</i> .....	14, 15	<b>MOMMY'S BLISS VIT D</b>		<b>NASCOBAL</b> .....	112
<i>methylphenidate hcl er</i> .....	14	<b>ORGANIC</b> .....	169	<b>NATACYN</b> .....	148
<i>methylphenidate hcl er (cd)</i> .....	14	<b>MONOJECT INSULIN SYRINGE</b> ..	136	<b>NATAZIA</b> .....	89
<i>methylphenidate hcl er (la)</i> .....	14	<b>MONOJECT ULTRA COMFORT</b>		<i>nateglinide</i> .....	41
<i>methylphenidate hcl er (osm)</i> .....	14	<b>SYRINGE</b> .....	136	<i>nat-rul vitamin d</i> .....	169
<i>methylphenidate hcl er (xr)</i> .....	14	<b>MONOLET LANCETS</b> .....	126	<i>natural vitamin d-3</i> .....	169
<i>methylprednisolone</i> .....	92	<b>MONOLET OPD LANCETS</b> .....	126	<b>NAYZILAM</b> .....	34
<i>methylprednisolone acetate</i> .....	92	<b>MONOLETTOR SAFETY</b>		<i>nebulizer air tube/plugs</i> .....	139
<i>metoclopramide hcl</i> .....	108	<b>LANCETS</b> .....	126	<i>nebulizer mask adult</i> .....	139
<i>metoclopramide hcl monohydrate</i> ..	108	<b>MONO-LINYAH</b> .....	85	<i>nebulizer mask child</i> .....	139
<i>metolazone</i> .....	102	<i>montelukast sodium</i> .....	32	<b>NEBUPENT</b> .....	48
<i>metoprolol succinate er</i> .....	70	<b>MONUROL</b> .....	50	<b>NEBUSAL</b> .....	93
<i>metoprolol tartrate</i> .....	70	<i>morphine sulfate</i> .....	24, 25	<b>NECON 0.5/35 (28)</b> .....	85
<i>metoprolol-hydrochlorothiazide</i> .....	48	<i>morphine sulfate (bulk)</i> .....	24	<i>nefazodone hcl</i> .....	37
<i>metronidazole</i> .....	48, 99, 164	<i>morphine sulfate (concentrate)</i> .....	24	<b>NEOKE RA LIPOIC</b> .....	15
<b>METRONIDAZOLE</b>		<i>morphine sulfate er</i> .....	24, 25	<i>neomycin sulfate</i> .....	15
<b>BENZO+SYRSPEND</b> .....	48	<i>morphine sulfate er beads</i> .....	24	<i>neomycin-bacitracin zn-polymyx</i> ....	148
<i>metyrosine</i> .....	47	<b>MOTEGRITY</b> .....	107	<i>neomycin-polymyxin-dexameth</i> ....	149
<i>mexiletine hcl</i> .....	30	<b>MOUNJARO</b> .....	40	<i>neomycin-polymyxin-gramicidin</i> ....	148
<b>MIACALCIN</b> .....	102	<i>moxifloxacin hcl</i> .....	107, 148	<i>neomycin-polymyxin-hc</i> .....	149, 151
<b>MIBELAS 24 FE</b> .....	84	<i>moxifloxacin hcl (2x day)</i> .....	148	<b>NEO-POLYCIN</b> .....	148
<i>miconazole</i> .....	44	<i>mpd safety lancet 21g</i> .....	126	<b>NEO-POLYCIN HC</b> .....	149
<i>miconazole 3</i> .....	164	<i>mpd safety lancet 23g</i> .....	126	<b>NEORAL</b> .....	144
<i>miconazole nitrate</i> .....	98	<i>mpd safety lancet 28g</i> .....	126	<b>NERLYNX</b> .....	56
<b>MICRHOGAM ULTRA-FILTERED</b>		<i>mpd safety lancet 30g</i> .....	126	<b>NEULASTA</b> .....	112
<b>PLUS</b> .....	151	<i>ms insulin syringe</i> .....	136	<b>NEULASTA ONPRO</b> .....	112
<b>MICROCHAMBER</b> .....	141	<b>MULPLETA</b> .....	112	<b>NEUPRO</b> .....	63
<b>MICRODOT PEN NEEDLE</b> .....	136	<b>MULTAQ</b> .....	30	<i>nevirapine</i> .....	67
<b>MICROGESTIN 1.5/30</b> .....	84	<i>mupirocin</i> .....	95	<i>nevirapine er</i> .....	67
<b>MICROGESTIN 1/20</b> .....	85	<b>MUSE</b> .....	72	<b>NEW DAY</b> .....	88
<b>MICROGESTIN 24 FE</b> .....	85	<b>MY CHOICE</b> .....	88	<b>NEXAVAR</b> .....	56
<b>MICROGESTIN FE 1.5/30</b> .....	85	<b>MY WAY</b> .....	88	<b>NEXLETOL</b> .....	45
<b>MICROGESTIN FE 1/20</b> .....	85	<b>MYALEPT</b> .....	104	<b>NEXLIZET</b> .....	45
<b>MICROLET LANCETS</b> .....	126	<b>MYAMBUTOL</b> .....	50	<i>niacin er (antihyperlipidemic)</i> .....	46
<b>MICROSPACER</b> .....	141	<b>MYCOBUTIN</b> .....	51	<b>NICORETTE</b> .....	156
<i>midazolam hcl</i> .....	113	<i>mycophenolate mofetil</i> .....	144	<b>NICORETTE STARTER KIT</b> .....	157
<i>midodrine hcl</i> .....	165	<i>mycophenolate sodium</i> .....	144	<i>nicotine</i> .....	157
<b>MIEBO</b> .....	150	<b>MYFEMBREE</b> .....	107	<i>nicotine mini</i> .....	157
<b>MIGERGOT</b> .....	141	<b>MYFORTIC</b> .....	144	<i>nicotine polacrilex</i> .....	157
<i>miglitol</i> .....	38	<b>MYGLUCOHEALTH LANCETS</b>		<i>nicotine polacrilex mini</i> .....	157
<i>miglustat</i> .....	112	<b>30G</b> .....	127	<i>nicotine step 1</i> .....	157
<b>MIGRANAL</b> .....	141	<b>MYLERAN</b> .....	51	<i>nicotine step 2</i> .....	157
<b>MILI</b> .....	85	<b>MYRBETRIQ</b> .....	162	<i>nicotine step 3</i> .....	157
<b>MIMVEY</b> .....	106	<b>MYTESI</b> .....	42	<b>NICOTROL</b> .....	157
<i>mineral oil</i> .....	114	<i>na sulfate-k sulfate-mg sulf</i> .....	114	<b>NICOTROL NS</b> .....	157
<b>MINIPRESS</b> .....	48	<i>nabumetone</i> .....	17	<i>nifedipine</i> .....	71
<i>minocycline hcl</i> .....	159, 160	<i>n-acetyl-l-cysteine</i> .....	94	<i>nifedipine er</i> .....	70
<i>minoxidil</i> .....	48	<i>nadolol</i> .....	70	<i>nifedipine er osmotic release</i> .....	71
<i>mirtazapine</i> .....	36	<i>naftifine hcl</i> .....	95	<b>NIKKI</b> .....	85



<b>NILANDRON</b> .....	51	<b>NUTROPIN AQ NUSPIN 20</b> .....	103	<b>OPTIMAL D3 M</b> .....	169
<i>nilutamide</i> .....	51	<b>NUTROPIN AQ NUSPIN 5</b> .....	103	<b>OPTION 2</b> .....	88
<i>nimodipine</i> .....	71	<b>NUVARING</b> .....	87	<b>OPTIONS GYNOL II</b>	
<b>NINLARO</b> .....	57	<b>NUZYRA</b> .....	159	<b>CONTRACEPTIVE</b> .....	164
<i>nitazoxanide</i> .....	49	<b>NYAMYC</b> .....	95	<b>OPURITY VITAMIN D</b> .....	169
<i>nitisinone</i> .....	104	<b>NYLIA 1/35</b> .....	85	<b>ORALAIR</b> .....	15
<b>NITRO-BID</b> .....	29	<b>NYLIA 7/7/7</b> .....	91	<b>ORALONE</b> .....	145
<i>nitrofurantoin macrocrystal</i> .....	50	<b>NYMALIZE</b> .....	71	<b>ORENCIA</b> .....	18
<i>nitrofurantoin monohyd macro</i> .....	50	<b>NYMYO</b> .....	86	<b>ORENCIA CLICKJECT</b> .....	17
<i>nitroglycerin</i> .....	29	<i>nystatin</i> .....	44, 95, 145	<b>ORENITRAM</b> .....	72
<b>NITROLINGUAL</b> .....	29	<i>nystatin-triamcinolone</i> .....	95	<b>ORENITRAM MONTH 1</b> .....	72
<b>NITYR</b> .....	104	<b>NYSTOP</b> .....	95	<b>ORENITRAM MONTH 2</b> .....	72
<b>NIVESTYM</b> .....	112	<b>OCALIVA</b> .....	108	<b>ORENITRAM MONTH 3</b> .....	72
<i>nizatidine</i> .....	161	<b>OCELLA</b> .....	86	<b>ORFADIN</b> .....	104
<b>NOCDURNA</b> .....	106	<i>octinoxate</i> .....	78	<b>ORGOVYX</b> .....	58
<b>NORA-BE</b> .....	90	<i>octisalate</i> .....	78	<b>ORLISSA</b> .....	103
<b>NORDITROPIN FLEXPRO</b> .....	103	<i>octreotide acetate</i> .....	105, 106	<b>ORKAMBI</b> .....	158
<i>norethin ace-eth estrad-fe</i> .....	85	<b>OCUFLOX</b> .....	148	<b>ORLADEYO</b> .....	111
<i>norethindrone</i> .....	90	<b>ODACTRA</b> .....	15	<i>orlistat</i> .....	14
<i>norethindrone acetate</i> .....	152	<b>ODEFSEY</b> .....	66	<i>orphenadrine citrate</i> .....	146
<i>norethindrone acet-ethinyl est</i> .....	85	<b>ODOMZO</b> .....	54	<i>orphenadrine citrate er</i> .....	146
<i>norethindrone-eth estradiol</i> .....	106	<b>OFEV</b> .....	159	<b>ORSERDU</b> .....	61
<i>norethindron-ethinyl estrad-fe</i> .....	91	<i>ofloxacin</i> .....	107, 148, 150	<b>ORSYTHIA</b> .....	86
<i>norethin-eth estradiol-fe</i> .....	85	<i>olanzapine</i> .....	65	<i>oseltamivir phosphate</i> .....	69
<i>norgestimate-eth estradiol</i> .....	85	<i>olanzapine-fluoxetine hcl</i> .....	158	<b>OSPHENA</b> .....	105
<i>norgestim-eth estrad triphasic</i> .....	91	<i>olmesartan medoxomil</i> .....	47	<b>OTEZLA</b> .....	17
<b>NORLIQVA</b> .....	71	<i>olmesartan medoxomil-hctz</i> .....	47	<b>OVIDE</b> .....	100
<b>NORLYDA</b> .....	90	<i>olmesartan-amlodipine-hctz</i> .....	48	<b>OVIDREL</b> .....	105
<b>NORLYROC</b> .....	90	<b>OLUMIANT</b> .....	15	<i>oxaprozin</i> .....	17
<b>NORPACE</b> .....	30	<i>omega-3-acid ethyl esters</i> .....	45	<i>oxazepam</i> .....	30
<b>NORPACE CR</b> .....	30	<i>omeprazole</i> .....	78, 161	<i>oxcarbazepine</i> .....	35
<b>NORPRAMIN</b> .....	38	<b>OMEPRAZOLE+SYRSPEND SF</b>		<b>OXERVATE</b> .....	149
<b>NORTREL 0.5/35 (28)</b> .....	85	<b>ALKA</b> .....	161	<i>oxybutynin chloride</i> .....	78, 162
<b>NORTREL 1/35 (21)</b> .....	85	<b>OMNARIS</b> .....	146	<i>oxybutynin chloride er</i> .....	162
<b>NORTREL 1/35 (28)</b> .....	85	<b>OMNIFLEX DIAPHRAGM</b> .....	118	<i>oxycodone hcl</i> .....	25, 26
<b>NORTREL 7/7/7</b> .....	91	<b>OMNIPOD 5 G6 INTRO (GEN 5)</b> .....	133	<i>oxycodone-acetaminophen</i> .....	26
<i>nortriptyline hcl</i> .....	38	<b>OMNIPOD 5 G6 PODS (GEN 5)</b> .....	133	<b>OXYCONTIN</b> .....	26
<b>NORVIR</b> .....	67	<b>OMNIPOD CLASSIC PODS (GEN</b>		<i>oxymetazoline hcl</i> .....	78
<b>NOURIANZ</b> .....	62	<b>3)</b> .....	133	<i>oxymorphone hcl</i> .....	26
<b>NOVA MAX PLUS KETONE TEST</b>		<b>OMNIPOD DASH PODS (GEN 4)</b> .....	133	<i>oxymorphone hcl er</i> .....	26
.....	101	<i>ondansetron</i> .....	43	<i>oxytocin</i> .....	78
<b>NOVA SAFETY LANCETS 23G</b> .....	127	<i>ondansetron hcl</i> .....	43	<i>oxytocin acetate</i> .....	78
<b>NOVA SAFETY LANCETS 28G</b> .....	127	<b>ONETOUCH DELICA PLUS</b>		<b>OZEMPIC (0.25 OR 0.5</b>	
<b>NOVA SUREFLEX LANCETS</b> .....	127	<b>LANCET30G</b> .....	127	<b>MG/DOSE)</b> .....	41
<b>NOVAREL</b> .....	105	<b>ONETOUCH DELICA PLUS</b>		<b>OZEMPIC (1 MG/DOSE)</b> .....	41
<i>novavax covid-19 vaccine</i> .....	163	<b>LANCET33G</b> .....	127	<b>OZEMPIC (2 MG/DOSE)</b> .....	41
<b>NOVOFINE AUTOCOVER PEN</b>		<b>ONETOUCH ULTRASOFT 2</b>		<b>PACERONE</b> .....	30
<b>NEEDLE</b> .....	136	<b>LANCETS</b> .....	127	<i>paliperidone er</i> .....	64
<b>NOVOFINE PEN NEEDLE</b> .....	136	<b>ONGENTYS</b> .....	63	<b>PANRETIN</b> .....	96
<b>NOVOFINE PLUS PEN NEEDLE</b> .....	136	<b>ONUREG</b> .....	52	<i>pantoprazole sodium</i> .....	161
<b>NOXAFIL</b> .....	44	<b>OPCICON ONE-STEP</b> .....	88	<i>papaverine hcl</i> .....	71
<b>NP THYROID</b> .....	160	<b>OPSUMIT</b> .....	72	<b>PARI ALTERA NEBULIZER</b>	
<b>NPLATE</b> .....	112	<b>OPTICHAMBER DIAMOND</b> .....	141	<b>HANDSET</b> .....	139
<b>NUBEQA</b> .....	51	<b>OPTICHAMBER DIAMOND-LG</b>		<b>PARI BABY CONVERSION KIT</b> .....	139
<b>NUCALA</b> .....	32	<b>MASK</b> .....	141	<b>PARI ERAPID NEBULIZER</b>	
<b>NUCORT</b> .....	98	<b>OPTICHAMBER DIAMOND-MD</b>		<b>HANDSET</b> .....	139
<b>NUDEXTA</b> .....	155	<b>MASK</b> .....	141	<b>PARI EXPIRATORY FILTER SET</b> .....	139
<b>NUPLAZID</b> .....	63	<b>OPTICHAMBER DIAMOND-SM</b>		<b>PARI MASK SET</b> .....	139
<b>NURTEC</b> .....	141	<b>MASK</b> .....	141	<b>PARI SOFT PLASTIC ADULT</b>	
<b>NUTROPIN AQ NUSPIN 10</b> .....	103	<b>OPTIMAL D3</b> .....	169	<b>MASK</b> .....	139

<b>PARI SOFT PLASTIC PED MASK</b> 139	<i>phenytoin sodium extended</i> ..... 36	<b>PRECISION SURE-DOSE</b>
<i>paricalcitol</i> ..... 104	<b>PHILITH</b> ..... 86	<b>SYRINGE</b> ..... 137
<b>PARLODEL</b> ..... 62	<i>phosphoric acid</i> ..... 74	<b>PRECISION THINS GP LANCETS</b> 127
<b>PARNATE</b> ..... 37	<i>phoxillum b22k4/0</i> ..... 143	<b>PRECISION XTRA KETONE</b> ..... 101
<i>paroxetine hcl</i> ..... 37	<i>phoxillum bk4/2.5</i> ..... 143	<b>PRED MILD</b> ..... 150
<i>paroxetine hcl er</i> ..... 37	<i>phytonadione</i> ..... 172	<i>prednisolone</i> ..... 92
<b>PAXIL</b> ..... 37	<b>PIFELTRO</b> ..... 67	<i>prednisolone acetate</i> ..... 92, 150
<b>PAXLOVID (150/100)</b> ..... 68	<i>pillow mask/adult</i> ..... 139	<i>prednisolone sodium phosphate</i>
<b>PAXLOVID (300/100)</b> ..... 68	<i>pillow mask/child</i> ..... 139	..... 92, 93, 150
<i>pc unifine pentips</i> ..... 136	<i>pillow mask/pediatric</i> ..... 139	<i>prednisone</i> ..... 93
<i>pectin</i> ..... 42	<i>pilocarpine hcl</i> ..... 145, 147	<b>PREDNISONE INTENSOL</b> ..... 93
<b>PEDIAPRED</b> ..... 92	<i>pimecrolimus</i> ..... 99	<i>preferred plus insulin syringe</i> ..... 137
<b>PEDIARIX</b> ..... 160	<i>pimozide</i> ..... 155	<i>preferred plus lancets colored</i> ..... 127
<b>PEDVAX HIB</b> ..... 162	<b>PIMTREA</b> ..... 81	<i>preferred plus lancets thin</i> ..... 127
<i>peg 3350-kcl-na bicarb-nacl</i> ..... 114	<i>pindolol</i> ..... 70	<i>preferred plus unifine pentips</i> ..... 137
<i>peg-3350/electrolytes</i> ..... 114	<i>pineapple flavor</i> ..... 152	<i>pregabalin</i> ..... 35
<i>peg-3350/electrolytes/ascorbic acid</i> ..... 114	<i>pioglitazone hcl</i> ..... 42	<b>PREGNYL</b> ..... 105
<b>PEGASYS</b> ..... 69	<i>pioglitazone hcl-metformin hcl</i> ..... 42	<b>PREHEVBRIO</b> ..... 163
<i>peg-kcl-nacl-nasulf-na asc-c</i> ..... 114	<i>pip lancets 28g</i> ..... 127	<b>PREMARIN</b> ..... 107, 165
<i>pen needles</i> ..... 137	<i>pip lancets 30g</i> ..... 127	<b>PREMPHASE</b> ..... 106
<i>pen needles 5/16"</i> ..... 137	<i>pip pen needles 31g x 5mm</i> ..... 137	<b>PREMPRO</b> ..... 107
<i>penicillamine</i> ..... 143	<i>pip pen needles 32g x 4mm</i> ..... 137	<i>pretomanid</i> ..... 51
<i>penicillin v potassium</i> ..... 151	<i>piperazine citrate</i> ..... 28	<b>PREVALITE</b> ..... 45
<b>PENTACEL</b> ..... 160	<b>PIQRAY (200 MG DAILY DOSE)</b> ..... 60	<b>PREVENT DROPSAFE PEN</b>
<i>pentamidine isethionate</i> ..... 49	<b>PIQRAY (250 MG DAILY DOSE)</b> ..... 60	<b>NEEDLES</b> ..... 137
<b>PENTASA</b> ..... 109	<b>PIQRAY (300 MG DAILY DOSE)</b> ..... 60	<b>PREVENT SAFETY PEN</b>
<i>pentazocine-naloxone hcl</i> ..... 27	<i>pirfenidone</i> ..... 159	<b>NEEDLES</b> ..... 137
<b>PENTIPS</b> ..... 137	<b>PIRMELLA 7/7/7</b> ..... 91	<b>PREVNAR 13</b> ..... 162
<i>pentoxifylline er</i> ..... 111	<i>piroxicam</i> ..... 17	<b>PREVNAR 20</b> ..... 162
<b>PERFECT LANCETS 28G</b> ..... 127	<b>PLAN B ONE-STEP</b> ..... 88	<b>PREVYMIS</b> ..... 68
<b>PERFECT LANCETS 30G</b> ..... 127	<b>PLAQUENIL</b> ..... 50	<b>PREZCOBIX</b> ..... 66
<b>PERFOROMIST</b> ..... 32	<b>PNEUMOVAX 23</b> ..... 162	<b>PREZISTA</b> ..... 67
<b>PERIDEX</b> ..... 145	<b>POCKET CHAMBER</b> ..... 141	<b>PRIFTIN</b> ..... 51
<i>perindopril erbumine</i> ..... 47	<b>POCKET SPACER</b> ..... 141	<i>primaquine phosphate</i> ..... 50
<b>PERIOGARD</b> ..... 145	<i>podofilox</i> ..... 99	<i>primidone</i> ..... 35
<i>permethrin</i> ..... 100	<i>podophyllum resin</i> ..... 99	<b>PRIORIX</b> ..... 163
<i>perphenazine</i> ..... 65	<b>POLYGIN</b> ..... 148	<b>PRISMASOL B22GK 4/0</b> ..... 143
<i>perphenazine-amitriptyline</i> ..... 155	<i>polymyxin b sulfate</i> ..... 49	<b>PRISMASOL BGK 0/2.5</b> ..... 143
<b>PERSERIS</b> ..... 64	<i>polymyxin b-trimethoprim</i> ..... 148	<b>PRISMASOL BGK 2/0</b> ..... 143
<b>PFLEX</b> ..... 139	<i>polyoxyl 40 stearate</i> ..... 152	<b>PRISMASOL BGK 2/3.5</b> ..... 143
<i>pharmacist choice d-vitamin</i> ..... 169	<b>POMALYST</b> ..... 55	<b>PRISMASOL BGK 4/0/1.2</b> ..... 143
<b>PHARMACIST CHOICE</b>	<b>PORTIA-28</b> ..... 86	<b>PRISMASOL BGK 4/2.5</b> ..... 143
<b>LANCETS</b> ..... 127	<i>posaconazole</i> ..... 44	<b>PRISMASOL BK 0/0/1.2</b> ..... 143
<b>PHARMACY COUNTER</b>	<i>potassium chloride</i> ..... 143	<i>pro comfort safety lancets 30g</i> ..... 127
<b>LANCETS</b> ..... 127	<i>potassium chloride crys er</i> ..... 142, 143	<i>probenecid</i> ..... 110
<i>phenazopyridine hcl</i> ..... 110	<i>potassium chloride er</i> ..... 143	<i>procainamide hcl</i> ..... 30
<i>phendimetrazine tartrate</i> ..... 13	<i>potassium citrate er</i> ..... 110	<i>procaine hcl</i> ..... 114
<i>phendimetrazine tartrate er</i> ..... 14	<i>potassium citrate monohydrate</i> ..... 110	<i>prochlorperazine</i> ..... 65
<i>phenelzine sulfate</i> ..... 37	<i>potassium hydroxide</i> ..... 74	<i>prochlorperazine edisylate</i> ..... 65
<i>phenobarbital</i> ..... 113	<i>potassium sorbate</i> ..... 152	<i>prochlorperazine maleate</i> ..... 65
<i>phenobarbital sodium</i> ..... 113	<b>PRADAXA</b> ..... 34	<b>PROCTOFOAM HC</b> ..... 28
<i>phenol</i> ..... 65	<b>PRALUENT</b> ..... 46	<b>PROCTO-MED HC</b> ..... 28
<i>phenoxybenzamine hcl</i> ..... 47	<i>pramipexole dihydrochloride</i> ..... 63	<b>PROCTOSOL HC</b> ..... 28
<i>phentermine hcl</i> ..... 14	<b>PRAMOSONE</b> ..... 100	<b>PROCTOZONE-HC</b> ..... 28
<i>phenylbutazone</i> ..... 17	<i>pramoxine hcl</i> ..... 99	<b>PRODIGY INSULIN SYRINGE</b> ..... 137
<i>phenylephrine hcl</i> ..... 146, 147	<i>prasugrel hcl</i> ..... 112	<b>PRODIGY LANCETS 28G</b> ..... 127
<b>PHENYTEK</b> ..... 36	<i>pravastatin sodium</i> ..... 45	<b>PRODIGY SAFETY LANCETS</b>
<i>phenytoin</i> ..... 36	<i>praziquantel</i> ..... 28	<b>26G</b> ..... 127
<b>PHENYTOIN INFATABS</b> ..... 36	<i>prazosin hcl</i> ..... 48	<b>PRODIGY TWIST TOP LANCETS</b>
<i>phenytoin sodium</i> ..... 36		<b>28G</b> ..... 127

progesterone .....	78, 152	qc lancets super thin 30g .....	128	rasagiline mesylate .....	62, 78
progesterone micronized .....	78	qc lancets ultra thin .....	128	raya sure pen needle .....	137
progesterone wettable .....	78	qc nicotine transdermal system .....	157	<b>RAYALDEE</b> .....	104
<b>PROGLYCEM</b> .....	39	qc pen needles .....	137	<b>REACT</b> .....	88
<b>PROGRAF</b> .....	144	qc unifine pentips .....	137	<b>READYLANCE SAFETY</b>	
<b>PROLENSA</b> .....	149	qc unilet lancets 28g .....	128	<b>LANCETS</b> .....	128
<b>PROLIA</b> .....	105	qc unilet lancets micro thin .....	128	reality insulin syringe .....	137
<b>PROMACTA</b> .....	113	qc vitamin d3 .....	169	reality lancets .....	128
promethazine hcl .....	44	<b>QINLOCK</b> .....	56	<b>REALITY LATEX CONDOMS</b> .....	117
promethazine vc .....	93	<b>QNASL</b> .....	146	<b>REALITY LATEX/ULTRA</b>	
promethazine vclcodeine .....	94	<b>QNASL CHILDRENS</b> .....	146	<b>TEXTURED</b> .....	117
promethazine-codeine .....	94	<b>QSYMIA</b> .....	13	<b>REALITY LATEX/ULTRA THIN</b> .....	117
promethazine-dm .....	94	<b>QUADRACEL</b> .....	160	reality trigger lancets .....	128
<b>PROMETHEGAN</b> .....	44	<b>QUALAQUIN</b> .....	50	<b>REBIF</b> .....	154
<b>PRONUTRIENTS VITAMIN D3</b> .....	169	quazepam .....	113	<b>REBIF REBIDOSE</b> .....	154
propafenone hcl .....	30	quetiapine fumarate .....	64	<b>REBIF REBIDOSE TITRATION</b>	
propafenone hcl er .....	30	quetiapine fumarate er .....	64	<b>PACK</b> .....	154
propanteline bromide .....	161	quinacrine hcl .....	50	<b>REBIF TITRATION PACK</b> .....	154
proparacaine hcl .....	149	quinapril hcl .....	47	<b>RECLIPSEN</b> .....	86
propranolol hcl .....	70	quinapril-hydrochlorothiazide .....	46	<b>RECOMBIVAX HB</b> .....	163
propranolol hcl er .....	70	quinidine gluconate er .....	30	<b>RECTIV</b> .....	28
propylparaben .....	152	quinidine sulfate .....	30	<b>REGLAN</b> .....	108
propylparaben sodium .....	152	quinine sulfate .....	50	<b>REGRANEX</b> .....	100
propylthiouracil .....	160	quinine sulfate dihydrate .....	50	<b>RELENZA DISKHALER</b> .....	69
<b>PROSCAR</b> .....	109	<b>QULIPTA</b> .....	141	<b>RELION INSULIN SYRINGE</b> .....	137
protriptyline hcl .....	38	<b>QVAR REDIHALER</b> .....	33	<b>RELION KETONE TEST</b> .....	101
<b>PROVERA</b> .....	152	ra aspirin .....	22	<b>RELION LANCETS MICRO-THIN</b>	
pseudoeph-bromphen-dm .....	94	ra aspirin adult low dose .....	22	<b>33G</b> .....	128
pseudoephedrine hcl .....	146	ra aspirin adult low strength .....	22	<b>RELION LANCETS THIN 26G</b> .....	128
<b>PSS SELECT GP LANCETS</b> .....	127	ra aspirin childrens .....	22	<b>RELION LANCETS ULTRA-THIN</b>	
<b>PSS SELECT PLATFORMS</b> .....	127	ra aspirin ec .....	22	<b>30G</b> .....	128
<b>PSS SELECT SAFETY LANCETS</b> .....	127	ra aspirin ec adult low st .....	22	<b>RELION MINI PEN NEEDLES</b> .....	137
<b>PULMICORT FLEXHALER</b> .....	33	<b>RA E-ZJECT LANCETS 28G</b> .....	128	<b>RELION PEN NEEDLES</b> .....	137
<b>PULMOSAL</b> .....	93	<b>RA E-ZJECT LANCETS THIN 26G</b>		<b>RELION SHORT PEN NEEDLES</b> .....	137
<b>PULMOZYME</b> .....	159	.....	128	<b>RELION ULTRA THIN LANCETS</b>	
pure comfort lancets 30g .....	127	<b>RA E-ZJECT LANCETS THIN 28G</b>		<b>30G</b> .....	128
pure comfort pen needle .....	137	.....	128	<b>RELION ULTRA THIN PLUS</b>	
<b>PURIXAN</b> .....	52	<b>RA E-ZJECT LANCETS ULTRA</b>		<b>LANCETS</b> .....	128
px aspirin .....	21	<b>THIN</b> .....	128	<b>RELYVRIO</b> .....	146
px enteric aspirin .....	21	ra insulin syringe .....	137	<b>REMERON</b> .....	36
px extra short pen needles .....	137	ra mini nicotine .....	157	<b>REMERON SOLTAB</b> .....	37
px insulin syringe .....	137	ra nicotine .....	157, 158	<b>RENACIDIN</b> .....	110
px lancets microthin 33g .....	128	ra nicotine gum .....	157	repaglinide .....	41
px lancets ultra thin 28g .....	128	ra nicotine polacrilex .....	157	<b>REPATHA</b> .....	46
px mini pen needles .....	137	ra pain relief aspirin .....	22	<b>REPATHA PUSHTRONEX</b>	
px pen needle .....	137	ra pen needles .....	137	<b>SYSTEM</b> .....	46
px shortlength pen needles .....	137	ra vitamin d-3 .....	169	<b>REPATHA SURECLICK</b> .....	46
px stop smoking aid .....	157	rabeprazole sodium .....	161	replacement air filter .....	139
pyrazinamide .....	51	racepinephrine hcl .....	78	<b>REPLESTA</b> .....	170
pyridostigmine bromide .....	50	<b>RADIANCE PLATINUM VITAMIN</b>		<b>REPLESTA NX</b> .....	170
pyridostigmine bromide er .....	50	<b>D3</b> .....	170	<b>RESTASIS</b> .....	148
pyrilamine maleate .....	44	<b>RADICAVA ORS</b> .....	146	<b>RESTASIS MULTIDOSE</b> .....	149
pyrimethamine .....	50	<b>RADICAVA ORS STARTER KIT</b> .....	146	<b>RESTORA RX</b> .....	42
pyrogalllic acid .....	99	<b>RADIOGARDASE</b> .....	42	resveratrol .....	78
<b>PYRUKYND</b> .....	111	<b>RAGWITEK</b> .....	15	<b>RETEVMO</b> .....	57
<b>PYRUKYND TAPER PACK</b> .....	111	raloxifene hcl .....	105	retinal .....	78
qc aspirin .....	21	ramelteon .....	114	<b>RETROVIR</b> .....	68
qc aspirin low dose .....	21	ramipril .....	47	<b>REVLIMID</b> .....	144
qc childrens aspirin .....	21	ranolazine er .....	28	<b>REXALL LANCETS ULTRA THIN</b>	
qc enteric aspirin .....	22	<b>RAPAMUNE</b> .....	144	<b>30G</b> .....	128

<b>REXULTI</b> .....	65	<b>SAMSCA</b> .....	105	<i>sm aspirin ec</i> .....	22
<b>REYATAZ</b> .....	67	<b>SANDIMMUNE</b> .....	144	<i>sm aspirin ec low strength</i> .....	22
<b>REZLIDHIA</b> .....	59	<b>SANTYL</b> .....	98	<i>sm aspirin low dose</i> .....	22
<b>RHOFADE</b> .....	100	<i>sapropterin dihydrochloride</i> .....	105	<i>sm childrens aspirin</i> .....	22
<b>RHOGAM ULTRA-FILTERED PLUS</b> .....	151	<i>saps health plus lancets</i> .....	129	<i>sm lancets 33g</i> .....	129
<b>RHOPHYLAC</b> .....	151	<b>SAVAYSA</b> .....	33	<i>sm nicotine</i> .....	158
<b>RHOPRESSA</b> .....	149	<b>SAVELLA</b> .....	153	<i>sm nicotine polacrilex</i> .....	158
<i>ribavirin</i> .....	69	<b>SAVELLA TITRATION PACK</b> .....	153	<i>sm vitamin d</i> .....	170
<i>riboflavin</i> .....	79	<b>SAXENDA</b> .....	14	<i>sm vitamin d3</i> .....	170
<i>riboflavin-5-phosphate sodium</i> .....	79	<i>sb aspirin</i> .....	22	<b>SMART SENSE COLOR LANCETS 33G</b> .....	129
<b>RIDAURA</b> .....	16	<i>sb aspirin ec</i> .....	22	<b>SMART SENSE STANDARD LANCETS</b> .....	129
<i>rifabutin</i> .....	51	<i>sb childrens aspirin</i> .....	22	<b>SMART SENSE SUPER THIN LANCETS</b> .....	129
<i>rifampin</i> .....	51, 79	<i>sb insulin syringe</i> .....	137	<b>SMART SENSE THIN LANCETS 26G</b> .....	129
<i>rifaximin</i> .....	79	<i>sb lancets thin</i> .....	129	<b>SMARTEST LANCETS 28G</b> .....	129
<b>RIGHTEST ALTERNATE SITE ADAPT</b> .....	128	<i>sb lancets ultra thin</i> .....	129	<i>sodium ascorbate</i> .....	165
<b>RIGHTEST GL300 LANCETS</b> .....	128	<i>sb low dose asa ec</i> .....	22	<i>sodium bicarbonate</i> .....	28
<i>riluzole</i> .....	146	<b>SCSEMBLIX</b> .....	53	<i>sodium carbonate anhydrous</i> .....	74
<i>rimantadine hcl</i> .....	69	<i>scopolamine</i> .....	43	<i>sodium carbonate monohydrate</i> .....	74
<b>RINVOQ</b> .....	15	<b>SECURESAFE INSULIN SYRINGE</b> .....	137	<i>sodium chloride</i> .....	93, 110
<b>RIOMET</b> .....	39	<b>SECURESAFE SAFETY PEN NEEDLES</b> .....	137	<i>sodium citrate</i> .....	110
<i>risedronate sodium</i> .....	102	<i>selegiline hcl</i> .....	62	<i>sodium fluoride</i> .....	142
<b>RISPERDAL CONSTA</b> .....	64	<i>selenium sulfide</i> .....	96	<i>sodium hydroxide</i> .....	74
<i>risperidone</i> .....	64	<b>SELZENTRY</b> .....	66	<i>sodium oxybate</i> .....	153
<b>RITEFLO</b> .....	141	<b>SEREVENT DISKUS</b> .....	32	<i>sodium phenylbutyrate</i> .....	106
<i>ritonavir</i> .....	67	<b>SEROSTIM</b> .....	103	<i>sodium polystyrene sulfonate</i> .....	145
<i>rivastigmine</i> .....	153	<i>sertraline hcl</i> .....	37	<i>sodium salicylate</i> .....	23
<i>rivastigmine tartrate</i> .....	153	<b>SETLAKIN</b> .....	89	<i>sodium sulfacetamide-bakuchiol</i> .....	96
<b>RIVELSA</b> .....	89	<i>sevelamer carbonate</i> .....	109	<i>sofosbuvir-velpatasvir</i> .....	69
<i>rizatriptan benzoate</i> .....	142	<i>sevelamer hcl</i> .....	109	<i>solifenacin succinate</i> .....	162
<b>ROCALTROL</b> .....	104	<b>SEYSARA</b> .....	160	<b>SOLIQUA</b> .....	41
<b>ROCKLATAN</b> .....	149	<b>SFROWASA</b> .....	109	<b>SOLOSEC</b> .....	15
<i>rocuronium bromide</i> .....	79	<b>SHAROBEL</b> .....	90	<b>SOLTAMOX</b> .....	51
<i>roflumilast</i> .....	32	<b>SHINGRIX</b> .....	164	<b>SOLU-CORTEF</b> .....	93
<i>ropinirole hcl</i> .....	63	<b>SIDESTREAM ADULT FACE MASK</b> .....	139	<b>SOLUS V2 LANCETS 28G</b> .....	129
<i>ropinirole hcl er</i> .....	63	<b>SIDESTREAM PEDIATRIC FACE MASK</b> .....	140	<b>SOLUS V2 TWIST LANCETS 30G</b> .....	129
<i>ropivacaine hcl</i> .....	79	<i>sildenafil citrate</i> .....	72, 73	<b>SOMAVERT</b> .....	103
<i>rosuvastatin calcium</i> .....	45	<i>silicone mask/adult</i> .....	140	<b>SOOLANTRA</b> .....	100
<b>ROWEEPRA</b> .....	35	<i>silicone mask/infant</i> .....	140	<i>sorafenib tosylate</i> .....	56
<b>ROZEREM</b> .....	114	<i>silicone mask/pediatric</i> .....	140	<i>sorbic acid</i> .....	152
<b>ROZLYTREK</b> .....	57	<b>SILIQ</b> .....	96	<i>sorbitol</i> .....	110
<b>RUCONEST</b> .....	111	<i>silodosin</i> .....	110	<i>sotalol hcl</i> .....	70
<i>rufinamide</i> .....	35	<i>silver nitrate</i> .....	97	<i>sotalol hcl (af)</i> .....	70
<b>RUKOBIA</b> .....	66	<i>silver protein mild</i> .....	65	<b>SOTYLIZE</b> .....	70
<i>rutin</i> .....	79	<i>silver sulfadiazine</i> .....	97	<b>SOVALDI</b> .....	69
<b>RYALTRIS</b> .....	146	<b>SIMBRINZA</b> .....	147	<i>spinosad</i> .....	100
<b>RYBELSUS</b> .....	41	<b>SIMPESSE</b> .....	89	<b>SPIRIVA HANDIHALER</b> .....	32
<b>RYDAPT</b> .....	56	<b>SIMPONI</b> .....	16	<b>SPIRIVA RESPIMAT</b> .....	32
<b>RYTARY</b> .....	62	<i>simvastatin</i> .....	45	<i>spironolactone</i> .....	102
<b>SAFE-T-LANCE</b> .....	128	<b>SINEMET</b> .....	62	<i>spironolactone-hctz</i> .....	101
<b>SAFE-T-LANCE PLUS</b> .....	128	<b>SINGLE-LET</b> .....	129	<b>SPORANOX</b> .....	44
<i>safety lancet 30gl/pressure act</i> .....	128	<i>sirolimus</i> .....	144	<b>SPRINTEC 28</b> .....	86
<b>SAFETY LANCETS</b> .....	129	<b>SIRTURO</b> .....	51	<b>SPRYCEL</b> .....	53
<b>SAFETY LANCETS 21G</b> .....	129	<b>SKYRIZI</b> .....	96, 109	<b>SPS</b> .....	145
<b>SAFETY LANCETS 23G</b> .....	129	<b>SKYRIZI PEN</b> .....	96	<b>SRONYX</b> .....	86
<i>safety lancets 28g</i> .....	129	<i>sm aspirin adult low strength</i> .....	22	<b>SSD</b> .....	97
<i>safety pen needles</i> .....	137			<b>ST JOSEPH ASPIRIN</b> .....	23
<b>SAJAZIR</b> .....	111				
<b>SALAGEN</b> .....	145				

<b>ST JOSEPH LOW DOSE</b> .....	23	<b>SYMFI</b> .....	66	<b>TENORETIC 100</b> .....	48
<b>STALEVO 100</b> .....	62	<b>SYMFI LO</b> .....	66	<b>TENORETIC 50</b> .....	48
<b>STALEVO 125</b> .....	62	<b>SYMJEPI</b> .....	165	<i>terazosin hcl</i> .....	48
<b>STALEVO 150</b> .....	62	<b>SYMLINPEN 120</b> .....	39	<i>terbinafine hcl</i> .....	44, 79
<b>STALEVO 200</b> .....	62	<b>SYMLINPEN 60</b> .....	39	<i>terbutaline sulfate</i> .....	32
<b>STALEVO 50</b> .....	62	<b>SYMPAZAN</b> .....	34	<i>terconazole</i> .....	164
<b>STALEVO 75</b> .....	62	<b>SYMPROIC</b> .....	109	<i>teriflunomide</i> .....	154
<i>stamaril</i> .....	164	<b>SYMTUZA</b> .....	66	<i>teriparatide (recombinant)</i> .....	105
<b>STELARA</b> .....	96	<b>SYNAGIS</b> .....	151	<i>terpin hydrate monohydrate</i> .....	93
<b>STERILANCE PA</b> .....	129	<b>SYNAREL</b> .....	104	<i>testosterone</i> .....	27, 79
<b>STERILANCE TL</b> .....	129	<b>SYNDROS</b> .....	43	<i>testosterone cypionate</i> .....	27, 79
<b>STIOLTO RESPIMAT</b> .....	31	<b>SYNJARDY</b> .....	41	<i>testosterone enanthate</i> .....	27
<b>STIVARGA</b> .....	56	<b>SYNJARDY XR</b> .....	41	<i>testosterone micronized</i> .....	79
<b>STRENSIQ</b> .....	104	<b>SYNRIBO</b> .....	58	<i>testosterone propionate</i> .....	79
<b>STRIBILD</b> .....	66	<b>TABLOID</b> .....	52	<i>tetrabenazine</i> .....	153
<b>STRIVERDI RESPIMAT</b> .....	32	<b>TABRECTA</b> .....	55	<i>tetracaine hcl</i> .....	149
<b>STROMECTOL</b> .....	28	<b>TACLONEX</b> .....	100	<i>tetracycline hcl</i> .....	95, 160
<b>SUBVENITE</b> .....	35	<i>tacrolimus</i> .....	79, 99, 144	<i>tetrahydrobiopterin dihydrochloride</i> .....	79
<b>SUBVENITE STARTER KIT-BLUE</b> .....	35	<i>tadalafil</i> .....	73, 79	<i>tgt lancet micro thin 33g</i> .....	130
<b>SUBVENITE STARTER KIT-GREEN</b> .....	35	<i>tadalafil (pah)</i> .....	73	<i>tgt lancet thin 26g</i> .....	130
<b>SUBVENITE STARTER KIT-ORANGE</b> .....	35	<b>TAFINLAR</b> .....	53	<i>tgt lancet ultra thin 30g</i> .....	130
<b>SUCRAID</b> .....	101	<i>tafluprost (pf)</i> .....	150	<b>THALITONE</b> .....	102
<i>sucralfate</i> .....	161	<b>TAGRISSE</b> .....	54	<b>THALOMID</b> .....	143
<i>sufentanil citrate (bulk)</i> .....	26	<b>TAKE ACTION</b> .....	88	<i>theanine</i> .....	79
<i>sulfacetamide sodium</i> .....	96, 150	<b>TAKHZYRO</b> .....	111	<b>THEO-24</b> .....	33
<i>sulfacetamide sodium (acne)</i> .....	94	<b>TALICIA</b> .....	161	<i>theophylline</i> .....	33
<i>sulfacetamide-prednisolone</i> .....	149	<b>TALTZ</b> .....	96	<i>theophylline er</i> .....	33
<i>sulfadiazine</i> .....	159	<b>TAMIFLU</b> .....	69	<b>THERA-D 2000</b> .....	170
<i>sulfadiazine sodium</i> .....	159	<i>tamoxifen citrate</i> .....	51, 79	<b>THERA-D 4000</b> .....	170
<i>sulfamethoxazole</i> .....	159	<i>tamsulosin hcl</i> .....	110	<b>THERA-D RAPID REPLETION</b> .....	170
<i>sulfamethoxazole-trimethoprim</i> .....	49	<i>tangerine flavor</i> .....	152	<i>thiabendazole</i> .....	28
<b>SULFAMYLON</b> .....	97	<b>TARGRETIN</b> .....	100	<i>thimerosal</i> .....	65
<i>sulfapyridine</i> .....	159	<b>TARINA 24 FE</b> .....	86	<b>THINLETS GP LANCETS</b> .....	130
<i>sulfasalazine</i> .....	109	<b>TARINA FE 1/20 EQ</b> .....	86	<b>THIOLA</b> .....	110
<b>SULFATRIM PEDIATRIC</b> .....	49	<i>tartaric acid</i> .....	74	<b>THIOLA EC</b> .....	110
<i>sulfuric acid</i> .....	74	<b>TASIGNA</b> .....	53	<i>thioridazine hcl</i> .....	65
<i>sulindac</i> .....	17	<i>tasimelteon</i> .....	114	<i>thiothixene</i> .....	65
<i>sumatriptan</i> .....	142	<b>TASMAR</b> .....	62	<b>THRESHOLD IMT</b> .....	140
<i>sumatriptan succinate</i> .....	142	<i>tavaborole</i> .....	99	<b>THRIVE</b> .....	158
<i>sumatriptan succinate refill</i> .....	142	<b>TAVALISSE</b> .....	112	<i>thymus</i> .....	79
<i>sunitinib malate</i> .....	56	<b>TAYSOFY</b> .....	86	<i>thyroid</i> .....	160
<b>SUNOSI</b> .....	14	<b>TAYTULLA</b> .....	86	<i>thyroid (porcine)</i> .....	79
<i>super daily d3</i> .....	170	<i>tazarotene</i> .....	96	<b>TIADYLT ER</b> .....	71
<i>super thin lancets</i> .....	129	<b>TAZTIA XT</b> .....	71	<i>tiagabine hcl</i> .....	36
<b>SUPREP BOWEL PREP KIT</b> .....	114	<b>TDVAX</b> .....	160	<b>TIAZAC</b> .....	71
<i>sure comfort insulin syringe</i> .....	137	<b>TECHLITE AST LANCETS</b> .....	130	<b>TIBSOVO</b> .....	59
<i>sure comfort lancets 18g</i> .....	129	<i>techlite insulin syringe</i> .....	137	<b>TICOVAC</b> .....	164
<i>sure comfort lancets 21g</i> .....	129	<b>TECHLITE LANCETS</b> .....	130	<b>TILIA FE</b> .....	91
<i>sure comfort lancets 23g</i> .....	129	<b>TECHLITE LANCETS 30G</b> .....	130	<i>timolol maleate</i> .....	70, 147
<i>sure comfort lancets 28g</i> .....	129	<b>TECHLITE PEN NEEDLES</b> .....	137	<i>timolol maleate (once-daily)</i> .....	147
<i>sure comfort lancets 30g</i> .....	129	<b>TEGSEDI</b> .....	153	<b>TIMOLOL MALEATE OCUDOSE</b> .....	147
<i>sure comfort pen needles</i> .....	137	<b>TEKTURNA</b> .....	48	<i>timolol maleate pf</i> .....	147
<b>SURELITE LANCETS</b> .....	130	<i>telmisartan</i> .....	47	<i>tinidazole</i> .....	49
<b>SUSTIVA</b> .....	67	<i>telmisartan-amlodipine</i> .....	47	<i>tiopronin</i> .....	110
<b>SYEDA</b> .....	86	<i>temazepam</i> .....	113	<i>titanium dioxide</i> .....	79
<b>SYMBICORT</b> .....	31	<b>TEMBEXA</b> .....	69	<b>TIVICAY</b> .....	67
<b>SYMBYAX</b> .....	158	<i>temozolomide</i> .....	59	<b>TIVICAY PD</b> .....	67
<b>SYMDEKO</b> .....	158	<b>TENCON</b> .....	18	<i>tizanidine hcl</i> .....	79, 146
		<b>TENIVAC</b> .....	160	<b>TOBI PODHALER</b> .....	15
		<i>tenofovir disoproxil fumarate</i> .....	68	<b>TOBRADEX</b> .....	149

<b>TOBRADEX ST</b> .....	149	<i>triamterene</i> .....	102	<b>TRUSTEX COLOR CONDOMS +</b>	
<i>tobramycin</i> .....	15, 79, 148	<i>triamterene-hctz</i> .....	101	<b>LUBE</b> .....	117
<i>tobramycin sulfate</i> .....	15	<i>triazolam</i> .....	113	<b>TRUSTEX</b>	
<i>tobramycin-dexamethasone</i> .....	149	<i>trichlormethiazide</i> .....	80	<b>LUB/RIBBED/STUDED</b> .....	117
<b>TOBREX</b> .....	148	<i>trichloroacetic acid</i> .....	80	<b>TRUSTEX LUB/SPERMICIDE EX</b>	
<b>TODAY SPONGE</b> .....	164	<i>triclosan</i> .....	80	<b>ST</b> .....	117
<i>today's health pen needles</i> .....	137	<b>TRIDERM</b> .....	98	<b>TRUSTEX LUB/SPERMICIDE XL</b> .....	117
<i>today's health short pen needle</i> .....	138	<i>trientine hcl</i> .....	143	<b>TRUSTEX LUBRICATED</b> .....	117
<i>today's health thin lancets 28g</i> .....	130	<b>TRI-ESTARYLLA</b> .....	91	<b>TRUSTEX LUBRICATED EX</b>	
<i>today's health thin lancets 30g</i> .....	130	<i>triethyl citrate</i> .....	80	<b>LARGE</b> .....	117
<i>tofacinib citrate</i> .....	79	<i>trifluoperazine hcl</i> .....	65	<b>TRUSTEX LUBRICATED EXTRA</b>	
<b>TOLAK</b> .....	95	<i>trifluridine</i> .....	148	<b>ST</b> .....	117
<i>tolazoline hcl</i> .....	79	<i>trihexyphenidyl hcl</i> .....	62	<b>TRUSTEX</b>	
<i>tolcapone</i> .....	62	<b>TRIJARDY XR</b> .....	41	<b>LUBRICATED/SPERMICIDE</b> .....	117
<i>tolmetin sodium</i> .....	17	<b>TRIKAFTA</b> .....	159	<b>TRUSTEX NATURAL CONDOMS</b>	
<i>tolnaftate</i> .....	95	<b>TRI-LEGEST FE</b> .....	91	<b>+ LUBE</b> .....	117
<i>tolterodine tartrate</i> .....	162	<b>TRI-LINYAH</b> .....	91	<b>TRUSTEX NON-LUBRICATED</b> .....	117
<i>toltrazuril</i> .....	79	<b>TRILIPIX</b> .....	45	<b>TRUSTEX RIA LUB/SPERMICIDE</b> .....	117
<i>tolu balsam</i> .....	79	<b>TRI-LO-ESTARYLLA</b> .....	91	<b>TRUSTEX RIA LUBRICATED</b> .....	117
<i>toluidine blue o</i> .....	79	<b>TRI-LO-MARZIA</b> .....	91	<b>TRUSTEX RIA NON-</b>	
<i>tolvaptan</i> .....	105	<b>TRI-LO-MILI</b> .....	91	<b>LUBRICATED</b> .....	117
<i>topcare clickfine pen needles</i> .....	138	<b>TRI-LO-SPRINTEC</b> .....	92	<b>TRUSTEX-NONOXYNOL-</b>	
<i>topcare lancets micro-thin 33g</i> .....	130	<i>trimethobenzamide hcl</i> .....	43, 80	<b>9/RIB/STUD</b> .....	117
<i>topcare ultra comfort ins syr</i> .....	138	<i>trimethoprim</i> .....	49	<i>trypsin</i> .....	80
<b>TOPICORT</b> .....	98	<b>TRI-MILI</b> .....	92	<b>TUKYSA</b> .....	53
<i>topiramate</i> .....	35, 79	<i>trimipramine maleate</i> .....	38	<b>TURALIO</b> .....	56
<i>topiramate er</i> .....	35	<b>TRINTELLIX</b> .....	37, 38	<b>TWINRIX</b> .....	163
<i>toremifene citrate</i> .....	51	<b>TRI-NYMYO</b> .....	92	<b>TYBLUME</b> .....	86
<i>toremide</i> .....	101	<i>tripelennamine hcl</i> .....	44	<b>TYBOST</b> .....	68
<b>TOUJEO MAX SOLOSTAR</b> .....	40	<b>TRI-SPRINTEC</b> .....	92	<b>TYDEMY</b> .....	86
<b>TOUJEO SOLOSTAR</b> .....	40	<b>TRIUMEQ</b> .....	66	<b>TYMLOS</b> .....	105
<b>TRACLEER</b> .....	72	<b>TRIUMEQ PD</b> .....	66	<b>TYPHIM VI</b> .....	162
<b>TRADJENTA</b> .....	39	<b>TRIVORA (28)</b> .....	92	<b>TYRVAYA</b> .....	147
<i>tramadol hcl</i> .....	26, 79	<b>TRI-VYLIBRA</b> .....	92	<b>TYVASO</b> .....	72
<i>tramadol hcl (er biphasic)</i> .....	26	<b>TRI-VYLIBRA LO</b> .....	92	<b>TYVASO DPI MAINTENANCE KIT</b> .....	72
<i>tramadol hcl er</i> .....	26	<b>TRIZIVIR</b> .....	66	<b>TYVASO DPI TITRATION KIT</b> .....	72
<i>tramadol-acetaminophen</i> .....	27	<b>TROKENDI XR</b> .....	35	<b>TYVASO REFILL</b> .....	72
<i>trametinib</i> .....	79	<i>trolamine</i> .....	152	<b>TYVASO STARTER</b> .....	72
<i>trandolapril</i> .....	47	<i>tromethamine</i> .....	80	<i>ubiquinol</i> .....	80
<i>trandolapril-verapamil hcl er</i> .....	46	<i>tropicamide</i> .....	147	<b>UBRELVY</b> .....	141
<i>tranexamic acid</i> .....	79, 113	<i>tropium chloride</i> .....	162	<b>UCERIS</b> .....	28
<i>tranilast</i> .....	79	<i>tropium chloride er</i> .....	162	<b>ULTICARE INSULIN SAFETY</b>	
<b>TRANSDERM-SCOP</b> .....	43	<i>true comfort insulin syringe</i> .....	138	<b>SYR</b> .....	138
<i>tranylcypromine sulfate</i> .....	37	<i>true comfort pen needles</i> .....	138	<b>ULTICARE INSULIN SYR 1/2</b>	
<b>TRAVEL LANCETS ADVANCED</b>		<i>true comfort pro insulin syr</i> .....	138	<b>UNIT</b> .....	138
<b>28G</b> .....	130	<i>true comfort pro pen needles</i> .....	138	<b>ULTICARE INSULIN SYRINGE</b> .....	138
<i>travoprost (bak free)</i> .....	150	<i>true comfort safety lancets</i> .....	130	<b>ULTICARE MICRO PEN</b>	
<i>trazodone hcl</i> .....	37	<i>true comfort twist top lancets</i> .....	130	<b>NEEDLES</b> .....	138
<b>TRECATOR</b> .....	51	<b>TRUEPLUS 5-BEVEL PEN</b>		<b>ULTICARE MINI PEN NEEDLES</b> .....	138
<b>TRELEGY ELLIPTA</b> .....	31	<b>NEEDLES</b> .....	138	<b>ULTICARE PEN NEEDLES</b> .....	138
<b>TRELSTAR MIXJECT</b> .....	60	<b>TRUEPLUS INSULIN SYRINGE</b> .....	138	<b>ULTICARE SHORT PEN</b>	
<b>TREMFYA</b> .....	96	<b>TRUEPLUS LANCETS 26G</b> .....	130	<b>NEEDLES</b> .....	138
<i>tretinoin</i> .....	61, 94	<b>TRUEPLUS LANCETS 28G</b> .....	130	<b>ULTIGUARD SAFEPACK PEN</b>	
<b>TREXALL</b> .....	52	<b>TRUEPLUS LANCETS 30G</b> .....	130	<b>NEEDLE</b> .....	138
<b>TREZIX</b> .....	23	<b>TRUEPLUS LANCETS 33G</b> .....	130	<b>ULTIGUARD SAFEPACK</b>	
<b>TRI FEMYNOR</b> .....	91	<b>TRUEPLUS PEN NEEDLES</b> .....	138	<b>SYR/NEEDLE</b> .....	138
<i>triacetin</i> .....	80	<b>TRUEPLUS SAFETY LANCETS</b>		<b>ULTILET CLASSIC LANCETS</b> .....	130
<i>triamcinolone acetonide</i> .....	98, 145	<b>28G</b> .....	130	<b>ULTILET LANCETS</b> .....	130
<i>triamcinolone diacet micronize</i> .....	93	<b>TRULICITY</b> .....	41	<b>ULTILET PEN NEEDLE</b> .....	138
<i>triamcinolone hexacetonide</i> .....	80	<b>TRUMENBA</b> .....	162	<b>ULTILET SAFETY LANCETS</b> .....	130

ULTILET SAFETY LANCETS 23G	130	UNISTIK TOUCH SAFETY LANC		VENCLEXTA	53
<i>ultra comfort insulin syringe</i>	138	21G	132	VENCLEXTA STARTING PACK	53
ULTRA FLO INSULIN PEN		UNISTIK TOUCH SAFETY LANC		<i>venlafaxine hcl</i>	38
NEEDLES	138	23G	132	<i>venlafaxine hcl er</i>	38
ULTRA FLO INSULIN SYR 1/2		UNISTIK TOUCH SAFETY LANC		VENTAVIS	72
UNIT	138	28G	132	<i>verapamil hcl</i>	71
ULTRA FLO INSULIN SYRINGE	138	UNISTIK TOUCH SAFETY LANC		<i>verapamil hcl er</i>	71
<i>ultra thin lancets 31g</i>	130	30G	132	VERELAN	71
ULTRA THIN PEN NEEDLES	138	UNITHROID	160	VERELAN PM	71
<i>ultracare insulin syringe</i>	138	UNIVERSAL 1 LANCETS THIN		VERIFINE INSULIN PEN NEEDLE	
<i>ultra-care lancets 30g</i>	131	26G	132	.....	138
<i>ultracare pen needles</i>	138	UNIVERSAL 1 LANCETS THIN		VERIFINE INSULIN SYRINGE	138
ULTRA-THIN II AUTO LANCET	131	33G	132	VERIFINE PLUS PEN NEEDLE	138
ULTRA-THIN II INS SYR SHORT	138	UNIVERSAL 1 LANCETS ULTRA		VERIFINE UNIVERSAL LANCETS	
ULTRA-THIN II INSULIN		THIN	132	28G	132
SYRINGE	138	UPNEEQ	150	VERIFINE UNIVERSAL LANCETS	
ULTRA-THIN II LANCETS	131	UPSPRING BABY VIT D	170	30G	132
ULTRA-THIN II MINI PEN		UPTRAVI	73	VERIFINE UNIVERSAL LANCETS	
NEEDLE	138	UPTRAVI TITRATION	73	33G	132
ULTRA-THIN II PEN NEEDLE		<i>urea</i>	80	VERQUVO	73
SHORT	138	UROCIT-K 10	110	VERSACLOZ	64
ULTRA-THIN II PEN NEEDLES	138	UROCIT-K 15	110	VERZENIO	58
UMECTA MOUSSE	98	UROCIT-K 5	110	VESTURA	86
UNIFINE PENTIPS	138	URSO 250	108	VFEND	44
UNIFINE PENTIPS PLUS	138	URSO FORTE	108	VIBERZI	108
UNIFINE SAFECONTROL PEN		<i>ursodiol</i>	80, 108	VIBRAMYCIN	160
NEEDLE	138	<i>valacyclovir hcl</i>	69	VICTOZA	41
UNIFINE ULTRA PEN NEEDLE	138	VALCHLOR	95	VIENVA	86
UNILET COMFORTOUCH		<i>valganciclovir hcl</i>	68	<i>vigabatrin</i>	36
LANCET	131	<i>valproic acid</i>	36	VIGADRONE	36
UNILET EXCELITE	131	<i>valsartan</i>	47	VIIBRYD	38
UNILET EXCELITE II	131	<i>valsartan-hydrochlorothiazide</i>	47	VIIBRYD STARTER PACK	38
UNILET G.P. LANCET	131	VALTOCO 10 MG DOSE	34	<i>vilazodone hcl</i>	38
UNILET G.P. SUPERLITE		VALTOCO 15 MG DOSE	34	<i>viorele</i>	81
LANCET	131	VALTOCO 20 MG DOSE	34	VIRACEPT	67
UNILET GP 28 ULTRA THIN	131	VALTOCO 5 MG DOSE	34	VIREAD	68
UNILET LANCET	131	<i>value health insulin syringe</i>	138	VISTARIL	29
UNILET MICRO-THIN 33G	131	<i>value plus lancet standard 21g</i>	132	VISTOGARD	42
UNILET SUPERLITE LANCET	131	<i>value plus lancets super thin</i>	132	<i>vitachew vitamin d3</i>	170
UNILET SUPER-THIN 30G	131	<i>value plus lancets thin 26g</i>	132	VITAJoy DAILY D GUMMIES	170
UNILET ULTRA-THIN 28G	131	VANCOGIN	49	VITAMELTS VITAMIN D	170
UNISTIK 1	131	<i>vancomycin hcl</i>	49	<i>vitamin d</i>	171
UNISTIK 2	131	VANDAZOLE	164	<i>vitamin d (cholecalciferol)</i>	170
UNISTIK 2 COMFORT	131	VANISHPOINT INSULIN		<i>vitamin d (ergocalciferol)</i>	170
UNISTIK 2 EXTRA	131	SYRINGE	138	<i>vitamin d high potency</i>	171
UNISTIK 2 NEONATAL	131	VAQTA	164	<i>vitamin d infant</i>	171
UNISTIK 2 NORMAL	131	<i>varenicline tartrate</i>	158	VITAMIN D-1000 MAX ST	171
UNISTIK 2 SUPER	131	VARIVAX	164	<i>vitamin d3</i>	171, 172
UNISTIK 3	131	VARUBI (180 MG DOSE)	43	<i>vitamin d-3</i>	171
UNISTIK 3 COMFORT	131	VASCEPA	45	<i>vitamin d3 adult gummies</i>	171
UNISTIK 3 EXTRA	131	VASERETIC	46	<i>vitamin d3 extra strength</i>	171
UNISTIK 3 GENTLE	132	VAXCHORA	162	<i>vitamin d3 gummies</i>	171
UNISTIK 3 NEONATAL	132	VAXELIS	161	<i>vitamin d3 gummies adult</i>	171
UNISTIK 3 NORMAL	132	VAXNEUVANCE	162	VITAMIN D3 IMMUNE HEALTH	171
UNISTIK CZT COMFORT	132	VCF VAGINAL CONTRACEPTIVE		<i>vitamin d3 maximum strength</i>	171
UNISTIK CZT NORMAL	132	.....	164	<i>vitamin d3 ultra potency</i>	172
UNISTIK NORMAL	132	VECAMEYL	48	VITRAKVI	57
UNISTIK PRO SAFETY LANCET	132	VELIVET	92	VIVAGUARD LANCETS	132
UNISTIK SAFETY LANCETS 28G	132	VELPHORO	109	VIVITROL	43
UNISTIK SAFETY LANCETS 30G	132	VELTASSA	145	VIVOTIF	162

VIZIMPRO	54	XEPI	95	zinc oxide	80
VOLNEA	81	XERMELO	109	zinc undecylenate	80
VONJO	59	XIFAXAN	49	ziprasidone hcl	63
voriconazole	44	XIGDUO XR	41	ziprasidone mesylate	63
VORTEX HOLD		XIIDRA	147	ZIRGAN	148
CHMBR/MASK/CHILD	141	XOFLUZA (40 MG DOSE)	69	ZITHROMAX	114
VORTEX HOLD		XOFLUZA (80 MG DOSE)	69	ZITHROMAX TRI-PAK	114
CHMBR/MASK/TODDLER	141	XOLAIR	31	ZITHROMAX Z-PAK	114
VORTEX VALVED HOLDING		XOSPATA	57	ZOKINVY	144
CHAMBER	141	XPOVIO (100 MG ONCE		ZOLADEX	60
VOSEVI	69	WEEKLY)	57	ZOLINZA	55
VOTRIENT	57	XPOVIO (40 MG ONCE WEEKLY)	57	zolmitriptan	142
VOXZOGO	104	XPOVIO (40 MG TWICE		zolpidem tartrate	113
vp insulin syringe	139	WEEKLY)	57	zolpidem tartrate er	113
VRAYLAR	63	XPOVIO (60 MG ONCE WEEKLY)	57	zonisamide	36, 80
VTAMA	96	XPOVIO (60 MG TWICE		ZONTIVITY	111
VUMERITY	154	WEEKLY)	57	ZORBITIVE	103
VYFEMLA	86	XPOVIO (80 MG ONCE WEEKLY)	57	ZORTRESS	144
VYLEESI	153	XPOVIO (80 MG TWICE		ZOVIA 1/35 (28)	87
VYLIBRA	87	WEEKLY)	57	ZTALMY	36
VYNDAMAX	73	XTAMPZA ER	26	ZUBSOLV	27
VYNDAQEL	73	XTANDI	51	ZUMANDIMINE	87
VYVANSE	13	XULANE	87	ZYDELIG	61
WAKIX	14	XULTOPHY	41	ZYKADIA	53
WALGREENS LANCETS	132	XURIDEN	103	ZYLET	149
walgreens lancets micro thin	133	xylazine hcl	80	ZYMAXID	148
walgreens lancets super thin	133	xylitol	80	ZYPREXA RELPREVV	65
WALGREENS THIN LANCETS	133	XYOSTED	27	ZYPREXA ZYDIS	65
WALGREENS ULTRA THIN		XYREM	153	ZYVOX	49
LANCETS	133	XYWAV	153		
warfarin sodium	33	YF-VAX	164		
WEEKLY-D	172	yohimbine hcl	80		
wegmans unifine pentips plus	139	YUMVS VITAMIN D3	172		
WEGOVY	14	YUMVS VITAMIN D3 ZERO	172		
WELIREG	54	YUMVSKIDS VITAMIN D3 ZERO	172		
WERA	87	YUPELRI	32		
WIDE-SEAL DIAPHRAGM 60	118	YUVAFEM	165		
WIDE-SEAL DIAPHRAGM 65	118	zaclir cleansing	94		
WIDE-SEAL DIAPHRAGM 70	118	ZAFEMY	87		
WIDE-SEAL DIAPHRAGM 75	118	zafirlukast	32		
WIDE-SEAL DIAPHRAGM 80	118	zaleplon	113		
WIDE-SEAL DIAPHRAGM 85	118	ZARONTIN	36		
WIDE-SEAL DIAPHRAGM 90	118	ZARXIO	112		
WIDE-SEAL DIAPHRAGM 95	118	zeaxanthin	80		
WINDMILL TRAINER	140	ZEGALOGUE	39		
WIXELA INHUB	31	ZELBORAF	53		
WYMZYA FE	87	ZEMPLAR	104		
XALKORI	52	ZENATANE	95		
XARELTO	33	ZENPEP	101		
XARELTO STARTER PACK	33	ZEPATIER	69		
XATMEP	52	ZEPOSIA	158		
XCOPRI	36	ZEPOSIA 7-DAY STARTER PACK			
XCOPRI (250 MG DAILY DOSE)	36		158		
XCOPRI (350 MG DAILY DOSE)	36	ZEPOSIA STARTER KIT	158		
XELJANZ	15, 16	ZETONNA	146		
XELJANZ XR	16	ZIAGEN	67		
XELODA	52	zidovudine	68		
XELPROS	150	ZILXI	100		
XENICAL	14	ZIMHI	43		
XENLETA	49	zinc gluconate	80		



Blue Cross Blue Shield of Arizona (BCBSAZ) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BCBSAZ provides appropriate free aids and services, such as qualified interpreters and written information in other formats, to people with disabilities to communicate effectively with us. BCBSAZ also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, call 602-864-4884 for Spanish and 877-475-4799 for all other languages and other aids and services.

If you believe that BCBSAZ has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: BCBSAZ's Civil Rights Coordinator, Attn: Civil Rights Coordinator, Blue Cross Blue Shield of Arizona, P.O. Box 13466, Phoenix, AZ 85002-3466, 602-864-2288, TTY/TDD 602-864-4823, [crc@azblue.com](mailto:crc@azblue.com). You can file a grievance in person or by mail or email. If you need help filing a grievance BCBSAZ's Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



